

NHS Orkney Board

25 April 2019

Purpose of Meeting

NHS Orkney Board's **purpose** is simple, as a Board we aim to **optimise health, care and cost**

Our **vision** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

Quorum:

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member

Orkney NHS Board

There will be a meeting of **Orkney NHS Board** in the **Saltire Room, Balfour Hospital, Kirkwall** on **Thursday, 25 April 2019** at **10:00 a.m.**

Ian Kinniburgh
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 7 March 2018	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	Governance			
6.1	Corporate Plan 2019/20	Chief Executive	Verbal	To <u>note</u> the verbal update provided
6.2	Blueprint for Good Governance – NHS Orkney Action Plan	Chair/Chief Executive	OHB1920-01	To <u>note</u> the report and <u>approve</u> the action plan
6.3	Annual Review – Feedback letter	Chair	OHB1920-02	To <u>note</u> the letter received

Item	Topic	Lead Person	Paper Number	Purpose
7	Strategy			
7.1	Annual Operational Plan 2019/20	Chief Executive/ Head of Transformational Change and Improvement	OHB1920- 03	To <u>approve</u> the plan for submission to the Scottish Government
7.2	2019/20 – 2021/22 Annual Operational Financial Plan	Interim Director of Finance	OHB1920- 04	To <u>approve</u> the plan for the three year period for submission
<i>*Comfort Break*</i>				
8	Clinical Quality and Safety			
8.1	Queen Elizabeth University Hospital HIS Report – NHS Orkney Position	Medical Director	OHB1920- 05	To <u>note</u> the submission and the local position to the issues raised.
8.2	Infection Prevention and Control Report	Medical Director	OHB1920- 06	To <u>review</u> and seek assurance on performance
8.3	Annual Infection Prevention and Control Report	Medical Director	OHB1920- 07	To <u>review</u> and note performance
8.4	Clinical and Care Governance Committee Chairs report and minute from meeting held on 16 January 2019	Clinical and Care Governance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
8.5	Area Clinical Forum Chairs report and minute from meeting held 7 December 2018	Area Clinical Forum Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
9	Workforce			
	No agenda items this month			

Item	Topic	Lead Person	Paper Number	Purpose
10	Organisational Performance			
10.1	Financial Management Performance Report	Interim Director of Finance	OHB1920-08	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Performance Management Report	Head of Transformational Change and Improvement	OHB1920-09	To <u>scrutinise</u> report and <u>seek assurance</u> on performance
10.3	Chair's Report – Finance and Performance Committee and minute of meeting held on 31 January 2019	Finance and Performance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
<i>*Comfort Break*</i>				
11	Risk and Assurance			
11.1	Chairs report Audit Committee and minutes of meeting held on 4 December 2019	Audit Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
11.2	Risk and Assurance Forward Planning	Head of Transformational Change and Improvement	OHB1920-10	To <u>note</u> the report
12	Any other competent business			
13	Items for Information			
13.1	Key Legislation	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting and local

Item	Topic	Lead Person	Paper Number	Purpose
				implementation / action
13.2	New Hospital and Healthcare Facility - Authority Observer report	Authority Observer	OHB1920-11	To <u>review</u> report and <u>note</u> minutes
13.3	Orkney Partnership Board minute – 14 March 2019			To <u>note</u> the minutes
13.4	Board Reporting Timetable 2019/20			To <u>note</u> the timetable for 2019/20
13.5	Record of Attendance			To <u>note</u> attendance record
13.6	Evaluation			Reflection on meeting – led by Chair

Open Forum –

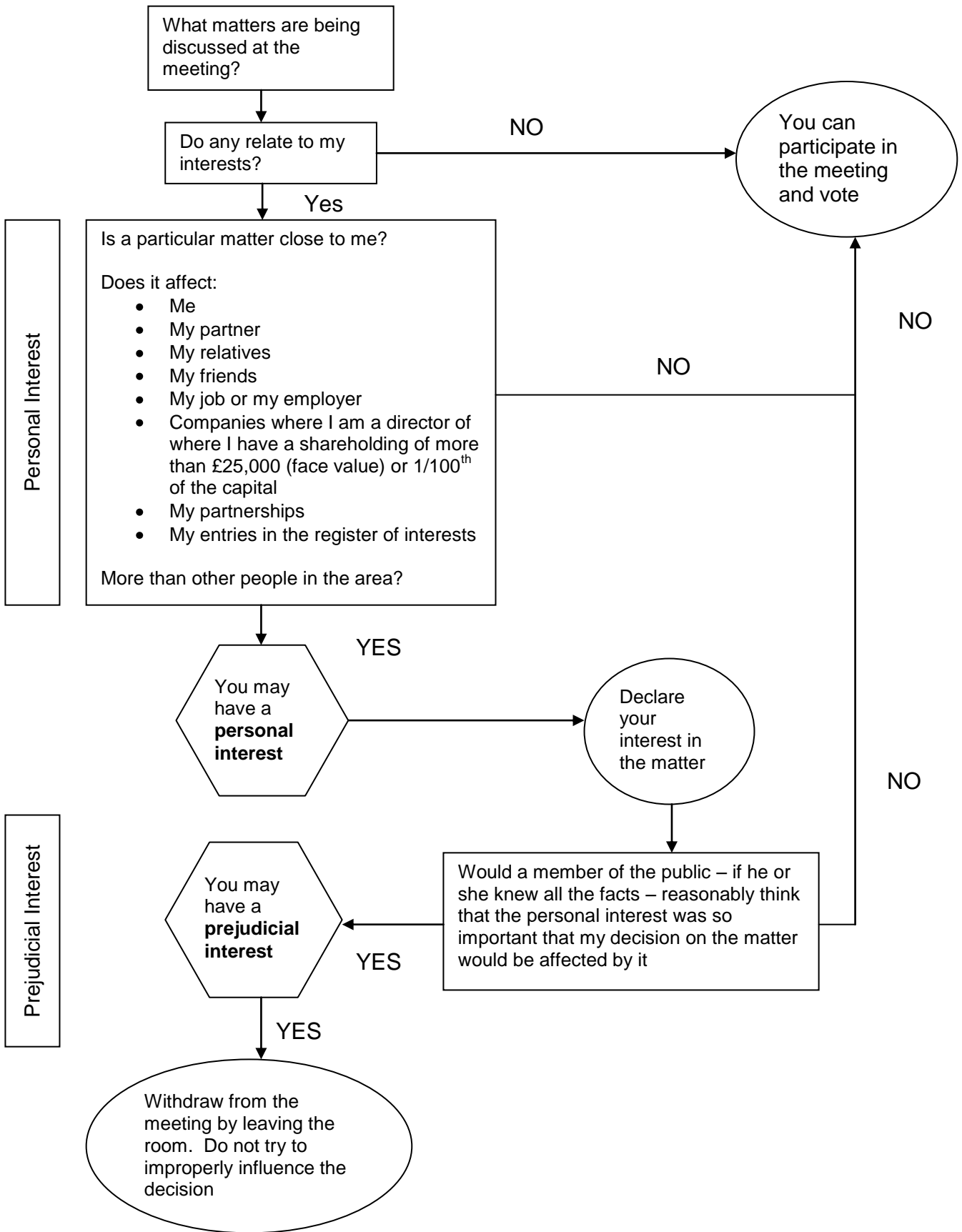
Public Questions and Answers Session

A Press Briefing will follow the conclusion of Board Business

By Standing Invitation:

Sally Shaw, Chief Officer
Christina Bichan, Head of Transformational Change and Improvement
Ashley Catto, Human Resources Manager
Malcolm Colquhoun, Head of Hospital and Support Services
Julie Nicol, Head of Corporate Services

Declaring interests flowchart – Questions to ask yourself



Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Thursday, 7 March 2019** at **10:00am**

Present

- Ian Kinniburgh, Chair
- David Drever, Vice Chair
- Davie Campbell, Non Executive Board Member
- Caroline Evans, Non Executive Board Member
- Issy Grieve, Non Executive Board Member
- Steven Johnston, Non Executive Board Member
- Fiona MacKellar, Employee Director
- David McArthur, Director of Nursing, Midwifery and AHP
- Meghan McEwen, Non Executive Board Member
- Gerry O'Brien, Chief Executive
- James Stockan, Non Executive Board Member
- Louise Wilson, Director of Public Health

In Attendance

- Christina Bichan, Head of Transformational Change and Improvement
- Mark Doyle, Interim Director of Finance
- Sally Shaw, Chief Officer
- Gemma Pendlebury, Committee Support (minute taker)

828 Apologies

Apologies were noted from A Ingram, M Colquhoun, J Nicol and M Roos.

The Chair took the opportunity to welcome Mark Doyle who would be supporting NHS Orkney as the Interim Director of Finance. He noted that this appointment would be critical for the NHS Orkney Health Board.

The Chair also took the opportunity to remind members of some key dates for their schedules, including:

- The Public Session of the Annual Review would be held on 8 April 2019 in the Saltire Room, Balfour Hospital. The session would focus on the new hospital facility and service performance.
- The Board Development Session would be held on 21 March 2019 to discuss learning from the Blueprint for Good Governance review questionnaire. The purpose of the work was to ensure that improvements required from a governance perspective could be made going forward.
- There had been a change in the Chair for the Board of NHS Highland. Presently, Boyd Robertson would be acting as Interim Chairman and there would be a public appointments process taking place in due course to appoint to the vacancy.
- Board members were informed that Dr Louise Wilson, Director of Public Health had been one of 150 recipients to be awarded the Churchill Scholarship. This reflected greatly on Dr L Wilson, as well as NHS Orkney. There would be a press release from the Churchill Fellowship published. The Chairman, on behalf of NHS Orkney, formally congratulated Dr L Wilson on the scholarship, noting that it would involve travel to Finland, Sweden, the Faeroe Islands and Portugal allowing Dr Wilson to look at democracy and Public Health systems and how Public Health issues were dealt with in those areas. Members acknowledged the high relevance of the scholarship topic, as well as the island locations to allow for the gained learning to be applied to

systems within Orkney. The timescale for the scholarship to be undertaken would be within the following 9-12 months, with Dr Wilson spending two sessions of three weeks undertaking travel and investigations for the scholarship.

829 **Declarations of interests**

No declarations of interest on agenda items were made.

830 **Minute of previous meeting held on 13 December 2018**

The minute of the meeting held on 13 December 2018 was accepted as an accurate record of the meeting, subject to the amendments noted below, and was approved:

- Item 648, page five, paragraph two: The Chairman confirmed that the second sentence of the paragraph should read *'There was a need to empower all staff to take the appropriate risks to enable change...'*
- Item 651, page seven, second paragraph: The sentence should read *'There were six main cost centres that contributed significantly to the position...'*

831 **Matters Arising**

There were no matters arising noted.

832 **Board Action Log**

The action log was reviewed and corrective action agreed on outstanding issues (see action log for details).

Governance

833 **European Union – Withdrawal of the UK - update – OHB1819-49**

The Chief Executive presented the update report on the Withdrawal of the UK European Union, highlighting the following:

- Plans were still being made on the basis of a 'No Deal' Brexit
- There was a great deal of work being undertaken nationally, as well as locally, to address key areas of consternation such as, Workforce and Food, Fuel and Medicinal supplies
- Work was being undertaken by the Resilience Officer alongside all departments to ensure that departmental resilience was managed
- Planning assumptions remained that there would not be food shortages, though the variety of supply of certain types of fresh food could be affected
- Fuel would still be supplied and there should be no issues with stocks
- National Distribution Centres had accordingly increased their supplies of medicines and methods were in place for the access of those supplies
- There was also a six week supply of medicines on Orkney in order to help alleviate any anticipated pressures
- The risks associated with a 'No Deal' Brexit had not changed and planning was still ongoing in order to mitigate. Further clarity from the Government was required in order to assist the planning process
- Clarification regarding workforce arrangements and qualifications had been received. The Chief Executive noted that he would be participating in

discussions with the Director of Workforce in connection with the progress of workforce arrangements within NHS Grampian due to the close, collaborative nature of NHS Orkney's relationship with Grampian.

The Chair questioned in relation to Workforce whether the section referencing 'minimal impact on NHS Orkney and Orkney Health and Care' was based on staff engagement. The Chief Executive responded that NHS Orkney has a very comprehensive understanding of the local workforce and intensive work has been undertaken with both NHS Orkney and Orkney Health and Care colleagues to ensure that the impact upon staff was minimal. The Chief Executive was confident that any members of staff who would be impacted upon had been identified.

J Stockan commented that there was a true sense of the community coming together with regards to Brexit and acknowledged the incredible amount of work being undertaken. He also noted that Orkney's case was being illuminated to ensure national recognition of the requirements of remote and rural areas during the Brexit process. There was a huge amount of contingency planning taking place, due to the uncertain nature of Brexit negotiations there would still be small unknowns that would require NHS Orkney to be reactive upon.

Decision / Conclusion

The Board noted the Withdrawal of the UK from the European Union update report with regard to the current Brexit position and were assured of progress.

Strategy

834 Financial Plan/Operational Plan 2019/20 to 2022/23

The Chief Executive delivered a verbal update to members, highlighting that guidance had been received from the Scottish Government with regards to the content and layout NHS Orkney would be expected to present the 2019/20 Operational Plan.

The timeline for the plan was for a draft to be presented at the next Finance and Performance Committee meeting on 28 March 2019. Members of the Area Partnership Forum would be invited to attend the meeting to ensure visibility of the plan. Following this meeting a draft of the plan would be submitted to the Scottish Government by 31 March 2019, with dialogue to commence in April. The final iteration of the plan would be submitted to the April NHS Orkney Board meeting for discussion.

The Operational Plan would be looking at the three year period of 2019/20 to 2022/23, providing substantial details on the 2019/20 period whilst looking forward to future years.

It was imperative that the plan include key areas of priority as defined by the Cabinet Secretary, which were Access Support, Primary Care, Mental Health and increasing the pace of Integration. However, there was yet to be received further guidance on Access Support allocations, Primary Care allocations and Mental Health Allocations and as such it was noted that draft documentation regarding planning arrangements for those mentioned areas would be added into the plan.

The Interim Director of Finance noted that the Operational Plan for 2019/20 was a change toward a three year plan, rather than a one year plan. He also made

members aware that the Board would be required to 'break even' at the end of that three year period. Boards would be permitted to overspend within the first two years of plan implementation, providing there were plans and mitigations in place to bring finances back into balance by the end of year three. The Interim Director of Finance informed members that he would be speaking with Scottish Government colleagues regarding additional funding allocations to offset the depreciation of the new hospital facility as well as cost pressures around locum cover within the hospital.

The Head of Transformational Change and Improvement noted that NHS Orkney were still waiting to receive templates in connection with the waiting times improvements activity and trajectories. Discussions between Senior Management Team (SMT) members and Service Managers were being collated to set out narrative requirements.

M McEwen queried whether two Operational Plans would be raised in order to plan for maximum amount of funding received but also minimum amount of funding received from the Scottish Government, it was confirmed that there would only be one plan created based upon receiving the appropriate level of funding required to provide services.

I Grieve queried whether this was the first time that NHS Orkney's Operational Plan had been required to move to a three year model. The Chief Executive clarified that Operational Plans had previously been written on a three year model basis, however more recently had moved to one year plans. He noted for members that this return to a three year model was a helpful opportunity to spread out both planning and budget, however it would also be critical to ensure focus was tightened despite the increased timescale and further effort would need to be elicited in order to both begin and maintain the process going forward.

Decision / Conclusion

Board members received the verbal update on the Financial Plan/Operational Plan for 2019/20 to 2022/23 and were assured of progress and timescales for engagement around and development of the plan.

Clinical Quality and Safety

834

Infection Prevention and Control Report - OHB1819-50

The Director of Nursing, Midwifery and Allied Health Professionals delivered the Infection Prevention and Control Report to the Board members, highlighting the following key factors:

- NHS Orkney's validated Staphylococcus Aureus Bacteraemia (SAB) cases were three at the end of Quarter Three
- NHS Orkney's validated Clostridium Defficile Infection (CDI) cases was seven by the end of Quarter Three
- 110 hand hygiene observations had been undertaken during February 2019, with an overall 96% compliance for both opportunity and technique
- Clinical Risk Assessments during Quarter Three were at 90%, which was down from 97% within the previous quarter, however this was still above the national target of 83%
- NHS Scotland National Cleaning Service Domestic were at 96% and Estates were at 98% for the month of January 2019, which remained above the

- national target of 90%
- Norovirus – there had been no hospital bay or ward outbreaks since February 2012. Norovirus season had been declared through Health Protection Scotland
- Flu vaccine update indicated a slight increase from the previous year. The flu vaccine was still being offered to staff and members of the public. Final uptake figures would not be available until the end of March 2019
- Education update for Standard Infection Prevention and Control Education Pathway (SIPCEPs) continued to show an increase, with a further push toward having baseline modules completed prior to the move to the new healthcare facility
- Standard Infection Control Precautions (SICPs) Quality Assurance Audits were mostly maintaining 90% for Outpatients areas and 95% for Inpatient areas, which indicates a six monthly review

The Director of Nursing, Midwifery and Allied Health Professionals drew the Board's attention to the fact that NHS Orkney would endeavour for there to be zero occurrences of Clostridium Difficile infection. Though the report stated that there had been seven cases identified, all cases had been investigated thoroughly and were not found to be anticipated or preventable. All cases were treated appropriately.

The Chair observed that there were a few areas which were requiring improvement, including documentation and record keeping. He queried when it was expected that these areas would be tackled across the organisation and the Director of Nursing, Midwifery and Allied Health Professionals confirmed that there was ongoing work taking place regarding this, specifically around training needs. He also assured members of the Board that any issues raised had been due to incomplete paperwork (i.e. missing signatures, dates, etc.) and not anything that would cause a clinical impact.

S Johnston joined the meeting

The Chair asked the paperwork template in place was sufficiently straightforward and easy to complete, or whether the process was cumbersome and causing problems with completion. The Director of Nursing, Midwifery and Allied Health Professionals noted that the paperwork document was in fact a national template and that any issues that arose were more in line with auditing procedures, rather than completion of the template itself.

J Stockan noted that the report was informative and that it was good to hear about areas requiring further work and investigation in order to meet national standards.

The Director of Public Health raised a query regarding anti-microbial samples not being correctly sent. She noted that issue would fall into a different category to problems with documentation and requested further information for assurance purposes. The Director of Nursing, Midwifery and Allied Health Professionals responded that the main issue with such samples had been ownership, i.e. which departments were samples from and being delivered to and the free flow of information to inform the correct distribution of such samples. He highlighted that there were more stringent protocols and audits being implemented and adhered to in order to ensure a more accurate handover of information.

The Chief Executive noted the high level of achievement by all medical staff in order to gain the results noted within the report and J Stockan seconded that notion,

requesting that the gratitude and appreciation from the Board be fed back to the staff. The Chief Executive agreed to provide that feedback at the next Senior Clinical Forum.

Decision / Conclusion

The Board noted the Infection Prevention and Control Report and were assured of the progress being made in relation to the national standards.

835 **Clinical and Care Governance Committee Chairs Report and Minute from meeting held on 10 October 2018**

The Clinical and Care Governance Committee Chair delivered the Chair's report to members of the Board, highlighting two key issues

- **Adult Autism Diagnosis Pathway** – Members of the Committee were assured that patients that required a diagnosis were being referred and seen. However, there were ongoing concerns regarding a structured framework discussed, along with the move from a medical to a social model as soon as was practicable. Assurance was provided that any strategy would be produced in partnership and a further update would be provided for the next Clinical and Care Governance meeting
- **Patient Experience Quarterly Report for period ending September 2018** – The Committee received a report providing information relating to complaints and feedback and shared with members the ongoing Patient Experience work, providing assurance on Key Performance Indicators (KPIs). The Committee were interested and reassured to know the focus was firmly on key areas of learning gained, along with addressing the issues identified, and that this would take priority over any timescales to ensure propriety of process.

Decision / Conclusion

The Board noted the Clinical and Care Governance Committee Chairs' report and were assured of progress with regards to the two items raised.

836 **Area Clinical Forum Chairs Report and Minute from meeting held on 7 December 2018**

The Area Clinical Forum Chair delivered the Report highlighting the following items:

- **Attendance throughout Professional Advisory Committees** – Concern had been raised about recent issues with quoracy throughout Professional Advisory Committees. The ACF Development Session on 1 March 2019 would be dedicated to gathering ideas from clinical staff on how to revitalise attendance at the meeting and ensure a stronger voice from clinicians was heard
- **Summary of November Development Session: New Ways of Working, A New Building and Realistic Medicine** – The Chair of the ACF reported that the Development Session in November had seen good attendance numbers.
 - Clinical Lead, R Walker, had attended to provide a presentation recapping the work and agreements from 2014 and the assumptions

which were then made for planning the new facility. The general feeling amongst clinical staff was of excitement around the move to the new hospital.

- o The Clinical Dental Director, J Wragg, also attended the session to discuss realistic medicine and provided a presentation regarding the current NHS Orkney position.

The Chair of the ACF noted that there had been no meeting in January and the February meeting had not been quorate, though a meeting had taken place with the Chief Executive in order to discuss clinical engagement and to gather ideas about improving attendance.

The Chief Officer informed members that the new draft Strategic Plan would be presented to the Integration Joint Board meeting on 27 March 2019 and that Realistic Medicine was one of the key items within the plan.

M McEwen noted that representation issues were a recurring theme, specifically in connection with the Enabling Technology Board. She reiterated that it was key to prioritise representation from a clinical perspective. The Chair of the ACF commented that one of issues was that there were one or two individuals keen to sit on the Enabling Technology meeting and wanted to provide representation across all of the areas captured within the ACF. However, it was felt that the task could not fall to just one or two individuals as matters were liable to be very topic specific and required the correct area of input.

The Chair noted that clinical engagement was required to be effective and it was the Board's responsibility to ensure that. Committees, Advisory Groups and other such meetings need to be informed by colleagues and were only able to function as intended with effective clinical engagement. The Chair recognised the need to commit to supporting clinical colleagues, empowering and enabling them to attend and provide that required engagement. Should there be barriers, the Board would need to be sighted to enable them to be mitigated.

Decision / Conclusion

The Board noted the ACF Chairs report and the minute of meeting held on the 7 December 2018. Members were assured of progress and also areas for continued diligence.

Workforce

837

Chair's Report – Staff Governance Committee and minutes of meetings held on 21 November 2018

The Chair of the Staff Governance Committee, provided members with the Chair's Report from the 20 February 2018 meeting, along with the minutes from the meeting held on 21 November 2018, highlighting the following items:

- **Staff Governance Standard Monitoring Framework** - After discussions, at the Area Partnership Forum Development session, to identify the way forward it was proposed to seek a slight extension to the original submission date to ensure a thorough response linked to iMatter outcomes. The plan was to abbreviate the existing template and utilise the iMatter hierarchy to distribute to teams for their input. Members saw this as very positive partnership working

- **Workforce Development Presentation** - L Spence, Practice Education Lead for Allied Health Professions and S Campbell, Clinical Education Facilitator for Nursing and Midwifery gave a very informative presentation. They had completed a significant piece of work on service, workforce and educational plans across all clinical services in NHS Orkney. A national and evidence based tool had been tested and adapted to gather evidence on current and future practice, workforce planning and educational needs; as well as the national direction being considered. These plans were undertaken jointly with Practice Education and Service and Team Leads, resulting in rich discussions regarding the way ahead for future services. The presentation gave an overview on the work to date with the aim of developing a structured, coordinated and future focused model of service delivery, aligning workforce and having a clinical educational plan for Nursing, Midwifery and AHPs
- **Health and Social Care Staff Experience Report** - This report showed NHS Orkney as top of the league table of territorial Boards within Scotland. Time had been put into supporting teams to complete their action logs but it was acknowledged there was still work to be done. Teams who had completed and worked through their action logs were seeing the benefits. There was a desire within NHS Orkney to include Orkney Health and Care staff.

F MacKellar noted that discussion had taken place at the Joint Staff Forum regarding the use of iMatter for Orkney Health and Care staff working in conjunction or teams with NHS Orkney staff. The feeling was that iMatter reports being shared with the wider team would be highly beneficial to them to be used as a discussion point and as a valuable tool for forward planning.

Decision / Conclusion

The Board noted the Chair's report and minute of meeting held on 21 November 2018. The Board fully endorsed seeking the opportunity for the iMatter report to be more in depth and submitted once all avenues and Orkney Health and Care staff had been included.

Organisational Performance

838 Financial Management Performance Report – OHB1819-51

The Interim Director of Finance presented the report advising that the financial position for the period to the 31 January 2019. Members were advised that the year to date overspend was £542,000 with a forecast break even position at the outturn.

The main driver for excess costs was the disproportionate impact of locum costs incurred on the Board and the requirement to maintain a 24 hour, seven days a week service, severely restricting the Board's ability to manage those pressures. He advised that the Scottish Government Health Directorate had recognised the disproportionate impact of locum costs on NHS Orkney and as such was seeking additional funding from the Scottish Government to tackle this expenditure for 2019/20, as well as future years.

The Interim Director of Finance continued, highlighting to members that there were a number of areas of overspend:

- Service Level Agreement with NHS Grampian Mental Health
- Patient Travel (Aberdeen)

- Acute Ward Balfour Hospital
- Radiography - Balfour
- Acute Receiving Area

Offsetting those overspends, were two cost centres which had an under spend greater than £100,000:

- Pharmacy £117,000 due to vacancies
- Grampian Acute SLA due to negotiated cost reductions arising from falling activity levels, however 2018/2019 activity is currently projected to increase over the previous three year average level.

J Stockan noted that it was excellent to hear about the break even position for the end of the year and queried how this would be achieved. The Chief Executive responded that this was largely due to the discussions with Scottish Government in connection with mitigating regular locum costs in order to maintain a 24 hour, seven day a week service within the hospital and Primary Care. He noted that Scottish Government had been very receptive to those discussions and had made some additional funding available to support the costs over and above any costs that NHS Orkney would expect to spend had there been no issues in recruiting to open vacancies. Even with good responses to current vacancies, it was unlikely those potential consultants would be in position until 2020. This was a chance to articulate the NHS Orkney three year Operational Plan to the Scottish Government and to help them recognise the burden faced by a small Health Board.

J Stockan further thanked the Chief Executive for the hard work that he had undertaken on this item and for progressing NHS Orkney to the current position.

M McEwen raised a query in relation to ongoing recruitment issues to Women's and Children's Services. She queried whether those vacancies have been removed, however the Chief Executive clarified that there would be a change of narrative required. There had been no posts removed, however underspend generated by vacancies had been attributed instead to the non-recurring savings. Though those vacancies could not be recruited to, the establishment would remain the same going forward.

In connection with this, F MacKellar reminded members that whilst savings made from vacancies could be used to offset overspend in the non-recurring savings budget, it would be existing staff members who would be required to shoulder the burden of those vacancies and that waiting times would also be impacted upon as a result. The Chief Executive noted his agreement and the need to re-evaluate the recruitment process. He felt that there was a need to be more innovative with regards to the entire recruitment process going forwards.

S Johnston raised a query in connection with the patient travel SLA. He noted that there was an increasing number of patients being required to travel off island in comparison to previous years and queried whether this was due to increased activity. The Chief Executive responded that generally the issue was that more patients were being required to travel for required treatment in Aberdeen, however there were also higher levels of management required around the travel SLA process as well as more work to be done locally to ensure that more was being done around virtual clinics to prevent unnecessary journeys. The Head of Transformational Change and Improvement added that there were many more patients travelling than initially projected based on previous years travel SLA activity. However, more was being

done quantifying and building an approach to enable the better prediction of travel requirements.

C Evans noted that there would be a potential increase of patient travel in future years due to an ageing population not wishing to travel alone and requiring escorts to accompany them.

The Director of Public Health noted for members that the presence of the breast cancer screening van on Orkney on a three year basis always had an impact on patient travel off island.

F MacKellar raised a concern regarding the frustration felt by staff regarding established pathways of working. Some services were able to utilise video conferencing and had readily established pathways for that in place, whereas the same was not applied in the same manner for other services. There seemed to be a lack of equity across the services as a whole and the preferences from SLAs were not efficiently managed, with local staff feeling that they were unable to use their expertise in the way most suitable and beneficial for the patients. She also noted that this was not a financially equitable model and that parity across services would be best for all. The Chief Executive agreed and confirmed that discussions regarding this were taking place with NHS Grampian, looking in conjunction at the best way to utilise NHS Orkney's on island skill-set alongside with Grampian services.

Decision / Conclusion

The Board received and noted the report detailing NHS Orkney's financial position and were assured of progress made as well as areas requiring further management.

839 Performance Management Report – OHB1819-52

The Head of Transformational Change and Improvement, presented the report providing members with information on current performance in regards to Local Delivery Plan standards.

She informed members that there were continuing challenges in relation to timely access to outpatient services as well as psychological therapies. Performance with regards to the 4 hour Accident and Emergency target had also not met the 95% standard during the last reporting period and continued to fluctuate.

In the majority of cases patients were being seen well within the 12 week standard however there were still breaches of the target being experienced within a number of speciality areas which led to longer waits.

A bid for funding was made to the Scottish Governments Access Support Team in January 2019 with £62,500 being secured. This had enabled additional focussed activity in Dermatology and Cardiology to reduce the backlog of long waits and would also support the developing model in Ophthalmology through the purchase of equipment to support the management of Glaucoma

J Stockan questioned the reduction in delayed discharges and whether this could be maintained in the move to the new Hospital and Healthcare facility, he was advised that communication across all involved and multidisciplinary team meetings had resulted in the improvements which would continue to be monitored following the move.

M McEwen welcomed the positive progress in access to community and child mental health services.

The Chair sought further context around the detect cancer early performance and was advised by the Director of Public Health that there were a number of considerations and national campaigns. Lung cancer did not have a screening pathway, unlike bowel and breast cancer. There were also data issues with local data based on small numbers and only issued annually. NHS Orkney traditionally had a good uptake of national campaigns for screening processes but the data could be artificially driven by screening cycles and visiting services.

F MacKellar noted the positive improvements in Smoking Cessation data as this had been an area of challenge previously.

The Chair agreed noting that the Board was performing well although there were still some significant challenges needing attention. The Board were fully cited on the challenges and were committed to tackling them.

The Chief Executive agreed that generally in Orkney access was positive but work would be required moving to the planning for 2019/20 and beyond. Considering the impact between services and the effect on relevant waiting times. There was a need to also consider prevention rather than reacting to poorer performance and be reflective of planning for the future.

Decision / Conclusion

The Board noted the performance report.

840

Chair's Report – Finance and Performance Committee and minutes of meetings held on 29 November 2018

D Campbell, Chair of the Finance and Performance Committee, provided members with an update from the meeting held on the 31 January 2019 highlighting the following:

- **Financial Position** – members had received a report around the financial position and agreed to minimise the agenda to focus on the key issues.
- **Service Level agreements** - A piece of work had been conducted regarding the Acute SLA, reviewing the service model and scenarios. This had then been used during a positive meeting with the NHS Grampian Director of Finance and an agreement was reached to move back to a process with regular reviews in conjunction with NHS Grampian around how the SLA money was spent.
- **Travel project** - The Committee received an update in relation to the Travel Project which had been undertaken as part of the SLA review
- **Connectivity issues within the isles** - Members of the Committee discussed the struggles faced in relation to connectivity on the Isles, specifically in light of the project work being undertaken around patient travel and alternative methods of delivering care and services to patients.

The Chair noted that the Scottish Government had been made aware of the disadvantages due to poor connectivity through the Community Planning Partnership and he would ensure that the conversation was kept at the forefront.

The Chair noted that the language around the Integration Joint Board recovery plan was confusing as only the parent Bodies could overspend. This language was unhelpful and clarity should be provided in future reports.

The Chief Officer advised that induction sessions were being held regarding the language for members of the IJB and an Orkney Health and Care Induction would follow to provide more clarity in these areas.

Decision / Conclusion

The Board noted the Chair's report and minutes of meetings held on 29 November 2018

Risk and Assurance

841 **Chair's Report – Audit Committee and minutes of meetings held on 4 September 2018**

M McEwen, Chair of the Audit Committee, provided members with an update from the meeting held on the 4 December 2018.

She advised that the Risk Management Strategy and Policy had been presented directly to the Board and approved.

The Audit Committee had met earlier in the week where there had been a positive report on recent internal audits.

Decision / Conclusion

The Board noted the chair's report and minute of meeting held on 4 September 2018.

842 **Any other competent business**

No other business was raised.

Items for Information

843 **Key Legislation**

Members noted the key legislation that had been published since the last meeting of the Board.

844 **New Hospital and Healthcare Facility - Authority Observer report**

The Chief Executive advised that although N Bremner's term as a Non Executive Director had ended, she had been asked to stay on as Authority Observer to the end of the construction process to provide continuity.

Members were advised that all three art commissions had been successfully tendered. Contractual arrangements were currently being finalised. Planning was underway to arrange publicity in respect of the appointments to include a "Meet the Artist Event" for all three commissions

Decision / Conclusion

The Board noted the report and progress being made.

845 **Orkney Partnership Board minute – 18 December 2018**

Members received and noted the minute from the Orkney Partnership Board meeting held on 18 December 2018.

846 **Board Reporting Timetable 2018/19 and 2019/20**

The Board had received the schedule of meetings for 2018/19 and 2019/20.

847 **Record of Attendance**

The record of attendance was noted.

848 **Evaluation – reflection on meeting**

Members noted that the meeting had been positive.

849 **Public Forum**

No members of the public were present.

NHS Orkney Board Action Log Updated 3 April 2019

Purpose: The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

No	Action	Source	Target date	Owner	Status / update
05-2018/19	<u>Annual Review</u> Outcome letter to be provided to Board once received	Annual Review 10 Dec 2018	April 2018	Chair	On agenda
06-2018/19					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

NHS Orkney Board - 25 April 2019	
Report Number: OHB1920-01	
This report is for noting	
Blueprint for Good Governance – NHS Orkney Action Plan	
Lead Director Author	Ian Kinniburgh, Chairman Gerry O'Brien, Chief Executive
Action Required	The Board is asked to: 1. Note the contents of the report 2. Approve the action plan contained therein
Key Points	<ul style="list-style-type: none"> • A Blueprint for Good Governance was issued by Scottish Government Health and Social Care Directorate in February 2019. • All Boards were asked to make themselves familiar with the Blueprint and the range of work that is underway to develop corporate governance. • All Boards were asked to complete an online self assessment tool to measure the Board's position in relation to the Blueprint • The Board have completed the self assessment tool and considered the findings of the tool at a Board Development session on 21 March 2019. <p>Two key deliverables have been identified by the Board as being fundamental to further improving the governance arrangements for NHS Orkney:</p> <ul style="list-style-type: none"> ○ Development and subsequent approval of a long term clinical strategy ○ A re-assessment of the Board's approach to risk management clearly identifying the Board's Strategic Risks and introducing a closer alignment between key risks and the Board's governance structure
Timing	Action plans are to be approved by end of April 2019.
Link to Corporate Objectives	This paper links directly to all of the Board's corporate objectives in that the existence and implementation of good governance is a prerequisite to the effective implementation of soft, effective, person centred care.
Contribution to the 2020	Clear demonstration of Board adoption and compliance with

6.2

vision for Health and Social Care	the Blueprint for Good Governance as published in DL(2019)02.
Benefit to Patients	Good corporate governance can lead to higher standards in patient care.
Equality and Diversity	Respecting and recognising all aspect of equality and diversity is a corner stone of good governance.

Not Protectively Marked

NHS Orkney Board

Blueprint for Good Governance – NHS Orkney Action Plan

Gerry O’Brien, Chief Executive

Section 1 Purpose

The purpose of this paper is to note the progress on the actions arising from DL(2019)02 Blueprint for Good Governance.

Section 2 Executive Summary

The Blueprint for Good Governance draws on current best practice to ensure all boards assess and develop their corporate governance systems. The matters considered by the Blueprint are consistent with the governance reviews undertaken in both NHS Highland and NHS Tayside as well as the work of Audit Scotland and the Scottish Parliament’s Health and Sport Committee.

Additional work to underpin improvements in governance is being progressed through the Scottish Government Health and Social Care Directorate Corporate Governance Steering Group. This further work will look at board governance; attraction and recruitment of board members; and retention and development of board members.

A self assessment tool was developed to allow all boards to evaluate their current arrangements against the Blueprint.

The Board of NHS Orkney has completed the self assessment and considered the findings of that self assessment at its development session on 21 March 2019.

Section 3 Recommendations

The Board is asked to note the contents of this report and approve the action plan contained therein.

Section 4 Discussion

Board members were asked to complete the self assessment tool by the Board Chairman.

The collective responses were analysed and distributed by the Chairman to all participants

on 13 March 2019.

The Chairman developed a presentation to assist members focus constructive discussions on areas for improvement and to help develop a Board Action Plan for subsequent agreement and implementation.

A number of key themes emerged from the discussion:

- Inconsistency of communication of the Board's strategic intent;
- Need for development work linked to clearly identified clinical risks and clinical challenges;
- Inconsistency of approach to risk management and a perception that approach to risk needed to be refreshed and be more clearly linked to the established governance structures of the Board
- Engagement with stakeholders required to be more consistent, clarity of language and encouraging of feedback
- A greater emphasis on influencing the culture of the organisation, utilising the positive feedback from iMatter whilst ensuring that key learning is acted upon.

There was agreement that there were no clear 'red' flags in respect of the findings but that the development of a clear clinical strategy and a revisiting of the risk management process constituted the two areas requiring immediate priority.

Section 5 Actions Agreed

Two sections were agreed for taking forward:

1. A high level paper to be prepared for the April 2019 Board meeting setting out a revised proposition for Risk Management
2. The executive team to develop a plan for the production of a Clinical Strategy for the Board. The development plan to clearly show how and when Non-Executive Directors would be given opportunity to influence the content of the strategy. Development approach to be discussed at the May 2019 development session.

Appendices

There are no appendices for this paper.

Not Protectively Marked

<p>NHS Orkney Public Board – 25 April 2019</p> <p>Report Number: OHB1920-02</p> <p>This report is for information</p> <p>Annual Review 2018/19 – Feedback letter and Action points</p>	
<p>Lead Author</p>	<p>Ian Kinniburgh, Chair Emma West, Corporate Services Manager</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the review letter and the action points included.
<p>Key Points</p>	<p>The letter summarises the main points discussed and actions arising from the Annual Review and associated meetings held on 10 December 2018.</p>
<p>Timing</p>	<p>The Annual Review was held on the 10 December 2018.</p> <p>A further public Session, attended by the Cabinet Secretary was held on the 8 April 2019.</p>
<p>Link to Corporate Objectives</p>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.



Mr Ian Kinniburgh
Garden House
New Scapa Road
Kirkwall
Orkney
KW15 1BQ

8 February 2019

Dear Mr Kinniburgh

NHS ORKNEY: 2017/18 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Kirkwall on 10 December 2018. I would like to record my thanks to everyone who was involved in the preparations for the Review and to those who attended the various meetings.

Meeting with the Area Clinical Forum

2. I had a constructive discussion with the Area Clinical Forum. The Forum has continued to meet regularly. The Forum plays a key role in providing advice to the NHS Board on clinical governance, quality and safety issues. The Forum is championing the implementation of Realistic Medicine and this is well received by local people. The new Balfour Hospital is an exciting development and Forum members are fully involved in planning for the clinical model. There is a concern about the time commitments on clinical staff to make time to attend both the ACF and their respective Professional Advisory Committees. Relationships are still developing with the Integrated Joint Board and there is ongoing involvement with the development of an electronic patient record. A GP sub-group of the Area Medical Committee has now been established. Going forward the ACF wants to strengthen the professional committees to ensure they are providing the Board with sound multidisciplinary advice, bearing in mind the strategic direction of NHS Orkney.

Meeting with the Area Partnership Forum

3. Forum members felt that involvement in service redesign consideration could be improved and there has been constructive discussion with Board management. There are concerns about the increasing level of sickness absence. This is attributed to the number of staff experiencing stress related absence and the Forum is involved in developing and

distributing a staff health and wellbeing questionnaire to examine potential stress in the workplace. We heard that participation in iMatters has increased in the last year and there are plans in train to deliver awareness sessions to further increase awareness of support available to any member of staff who may have been subjected to bullying or harassment behaviour. Forum members are looking forward to migration to the new hospital but are mindful of the pressures that the move will entail. There is a concern about maintaining Forum membership, particularly the nursing and midwifery input.

Patients' Meeting

4. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I consider this meeting to be very important to get first hand feedback on how services are being delivered across the NHS. I greatly appreciated the openness and willingness of the patients to share their experiences. I heard that overall patients appreciate the high quality of services and the excellent quality of care provided by medical and nursing staff in NHS Orkney. I heard very positive feedback about the excellence of care provided by the specialist Multiple Sclerosis Nurse and about nursing services overall. Patients also expressed a high level of satisfaction about GP and hospital services.

Visit to the new Balfour Hospital and Healthcare Facility

5. I very much enjoyed my visit to the new hospital. It is an exciting development and will provide modern, state of the art facilities for the people of Orkney. I understand that the design principle is one of maximum flexibility in the use of patient areas. The hospital is due to be completed in May this year and I look forward to revisiting Orkney once the hospital is open and caring for patients.

Annual Review – Private Session

Health Improvement

6. NHS Orkney is to be commended for continuing to meet and exceed current standards for drug and alcohol treatment waiting times. There has been an improvement in performance against delivering Alcohol Brief Interventions in 2017/18. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers.

7. NHS Orkney has found achieving the Scottish Government standard for successful smoking quits challenging. The Board has implemented a local improvement plan which is having a positive impact on performance.

8. The waiting times standards for mental health are 18 weeks referral to treatment for Psychological Therapies and specialist Child and Adolescent Mental Health Services. NHS Orkney did not meet these standards. Scottish Government is investing an additional £150 million in mental health services across Scotland, including helping Boards improve their CAMHS and Psychological Therapies performance. NHS Orkney will benefit from Government investment of £216,142 up to 2019/2020. The Government is also committed to funding 600 additional mental health workers in key hospital and other settings.

Patient Safety and Infection Control

9. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control, however the Board missed the MRSA standard, delivering 43 against the national standard of 32 cases per 1,000 total occupied bed days. While this does not meet the standard it is not statistically significant given the size of the Board and low numbers. The rate of Staphylococcus Aureus Bacteraemia (SAB) cases per 1,000 acute occupied bed days was 0.14 which exceeds the current standard of 0.24.

10. Latest Hospital Standardised Mortality Rates (HSMR) data for NHS Orkney shows a fall of 30.2% for Balfour Hospital between quarter ending March 2014 (the first quarter after the new baseline was set) and quarter ending June 2018. Of the 29 hospitals reported in Scotland, Balfour Hospital is one of 13 to have shown a reduction of more than 10% since quarter ending March 2014.

11. I recognise that given the size of the Board and the small numbers involved, it is challenging for the Board to meet the standards; just one event can alter the performance significantly from one quarter to the next.

Improving Access – Waiting Times Performance

12. While a number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year, NHS Orkney frequently achieves performance levels around or above 95% against the standard. The level of attendances in year to September 2018 were the highest ever recorded in that period.

13. NHS Orkney, along with other NHS Boards, has continued to experience challenges in delivering the suite of elective access targets and standards during 2017/18. It is recognised that the Board's performance is linked to performance of mainland Boards, especially in areas such as Trauma and Orthopaedics and Ophthalmology. Pressures in delivering outpatient standard in 2017/18 continue. Again the pressures are mainly due to mainland Boards which provide services for some specialities in Orkney, being unable to provide the capacity required. I would expect the Board to continue to work with partner Boards on potential breaches.

14. NHS Orkney is also putting in place the technology and infrastructure to support telemedicine for outpatient appointments. I would encourage the Board to continue work in progressing with the use of digital health, given the significant benefits this can bring to NHS Boards such as reducing waiting times and a reduction in patient travel time and associated costs.

15. The Board's performance against the 31-day cancer access standard has been at 100% for each of the last five quarters and the board is to be commended on this performance. However, performance against the 62-day standard has been below 95% in four of the previous five reported quarters. Again, NHS Orkney's performance is impacted by the small numbers involved and the fact that the Board's performance is linked to the performance of mainland Boards providing some cancer treatments. The Government's Cancer Delivery Team will continue to monitor performance.

Health and Social Care Integration

16. There are two localities in Orkney, the mainland which is subdivided into the West and East Mainland and the Isles. The development of close working between the health and social care partnership and the third sector has had a beneficial effect on reducing occupied bed days. NHS Orkney has an excellent record on delayed discharges and rarely record any delays.

Finance

17. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Orkney met its financial targets for 2017/18. The need for strong financial performance is essential as the demands on health and care services continues to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Orkney remains fully committed to meeting its financial responsibilities in 2018/19 and beyond.

Public Session

18. I understand that the Board is due to hold a public session in King Street Halls in Kirkwall on 8 April. This will include a presentation from the Chair on performance during 2017/18 as well as a Q&A session with Ministerial presence. A detailed account of the specific progress the Board has made in a number of other areas is available to members of the public in the self-assessment paper, which the Board prepared for the Annual Review. This has been published on the NHS Orkney website.

Conclusion

19. I want to record my thanks to the Board and local staff for their generally strong performance in 2017/18. NHS Orkney is making progress in taking forward a challenging agenda on a number of fronts. I have been assured that the Board understands the need to improve performance in some key areas, whilst maintaining the quality of frontline services and demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.



Joe Fitzpatrick

NHS ORKNEY ANNUAL REVIEW 2017/18

MAIN ACTION POINTS

The Board must:

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety**
- **Keep the Health & Social Care Directorates informed on progress towards achieving all access targets in line with agreed improvement trajectories, including the 62-day cancer target and mental health access targets**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection**
- **Continue to achieve financial management targets**
- **Continue to work with planning partners on the critical health and social integration agenda**
- **Keep the Health & Social Care Directorates informed of progress with its significant local health improvement activity**
- **Keep the Health & Social Care Directorates informed of progress with local service redesign plans, in line with the national policy**

Not Protectively Marked

<p>NHS Orkney Board – 25 April 2019</p> <p>Report Number: OHB1920-05</p> <p>This report is for discussion and noting</p> <p>Assessment of Position against Recommendations and Requirements Contained in the Healthcare Environment Inspectorate Report on the Queen Elizabeth University Hospital</p>	
Lead Director Author	Marthinus Roos, Medical Director Rosemary Wood, Infection Control Manager
Action Required	The Board is asked to discuss and note NHS Orkneys response to Scottish Governments request for local position against the 14 recommendations as per QEUH report.
Key Points	<ul style="list-style-type: none"> • To provide assurance there are systems and processes in place to monitor and audit compliance against recommendations made. • To ensure as a Board there is governance and effective communication for internal and external stakeholders • There is effective escalation systems to ensure prompt action in addressing any non conformance either through audit results or escalated through service users.
Timing	This report is presented to the Board as per request by Chief Executive for NHS Orkney
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to (please delete not relevant):</p> <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment, protecting patients from the risk of Healthcare Associated Infection (HAI).

8.1

Equality and Diversity	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards.
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Chief Executive

Garden House
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Orkney KW15 1BQ
www.ohb.scot.nhs.uk



Malcolm Wright
Director General for Health & Social Care &
Chief Executive of NHS Scotland
Via email: fraser.judge@gov.scot

Date: 15 March 2019

Tel: 01856 888271
Enquiries to: Gerry O'Brien
Email: gerry.o'brien@nhs.net

Dear Malcolm,

Re Healthcare Improvement Scotland Unannounced Inspection Report – Safety and Cleanliness of Hospitals: Queen Elizabeth University Hospital

Implementation of relevant aspects of the report's Requirements and Recommendations in all NHSScotland Boards

In connection with your letter dated 8 March 2019 regarding the above matter, please find attached NHS Orkney's submission for the requirements and recommendations contained within the report.

I trust this is helpful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gerry O'Brien', written in a cursive style.

Gerry O'Brien
Chief Executive

CC Ian Kinniburgh, Board Chairman



Our community, we care, you matter....

Orkney NHS Board Headquarters:
Garden House, New Scapa Road,
Kirkwall, Orkney KW15 1BQ
Chair: Ian Kinniburgh
Chief Executive: Gerry O'Brien



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NHS Orkney

Assessment of Position against Recommendations and Requirements Contained in the Healthcare Environment Inspectorate Report on the Queen Elizabeth University Hospital.

Requirement	NHS Orkney Position
<p>Requirement 1 NHS Greater Glasgow and Clyde must improve the governance arrangements in both estates and infection prevention control teams to assure themselves of safe patient care in line with Scottish Government's guidance, <i>NHS Scotland Health Boards and Special Health Boards – Blueprint for Good Governance</i> (2019) (see page 10).</p>	<p>NHS Orkney has noted the Scottish Government paper – NHS Scotland Health Boards and Special Boards –Blueprint for Good Governance (2019) published on the 1st of February 2019.</p> <p>NHS Orkney is taking a risk based and safety approach for current arrangements within the Estates and Facilities for the current Balfour Hospital as there is a planned move to new healthcare facility in next 10 weeks.</p> <p>There is a structured governance plan to ensure all planned and reactive maintenance work for new healthcare facility will be monitored and reported through the governance route providing assurance to Board.</p> <p>NPD contractor (Robertson's FM) NHS Orkney has the appropriate supervision and structure in place to ensure a seamless and safe handover of the PPMs etc.</p>
<p>Requirement 2 Boards must ensure functioning negative pressure isolation rooms are available in the hospital in line with Healthcare Facilities Scotland, Scottish Health Planning Note 04. (a) Where these are not available, staff is provided with clear guidance on how to manage a situation where a patient would require this type of isolation. 8.1 and 6.5 priority 1 (b) Staff in ID will be reminded of facilities available for admission of patients with infectious diseases of high consequence</p>	<p>NHSO completed survey of isolation facilities and patient placement across Balfour clinical areas 11/09/2018 as requested by Heather Wallace Senior Infection Control Nurse NSScotland.</p> <p>At present we have one isolation room with ante room with no built in neg/positive pressure. The use of an IQ Air Cleanroom is installed. This is part of the Boards approved arrangements for the management of these patients.</p>

	<p>In new healthcare facility there is 2 isolation rooms with positive /negative pressure - linked up to a monitoring system to allow air pressure checks which will meet this requirement.</p> <p>Staff has access to Infection Prevention and Control Manual via NHS Orkney Blog page for Infection Control Services where A-Z pathogens can be accessed and a risk assessment made as to appropriate patient placement, supported by the appropriately trained and competent infection prevention and control staff.</p>
<p>Requirement 3 NHS Greater Glasgow and Clyde must ensure all staff involved in the running of water are clearly informed of their roles and responsibilities in this and a clear and accurate record is kept to allow early identification of any water outlets that are not being run</p>	<p>A rolling education programme for all Domestic Leads, Domestic staff, Infection Prevention & Control team, Senior Charge nurses and Department Leads is currently being delivered by NHS Orkney external Authorised Engineer for Water for Legionella and pseudomonas.</p> <p>As part of daily cleaning schedules for all clinical areas there is a prompt for legionella flushing to be carried out twice weekly. This is signed at time by person undertaking procedure and further signed off by SCN/Deputy and scrutinised by the NHS Orkney Estates staff.</p>
<p>Requirement 4 NHS Greater Glasgow and Clyde must ensure all clinical areas across comply with the current national guidance in relation to the use of bladeless fans</p>	<p>SBAR for bladed and bladeless fans on NIPCM – removed all bladeless fans from use, currently quarantined.</p> <p>Staff risk assesses reason for use of bladed fans and document in patient notes.</p> <p>The use of bladed fans will continue to be risk assessed and monitored if required in future as the new healthcare facility has compliant ventilation and air changes per room accommodation.</p>
<p>Requirement 5 NHS Greater Glasgow and Clyde must ensure that information on the</p>	<p>Monitoring of fridge for expressed breast milk is controlled via a centralised monitoring system. Alarm set for 2-4 degrees.</p>

<p>expressed breast milk recording charts is in line with national guidance. This will ensure that the storage of expressed breast milk is managed in a way that reduces the risk to patients.</p>	
<p>Requirement 6 Is there a strategy that ensures the environment in the emergency department is clean and patient equipment is clean and ready for use to ensure infection prevention and control can be maintained?</p>	<p>NHS Orkney has implemented domestic cleaning schedules as per NHSScotland National Cleaning Specification to ensure cleanliness of this area. This is signed off by SCN/Deputy and reviewed by Domestic Supervisors/Lead.</p> <p>The SCN/Deputy can request a discharge terminal clean where a known or suspected infection case has been 24/7.</p> <p>Infection Prevention & Control have DAILY, WEEKLY & MONTHLY specific patient equipment cleaning schedules for Nurses, Housekeepers, and Medics & AHPs. Items will be signed for as per schedule but also cleaned between patients.</p> <p>Departments undertake departmental Standard Infection Prevention and Control audits in line with the National Infection Prevention and Control Manual.</p> <p>The IPC team carryout Quality Assurance audits for areas and results provided via HAIRT to Board.</p> <p>Areas of poor compliance are raised with SCN in charge and Clinical Nurse Manager.</p>
<p>Requirement 7 NHS Greater Glasgow and Clyde must ensure the patient environment, and patient equipment, is clean and ready for use to reduce the risk of cross infection</p>	<p>NHS Orkney has implemented domestic cleaning schedules as per NHSScotland National Cleaning Specification to ensure cleanliness of this area.</p> <p>This is signed off by SCN/Deputy and reviewed by Domestic Supervisors/Lead 24/7.</p>

	<p>The SCN/Deputy can request a terminal clean where a known or suspected infection case has been seen.</p> <p>Infection Prevention & Control have DAILY, WEEKLY & MONTHLY specific patient equipment cleaning schedules for Nurses, Housekeepers, Medics &AHPs. Items will be signed for as per schedule but also cleaned between patients.</p> <p>Departments undertake departmental Standard Infection Prevention and Control audits in line with the NIPCM.</p> <p>The IPC team carryout Quality Assurance audits for area and results provided via HAIRT to Board</p>
<p>Requirement 8 The board must ensure that domestic cleaning schedules are signed as complete by domestic supervisors with evidence and satisfaction that the domestic cleaning has been completed as detailed within the cleaning schedule</p>	<p>As above</p>
<p>Requirement 9 The board must ensure domestic staff have the necessary equipment to perform their cleaning duties, to keep the environment clean and safe</p>	<p>All domestic staff has the necessary equipment to perform their cleaning duties, to keep the environment clean & safe.</p> <p>A full review has been undertaken with Health Facilities Scotland for the new healthcare facilities.</p>
<p>Requirement 10 NHS Greater Glasgow and Clyde must provide staff with suitable and functioning domestic services rooms to minimise the risk of cross contamination from the disposal of soiled water after cleaning regime</p>	<p>Domestic services rooms in current build are challenging due to size but this will all be addressed in new healthcare facility.</p>

<p>Requirement 11 The board senior management must ensure all staff are aware of the correct cleaning method for cleaning hand wash basins and that the correct cleaning products are used to clean all sanitary fittings in line with current national guidance</p>	<p>There is appropriate supervision and management of the cleaning operation and processes.</p> <p>Education and training is provided during induction to domestic services.</p>
<p>Requirement 12 The board must ensure that the built environment is effectively monitored to ensure it is maintained to allow effective cleaning to ensure effective infection prevention and control</p>	<p>NHSScotland Domestic Services Scotland Monitoring tool audits undertaken monthly providing a snapshot of the cleanliness for areas to be audited as specified by NHSScotland.</p> <p>Quality Assurance audits undertaken by Infection Prevention & Control team cover the whole department.</p> <p>This is feedback verbally at time of audit to SCN or deputy, followed up by an audit report and SBAR.</p> <p>The Domestic /Estates services audit result are part of HAIRT report to the Board on a bi-monthly basis.</p>
<p>Requirement 13 The Board must ensure the estates reporting system is reliable and effective and acted on. Staff should also be informed of timescales for completion.</p>	<p>There is good communication between Estates, Infection Prevention & Control and service users within current hospital and teams have reported generally requests are acted upon in a timely manner.</p> <p>Assurances have been sought there is systems and process in place for the new healthcare facility, which will be monitored for effectiveness.</p>
<p>Requirement 14 The board must ensure that ventilation panels are cleaned</p>	<p>This is part of planned maintenance programme for current build and there is a system in place for new healthcare facility.</p> <p>All ventilation systems in new build will be subject to additional external authorisation review.</p>

<p>Recommendation a</p> <p>NHS Greater Glasgow and Clyde should ensure that access to audit information is not person dependent to ensure the continuity of the audit programme</p>	<p>Audit results are sent to SCN or Department Lead plus Clinical Nurse Manager.</p> <p>This is generally shared with teams either through communications book or 'safety huddle'.</p> <p>To further ensure access to all staff latest audit results will be available on Infection Control Services Blog page listed by department.</p>
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Director-General Health & Social Care and
Chief Executive NHSScotland
Malcolm Wright



Scottish Government
Riaghaltas na h-Alba
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NHS Board Chief Executives

Copy : NHS Board Chairs

8 March 2019

Dear Colleagues

Healthcare Improvement Scotland Unannounced Inspection Report – Safety and Cleanliness of Hospitals: Queen Elizabeth University Hospital

Implementation of relevant aspects of the report's Requirements and Recommendations in all NHSScotland Boards

I am writing to make you aware that Healthcare Improvement Scotland is today publishing the [report](#) of the Healthcare Environment Inspectorate Unannounced Inspection of the Queen Elizabeth University Hospital, which took place on 29-31 January 2019.

I would like to seek confirmation from Board Chief Executives that all relevant aspects of the Requirements and Recommendations contained in that report are implemented in your Boards as standard practice. I should be grateful for confirmation to be submitted in writing to Fraser Judge, Fraser.Judge@gov.scot, by 15 March 2019, and also confirmation that this will be taken through your Board's Clinical Governance Committee in early course.

Yours sincerely

Malcolm Wright
Director General for Health & Social Care and Chief Executive of NHSScotland

Not Protectively Marked

<p>NHS Orkney Board Meeting – 25 April 2019</p> <p>Report Number: OHB1920-06</p> <p>This report is for discussion and noting</p> <p>Infection Prevention and Control Report</p>	
<p>Lead Director Author</p>	<p>Marthinus Roos, Medical Director Rosemary Wood, Infection Control Manager</p>
<p>Action Required</p>	<p>The Board is asked to discuss and note the update report</p>
<p>Key Points</p>	<ul style="list-style-type: none"> • NHS Orkney’s validated <i>Staphylococcus aureus</i> bacteraemia (SAB) cases to date is 3 there were no new cases for Q4 (Jan-Mar). NHS Orkney has met its target of 3 or less. (RAG Status GREEN) • NHS Orkney’s validated <i>Clostridium difficile</i> infection (CDI) cases to date is 7 at end of Q4 (Jan-Mar). NHS Orkney is outwith it’s LDP for 2018-19. (RAG Status RED) • 100 hand hygiene observations undertaken during April 2019 with an overall 100% compliance for both opportunity and technique. (RAG Status GREEN) • MRSA/CPE (MDRO) Clinical Risk Assessments Q4 not available at time of this report. Q3 90%, above the national target of 83% (RAG Status GREEN) • NHS Scotland National Cleaning Services Domestic 90%, Estates 97% for month of March 2019 which remains in line with the national target of 90% (RAG Status GREEN) • Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status GREEN) • Flu vaccine uptake as of 13/2/2019 was 398 vaccinations administered which is up on previous year of 299. There is still room for improvement of uptake for vaccination. (RAG Status GREEN) • Education uptake for Standard Infection Prevention and Control Education Pathway (SIPCEPs) continue to increase, with a further push to have baseline modules completed prior to moving to new healthcare facility. (RAG Status GREEN) • Standard Infection Control Precautions (SICPs) Quality Assurance Audits. All audits are complete for this build and are within the 6 monthly timeframe, however spot checks will continue until we move to new healthcare facility. (RAG Status GREEN).

Timing	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
Equality and Diversity	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.

Healthcare Associated Infection Reporting Template (HAIRT) Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions.

A report card summarising Board wide statistics can be found at the end of section 1

Annual Report for Infection Prevention & Control 2018-2019

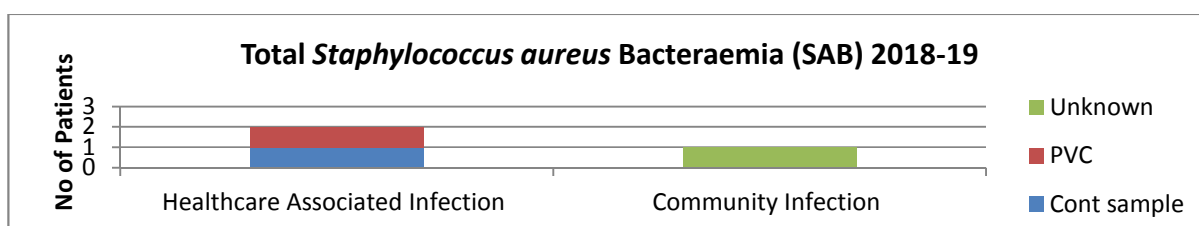
Report submitted to April Board for comment and approval.

LDP Standard 1st April 2018 to 31st March 2019 for *Staphylococcus aureus* bacteraemia (SAB)

The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance.

NHS Orkney's validated *Staphylococcus aureus* bacteraemia (SAB) cases to date is 1 in June 2018 which was a contaminated sample but is still declared as a case and with 2 further cases (1 in Oct and 1 in Nov) validated at end of Q3 (Oct-Dec) with no new cases for Q4 Jan-Mar). NHS Orkney has met it's LDP at time of this report.

LDP Standard 1 st April 2018 -31 st March 2019 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	1 contaminated sample (HAI)
Quarter 2	July - September	Zero
Quarter 3	October - December	2
Quarter 4	January - March 2018	Zero



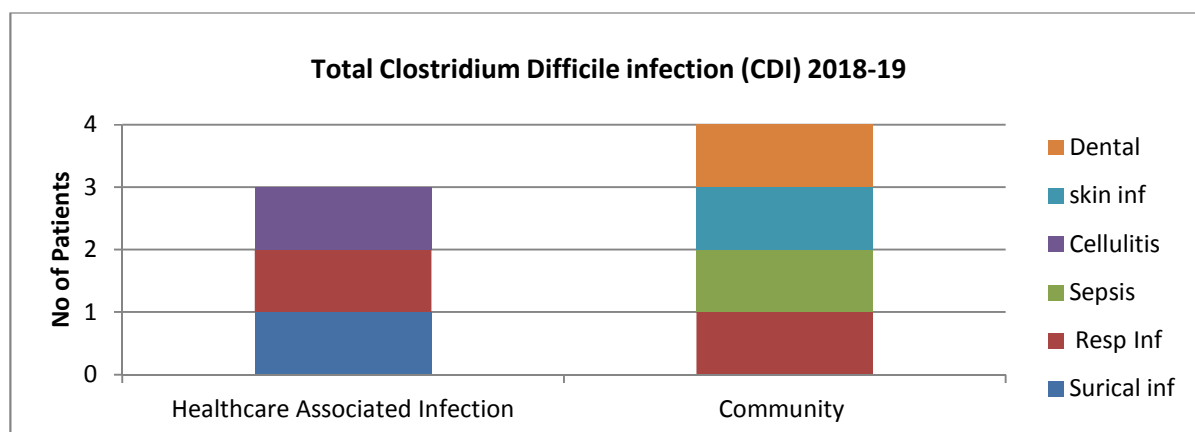
Clostridium difficile

The standard is to achieve a reduction *Clostridium difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over). Small changes in the number of *Clostridium difficile* infection (CDI) cases in NHS Orkney, will significantly affect the overall compliance. Every board aims for zero cases or a reduction in previous year. Although Health Protection Scotland have set a target of 3 cases per year for our board, NHSO aim for zero preventable cases.

NHS Orkney has had 1 Hospital Associated *Clostridium difficile* infection (CDI) case for LDP Q1 (Apr-Jun) 2018 and a further 4 comprising of 1 hospital associated and 3 community associated for Q2 (Jun-Sep), with a further 2 cases comprising of 1 hospital and 1 community for Q3 (Oct-Dec) 2018. There has been no further cases for Q4 Jan-Mar 2019.

NHSO has not met its target of 3 or less cases but still remain with low numbers. Please refer to annual report to see breakdown over past few years. Dr B Wilson has delivered an overview to the clinicians on 10/04/19 through the Mortality and Morbidity meeting of all positive cases. This provided a platform for further discussion on presentations and to ensure all CDI pathways are followed. All confirmed cases were non preventable.

LDP Standard 1 st April 2018 - 31 st March 2019 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	1 case (1 HAI)
Quarter 2	July-September	4 cases (1 HAI + 3 CAI)
Quarter 3	October-December	2 cases (HCAI + 1 CAI)
Quarter 4	January- March	Zero



Every *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes a feedback and inclusion of the clinician caring for patient. Further investigation into community cases is being led by Infection Control Doctor /Consultant Microbiologist. Primary Care prescribing continues to be very good and all patients were treated appropriately with right antibiotic for infection or illness identified.

Hand Hygiene

Hand hygiene continues to be monitored by each clinical area through their Departmental Standard Infection Control Precautions (SICPs) with a 100% compliance rate. The Infection Prevention & Control Team carryout bi-monthly Quality Assurance (QA) hand hygiene audits.

On this occasion the IPC team have asked teams to vet 10 observations except acute where they carried out 20, all on same date, this equated to 80 observations and a further 20 quality assurance observations carried out by the IPC . Results were as follows.

100 Observations undertaken during April 2019

Overall results for hand hygiene

8.2

Area	Staff group captured	Observations And staff groups	Opportunity	Technique	Quality assurance IPC team
Acute		20 +20 QA			
	1 Nurse	8 12	100%	100%	100%
	2 Medical	8 1			
	3 AHPs	3 1			
	4 others	1 6			
Macmillan		10			
	1 Nurse	8	100%	100%	
	2 Medical	1			
	3 AHPs	1			
	4 others	0			
Day Surgery		10			
	1 Nurse	9	100%	100%	
	2 Medical	0			
	3 AHPs	0			
	4 others	1			
A&E		10			
	1 Nurse	4	100%	100%	
	2 Medical	4			
	3 AHPs	0			
	4 others	2			
A&R		10			
	1 Nurse	6	100%	100%	
	2 Medical	0			
	3 AHPs	2			
	4 others	2			
HDU		10			
	1 Nurse	7	100%	100%	
	2 Medical	3			
	3 AHPs	0			
	4 others	0			
Renal		10			
	1 Nurse	10	100%	100%	
	2 Medical	0			
	3 AHPs	0			
	4 others	0			

Apr-19	No of Obs	Opportunity	Technique	Overall %
Nurses	64	64	64	100
Medical	17	17	17	100
AHPs	7	7	7	100
Other	12	12	12	100

Compliance against opportunity 100%

Compliance against technique 100%

Compliance with opportunity and technique 100%

Hand hygiene for all staff groups demonstrated exceptional compliance for taking the opportunity to wash or gel hands. Well done to all teams.

MRSA Clinical Risk Assessments

The current Key Performance Indicator has been developed in order to measure compliance at a Scottish level on an annual basis. The minimum number of records that require to be submitted each quarter by boards reflects the sample size required to measure this precisely.

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is current data for the 4 most recent quarters for NHSO, and for Scotland. Q4 will be available for June report.

Health Board	2017_18 Q4	2018_19 Q1	2018_19 Q2	2018_19 Q3
Orkney	94%	100%	97%	90%
Scotland	83%	84%	84%	83%

Red indicates a decrease from the previous quarter; **green** indicates an increase; black indicates no change. NB this does not indicate statistically significant change

Cleaning and the Healthcare Environment

The National Target is to maintain compliance with standards above 90%

The NHS Scotland National Cleaning Services Specification for NHS Orkney for period 31st March 2019 was Domestic 90% and Estates 97% which remains above the National target of 90%. These results provide a snapshot of an area not the whole department or ward as areas are randomly selected each month.

The National Target is to maintain compliance with standards above 90%

Traffic light System	RED	AMBER	GREEN
Scores	<70%	70-90%	>90%
Overall Compliance			Domestic 90% Estates 97%

Outbreaks

Norovirus

There has been no hospital ward or bay closures due to norovirus since last report. Last reported hospital outbreak was February 2012. The latest figures on norovirus reported to HPS by NHS Boards show increased norovirus activity <http://www.hps.scot.nhs.uk/giz/norovirusdashboard.html>. Therefore NHS boards are to implement their active plans.

Flu/ Respiratory Illness

Flu vaccine uptake as of 13/2/2019 was 398 vaccinations administered which is up on previous year of 299. There is still room for improvement of uptake for vaccination but it is encouraging to see the increase in staff coming forward during this past winter.

NHS Orkney Surgical Site Infection (SSI) Surveillance

NHS Orkney participates in a national infection surveillance programme relating to specific surgical procedures such as Caesarean sections, hip fractures and large bowel surgery. This is coordinated by Health Protection Scotland (HPS) and the national definitions and methodology which comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view.

Standard Infection Control Precautions (SICPs) –

Standard Infection Control Precautions (SICPs) Quality Assurance Audits are maintaining a Green status which equals a 90% for Out patients areas and 95% for inpatient areas which indicates a 6 monthly review.

All audits are complete for this build and are within the 6 monthly timeframe, however sport checks will continue until we move to new healthcare facility

Education update

Standard infection Prevention and Control Education Pathway (SIPCEPs) was introduced in June 2017. Staff have been set a challenge to have completed some baseline module prior to moving to new healthcare facility.

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which covers all non acute hospitals [which do not have individual cards] and a report card which covers *Clostridium difficile* specimens identified from non hospital locations e.g. GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). The national reports are official statistics which undergo rigorous validation which means final national figures may differ from those reported here. However these reports aim to provide more detailed and up-to-date information on healthcare associated infection activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month.

Healthcare associated cases

For each hospital the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e. reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.

Community associated cases

For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

***Clostridium difficile*:**

<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

***Staphylococcus aureus* Bacteraemia**

<http://www.hps.scot.nhs.uk/haic/sshaip/mrsabacteraemiasurveillance.aspx?subjectid=D>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The Board report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/haic>

**NHS ORKNEY
REPORT CARD**

***Staphylococcus aureus* bacteraemia monthly case numbers**

C = contaminated sample

P = Provisional not yet validated.

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Healthcare Associated	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Community Associated	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Total	0	0	0	0	1	0	0	0	1	1	0	0	0	0

***Clostridium difficile* infection monthly case numbers**

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Healthcare Associated	0	0	0	0	1	0	0	0	0	1	0	0	0	0
Community Associated	0	0	0	0	0	0	2	2	0	0	1	0	0	0
Total	0	0	0	0	1	0	2	2	0	1	1	0	0	0

Quality bi-monthly assurance to the Board - Hand Hygiene Monitoring Compliance (%)

	Dec 17	Feb 18	Apr 18	Jun 18	Aug 18	Oct 18	Dec 18	Feb 19	Apr 19	Jun 19	Aug 19	Oct 19	Dec 19	Feb 19
Board Total	95%	94%	96%	95%	97%	94%	96%	96%	100%					

Cleaning Compliance (%) Domestic

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board Totals	97%	94%	96%	96%	94%	97%	91%	96%	95%	96%	94%	95%	95%	90%

Estates Monitoring Compliance (%)

	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board Totals	98%	99%	98%	99%	97%	99%	99%	97%	99%	97%	98%	98%	98%	97%

Not Protectively Marked

NHS Orkney Board Meeting – 25 April 2019

Report Number: OHB1920-07

This report is for discussion and providing assurance on performance

Infection Prevention and Control Annual Report 2018-19

Lead Director Author	Marthinus Roos, Medical Director Rosemary Wood, Infection Control Manager
Action Required	The Board is asked to discuss and note the update report
Key Points	<ul style="list-style-type: none"> • Infection Prevention and Control Annual Report for noting
Timing	An Infection Prevention and Control Report is presented to the Board bi-monthly in the Scottish Government's prescribed template. This is the annual report for the year.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
Equality and Diversity	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPS) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.



Infection Prevention and Control Annual Report 2018-19

*End of an era for present Balfour & Moving Forward
to the New Balfour*

1927 - Garden Memorial Hospital Balfour
Hospital



2019 - New Healthcare Facility Balfour



Created by: Rosemary Wood - Infection Control Manager

Forward

The Balfour Hospital, as we now know it, was opened in 1927 in the Garden Memorial Building. This building comprised of 4 wards with accommodation for 16 patients and provision for a further 4 in case of emergency. The general hospital had a matron, an assistant nurse and 3 probationers.

Today there are 5 wards with accommodation for 48 patients with further provision for day case procedures. Services have developed to meet the needs of the population of Orkney.

This will be the last annual report for the present Balfour site which has supported patient care over the years. Although an aging building, it has been kept in good state of repair; ensuring the patient environment has not been compromised and ensuring patient and staff safety.

Developments have been undertaken over the past few years, to prepare and support new ways of working in the future i.e. changing from wards with bays to 100% single room accommodation. The general opinion is that this will make life much easier for accommodating patients with suspected or known infections, as they will be placed in a single room with en suite. Infection prevention & control is much more than just patient placement, all other elements in supporting and caring for patients are required, namely; implementing the National Infection Prevention & Control Manual. Through continuing to audit compliance for the environment for cleanliness, personal protective equipment (PPE), hand hygiene, patient care equipment, disposal of waste, linen, or better known as Standard Infection Control & Transmission Based Precautions the team is able to evidence standards are being met.

Delivery of high level care through the application of knowledge and skills in infection prevention & control practices is crucial in supporting and reducing the risk of healthcare associated infection (HAI).

There will no doubt be many challenges ahead in the very near future, moving to this magnificent new hospital, which will facilitate new ways of working. The Infection Prevention & Control Team is very much looking forward to working and supporting teams into the New Balfour and into the future.

Infection Prevention & Control is everyone's business.

The Team

Management Team

Gerry O'Brien, Chief Executive

Marthinus Roos, Medical Director, HAI Executive Lead

Becky Wilson, Consultant Microbiologist, Infection Control Doctor

Rosemary Wood, Infection Control Manager

Infection Prevention & Control Nursing Team

Sarah Walker, IPC Nurse Specialist

Catherine Edwards, IPC Nurse

Introduction

Preventing and controlling Healthcare Associated Infection (HAI) continues to be a challenge in healthcare. The inpatient cost of HCAs originating in Scotland's acute hospitals was estimated to be £137 million a year with an additional 318,172 bed days required in order to care for patients with HCAI. A significant proportion of HCAs are considered to be avoidable.

The purpose of this Infection Prevention & Control (IPC) Annual Report is to provide an overview of the IPC activities over the past twelve months highlighting key changes, challenges and service achievements along with identification of areas for improvement for NHS Orkney for the period 1st April 2018 to 31st March 2019.

During 2018-2019 the IPCT has primarily focused around '**improvement**' in preparation for moving to a new healthcare facility in 2019 through the implementation and the monitoring of the HAI Standards February 2015. These have been aligned with the National Infection Prevention and Control Manual and both are essential for healthcare organisations to adhere to, to ensure robust HAI practice and policy.

Executive Summary

***Clostridioides* (formerly *Clostridium*) *difficile* infection (CDI)**

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI where possible is therefore essential and an important patient safety issue.

The standard is to achieve a reduction in *Clostridioides difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages 15 & over)

NHSO performance in 2018/2019
Healthcare associated cases per 100,000 bed days (ages 15 & over) was 2 cases

Community associated cases per 100,000 populations (ages 15 & over) 5 cases


LPD was not achieved 7 cases in total = 0.03% of our 22,000 population

Staphylococcus aureus Bacteraemia (SAB)

Staphylococcus aureus (*S. aureus*) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. Infection can occur if *S. aureus* breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP TARGET: The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance

□ Incidence rate of SABs was 0.40 per 100,000 AODBs (3 cases)

Target achieved. 

Hand Hygiene

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

NHSO performance in 2018/2019 achieved 96 % against a national requirement of 95%.



Surgical Site Infection (SSI)

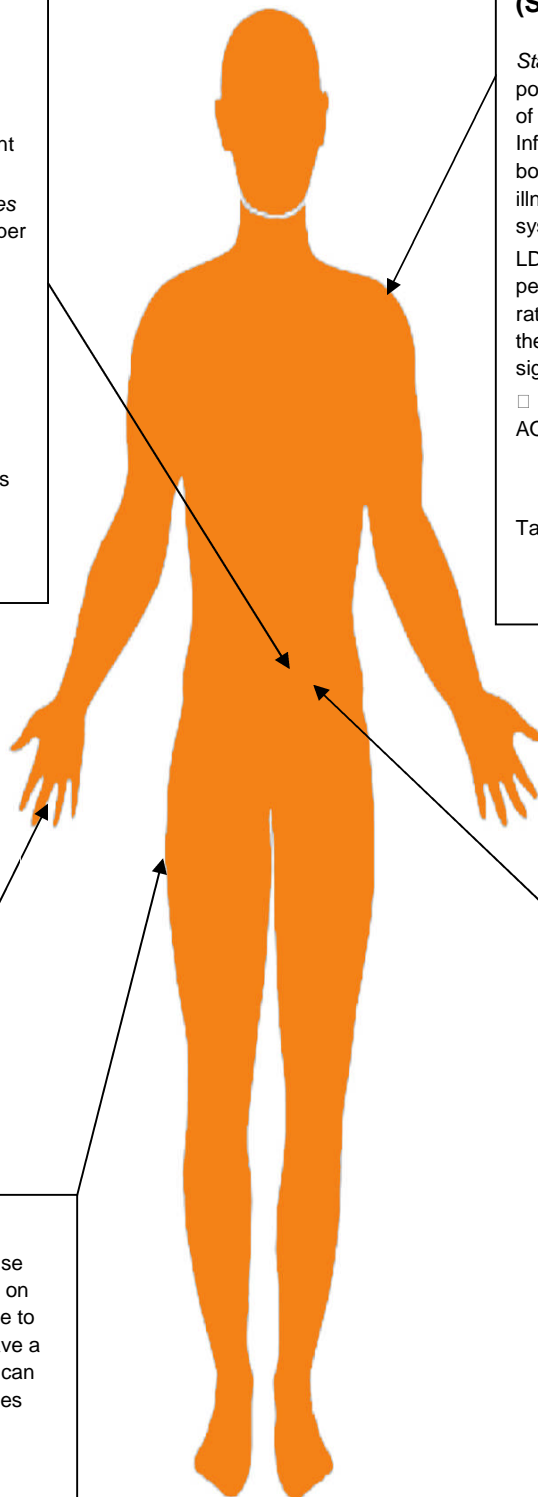
SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSO performance in 2018/2019
Caesarean sections - zero
Hip arthroplasty - zero
Large bowel – 1 case



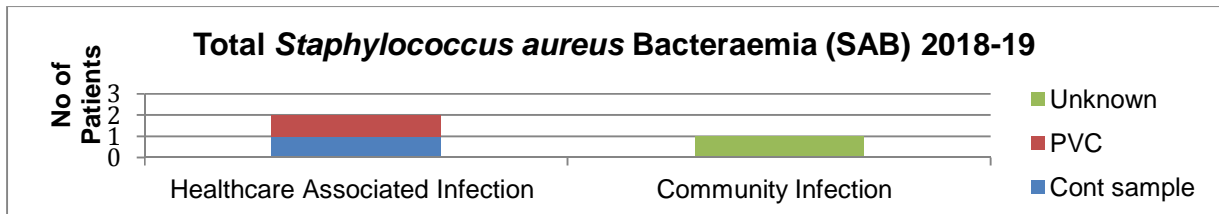
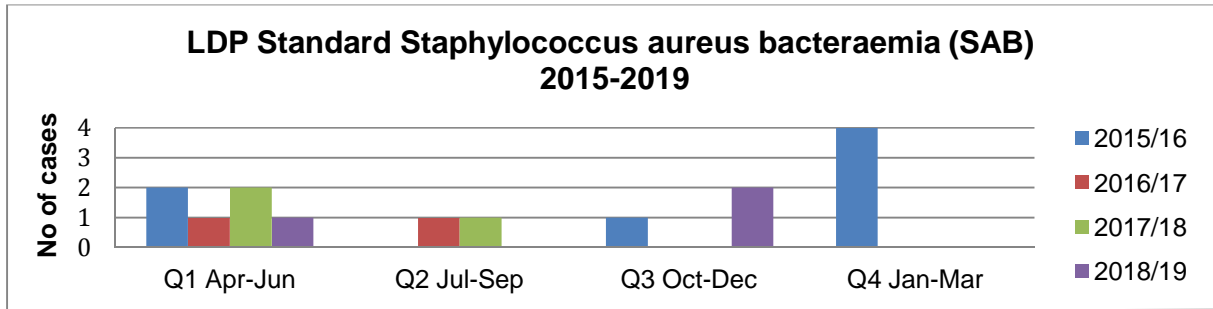
The role of the IPC Team in healthcare is to prevent, prepare for, detect and manage outbreaks of infection. In 2018/2019 in NHSO, there were no outbreaks of infection.

The last norovirus outbreak was February 2011

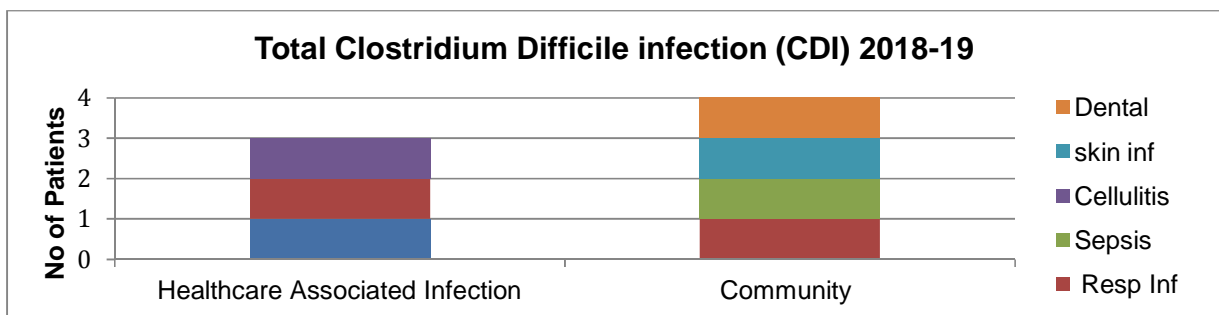
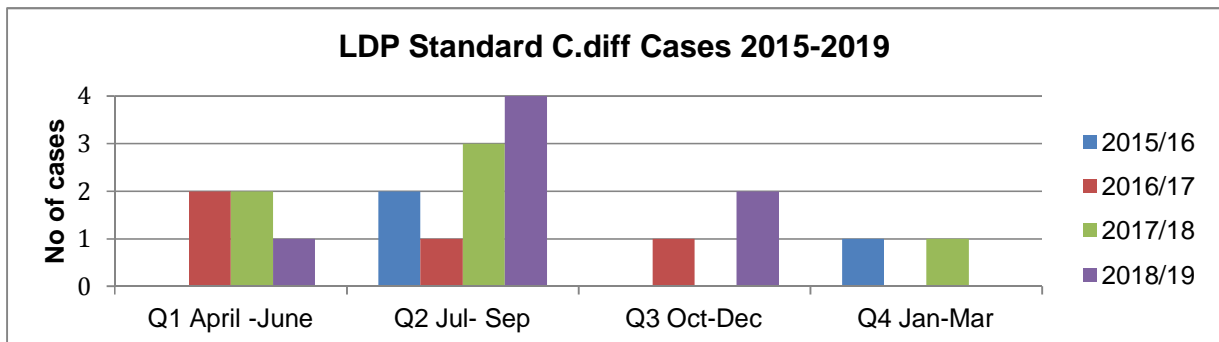


Key Achievements 2018-2019

HAI Surveillance



Total 3 cases however, 1 case was proved to be a contaminated sample so actual cases is 2



8.3

Total cases 7 however, one case was acquired from another board where antibiotic treatment had been prescribed, patient symptomatic with diarrhoea on returning home. Therefore actual NHSO cases is 6.

MRSA Clinical Risk Assessments

The current Key Performance Indicator has been developed in order to measure compliance at a Scottish level on an annual basis. The minimum number of records that require to be submitted each quarter by boards reflects the sample size required to measure this precisely.

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is current data for the 4 most recent quarters for NHSO, and for Scotland

Health Board	2017_18 Q4	2018_19 Q1	2018_19 Q2	2018_19 Q3
Orkney	94%	100%	97%	90%
Scotland	83%	84%	84%	83%

Red indicates a decrease from the previous quarter; **green** indicates an increase; **black** indicates no change.

NB this does not indicate statistically significant change

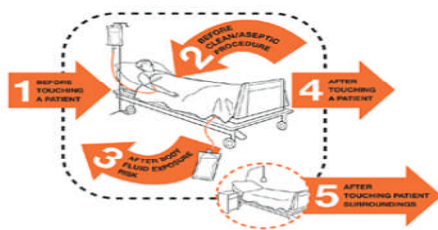
Quality bi-monthly assurance to the Board - Hand Hygiene Monitoring Compliance (%)

	Apr 18	Jun 18	Aug 18	Oct 18	Dec 18	Feb 19
Board Total	96%	95%	97%	94%	96%	96%

8.3

Hand hygiene is a term used to describe the decontamination of hands by various methods including routine hand wash and/or hand disinfection which includes the use of alcohol gels and rubs.

The 5 moments for hand hygiene approach defines the key opportunities when health-care workers should perform hand hygiene.



1. Before touching patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching patient
5. After touching patient surroundings

Cleaning and the Healthcare Environment

The National Target is to maintain compliance with standards above 90%

Traffic light System	RED	AMBER	GREEN
Scores	<70%	70-90%	>90%

Cleaning Compliance (%) Domestic

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	18	18	18	18	18	18	18	18	18	19	19	19
Board	96%	96%	94%	97%	91%	96%	95%	96%	94%	95%	95%	90%
Totals												

Estates Monitoring Compliance (%)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	18	18	18	18	18	18	18	18	18	19	19	19

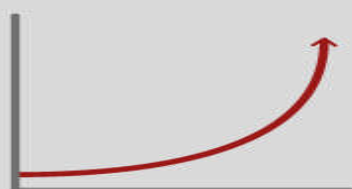
Board	98%	99%	97%	99%	99%	97%	99%	97%	98%	98%	98%	97%
Totals												

Q4 not published at time of report

Health Board	1 st Quarter Apr - June 2018/2019	2 nd Quarter July - Sept 2018/2019	3 rd Quarter Oct - Dec 2018/2019	4 th Quarter Jan - March 2018/2019
NHSSCOTLAND	95.6	95.6	95.6	
NHS Ayrshire and Arran	95.1	95.1	95.3	
NHS Borders	96.1	96.4	96.5	
NHS Dumfries and Galloway	95.9	96.8	96.6	
NHS Fife	95.8	95.7	95.7	
NHS Forth Valley	95.7	95.3	96.1	
NHS Greater Glasgow and Clyde	95.4	95.5	95.5	
NHS Golden Jubilee	98.9	98.8	98.9	
NHS Grampian	94.1	93.8	93.7	
NHS Highland	96.1	96.2	96.2	
NHS Lanarkshire	96.0	96.3	96.3	
NHS Lothian	95.8	95.7	95.9	
NHS NSS SNBTS	98.1	93.8	76.1	
NHS Orkney	95.2	94.1	94.9	
NHS Scottish Ambulance Service	96.0	95.2	96.3	
NHS Shetland	99.0	95.7	97.9	
NHS State Hospital	97.1	97.0	97.7	
NHS Tayside	94.8	94.9	95.0	
NHS Western Isles	97.7	97.4	96.8	



Keep **Antibiotics** Working



Antibiotic resistance is set to rise with experts predicting that in just over 30 years antibiotic resistance **will kill more people worldwide** than cancer and diabetes combined.

Antimicrobial Point Prevalence Audit Report for Balfour Hospital,
Orkney February 2019

8.3

NHS Orkney is required to monitor compliance with their antimicrobial prescribing guidelines. One of the methods used is point prevalence audit (PPA) of antimicrobial prescribing across all hospital wards. A PPA captures data on antimicrobial prescribing on a given day and can be compared against audit standards and practice in other hospitals. It was agreed in July 2014 (the first regular PPA) that hospital-wide PPAs would be performed twice yearly.

Data was collected on Tuesday 5th February by members of the Infection Prevention and Control Team (IPCT). All inpatients in Balfour Hospital on this date were audited

This audit, although only a snap shot with a small numbers of patients, demonstrates continued consistency in some elements of good antimicrobial stewardship (choice of antimicrobial, antimicrobial review, and number of prescribed doses administered).

Areas that require improvement include:

- documentation of indication of antibiotics at time of prescribing
- documentation of duration of antibiotics/review date of antibiotics at time of prescribing
- appropriate microbiological sampling
- completing the drug allergy box on the Drug Kardex

These areas will be reviewed and discussed with clinical and ward staff to enable and support ongoing improvements in these areas. The full report is to be shared with clinicians through the Mortality Morbidity meeting and actions taken forward through the Antimicrobial Management team

Improvement Work



Antibiotic Awareness week 13-19th November 2018

Girlguiding Orkney has joined the fight against antibiotic resistance. Catriona Innes, Lead Clinical Pharmacist and Scottish Antimicrobial Prescribing Group (SAPG) rep for NHS Orkney, came up with the idea for a challenge badge to help her Guide

8.3

group learn more about antibiotic resistance. Now girls age 5 to 18 will be taking up the challenge to not only find out more about the issue but also to help raise awareness in their communities, earning themselves an exclusive badge featuring SAPG's Bacteria Bob.

The Girlguiding members are given the opportunity to learn more about how they can help tackle antibiotic resistance, ensuring that vital, life-saving medicines continue to be effective when people need them most. Through use of resources from the e-bug website, featuring five sections: meet the microbe, spreading bugs, antibiotics & antibiotic resistance, become an Antibiotic Guardian and sepsis. To gain the badge, girls will need to have carried out a demonstration and complete at least one activity from each section. Among the activities are measuring how far a sneeze can travel using a “snot gun”, checking how effective hand washing is at preventing the spread of germs using a UV light box. Dr Jacqueline Sneddon, SAPG Project Lead, said: “Antibiotic resistance is everybody’s problem, and it’s never too soon to learn how we can play our part in protecting these medicines for future generations.” Since the launch of this badge there has been further interest from other counties



Catriona Innes has been encouraged to enter the World Antibiotic Awareness Challenge badge into the 2019 Antibiotic Guardian Award which is a fantastic achievement.

Catheter Associated Urinary Tract Infection (CAUTI)

The improvement work continues for CAUTI; departments are actively assessing their patients need for urinary catheter before insertion and on a daily basis.

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The main area for improvement now would be within the community, but this requires active review of catheter need by a Urology Specialist or Continence Nurse on a regular basis, which is problematic.

The teams are monitoring the “days between infections” as the best indicator and easy to understand data point for our patients and the general public, but the IPC team are also monitoring usage rates within departments.

Assessment & Rehabilitation – 230 days since last infection, **average usage rate is 19%** based on the previous year’s data. Although this may appear to be quite high, this reflects the dependency of the patients within the ward. Staff are actively reviewing and removing catheters at the earliest opportunity. Patients transferred in from other Boards are reviewed and often removed the day after admission, where this is appropriate to do so.

Acute Ward - 239 days since last infection, **their usage fluctuates on a daily basis and** will depend on clinical condition and admission of patient’s with long term catheters from community settings. The **average usage rate within the area is running at 5%** for the past year, again daily review is undertaken.

High Dependency Unit – 828 Days since the last infection attributed to the unit, which is an amazing piece of work and reflects the amount of work involved in ensuring catheters are well managed and removed in a timely fashion. It is a regular part of work now, patients being transferred to the Acute ward from HDU and who do not warrant hourly urine volume measurements are having urinary catheters removed prior to transfer, which is excellent management and helps prevent the catheter being in for longer than absolutely necessary. Their usage rate fluctuates on patient dependency but the team are quite proactive in not inserting a urinary device unless the patient’s condition warrants it. **Average usage rates here are 13%**, which is quite low for the type of area and the small patient numbers will cause a huge variation in percentage scores.

Orkney MacMillan House - Days since last infection - **a whopping 1036! Amazing work!!** Again dependency and patient condition also plays a huge part in this department, staff do not insert catheters here unless this is for patient comfort or those admitted with long term urinary catheters from community settings. **Their average usage rate is 10%**, and like HDU small numbers within the department will cause higher percentage scores.



Macmillan Unit celebrate 2 year target for having had no patients with a Catheter Associated Urinary Tract Infection (CAUTI)

Well done to all departments for their engagement in this ongoing work and their dedication to prevention of urinary infections, which will have a knock on effect on antibiotic prescribing and potentially other healthcare associated infections such as bacteraemia and *Clostridioides difficile* infection (formerly known as *Clostridium difficile* infection).

The National Catheter Passport

The IP&C Team had a local short life working group for the implementation of the National Catheter Passport. The group met quarterly for one year, starting on the 29th January 2018, when the passport was first launched and is now disbanded, as local implementation of the passport is complete.

Care Home Link Staff

In February the team launched a quarterly meeting with care home representatives. The team asked for representation from the three mainland care homes for infection prevention & control link staff. The first meeting focussed on *E.coli* blood stream infections (bacteraemia) and its prevention; focussing on the National Catheter Passport and the Hydration Campaign.

Presentations, links to Scottish Urinary Tract Infection Network pages(at HPS) and learning aids were also shared with the representatives and it is hoped that link staff will cascade education and training for IP&C within their own area, ensuring all staff have up to date information.

Hydration Campaign launched April 2018



Staphylococcus aureus bacteraemia (SAB) Improvement Work.

A SAB identified in a patient this year was pinpointed as being related to a peripheral vascular cannula (PVC), which initiated a rapid improvement programme. This involved the Infection Prevention & Control Team, a Consultant Physician, a senior ward staff member, A&E Senior Charge Nurse, Lead Nurse and Nurse Manager, supported by the HAI Executive Lead.

The rapid improvement started in October 2018 and was completed in January 2019, with a monthly IP&C quality assurance check still continuing.

The improvement work included a number of system changes, including A&E reverting back to using hospital wide documentation, clinician's implementing a checklist which is undertaken three times a week and placed in patient notes, ward staff clearly identifying if a patient has a PVC in place, and recording this above the patient's bed, as a quick reminder to staff that a review is required. The combination of all these systems has improved PVC review and removal or timeliness of PVC replacement.

Community Healthcare Associated Infection (HAI) Audits



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The past year has seen the team visit all GP practices, both on the mainland of Orkney and the Isles. This was a huge piece of work for the team and involved undertaking an Infection Prevention & Control audit on Standard Infection Control Precautions and offer advice and education on Transmission Based Precautions, e.g. ensuring that each practice had the correct PPE for managing patients with infections spread by the droplet route and offering advice about face fit testing and signposting staff to the Health & Safety Advisor for fitting.

Feedback was given at the time of the audit and immediate recommendations made if required; this was followed up by sending the audit tool with recommendations in the form of an SBAR and also highlighted areas of good practice. Stores order numbers were issued and any advice to make it easy for the practice to quickly set some improvements into action. An action plan was requested from each practice to ensure all areas had improvement plans in place.

Since the initial visit to the practices they have all submitted updates as to where they are with their improvement plans. A couple of the practices have also had follow up visits, again with the aim of supporting the teams with their improvements.

The audit findings have been shared in a variety of forums, including the Infection Control Committee, Safety and Care Governance and the GP Cluster meeting.

A small group consisting of the Estates team, Domestic Team and Primary Care Manager also met after the initial audit findings, in a bid to complete some “quick wins”. The work is on-going and the team were welcomed into the GP practices and anticipating further visits in the future to follow up on progress made to date.

NHS Orkney Staff Awards 2018 Quality & Improvement



Congratulations to the staff in the Central Decontamination Unit (CDU) team for their recent quality & improvement award.

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The team has accomplished bringing the department up to ISO 13485 2016 Accreditation Standard for both decontamination of medical devices and endoscopy. They are the second Unit in Scotland to achieve this standard and should be congratulated in this achievement.

Over the past year the CDU team have also extended support to another Board. This challenge was embraced by the small team at short notice, managed by the CDU Manager and conducted very successfully. This enabled surgery to continue within this Board, allowing them to keep within their targets, with no disruption to their patient services. The assistance given to the Board did not impact on NHS Orkney patients and shows commitment by our local team to ensure patient services are maintained whether it be NHSO patients or other NHS patients outwith Orkney.

This work has reinforced NHS Orkney's contingency planning for the future too, by developing tracking systems, handling of medical devices in transportation etc, but also offering support to another board and building inter-board relationships.

This improvement work has ensured NHSO has approved systems and process in place in preparedness for new healthcare facility which will be further embedded in a purpose built unit housing both decontamination of medical devices and endoscopy.

Education

The National Education Scotland; Scottish Infection Prevention and Control Education Pathway (SIPCEPs) have been implemented with encouraging quarterly results. This has further been enhanced through the preparedness for staff moving to the new healthcare facility, where all staff have been asked to complete all mandatory training for the organisation including HAI education. This initiative has certainly encouraged staff to focus on training requirements. This has been further enhanced through the IPC team delivering refresher training to teams capitalising on the additional resource of agency nurses freeing up NHSO staff to attend.

Summary

This year has been another busy year for the IPCT. There have been a number of success stories, including the quality and improvement award for the CDU gaining accreditation, the celebration of 1036 days CAUTI free in Orkney Macmillan House and the successful implementation of the catheter passport across the board.

The IPCT work has also extended out in to the community this year. Visiting and auditing all the GP practices, both on the mainland and on the Isles is no mean feat, and the team have also set up care home link staff, where prevention work around UTI prevention, the most common healthcare associated infection, has been started. Catriona Innes who has sadly left NHS Orkney has put Orkney on the map for her public engagement work on antimicrobial stewardship with girl guiding, and received national recognition for this with encouragement to enter the 2019 Antibiotic guardian award.

Preparing for the move, while maintaining IPC standards for example hand hygiene, and MRSA screening shows the dedication the team have for improving patient care, and is a significant achievement for the IPCT - one the team can be proud of. This will be the last annual report, and so the end of an era for IPC at the old Balfour Hospital. However, it is with excitement that we look forward to the many challenges that lie ahead in the fantastic new build.

Becky Wilson

NHS Grampian/NHS Orkney
Consultant Microbiologist
& Infection Prevention and Control Doctor

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
This report is for noting	
Clinical and Care Governance Committee Chair’s Report	
Lead Director Author	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 10 April 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board: <ul style="list-style-type: none"> • Significant Adverse Event (SAE) Report • NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications • Health Improvement Scotland (HIS) Clinical Management of Breast Cancer in NHS Tayside Report April 2019
Timing	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.
Benefit to Patients	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Clinical and Care Governance Committee Chair's Report

Issy Grieve, Chair Clinical and Care Governance Committee

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised.

Section 3 Background

This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 10 April 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Issues Raised

1. SAE Report

- A Significant Adverse Event (SAE) report was provided and members were assured that SAEs were being handled in line with the learning from Clinical Incidents Policy, but felt an opportunity to explore how learning from clinical incidents was demonstrated and communicated would be valuable and recommended this as a topic for a future board development session.

2. NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications

- The Committee approved the joint NHS Grampian, NHS Orkney and NHS Shetland Policy for requesting non formulary licenced medicines, for licenced indications, but recommended that their concerns with regard to the decision making process and the financial implications for the board be highlighted.

3. Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report April 2019

- The Medical Director provided a verbal update to members on the Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report April 2019 and members were assured that NHS Orkney patients were being treated appropriately.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute of meeting held on 16 January 2019

Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** in the **Saltire Room, Balfour Hospital** on **Wednesday 16 January 2019** at **14.00**

Present: Issy Grieve, Non Executive Board Member (Chair)
Steven Johnston, Non Executive Board Member (Vice Chair)
Christina Bichan Head of Transformational Change and Improvement
David Drever, Non Executive Board Member
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker
David McArthur, Director of Nursing, Midwifery and Allied Health Professions
Meghan McEwen, Non Executive Board Member
Chris Nicolson, Director of Pharmacy (VC)
Gerry O'Brien, Interim Chief Executive
John Richards, Councillor, Orkney Islands Council
Marthinus Roos Medical Director
Sally Shaw, Chief Officer Orkney Health and Care
Heather Tait, Public Representative

In Attendance:

Ian Kinniburgh NHS Orkney Chair
Heidi Walls, Committee Support (minute taker)

698 **Apologies**

Apologies had been received from S Sankey, L Wilson and R King.

699 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

700 **Minute of Meeting held on 10 October 2018**

The minute of the Clinical and Care Governance Committee meeting held on 10 October 2018 was accepted as an accurate record of the meeting and was approved on the motion of G O'Brien and seconded by M McEwen.

The chair welcomed the use of post meeting notes in the minutes.

701 **Matters Arising**

484 Outpatient Waiting Times

Members were advised that the demonstration of NSS 'Discovery' had been arranged to take place at the next board development session on the 31st January 2019 and further details would be emailed directly.

490 Elective Care Access Improvement Plan 2018/19 Update

The Chief Executive confirmed that further guidance on revisions to the Patients Rights Act was still pending.

702 **Action Log**

The Committee reviewed the updated Action Log. (see action log for details)

9-2017/18 Autism Diagnosis Pathways

The Chief Officer provided members with a verbal update and advised that whilst there was a pathway in place there was no formal framework. She reassured members that patients that required a diagnosis were being referred and seen.

The Chief Officer also noted that although diagnosis was an important issue the behaviors displayed by patients also needed to be addressed and training for staff to support this was key. She highlighted a concern that the pathway would be absorbed into the Community Mental Health Team and felt it would be more appropriate to move the process from a medical to a social model as soon as possible and the resurrection a strategy document to move this forward was being considered.

In response to queries it was noted that this should be an all age and multi agency strategy and D McArthur advised that work to formalise governance arrangements was underway.

A further concern that the changes and work described would not address long standing service users' pathway accessibility issues was highlighted and members were assured that any strategy would be produced in partnership.

Safe and Effective Care

703 **Quality and Safety Group Chairs report – CCGC1819 - 40**

Members received the Quality and Safety Group Chairs report, which provided an overview of the key items from the meetings of the group in the period September to November 2018.

The Head of Transformational Change and Improvement highlighted the review of group progress completed at the December 2018 development session and noted the open and participative session, which had produced a different programme of business. It was hoped that members would notice the positive impact in future reports to the committee.

The importance of ensuring the Quality and Safety Group was not overwhelmed by an overly strict reporting structure was noted by the Chief Executive as a key factor in the achievement of constructive meeting outcomes.

It was noted that there were some date formatting issues within this and other reports within the papers, which would need revision.

The NHS Orkney Chair questioned how the committee took assurance that the Quality and Safety Group was fully effective. Members were advised that this was achieved by ensuring the effectiveness of the Clinical and Care Governance Committee and via the annual review process, which included an assessment of the programme of business. Ongoing evaluation of the quality and depth of analysis and discussion of any escalated issues at this committee's meetings, along with the

review of the Quality and Safety Group chairs reports and minutes were also identified as key assurance mechanisms.

Members noted the report and were assured on the performance of the Quality and Safety Group.

M Roos joined the meeting

704 **Minute of Quality and Safety Group meeting held on 10 September 2018**

The Committee noted the minutes of the Quality and Safety Group.

705 **Adults with Incapacity – CCGC1819-41**

The Director of Nursing, Midwifery and Allied Health Professions presented the Report to the committee and noted that whilst the last report showed a dip in performance, the October update showed improvement.

Overall improvement had been sustained and capacity assessment, proxy decision making and 4AT were highlighted. Continued improvement in staff awareness of the need for patient and relatives engagement was also noted and the outstanding actions noted were reviewed.

Further to previous discussions on reporting frequency, it was agreed that this item should remain quarterly, but members agreed that going forward this would be through the Quality and Safety Group. Progress would be monitored by the committee through the review of Quality and Safety Group chairs reports and/or minutes with further assurance from 6 monthly progress updates and exception reports as appropriate.

Decision / Conclusion

The Committee reviewed the Adults with Incapacity Audit Report and took assurance on performance.

It was agreed that future regular reporting would be through the Quality and Safety Group with a 6 monthly progress report to the Clinical and Care Governance Committee.

706 **15 Steps Report**

The Head of Transformational Change and Improvement provided a verbal update advising that recruitment had been unsuccessful so ways of redistributing the work were being explored.

A Quality and Care Audit finding meant that a more consistent approach to patient experience within a framework was required and members were assured that different approaches to achieving a more inclusive patient experience process were being sought with outcomes by the end of the financial year as the target.

The NHS Orkney Chair highlighted the 15 Steps as a simple and straight forward process and queried whether seeking more structure than was needed risked over complicating the issue and replicating the previous and more structured walk around approach.

The Head of Transformational Change and Improvement noted that feedback had highlighted that the walk arounds were not well received, so the implementation of something different, which also included the development of robust assurance on patient engagement, was the focus. She accepted that aiming for the gold standard risked an overly complicated process and agreed to reflect on the point raised.

Decision / Conclusion

The Committee took assurance from the update provided and noted an update report would be provided to the next meeting.

707 Significant Adverse Event Report– CCGC1819-42

The Medical Director presented the update to the Significant Adverse Event Action Plan, which noted the current progress and status of Significant Adverse Events and he highlighted the importance of the learning outcomes and the application of the resulting recommendations. It was confirmed that Senior Management Team reviewed the recommendations to assess and identify the actions that were practicable and assign actions as appropriate.

The concern highlighted by members was the fundamental commonality of the timeliness and accuracy of clinical diagnosis and communication between clinicians, as well as between clinicians and patients/ family members.

It was noted that the identification of such concerns was the reasons these processes were in place, but it was acknowledged that issues, particularly on multi morbidity and disciplinary cases, could quickly become complicated and difficult for patients and families to follow. Despite the common primary aim of providing help to patients, clinician's concentration on the patient's condition could sometimes lead to the loss of focus on communication.

It was agreed that effective communication should be a priority, but in response to a query about single points of contact it was noted that this was aspirational and not always practical, particularly with complex multi disciplinary cases and whilst it was easy to identify GPs as a centre point this was not always appropriate.

It was acknowledged that there wasn't one solution to address the challenging issues highlighted, but members were advised that raising communication issue awareness, across disciplines, was the way forward.

A recent case from an English authority which identified significant failings was highlighted and raised a query around the processes in place for information sharing and learning.

Members were assured that there were appropriate mechanism in place, including participation in an adverse events community of practice, where learning was shared, receipt of ombudsman reports for escalated issues containing a duty to respond with details of changes to practice, along with review publications from professional bodies and Scottish executive director level discussion of highlighted cases.

The Head of Transformational Change and Improvement also noted that the report

provided to members had summarised themes and confirmed that steps to mitigate specific issues that were raised during the reviews had been taken.

The NHS Orkney Chair asked to what extent a fully maintained Electronic Patient Record would help clinicians with the issues identified and the timescales for this.

The Medical Director described the huge improvement that Trakcare had provided as in addition to their own notes, clinicians were able to see where else the patient had been treated. He confirmed that a full electronic system would be even better, but noted that to improve the issues raised here clinicians would still need to be aware of and act upon the communication issues raised by the additional information.

The Head of Transformational Change and Improvement highlighted regional work on a care portal which could improve information access for GPs and aspirations for an open access care portal were also noted but there were no timescales.

In response to a query from the NHS Orkney Chair, members were advised that allocation of an issue as an SAE did not automatically indicate that there had been patient harm and assurance that Duty of Candour requirements were actioned at the beginning of any process was also provided.

The value of learning from mistakes was noted, but the benefits of seeking out examples of good practice were also highlighted and members were advised that within NHS Orkney this would be achieved via the iHub and the weekly Morbidity and Mortality meeting.

Decision / Conclusion

The Committee considered the report, recognised the issues around communication and were content that assurance had been provided.

708 Elective Care Access Improvement Plan 2018/19 Update – CCGC1819-43

The Head of Transformational Change and Improvement presented the report which provided members with an update on work undertaken with regard to the improvement of elective access in line with 2018/19 targets with the Annual Operational Plan.

An overall improved performance was noted, with the exception of an anticipated dip, and in common with other boards ophthalmology and dermatology remained particularly challenging, but an improvement from January 2019 in dermatology, ophthalmology and cardiology was anticipated.

Treatment Time Guarantee figures were driven by ophthalmology and orthopedic capacity and there were no on island solutions. The plan to adopt a sustainable approach to the growing requirement to respond to government plans was also noted.

The challenge of providing assurance on targets was noted by members and it was agreed that additional graphs showing the national position would be a helpful inclusion in future reports.

The Medical Director noted MRI scanning delays he had experienced with an orthopaedic patient, but it was agreed this would need further investigation to

identify whether it was specialty specific or a wider issue.

Decision / Conclusion

The Committee reviewed and took assurance from the information provided.

709 **Safe Staffing Bill Report– CCGC1819-44**

The Director of Nursing, Midwifery and Allied Health Professions presented the report and noted that the Bill which was introduced on 23 May 2018 was now in stage 2 and issues, particularly for remote and rural areas, meant the April/May 19 implementation target was likely to be delayed.

The recruitment of a band 8a workforce planner due to start in February 2019 was highlighted as a positive as were the aspirational principles and intent of the Bill, but there were also challenges.

Members noted the helpful report and the possibility of associated financial risks was discussed, including some issues around saved costs from agency staffing, but it was agreed further details were required before its impact could be fully assessed. Concerns about the gaps with regard to the integration of Social Care and Third sector services, as one size does not fit all, were also highlighted.

Concern that a focus on the provision of assurance at a national level could produce prescriptive and obstructive processes was raised, but the potential positives were also acknowledged. It was agreed that it was too soon to be clear on the implications but it was an issue members did not wish to lose sight of.

Decision / Conclusion

The Committee reviewed and took note of the main points of the bill and agreed a further update report should be provided at the next meeting.

Policy Ratification

710 **Learning from Clinical Incidents Policy – CCGC1819-45**

The Medical Director presented the Learning from Clinical Incidents policy for approval noting it was a live document that was likely to evolve.

Decision / Conclusion

The Committee welcomed and approved the Learning from Clinical Incidents Policy.

711 **NHS Orkney Complaints and Handling Policy and Procedure – CCGC 1819-46**

The Head of Transformational Change and Improvement presented the NHS Orkney Complaints and Handling Policy and Procedure for approval advising members that a national procedure had been adopted, but amendments had been needed to meet an internal audit recommendation.

Members acknowledged that the document met with government guidance, but wondered whether it accurately reflected the way we wanted to work and whether

an opportunity to include learning from good practice had been missed. It was also noted that a robust policy was required, but it was suggested that a shorter document noting that a national procedure was followed could suffice.

Decision / Conclusion

The Committee approved the NHS Orkney Complaints and Handling Policy and Procedure but noted it as a live document that would evolve with ongoing work.

Medicines management

712 No reports at this meeting.

Person Centered Care

713 **Patient Experience Quarterly Report for period ended September 2018
CCGC1819-47**

The Head of Transformational Change and Improvement presented the report to provide assurance on the key performance indicators noted and highlighted a plan to review the structure of this report going forward.

She advised members that the handling of complaints had become more challenging and described how an improvement in early resolutions had also produced a negative outcome as performance on the remaining more challenging issues had slipped.

She also noted that the way complaints were being handled was changing so more appropriate processes, to fit what was being done on a daily basis, were needed, but this was having a knock on effect on the complexity of cases and subsequent timescales.

Members were assured by the improvements in early resolution at source and noted the challenges faced by the complexity of the remaining stage 2 issues and that resolution of all such cases within the 20 days timescale was not always possible. A similar Freedom of Information trend was noted and the dichotomy of the need for robust and appropriate investigation and resolution and the requirement of procedural timescales was acknowledged and discussed.

Members agreed that the appropriate investigation of complaints with a focus on learning from and addressing the issues identified should take priority over fixed procedural timescales.

The report highlighting high dissatisfaction with the mechanisms for complaining was flagged and it was noted that obtaining feedback from complainants was an ongoing challenge and further work would be needed to undertaken to understand the figures.

The use of hard copy forms issued to patients on the wards was questioned and although it was noted that a commitment to written feedback from patients whilst still on site was perhaps unlikely it could still contribute to an overall awareness that the organisation is open to the receipt of concerns and complaints.

M McEwen left the meeting

Decision / Conclusion

The Committee reviewed the report, took assurance from the information provided and agreed that the decision relating to complaints processes and timescales should be highlighted at the next board meeting.

Population Health

714 Dementia Diagnosis Rates CCGC1819-48

The Chief Officer presented the report and whilst it this raised issues members appreciated the provision of clear and frank information.

The Chief Executive noted the importance of seeing the whole picture and understanding the scale of the challenge, which would enable solutions to be actively sourced.

It was noted that active and willing third sector support, particularly for the simpler, but hugely helpful interventions, was available locally and the suggestion that third sector links for dementia support should be pursued was supported.

The Director of Pharmacy shared concerns highlighted with regard to Alzheimer medication and noted it was not an issue confined to Orkney, going forward this should reduce as clinicians became more familiar with prescribing the drug.

In addition to the system issues identified, local cultural issues around dementia diagnosis and its impact on patient experience figures, as well as the take up for post diagnosis support, were highlighted and noted as an area for further work.

In response to queries, the Chief Officer confirmed that the adoption of the current video conferencing model for assessment was taken from the Shetland project and advised that she would explore whether the old age psychiatry bed figure increase noted reflected a new way of classification or a material increase.

Decision / Conclusion

The Committee reviewed the report and took assurance that the concerns with had been noted and were being addressed.

Social Work and Social Care

715 Chief Social Work Officer's Quarterly Report – CCGC1819-49

The Chief Social Worker Officer presented the report providing information relating to current and recent themes emerging from the Social Work and Social Care Governance Group meetings held in October and December 2018

The 3 key themes with regard to generalist social work, social work practice development and learning and development were highlighted.

A description of a direct contact with two young people studying to become social workers who had secured placements at Eunson Kloss was noted as a positive

indication for the future.

Decision / Conclusion

The Committee noted the report.

716 **Minutes of Social and Social Work Governance Group 9 October and 13 December 2018**

The Committee noted the 9 October and 12 December 2018 minutes of the Social and Social Work Governance Group.

Chair's reports from Governance Committees

717 **Finance and Performance Committee**

Members received the cross committee assurance report from the Finance and Performance committee and noted the following two issues:

Child and Adolescents Mental Health Services

Assurance that there would be no unanticipated outcomes from a reduction in funding for vulnerable children in residential care services was sought, but the Chief Officer advised members that she would investigate this query further and report back as she was not aware of any funding decrease.

Dementia services

Members noted that this issue had already been addressed within the agenda for this meeting.

Area Clinical Forum

Members received the cross committee assurance report from the Area Clinical Forum and noted that the Autism Spectrum Disorder Pathway and the Learning from Clinical Incidents Policy had been addressed within the agenda for this meeting. It was noted that although there had been agreement at SMT to use a different name for the local roll out of Realistic Medicine the principles would be the same and an increased awareness of this approach was key.

Risk

718 **Agree risks to be escalated to the Audit Committee**

No risks were required to be escalated to the Audit Committee.

719 **Emerging Issues**

No emerging issues were noted

720 **Any other competent business**

No other competent business or the following issues were noted:

721 **Agree items to be brought to Board or Governance Committees attention**

It was agreed to raise the following issues to the Board through the chair's report:

- Autism Diagnosis Pathway
- The committee decision relating to complaints processes and timescales

Items for Information and noting only

722 Extraordinary Care Packages Report

Members noted the information provided

723 Schedule of Meetings

The Committee noted the schedule of meetings for 2018/19 and approved a proposal to postpone the January 2020 meeting by two weeks to avoid report deadlines falling during the festive period.

724 Record of Attendance

The Committee noted the record of attendance.

725 Committee Evaluation

The Chair thanked members for the healthy, open and frank discussions and the value of the meeting was acknowledged by all and the oversight and direction from the new chair was noted and welcomed.

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
This report is for noting	
Area Clinical Forum Chair’s Report	
Author	Steven Johnston, Chair Area Clinical Forum
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 5 April and it was agreed that these should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> • Development Session output – Improving Clinical Engagement • Indemnity issue
Timing	The Area Clinical Forum highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.
Benefit to Patients	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Area Clinical Forum Chair's Report

Steven Johnston, Area Clinical Forum Chair

Section 1 Purpose

The purpose of this paper is to provide the minute of the meeting of the Area Clinical Forum and to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised

Section 3 Background

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 5 April 2019 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1.1 February Development Session Output – Improving Clinical Engagement

The existing set-up of the advisory committees is preventing staff to provide sound multidisciplinary advice to the Board. Clinical engagement needs to be improved. This was highlighted internally via the advisory committees and the ACF but also through the Ministerial visit to Orkney for the Annual Review and through a review carried out by Health Improvement Scotland, the *Quality of Care review*. The Board have given a commitment to help support clinicians engage with the advisory committee structure. It is recognised through the ACF Chairs' Group for Scotland that NHS Orkney is not alone in its challenge to achieve good clinical engagement.

Positive discussions were held at the development session reviewing the steps taken so far to improve engagement, leading on to establishing ideal representation on each of the advisory committees and suggested next steps to strengthen dialogue between the Board and clinicians. A summary of the session has been appended for information and comment.

1.2 Indemnity Issues

An issue was brought to the attention of the committee where clinical staff had difficulty accessing legal support. The details of the specific case which led to this being highlighted are confidential and still ongoing and it is not appropriate for the ACF to become involved. However, it did flag an issue around indemnity. All healthcare professionals are legally required to have indemnity insurance. For all NHS clinical staff this insurance can be provided by the NHS. Medical, Pharmacy and Dental colleagues are required to have personal indemnity cover and some other clinicians opt to have additional cover for example, through enhanced levels of membership with unions which offer this service. For those who do not have this additional level of cover the NHS provide indemnity cover.

The committee were advised that in this particular case when a clinician tried to seek legal support locally and elsewhere in the region it was not available. The committee expressed concern around the possibility that clinicians may not have the appropriate level of legal support and advised that this matter is explored further. The committee agreed to write to the Employee Director to ensure the Area Partnership Forum are sighted and also the implications were sufficiently concerning to bring this to the attention of the Board noting that further investigation is required to fully appreciate the extent of the issue before drawing any conclusions.

Cross Committee Assurance

There were no issues requiring Cross Committee Assurance

Appendices

- Approved minute from the Area Clinical Forum meeting held on 7 December 2018.
- Summary of the Area Clinical Forum Development Session held on March 1 2019.
- Letter from the Area Clinical Forum to the Employee Director.

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital** on **Friday 7 December 2018** at **12.15pm**.

Present: Steven Johnston, Chair (ADC)
Nigel Pendrey, Secretary (ADC)
Moraig Rollo (TRADAC)
Kate Smith (TRADAC)
Adelle Brown (APC)
Sylvia Tomison (NAMAC) by VC

In Attendance: Lauren Johnstone, PA to the Director of Public Health (Minute Taker)
Louise Wilson, Director of Public Health
Marthinus Roos, Medical Director
James Stockan, Non Executive Board Member

110 **Apologies**

Moira Flett, David McArthur, Jay Wragg

111 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

112 **Minute of meeting held on 5 October 2018**

The minute from the meeting held on the 5 October 2018 was accepted as an accurate record of the meeting, subject to the amendments noted below and was approved on the motion of KS seconded NP.

- Page 4 Last paragraph - “new realistic laboratory services.” This should read “new laboratory services.”
- Page 4 second last paragraph –“notes and appointments.” This should read “letters and appointments.”
- *The Director of Public Health noted in AOCB that page 6 paragraph 5 “CHAS and PELiCAN would be partially funded through local authority” should read “CHAS and PELiCAN would be partially funded through the central allocation.”*

113 **Matters Arising**

- The Chair queried if CHAS had completed their visit to Orkney. Members confirmed they had.

114 **Area Clinical Forum Action Log/ Recurring Agenda Items for Area Clinical Forum**

The Action Log was reviewed and corrective action agreed on outstanding issues (see action log for details).

M Rollo and the Director of Public Health attended.

115 **Chairman’s report from the Board and ACF Chairs’ Group**

8.5.1

The Chair provided members with an update from the August Board meeting highlighting the following:

- The Winter Plan was approved.
- The Director of Public Health presented The Public Health Annual Report which touched on vaccine transformation. It highlighted the need for focus on obesity and welfare reform which would be taken forward by the Board.
- Update received on Health and Equalities Well Programme. It was highlighted that they were experiencing capacity issues; however the programme had been well received.
- Programme for Government was presented to members.
- Presentation on the Community Mental Health Services framework.

The following update was provided from the ACF Chairs' Group:

The Chair advised Members that the Group had last met on Wednesday 5th December. Jeane Freeman, Cabinet Secretary for Health and Sport was due to attend however sadly last minute was forced to cancel. The Chair displayed a Safe Staffing presentation from the meeting which was briefly discussed, highlighting that tools were created to assist in reviewing safe staffing levels in real time. He added that the focus so far was nursing and in the hospital, however it is recognised that they will need to work on other areas, for example community, and that training is required on use of the tools. Members were advised that the presentation could be shared to other groups if they felt it would be beneficial.

The Group discussed The Primary Care Improvement Plan and GMS Contract, and noted the largely positive progress. All 31 plans had been submitted and reviewed, exceeding expectations. It was highlighted that rural areas had not voted as strongly on the plan than urban areas. The Chair confirmed that a Rural Short Life Working Group had been established and were focusing on the next stages of the GMS contract. The Chair advised members that concerns had been raised which included the destabilising of teams, workforce risks, physical infrastructure and the increased intensity of GP work load. Locally the Primary Care Improvement Plan was agreed and in place, however funding had not necessarily been spent as per the original proposed allocation. The Group recognised the input and collaborative working in order to produce the plan. A Brown advised members that Pharmacist interviews were scheduled to take place next week.

119 **Advisory Committee Reports ACF1819-19:**

NAMAC

S Tomison updated members from the last meeting held in November. She advised that the Community Mental Health Team had raised C-Cube concerns and felt the package was not suitable for their requirements from which they have escalated to the risk register. The Chair informed members that C-Cube was a temporary archive for what was previously in paper, agreeing that the software was lacking in methodical approach. The Director of Public Health mentioned that The Director of Nursing, Midwifery and AHP's and Chief Officer of Orkney Health and Care were aware of the issues the Community Mental Health Team were experiencing and were discussing possible solutions. The Medical Director advised members that there was a backlog of scanning which was causing issues, particularly in A&E. Attending to this backlog is challenging whilst maintaining normal service; however recent updates would suggest this has since been cleared. He reminded members to escalate any issues to the C-Cube administrative team. A Brown commented that she had struggled previously to find information and found that it had been uploaded to incorrect areas. A Brown suggested that the C-Cube administrative team ask for feedback on the system via Survey Monkey or the Blog, and added that previous requests for a Kardex section had not yet been successful. M Rollo

8.5.1

advised members that AHP's were about to start using C-Cube and had over 10,000 cases requiring uploading. The Director of Public Health confirmed that the requirement for resources had been recognised. The Chair summarised that there were huge advantages of having an electronic patient record and with regular use, C-cubesystem becomes easier to navigate though. J Stockan queried whether it should be an item for the action log. The Director of Public Health suggested inviting a C-Cube administrator to the next meeting to further discuss any issues and identify trends. M Rollo confirmed that temporary contracts had been implemented to assist the DMR team. Members queried if the new 24hour A & E Admin staff would have capacity to assist but were advised another team usually handles this but this is something which might be looked at.

The Medical Director left the meeting

AMC

Members noted the Chairs report which highlighted the recent issues with quoracy. The Chair advised that after querying members at the ACF Chairs' Group, he identified that all boards had established a GP Sub Committee and most also had a Hospital/Consultant Sub Committee which fed into their Area Medical Committees. Feedback received reinforced that this resulted in a better functioning AMC. From the 4 Annual Reviews to have taken place already, Ministers were aware that nationally the Professional Advisory Committees were not fully functioning. Members agreed that the local GP Sub was working well, however this was resulting in less attendance at AMC meetings. Members also considered the issues around the release of hospital staff and increase in visiting locums and consultants who would not attend. The Medical Director suggested revising the structure of the AMC and to introduce a Hospital/Consultant Sub Committee. He suggested that this could feed into an AMC that reported less frequently, advising members that there was no minimum/maximum requirement to be considered a functioning AMC. The Director of Public Health added that agendas needed to look attractive to increase engagement, which is especially important ahead of the move to the new Hospital and Health Care Facility.

The Medical Director noted that there were few opportunities for hospital staff to meet with management. The Chair raised concern that decisions which might affect GPs might be made without Primary Care engagement. The Medical Director concluded that there was previously good engagement with Hospital staff and Management through regular meetings; he suggested that this was reinstated.

APC

No recent meetings. A Brown advised members the group propose to meet in January 2019.

ADC

No recent meetings. N Pendrey advised members the Committee were due to meet in January 2019.

TRADAC

K Smith updated members from the most recent meeting, which began with an informal update from members. K Smith continued to update members on a recent request from National Services Scotland (NSS), a national team, to gather data mainly on a patient level to assist in the creation of a navigation tool. M Rollo advised members that although not all AHP services use TrakCare, it will eventually be used throughout all departments. The Chair queried as to whether gathering the information would be a labour intensive task. M Rollo advised that it

8.5.1

should not be as it will automatically be pulled from TrakCare. She added that it was a minimum data set that was required and will be a worthwhile tool.

K Smith had discussed with the Corporate Services Manager the status of the "Procedure on the Development, Consultation, Approval and Dissemination of Strategies, Policies, Procedures, Guidelines and Protocols" policy, with a view to facilitating the development of some clinical pathways. This policy has now been finalised. Radiology in partnership with one of the surgical staff grade doctors plan to bring forward some diagnostic pathway proposals and will appreciate feedback from clinicians, including suggestions for any other areas in which similar work might be useful. A Brown suggested using a policy that provided benefit to a patient as an example. S Tomison confirmed that NAMAC are experiencing the same issues. K Smith queried if the Resuscitation policy was recently circulated to Area Partnership Forum members. The Chair recalled it circulating around ACF and the Advisory Committees previously for comment.

Development Sessions

120 Topic for future Development Session

M Rollo suggested the next development session should focus on the Safe Staffing Bill and what impacts that it will bring to the organisation. The Chair suggested that the Director of Nursing, Midwifery and AHPs spoke to members further considering his previous involvement with the Scottish Government on the matter. Members noted positively the recent advertisement of a Workforce Planner Position. M Rollo advised members that this role would review the workforce tools, understand the training and support included and provide additional capacity to Boards. It was suggested that the Area Partnership Forum may be interested in joining this Development Session.

Members were in agreement that the March Development Session would focus on the Safe Staffing Bill.

121 Update from November Development Session – New Ways of Working, A New Building and Realistic Medicine – ACF1819-20

The Chair drew member's attention to the update paper provided from the November Development Session and gave a brief overview of the day. The Chair advised members that J Wragg attended and gave an update as to where we are and what is happening in Orkney. M Rollo expressed disappointment that there was not more discussion on realistic medicine and queried whether we should discuss how to continue to support people in order to reach the 2025 target. She added that the effective conversation training may be beneficial and could encourage staff to talk more about the subject. Members agreed that the organisation could be doing more and it was suggested that J Wragg was invited to future meeting of both ACF and the Advisory Committees to discuss variation.

122 Annual Review - ACF1819-21

The Chair drew member's attention to the report written by the Chair for the Scottish Government Annual Review due to take place on 10 December 2018.

Decision/Conclusion:

The Chair advised members that anything they wish to raise could be done so at the ACF Session on Monday. Members expressed some confusion over the time of the session. It

became apparent that the calendar invite had been removed from diaries. L Johnstone confirmed the new time of the session and agreed to resend the invite for diaries.

123 **Realistic Medicine**

J Wragg was unable to attend the meeting to provide a further update. The Chair was happy discussions were held within November Development Session update.

Decision/Conclusion:

The Chair requested this remained as an agenda item for future meetings.

Governance

124 **Learning from Clinical Incidents Policy – ACF1819-22**

As a related note, the Chair advised members that NES were running three patient safety workshops 11 Feb 2019 and 1 May 2019. Bookings can be made through OD & Learning.

The Chair informed members that there has been talk that Cabinet Secretary was seeking some small changes to Mortality and Morbidity (M&M) meetings nationally in response to the neurosurgery issues in NHS Tayside which reached the press. Members of the Committee were in agreement that the meeting was well attended, however was mainly medically/consultant focused, with very few nurses attending. The Chair reminded members that the meeting was open to everyone and has been well received so care needs to be taken not to disrupt this positive progress. In the event of any changes to the meeting format, this policy may need to be amended.

K Smith queried if M&M fed into Quality & Safety. The Chair confirmed it did, and that this policy would inform that.

Decision/Conclusion;

Members noted the policy and were happy with the content.

For information and noting

125 **Key legislation issued – ACF1819-23**

Members noted the key legislation issued since the last meeting.

126 **Correspondence**

No correspondence had been received.

127 **Area Partnership Forum minutes**

Members noted the minutes from 16 October 2018.

128 **Learning and Education Steering Group**

Members noted the minutes from 27 September 2018. M Rollo advised members that the format of this group had changed and suggested checking with J Nicol to ensure it was still

8.5.1

appropriate for these minutes to attend.

K Smith advised members that it had been identified distribution lists for Committees were not up to date. The Director of Public Health suggested that it was either previously or is part of the induction checklist. Members were in agreement that it should be the responsibility of the Line Manager to ensure this was done as part of the departmental induction. The Director of Public Health reminded that a welcome letter from Committees was sent to new inductees with some background information which may have a better impact for future attendance. The Chair agreed to check with the induction team that the ACF leaflet was still included in induction pack.

129 **Occupational Health & Safety Committee**

Members noted the minutes from 25 September 2018.

130 **Quality and Safety Group minutes**

Members noted the minutes from 10 September 2018.

131 **Transformational Implementation Programme Board minutes**

Members noted the minutes from 19 July 2018. The Chair informed members that Heilendi, Skerryvore and Scottish Ambulance Service have recently approved contracts to move to the new Hospital and Healthcare Facility. Members noted that the Accident and Emergency Ward Clark position was approved. There was discussion on C-Cube and the issues recently experienced. It was noted that the bookmarking tool does not work to its full capacity and TIPB members recognised the issues faced by visiting locums and consultants when trying to use the system. M Rollo advised members that the Peedie Sea Children's Centre do not currently have access to C-Cube and it cannot be installed due to OIC firewalls. Moving further into a electronic/paper light environment, M Rollo explained that this presented a risk for visiting clinicians and eventually clinics would be unable to be run in the premises. J Stockan suggested that these issues may be solved once Windows 365 is in motion.

132 **Communication and Engagement Group minute**

Members noted the minutes from 16 October 2018.

133 **Digital Medical Records Project**

No approved minutes.

134 **Risk Register Report**

No report available

135 **Infection Control Report – ACF1819-24**

It was agreed by R Wood that the Infection Control Report should attend future ACF meetings. Members noted the report.

136 **Agree any items for onward reporting:**

It was agreed that the following items would be reported to:

8.5.1

Clinical and Care Governance

- Learning from Clinical Incidents Policy was noted positively.
- Feedback on realistic medicine including that the ACF look to champion and promote RM.

ACF Chairs Group

- Update from the Annual Review to be held on Monday 10 December.

The Board

- Highlight the poor attendance throughout the Professional Advisory Committees (Area Medical Committee in particular at the moment) including the struggles around releasing clinicians. Update on Realistic Medicine and desire to champion this
- Summary of November Development Session on new build and Realistic Medicine.

137 **Any other competent business**

No business.

138 **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19.

139 **Record of Attendance**

Members noted the record of attendance.

140 **Committee Evaluation**

Members noted that it was a well chaired meeting with good discussion.

'The primary purpose of the ACF is to distil the work of the Advisory committees and to be a conduit of information and opinions between the clinical community and the Board.'

Summary of the Area Clinical Forum Development Session held Friday 2nd March 2019

Present:	<i>Steven Johnston</i>	<i>ACF Chair, ADC secretary</i>	
	<i>Lauren Johnstone</i>	<i>PA to DoPH, Secretariat support to ACF</i>	
	<i>Adelle Brown</i>	<i>Pharmacist, APF</i>	
	<i>Kirsty Cole</i>	<i>GP, GP-sub Chair</i>	
	<i>Tony Wilkinson</i>	<i>GP, LMC secretary</i>	<i>[via VC]</i>
	<i>Andy Trevett</i>	<i>GP (previous ACF Chair)</i>	<i>[via VC]</i>
	<i>Moriag Rollo</i>	<i>Lead AHP, TRADAC vice-chair</i>	
	<i>Shauna Stockan</i>	<i>Physiotherapist</i>	
	<i>Penny Martin</i>	<i>Paed. Physiotherapist</i>	
	<i>Kate Smith</i>	<i>Lead CT radiographer, TRADAC chair</i>	
	<i>Lindsey Kolthammer</i>	<i>Lead dietician</i>	
	<i>Marjolein van Schayk</i>	<i>GP, LMC Chair</i>	
	<i>Nigel Pendrey</i>	<i>Senior Dental Officer, ADC Chair</i>	

Introduction

The existing set-up of the advisory committees is not allowing us to provide sound multidisciplinary advice to the Board. Clinical engagement needs to be improved. This has been highlighted internally via the advisory committees and the ACF but also through the Ministerial visit to Orkney for the Annual Review and through a review carried out by Health Improvement Scotland, the *Quality of Care review*. The Board have given a commitment to help support clinicians engage with the advisory committee structure. It is recognised through the ACF Chairs' Group for Scotland that NHSO is not alone in its challenge to achieve good clinical engagement.

What have we done so far?

- The development sessions which are open to all staff have been fairly well attended and the summary record is shared with the Board on each occasion ensuring the views of the clinicians are being escalated.
- Efforts have been made to do more work online to reduce the reliance on meetings. For example, *Yammer* (which serves as a social media styled page where documents can be uploaded and conversations can take place) was used for several months but unfortunately the licence for nhs.net users was withdrawn. If there was an appetite, something equivalent could be adopted although the introduction of Office365 may provide a solution.

- The number of office bearers for each advisory committee was increased from 2 to 3 in an attempt to increase the pool of people sitting on the ACF.
- The ACF and Area Partnership Forum have worked together co-hosting sessions on the North of Scotland regional work and Clinical and Professional Supervision.
- A leaflet was produced for inclusion in the induction pack of new clinical staff to raise awareness of the professional advisory committees.
- Regular reminders are provided advising ACF members that where they are not able to attend a meeting, a deputy/substitute can attend on their behalf.
- The concerns have been raised and the Board have given assurances that they are committed to improving clinical engagement.

Professional Advisory Committee Membership

The first exercise during the development session was to establish what the ideal representation on each of the advisory committees would look like as outlined below:

- **Area Dental Committee**
 - Public Dental Service Dentists
 - Independent Sector Dentists
 - Dental nurses
 - Hygienists
 - Therapists
 - (Lab technicians)
- **Area Medical Committee**
 - Hospital doctors
 - Consultants
 - Other Grades (staff, GPs working in hospital,)
 - Trainees
 - Locums
 - GPs
 - Consultant in Public Health
 - In response to the new GMS contract and the need for a Primary Care Improvement Plan a GP sub group of the AMC was constituted and has been working well. For this reason, amongst others, the AMC itself has been less active. There is a general view that there should also be a parallel group, a hospital sub of the AMC although the membership of this is yet to be established. This would potentially allow the AMC to meet less frequently to help balance the workload although this important juncture between primary and secondary care is still important.
- **Area Pharmaceutical Committee**
 - Community pharmacists
 - Hospital pharmacists
 - Pharmacy technicians
- **Nursing and Midwifery Advisory Committee**
 - Midwives
 - Hospital Nurses
 - Community Nurses
 - Nurses based in GP practice
 - Advanced Nurse Practitioners
 - Specialist Nurses
 - MS/MND
 - Cardiac

- LD
 - Oncology
 - Diabetes
 - Dementia
- Healthcare support workers
- Health Visitors
- School Nurses
- Mental Health Nurses
- **Therapies, Rehabilitation and Diagnostic services Advisory Committee**
 - Radiographers
 - Dieticians
 - Occupational Therapists
 - Physiotherapists
 - Podiatrists
 - Speech and Language Therapists
 - Some discussion around others such as labs, clinical psychology and paramedics.

Each of the advisory committees would elect 2 or 3 office bearers (Chair and Vice-chair and/or Secretary) who would sit on the ACF with efforts made to ensure that representation is well rounded i.e inclusion of the various disciplines which that advisory committee represents as best possible.

There was some discussion around whether there would be value in assigning a Sponsor or Lead Officer to support the office bearers of the advisory committees. This role would provide leadership, assist with agenda setting, have mutual benefits. The following is an extract from NHS Lanarkshire ACF Constitution:

“Generally the designated Executive Lead (Sponsor) will support the Chair of the Forum in ensuring that the Forum operates according to / in fulfilment of, it’s agreed Terms of Reference. Specifically they will:

- *Support the chair in ensuring that the Forums remit is based on the latest guidance and relevant legislation, and the Boards best value framework;*
- *Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;*
- *Oversee the development of an Annual Work plan which is congruent with its remit and the need to provide appropriate assurance at the year end for endorsement by the Forum and approval by the NHS Board;*
- *Agree with the Chair and agenda for each meeting, having regard to the Forums remit and work plan;*
- *Lead a mid year review of the Forums terms of reference and progress against the Annual Work plan as part of the process to ensure the work plan is fulfilled;*
- *Oversee the production of an annual report on the delivery of the Forums Remit and Work plan for endorsement by the Forum and submission to the NHS Board.”*

NHSO may wish to explore such an approach as adapted to our local needs. The table below outlines potential roles which could be more formally linked to each of the advisory committees:

Advisory Committee	Potential Committee Lead/Sponsor
ADC	Dental Clinical Lead

AMC	Medical Director/Director of Public Health
GP sub	Lead GP or DoPH/MD
Hospital sub	Lead Clinician or MD/DoPH
APC	Lead Pharmacist or director
NAMAC	DoNMAHP or Lead nurse and Lead midwife
TRADAC	DoNMAHP or Lead AHP

ACF Membership

The ACF itself will continue to be made up of the 2 or 3 office bearers from each of the advisory committees but additional representation will be essential. Executive attendance at ACF is the norm across Scotland and is welcome in NHSO and could be cemented further with a lead executive. If the Sponsor approach was taken then it would be valuable to have the Sponsor included in the ACF membership but the additional workload this may entail is acknowledged so care would need to be taken to adopt a manageable and realistic approach. In addition, the ACF benefits from non-executive attendance (on a rota basis) and regular representation from areas of particular focus would be important e.g. Realistic Medicine Lead.

Looking forward...

A number of suggestions for future working were proposed and discussed:

- Less reliance on meetings – do more business online/via email. *Need to ensure there is a way of tracking/recording the clinical advice provided via these means.*
- Utilise team meetings which are already happening – capture the clinical expertise available and feed this into advisory committees rather than having more meetings. *Need a mechanism to record this (summary note, short template to fill out and pass on?).*
- Checklist to select which groups/teams need to see a draft document (e.g. policy) and provide clinical advice. Then use this to target important groups rather than asking a whole committee to review where it may not be relevant to the majority (*making the PAC agenda relevant*). See Appendix i below.
- Secure backfill or dedicated time for clinical staff to contribute to the advisory committees. Role to be seen more like a secondment. Some other areas in Scotland appear to have good arrangements and the National Health Service (Scotland) Act 1978 outlines responsibilities of the Board to ensure such work is supported. Any costs involved need to be considered against the value and outcomes from having good clinical engagement.
- Review meeting dates and times to ensure suitable for the majority. *Doodle poll.*
- Make use of substitutes/deputies common practice where you have to give apologies (formalise by identifying list of potential deputies)
- Promote being part of an advisory committee as a development opportunity and good CV-building. Make it clear what is involved with being an office bearer and encourage successional planning.
- Make the agenda relevant. Ensure areas represented in the PACs have a regular slot in the agenda to raise developments/issues and local implications of national developments (guidance). *Get into habit of communicating regularly with each area which should be represented and where representative not able to make a meeting try and gain an update in advance of meeting (lead sponsor/chair?).*

8.5.2

- Update the terms of reference/constitution to reflect changes after this development session and possibly create a work plan which will give the ACF a clear direction, if appropriate. It may also be worthwhile updating the quorum requirement of the ACF to ensure that a specified number of the advisory committees represented at each meeting to avoid a scenario where attendance at a committee meeting is not multidisciplinary.

There may also be some learning from approaches taken in other areas in Scotland. NHS Fife developed a Clinical Engagement Strategic Framework (Appendix ii) which outlines the value in good clinical engagement, sets out drivers with methods to achieve and measure effective clinical engagement and empowers the ACF to fulfil its purpose.

This document will be discussed further at the ACF meeting 5th April after which action will be taken towards implementing changes.

Steven Johnston

ACF Chair



**CLINICAL AND CARE ENGAGEMENT:
DEVELOPING A
STRATEGIC FRAMEWORK**
AREA CLINICAL FORUM (ACF)
INTEGRATED PROFESSIONAL ADVISORY GROUP (IPAG)

THE WAY FORWARD: A DISCUSSION PAPER

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Appendix 1 Driver Diagram

Appendix 2 Advisory Groups: Purpose, Role and Remit; Membership

Appendix 3 Model for clinical and care engagement

In this document ‘health and social care’ is used to denote services delivered within Fife Health and Social Care Partnership and Acute Services.

INTRODUCTION

1.1 Purpose

The ultimate purpose of clinical and care engagement is to improve the quality and safety of health and social care.

The objective of a Clinical and Care Strategic Framework is to ensure that activities undertaken by Fife NHS Board and Fife Health & Social Care Partnership (H&SCP), from planning to service delivery are moulded by our clinical and care professionals' communities, and that a progressive and sustainable approach to engaging professionals is firmly embedded.

The focus of the Framework, at this juncture, is on the contribution made by the Area Clinical Forum (ACF) and the Integrated Professional Advisory Group (IPAG) to clinician and care professional engagement in order to strengthen and foster a shared understanding and transparency between the Fife NHS Board, the Integrated Joint Board, management and the clinical and care workforce.

1.2 Defining Clinician and Care Professional Engagement

There are varied definitions of clinician (and care professional) engagement.

Health Improvement Scotland (HIS) defines clinical engagement as "...how we formally and informally interact with and involve healthcare professionals across all our organisational activities, from scoping through to operational delivery. This includes every discipline and at every level within the system."

Christine Jorm, in her report, *Clinician Engagement: Scoping Paper* (2016) based on analysis of the healthcare system in Victoria, Australia, offers the following definition: '*Clinician engagement is about the methods, extent and effectiveness of clinician involvement in the design, planning, decision making and evaluation of activities that impact the healthcare system.*'

Based on Jorm's definition, it is proposed that this definition is considered for adoption in Fife:

Clinical and care engagement is about the methods, extent and effectiveness of clinician and care professionals involvement in the design, planning, decision making and evaluation of activities that impact within the Health and Social Care Partnership and Acute Services in Fife.

Under this definition, engagement becomes a measurable organisational feature which can be planned for and reported against.

1

1.3 Strategic context: Why is clinician and care professional engagement important?

There is evidence, from quality and safety work, that without clinician and care professional engagement, leadership and support, change does not happen or is not sustained. Further, there is high quality evidence that where clinicians and care professionals are measurably engaged, there is increased patient / client satisfaction, lower staff turnover and absenteeism, decreased infection rates, lower patient mortality.

It is suggested that ‘everyone in health and social care really has two jobs when they come to work every day: to do their work and to improve it’. An engaged employee does just this: contributing to making health and social care safer and of higher quality.

Clinician and care professional engagement can result in:

- improvement of practices and quality at the team level
- improvement of practices and quality at the service system level
- better informed policy development
- support for effective policy implementation.

A Driver Diagram (Appendix 1) has been developed to guide and determine components of effective clinical and care engagement.

ADVISORY GROUPS

2.1 Background and Challenge

Guidance was issued in 2010 (CEL 16 (2010) for **Area Clinical Forum** (complementing the existing guidance ‘A framework for reform: devolved decision-making MOVING TOWARDS SINGLE-SYSTEM WORKING HDL (2003) 11).

The purpose of this guidance is to ensure that NHS Boards further develop and enhance the role of ACFs and the individual professional committees which advise on profession specific issues.

This guidance encourages the establishment of arrangements for **systematic clinical engagement** across all NHS Scotland organisations. The guidance states that ACFs and their constituent members have a key role in taking forward the key dimensions of quality described in the NHSScotland Healthcare Quality Strategy.

Area Clinical Forum Chairs meet quarterly with the purpose of providing the Scottish Government, NHS Scotland National Organisations, and Boards, with appropriate, and timely, professional clinical advice.

The Health and Social Care Integration Scheme for Fife (19th August 2015) states that ‘professional advice will be provided to the Integration Joint Board, the Strategic Planning Group and Localities through an **Integrated Professional Advisory Group** comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes’ .

The Challenge: While clinicians and care professionals bring significant goodwill and enthusiasm to the ACFs and IPAGs, it is debatable whether the groups are achieving their potential. At national level, and mirrored across all Boards in Scotland, the ACF and majority of IPAGs, believe that advice is only occasionally reflected or even considered in decision making, which can lead to the view that groups are tokenistic. The view is that Boards’ links with Area Partnership Fora (APF) are deemed to be more ‘important’ .

The purpose, role and remit, and membership of the ACF and the IPAG are provided in Appendix 2.

PRINCIPLES AND OBJECTIVES

3.1 Key principles of clinical and care engagement

The key aims of the Clinical and Care Engagement Strategic Framework are to develop and maintain a relationship between and crossover with, clinicians, care professionals and management which ensure that the specialist knowledge and experience of clinicians and care professionals are incorporated into the core activities of the health and social care in Fife.

It is expected that a progressive and sustainable approach to engaging clinicians and care professionals is firmly embedded in management practices. The Clinical and Care Engagement Strategic Framework will assist with this through application of the following key principles:

1. EARLY ENGAGEMENT
2. EFFECTIVE COMMUNICATION
3. ACCOUNTABILITY

The International Association for Public Participation Model provides a useful model for consideration of the purpose, methods, and outputs for different levels of clinician engagement (Appendix 3)

3.2 Objectives

A Strategic Framework aims to:

- ✓ involve and empower clinicians and care professionals in an inclusive process for the planning, delivery and evaluation of health and social care services
- ✓ improve service delivery, quality clinical and care services
- ✓ improve patient / client care outcome
- ✓ ensure that there are structures and mechanisms that provide access to clinical and care professional skills and expertise
- ✓ increase clinician and care professionals' participation in local decision-making and accountability

- ✓ ensure clinicians remain connected with the systems in NHS Fife and the Partnership

3.3 Enabling engagement

Successful approaches to enhancing engagement require an organisational cultural focus, based on a genuine acknowledgement of the value of the clinical and care professional perspective, and the recognition that this must be incorporated into all aspects of strategic planning, service redesign, and service optimisation. This cannot be expected to be achieved through purely structural changes.

Cultural change requires a highly inclusive approach, whereby trust and understanding grows, and clinicians seek to become more involved in the decision making process.

This shift towards collective leadership is characterised by high levels of dialogue, and aims to achieve a shared understanding of problems and solutions.

PROPOSALS FOR ACTION

4.1 Indicative areas for action

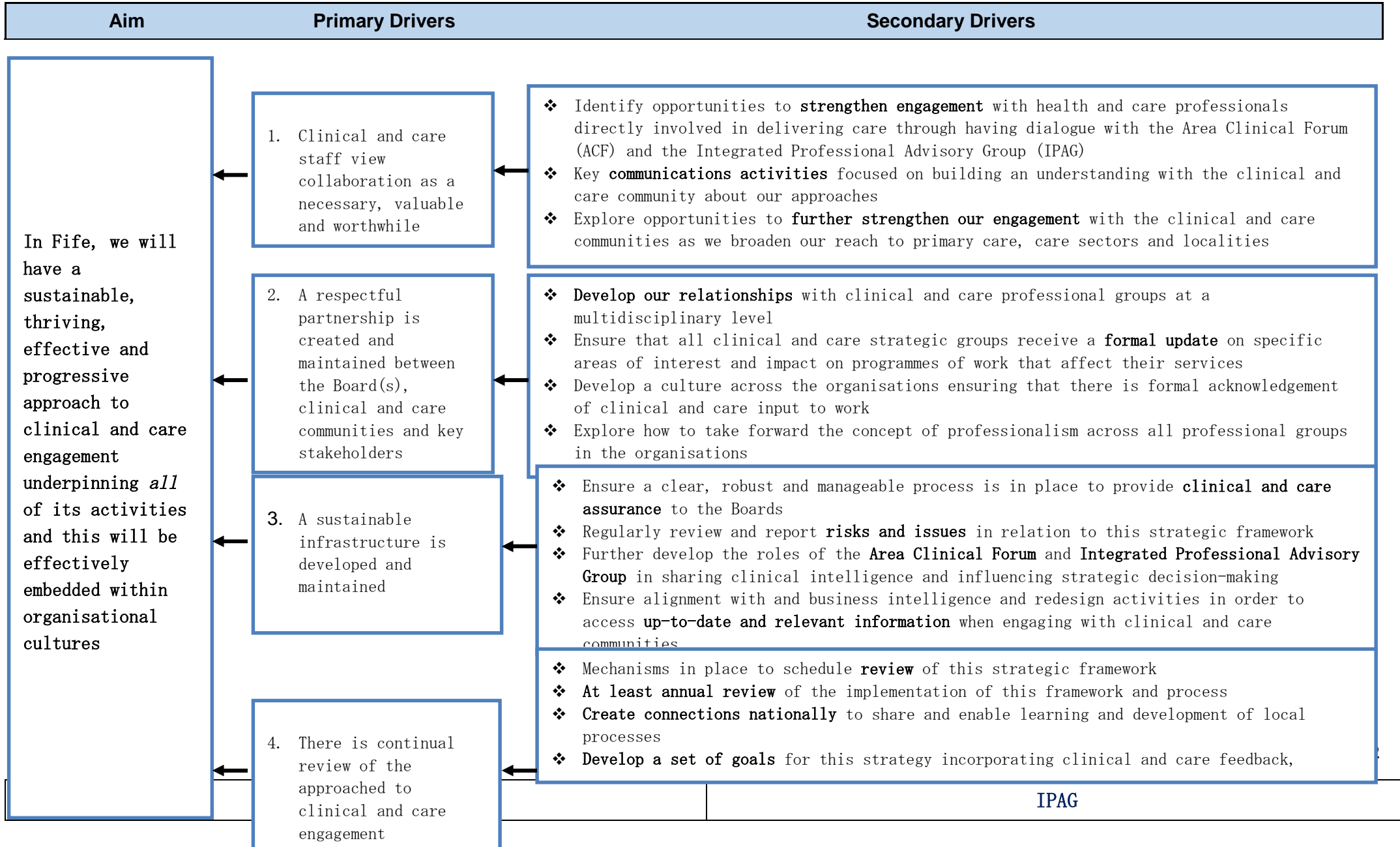
Develop objectives, expectations and measures

Involve by improving structures, processes and support for consultation and debate

Design a Strategic Framework to promote and embed clinical and care engagement

Focus, initially, on empowering ACF and IPAG to fulfil their purpose, role and remit

CLINICAL AND CARE ENGAGEMENT STRATEGIC FRAMEWORK DRIVER DIAGRAM



PURPOSE	
<p>The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promote the active involvement of all clinicians from across NHS Fife in the decision making process. The Forum also acts as a multi-professional reference group on proposals brought forward through the strategic planning / redesign process.</p>	<p>The Integrated Professional Advisory Group will provide and support clinical and professional leadership within the Partnership. The primary function of the IPAG will be the provision of advice and recommendations to the Integrated Joint Board (IJB) and its Senior Leadership Team (SLT) to ensure that the Partnership delivers safe and effective services in accordance with national standards and professional governance. Professional governance includes core elements such as codes of conduct, standards of practice, fitness to practice, policies and procedures, resource utilisation and stewardship, evidence-based practice and research, use of technology, and quality and performance improvement.</p>
ROLE	REMIT
<ul style="list-style-type: none"> • Reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups; • The provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the NHS Board; • Sharing best practice and encouraging multi professional working In healthcare and health improvement; • Ensuring effective and efficient engagement of clinicians In service design, development and improvement; • Providing a local clinical and professional perspective on national policy issues; • Ensuring that local strategic and corporate developments fully reflect clinical service delivery; • Taking an integrated clinical and professional perspective on the impact of national policies at local level; • Through the ACF Chair, being fully engaged in NHS Board business; • Supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice. • Investigate and take forward particular issues on which clinical input is required on behalf of the Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution; • Advise the Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care. 	<ul style="list-style-type: none"> • To provide a multi-professional perspective on the strategic objectives of the Partnership, including specialist knowledge of potential benefits and risks • To provide an informed response and recommendations regarding local impact/implementation of national policy • To provide advice and recommendations on the design and delivery of services within the Partnership in line with the evidence base, best practice and awareness of local needs and circumstances • To provide recommendations on and contribute to the development of a safe and effective system of clinical and care governance within the Partnership • To provide advice and recommendations in relation to organisational change required by integration to ensure that it facilitates delivery of safe and effective services • To identify and communicate opportunities within integration to improve both service and personal outcomes • To promote and support professional leadership within the Partnership • To contribute to the development of a culture within the Partnership that is reflective of the Partnership’s values and those of its constituent professions • To provide a forum for consideration of matters of shared professional interest, to enhance communication and understanding between professions, and to share best practice • To ensure that matters considered by the IPAG reflect the priorities of the IJB, the SLT and the professional community • To serve as an effective conduit for communication between members of IPAG and the staff they represent, the IJB and SLT.

MEMBERSHIP

- | | |
|--|---|
| <ul style="list-style-type: none"> • Area Medical Committee • Area Dental Committee • Area Pharmaceutical Committee • Area Optical Committee • Allied Health Professions Clinical Advisory Forum • GP Sub-Committee of the Area Medical Committee • Healthcare Scientists Forum • Clinical Psychology Group • Executive NMAHP Council (for nursing and midwifery)
 • The Director of Public Health, the Consultant in Dental Public Health, the Medical Director, the Director of Nursing, the Associate Medical Directors of the Health and Social Care Partnership and of the Acute Services Division shall attend meetings of the Area Clinical Forum. | <ul style="list-style-type: none"> • Clinical Director from one of the Divisional Leadership Teams • GP Representative (this role may be fulfilled by Clinical Director from a Division) • Representative from Mental Health (this role may be fulfilled by Clinical Director from a Division) • Director of Pharmacy • Associate Director of AHPs • Chair of the Area Clinical Forum • Representative from Public Health • Consultant Geriatrician • Representative from Acute Services • Representative from Housing • Social Work representative from Children and Families Service • Social Work representative from Adult Services • Social Work representative from Older People' s Services |
|--|---|

8.5.2

Appendix 3

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
	Goal:	Goal:	Goal:	Goal:	Goal:
Points of Influence	To provide stakeholders with balanced and objective information to assist them in understanding the problems, alternatives, opportunities and/or solutions	To obtain stakeholder feedback on analysis, alternatives and/or decisions	To work directly with stakeholders throughout the process to ensure that stakeholder concerns and aspirations are consistently understood and considered	To partner in each aspect of the decision including the development of alternatives and identification of the preferred solution	To place final decision-making in the hands of the stakeholders
	Action:	Action:	Action:	Action:	Action:
How to Engage	We will keep you informed	We will keep you informed, listen and acknowledge concerns and provide feedback on how stakeholder input influenced the decision	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives/ options developed and provide feedback on how clinician and care professional input influenced the decision	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide
	Strategies:	Strategies:	Strategies:	Strategies:	Strategies:

8.5.2

Expected Outputs	<ul style="list-style-type: none">➤ Intranet➤ Email to advisory groups➤ Briefings	<ul style="list-style-type: none">➤ Working groups➤ Consultation papers	<ul style="list-style-type: none">➤ Targeted meetings➤ workshops	<ul style="list-style-type: none">➤ Targeted working groups	<ul style="list-style-type: none">➤ Delegated decisions
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Adapted from: IAP₂ Public Participation Spectrum, developed by the International Association for Public Participation

Area Clinical Forum

'The primary purpose of the ACF is to distil the work of the Advisory committees and to be a conduit of information and opinions between the clinical community and the Board.'



Tel: 01856 888 031
steven.johnston@nhs.net

Mrs Fiona MacKellar
Employee Director
NHS Orkney
Balfour Hospital
New Scapa Road
Kirkwall
KW15 1BH

15th April 2019

Dear Fiona,

Indemnity Insurance for NHS Orkney clinicians

An issue was brought to the attention of the Area Clinical Forum committee where clinical staff had difficulty accessing legal support. The details of the specific case which led to this being highlighted are confidential and still ongoing and it is not appropriate for the ACF to become involved. However, it did flag an issue around indemnity.

As you will be aware all healthcare professionals are legally required to have indemnity insurance. For all NHS clinical staff this insurance can be provided by the NHS. Medical, Pharmacy and Dental colleagues are required to have personal indemnity cover and some other clinicians opt to have additional cover for example, through enhanced levels of membership with unions which offer this service. For those who do not have this additional level of cover the NHS provide indemnity cover.

The committee were advised that in this particular case when the clinician tried to seek legal support locally and elsewhere in the region it was not available. The ACF expressed concern around the possibility that clinicians may not have the appropriate level of legal support and advised that this matter is explored further. The committee agreed to write to you to ensure the Area Partnership Forum are sighted. The implications were sufficiently concerning to bring this to the attention of the Board noting that further investigation is required to fully appreciate the extent of the issue before drawing any conclusions.

Kind Regards,

Your Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Johnston', written over a white background.

Mr Steven Johnston
Chair, Area Clinical Forum

Not Protectively Marked

NHS Orkney Board Meeting – 25 April 2019	
Report Number: OHB1920-08	
This report is for discussion	
Financial Performance Management Report	
Lead Director Author	Mark Doyle, Interim Director of Finance Derek Lonsdale, Head of Finance
Action Required	Members are asked to <ul style="list-style-type: none"> • note the Scottish Government Medium Term Financial Framework which sets out the approach and initiatives to ensure delivery of a financially balanced and sustainable Health and Social Care System • review the in year financial position • note the year to date over spend of £143,000 and forecast break-even position.
Key Points	The report provides analysis of the financial position for the period up to 28 February 2019. Information is provided relating to resource limits, actual expenditure and variance against plan. NHS Orkney is currently over spent against Core Resource Limit of £143,000.
Timing	March 2019
Link to Corporate Objectives	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
Contribution to the 2020 vision for Health and Social Care	Value and financial sustainability – effective use of resources.
Benefit to Patients	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
Equality and Diversity	No assessment required.

Not Protectively Marked

NHS Orkney Board Meeting

Financial Management Performance Report

Derek Lonsdale, Head of Finance

Section 1 Purpose

The report provides analysis of the financial position for the period to 28 February 2019. Significant financial issues are explored, including a summary of progress on delivery of savings. Financial risks have been updated.

Section 2 Recommendations

Members are asked to

- note the Scottish Government Medium Term Financial Framework which sets out the approach and initiatives to ensure delivery of a financially balanced and sustainable Health and Social Care System
- review the in year financial position
- note the year to date over spend of £143,000 and forecast break-even position.

Section 3 Background

The [Scottish Government Medium Term Health and Social Care Financial Framework](#) was published on 4 October 2018. It supports the [Health and Social Care Delivery Plan](#) which was published on 19 December 2016. The financial framework sets out the potential approach and types of initiatives required to ensure delivery of a financially balanced and sustainable Health and Social Care system. It underlines the imperative of using our total resources across the whole system to drive best value, reform and long term financial sustainability of the Health and Social Care system. The guiding principle underpinning the framework is that we deliver a world class service and we take forward our ambition that everyone is able to live longer, healthier lives at home, or in a homely setting. Commentary on the application and implementation of this Framework in Orkney was provided to the Finance and Performance Committee at its October meeting.

NHS Orkney is required to achieve financial targets:

- Live within the Revenue Resource limit
- Live within the Capital Resource limit
- Meet the Cash Requirement
- Achieve target savings.

How the Financial Plan is constructed

The £4.5m uplift in our baseline arising from the NRAC formula (NHS Scotland Resource Allocation Committee) was phased in over four years to address significant cost pressures and allow investment in services. 2018/19 is a pivotal year in transitioning to the new hospital and healthcare facility, with additional recurring revenue costs of £1.4m funded over two years.

The table below provides a summary of the plan for this year and next. (See Appendix 1 for more information over the 5 years of the approved plan.)

	2018/19			2019/20		
	Rec £000s	NR £000s	Total £000s	Rec £000s	NR £000s	Total £000s
Opening Surplus	945		945	1,089		1,089
Growth	1,209	(29)	1,180	728	12,009	12,737
Inflation	(1,595)		(1,595)	(1,388)		(1,388)
Application	(520)	(2,722)	(3,242)	(1,200)	(12,780)	(13,980)
Savings	1,050	1,700	2,750	1,000	550	1,550
Surplus/(Deficit)	1,089	(1,051)	38	229	(221)	8

Key elements of the financial plan are:

- A recurring surplus of £1.089m at end March 2019, and an overall surplus of £0.038m.
- By end March 2020 the recurring surplus will reduce to £0.2m, and will remain at this level in future years.
- Growth funding from Scottish Government is insufficient to meet inflationary pressures, and this requires a minimum of £0.75m recurring savings every year.
- In 2018/19, a requirement to address cost pressures as well as deliver savings.

Pay issues are a particular feature this year:

- Pay as If At Work. We have set aside funds for ongoing and backdated costs, which totals £0.5m payable in September – this has been fully utilised.

NHS Orkney's baseline allocation for 2018/19 is £48.001m. Additional allocations assumed in the financial plan account for a further £7.8m. Any unused allocations (eg those advised late in the year) will be carried forward to the following year.

Section 4 Discussion

Summary Revenue Position

At end February, NHS Orkney is £143,000 over spent on the Core Revenue Resource Limit which is a 74% reduction compared to the previous month due to reserves being phased in. There are five cost centres that contribute significantly towards to the overall position. None are in services which are commissioned by the Integration Joint Board.

Area of spend	Prior Month Variance £000	Current Month Variance £000	Movement £000	Forecast Year End Variance £000
SLA Grampian Mental Health	(331)	(361)	(30)	(391)
Patient Travel (Aberdeen)	(174)	(189)	(15)	(199)
Acute Ward Balfour Hospital	(104)	(122)	(18)	(146)
Radiography - Balfour	(100)	(100)	1	(112)
Acute Receiving Area	(53)	(60)	(7)	(66)
	(762)	(831)	(69)	(915)

Continued high level of expenditure related to the service level agreement for mental health services. The increase this year is a change in the cost base for beddays and increased costs for psychiatry cover.

Patients travel have seen an increase of 318 more passengers travelling compared to the similar period last year, however the percentage of escorts remain at 34%. Work is ongoing identifying attend anywhere, to reduce the numbers of passengers travelling.

Radiology is overspent by £100,000 with a forecast outturn of £112,000 due to use of 3 locums to cover vacancies in ultrasound and CT, ensuring the on-call rota is maintained in addition to the waiting times. 1 locum was removed in February when the member of staff returned from maternity leave, however, another is due to maternity leave from April.

Acute receiving and the Acute ward is over spent as a result of high sickness levels and maternity cover. The current over spend position within wards and theatre is £157,000.

Two cost centres which have an under spend greater than £100,000:

- Pharmacy £133,000 due to vacancies
- Grampian Acute SLA of £316,000 due to activities being less than budgeted at £5.1m

Financial plan items not yet allocated to budget managers

The implementation of a new budgetary control framework and a review of all centrally held funds have led to the majority of centrally allocations now being allocated to budget holders.

Cost pressures / investments	£0.150m specialist drugs £0.350m activity increases, carry forward items, cost pressures and investments
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It is forecast that these allowances are not required and will contribute to in year financial flexibility.

By Service area

A summary by service area is set out below:

Previous Month Variance £000 M10		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000	YTD Variance %	Forecast Year End Variance £000
Core							
(180)	Hospital Services	13,440	12,231	12,441	(209)	(1.71)	(205)
(56)	Pharmacy & Drug costs	2,329	2,161	2,232	(71)	(3.29)	(71)
(75)	Internal Commissioning	22,886	20,569	20,604	(36)	(0.17)	(149)
(202)	External Commissioning	10,680	9,669	9,966	(297)	(3.07)	(260)
(39)	Estates and Facilities	3,464	3,170	3,253	(83)	(2.62)	(52)
10	Support Services	5,309	4,560	4,507	53	1.16	37
0	Not yet allocated	575	500	0	500		575
0	Savings Targets	76	0	0	0		124
(542)	Total Core RRL	58,761	52,860	53,004	(143)	(0.27)	(1)
Non Cash Limited							
0	Ophthalmic Services NCL	283	262	262	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,390	1,254	1,254	0	0.00	0
Non Core							
0	Annually Managed Expenditure	(245)	(495)	(495)	0	(0.03)	0
0	Depreciation	1,200	1,101	1,101	0	0.01	0
(542)	Total For Board	61,388	54,982	55,125	(143)	(0.26)	(1)

The significant issues in relation to hospital services and external commissioning have been explored in the summary section. Additionally:

- Hospital services deficit is due to sickness and maternity cover in Radiology and Wards and theatres.
- Pharmacy budgets show an adverse variance of £71,000 which is due to HIV drugs being required.
- The internal commissioning is explored in the next section of this report.
- Support Services have contributed £376,000 non recurrent savings as a result of vacant posts in Public Health, Health Intelligence, Human Resources, secretariat and Nursing/Midwifery and AHP.

Areas which do not form part of core funding and do not count against statutory targets:

- Non cash limited expenditure on Family Health Services.
- Non core expenditure.

Internal commissioned Services by the IJB

Orkney Health and Care NHS Services (Over spent £36,000)

Previous Month Variance £000 M10		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000	Forecast Year End Variance £000
(277)	Integration Joint Board	3,825	3,388	3,574	(185)	(210)
(4)	Children's Services & Women's Health	1,860	1,674	1,679	(5)	0
176	Primary Care, Dental & Specialist Nurses	9,575	8,629	8,493	136	126
(11)	Health & Community Care	3,501	3,158	3,175	(17)	(32)
41	Pharmacy Services	4,126	3,719	3,684	35	(34)
(75)	Total IJB	22,886	20,569	20,604	(36)	(149)

The Financial Plan allowed for:

- £342,000 to cover cost pressures in Primary Care
- Approved investment funds of £56,000 for Mental Health
- £1.060m savings target. This was incorporated into the delegated with a split of £0.342m non recurrent and £0.718m recurrent. The savings target is included in the top line. £0.619m (58%) of non recurring savings have been achieved and removed up to month 11.
- Where cost pressure or investment funding is not required it is anticipated that this will be used for financial flexibility to offset the remaining savings target.

The significant variances are service delivery issues, reflecting a high level of vacancies:

- Children's Services and Women's Health are under spent. The movement is due to additional savings associated with vacancies being removed amounting to a total of £148,000 within Health Visitors, Maternity and Speech Therapy. These under spends have been used to offset the savings target.
- Primary Care, Dental and specialist Nurses have contributed £213,000 with Dental currently have vacancies of 11 WTE. The majority of under spend remaining is cash limited.
- Health and community care have vacancies within Occupational Therapy of 1.5WTE, Community nursing of 2.8 WTE, and within Mental Health. £249,000 has been used to offset the savings target.
- The forecast assumes a continued level of vacancies.

Cost reductions

The cash releasing cost reduction target is £2.75m, which is 5.67% of the baseline. 38% is recurring.

At month 11, 87% of the savings have been achieved at £2.385m, of which £42,000 is recurring. 40% of the savings achieved have been realised from vacancies with the majority being unsuccessful recruitment drives, the areas are as shown in appendix 2.

Sources of flexibility including under spends, income generation, flexibility in budget allocations, delays in using investment funds, vacancies, and balance sheet flexibility are being utilised to achieve the full target by the outturn.

Capital

The Board has an anticipated allocation of £33m. The new hospital and healthcare facility accounts for 81% of the total. The new facility is due to be handed over early and a request has been approved for funds to be brought forward to 18/19 to support the earlier migration to the new facility.

The forecast outturn is break-even, with 74% of the total allocation spent to date.

	Annual Budget £000's	Expenditure to Date £000's	Budget Remaining £000's
New Healthcare Facilities	32,255	23,858	8,397
Estates	300	129	171
IT Projects	650	586	64
Other Equipment	88	34	54
Total	33,293	24,607	8,686

Conclusion and forecast outturn

At the end of February the year to date position is an over spend against the revenue resource limit of £143,000 and includes the phasing in of the reserves to £500,000 to produce a 74% reduction on the previous month.

Overspends within the services are primarily due to the need to deploy supplementary staffing in order to maintain core activity, and address growth in demand for elective services, however, the forecast outturn position allows for financial flexibility to cover the shortfall in savings target, predominantly from continued vacant posts.

As the migration into the new hospital and healthcare facility commences the financial plan accounts for the additional resources required.

APPENDIX 1 - Financial Plan

<i>NHS Orkney 5 Year Summary Financial Plan</i>					
	2018/19	2019/20	2020/21	2021/22	2022/23
	£000's	£000's	£000's	£000's	£000's
RECURRING POSITION (deficit) / surplus					
A Recurring Financial Position at start of year	945	1,089	229	72	98
B Estimated Recurring Growth	1,209	728	739	750	761
C Inflation Uplifts	(1,595)	(1,388)	(1,445)	(1,473)	(1,539)
D Developments and Cost Pressures	(521)	(1,200)	(200)	-	-
G Agreed Savings Targets	1,050	1,000	750	750	750
H Recurring Financial Position at end of the year	1,089	229	72	98	70
IN YEAR EFFECT					
I Recurring Financial Position for year	1,089	229	72	98	70
J Add non recurring resources	(29)	12,009	(21)	11	52
K Borrowing					
L Developments and Cost Pressures	(2,722)	(12,780)	(290)	(307)	(295)
M Non-recurring savings	1,700	550	250	250	250
N Non-recurring (deficit)/ surplus in year	38	8	11	52	78

APPENDIX 2 - Cost Reductions

SAVINGS ANALYSIS 2017-2018	Target			Achieved			% ACHIEVED
	Rec	NR	TOTAL	Rec	NR	TOTAL	
SERVICE PRODUCTIVITY	(580,000)	0	(580,000)	0	0	0	0.0%
DRUGS AND PRESCRIBING	(41,000)		(41,000)	0	0	0	0.0%
WORKFORCE	(155,000)		(155,000)				
Finance				5,000	42,000	47,000	
Estates					20,000	20,000	
IT					20,000	20,000	
Chaplaincy					6,500	6,500	
DPHM					48,500	48,500	
HI&CG					112,000	112,000	
TCS				11,432	45,000	56,432	
HR					34,900	34,900	
Board Secretariat					47,000	47,000	
Infection Control					3,325	3,325	
WORKFORCE	(155,000)	0	(155,000)	16,432	379,225	395,657	255.3%
ESTATES AND FACILITIES	(5,625)	0	(5,625)	0	0	0	0.0%
Flexibility					1,370,000	1,370,000	
Procurement	(2,000)		(2,000)				
IT contracts				800		800	
PROCUREMENT	(2,000)	0	(2,000)	800	1,370,000	1,370,800	0.0%
IJB				25,101	593,549	618,650	
UNIDENTIFIED	(266,375)	(1,700,000)	(1,966,375)				
UNIDENTIFIED	(266,375)	(1,700,000)	(1,966,375)	25,101	593,549	618,650	31.5%
TOTAL CRES	(1,050,000)	(1,700,000)	(2,750,000)	42,333	2,342,774	2,385,107	86.7%
Less achieved (CRES)	42,333	2,342,774	2,385,107				
CRES BALANCE TO BE FOUND	(1,007,667)	642,774	(364,893)				
% ACHIEVED	4.0%	137.8%	86.7%				

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
Report Number: OHB1920-09	
This report is for information.	
Performance Report	
Lead Director	Gerry O'Brien, Chief Executive
Author	Christina Bichan, Head of Transformational Change & Improvement
Action Required	The Board of NHS Orkney is invited to: 1. <u>note</u> the report
Key Points	<ul style="list-style-type: none"> • Performance in regards the Local Delivery Plan Standards is provided in Appendix 1. • Timely access to some Outpatients services as well as Inpatients and Day Case procedures and the Psychological Therapies service continues to be challenging with current performance below the required LDP level.
Timing	No timing constraints.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
Benefit to Patients	More timely access to care and services.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Not Protectively Marked

NHS Orkney Board

Performance Report

Christina Bichan, Head of Transformational Change & Improvement

Section 1 Purpose

The purpose of this report is to provide Board members with information on current performance in regards to Local Delivery Plan standards.

Section 2 Recommendations

The Board of NHS Orkney is asked to:

1. Note the report.

Section 3 Background

Local Delivery Plan (LDP) Standards are priorities that are set and agreed between the Scottish Government and NHS Boards. The current standards are:

- Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent
- 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral
- People newly diagnosed with dementia will have a minimum of one years post-diagnostic support
- 100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee)
- 90 per cent of planned/elective patients to commence treatment within 18 weeks of referral
- 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 per cent

- At least 80 per cent of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation
- 90 per cent of Eligible patients to commence IVF treatment within 12 months of referral
- 90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral
- 90 per cent of patients to commence Psychological therapy based treatment within 18 weeks of referral
- NHS Boards' rate of Clostridium difficile in patients aged 15 and over to be 0.32 cases or less per 1,000 occupied bed days
- NHS Boards' rate of staphylococcus aureus bacteraemia (including MRSA) to be 0.24 cases or less per 1,000 acute occupied bed days
- 90 per cent of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery
- NHS Boards to sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and to broaden delivery in wider settings
- NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards)
- GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients
- NHS Boards to achieve a staff sickness absence rate of 4 per cent
- 95 per cent of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98 per cent.
- NHS Boards are required to operate within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement

In addition to the above there are several areas of focus which do not sit within LDP standards but are areas of priority for Board delivery as stated by Scottish Government in their LDP guidance. Examples of this are reducing the number of people who are waiting to move from hospital wards to a more appropriate care setting (Delayed Discharges) and AHP Musculoskeletal Services whereby the maximum wait for from referral to first clinical out-patient appointment should be 4 weeks (for 90% of patients).

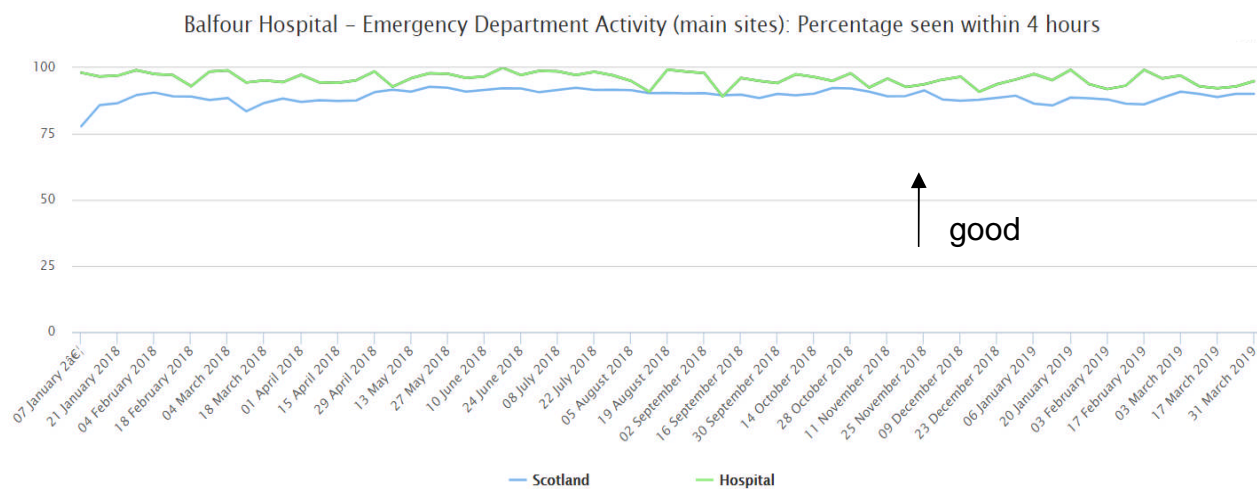
Section 4

Discussion

A summary of NHS Orkney's position in regards to each of the current LDP Standards is provided in Appendix 1. The information provided is as up to date as the most recently published national data source and has been taken from the NSS Discovery LDP Dashboard.

As can be seen from Appendix 1 challenges remain in regards to timely access to outpatient and inpatient/day case services as well as Psychological Therapies. Performance in regards to the 4 hour A&E target continues to fluctuate around the target level as shown in Figure 1.

Figure 1. A&E Waiting Times – % patients seen within 4 hour standard, January 2018 – March 2019 (Source: NHS Performs)



Outpatients

For the quarter October-December 2018 the average number of days waited for a new outpatient appointment within the Balfour Hospital was 28, an improvement on the previous quarter and 90% of patients were seen within 161 days, considerably less than the previous quarter average of 278 days. Performance over the past 4 quarters for both measures is provided in Figures 2 and 3. (Source: NHS Performs)

Figure 2: Outpatient Waiting Times – Average Number of Days Waited October 2017- December 2018 (Source: NHS Performs)

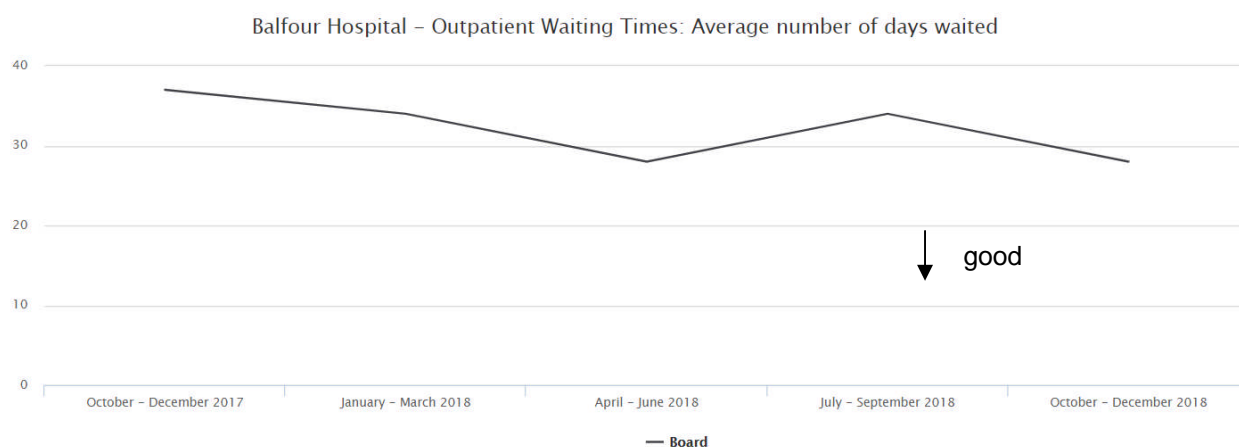
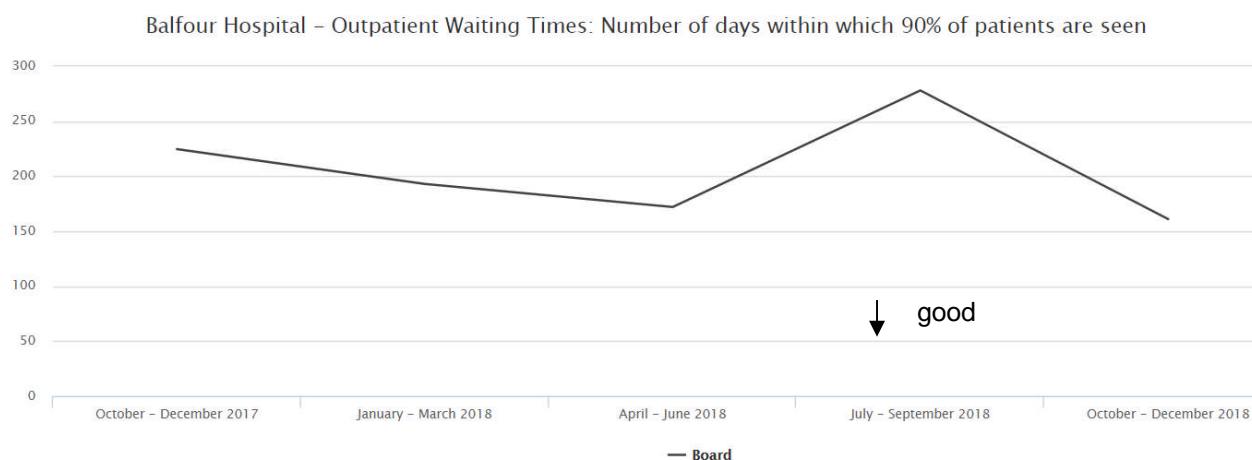


Figure 3: Outpatient Waiting Times – Number of days within which 90% of patients are seen October 2017 – December 2018 (Source: NHS Performs)



As can be seen from the information provided in Figure 2 above in the majority of cases patients are being seen well within the 12 week standard however there are still breaches of the target being experienced within a number of speciality areas which lead to the long waits highlighted in Figure 3.

Figure 4 shows the distribution of waiting times as presented in the most recently published national report and in comparison to the January 2019 Board performance report shows an improving picture as targeting of long waiting patients continues. However, it should be noted that the Unadjusted Wait is the total length of time between the patient being added to the waiting list and the patient being removed from the waiting list. It includes time when the patient is unavailable for patient advised or medical reasons and also any time before the patient's waiting times clock is reset (due to appointment cancellation, non-attendance or rejection of reasonable offer).

Figure 4: Outpatient Waiting Times – Distribution of Adjusted Wait for New Outpatient appointment, NHS Orkney. Quarter ending 31 December 2018 (Source: ISD)

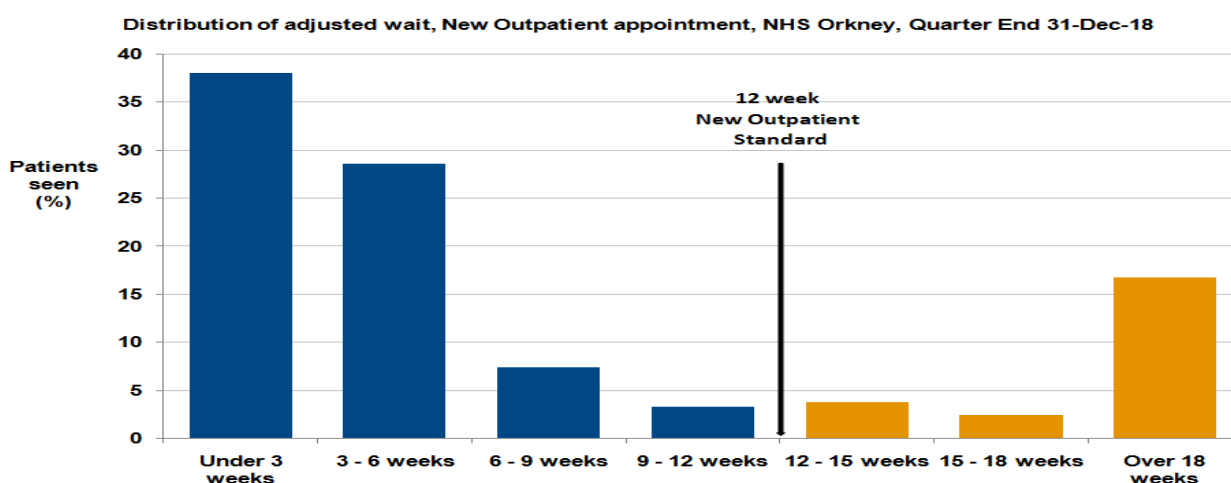
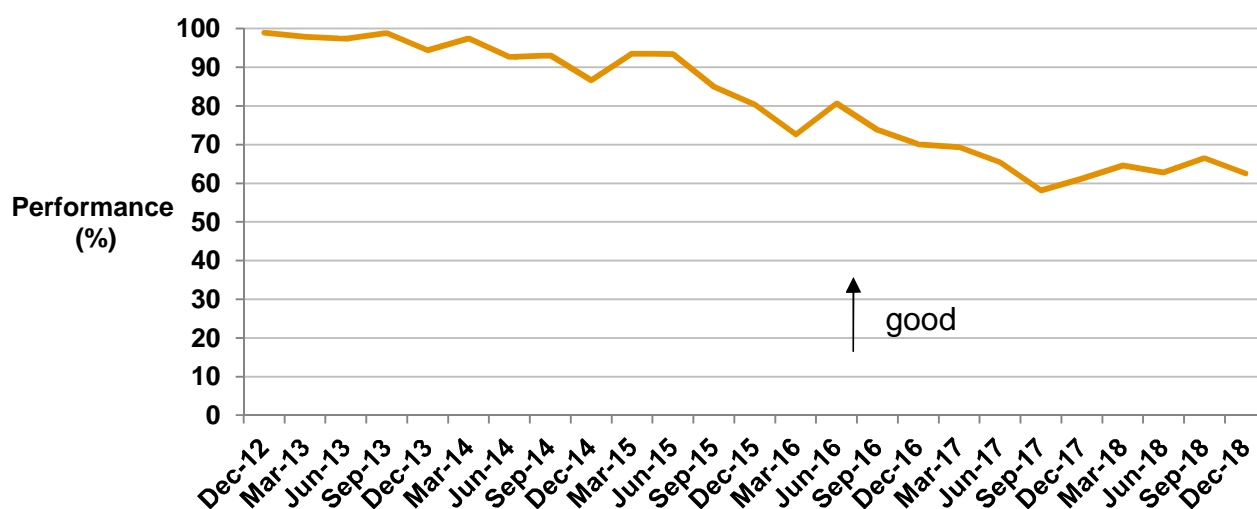


Figure 5 provides an overview of performance against the 12 week new outpatient standard

at December 2018. Data relating to the final quarter of 2018/19 has not yet been published but internal data sources confirm that the number of patients breaching the 12 week outpatient standard at 31st March 2019 was 195, a significant improvement on previous performance and slightly ahead of the Boards trajectory of 198. The most significant areas of pressure continue to be in Ophthalmology and Orthopaedics with increasing waits in Rheumatology and ENT also being managed. The number of patients waiting over 26 weeks was 50, again a significant reduction on previously reported levels and in line with the Board's Elective Care Improvement Plan.

Figure 5: Performance against new outpatient standard, all specialties
(Source: ISD)



Inpatients and Daycases

In relation to Inpatients and Day Cases for the quarter October - December 2018 the average number of days waited for an admission to the Balfour Hospital was 40 and 90% of patients were admitted within 90 days, an improvement on previous quarter performance of 113 days. Performance over the past 4 quarters for both measures is provided in Figures 6 and 7. (Source: NHS Performs)

Figure 6: Inpatient/Day Case Waiting Times – Average Number of Days Waited October 2017- December 2018 (Source: NHS Performs)

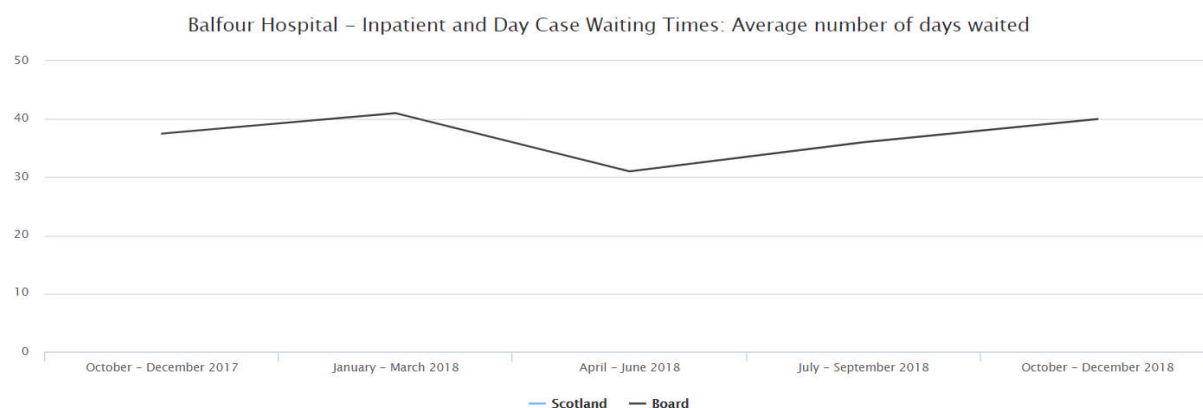
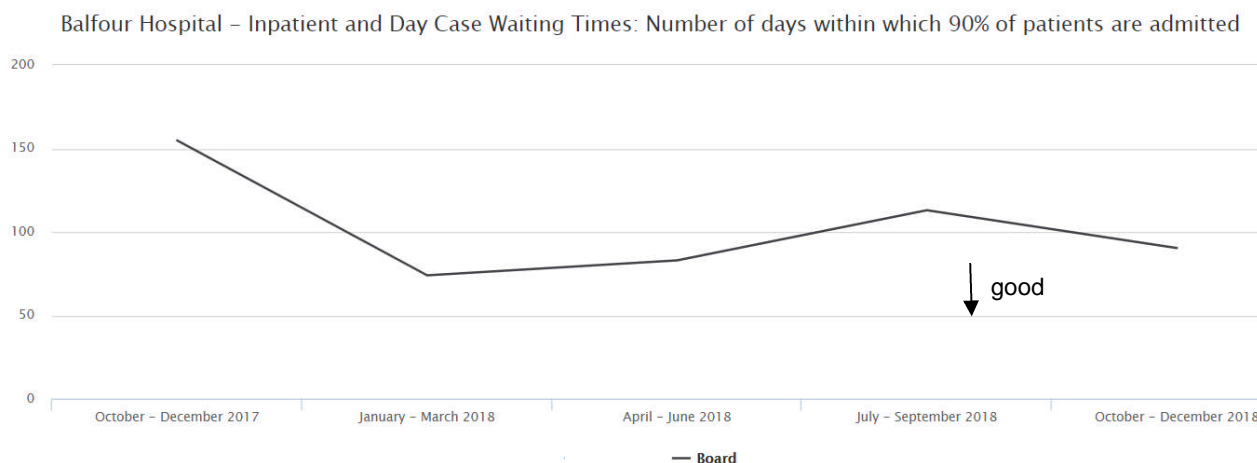


Figure 7: Inpatient/Day Case Waiting Times – Number of days within which 90% of patients

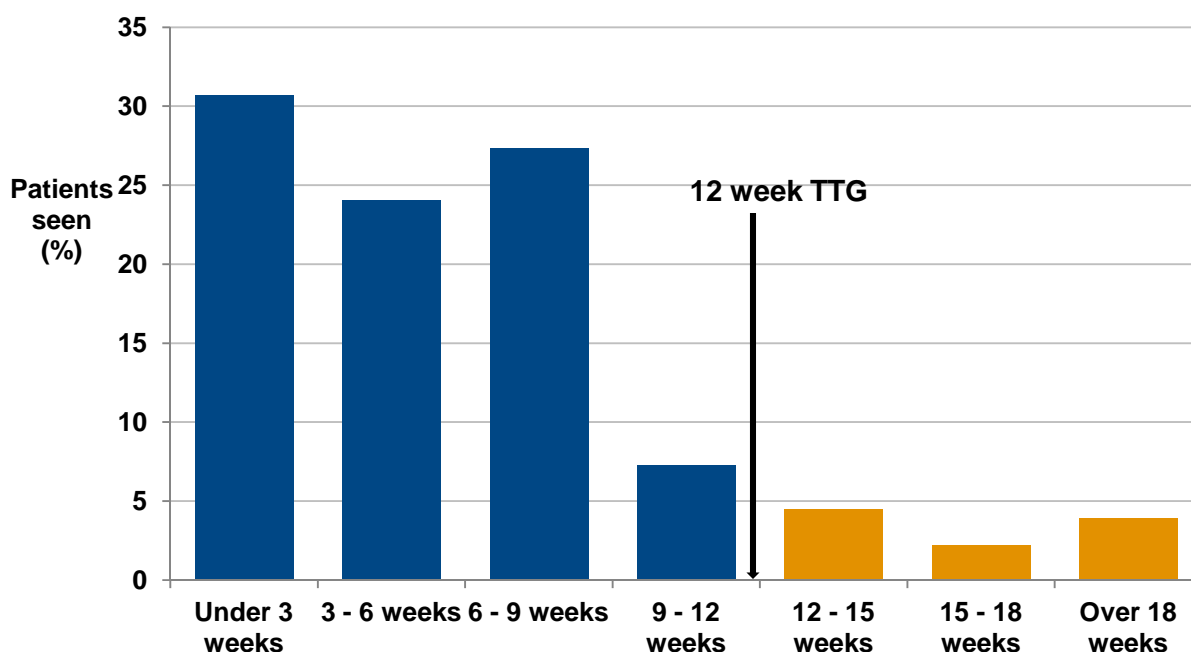
are seen October 2017 – December 2018 (Source: NHS Performs)



As can be seen from the information provided above in many cases patients are being seen well within the TTG standard. The main specialties where long waits are currently experienced are Trauma and Orthopaedics and Ophthalmology.

Performance in regards to the Treatment Time Guarantee (TTG) remains impacted by the timing of visiting services as well as a reliance on other Board areas, such as Golden Jubilee National Hospital, to provide in patient capacity. Figure 8 gives an overview of the distribution of waiting times for inpatient and day case procedures as per the most recent national publication. As can be seen the majority of patients are treated well before the TTG 12 week target.

Figure 8. Inpatient Waiting Times – Distribution of Adjusted Wait for Inpatient or Day Case Treatment, quarter ending 31st December 2018 (Source: ISD)



Access to AHP Musculoskeletal Services

In regards to AHP MSK Services and the target set by Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Table 1 below. Overall across all of the AHP MSK services provided by NHS Orkney 49.7% of patients were seen within 4 weeks at the 31st December 2018. The median length of wait for a patient is 4 weeks and the 90th percentile wait is 34 weeks, this is a slight increase on the previous reporting quarter which was 3 and 30 respectively.

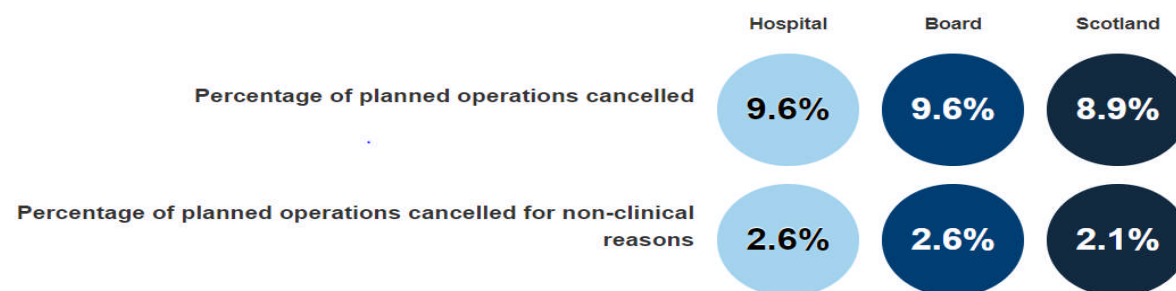
Table 1: Number of adult AHP MSK patients seen in Orkney for first clinical out-patient appointment during quarter October-December 2018 (Source: ISD)

Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks	Percentage of Patients Seen, Who Waited 0-4 Weeks	Median (Weeks)	90th Percentile (Weeks)
364	181	49.7	4	34

Cancelled Operations

In the Balfour Hospital, performance in regards to operations cancelled remains good (and better than the Scottish average position) as shown below. Cancellations for non clinical reasons has increased slightly as a result of unscheduled care pressures impacting on theatre staff availability and short notice cancellations being required.

Figure 9: Cancelled planned operations – Balfour Hospital and NHS Scotland as at December 2018 (Source: NHS Performs)



Monthly Data - February 2019

Diagnostics

Historically the Board has maintained a high level of compliance with the Diagnostics waiting time of a maximum of 6 weeks for the 8 key diagnostic tests however changes within the surgical team have made this significantly more challenging in recent months. Long waits for certain scopes have been associated with a shortage in clinical staff with the appropriate skills to undertake the procedures however this is being actively managed and targeted by the hospital service. This is however being actively managed and Figure 11 provides the most recent publicly reported performance.

Figure 10: Percentage of patients accessing 8 key diagnostic tests within 6 weeks as at

December 2018– Balfour Hospital and NHS Scotland (Source: NHS Performs)

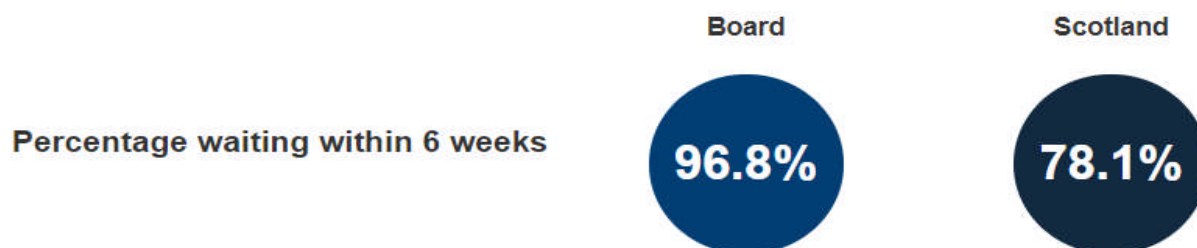
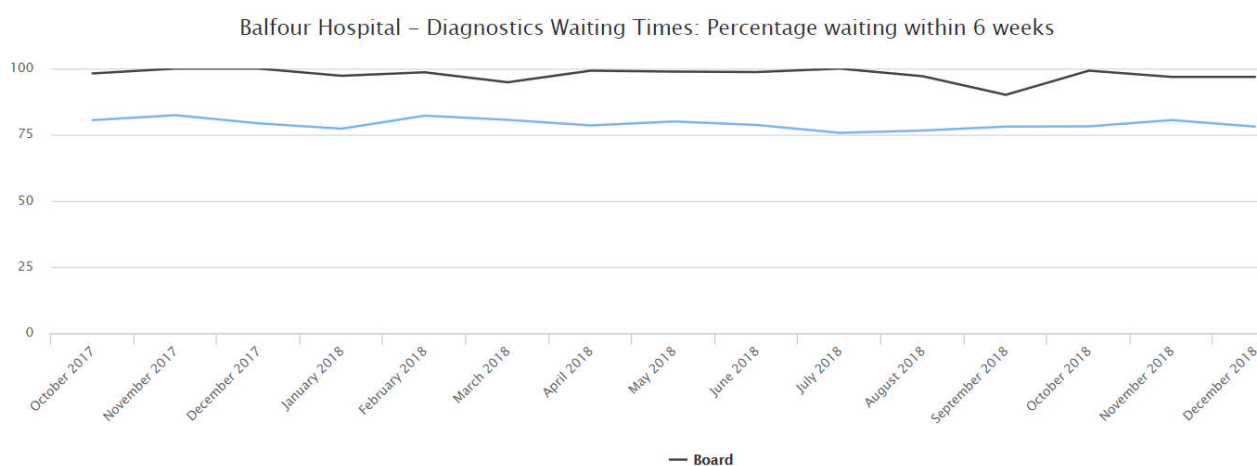


Figure 11: Percentage of patients accessing 8 key diagnostic tests within 6 weeks over the period October 2017 to December 2018 – Balfour Hospital and NHS Scotland (Source: NHS Performs)

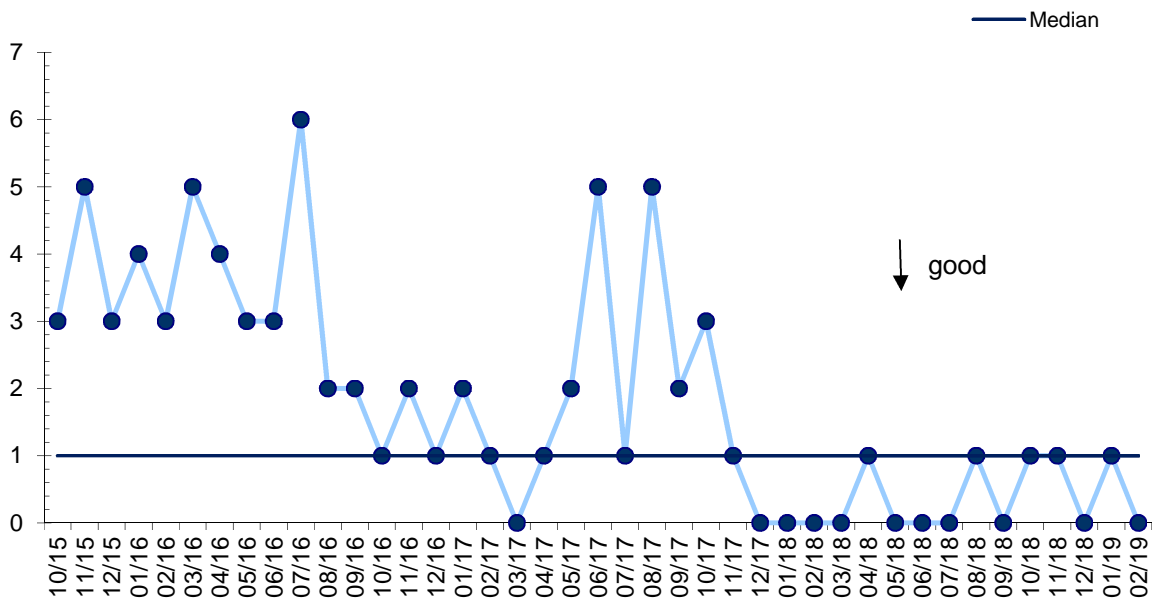


Patients who are medically fit for discharge but whose discharge has been delayed for non medical reasons

As shown in Figure 12, data for the past 12 months shows that at the census date the number of patients recorded as being a delayed discharge has been either 0 or 1. Minimising delays in discharge from hospital continues to be an area of multi-disciplinary focus however with limited availability of both home care and residential care there has been significant delays for a number of patients with the impact being felt within the availability of beds in the Balfour Hospital. This issue continues to be actively managed, with liaison between the Hospital’s Clinical Flows Coordinator and the Allocation of Resources Committee (ARC) chaired by the Head of Health and Community Care central to maintaining the timely flow of patients across the healthcare system. Figure 12 provides an overview of performance up until the census date in February 2019.

Figure 12: Patients who are medically fit for discharge whose discharge has been delayed

for non medical reasons, Balfour Hospital October 15 – February 19, all reasons
 (Source: NHS Performs)



Appendices

- Appendix 1: LDP Standard Performance – NHS Orkney

**Appendix 1: LDP Standard Performance – NHS Orkney
(Source: NSS Discovery LDP Dashboard)**

LDP Standard	Current (date)	Previous (date)	Standard
4 hour A&E	95.60 (28/02/19)	96.00 (31/01/19)	95.00
12 week first OP	62.57 (31/12/18)	66.83 (30/11/18)	95.00
12 week TTG	88.64 (31/12/18)	90.48 (30/11/18)	100.00
18 week referral	94.15 (31/01/19)	94.58 (31/12/18)	90.00
48hour Access GP	98.77 (31/03/18)	97.58 (31/03/16)	90.00
Access to antenatal	100.0 (30/06/18)	100.0 (31/05/18)	80.00
Adv booking GP	96.15 (31/03/18)	97.64 (31/03/16)	90.00
Alcohol Brief Interventions	64.04 (30/09/18)*	56.00 (30/06/18)*	80.00
Cancer WT (31 days)	100.0 (28/02/19)	-	95.00
Cancer WT (62 days)	100.0 (28/02/19)	-	95.00
Cdiff in ages 15+	0.75 (31/12/18)	0.56 (30/09/18)	0.32
Dementia PDS	77.78 (31/03/17)	100.0 (31/03/16)	-
Detect cancer	14.29 (31/12/17)	23.23 (31/12/16)	29.00
Drug & Alcohol Referral	100.0 (31/01/19)	100.0 (31/12/18)	90.00
Faster Access to CAMH	100.0 (31/12/18)	91.70 (30/09/18)	90.00
Faster Access to PT	61.54 (31/12/18)	65.20 (30/09/18)	90.00
IVF Treatment WT	100.0 (31/12/18)	100.0 (30/09/18)	90.00
MRSA/MSSA	0.20 (31/12/18)	0.07 (30/09/18)	0.24
Sickness Absence	4.98 (28/02/19)	4.92 (31/01/19)	4.00
Smoking Cessation	21.05 (30/09/18)	84.21 (30/06/18)	60.00

Priority settings criteria changed between reporting periods.

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
This report is for noting	
Finance and Performance Committee – Chair’s Report	
Lead Director Author	Gerry O’Brien, Chief Executive Davie Campbell, Finance and Performance Committee Chair
Action Required	The Clinical and Care Governance Committee is asked to: 1. <u>Review</u> the report and note the issues raised
Key Points	This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 28 March 2019 and it was agreed that these should be reported to the Board: <ul style="list-style-type: none"> • Approval of submission of the draft Operational Plan to the Scottish Government • Approval of submission of the draft Financial Plan to the Scottish Government • Financial Management Performance Report for period ended 20 February 2019
Timing	The Finance and Performance Committee highlights key issues to the Board as appropriate.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability

10.3

	and sustainability.
Benefit to Patients	Delivery of the best possible outcomes for the people of Orkney within available resources.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Finance and Performance Committee – Chair’s Report

Davie Campbell, Finance and Performance Committee Chair

Section 1 Purpose

The purpose of this paper is to provide the minutes of the meetings of the Finance and Performance Committee and to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Clinical and Care Governance Committee is asked to:

1. Review the report and note the issues raised

Section 3 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 28 March 2019 and it was agreed that this should be reported to the Board.

Section 4 Issues Raised

1. NHS Orkney Financial Position

The Committee received a report demonstrating the financial position for the period ended 20 February 2019. They were advised that the year to date position was forecast for a break even position.

The current medical staffing pressures were discussed with the Scottish Government and since, £1.8m had been received to assist with these pressures creating a break even result.

2. Submission of the draft Annual Financial Plan to the Scottish Government

Members of the Finance and Performance Committee discussed and approved the draft Annual Financial Plan for submission to the Scottish Government.

Following feedback and review at the April Board, the final plan will be submitted at

the end of April 2019.

3. Submission of the draft Annual Operational Plan to the Scottish Government

Members of the Finance and Performance Committee discussed and approved the draft Annual Operational Plan for submission to the Scottish Government.

Following feedback and review at the April Board, the final plan will be submitted at the end of April 2019.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 31 January 2019.

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Thursday, 31 January 2019** at **09:30**

Present: Davie Campbell, Non-Executive Director (Chair)
Caroline Evans, Non-Executive Director
Gerry O'Brien, Chief Executive
Meghan McEwen, Non-Executive Director
James Stockan, Non-Executive Director

In Attendance: Christina Bichan, Head of Transformational Change and Improvement
Malcolm Colquhoun, Head of Hospital and Support Services
Derek Lonsdale, Head of Finance
Kenny Lowe, Value and Sustainability Lead
Louise Wilson, Director of Public Health
Gemma Pendlebury, Committee Support (minute taker)

726 **Apologies**

Apologies were noted from Ian Kinniburgh, Fiona MacKellar, David McArthur, Pat Robinson and Marthinus Roos.

727 **Declarations of Interests – agenda items**

No declarations of interest were raised with regard to agenda items.

728 **Minutes of Meeting held on 29 November 2018**

The minute of the meeting held on 29 November 2018 was accepted as an accurate record of the meeting and was approved, with the following amendment:

- M McEwen should be added to the record of attendance
- D Drever should be removed from the record of attendance
- The Chief Executive's title should have 'interim' removed and should be noted as in attendance at the previous meeting
- K Lowe should be added onto the record of attendance

729 **Matters Arising**

327 - Heart Failure Nurse update

An update was received that the Lead Nurse and British Heart Foundation Cardiac Specialist Nurse had met to discuss the role of Heart Failure Nurse, however the Chief Executive had not received feedback by the time of the Finance and Performance Committee meeting. The Chief Executive noted that he would seek feedback from A Manson, British Heart Foundation Specialist Nurse, and M Firth, Head of Primary Care Services and provide an update to the Committee Support for circulation to members.

Post meeting note: Gerry to send HFN update to Gemma for circulating to the group.

516 – Service Level Agreements Review Patient Travel

This item was to be discussed under item 8.3.

730 **Action Log**

The action log was reviewed and members agreed that the recurring item would be removed from the action log and reported on as and when required.

Performance Management 2018/19

731 **Performance Report – FPC1819-36**

The Head of Transformational Change and Improvement delivered the Performance Report to the Committee and provided assurance on performance with regards to the Local Delivery Plan standards.

Key items that the Head of Transformational Change and Improvement illustrated to members were:

- Challenges remain in relation to timely access to outpatient services as well as psychological therapies and child and adolescent mental health services
- Performance in connection with the four hour Accident and Emergency target continued to fluctuate around the 95% target level
- Performance regarding the Cancer 31 and 62 day standards was below the required level in the most recent reporting period at 50% - this represented one patient out of two and following investigation of the issues it was confirmed that there were complex and unavoidable issues which caused the breach
- There had been a difference in performance seen over the winter festive period, which had been anticipated, though the challenges experienced regarding diagnostics were noted as a rarity. These challenges had been due to the surgical staffing model which had not been maintainable to the standards expected. There had been a plan implemented for improvement in performance and that plan was being actively managed by the hospital team
- A bid for funding to support continued targeting of the outpatients waiting time target had been submitted to the Scottish Government's Access Support Team with the outcome of approximately £62k awarded following the Government's Waiting Times Improvement Plan. The funding would enable additional focussed activity in Dermatology, Ophthalmology and Cardiology to reduce the backlog of long waits
- Ophthalmology patient waiting times had worsened over the Christmas period, however action was being taken alongside the ophthalmology team in order to assist with the running of and waiting time performance of the cataract service
- Performance with regards to the Accident and Emergency waiting times continued to fluctuate around the 95% target which was considered the norm for that service and remained to be above the Scottish average level

J Stockan raised a query in connection with the Scottish Government Access Support Team funding and requested further understanding around the translation of those awarded funds into change for the services and waiting times targets. The

Chief Executive responded that the funds would be used to purchase additional capacity within the service, focusing on key areas which consistently breach the waiting times targets. A report back to the Scottish Government would be required to detail the uses of these funds.

J Stockan raised a second query regarding whether there was any comparative data detailing NHS Orkney waiting times targets performance across the years, for example whether the theatre schedule full due to there being more cases and increased demand, or whether it was due to the failure to meet the patient waiting times targets. The Head of Transformational Change and Improvement responded that theatre schedules were fuller due to both the waiting times targets and also increased demand. The move to the new hospital where there will be the option of utilising two theatres in cases of high demand would help to alleviate pressures. She also highlighted that another cause for the increase in waiting times over the festive period was due to delayed discharges.

Decision/Conclusion

The Committee noted the Performance Report and were assured of progress being made against waiting times targets.

Financial Management and Control 2018/19

732 Financial Management Performance Report for period ended 30 September 2018 – FPC1819-37

The Head of Finance delivered the Financial Management Performance report to the Committee.

NHS Orkney commenced the year with a recurring surplus, with significant levels of funding being set aside for cost pressures, and a consequent savings target of £2.7m.

At the end of January 2019, NHS Orkney was in a position of £923k overspent on the Core Revenue Resources Limit, with six cost centres contributing significantly towards the overall position. The Head of Finance drew members' attention to section four of the report, noting consistency of the areas of overspend with previous reports:

- Mental Health
- Patient Travel
- Surgery budget shortfall
- Acute Ward nurse staffing
- The Hospital medical team consultants – use of locums
- Radiography

He did however noted that spend in relation to patient travel was down due to the lack of travel over the festive period.

A summary of servicer areas was provided for members on page six of the report, noting that Hospital Services were overspent due to issues recruiting to some positions. These recruitment issues were a nationwide problem and outwith the control of NHS Orkney.

There was adverse variance noted within the Pharmacy budgets, however this was due to medication being required which would be covered within the specialist drugs fund.

Internal commissioned services by the Integration Joint Board were in a position of £63k overspend. Most savings made within the IJB were due to workforce savings and vacancies.

At the end of December the year to date position was an overspend against the revenue resource limit of £0.923m and limited delivery of savings. Sufficient financial flexibility was available to cover the non-recurring savings target; however the recurring target was noted as at significant risk.

Overspends within the service are primarily due to the need to deploy supplementary staffing in order to maintain core activity, and address growth in demand for elective services. That includes a further increase in the requirement for locum hospital medical cover, and a significant increase in the costs of psychiatry cover.

Based on the month 9 position, the forecast was an over spend of £1.321m, with assumed agreement in the NHS Grampian Service Level Agreement to reduce the cost. A formal letter was being drafted.

The impact on 2018/19 is currently being transferred into the draft long term financial plan.

Decisions/Conclusion

The Committee noted the Financial Management Performance Report and were assured of progress.

733 Integration Joint Board Revenue and Expenditure Monitoring Report – FPC1819-38

The Chief Finance Officer of the Integration Joint Board was unable to attend the meeting, however the report was provided for members with the ability for any queries to be fed back upon.

The report provided information regarding key areas of expenditure, highlighting significant variances for information and action.

Members felt that it would be appropriate for the report to be discussed further and in more detail at the next meeting.

M McEwen raised a query regarding the use of language within the report, specifically stating that the Integration Joint Board was overspent. She felt this was not possible as the IJB only employs two members of staff. She requested that there be a change in language around discussing the IJB budgets and the individuals who need to undertake planning to ensure control. The Head of Finance agreed and noted that spend and budget was not within the remit of the IJB, instead it was for the partnership bodies (NHS Orkney and Orkney Island Council) who commissioned services via the IJB, and this change in terminology was being addressed.

The Director of Public Health queried whether there was scope to undertake

discussions with the IJB to highlight to them what is and what is not considered deliverable with the funding provided.

Decision/Conclusion

Members received the report and noted the financial position of Orkney Health and Care as at 31 December 2018.

Service Development and Review 2019/20

734 Operational Plan Delivery and Launch – FPC1819-39

The Head of Transformational Change and Improvement delivered the report giving an update in regards to the national and local requirements for the Operational Planning for 2019 and beyond.

The Chief Executive clarified for members that normally by this time of the year NHS Orkney would have received planning guidance from the Scottish Government. Currently the guidance had not been received. Work had however begun between the Chief Executive and the Head of Transformational Change and Improvement in anticipation of receiving that guidance and they were planning to present a narrative document to the next committee meeting, supported by the high level financial plan.

M McEwen queried the reason for the delay in receiving the guidance from the Scottish Government and the Chief Executive explained that this was due to a number of factors, most notable the Cabinet Secretary being so newly instated in post and there being no Director of Performance currently.

J Stockan noted that there was a different approach from the new Cabinet Secretary and confirmed his interest as to the implementation of the Early Prevention agenda and was keen to see how it would transform NSH Orkney performance and approaches in years to come.

Decisions/Conclusion

Members noted the Operational Plan Delivery and Launch document and were assured of the progress in regards to national and local requirements for Operational Planning for 2019.

735 Service Level Agreement – Progress update – FPC1819-40

The Head of Transformational Change and Improvement delivered the update Service Level Agreement report to the committee, noting that further progress reports would be provided to the committee on a regular basis.

This report was a follow-up to the SLA review report received at the October 2018 committee meeting, covering externally commissioned services for NHS Grampian Acute Care Services, Patient Travel and NHS Grampian Mental Health.

A piece of work had been conducted regarding the Acute SLA, reviewing the service model and scenarios. This had then been used during a positive meeting with the NHS Grampian Director of Finance and an agreement was reached to move back to a process with regular reviews in conjunction with NHS Grampian around how the SLA money was spent.

10.3.1

The Head of Transformational Change and Improvement noted that this work had set in motion a plan for the year ahead, utilising available resources to better project the activity alongside work being done on the patient travel SLA would help to consolidate efforts.

The Director of Public Health queried whether there would be an option to include any quality markers within the Acute Care SLA with NHS Grampian, however the Head of Transformational Change and Improvement clarified that there was no written SLA in place. By establishing a management process to better support Acute activity during 2019, it was hoped that the relationship between NHS Orkney and NHS Grampian could be built upon and that in time quality markers could be implemented.

M McEwen queried whether the Acute SLA budget was being transferred across to the Quality Improvement department from its previous location, Finance, and the Chief Executive confirmed that the Head of Transformational Change and Improvement would be better placed to make decisions around SLAs and so the budget would be permanently be transferred across to Quality Improvement.

The costing of the services provided were based on a three year rolling average of activity data applied against unit costs per patient day or appointment. The unit costs were increased year on year by a standard inflationary uplift. Following a change in accounting treatment several years ago, additional lump sums, totalling £1.4m, have also been added to better reflect the total costs of the services being provided. It has been accepted that these lump sums were based on historical activity levels much greater than currently being experienced. A revised SLA costing model has been developed in-house to recalculate full cost recovery based on current activity levels, with savings of up to £0.9m. NHS Grampian has agreed in principle to a reduction in the current financial year.

J Stockan raised a query as to whether less costly services would be repatriated to allow the continuation of more expensive operations. In connection with this the Head of Transformational Change and Improvement noted that there were still a number of day surgery and outpatient operations and clinics which were being conducted in NHS Grampian which could be being undertaken in NHS Orkney in order to assist with the patient wellbeing (i.e. not needing to travel outwith Orkney for their operation) and costs. There would also be funds being repatriated from the SLA for use elsewhere in order to promote services within NHS Orkney by way of reinvestment.

Decisions/Conclusion

Members of the committee received the Service Level Agreement update report and were assured of the progress being made.

736 Travel Project – FPC1819-41

The Committee received an update in relation to the Travel Project which had been undertaken as part of the SLA review.

Members were informed that there was considerable overspend on patient travel (£2.5m or 4% of the annual budget, with a current overspend of £0.2m). In order to mitigate this, discussions had taken place with Loganair, though these only partially offset the overspend.

10.3.1

Work had then been undertaken to review and revise the Travel Policy in order to align with other island health boards. Opportunities had been identified in different areas of service where alternative ways of working in relation to patient travel could be explored, i.e. consultations and clinics via video conferencing.

A bid had been submitted to NHS Scotland for additional funding and £63k had been secured in order to support the development of remote clinics and to establish a project to deliver clinics and bring spending back into line with the budget. Both travel to and from the Northern and Southern Isles to mainland Orkney, as well as travel outwith Orkney were being investigated. The Chief Executive noted that the project was first and foremost about delivering the best service possible to patients and members strongly agreed with that assessment.

J Stockan took the opportunity to raise the very real issue of connectivity within Orkney and the Isle. He noted that the neared patients were able to be seen to their homes, the more security and confidence they felt in their health and care. It was key that technology enabled the care of those individuals and current connectivity issues were impeding that care.

A robust discussion took place regarding the struggles faced in relation to connectivity on the Isles, specifically in light of the project work being undertaken around patient travel and alternative methods of delivering care and services to patients.

Members were keen for the Chairman of the NHS Orkney Board to write to the Scottish Government on all Board Members behalves, highlighting to them the disadvantages felt across the Isles due to poor connectivity and the inherent need for action to be taken to ensure that patients were no longer disadvantaged.

The Director of Public Health noted the balance of technology and connectivity advancements with the 'One Stop Shop' approach to clinics. Patients being able to visit one central place for all of their healthcare needs and being combined into a singular visit would have a tremendous impact on the patient experience and their overall wellbeing. The current patient experience was not good when multiple visits were required at various different locations and she noted that there was work needed to ensure the alignment of services. The Head of Transformational Change and Improvement noted that this engagement was required at specialty level and that NHS Grampian were also looking at targeting this problem too. She confirmed that NHS Orkney would be linking in with NHS Grampian project managers to move the project forwards. J Stockan further commented on the inherent value of the project. M McEwen noted that the digital capabilities within the Isles needed to be captured on the Corporate and Operational Risk Registers.

Decisions/Conclusion

Members of the Committee received the Travel project update and noted the work that had been undertaken, as well as the further work which needed to be conducted. Members requested that the Chairman of the NHS Orkney Board write to the Scottish Government on the behalf of all Board members to highlight the disadvantages felt Orkney-wide due to continuing connectivity issues.

Performance Management 2019/20

737 **Waiting Times Improvement Plan – FPC1819-42**

The Head of Transformational Change and Improvement delivered the Waiting Times Improvement Plan to members of the Committee, providing a high-level summary of the required areas for focus 2019/20 in line with the Healthcare Waiting Times Improvement Plan recently published by the Scottish Government.

The Head of Transformation Change and Improvement noted that in line with the Waiting Times Improvement Plan document, NHS Boards were expected to make phased, decisive improvement in the experience of patients waiting to be seen or treated over the following 30 months, achieving the following targets:

By October 2019

- 80% of outpatients will wait less than 12 weeks to be seen
- 75% of inpatients/day cases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020

- 85% of outpatients will wait less than 12 weeks to be seen
- 85% of inpatients/day cases will wait less than 12 weeks to be treated

By Spring 2021

- 95% of outpatients will wait less than 12 weeks to be seen
- 100% of inpatients/day cases will wait less than 12 weeks to be treated
- 95% of patients for cancer treatment will be seen within the 62-day standard

The Head of Transformation informed members that the trajectories set out were challenging due to the number of patients being relatively small in NHS Orkney and that there were challenges building a service around such small numbers. She also noted that there were a number of options to be explored around the most viable ways of tackling waiting times, specifically the different approaches required for each individual service.

Members were informed that guidance has not yet been provided in regards to mental health access targets, however it was expected shortly. There was also information expected regarding access funding, specifically that funding would not be allocated in the same manner as previous years, but instead the majority of funding would be apportioned on the basis of Health Boards and services with the longest waiting times. The Chair took the opportunity to query whether the potential funding gap that this would cause would be a risk to the budget for 2019/20 and the Chief Executive responded that whilst there would be no risk to the budget, there would be a risk to NHS Orkney waiting times.

Models of service provision outlined in the report had been developed in conjunction with the teams involved and, where appropriate, the involvement of those providing visiting services through either direct engagement or the involvement of the Secondary and Tertiary Flows Group Regional Working Group. This group had been formed to target the achievement of elective waiting times across the region in recognition of the interconnected nature of many specialities across Board boundaries and the desire to deliver equity of access across the North of Scotland.

The Director of Public Health made the point in connection with services such as

Rheumatology that if patients can be seen promptly and waiting times cut down, the outcome for the patient and their wellbeing could be dramatically improved. There was a need to look at more chronic conditions more closely and the impact on patients and future Health Board spend. The Chief Executive noted that this was a good point with a logical flow of sound arguments. Progress in this regard would be possible if NHS Orkney had a substantive consultant base. In reality, NHS Orkney was dependent on recruitment to those consultant positions.

Decisions/Conclusion

Members of the Committee received the Waiting Times Improvement Plan report and were assured of the progress being made.

Financial Management, Control and Planning 2019/20

738 Financial Plan 2019/20 – 2023/24 – FPC1819-43

The Head of Finance delivered the initial draft of the Financial Plan for 2019/20 to 2023/24, highlighting that the report was for discussion in order to achieve a manageable plan for the period 2019 to 2024. Members were made aware the Financial Plan paper would be refined and returned to the next meeting of the Finance and Performance Committee seeking approval from the Committee.

He was keen to illustrate to members that the draft financial plan indicates that NHS Orkney was spending significantly more than its current allocations and that failure to take the necessary steps to reduce expenditure would result in the non-achievement of financial targets. Short term support would be requested from the Scottish Government, however, in order to move forward, NHS Orkney must reduce its recurrent baseline expenditure by approximately £1.7m by the end of 2021/22, as well as eliminating the excess costs of locum medical staff and mental health services. The report also illustrated to members the high cost areas of expenditure that were outwith the control of NHS Orkney.

The Head of Finance noted that the underlying position was not as good as it should have been, due to not delivering the recurring savings target over previous years. He felt it key to highlight to members that healthy uplifts do not cover the basic rise in costs on a year-on-year basis.

He also drew members attention to the following key points from the report:

Recurring Board Specific Expenditure

- An allocation had been received from the Scottish Government for the pay award and incremental drive
- There was a surplus of £0.674m which could be realised with the disuse of locum medical staff and consultants. This could only be realised if all vacancies were recruited to successfully if we had all consultants in post. This surplus will be added back into the report at a later date as a cost pressure should the recruitments not be successful and the need for locum cover be required to continue
- The Laboratory contract had been finalised and was generating a pressure of £100,000k per annum
- 24/7 administration support of the new hospital facility would ensure full support of wards
- Recurring expenditures had been included within the report and would be going forward

10.3.1

- Additional funds had been allowed for the move to the new hospital with the overall cost having increased to £1.5m
- Additional expenditure had been allowed for in relation to the Primary Care Improvement Plan and mental health services
- There was a pressing need to increase the cover arrangements within the hospital to allow for the release of staff to undertake basic and statutory training. A cost allowance had been set aside to provide for the Acute ward only increasing cover levels from circa 22% to 30%. Further work was required around this item, however increased cover levels was strongly advocated by the Head of Hospital and Support Services with the support of the Director of Nursing, Midwifery and Allied Health Professionals
- There had been recent developments with the business case for the midwifery lead sonographer, which had been approved and would be funded
- Additional expenditure had been allowed for a locally provided Forensic Medical Examination services. Funding for this particular investment had been provided by the Scottish Government.

Non-Recurring Board Specific Expenditure

- The forecast spend on medical locums was shown as £2.144m, which allows for expenditure of up to £4.8m on hospital based medical staff. This plan assumes that the Scottish Government would be making additional funding available to support those costs pressures in 2019/20. There was recognition that such a level of expenditure was not sustainable on a recurring basis within current allocations and that alternative recruitment strategies must be employed in order to mitigate the expenditure
- Long term off island mental health patients account for £1m per annum as they continue their treatment within a secure facility. Urgent work was required to explore alternative, should they be available
- Double running costs for the Balfour Hospital following the move to the new facility were allowed for within the report. The plan assumes that additional funding would be made available from the Scottish Government to support those costs.

The recurring savings target had been set in 2019/20 at £0.75m, which would be achievable through recovery from Services Level Agreements at £0.50m and £0.25m from patients travel. The plan does not assume carry forward of any undelivered savings from 2018/19.

From 2020/21 onwards a recurring target of 1% would be set. That figure was consistent with the planning assumptions set out in the Scottish Government financial framework.

A working group would be established to identify a long term savings plan in order to bridge the savings gap recurrently over the next five years and would be reported back to Finance and Performance Committee as part of the reporting process.

The Chief Executive noted for members that the £1m for mental health services was required to have transformation support in place. A further update would be forthcoming upon that and would help to consolidate where NHS Orkney stands in relation to this. He also noted that it was imperative to undertake discussions with the Scottish Government about the need for a specific allocation of funding for NHS Orkney when the need arises in connection with this item.

M McEwen raised a query with regards to the £2.144m spend on locum cover and

queried what other recruitment strategies could be adopted. A robust discussion took place regarding the need to re-imaging the working patterns of consultants, enabling for a more flexible and attractive position. The Head of Hospital and Support Services noted that currently there had been 12 consultants who have left NHS Orkney and had been taking advice regarding recruiting to those positions. The Medical Director was also investigating different methods of working. The major difficulty was due to NHS Orkney human resource services being fulfilled by NHS Grampian, who were also in competition to recruit the same consultants as NHS Orkney. He noted that further work was needed in order to ensure that NSH Orkney employment terms and conditions were isles-proofed. Members were reassured to hear that flexibility was being explored fully.

J Stockan queried whether there was a piece of work to be done regarding recruitment models and whether that paper should be presented to the Board. Members felt that there was a sense of urgency behind the investigations to be undertaken and required the full strength and support of the Board behind it.

Decisions/Conclusion

Members of the Committee received the initial draft of the Financial Plan for 2019/20 to 2023/24 and were assured of the progress being made, areas for further investigation and action and welcomed further reports at future meetings.

Governance

739 Updated Banking Arrangements – FPC1819-44

The Head of Finance delivered the report for information on the changes to the banking agreements to add on two additional members of staff to, and to remove one retired member of staff from the Bank mandate.

Decision/Conclusion

Members received the report and approved of the amendments made to the Bank mandate.

740 Issues raised from Governance Committees/ Cross Committee Assurance

Members received the Staff Governance Cross Committee Assurance Report to update members on the item they had requested assurance on:

- Workforce challenges

Members of the Staff Governance Committee wanted to assure the Finance and Performance Committee that one of the Staff Governance Committee's priorities was to review outstanding vacancies and sickness absence. There was acceptance that action was required to improve the negative impact these issues were having on staff and services. There was some misconception amongst staff that there were delays in progressing recruitment because of financial restraints, but the Chief Executive had assured members that was not the case.

The Committee was also committed to tackling the difficulty in being able to release staff for training due to capacity.

Decision/Conclusion

Members of the Finance and Performance Committee were assured by the fact that the Staff Governance Committee was committed to tackling issues faced in relation to workforce challenges.

741 Key items to be brought to Board or other Governance Committees attention

Members agreed to bring the following items to the attention of the Board:

Board:

- NHS Orkney Financial Position
- Service Level Agreements update report
- Travel impact
- Connectivity issues within the Isles and the resulting difficulty to deliver services and ensure parity of care across the whole of Orkney

742 Any Other Competent Business

There was no other business raised for discussion.

Items for information and noting only

There were no items for information or noting.

743 Schedule of Meetings 2018/19

Members noted the schedules of meetings.

744 Schedule of Meetings 2019/20

Members noted the schedules of meetings.

745 Record of attendance

Members noted the record of attendance.

746 Committee Evaluation

Members noted that the meeting had contained good, in-depth discussion and felt that the Committee was truly beginning to identify the key issues being filtered through from other governance committees. Members felt it was highly valuable to see items return to the Finance and Performance Committee agenda and to note progress being made against them at future meetings.

The meeting closed at 11:15

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
This report is for noting	
Audit Committee Chair's Report	
Lead Director Author	Gerry O'Brien, Chief Executive Meghan McEwen, Audit Committee Chair
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Audit Committee meeting on 5 March 2019 and it was agreed that the following items should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> • Outcomes from recent internal Audit reports
Timing	The Audit Committee highlights key issues to the Board following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services • Optimise the health gain for the population through the best use of resources • Create an environment of service excellence and continuous improvement
Contribution to the 2020 vision for Health and Social Care	The work of the Audit Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge
Benefit to Patients	Delivery of the best possible outcomes for the people of Orkney within available resources.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Audit Committee Chair's Report

Meghan McEwen, Audit Committee Chair

Section 1 Purpose

The purpose of this paper is to provide the approved minute of the meeting of the Audit Committee and to highlight the key items for noting from the discussions held.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised
2. Adopt approved committee minutes

Section 3 Background

This report highlights key agenda items that were discussed at the Audit Committee meeting on 5 March 2019 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1. Internal Audit reports

The Committee had received a number of reports on recent internal Audits including:

- Payroll
- Procurement
- Performance Management
- Budget Management
- Internal and external Communications

It was noted that although there were some areas of improvement contained within the reports they were on the whole very positive and assurance was taken in these areas.

Appendices

- Approved Audit Committee Minutes from 4 December 2018

Orkney NHS Board

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday, 4 December 2018** at **11:30 am**

Present: Meghan McEwen, Chair
Issy Grieve, Non Executive Board Member (deputising for Davie Campbell)
Fiona MacKellar, Employee Director
James Stockan, Non Executive Board Member

In Attendance: Derek Lonsdale, Head of Finance
Matthew Swann, Internal Auditor, Scott Moncrieff
Louise Wilson, Director of Public Health
Gillian Woolman, Audit Director, Audit Scotland
Gemma Pendlebury, Committee Support (minute taker)

615 **Apologies**

Apologies were noted from Davie Campbell, Ian Kinniburgh, David McArthur and Gerry O'Brien.

616 **Declarations of Interest**

G Woolman made members aware that she was the external auditor for Orkney Island Council, NHS Orkney and the Integration Joint Board.

617 **Minutes of previous meeting held on 4 September 2018**

The minute of the Audit Committee meeting held on 4 September 2018 was accepted as an accurate record of the meeting and was approved.

618 **Matters Arising**

401 – Internal Audit Reports – Assignment Plans – AC1819-39

The Chair queried whether the updated assignment plan had been circulate and the Internal Auditor confirmed that it had been actioned. There was however still an ongoing discussion taking place with the Medical Director in connection with the Clinical Governance assignment plan and would be raised on the action log as a new, separate item.

Post meeting note: The Internal Auditor had contacted the Head of Transformational Change and Improvement in connection with the review of the Clinical Governance scope in order to progress.

403 – Information Governance Chair's Report – Non-compliance with Records Management Policy

The Chair queried whether there had been further action take regarding NHS Orkney non-compliance with the Records Management Policy and whether that item had been to the Area Partnership Forum meeting in December 2018. Members were unsure if this item had been actioned as the Director of Finance

position was vacant and there had been no one to take the action forward.

Post meeting note: The Information Governance Officer was continuing to progress the Records Management Policy and compliance, which was continuing to be monitored by the Information Governance Group. The Policy had also been disseminated through the Senior Management Team to respective teams and departments.

405 – Cyber Security – Network and Information Systems (NIS) Directive – AC1819-41

The Chair queried the progress upon the projects being undertaken by the IT department and the Head of Finance noted that he would follow up with the Head of eHealth and IT and both circulate the update and provide at the next meeting.

Post meeting note: Head of Finance to follow up on IT to-do list with Head of IT and circulate/bring to the next meeting.

407 – Freedom of Information Annual Report – AC1819-42

The Chair queried the capacity of the Freedom of Information team whilst the Director of Finance position was vacant. The Head of Finance noted that the upward trend of requests for information was still increasing. He noted that he would discuss with the Freedom of Information team and would provide feedback at the next committee meeting.

Post meeting note: Head of Finance to check capacity of the FOI team in the absence of a Director of Finance/SIRO and feedback to the next meeting.

415 – Audit Committee Handbook

Members noted that there had been mention of a separate briefing session on the Audit Committee handbook for new non executive members. J Stockan requested that actions within minutes should be more specific, especially relating to realistic timescales and deadlines. Members were in agreement that there needed to be a more efficient way of recording items that needed to be actioned. It was paramount that progress on various pieces of work outwith the meeting needed to be evidenced for committee assurance.

Post meeting note: It was agreed outwith the meeting that any items that requiring action by the Audit Committee should be recorded on the action log as directed by the Chair during the meeting or following the meeting with the Committee Support. With regards to any actions allocated to individuals to follow up, the introduction of post meeting notes within the minute were to be used across all Governance Committees. Wherever someone had been allocated an action, they should contact the appropriate Committee Support to provide them with an update to be added into the minutes prior to circulation. Deadlines and timescales for the completed actions should be agreed by members at the meeting to enable the accurate recording of information.

619 **Action Log**

The Action Log was reviewed and corrective action agreed on outstanding issues

(see Action Log for details). The following item was raised during this section of the meeting, however as this was not an action for completion by the Committee, it was not recorded on the action log and is instead recorded below:

67 – Laboratory Services Contract

The Head of Finance noted that NHS Orkney had received the Laboratories documents and that he would be discussing them with the Chief Executive at the end of week commencing 7 December 2018. There would be a further update at the next meeting.

External Audit

620 **External Audit Annual Audit Plan 2018/19 – AC1819-47**

The Committee received the External Audit Annual Audit Plan for 2018/19 presented by the External Auditor outlining the audit risks, sources of assurance and planned audit work.

Some of the key 2018/19 key audit risks included:

- Risk of management override controls
- Risks of fraud over income and expenditure
- Senior finance capacity – work linked to vacant Director of Finance role
- Estimation and judgements
- Revenue resource limit notification
- Financial sustainability
- Financial management
- Governance and transparency
 - New hospital and healthcare facility
 - Workforce management – linked with Brexit
- Information security

The External Auditor noted that the Audit Scotland fees would be consistent with 2017/18 fees.

The Head of Finance informed members that this report was presented to the committee on a yearly basis. The focus within this year's report had been on the move to the new hospital facility due to the large amount of expenditure on that project. Constant dialogue with Scottish Government during the process was being maintained and timescales were as expected.

The Chair raised a query regarding section 31 of the document entitled 'Governance and Transparency', specifically how scrutiny and transparency was assessed. The External Auditor explained that this was evidenced by a member of Audit Scotland being in attendance at all NHS Orkney Audit Committee meeting, as well as being in receipt of all meeting papers. Wherever there was an item requiring clarification, this would always be sought by Audit Scotland representatives.

J Stockan raised a query about audit topics, specifically as to whether they were decided upon by Audit Scotland alone, or whether in conjunction with the NHS Orkney Board and also how it was known if there were other areas requiring

more consideration and scrutiny. The External Auditor responded that there was a constant sharing of material from the annual audit reports, along with planning sessions and meetings with the auditors to discuss key topics and areas for consideration. Key additional areas which had been important for consideration during 2018/19 had been included in the report received by members in section 25 'Other Planned Audit Work'. Audit Scotland had collaborated with key officers from NHS Orkney regarding the additional items included for assurance and to ensure that risks were being managed by the organisation.

I Grieve raised a query in connection with Exhibit 1. She queried what percentage of risk there was in connection section four of the table 'Estimations and Judgements'. The External Auditor explained that due to the subjectivity of areas measured and the valuation of the material account areas of non-current assets and provisions, that risks were an estimate rather than a percentage. Audit Scotland was however in close contact with relevant officers and there would be significant change once the move to the new hospital had been completed and a new valuation would take place. It was expected that the Director of Finance, once appointed, would report further upon this item to Board.

J Stockan queried whether the Audit Scotland fees charge to NHS Orkney were equivalent to other similar small island Health Boards. He also queried whether those fees included travel and accommodation for Audit Scotland officers when in attendance on island. The External Auditor clarified that fees were calculated by Audit Scotland carrying out a significant review. Remote and Rural locations were not charged for the Audit Scotland officer travel. She also noted that fees had tended to stay at a flat, without much deviation. Exercises were carried out on a yearly basis to assess costs by looking at previous years.

Decision / Conclusion

The Audit Committee noted the report and received assurance on progress made.

621 NHS Scotland Overview Report

The Committee received the NHS Scotland Overview Report for information. The Chief Executive had been unable to attend the meeting to speak to the item, so members embarked upon discussion about the report.

The Chair noted that she had found the report hugely informative and that the key theme was financial sustainability overall. There would be a challenge in delivering that, however NHS Orkney's position was positive.

The External Auditor commented that the report marked a definite change in content and tone. She strived to place emphasis on the latter part of report regarding strategic planning and looking at the way forward. She noted there were changes scheduled to take place within NHS Scotland with the Chief Executive of NHS Scotland retiring in the new year and the Director of Finance for NHS Scotland on long term sick leave. There was sure to be added pressure on local members to drive forward change. For NHS Orkney the new hospital facility has been conceived with change in mind and there was a need to share best practice and what was working well within Orkney with the wider NHS Scotland.

J Stockan noted his interest at the data provided within the report. He was keen that more efficient ways of working would be more beneficial, but also difficult as demand was increasing exponentially. The Employee Director noted that the report was looking at ways of maintaining a sustainable and competent workforce, which would be difficult due to national issues with recruitment in many areas, especially remote and rural locations. She illuminated that the recruitment of staff nationally was difficult due to competition from larger, more accessible Health Boards, and that recruiting workforce locally was a huge challenge. Despite this NHS Orkney has tried to develop innovative contracts and use flexible working to a maximum. The Chair queried whether the recruitment issues were being worked on by the Staff Governance Committee and the Employee Director confirmed that it was, along with the Area Partnership Forum also. NHS Orkney, as a whole, has made brave attempts at re-evaluating how to recruit more successfully, however it was widely felt by members that recruitment issues needed to be included on Orkney Island Council agendas also as the problems were not ring-fenced to NHS Orkney only.

The Chair highlighted page six of the report to members noting that it would assist NHS Orkney, Orkney Island Council and the Integration Joint Board to establish the clear demand for their services. I Grieve commented that the Integration Joint Board did have a clear understanding of its services and good scrutiny and management of those services.

J Stockan highlighted that the issue of non-recurring savings was one of biggest challenges faced by the Health Board and that he was interested in seeing more work to manage the budget against the management of demand in remote and rural locations. He was also interested in how progress in this area was being assessed on a national level and the External Auditor noted that this was a very factual item that Audit Scotland were reporting on.

Decision / Conclusion

The Audit Committee noted the report and received assurance on progress made. Members were keen for this to return on the next Audit Committee agenda for discussion with the Chief Executive.

Internal Audit

622 Internal Audit Progress Report – AC1819-48

The Internal Auditor presented the Internal Audit Progress report to the Committee which provided a summary of internal audit activity during the year to date and confirmed the reviews planned for the coming quarter, identifying any changes to the original annual plan.

The Internal Auditor further explained that the report was to provide a snapshot for the Committee of the delivery of the audit plan. Most of the audit activity was taking place between November 2018 and March 2019.

The report effectively captures the completed two pieces of audit work that had been undertaken so far. One of the reports was in connection with the Integration Joint Board and so would be required to be presented at the Integration Joint Board Audit Committee prior to being presented at the NHS Orkney Audit

Committee.

Decision / Conclusion

The Audit Committee noted the report and received assurance on progress made.

Internal Audit Reports

623 Non-Emergency Patient Transport – AC1819-49

The Internal Auditor presented the Non-Emergency Patient Transport report to the Committee which provided assurance that NHS Orkney's non-emergency patient travel arrangements were well controlled, with some minor opportunities to improve contract management procedures and to evidence the trail of decisions related to patient appointment locations and claim forms.

The Chair asked members how NHS Orkney would action more efficient process in relation to non-emergency patient travel. The Head of Finance clarified that there had been issues due to some claim forms being submitted without the relevant accompanying evidence. As a result a reminder has been circulated to staff to ensure that all documentation is included with claims. The Head of Finance noted that he would monitor the item to ensure a continuation of the appropriate process.

The Head of Finance also informed members that the Finance and Performance Committee were investigating savings which were not being realised within patient travel.

The Employee Director noted that from a clinical perspective, staff and patients were getting a better selection of options for video conferencing facilities for consultations and for better patient care.

The Chair raised with the Committee that those living within the isles were not generally reimbursed for their non-emergency travel. She queried whether the opportunity for video conferencing for consultations could be rolled out to the isles community.

Decision / Conclusion

The Audit Committee noted the report and received assurance on progress made.

Internal and External Audit Recommendations

624 Internal and External Audit Recommendations Follow-up Report – AC1819-50

The Head of Finance presented the Internal and External Audit Recommendations report to the Committee to update the Committee on the status of actions and to provide assurance on the completed status and timescales.

Since the previous report, the Head of Finance noted that two recommendations had been brought forward and one of the two items had been proposed as completed. The updated had been shared with internal auditors along with evidence to agree the closed status. The Head of Finance asked that the Committee note the updates as detailed in the accompanying spreadsheet and consider the item closed.

In connection with item 151, the Head of Finance proposed the closure of this item. Work was ongoing in connection with the records management compliance and reports were going to the Information Governance Group which in turn provides reports for the Audit Committee.

Item 152 on the attached spreadsheet was in connection to the development of new Board Members. There had recently been a large turnover in members of Non Executive Board Member. The item had been postponed until those new members of the Board were in office. The development session had since taken place and the consensus had been that it went well. The Head of Finance requested that the Audit Committee approved a change in timescale for item 152 until the end of March 2019 to ensure there was a suitable amount of time to evaluate the development session. These two updates have been submitted to External Audit who had agreed with the change in timescale.

Decision / Conclusion

The Audit Committee noted the report and approved the three mentioned items for closure.

Information Governance

625 Information Governance Group Chair's Report

The Committee received the Information Governance Group Chair's Report, however there was no one to speak to the item due to the Director of Finance vacancy.

An update was received that there were plans being developed for the continuation of the Information Governance Group in the new year and that further updates from the Group would be received at the next Audit Committee.

Decision / Conclusion

The Committee noted the Chair's Report and were assured of the progress.

626 Minutes of the Information Governance Group

The Committee received the minutes of the Information Governance Group meetings which took place on 6 September 2018.

Service Audit Assurance Reports

627 There were no items for discussion at the time of this meeting.

Fraud**628 Counter Fraud Conference update**

The Committee received a verbal update from the Head of Finance in connection with the Counter Fraud Conference which had taken place in November 2018.

The first item to be highlighted to the Committee was Counter Fraud Awareness Week. Guidance for fraud and prevention methods had been shared by the Counter Fraud Conference via their Twitter account, explaining to staff and patients about protecting NHS from fraud. The greatest threats to organisations such as the NHS were from 'insider threats' – usually someone working within the organisation and with something to gain from causing the fraud. The conference had issued leaflets which the Head of Finance agreed to circulate to members of the Committee.

Post meeting note: The relevant leaflets from the Counter Fraud Conference were circulated to members of the Committee via email on Thursday, 6 December 2018.

The conference also touched upon fraud in connection with sickness absence and staff with overlapping duties in two or more jobs. There were increasing instances of faked sick notes which were being identified as the fraudsters were forgetting to change the document reference number upon the sick notes. They were also being identified by being discovered as being sick from one place of employment and not from the other. The Head of Finance raised members' awareness regarding this.

There had also been discussion regarding dental and ophthalmic patients fraudulently claiming they were in receipt of income support. It was imperative that this should be being checked and evidenced within practices as there was a certain amount of funding to be claimed for each check of income support documentation.

The Chair queried whether there would be any changes to operation and policy to be implemented in the wake of the conference and the Head of Finance confirmed that those changes were already being managed, especially the retraining of staff within dental and ophthalmic practices.

The Employee Director that the fraud surrounding sickness absence was quite concerning from an NHS Scotland perspective. However, she noted that NHS Orkney has an Absence Management Policy. Any staff on sickness leave were supported by Occupational Health and actively utilised a phased return to work programme with amend duties if not fit to return to the full extent of their original post. The key was to ensure that staff were ready to return to work, were supported in their return and were back in position as soon as possible in conjunction with when they were ready.

The Director of Public Health left the meeting at 12:50

Decision / Conclusion

The Committee noted the update and were assured of the progress being made.

629 **Fraud Champion**

The Committee received a verbal update from the Head of Finance in connection with the NHS Orkney Fraud Champion.

The Head of Finance confirmed that there were two fraud officers within NHS Orkney. The Fraud Liaison Officer, which was the Head of Finance, and the Fraud Champion, which was a role normally filled by an Executive or Non-Executive member of staff. This role had been filled by the previous Chair of the Audit Committee, N Bremner, and so the Head of Finance suggested to the Committee that the current Chair, M McEwen, fulfil the role. The role of the Fraud Champion would be to raise the profile of counter fraud initiatives, as well as to ensure that any investigations are followed up appropriately and reported back to the Committee. It would also be the Fraud Champion responsibility to promote the Fraud Liaison Officer and the Employee Director within Human Resources as investigators of any fraudulent incidents that they become aware of.

The Head of Finance confirmed that he would contact Counter Fraud Services to confirm that the Chair, M McEwen, had commenced as NHS Orkney's Fraud Champion.

The Employee Director also noted that there were similarities with the Area Partnership Forum and Confidential Contacts. The process needed to be revitalised and new Confidential Contacts appointed, and she noted that within the new implementation of a Fraud Champion, it would be a good opportunity to ensure the forward movement of this.

Decision / Conclusion

The Committee noted the verbal update and agreed with the Chair being named as the Fraud Champion for NHS Orkney.

Risk

630 **Risk Management Strategy and Policy – AC1819-43**

The Committee received the updated Risk Management Strategy and Policy, however due to the Director of Finance vacancy; there was no one in attendance to present.

Due to the lack of clarity around who would be taking the Risk Management Process forwards the Committee were not content to endorse this policy for approval by the Board.

Post meeting note: The Risk Management Strategy was presented at the Board meeting which took place on 13 December 2018, where Board members approved the strategy.

Decision / Conclusion

The Committee noted the policy; however they would not be endorsing it for approval by the Board.

631 **Risks escalated from Governance Committees:**

Finance and Performance Committee

The following items were escalated from the Finance and Performance Committee:

- Financial position

Decision / Conclusion

The Committee agreed that this item should return to the next Audit Committee meeting to enable the Chair of the Finance and Performance Committee and Chief Executive to speak to the item.

Governance

632 **Caldicott Guardian Annual Report – AC1819-52**

The Director of Public Health delivered the Caldicott Guardian Annual Report to the Committee outlining general work undertaken within NHS Orkney as Caldicott Guardian and in relation to General Data Protection Regulations (GDPR) as a key strand of work. During 2018/19 there have been amendments to some of the ways NHS Orkney deal with individuals requests for medical notes, which has had a positive change in work for the Caldicott Guardian role. There were, however, quite a lot more complex requests coming through requiring the Caldicott Guardian's input. Appendix one of the report outlined the brief range of requests received for the information of the Committee.

The Chair welcomed the report and noted that both the report and the appendix were extremely useful.

The Employee Director commented that the appendix shows the breadth of information which the Caldicott Guardian was required to deal with and also shows the volume over time, which is very high and a substantial amount of work. She also noted that certain departments were in receipt of a high number of requests for information and medical notes, it was reassuring that staff would be able to contact the Caldicott Guardian to seek advice and from a staff perspective it was reassuring.

J Stockan queried whether the Caldicott Guardian role was fulfilled by Directors of Public Health within other Health Boards, or whether there was another Executive member of staff who could undertake or share the role. The Director of Public Health confirmed that it was either the Director of Public Health or the Medical Director.

Decision / Conclusion

The Committee noted the Caldicott Guardian Annual Report.

633 **Agreed items to be brought to the attention of Board or other Governance Committees**

Agreed items to be brought to the attention of the Board:

- Children and Young People's Mental Health Service Report
- Risk Management Strategy – the Audit Committee were unable to recommend the policy to the Board and require assurance that progress was being made in relation to risks within the organisation

634 **Any Other Competent Business**

Health and Social Care Integration Report

The External Auditor informed members that this report had been written in November 2018 and would be presented to the Integration Joint Board prior to being received by the Audit Committee.

NHS Orkney Board Meeting and Annual Accounts – Clash with NHS Grampian

The External Auditor made the Committee aware that there was a clash of times with the NHS Orkney and NHS Grampian Board and Annual Accounts meeting.

Post meeting note: The Committee Support had discussed this clash with the Corporate Services Manager who had communicated with the External Auditor of Audit Scotland to discuss further. A response was still outstanding from Audit Scotland.

Items for Information and Noting only

635 **Audit Scotland Reports**

Children and Young People's Mental Health

The Committee received the report on Children and Young People's Mental Health for information.

Members were in agreement that there was a substantial amount of good information contained within the report.

The External Auditor noted that this was a national report and should be followed by a short covering report stating which elements are pertinent for local Public Sector bodies, Health Boards and what key actions to be taken from it.

636 **Counter Fraud Services**

Counter Fraud Quarterly Report 30 September 2018

The Committee noted the Counter Fraud Quarterly report.

637 **Schedule of Meetings 2018/19**

Members noted the schedule of meetings for 2018/19

638 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings for 2019/20

639 **Record of Attendance**

Members noted the record of attendance.

640 **Committee Evaluation**

Members agreed that it had been a useful meeting with key conversations undertaken. Members looked forward to next meeting and receiving more audit reports for further detailed discussion.

Meeting closed at 13:04

Not Protectively Marked

<p>NHS Orkney Board – 25 April 2019</p> <p>Report Number: OHB1920-10</p> <p>This report is for noting.</p> <p>Risk and Assurance Forward Planning</p>	
<p>Lead Director</p>	<p>Gerry O'Brien, Chief Executive</p>
<p>Author</p>	<p>Christina Bichan, Head of Transformational Change & Improvement</p>
<p>Action Required</p>	<p>The Board of NHS Orkney is invited to:</p> <ol style="list-style-type: none"> 1. <u>note</u> the report
<p>Key Points</p>	<ul style="list-style-type: none"> • The purpose of this paper is to provide assurance on progress in the development and implementation of a refreshed approach to risk management across NHS Orkney. • The responsibility of Risk Management Lead has recently been allocated to the Head of Transformational Change and Improvement and this transition has been used to consider risk management interactions across the system, identify limitations and opportunities for improvement. • As a result a number of system changes are now being progressed to enhance risk reporting and management. Additionally, a strategic risk register is being developed to capture the high level risks with the potential to impact the Boards delivery of its vision and purpose and a Risk Management Group is being established to provide operational oversight and assurance to the Board and Governance Committees.
<p>Timing</p>	<p>To be considered at the April 2019 meeting.</p>
<p>Link to Corporate Objectives</p>	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services

11.2

Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
Benefit to Patients	More timely access to care and services.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Not Protectively Marked

NHS Orkney Board

Risk and Assurance Forward Planning

Christina Bichan, Head of Transformational Change & Improvement

Section 1 **Purpose**

The purpose of this paper is to provide assurance on progress in the development and implementation of a refreshed approach to risk management across NHS Orkney.

Section 2 **Recommendations**

The Board is asked to note the update provided.

Section 3 **Background**

NHS Orkney's Risk Management Strategy and Policy was approved by the Board at its December 2018 meeting following development by the Board's previous Director of Finance and Risk Management Lead. The responsibility of Risk Management Lead has recently been allocated to the Head of Transformational Change and Improvement and this transition has been used to consider risk management interactions across the system, identify limitations and opportunities for improvement.

Section 4 **Discussion**

The Risk Management Strategy referred to in Section 3 provides strategic direction for Risk Management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally.

To make achievement of this goal a reality there is a need to dismantle some elements of our current approach whilst retaining and building on others. In preparing this paper consideration has been given to how we identify, categorise and manage risks at both a strategic and operational level. This paper is a starting point for further developing our risk management approach and outlines the initial steps and areas of focus on a journey which will culminate in the embedding of clear ways of working which ensure risks are being actively managed and that greater definition around the Boards risk tolerance and risk appetite is developed over time.

Strategic Risks

Strategic risks can be defined as those that if crystallised would impact the long-term vision and success of an organisation. Given that the purpose of NHS Orkney, and all territorial Health Boards, is to plan, commission and deliver NHS services and take overall responsibility for the health of their populations it is intended that a strategic risk register be established which captures the high level risks which the Board must be sighted on and actively managing to enable the overall vision and purpose of the Board to be successfully met. The assessment of strategic risks will include consideration of the potential health impact and financial impact as additions to the Boards established assessment methodology. Once established the Strategic Risk Register will be presented for 6 monthly review by the Board.

Systems & Processes

Following review of the existing systems and processes in place for risk management as well as examples from other Boards a number of changes are being made which will take effect from 1 May 2019. It is intended that these changes will increase the focus on mitigation, bring to the fore instances of interconnection and improve general oversight.

- Establishment of a Risk Management Group (RMG) which will have overall responsibility for the integration, co-ordination and standardisation of risk management throughout the Board as well as undertaking regular horizon scanning exercises.
- Addition of field in Datix to capture high level risk mitigation strategy – e.g. Acceptance/Reduction/Prevention.
- Addition of risk Categorisation fields to show primary and secondary risk categories – Reputational/Business/Financial/Clinical/Staff/Information Governance.

Risk Challenge & Review

The RMG will provide assurance on the establishment and implementation of operational risk management processes and systems reporting formally to the relevant Committees and to the Board. Terms of Reference are under development and the Group will be administered through the QI Hub.

Governance committees will receive quarterly risk management reports following the reporting lines for each risk category provided below.

- Business, financial & reputational risks – Finance and Performance Committee
- Clinical Risks – Care and Clinical Governance Committee
- Staff risks – Staff Governance Committee
- Information Governance and Strategic risks – Audit Committee

It is expected that there will be instances where risks are cross related - this will be highlighted via the primary and secondary categorisation reporting process and covered via the already well established process of cross committee reporting.

Clinical Impact

A review of the present risk register highlighted a gap in read across between clinical and non clinical impacts of the same risk. To seek to address this a “clinical impact” field will be added to the risk register Datix tool enabling risk owners to highlight that a risk should be reviewed and monitored from a clinical perspective even though this may not be the primary risk category. Identifying risks in this manner will prompt the need for clinical review via the most appropriate clinical directorate as part of the risk assessment process and will be particularly helpful for ensuring greater assurance can be provided to the Clinical and Care Governance Committee on risks which have the potential to impact on the Boards ability to provide safe, effective and person centred care.

Additionally, further developing our approach to learning from clinical incidents to encourage staff to take a proactive role in identifying and reporting “near misses” will enhance our ability to take appropriate actions to resolve problems and mitigate risks at source; wherever possible. Creating alignment between the learning from clinical incidents and complaint process which has been developed over the last 12-18 months will also be central to this refreshed approach.

Section 5 Consultation

This paper has been informed by the views of colleagues from across the organisation as well as significant discussion at the most recent Board development session when members considered the Blueprint for Governance.

Appendices

- None.

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
This report is for noting	
Key Legislation	
Lead Director Author	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
Key Points	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations. Legislation, standards and consultation documents.
Timing	The list of key documentation is presented to the Board at each meeting.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Consultations, Legislation and other publications affecting the NHS in Scotland

Topic	Summary
<p>Procurement legislation in Scotland in the event of a 'no-deal' Brexit SPPN 2/2019</p> <p>https://www.gov.scot/publications/update-procurement-legislation-in-scotland-in-the-event-of-a-no-deal-brex-it-sppn-2-2019/</p>	<p>This SPPN is to tell you that the Scottish Government has proposed further changes to public procurement legislation in case the UK exits the European Union without an agreement (a 'no deal' Brexit).</p>
<p>National Health Service (Optical Charges and Payments) (Scotland) Amendment Regulations 2019 (SSI 2019/50)</p> <p>http://www.legislation.gov.uk/ssi/2019/50/contents/made</p>	<p>These Regulations amend the National Health Service (Optical Charges and Payments) (Scotland) Regulations 1998, which provide for payments to be made by means of a voucher system in respect of costs incurred by certain categories of persons in connection with the supply, replacement and repair of optical appliances</p>
<p>Personal Injuries (NHS Charges) (Amounts) (Scotland) Amendment Regulations 2019 (SSI 2019/27)</p> <p>http://www.legislation.gov.uk/ssi/2019/27/contents/made</p>	<p>These Regulations amend the Personal Injuries (NHS Charges) (Amounts) (Scotland) Regulations 2006, which make provision in relation to the amount of NHS charges which can be recovered from a person who pays compensation to an injured person, where that injured person has received NHS treatment or ambulance services.</p>

Topic	Summary
<p>The current and future operation of reciprocal healthcare schemes https://www.parliament.scot/newsandmediacentre/111079.aspx x</p>	<p>A Health and Sport Committee report on the current and future operation of reciprocal healthcare schemes, notes the failure to identify patients not entitled to free NHS case is costing health boards hundreds of thousands of pounds a year, with an "inconsistent approach" across boards. Figures suggest individuals not from the EEA owe more than £3.2 million. The Committee calls on the Scottish Government to review the current situation and urges it to adopt a clearer and more unified approach to NHS treatment.</p>
<p>Equally Safe: A consultation on legislation to improve forensic medical services for victims of rape and sexual assault https://consult.gov.scot/justice/equally-safe-improve-forensic-medical-services/</p>	<p>A Scottish Government consultation seeks comments on proposals to improve forensic medical services for victims of rape and sexual assault. The consultation, which addresses recommendations made by Her Majesty's Inspectorate of Constabulary to strengthen delivery of healthcare and forensic medical services, will seek views from health and justice organisations, medical professionals, the third sector and survivors. Comments by 8 May 2019</p>

Circulars

details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
PCA(M)(2019)01	04.02.19	Primary Medical Services – Funding for Dispensing General Practices
PCS(DD)(2019)01	11.02.19	Recruitment Allowance Payable to Public Dental Service (PDS) Dentists Employed In Designated or Non-Designated Areas

13.1

Reference:	Date of Issue:	Subject:
PCA(D)(2019)03	19.02.19	Oral Health Improvement Plan: implementation programme: February 2019
PCA(P)(2019)04	19.02.19	Pharmaceutical Services Supporting Quality Improvement
PCA(O)(2019)01	22.02.19	Optical Vouchers and General Ophthalmic Services (GOS)
PCA(M)(2019)02	22.02.19	The Primary Medical Services (GP Out of Hours Service) (Scotland) Directions 2019 Health Board Direct Provision of Primary Medical Services. (Scotland) Directions 2019 Health Board Primary Medical Services Contracts (Scotland) Directions 2019
PCA (D) (2019)04	25.02.19	Electronic Submission of Payment Claims and Prior Approval Requests: Update Report
PCA(P)(2019)05	28.02.19	Metoprolol 50MG and 100MG Tablets – Supply Issue
PCS(ESM)2019/01	08.03.19	Executive and Senior Management Performance Appraisal Arrangements
CMO(2019)02	12.03.19	Hospitalisation and Deaths Linked to Consumption of 2,4- Nitrophenol (DNP)
PCS(AFC)2019/01	15.03.19	Pay and Conditions for NHS Staff Covered by the Agenda for Change Agreement
PCS(SDIA)2019/01	15.03.19	Scottish Distant Islands Allowance
DL(2019)03	18.03.19	Mental Health (Care and Treatment) (Scotland) ACT 2003: Training for Approved Medical Practitioners
PCA(M)(2019)03	18.03.19	Transferred Services Residuals

Not Protectively Marked

NHS Orkney Board – 25 April 2019	
Report Number: OHB1920-11	
This report is for noting	
New Hospital and Healthcare Facility - Authority Observer Report	
Lead Director Author	Gerry O' Brien, Chief Executive Ann McCarlie , Project Director
Action Required	The Board is asked to note the contents of the Authority Observer Report.
Key Points	<p>This Authority Observer's report is based on reports received to week 97 of the 100 week construction programme (104 weeks including Christmas and New Year 2017 and 2018) and covers the period from 1st to 28th February 2019.</p> <p>Robertson report that all critical path elements are on programme although it was noted that the programme overall had slipped by 4 weeks in the reporting period, due in the main to squads not returning to site as scheduled.</p> <p>The cumulative total pre-payment to the end of February stands at 95.6% of the maximum cumulative payment schedule. Verbally the ATA has confirmed that the total prepayment figure at the end of March represents 99% of the maximum cumulative payment schedule.</p> <p>Robertson continue to work to 22nd April Handover date, however the current assessment of the NHS Orkney Project Director is that Handover might slip by a margin of up to one week. Any such slippage would not impact on the Board's planned migration dates.</p>
Timing	The Authority Observer provides a report to each meeting of the Board throughout the new hospital and healthcare facility construction period.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to are:-</p> <ul style="list-style-type: none"> • Improve the Health and Wellbeing of the people of Orkney and reduce health inequities • Pioneer ways of working to meet local health needs and reduce inequality • Improve the delivery of safe, effective and person

	centred care and our services
Contribution to the 2020 vision for Health and Social Care	The New Hospital and Healthcare Facility Project supports the achievement of the 2020 vision for health and social care by providing fit for purpose facilities to support the provision of newer models of care designed to deliver the right care, at the right time and in appropriate locations that are closer to people's homes.
Benefit to Patients	<ul style="list-style-type: none"> • A better experience for our patients when using our services • Safe, effective and person centred services that are efficient, sustainable and affordable going forward.
Equality and Diversity	A copy of the full EQIA Impact Assessment for the NHS Orkney New Hospital and Healthcare Facilities Outline Business Case is attached.

Not Protectively Marked

NHS Orkney Board

New Hospital and Healthcare Facility - Authority Observer Report

Ann McCarlie, Project Director

Section 1 Purpose

The purpose of this report is to provide assurance to Board members that project governance and management arrangements in respect of the new build facility project are robust and that the project is progressing to programme and on budget.

Section 2 Executive Summary

This Authority Observer's report is based on reports received to week 97 of the 100 week construction programme (104 weeks including Christmas and New Year 2017 and 2018) and covers the period from 1st to 28th February 2019 at which point Robertson reported that all critical path elements to be on programme, although it was noted that the programme overall had slipped by 4 weeks in the reporting period, due in the main to squads not returning to site as scheduled.

The cumulative total pre-payment to the end of February stands at 95.6% of the maximum cumulative payment schedule. Verbally the Authority Technical Advisor has confirmed that the total prepayment figure at the end of March represents 99% of the maximum cumulative payment schedule.

Robertson Capital Group and NHS Orkney Senior Project Team members meet regularly with the Clerk of Works to discuss areas of concern on trackers. Positive progress has been made in closing down items. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

Robertson continue to work to 22nd April Handover date, which was also confirmed at the 11 March SPV Programme Board, however the current assessment of the NHS Orkney Project Director is that Handover might slip by a margin of up to one week. Any such slippage would not impact on the Board's planned migration dates.

Section 3 Recommendations

The Board is asked to note the contents of the Authority Observer Report.

Section 4 Background

The New Hospital and Healthcare Facility Project reached Financial Close on 24th March 2017, following which the Board of NHS Orkney considered the project governance and reporting arrangements for the construction phase of the project.

The Transformation Implementation Programme Board (TIPB) was established and its Terms of Reference agreed. TIPB is chaired by the Chief Executive. Membership of TIPB includes three Non Executive Directors.

The Authority Observer provides a regular progress report on the project, informed by her observations as a member of the Special Purpose Vehicle (SPV) Board established by Robertson Capital Projects Limited for the design, build, finance and maintenance of the new hospital and healthcare facility for NHS Orkney.

Robertson Capital Group formally issued the contractual Notification of Completion Date letter, stating that the projected completion date (and Handover Date) for the New Hospital and Healthcare Facility is 22nd April 2019, in line with Clause 17.5 of the Project Agreement.

Section 5 Discussion

Programme

The 100 week construction programme (104 weeks including Christmas and New Year 2017 and 2018) started on site on 24th April 2017. This Authority Observer's report is as at week 97 of the construction programme and covers the period from 1st to 28th February 2019.

Works on site are reported as on the programme critical path but are reported to have slipped by 4 weeks on the overall construction programme. This slippage is mainly due to squads not returning to site as scheduled, which is a trend that has continued since the beginning of the year. To combat this Robertson have tailored certain work packages, in particular joinery and cleaning services, to suit local contractors who are now active on site, they have also extended the site working day and week to recover programme slippage. Robertson are still working to 22nd April 2019 Handover date

The average number of personnel on site per day (excluding visitors) was 143 for the period.

Cumulatively, since start on site, Robertson have issued a total of 4 Red Cards for major safety breaches, which have resulted in the individuals concerned being permanently barred from the site. They have also issued 44 yellow cards for minor safety issues, principally in respect of PPE (Personal Protection Equipment) and 8 Green Cards for good on site health and safety practice. 2 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) incidents have been recorded.

Total construction hours lost since start on site as a result of health and safety issues is reported as 65.

In the reporting period the Main Entrance canopy was completed. Internally construction of the main reception space and support areas was also completed. Internal lighting installation in hub area was near complete as was internal door, suspended ceiling, soft flooring installation and the installation of Group 2 equipment. The installation of internal glazed screens is complete. Floor tiling to the Hub Space is nearing completion.

Commissioning activities are ongoing to the heating system. Testing of electrical systems, lights, sprinkler system, fire alarms, medical gases and nurse call were all in progress. Pre-commissioning checks were carried out in advance of Ventilation Commissioning taking place.

The Board's Project Director and Project Manager now undertake weekly site visits. The Project Director reported to TIPB following a site visit on 21st March that there is observed and physical evidence of progress week to week, however the 22nd April date is very tight and Handover might slip by a margin of up to one week. Any such slippage would not impact on the Board's planned migration dates.

Planning

Discussion to discharge the Planning Condition in respect of the Crantit Bridge is ongoing between Robertson and Orkney Islands Council Planners.

Quality

In respect of build quality the Board's Clerk of Works (CoWs) notifies any issues in respect of build or installation quality to the Robertson on site team and records them in the CoWs Log. The CoWs monitors progress on all issues raised until they are resolved to his satisfaction and closed on the Log. Any issues not so resolved are escalated to the Project Team.

Robertson Capital Group and NHS Orkney Senior Project Team members are meeting regularly with the Clerk of Works to discuss areas of concern on trackers. Positive progress has been made in closing down items. The Clerk of Works continues to report on items as they arise and monitors their progress to resolution.

Payment Schedule

The cumulative total pre-payment certified by the Authority Technical Advisor (ATA) to end of February 2019 is £61,291,147 which represents 95.6% of the maximum cumulative payment schedule. Verbally the ATA has confirmed that the total prepayment figure at the end of March represents 99% of the maximum cumulative payment schedule. The ATA written report for March is awaited.

Community Benefits

All contractual Community Benefit Key Performance Indicators have been achieved or exceeded.

Construction, Commissioning and Move Group

Scottish Ambulance Service local staff have visited the new building. The visit was very successful. At the end of the visit the staff expressed the view that the accommodation, access and exterior arrangements dispelled concerns that had previously been raised.

The costing exercise for the service migration into the new building and operational plans for service delivery post migration has been completed and a report has been provided to TIPB and to the Finance and Performance Committee.

An Initial meeting has been held with the appointed Authority Technical Advisor (Operational Period). The Property Advisor for disposal of the existing site has undertaken a site visit and an initial valuation report has been provided. An Advisor has been appointed to take forward the Renewable Heat Installation (RHI) application on behalf of the Board with a site visit planned in April.

Group 3 equipment is now being delivered, plans for receipt, checking, recording on Planet FM and onward delivery to final locations are being implemented. The Radiology Turnkey installation is complete. The tender exercise for the children's play park is complete.

On site systems testing, validation and commissioning is being witnessed by the Independent Tester, the Clerk of Works and members of the NHS Orkney Project Team.

Robertson FM Planned Preventative Maintenance (PPM) and Life Cycle replacement draft documents have been reviewed and returned with comments.

The Water Action plan agreed following the issues highlighted at a number of recent healthcare projects has been implemented. This has included an increased water sampling and testing regime as recommended by the Board's Authorised Person, Water, which has incurred an extra construction contract cost of £122k.

Draft GP Leases for issue to the two Practices who will be accommodated in the new building have been issued in final form. Draft SLAs for the Scottish Ambulance Service and NHS24 are being finalised.

Information and Communications Technology (ICT)

The Board's ICT contractor, Capita, have been on site installing wireless access points, with 75 out of 85 installed and tested in the first phase. The NHS Orkney IT Team have received IT security "firewall" training and the issue of new laptops to staff has commenced. Work has been ongoing to configure the touch screen system in the Central Decontamination Unit

The Skerryvore GP system is now on an NHS Orkney server. The Heilendi system will follow by the middle of May.

Arts Strategy

Progress meetings have been arranged for all three commissions and each is progressing to plan.

Section 6 Consultation

The Project Director provides TIPB with the Project Highlight Report which is compiled, with input from members of the Project Team, based on formal reports provided by Project Co (Robertson) the Independent Tester, the Authorities Technical Advisor and the Clerk of Works and as appropriate other Board Advisors from time to time (i.e. the Fire Advisor).

The Highlight Report also reflects matters discussed at the monthly site meetings which the Project Director, members of the Project Team and those identified above all attend.

The Authority Observer attends the quarterly meetings of Robertson Health (Orkney) Limited (the SPV) and receives the agenda and all supporting papers circulated to SPV Directors including 6 monthly management accounts, budgets and management reports and the statutory accounts in respect of each financial year. The Authority Observer also receives copy minutes of meetings of the SPV Board and all other documents circulated to Directors generally.

Since commencement of the construction phase of the project TIPB has met on 12 occasions, 30th May, 20th July, 18th September, 29th November 2017 and 25th January, 22nd March, 24th May, 19th July, 17th October and 28th November 2018. In 2019 TIPB has met on 24th January and 21st March.

The SPV Board has met on 8 occasions, 22nd May, 14th August and 20th November 2017, 19th February, 21st May, 20th August, 19th November 2018 and 11th March 2019.

Appendices

- Summary of the Authority Observers Role – Appendix 1

Role of the Authority Observer

Robertson Health (Orkney) Limited is the Special Purpose Vehicle (SPV) established by Robertson Capital Projects for the design, build, finance and maintenance of the new hospital and healthcare facilities for NHS Orkney (the Authority).

The Articles of Association of Robertson Health (Orkney) Limited entitle the Authority to appoint an individual, known as the Authority Observer, as its representative on the SPV Board. The Authority Observer is not a Director of the SPV and not entitled to exercise the powers of a Director.

The Authority Observer is entitled:-

- to be invited to all meetings of the SPV board,
- to receive the agenda and all supporting papers circulated to SPV Directors including 6 monthly management accounts, budgets and management reports and the statutory accounts in respect of each financial year,
- to attend and participate (but not vote) in all meetings of the SPV board,
- to receive copy minutes of meetings of the SPV board and all other documents circulated to Directors generally.

The Directors of the SPV are entitled to exclude the Authority Observer from any part of an SPV board meeting at which any of the following is discussed:-

- the exercise or possible exercise of contractual rights by the SPV against the Authority or vice versa,
- any claims or potential claims by the SPV against the Authority or vice versa,
- any matter of interpretation of the PA, the Pre Payment Agreement (PPA) and/or the Subordination Agreement.

The Directors of the SPV are entitled to withhold from the Authority Observer any supporting papers and information relating to the above items.

The Authority Observer must adhere to the requirements of the Project Agreement (PA) in respect of SPV commercially sensitive information as set out in the Articles of Association, (article 5.15.5 in the attached). In practise this generally means that SPV board papers are issued as “commercially sensitive” and while reports, minutes and other information may be (as “commercial in confidence”) discussed with and disclosed to NHSO Board members and other NHSO employees (or its advisors or other agents) as deemed necessary for the exercise of the Authorities rights and obligations under the PA and PPA, the papers (including their contents) should not be disclosed further and in particular should not be appended or annexed to any minutes or other Authority papers which will be taken into the public domain. Any request made to the Authority for information contained in SPV board papers should be treated as a Freedom of Information request and dealt with under Clause 62 of the PA.





Orkney Partnership Board

DRAFT Minute of the meeting of the Orkney Partnership Board
held at 14:00 on 14 March 2019 in the Council Chamber, Kirkwall

Present:	James Stockan Ian Kinniburgh Gail Anderson Dougie Campbell David Drever Alan Dundas Graeme Harrison Thomas Knowles Leslie Manson Graham Sinclair	Orkney Islands Council (<i>Chair</i>) NHS Orkney (<i>Vice Chair</i>) Voluntary Action Orkney SFRS Integration Joint Board SEPA Highlands and Islands Enterprise Historic Environment Scotland Orkney Islands Council HITRANS
VC	Seonag Campbell	Skills Development Scotland
In attendance:	Anna Whelan Marie Love	Orkney Islands Council (<i>Secretary</i>) Orkney Islands Council

Item

1 Apologies

Alistair Buchan	Orkney Islands Council
Cheryl Chapman	VisitScotland
John McKenna	Scottish Fire and Rescue Service
Gillian Morrison	OIC
Graham Neville	Scottish Natural Heritage
Gerry O'Brien	NHS Orkney
Garry Reid	Scottish Sports Council
Craig Spence	Orkney Housing Association Limited
Eddie Abbott-Halpin	Orkney College
Sally Shaw	Integration Joint Board and Orkney Community Justice Partnership
Matt Webb	Police Scotland

Item	Topic	Lead	Purpose
2	Draft minutes of the last meeting of the Board on 18 December 2018	Chair	To amend as necessary and agree the minutes
2.1	The minutes were agreed.		

Item	Topic	Lead	Purpose
3	Matters arising	Chair	
3.1	<u>3.1 (Matters arising - Loganair discussion)</u>		
	<p>There was an action that Jonathan Hinkles of Loganair be invited to speak to the Board re. the Orkney Pledge, but that this be arranged around a time when he was in Orkney for another meeting rather than as part of a Board meeting. Graham Sinclair advised he had spoken to Jonathan Hinkles who would provide some dates when he would be in Orkney so that the Board would have an opportunity to meet him.</p>		<u>Action: ML</u>
3.2	<u>3.2 (Matters arising - Locality Plan Actions)</u>		
	<p>There was an action for Alan Johnston to raise the issues of Road Equivalent Tariff and Digital Connectivity with Michael Matheson, Scottish Minister for Transport, Infrastructure and Connectivity. It had been noted at the last meeting that Alan Johnston was following this up and Erica Clarkson had agreed she would also raise it.</p>		<u>Action: AJ/EC</u>
3.3	<u>16.2 (Poverty and disadvantage factors that affect children and young people in Orkney)</u>		
	<p>Discussion had taken place on hidden poverty and it had been agreed work was needed on normalisation so that specific questions around finance were always asked as part and parcel of practice. Erica Clarkson had advised that she would find out what was done in other areas around normalisation.</p>		<u>Action: EC</u>
4	Executive Group report		To report progress
4.1	<u>Update from the Group</u>		
4.1.1	<p>Noted that the last meeting of the Group had been cancelled due to lack of substantive business.</p>		
4.2	<u>Development Plan update</u>	Marie Love	
4.2.1	<p>Marie Love presented a progress report on the Development Plan.</p> <ul style="list-style-type: none"> • Re. action C1 (Community engagement) noted that the 'Orkney Matters' consultation exercise would now take place in 2020 rather than 2019. This was a Place Standard consultation exercise to be carried out by officers in Development and Marine Planning in relation to the Orkney Development Plan. The Board had previously agreed to accept the invitation to participate in the exercise as it would be a useful source of data. • Re. action D1 (Develop a partnership approach to property asset management for existing and future property projects) noted that the Property Asset Management Future Property Sharing Protocol had now been approved and the action was complete. 		

Item	Topic	Lead	Purpose
5	Locality Plan Actions	Anna Whelan	To review progress
5.1	<p>Anna Whelan presented a progress report on the Locality Plan Actions.</p> <ul style="list-style-type: none"> • Re. 1 – 3 (Digital connectivity) this work had been held up because of the delay around the Digital Scotland Reaching 100% programme tendering process. The Scottish Government were as yet unable to provide information around successful tenders. • Re. 14 (Isles-proofing) this had now been added to the criteria in OIC's equality impact assessments and had already had an impact. In February 2019 it had been proposed that second home discounts were removed in Orkney, but elected members had instead agreed that a second home discount of 50% should apply where a person's main residence in Orkney was separated from their place of work by a body of water and transport provision did not permit daily commuting. • Re. 15 (Exploring new opportunities for participatory budgeting activities) a second tranche of funding was being progressed via the Strong Communities Delivery Group and Your Island Your Choice 2. 		
6	Living Well Delivery Group (LWDG)		To report progress
6.1	<p>The LWDG Delivery Plan and covering report was noted. Members agreed the importance of an action around the ageing population and supporting people to work longer and continue to develop by retraining if necessary. While it was important to recognise young people, negative attitudes towards older people who were being seen as a drain on resources was disappointing; they should be viewed as a resource rather than a drain. Noted that this had been identified by all the delivery groups and would be taken forward, probably by the Vibrant Economy Delivery Group.</p>		
7	Strong Communities Delivery Group (SCDG)	Gail Anderson	To report progress
7.1	<p>Gail Anderson presented the SCDG's Delivery Plan. She highlighted the action to establish a community led wellbeing service in four islands to address the issue of services to older people in the isles. Funding had been secured from the Aspiring Communities Fund for a 15 month project and a project manager, evaluator and the majority of island wellbeing coordinators had now been appointed. Gail also advised that the Your Island Your Choice 2 participatory budgeting exercise had been very successful. She would present a full report to a future meeting.</p> <p style="text-align: right;"><u>Action: ML/GA</u></p>		
8	Vibrant Economy Delivery Group (VEDG)	Graeme Harrison	To report progress
8.1	<p>Graeme Harrison presented the VEDG's Delivery Plan. He advised that the group had had a helpful session on transport at its last meeting when OIC's Transportation Manager had outlined all the current strategies and consultations. It was anticipated the Skills Education Summit would be held later in the year. Orkney.com had moved on considerably and up to date case</p>		

Item	Topic	Lead	Purpose
	<p>studies on living, working and study in Orkney were being produced. There might be a need to accelerate the student accommodation situation. The first element of the Orkney Research and Innovation Campus had been completed in January and office accommodation had been taken up by EMEC. The next milestone would be completion of works on the old primary school to allow relocation of the Heriot Watt students. The project was on schedule and on budget. Work was going on around the Islands Deal, particularly the innovation strands.</p>		
8.2	<p>Seonag Campbell advised that, in terms of Talent Attraction, there was a regional strategy and work was ongoing to align what was happening in the Highlands and Islands with the national strategy. One element was attracting teachers into Scotland and trying to ensure the Highlands and Islands region was being promoted. SDS were keen to support local content.</p>		
9	CONTEST/PREVENT		To report progress
9.1	This item was not discussed.		
10	The Islands Deal	Chair	To review progress
10.1	<p>The Chair presented an update on the Islands Deal. He highlighted that the bid was £300 million, £100 million for each of the island areas which was ambitious and, per capita, beyond what had been offered in other Deals. He advised projects should be progressed in any case with resources being sought from the normal routes and, if the bid to the Islands Deal was successful, it would be a bonus. It was anticipated there would be an announcement in the autumn budget statement at the very earliest.</p>		
11	Single Authority Model	Anna Whelan	To receive an update and report progress
11.1	<p>Anna Whelan gave an update on work being carried out by the Single Authority Model Steering Group.</p>		
12	Brexit preparations		To receive an update
12.1	<p>Ian Kinniburgh advised that Eddie Graham, NHS Orkney's Resilience Officer, had given a presentation to the last meeting of the Board of NHS Orkney to bring members up to date with preparations. No issues had been identified re. workforce challenges which had been reassuring. However, it was clear that if there was no deal there could potentially be disruption around drug supply and medical equipment for a period of time. A lot of work had been done around fuel, with aviation fuel being the biggest challenge as it came from Spain.</p>		

Item	Topic	Lead	Purpose
13	Period Poverty – Provision of free sanitary products in public buildings	Marie Love	To receive update on arrangements
13.1	<p>Marie Love gave an update on the provision of free sanitary products in public buildings. The Scottish Government had provided funding since August 2018 to make free sanitary products available in schools, colleges and universities. It had subsequently committed to increasing the number and range of places where products are available for those who need them. A funding package for local authorities had been agreed to expand access to free sanitary products to public buildings. The Scottish Government and COSLA had suggested that the main route of delivery should be through community planning partnerships to ensure delivery meets local needs.</p>		
13.2	<p>Work was well underway in Orkney and the products would be available in a number of public buildings. Voluntary Action Orkney would act as a hub for distribution for a range of organisations / groups. Any partners who wanted to make the products available in their buildings could get in touch with Marie at any time to make arrangements.</p>		
14	Any Other Competent Business	Chair	To consider and approve
14.1	<p>Thomas Knowles gave an update on the Orkney Gateway project. It was agreed that the Recommendations and Initial Feasibility Report be shared with Board members, with the caveat that the document should not be disseminated further as it was a 'blue skies thinking' piece of work against which HES would identify actions and opportunities. <u>Action: ML</u></p>		
14.2	<p>Discussion took place on representation at meetings. Currently the Chair of the Integration Joint Board attended meetings if the Chief Officer of the Integration Joint Board could not attend. It was agreed that the Chair should receive Board papers and could attend meetings in addition to the Chief Officer. <u>Action: ML</u></p>		
14.3	<p>With regard to the planned industrial action by air traffic control staff at HIAL, Ian Kinniburgh noted that there was a strategic dimension with which the Partnership might reasonably be involved. Graham Sinclair reported that it was hoped to set up a meeting with HIAL in the near future to which NHS Orkney would be invited. It was noted that HIAL staff would turn out for emergency flights but there was concern at NHS Orkney about potential delay to people travelling for hospital treatment.</p>		
14.4	<p>Graeme Harrison reported that the Scottish Government had set up a new £50M Town Centre Fund of which Orkney's share would be £200k. This was a one-year allocation for capital projects, and there was scope to use it in St Margaret's Hope. It was noted that where public funds had been used to improve Kirkwall and Stromness, subsequent developers had worked up to the same standard, which gave added value.</p>		

Item	Topic	Lead	Purpose
15	Joint Resourcing	Anna Whelan	To consider and approve
15.1	<p>Anna Whelan noted that the Board had agreed at its meeting of 18 December 2018 to apportion the cost of community planning support for 2019-20 pro rata to the facilitating partners' revenue budgets for 2018-19. However, several of the facilitating partners had not yet been able to supply this information. It was therefore proposed to apportion the cost for 2019-20 using the same ratios as for 2018-19, i.e. pro rata to 2017-18 revenue budgets. Of the five facilitating partners, OIC, NHS Orkney and Police Scotland had already agreed to this proposal in advance of the meeting.</p>		
15.2	<p>Dougie Campbell and Graeme Harrison agreed, on behalf of SFRS and HIE respectively, that they were in agreement with the proposal and it was therefore approved. It was noted that invoices would be issued to the facilitating partners in April 2019.</p> <p style="text-align: right;"><u>Action: AFW</u></p>		
16	Date of next meeting 28 May 2019 at 10:00	Chair	

The meeting closed at 16.00.

ML/AW
14.03.2019

DRAFT - PENDING APPROVAL

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers – 2019/2020

Initial Agenda Planning Meeting¹ with Chair, Chief Executive and Corporate Services Manager ² 12 noon <i>< 1 week after previous meeting ></i>	Final Agenda Planning Meeting with Chair, Chief Executive and Corporate Services Manager 12 noon <i><4 weeks before Date of Meeting></i>	Papers in final form³ to be with Corporate Services Manager by 1700 hrs on <i>< 2 weeks before Date of Meeting ></i>	Agenda & Papers to be issued no later than 1600 hrs on <i><1 week before Date of Meeting></i>	Date of Meeting held in the Saltire Room Balfour Hospital (unless otherwise notified) at 10:00 am
7 March 2019	28 March 2019	11 April 2019	18 April 2019	25 April 2019
2 May 2019	28 May 2019	11 June 2019	18 June 2019	26 June 2019 (Annual Accounts)
2 July 2019	25 July 2019	8 August 2019	15 August 2019	22 August 2019
29 August 2019	26 September 2019	10 October 2019	17 October 2019	24 October 2019
31 October 2019	21 November 2019	5 December 2019	12 December 2019	19 December 2019
6 January 2020	30 January 2020	13 February 2020	20 February 2020	27 February 2020

Chair: Ian Kinniburgh
 Vice Chair: David Drever
 Lead Officer: Gerry O'Brien

Corporate Services Manager: Emma West

¹ draft minute of previous meeting, action log and business programme to be available

² draft agenda, minute and action log issued to Directors following meeting

³ Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

NHS Orkney - Board - Attendance Record - Year 1 April 2018 to 31 March 2019:

Name:	Position:	26 April 2018	25 June 2018	19 July 2018	23 Aug 2018	25 Oct 2018	13 Dec 2018	7 March 2019
Members:								
	Non-Executive Board Members:							
I Kinniburgh	Chair	Attending	Attending	Attending	Attending	Attending	Attending	Attending
G Skuse	Vice Chair	Attending						
N Bremner	Vice Chair from (5 July 2018)	Attending	Attending	Attending	Attending	Attending		
D Drever	Vice Chair from (1 Dec 2018)	Attending	Apologies	Attending	Attending	Attending	Attending	Attending
D Campbell	Non Executive Board member		Attending	Apologies	Attending	Attending	Attending	Attending
C Evans	Non Executive board member					Attending	Attending	Attending
I Grieve	Non Executive Board member		Attending	Attending	Attending	Apologies	Attending	Attending
R Johnson	Non Executive Board member	Attending	Attending					
S Johnston	Area Clinical Forum Chair	Attending	Apologies	Attending	Attending	Attending	Attending	Attending
F MacKellar	Employee Director	Attending	Apologies	Attending	Apologies	Attending	Attending	Attending
M McEwen	Non Executive Board member				Attending	Attending	Attending	Attending
J Richardson	Non Executive Board member	Attending	Apologies	Apologies	Attending			
J Stockan	Non Executive Board member	Attending	Attending	Attending	Apologies	Attending	Attending	Attending
	Executive Board Members:							
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending	Attending	Attending	Attending
D McArthur	Director of Nursing, Midwifery and AHP	Attending	Apologies	Attending	Attending	Attending	Attending	Attending
H Robertson	Director of Finance	Attending	Attending	Attending	Attending	Attending		
M Roos	Medical Director	Attending	Attending	Apologies	Apologies	Attending	Attending	Apologies
L Wilson	Director of Public Health	Attending	Attending	Attending	Attending	Attending	Attending	Attending
	In Attendance:							
J Aim	Board Secretary	Attending	Attending	Attending				
M Doyle	Interim Director of Finance							Attending
A Ingram	Workforce Director	Apologies	Attending	Apologies	Attending	Apologies	Apologies	Apologies
S Shaw	Chief Officer - IJB					Attending	Attending	Attending
E West	Corporate Services Manager		Attending	Attending	Attending	Apologies	Attending	
G Pendlebury	Committee Support					Attending		Attending

13.5

Senior Management Team								
C Bichan	Head of Transformational Change and Improvement	Attending	Not required	Attending	Attending	Attending	Attending	Attending
A Catto	Human Resources Manager		Apologies	Attending		Apologies	Attending	
M Colquhoun	Head of Hospital and Support Services	Attending	Apologies	Attending	Attending	Attending	Apologies	Apologies
M Firth	Head of Primary Care		Apologies			Attending		
D Lonsdale	Head of Finance	Attending	Attending			Attending	Attending	
W Lycett	Principle Pharmacist	Apologies	Not required					
J Nicol	Head of Organisational Development and Learning	Attending	Apologies	Attending	Attending	Attending	Apologies	Apologies
J Trainor	Head of Health and Community Care	Attending	Not required					
M Swannie	Interim Head of Children's Health Services/Service Manager of Children's Services	Apologies	Not required			Apologies		
Attending for specific items								
G Woolman	Audit Scotland		Attending					
D Lewsley	Project Administrator			Attending				
A McCarlie	Project Director			Attending				
C Stewart	Public Health Manager					Attending		