

NHS Orkney Board

22 August 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 **Brodgar Room, The Balfour, Kirkwall** on **Thursday, 22 August 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 26 June 2019	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	Integration Joint Board Annual Performance Report	Chief Officer	OHB1920-21	To <u>note</u> the Annual Report
7	Strategy			
7.1	Clinical Strategy – update	Director of Public Health/Medical Director/Director of Nursing, Midwifery and AHP	OHB1920-22	To <u>note</u> the update on the current position of the Strategy

Item	Topic	Lead Person	Paper Number	Purpose
8	Clinical Quality and Safety			
8.1	Infection Prevention and Control Report	Medical Director	OHB1920-23	To <u>review</u> and seek assurance on performance
8.2	Clinical and Care Governance Committee Chairs report and minute from meeting held on 10 April 2019	Clinical and Care Governance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
8.3	Area Clinical Forum Chairs report	Area Clinical Forum Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
<i>*Comfort Break*</i>				
9	Workforce			
9.1	Role of Whistleblowing Champion	Chair	OHB1920-24	To <u>note</u> the appointment and role
9.2	iMatter	Head of Corporate Services	OHB1920-25	To <u>note</u> the output from the survey for 2019
10	Organisational Performance			
10.1	Financial Management Performance Report	Interim Director of Finance	OHB1920-26	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	OHB1920-27	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 22 May	Finance and Performance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	2019			
11	Risk and Assurance			
11.1	Chairs report Audit Committee and minutes of meeting held on 4 June 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	OHB1920-28	To <u>note</u> the update and take <u>assurance</u> on progress
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 implementation / action
13.2	Orkney Partnership Board minute – 28 May 2019			To <u>note</u> the minutes
13.3	Integration Review Self Assessment	Chair		To <u>note</u> the self evaluation
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

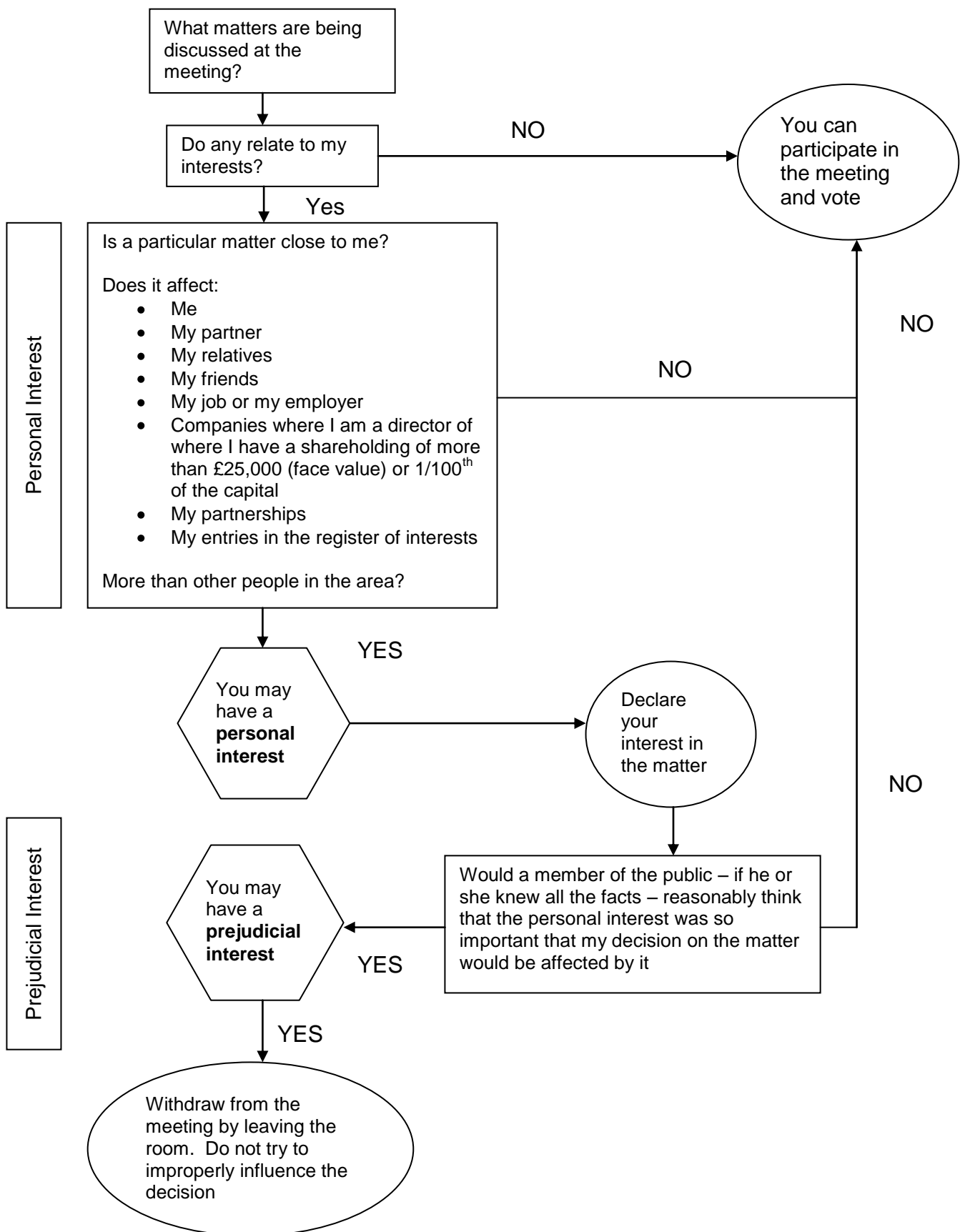
Christina Bichan, Head of Transformational Change and Improvement

Ashley Catto, Human Resources Manager

Malcolm Colquhoun, Head of Hospital and Support Services

Julie Colquhoun, Head of Corporate Services

Declaring interests flowchart – Questions to ask yourself



Orkney NHS Board Minute of meeting of **Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 26 June 2019** at **10:00am**

Present

Ian Kinniburgh, Chair
 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
 Ashley Catto, Human Resources Manager (via VC)
 Julie Colquhoun, Head of Corporate Services
 Malcolm Colquhoun, Head of Estates and Facilities
 Mark Doyle, Interim Director of Finance
 Derek Lonsdale, Head of Finance
 Emma West, Corporate Services Manager (minute taker)
 Gillian Woolman, Audit Director, Audit Scotland

Apologies

The Chair welcomed everyone to the first meeting of the Board in the new facility he also introduced Gillian Woolman to the meeting who was attending to present her report as part of the annual accounts process.

Apologies were noted from D Campbell, D Drever, C Evans, A Ingram, M Roos and S Shaw.

Declarations of interests

No declarations of interest on agenda items or in general were made.

Minute of previous meeting held on 25 April 2019

The minute of the meeting held on 25 April 2019 was accepted as an accurate record of the meeting, subject to the amendment noted below, and was approved.

- Page 2, 40, following final paragraph add '*when discussed at the Area Partnership Forum*'

Matters Arising

No matters arising were raised

Board Action Log

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

Governance

Governance Committee Annual reports 2018-19 – OHB1920-12

Members had received annual reports from the Governance Committees as noted below. These were to provide assurance that remits had been met within the year and had also been presented to the Audit Committee.

- Audit Committee
- Finance and Performance Committee
- Clinical and Care Governance Committee
- Staff Governance Committee
- Remuneration Committee

Decision / Conclusion

The Board noted the Governance Committee Annual Reports.

Code of Corporate Governance – OHB1920-13

The Head of Corporate Services presented the report seeking Board approval for the amendments to the Code of Corporate Governance as recommended by the Audit Committee.

Decision / Conclusion

The Board approved the amendments to the Code of Corporate Governance as recommended by the Audit Committee.

Sturrock Review – update – OHB1920-14

The Chief Executive presented the report following the publication of the Sturrock Report, the Scottish Government response and the requirement for the Board to respond to the Cabinet Secretary by 28 June 2019.

The key actions were highlighted as these would be a main driver for the Area Partnership Forum and Staff Governance Committee agendas moving forward.

The Report identified a number of key themes applicable to all NHS, including:

- Management and Leadership
- Governance
- HR and other processes
- People Centred Culture
- Training and Human Resources
- Whistleblowing

It was noted that management styles required to be open and effective but also challenging as correct performance management was not bullying; it was important that NHS Orkney created a culture of challenge and difficult conversations could be held where required. There was also, as a Board, the need to consider how to develop clinical engagement and free up clinical time to for this, acknowledging the cost implication.

There was a requirement for an appropriate governance structure and support for this to work efficiently and effectively.

There was a need to ensure that effective Human Resources processes and procedures were in place. Including appropriate timing and awareness of concerns and process being concluded as effectively as possible, prioritising this within capacity.

People centred culture required to be driven from Board down through the Management structure to ensure progress.

All staff must be aware of the whistle blowing mechanism including the circumstances in which this should be used and an understanding that there would be no repercussions.

Clinical engagement with chairs of the Professional Advisory Committees and Area Clinical Forum would be led by the Director of Nursing, Midwifery and AHP with a willingness to expand on the current joint development sessions held with the Area Partnership Forum and further develop the Communications and Engagement Strategy.

The Chair noted that whilst the review related to a specific set of issues in a specific Board significant learning could be taken from the report for all Boards. He endorsed the suggestion for strengthening and clarifying the Staff Governance Committee function and suggested that this element be strengthened further to providing an active leadership role.

The Head of Corporate Services noted that succession planning was being progressed; supporting managers with systems and infrastructure and ensuring that this was being effectively used

The Chair noted that iMatter questioning covered bullying and harassment and the responses needed to be better understood by the Board, including what this meant to staff. The Head of Corporate services noted that managers should work with their teams to progress the feedback and learning that iMatter provided.

The Employee Director noted that the summary of the report was very important as it acknowledged the importance of culture, language and respect for all staff.

The Head of Transformational Change and Improvement noted the similarities between this report and reporting through complaints and incidents as there was often not a right answer around how people feel. There was a need to take training further around how managers and staff act at every level to promote trust and values.

S Johnston welcomed the comments around clinical engagement and the progress being proposed in this area. There was a requirement to consider the wider workforce and communication as a whole in NHS Orkney.

I Grieve welcomed the 29 points of development included in the report and noted the requirement for these to be embedded wider that the Staff Governance Committee with regular reporting back to the Board.

Decision / Conclusion

The Board noted the update and approved the submission of a letter to the Cabinet Secretary based on the information in the report.

Progress would then be through the Staff Governance Committee with regular reporting to the Board.

Integration Joint Board – Chair and Vice Chair appointments – OHB1920-15

The Chair presented the report on the reviewed and updated Integration Joint Board Vice Chair and Integration Joint Board Audit Committee Chair appointments.

The Board noted that the following appointments had been made

- Integration Joint Board Vice Chair – David Drever
- Integration Joint Board Audit Chair – Davie Campbell

Decision / Conclusion

The Board noted the information provided on the Integration Joint Board appointments

Annual Accounts

Annual Accounts for year 2018/19

The Board were asked to consider and adopt the Annual Accounts for 2018/19 as recommended by the Audit Committee.

Decision / Conclusion

The Board approved the Annual Accounts for 2018/19 as recommended by the Audit Committee.

Annual Audit Letter

G Woolman presented the Annual Audit letter advising that an unqualified audit opinion had been issued for the NHS Orkney 2018/19 Annual Accounts.

She gave thanks to the Audit committee for their detailed review and scrutiny of the accounts and the Finance team for all their hard work.

Decision / Conclusion

The Board noted the Annual Audit letter and authorised the Chief Executive and Interim Director of Finance to sign the accounts

Break to sign accounts

Clinical Quality and Safety

Infection Prevention and Control Report - OHB1920-16

The Director of Nursing, Midwifery and AHP presented the Infection Prevention and Control report, highlighting the following:

- NHS Orkney had met its target of three or less validated Staphylococcus Aureus Bacteraemia (SAB) cases.
- Validated Clostridium Difficile Infection (CDI) cases remained within standards
- There had been 98% compliance with hand hygiene for both opportunity and technique, challenge around opportunity would continue
- There had been no hospital bay or ward outbreaks of Norovirus since 2012
- New build audits were being undertaken and assurance provided that now this was complete normal audit reporting timescales would resume
- Cleaning services data had not been entered due to issues with the system, assurance was provide that 95% compliance had still been achieved

The Chief Executive noted that some of the reporting data would need to be reset following the move into the new building, especially around ward and estate issues as responsibilities would sit with Robertson FM.

Decision / Conclusion

The Board noted the Infection Prevention and Control Report.

Chair's Report – Area Clinical Forum and minutes of meetings held on 4 April 2019

S Johnston, Chair of the Area Clinical Forum, presented the report for Board members information.

Decision / Conclusion

The Board noted the Chair's report and minute of meeting held on 4 April 2019.

Person Centred

Patient Feedback Annual Report 2018/19 – OHB1920-17

The Head of Transformational Change and Improvement presented the report, which had been produced by the Patient Experience Officer, for noting.

The report provided an overview for the year and gave an indication of trends and emerging themes. There was also an overview of staff training with regards to complaint handling and patient experience

Members were advised that trends were difficult to identify due to the diverse nature of the feedback received but waiting times had been a recurring theme. There had been a slight reduction in figures from the previous year and it was suggested that the improvement had been due to issues being dealt with at source and staff having greater confidence in dealing with complaints.

I Grieve noted that gathering information could be challenging and questioned which methods were the most successful. The Head of Transformational Change and improvement noted that those around specific engagement matters were successful and this approach would be developed more moving forward.

The Employee Director reflected that the recent use of an Emoji Board which provided instant feedback had received a positive response from patients.

S Johnston noted that NHS Highland had been very successful in encouraging patients to ask questions when using their central hub area.

Decision / Conclusion

The Board noted the Patient Feedback Annual Report 2018-19.

Workforce

Chair's Report – Staff Governance Committee and minutes of meetings held on 20 February 2019

Members had received the Staff Governance Committee chairs report for information.

Decision / Conclusion

The Board noted the Chair's report and minute of meeting held on 20 February 2019.

Organisational Performance

Financial Management Performance Report – OHB1920-18

The Interim Director of Finance presented the report advising the financial position for the period to the 31 May 2019. Members were advised of the reported overspend of £394k and a commitment to deliver a forecast break even position for the yearend.

Members were advised that the overspend comprised £402k attributable to the Health Board and an under spend of £8k to the Integration Joint Board, specific areas contributing to this were detailed in the report. The single largest risk to delivering a balanced outturn was the uncertainty on the position with medical staffing, the receipt of capital to revenue of £2.9m and depreciation of £1.8m and additional medical staffing support of £2.1m. Discussions continued with Scottish Government colleagues around these issues.

Vacancy management groups were being established to help achieve a balanced financial position along with meeting with all budget managers to review budgets and deliver savings where possible. A paper would be presented to the Senior Management Team to discuss these plans further.

The total anticipated Capital Resource Limit for 2019/20 was £7.905m. The capital position for the 2 months to May 2019 showed investment of £0.420m, equivalent to 5.3% of the total allocation. Plans were in place to ensure the Capital Resource Limit was utilised in full.

M McEwen questioned whether the savings target could be re-profiled if required and was advised that profiling for 2020/21 could be amended if there were sufficient recurring savings in year.

J Stockan questioned when there would be further information on the outcomes of discussions with Scottish Government and was advised by the Interim Director of Finance that the Annual Operational Plan had been submitted and accepted, Scottish Government would continue to be updated around this.

The Chief Executive stressed that this was an extremely challenging year financially and the Board may well have uncertainty around this issue, he gave assurance that conversations were ongoing and the Board would consider and exhaust all possibilities.

Decision / Conclusion

The Board noted the reported overspend of £0.394m to 31 May 2019 and the commitment to deliver a forecast breakeven position at year end.

Performance Management Report – OHB1920-19

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

Challenges remained in achieving timely access to outpatient and inpatient day cases as well as psychological therapies. The most significant areas of pressure continued to be in trauma and orthopaedics and ophthalmology. The current data available was to March 2019, but it was predicted that there would be a rise over the first quarter as no additional capacity had been built in due to the migration and the loss of clinic capacity. The new facility would allow developments to be supported to meet the trajectories in the annual operational plan going forward.

In the Balfour Hospital, performance in regards to operations cancelled remained good, cancellations for non clinical reasons had increased slightly as a result of unscheduled care pressures impacting on theatre staff availability and short notice cancellations being required. With the move to the new hospital and healthcare facility, improvements should be seen in performance as a result of the availability of a second theatre.

Access to Musculoskeletal services remained challenging and there was significant work being completed in this area while also looking towards national support for improving timely access to services and patients experience.

Delayed discharge performance remained in line with data from the last 12-18 months.

I Grieve questioned the physiotherapy waiting time and was advised that these were significant and being reported and monitored through the GP Sub and Clinical and Care Governance Committees. Assurance was provided that urgent patients were being seen quickly.

Decision / Conclusion

The Board noted the performance report.

Chair's Report – Finance and Performance Committee and minutes of meetings held on 28 March 2019

Members had received the Finance and Performance Committee Chairs report, provided an update from the meeting.

Decision / Conclusion

The Board noted the Chair's report and minutes of meetings held on 28 March 2019.

Risk and Assurance

52 Chair's Report – Audit Committee and minutes of meetings held on 5 March and 14 May 2019

Members had received the report from the Audit Committee, providing an update from the recent meeting.

Decision / Conclusion

The Board noted the Chair's report and minutes of meetings held on 5 March and 14 May 2019.

Any other competent business

No other competent business was raised.

Items for Information

Key Legislation

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

New Hospital and Healthcare Facility - handover report

The Board had received the handover report for information and noting.

The Chief Executive advised that all services apart from Renal and the Central Decontamination Unit had successfully migrated to the new facility.

The Head of Estates and facilities informed members that there had been some issues with power outages due to equipment in the renal department and there was the need for categorical assurance on this and water sample testing before moving the service to the new facility.

The room pressure with the Central Decontamination Unit was causing challenges and was being addressed to ensure that the facility complied with legislation.

The Chair gave assurance that the existing facilities would all remain fully operational and safe with information continuing to be made available to renal patients affected.

M McEwen questioned whether there would be any additional cost pressures and was advised that it was believed that there would be no additional cost pressures to the Board as this would be part of contractual charging.

The Chief Executive noted that car parking had been raised as an issue and the Head of Estates and Facilities confirmed that the new facility had 320 parking spaces, 80 patient only spaces would be reserved and signposted. Issues had occurred in the first week the new facility was opened due to the additional staff required for the migration and contractors remaining on site.

All staff would be offered a free lunch for the following three Fridays as a small token of thanks for all their hard work during the migration period.

The Chair gave a formal thank you to all staff for their hard work over build period and migration and Robertson for their work on the project.

Decision / Conclusion

The Board noted the report.

Board Reporting Timetable 2019/20

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

Record of Attendance

The record of attendance was noted.

Evaluation – reflection on meeting

The Chair noted that the agenda had been fragmented to allow for the annual accounts to be discussed and signed but that it had been a very good meeting with positive discussion.

Members welcomed the new room and Video Conferencing facilities.

Public Forum

There were no questions or comments from the public.

NHS Orkney Board Action Log Updated 3 July 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
01-2019/20	<u>Blueprint for Good Governance</u> 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.	Meeting 25 April 2019	Board Development Session 19 September 2019	Chair/Head of Corporate Services	Due to migration to the new hospital and healthcare facility this will be rescheduled to a future Board Development session

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p>NHS Orkney Board – 22 August 2019</p> <p>Report Number: OHB1920-21</p> <p>This report is for information</p> <p>IJB Annual Performance Report 2018 – 2019</p>	
Lead Director	Sally Shaw, Chief Officer, Orkney Health and Care.
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the IJB Annual Performance Report 2018 – 2019.
Key Points	<p>2.1 Orkney Health and Care's performance in respect of the core suite of indicators is positive. This suite of indicators includes the 9 National Health and Wellbeing Outcomes.</p> <p>2.2. In the performance reporting we are compared to our 6 'peer group' areas and the other partnerships in Scotland.</p> <p>2.3. Our peer group includes:</p> <ul style="list-style-type: none"> • Aberdeenshire. • Argyll and Bute. • Highland. • Moray. • Na h-Eileanan Siar. • Shetland Islands. <p>2.4. Orkney Health and Care outranked every other Health and Social Care Partnership in 8 of these 9 outcomes.</p> <p>2.5. Only in indicator 3 – Adults who are supported at home agreed they had a say in how their help, care or support was provided -, were we ranked third in Scotland. However, only one of our 'peer group' bettered our performance. It is also of note that in 2013/14 our performance was at 88%, which dipped dramatically in 2015/16 but has risen substantially to 83% in this last year. As the Scottish average is 76% and the peer group average is 77%, we need to understand fully how we have achieved this increase to build on the success further. Our values within our new Strategic Plan include 'person centred' so this is a critical indicator for us to monitor our performance.</p>

2.6. Health and Wellbeing indicator 8 needs to be highlighted. Although we are again ranked 1st, it is in fact not a good news story. This indicator relates to how well carers feel supported to continue in their caring role. Only 49% of carers are reporting to feel that they are supported. We have the newly developed Carers' Strategy and it is important that we find ways to measure the effectiveness of this strategy. We are at high risk of putting our carers' health and well-being at risk and if we lose this vital part of our workforce, then greater demand on our already stretched services will be experienced.

2.7. Through information collated to measure our performance in respect of the MSG indicators, we know that our population is growing.

2.8. Emergency admissions have increased but this is in line with the same trend in our peer group. However, we are still below our peer group and Scottish average. We need to spend some time analysing this increase to see how we could have supported a non-admission. We have recently completed a national survey on the development of 'Hospital at Home' services and have made a bid to Scottish Government to help us look at how we support this development. We would also hope that the development of tech-enabled health care will have an impact on emergency admissions. If individuals have greater use of technology to understand what might be happening with their long-term health condition and have the ability to share data from home to hospital, this will undoubtedly support a decrease in emergency admissions.

2.9. It is disappointing to see that we are ranked 29th in respect of our care services being graded as 'good' or better in Care Inspectorate Inspections. 78% of such services are graded at this level, but that means that 22% is at 'adequate' or lower. Over this next year we need to see an improvement in this to be able to assure ourselves that those using our services are experiencing good quality care and support.

2.10. We continue to perform highly on our ability to support people to be discharged from hospital when they are medically fit to do so. It is vital that we do develop the Hospital at Home model to support ongoing performance in this area. Hospital at Home is not just about preventing someone having to be admitted to hospital but to safely support their discharge earlier, allowing them to continue their recovery and treatment at home or in a homely setting.

	<p>2.11. Unscheduled care has fluctuated but was lower in 2018/19 than previous years and this was particularly true for those individuals experiencing an unscheduled admission due to mental illness. This is obviously good news but we would want to track this closely with the development of our Mental Health strategy. Continuing to lower unscheduled admissions due to mental illness would obviously be a good indicator that our strategy was proving effective.</p> <p>2.12. This report will be submitted to Scottish Government in July 2019. It needs to be scheduled to go to both statutory partners, NHS Orkney and Orkney Islands Council.</p> <p>2.13. Prior to being submitted we will work with colleagues in the Change Team to enhance its presentation.</p> <p>2.14. The year that this report relates to, was a year of significant change for Orkney Health and Care, having significant changes both on the Integration Joint Board and within Orkney Health and Care senior management team. The changes, certainly those within the senior management team, have led to capacity issues over the year and indeed is an ongoing issue. However, to achieve this level of performance under such pressures, is testimony of the dedication and hard work of all. These changes over the past year have led to some challenges in pulling a useful report together that tells the right story. The Chief Officer spoke about these difficulties with Scottish Government.</p> <p>2.15. The discussions with Scottish Government, has led to the ISD team pulling together some critical data to analyse and utilise in this report. How the report will be presented in future years was also discussed and despite capacity issues, this report will become a dynamic report that is developed across the year, with the Strategic Strategy Group owning this.</p>
Timing	Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires an Integration Authority to publish, within four months of the end of the reporting period, a performance report, and to provide a copy of that report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.
Link to Corporate Objectives	<p>The corporate Objectives this paper relates to (please delete not relevant):</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;

6.1

	<ul style="list-style-type: none">• 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.
Equality and Diversity	There are no equality implications arising from this report.

Annual Performance Report

2018-2019



Integration Joint Board



Contents

Foreword	3
Integration Joint Board Chair	3
Chief Officer	3
The Integration Joint Board Members	4
National Health and Wellbeing Outcomes	6
Orkney's Localities	7
The Strategic Planning Group	7
Financial Performance	8
Performance in Relation to the Core Suite of Indicators	9
Orkney MSG Indicator Analysis	12
Complaints and compliments	21
The Future	22
Contact Us	24

Foreword

Integration Joint Board Chair



I welcome the publication of this Annual Report which sets out our performance in the third year of the Integration Joint Board (IJB). My personal tenure of the role has been relatively short, having taken over from a fellow Board member, Jeremy Richardson, in August 2018 and will be passing the role over to Councillor King in the early summer.

This last year has been one that has seen many changes and changes to key roles including the Chief Officer role. We went through the first half of the year without a Chief Officer.

Caroline Sinclair who had undertaken the role of Chief Officer left her post in April 2018. On behalf of the Board I would like to take the opportunity in this report to thank Caroline for her hard work and contribution to getting the partnership where it is, at this early stage of the integration of health and social care here in Orkney.

At the later end of the year we have seen some early shoots of changing approaches to how we do our work; the two main initiatives being around the use of technology in health and social care and a differing approach in Community Led Support. It will be interesting to see how these are reported on in twelve months' time, hopefully seeing a real move forward in tackling some of our challenges in the sector.

Chief Officer

I would like to start by saying how privileged I feel to have been offered the role of Chief Officer / Executive Director for Orkney Health and Care. We have lots of good news in this report in terms of our performance, but I have also set out how I want to see our performance being monitored going forward.



The report tells a story of us outranking every other partnership in 8 of the 9 national performance indicators, however there is still more to do. Definitely more to do in respect of showing our value and support to those family members and neighbours who take on the role of caring for somebody, including young carers. Although ranked 1st – with less than 50% of carers saying they felt supported to continue in this role, there is no pride at all in this ranking. We need to address this and address it rapidly. This is not only to safeguard against further increased demand on our services but to safeguard the health and well-being of this ever growing group of individuals, who work tirelessly supporting their loved ones, friends and neighbours.

However, in the main we can have a high level of pride in our performance. Good and sustained performance does not happen by chance, it is the hard work and dedication of all our staff and volunteers who work across the health, social care, third and housing sectors that makes this happen. I have seen such talent in Orkney and look forward to this next year.

Coming to Orkney, as the Chief Officer, truly was my dream job and it has not been a disappointment!

The Integration Joint Board Members

The voting members of the Integration Joint Board:



Back row (left to right): Davie Campbell; Issy Grieve; Councillor John Richards. Front row (left to right): Councillor Rachael King (Vice Chair); David Drever (Chair); Councillor Steve Sankey.

In this period we have had a change of membership with the previous Chair, Jeremy Richardson, leaving the post in August 2018 and fellow Board member, Rognvald Johnson, leaving the post in June 2018. We'd like to take this opportunity to thank them for all their work.

In addition to the voting members, the Integration Joint Board also has a range of professional advisors and stakeholder representatives including professional representatives of health and care services, and other relevant services such as housing, a representative of third sector services, a service user representative, a carer representative and union representatives.

Orkney has experienced significant change during 2018/2019. The first change being that Caroline Sinclair, who had undertaken the role of Chief Officer, left her post on April 2018.

Other key post holders have also either been absent, moved to different post or retired throughout the year, with recruitment to these post in the main proving difficult. This has led to the partnership having significantly reduced capacity to undertake key pieces of work and progress them to where we would ideally like to be.

Sally Shaw took up post on 3 September 2018 and much work has been undertaken to review and refresh our ways of working and priorities moving forward.

Despite all these changes and challenges, exciting work has been undertaken and new initiatives commenced in Orkney are at the early stages of taking place.

Given the changes in key personnel and the capacity challenges this has presented, the refresh of the Strategic Plan is delayed, but progressing well. The Strategic Plan is out for consultation until 9 August 2019. To maximise feedback and comments, we are utilising all available avenues of consultation, including:

- ✓ BBC Radio Orkney
- ✓ Orcadian
- ✓ Attending all agricultural shows over the summer
- ✓ Attending Stromness Shopping Week
- ✓ Attending a meeting of each of the Community Councils
- ✓ Available in all services across Orkney
- ✓ Presence in local supermarkets
- ✓ Other local events



National Health and Wellbeing Outcomes

The Scottish Government has set out nine national health and wellbeing outcomes to explain what health and social care partnerships such as Orkney Health and Care are attempting to achieve through their Strategic Commissioning Plans, as follows.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

These outcomes will be aligned to our priorities identified in our Strategic Plan and will continue to be part of our suite of performance measurements. Performance in respect of these 9 indicators can be found later in this report.



Orkney's Localities

The legislation requires that, in addition to establishing an Integration Joint Board, we are also required to establish at least two 'localities' for planning services at a local level.

The Integration Joint Board agreed from the outset that Orkney will have two localities: the Mainland, which will be subdivided into the West and East Mainland, and the Isles.

Developing our localities and how they are supported is still work that is ongoing. We are challenging our initial thoughts on just having two localities and having refreshed conversations with our outer island communities as well as our mainland communities.

As stated we have lost some key staff through a variety of reasons and experienced some significant difficulties in being able to recruit like for like. So, this has led to a review of the structure and portfolios of key significant posts. Moving forward with this new structure we will consider where locality management will sit.

We will ensure that in the new structure there will be clear responsibility for a senior manager to lead the respective locality groups and that they will act as the liaison between the locality groups and the Strategic Planning Group, which has the overall planning function for the Integration Joint Board. The ways in which localities function and plan will be shaped to suit their specific geography, populations and other local characteristics.

It is still considered that future engagement in relation to locality planning should be via the local GP surgery and the Community Council. This approach acknowledges the role of the GP surgeries and community councils as community leaders and deploys their local knowledge of how best to engage with the island / parish.

The Strategic Planning Group

The Strategic Planning Group has had a wide membership, which although positive in some perspectives has proven difficult to move things forward on another. The Strategic Planning Group will obviously remain to function, but with revised membership and input into three Programme Boards:

- Community First
- Tech First
- Strategic Commissioning

These boards have all had Terms of Reference and memberships identified. They will meet monthly and feed into an Executive Programme Board, who will have full oversight of all programmes being taken forward by each Board.

The role of the programme boards will be to steer, drive and enable progress at pace. They will consider 'deep dives' into programmes of work to provide assurance of progress.

Financial Performance

The Integration Joint Board receives funding from both Orkney Islands Council and NHS Orkney with which to commission health and social care services.

The Strategic Commissioning Plan Refresh 2018 – 2019 indicated an opening budget of:

Partner Organisation	£000
Orkney Islands Council	17,917
NHS Orkney	23,129
Total	41,046

Following the addition of in-year allocations and final adjustments the actual operating budget of the Integration Joint Board for the year 2018 – 2019 and performance against that budget was as follows:

	Spend	Budget	Over/Under	
	£000	£000	£000	%
Social Care	19,389	19,088	301	101.6
NHS	24,258	24,375	(117)	99.5
Total	43,647	43,463	184	100.0

Additional funds of £301,000 received from Orkney Islands Council's corporate contingency was received to cover the shortfall.

The underspend of £117,000 within NHS Orkney was in relation to funding received for specific services which was not fully utilised and therefore will be held within earmarked reserves. The split is as follows:

Service	Spend £000
Primary Care Improvement Fund	69
Alcohol and Drug Partnership	48
Total	117

Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services used by the partnership population is included within the scope of the Strategic Plan. In regard to financial year 2018/19 these budgets were not formally delegated to the Orkney IJB.

Further work must be carried out in relation to unscheduled care in financial year 2019/20 to determine the breakdown of resources to be delegated to the Orkney IJB.

The net spend for unscheduled care for 2018/19 was £7,871,000.

Performance in Relation to the Core Suite of Indicators

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2017/18), Orkney outranked every other Health and Social Care Partnership (HSCP) area throughout Scotland in eight. In the remaining indicator, relating to the percentage of adults supported at home who agree they had a say in how their help, care or support was provided, Orkney ranked third in Scotland and was bettered by only one of its six 'Peer Group' HSCP areas.

In Indicator 11, the premature mortality rate per 100,000 of the population, Orkney ranked 24th with a higher rate of deaths in people aged below 75 than each of their HSCP Peer Groups. This was based on 2017 calendar year figures. The proportion of all deaths that occur in people aged under 75 was the same in Orkney and in Scotland. Indicator 17, measuring the proportion of care services graded at 'Good' or better by the Care Inspectorate, Orkney ranked 29th with a score of 78% in 2018/19.

In the remaining eight indicators, Orkney ranked 5th or higher in five, all based on 2018/19 figures. Orkney ranked 2nd for Emergency Bed Days rate for adults (Indicator 13) and for the Number of days people aged 75+ spend in hospital when they are ready to be discharged (Indicator 19). Indicator 15 measures the proportion of the last six months of life a person spends at home or in a community setting. Orkney recorded a figure of 90.4%, bettered by only three HSCPs in Scotland, two of whom were in their Peer Group. Orkney ranked 5th in Scotland for both the rate of Readmissions to hospital within 28 days of discharge (Indicator 14), and in Indicator 16 which measures the rate of Falls in people aged over 65.

Indicator 20 measures the total health care spending on hospital stays where the patient was admitted as an emergency. In 2018/19, Orkney ranked 9th across Scotland and in the same period ranked 13th for the Rate of emergency admissions for adults (Indicator 12). Figures for Indicator 18, which measured the percentage of adults with intensive needs receiving care at home was last made available for the calendar year 2017, when Orkney ranked 16th. Comparing 2018/19 performance against 2017/18 for Orkney, of the eight indicators where 2018/19 data is available, there have been improvements in three indicators and little or no change in two. For the nine survey-based indicators, six showed an improvement between 2015/16 and 2017/18, with two showing no change. Typically those indicators showing improvement were questions on care at home, and showed considerable change.

The following three pages show performance figures at a glance. Respective rankings are based on Orkney figures compared to Scotland as a whole in the most recent year statistics where available. Due to a current data embargo, figures for 2018/19 relating to the Orkney Islands Peer Group and Scotland have been redacted, with the exception of Indicators 15 and 19.

Performance indicator 8 shows that Orkney ranks 1st in being able to support carers to continue in their caring role. However, there is little pride in this ranking given that less than 50% of respondents reported this level of support. Our new Strategic Plan has 'supporting and valuing carers' as one of its 5 priority areas over the next three years, so we need to set ambitious targets in this performance indicator.

Our Performance at a Glance:

96%	1. Adults are able to look after their health very well or quite well	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	97%	96%	96%
		Peer Group	96%	96%	94%
		Scotland	94%	95%	93%
100%	2. Adults supported at home agreed that they are supported to live as independently as possible	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	89%	87%	100%
		Peer Group	83%	81%	84%
		Scotland	83%	83%	81%
83%	3. Adults supported at home agreed they had a say in how their help care or support was provided	17/18 Rank: 3 rd	13/14	15/16	17/18
		Orkney Islands	88%	74%	83%
		Peer Group	82%	76%	77%
		Scotland	83%	79%	76%
91%	4. Adults supported at home agreed that their health and social care services seemed to be well coordinated	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	83%	71%	91%
		Peer Group	77%	72%	74%
		Scotland	78%	75%	74%
95%	5. Adults receiving any care or support rated it as excellent or good	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	92%	82%	95%
		Peer Group	84%	80%	85%
		Scotland	83%	81%	80%
94%	6. Adults had a positive experience of the care provided by their GP practice	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	96%	98%	94%
		Peer Group	87%	89%	85%
		Scotland	85%	85%	83%
96%	7. Adults supported at home agreed their services and support had an impact on improving or maintaining their quality of life	17/18 Rank: 1 st	13/14	15/16	17/18
		Orkney Islands	98%	87%	96%
		Peer Group	87%	85%	82%
		Scotland	85%	83%	80%

49%

8. Carers feel supported to continue in their caring role

17/18 Rank: 1 st	13/14	15/16	17/18
Orkney Islands	51%	49%	49%
Peer Group	46%	44%	40%
Scotland	43%	40%	37%

97%

9. Adults supported at home agreed they felt safe

17/18 Rank: 1 st	13/14	15/16	17/18
Orkney Islands	89%	82%	97%
Peer Group	84%	81%	86%
Scotland	85%	83%	83%

432 per 100,000

11. Premature mortality rate

2017 Rank: 24 th	2013	2014	2015	2016	2017
Orkney Islands	346	337	379	285	432
Peer Group	365	374	394	360	374
Scotland	438	423	441	440	425

10,611 per 100,000

12. Emergency admission rate

18/19 Rank: 13 th	14/15	15/16	16/17	17/18	18/19
Orkney Islands	11,445	11,049	9,515	9,951	10,611
Peer Group	10,735	10,791	10,473	10,934	-
Scotland	12,026	12,281	12,215	12,192	-

82,511 per 100,000

13. Emergency bed day rate

18/19 Rank: 2 nd	14/15	15/16	16/17	17/18	18/19
Orkney Islands	91,237	93,278	88,223	85,217	82,511
Peer Group	110,687	107,306	106,517	100,505	-
Scotland	128,596	128,630	126,945	123,160	-

77 per 1,000

14. Readmission rate to hospital within 28 days

18/19 Rank: 5 th	14/15	15/16	16/17	17/18	18/19
Orkney Islands	86	79	78	80	77
Peer Group	82	81	81	88	-
Scotland	97	98	101	103	-

90%

15. Of the last 6 months of life is spent at home or in a community setting

18/19 Rank: 4 th	14/15	15/16	16/17	17/18	18/19
Orkney Islands	89%	92%	92%	91%	90%
Peer Group	89%	90%	90%	90%	91%
Scotland	86%	87%	87%	88%	89%

16 per 1,000

16. Falls rate (65+)

18/19 Rank: 5 th	14/15	15/16	16/17	17/18	18/19
Orkney Islands	23	22	21	17	16
Peer Group	19	19	20	19	-
Scotland	21	22	22	23	-

78% 17. Care services graded GOOD (4) or better in Care Inspectorate inspections	18/19 Rank: 29 th	14/15	15/16	16/17	17/18	18/19
	Orkney Islands	76%	74%	74%	84%	78%
	Peer Group	78%	78%	82%	85%	-
	Scotland	81%	83%	84%	85%	-

64% 18. Adults with intensive care needs are receiving care at home	2017 Rank: 16 th	2013	2014	2015	2016	2017
	Orkney Islands	69%	73%	73%	70%	64%
	Peer Group	65%	65%	66%	65%	-
	Scotland	62%	61%	61%	62%	-

116 per 1,000 19. The number of days people spend in hospital when they are ready to be discharged	18/19 Rank: 2 nd	14/15	15/16	16/17	17/18	18/19
	Orkney Islands	310	382	434	381	116
	Peer Group	1,256	1,074	1,015	842	889
	Scotland	1,044	915	841	762	805

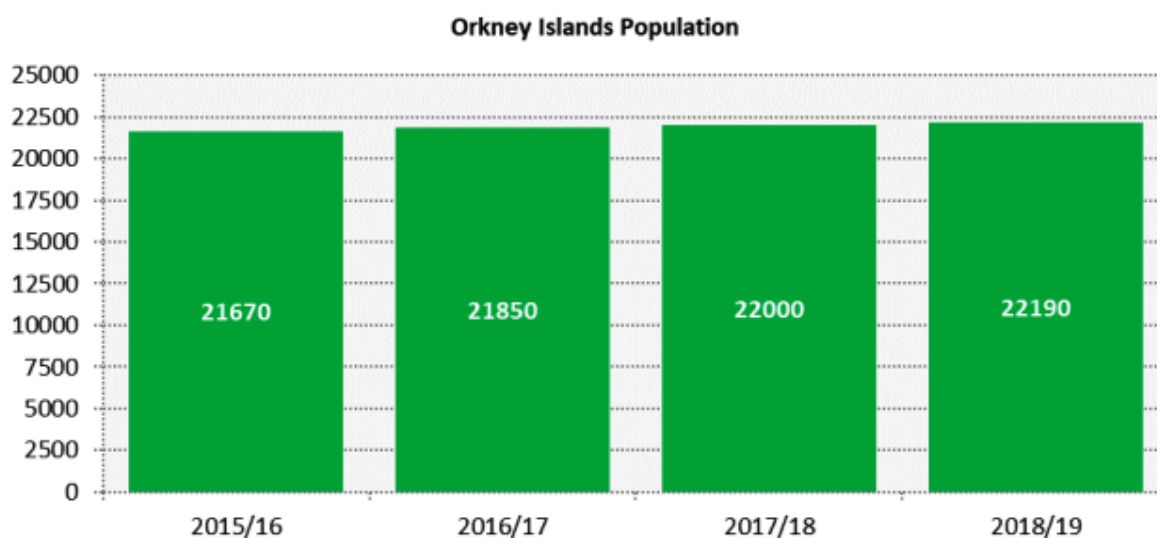
20% 20. Health and care resource spent on hospital stays where patient was admitted as an emergency	18/19 Rank: 9 th	14/15	15/16	16/17	17/18	18/19
	Orkney Islands	22%	21%	21%	20%	20%
	Peer Group	22%	21%	21%	21%	-
	Scotland	24%	24%	24%	25%	-

Note: Information for Indicators 10, 21, 22 and 23 is not yet nationally available.

Orkney MSG Indicator Analysis

Population

Mid-year population estimates for Orkney Islands rose from 21,670 in 2015 to 22,190 in 2018, an increase of 2.4%.



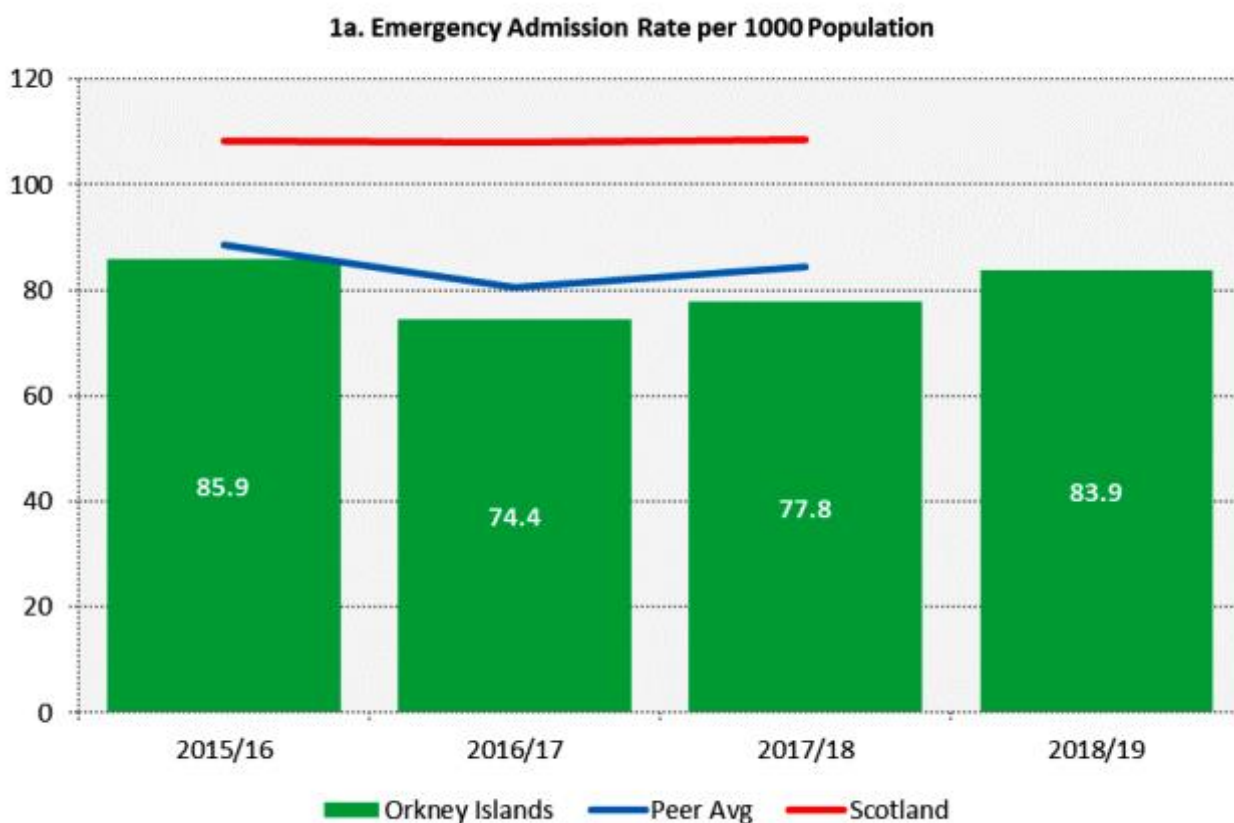
Source: National Records of Scotland.

Peer Comparison

Aggregated data from Aberdeenshire, Argyll and Bute, Highland, Moray, Orkney, Islands, Shetland and Western Isles have been used to produce a peer-group comparator and from all 32 HSCPs to produce a Scotland comparator. Comparison between Orkney Islands, peer group and Scotland has been achieved either by use of crude rates per 1,000 population or existing metrics, e.g. A and E performance. As MSG data at Scotland-level for 2018/19 has not yet been published the comparisons up to 2017/18 only have been included.

1. Number of Emergency Admissions

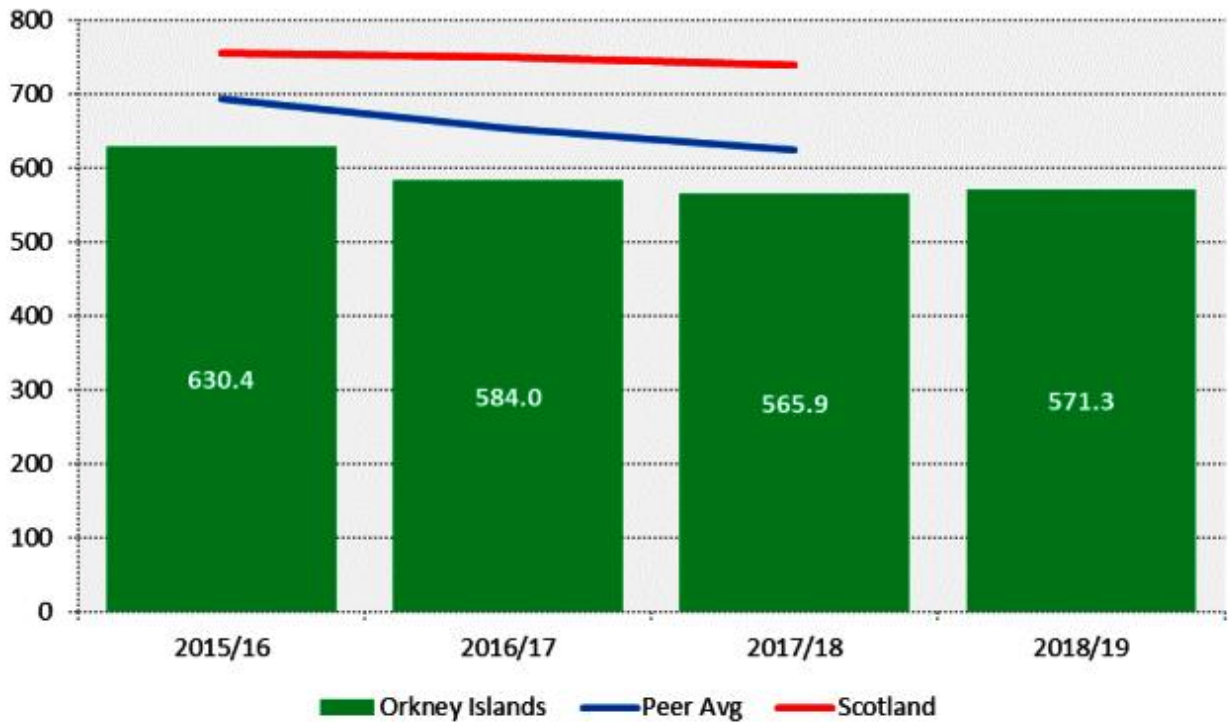
Following a decrease from 2015/16 the emergency admission rate for Orkney Islands rose from 74.4 per 1,000 population in 2016/17 to 83.9 in 2018/19 (n=1,626 to 1,861). Likewise the peer aggregate showed an increase between 2016/17 and 2017/18 following a decrease from 2015/16 whilst the Scotland aggregate has remained broadly the same.



2. Unscheduled Bed Days

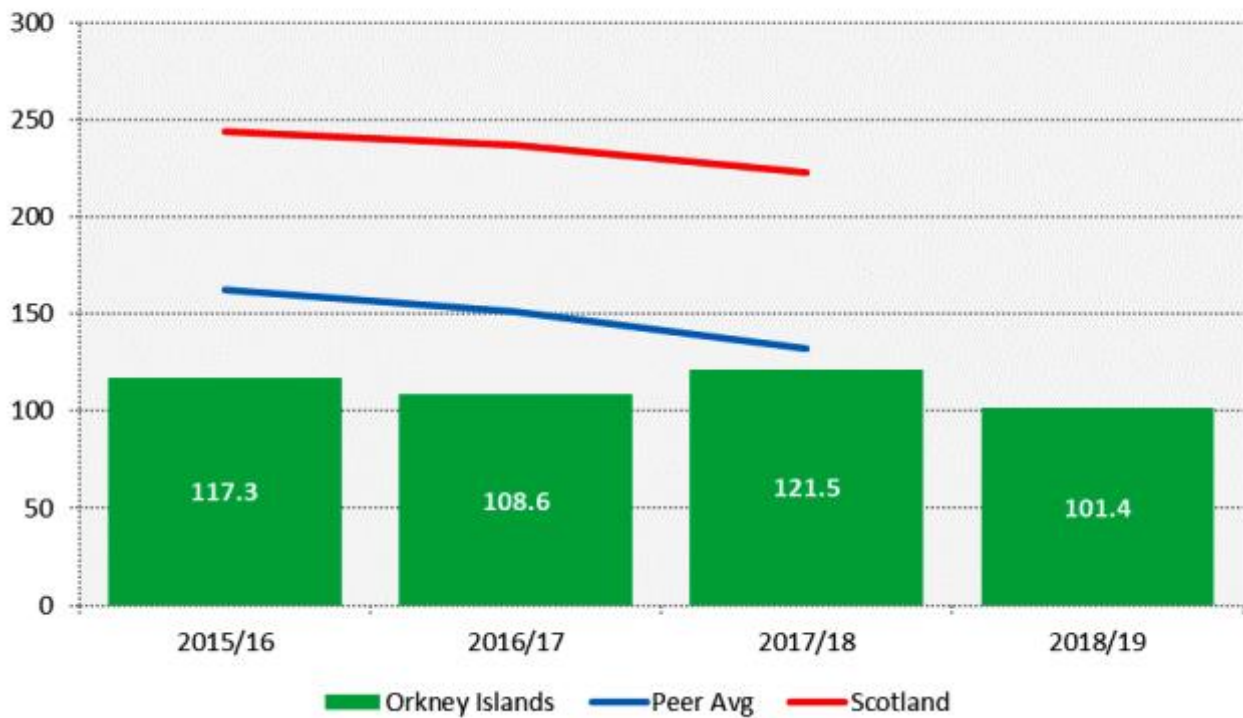
Unscheduled bed days in acute specialties decreased between 2015/16 and 2017/18 before increasing in 2018/19. The peer and Scotland aggregates also decreased during the period 2015/16 to 2017/18.

2a. Unscheduled Hospital Bed Day Rate (Acute Specialties) per 1000 Population



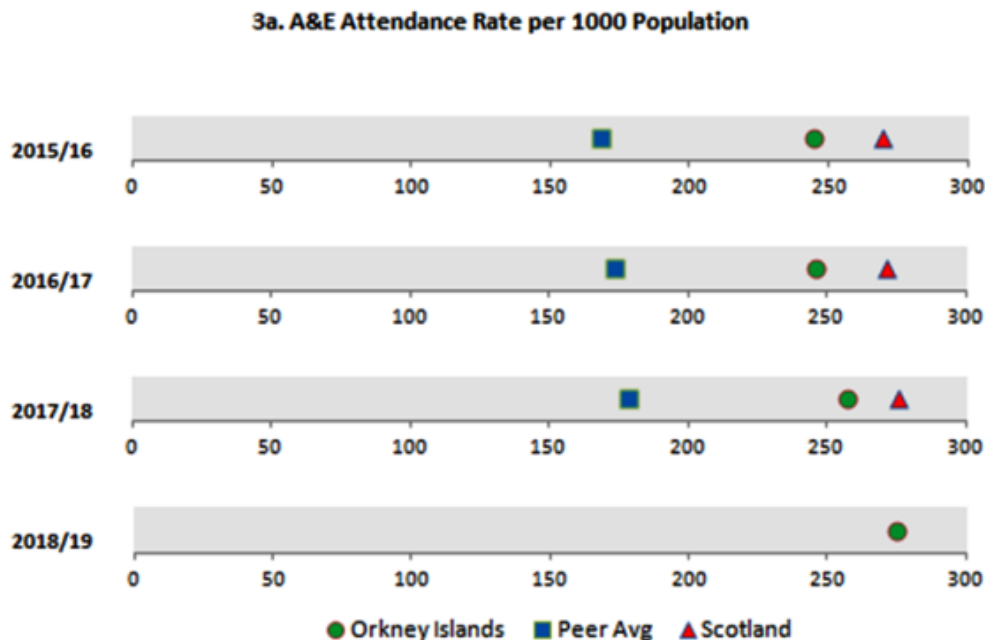
Unscheduled bed days in mental-health specialties have fluctuated between 2015/16 and 2018/19 with a high in 2017/18 and low in 2018/19. A decrease for both peer and Scotland aggregates occurred during 2015/16 to 2017/18.

2b. 2 Unscheduled Hospital Bed Day Rate (Mental Health Specialties) per 1000 Population

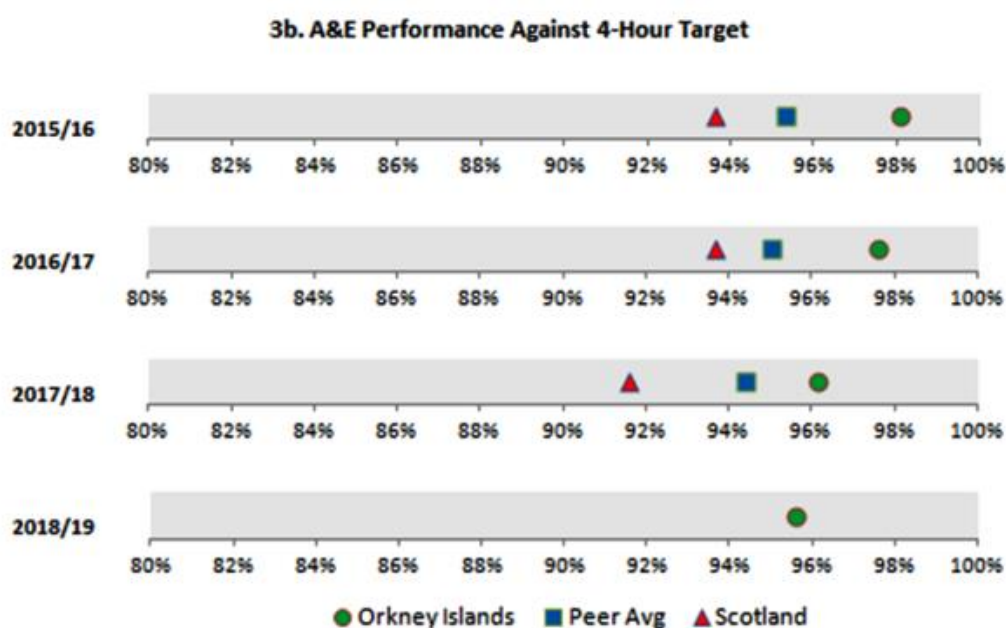


3. A and E Attendances

A and E attendances in Orkney Islands increased year on year between 2015/16 and 2018/19 from 244.7 per 1,000 population to 247.9 remaining above the peer aggregate and below the Scotland aggregate. This represents a 15% increase in attendances from 5,303 in 2015/16 to 6,099 in 2018/19. This upward trend is reflected in the peer and Scotland aggregates.



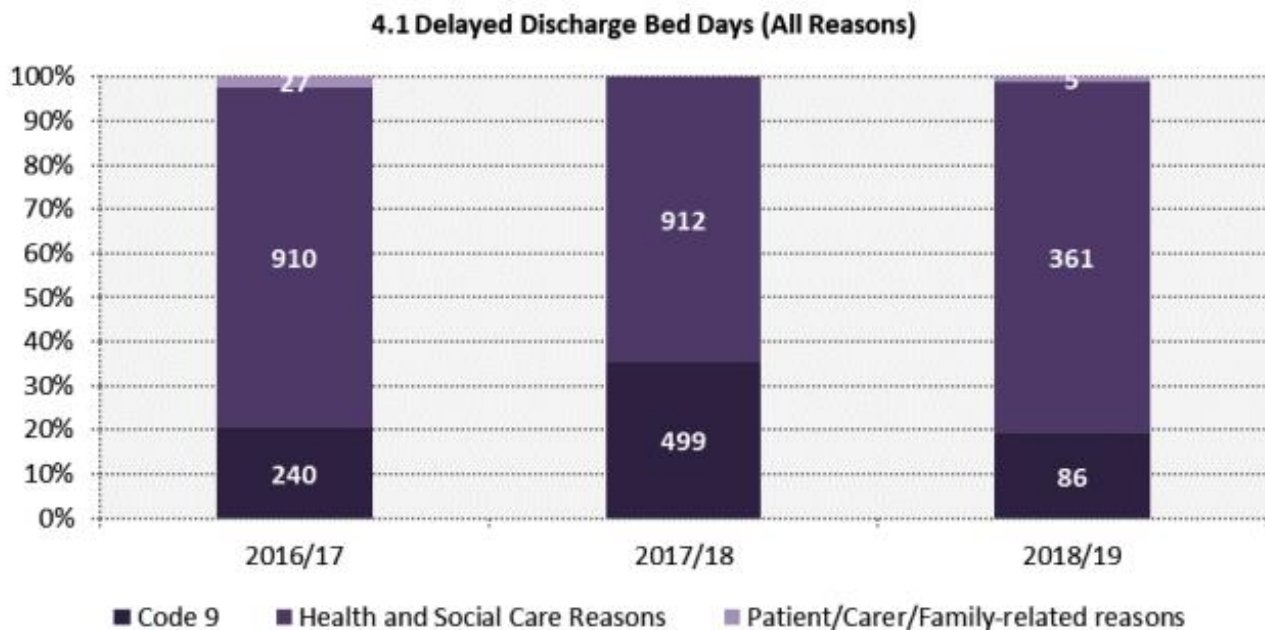
A and E performance decreased in Orkney Islands from 98.1% to 95.6% between 2015/16 and 2018/19 but remained higher than both peer and Scotland aggregates which showed similar declines in performance during the period 2015/16 to 2017/18.



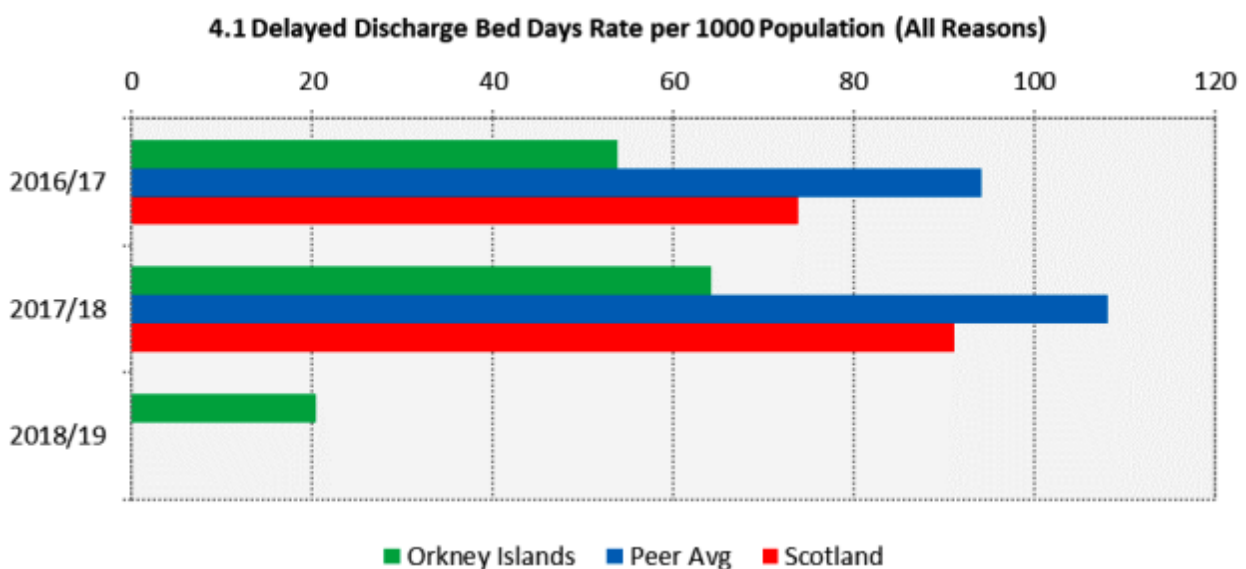
4. Delayed Discharges

Delayed discharge data in the context of MSG is available for a partial year for 2016/17 (July-March) onwards. Delayed discharges in Orkney Islands are predominantly attributed to 'Health and Social Care Reasons' with 'Code 9' forming the remainder and minimal numbers recorded under 'Patient/Carer/Family-related reasons'.

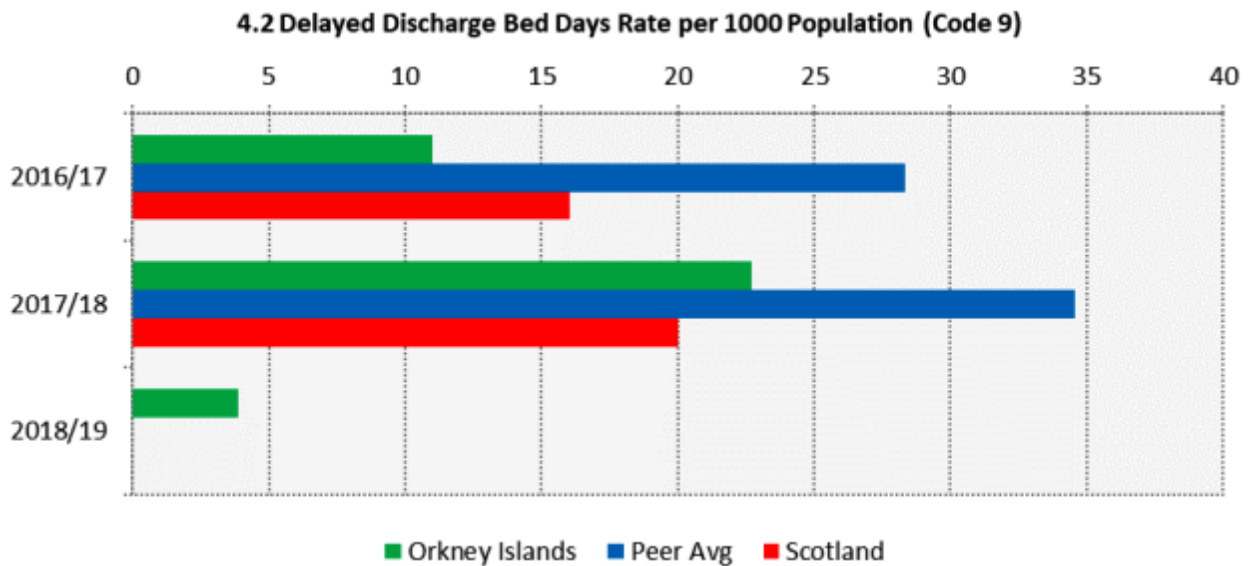
Orkney Islands appear to have a substantially reduced number of delayed discharge bed days in 2018/19 in comparison to 2017/18. This has been queried with Information Services Division's Source team with no apparent data quality issues being identified.



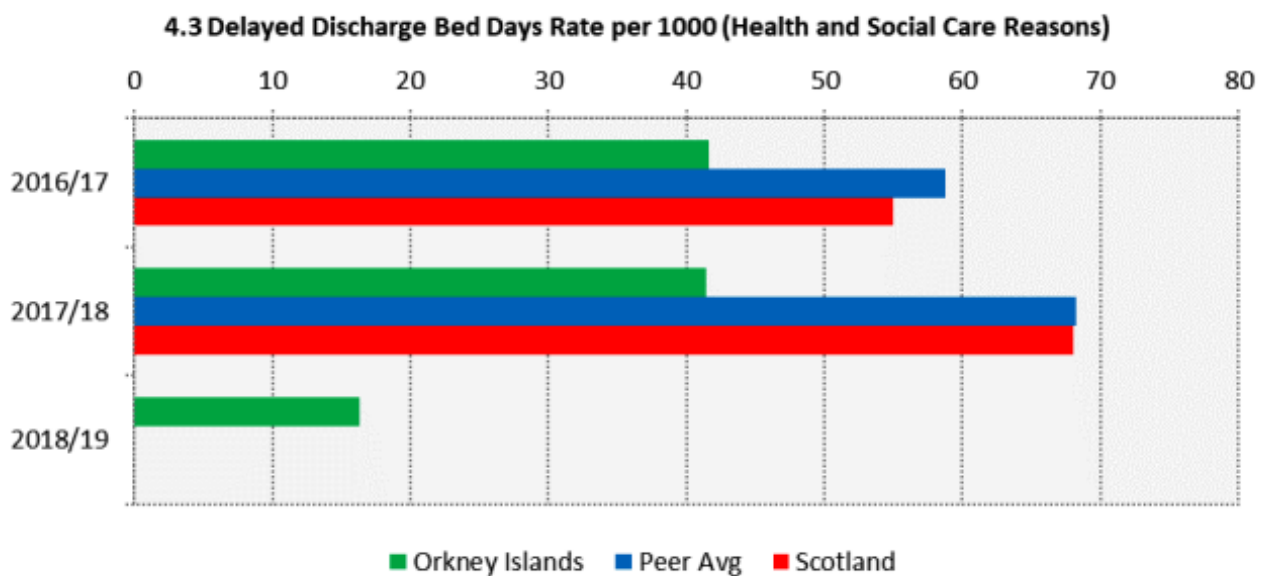
The overall rate of delayed discharge bed days per 1,000 population was substantially lower for Orkney Islands than the peer and Scotland aggregates in 2017/18 (chart 4.1).



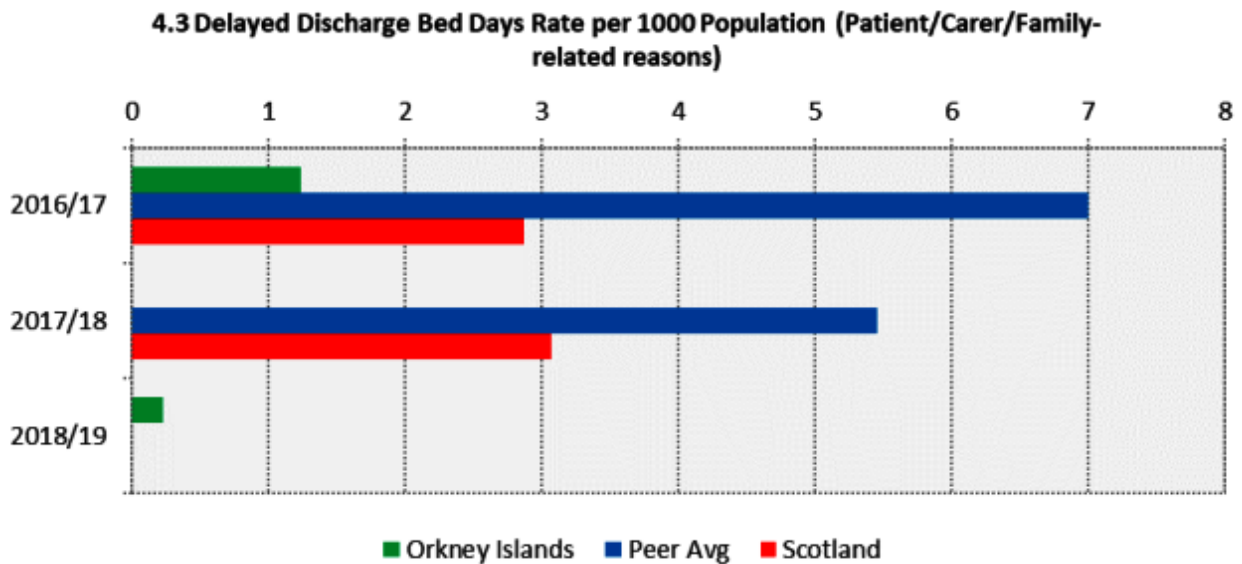
The 'Code 9' delayed discharge rate for Orkney Islands in 2017/18 was higher than the peer aggregate but lower than Scotland (chart 4.2).



The 'Health and Social Care Reasons' delayed discharge rate for Orkney Islands in 2017/18 was lower than both peer and Scotland aggregates (chart 4.3).



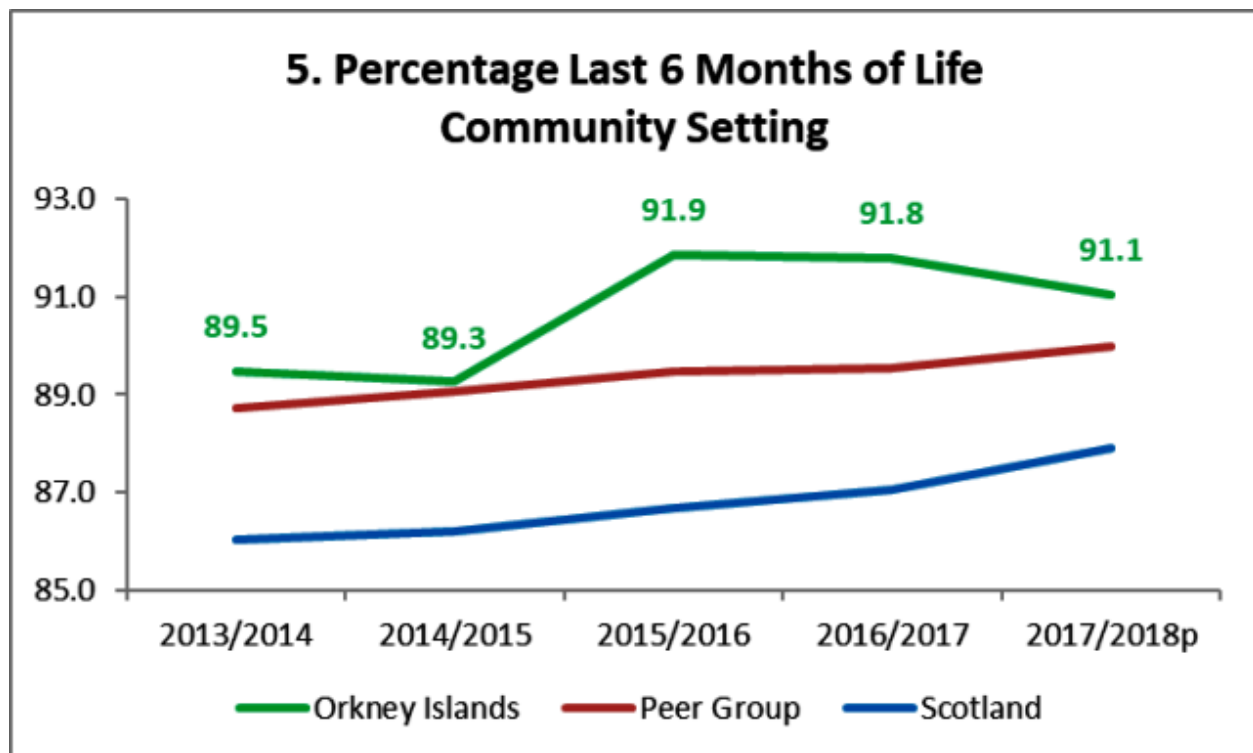
No delayed discharges were recorded under 'Patient/Carer/Family-related reasons' by Orkney Islands in 2017/18 (chart 4.4).



5. Percentage of last six months of life by setting

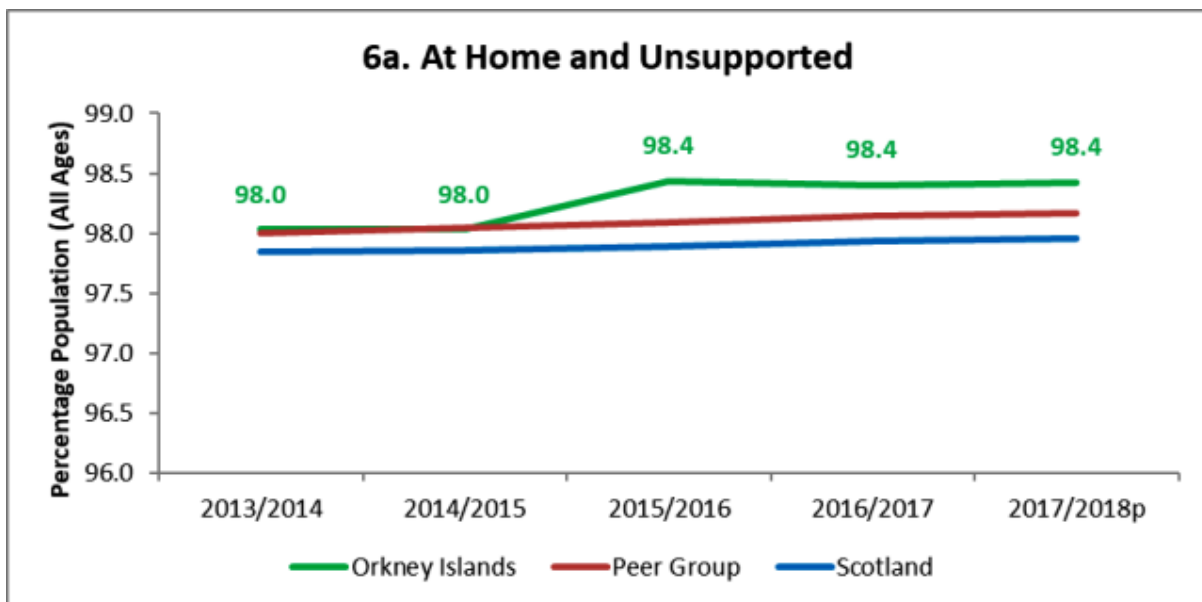
For the five financial years from 2013/14, Orkney has recorded a higher percentage of people living the final six months of life in a community setting than its peer group and Scotland. Orkney's provisional 2017/18 figure of 91.1% is above its 5 Year Average.

In 2017/18, the next highest proportion of the last six months of life on Orkney (8.7%) was spent in a large hospital. The average for the same period amongst the peer group was 7.3%.



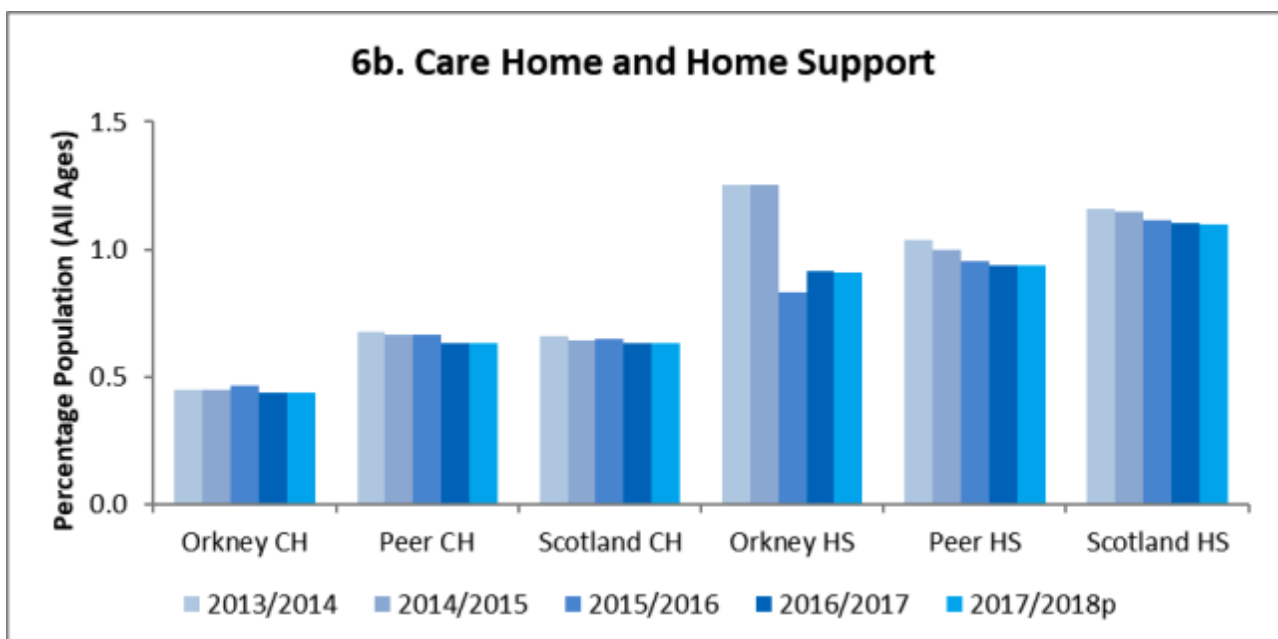
6. Balance of care: Percentage of population in community or institutional settings

Across all ages and the five financial years from 2013/14, Orkney has recorded a similar or slightly higher proportion of the population living at home and unsupported than its peer group average or Scotland.

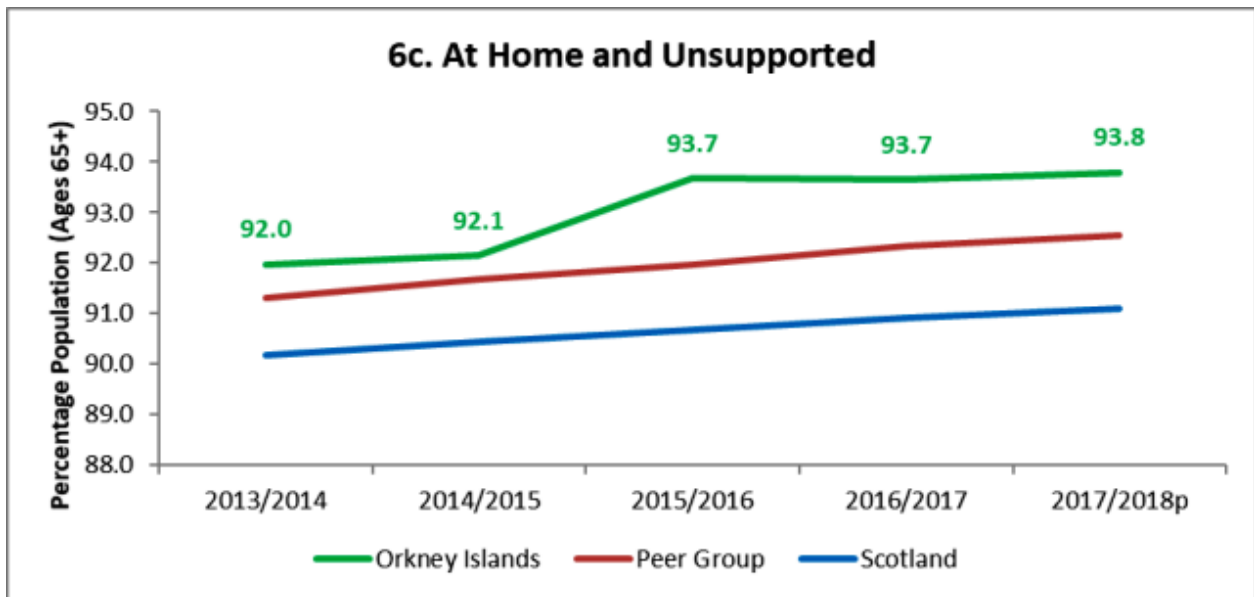


Across all ages, and for the five financial years from 2013/14, the percentage of the Orkney population residing in a Care Home has been consistently below 0.5%; lower than its peer group average and the respective proportion across Scotland. From having had a higher proportion of the total population (1.3%) supported at home in 2013/14 and 2014/15, the proportion in the last three available financial years has fallen below the peer group and Scotland, and consistently lower than 1%.

N.B. In the chart below 'CH' denotes Care Home population share and 'HS' the proportion receiving support at home.

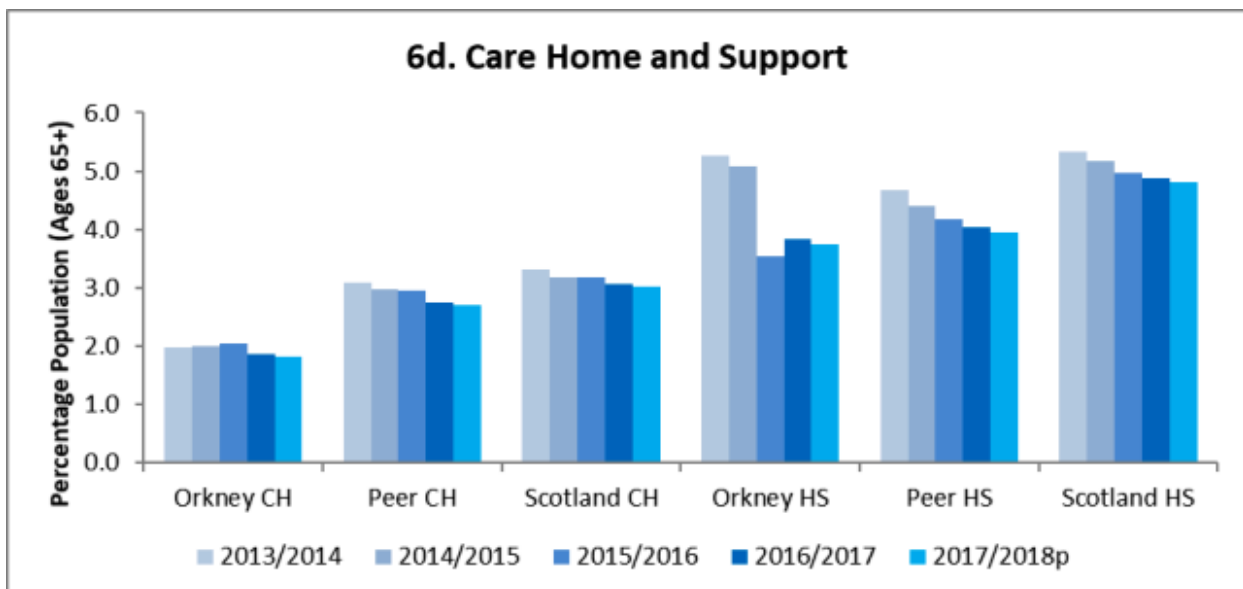


In the population aged 65+, as with all ages, Orkney has a higher proportion of residents at home and unsupported compared to its peer group and the national average, across the five financial years from 2013/14.



Across the five financial years since 2013/14, the average proportion of the Orkney population aged 65+ resident in a Care Home was 1.9%; compared to peer group and national averages of 2.9% and 3.1% respectively. In the three most recent financial years with available data, Orkney has recorded a lower proportion of the population aged 65+ receiving support at home compared to peer group and national averages.

N.B. In the chart below 'CH' denotes Care Home population share and 'HS' the proportion supported at home.



Note: please see associated ISD email, 'MSG Integration Indicators: Updated data' 28/05/19, for definitions and data sources.

Complaints and compliments

The Integration Joint Board is required to have a complaints procedure to enable people to make complaints about the specific responsibilities and actions of the Board itself. No complaints of this nature were received during this reporting period.

The Integration Joint Board is also required to collect information in relation to complaints made about services delegated to it for planning purposes. We also collate data on compliments. Please note that the Complaints received in 2018-2019 are from both Orkney Islands Council and NHS Orkney delegated services.

Regular reviews of complaints and compliments are carried out and through the course of the year there were no significant themes relating to specific issues. Learning from complaints is disseminated through service areas to ensure continuous improvement is informed by service user experience.

	Six months ending 31 March 2018	Six months ending 30 September 2018	Six months ending 31 March 2019	Total
Complaints	6 (stage 2). 3 (stage 1).	9 (stage 2). 15 (stage 1).	5 (stage 2). 17 (stage 1).	20 (stage 2). 35 (stage 1).
Compliments	15	20	2	37



The Future

It has to be noted that this year's report has not been easy to write, given all the changes in the year and some other contributing factors. However, the report is showing some real successes that we need to be very proud of.

As mentioned in this report we are taking a different approach to how we organise ourselves and are about to embark on implementing a new management structure and a review of portfolios held by managers.

We have started to look at undertaking our work under a programme approach and these meetings have been set up throughout the year.

We have reviewed the Strategic Plan – we have changed how this looks considerably, wanting it to be easily understood by all. The plan is simplified and clearly outlines our vision, values, aims and priorities over the next three years.

We have secured the position of our Chief Finance Officer as a full-time post as of 1 April 2019. The Chief Finance Officer has now written a Medium-Term Financial Plan and alongside this will be a Strategic Commissioning Implementation Plan. The Medium-Term Financial Plan will look at how we currently use financial and other resources and how we will change those commissioning habits and behaviours moving forward over the next three years. These two documents are vital in ensuring we design and deliver services that enhance prevention and early intervention, meet current need and are sustainable and valued.

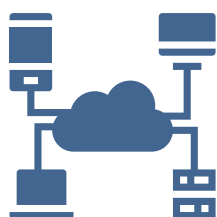
We have introduced the concept of 3 new approaches to how we do things in Orkney, these being:



Realistic Conversations



Community Led Support



Tech Enabled Care

Realistic Conversations is fully based on Realistic Medicine. We have called it conversation, as we want it to be at the heart of all our health and social care interactions.

Community Led Support (CLS) is about working with communities and individuals, making sure they are at the heart of everything we do. We have committed to look at developing CLS and have been successful in securing match funding via the Scottish Government to pursue this opportunity with the support of both the Healthcare Improvement Scotland iHub and the National Development Team for Inclusion (NDTi).

Our tech enabled care approach fully adopts the Scottish digital health and care strategy. Again, we have been successful in being identified as a Named Partner with Scottish Government and we recently attended the launch of the Tech Enabled Care Pathfinders. We will be working closely with colleagues in East Ayrshire developing a Think Tech First approach to all that we do.

We have five newly refreshed priorities set out within our Strategic Plan and these are:



Developing Localities and community hubs



Mental Health



Value and support for carers



Promotion and support self-management



Revisiting models of care and support

We are not fully content with the format and presentation of this year's report but will address this over the coming year in preparation for next year's report. We will be basing our performance on the following:

- The national suite of indicators
- MSG performance indicators
- The 7 principles of Community Led Support
- The measures identified around the 5 strategic priorities
- Compliments and complaints
- Workforce measures to include sickness/absence, recruitment and retention and staff surveys

In respect to staff surveys, Orkney Health and Care will be moving to the use of iMatters across all staff groups within the partnership.

Contact Us

If you would like to contact us about this plan or require a different format please use the details below:

Email: OHACfeedback@orkney.gov.uk

Telephone: 01856 873535

Orkney Health and Care,
School Place,
Kirkwall,
KW15 1NY

Website: Scan this QR code into your smartphone



Appendix 1 – Data Definitions

Original data analyses undertaken by ISD based on data as at end-May 2019.

Indicator.	Definition/Information/Source.
1 – 9.	Scottish Health and Social Care Survey: http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey .
10 – Staff who recommend workplace.	Not yet available.
11 – Premature Mortality Rate.	European age-standardised death rates for under 75's, per 100,000 population - from National Records of Scotland (NRS) data.
12 and 13 – Rate of emergency admissions/bed days.	Rates are crude rates per 100,000 population and are based on the mid-year population estimates. Data for both NHS Lothian and Scotland have been revised and are expected to be more accurate than previously published figures. Dental Hospital and GLS excluded.
14 – Readmission.	Emergency readmission is defined as any emergency admission to a hospital occurring within 28 days of discharge from a previous hospital spell for the same patient. The initial spell may not have started with an emergency admission. The clinical specialty may not be the same in both the initial spell and the subsequent readmission. Cases are excluded from the analysis (for both admissions and readmissions) where the patient has received treatment for certain conditions that are associated with high readmission rates. The following ICD10 codes are excluded: C81-C96, D46, D47, I12.0 and N17-N19. This data is still management information and should not be published. Rate is age-sex standardised.
15 – Care or home setting.	Not yet available.
16 – Falls.	Admission type code 33-35 and ICD10 codes W00-W19. These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric acute hospitals (SMR01) in

	Scotland. Rate is crude rate per 1,000 population for ages 65+.
17 – Inspection.	Not yet available.
18 – Care at home.	Presents the latest data for Free Personal and Nursing Care provided in care homes and Free Personal Care provided at home. Percentage of all 18 plus patients with intensive care needs who receive care at home.
19 – Delayed Discharge.	<p>The number of bed days occupied is gathered for all patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month. Rate is crude rate per 1,000 total population.</p> <p>In order to ensure consistency, a ‘midnight bed count’ approach is applied to each delay episode to determine which particular days should contribute to the bed day count. The ‘ready for discharge’ date (RDD) is not counted, as the first midnight occurring in the delay episode is attributable to the day after the RDD. The discharge date (the date the delay ended) is counted as the assumption is that the patient was delayed at 00:00 on that day.</p>
20 – Total Spend.	Emergency admissions taken from 'non elective' inpatients spend, compared to total of Health and Social Care spend. Figures shown are not adjusted for inflation, but that is available. Total for all ages. From IRF data.
21 – 23.	Not yet available.

Not Protectively Marked

NHS Orkney Board – 22 August 2019	
Report Number: OHB1920-22	
This report is for noting	
Clinical Strategy Update	
Lead Director Author	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health
Action Required	The Board is asked to: 1. Note the work undertaken to date to develop the clinical strategy.
Key Points	<ul style="list-style-type: none"> • Following a development session at the start of the year the Board agreed on the development of a clinical strategy for the organisation • Preliminary engagement with a range of groups has occurred • Work has been undertaken on the burden of disease • Four general areas of focus have materialised to date namely mental health, long term conditions including cancer, early years and a preventative approach.
Timing	August Board meeting.
Link to Corporate Objectives	<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.
Contribution to the 2020 vision for Health and Social Care	The strategy will support the aim of enabling people to live longer healthier lives
Benefit to Patients	The clinical strategy will support delivery of care
Equality and Diversity	No assessment undertaken

Not Protectively Marked

NHS Orkney Board

Report Number: OHB1920-22

Clinical Strategy Update

Dr Louise Wilson, Director of Public Health

Section 1 Purpose

To update the Board on work undertaken to progress the clinical strategy.

Section 2 Executive Summary

Following a development session at the start of the year the Board agreed that the development of a clinical strategy for the organisation would be important. Preliminary engagement with a range of groups has occurred. Work has also been undertaken on the burden of disease. From this four general areas of focus have come to date, mental health, long term conditions including cancer, early years and a preventative approach.

Section 3 Recommendations

The Board is asked to note the work undertaken to date to develop the clinical strategy.

Section 4 Background

Following a development session at the start of the year the Board agreed that the development of a clinical strategy for the organisation would be important. The previous strategy and implementation plan Our Orkney Our Health was framed to support the development of the new hospital and health care facility. Much work has been undertaken over the past few years to develop and align services for the migration to the Balfour. Following a successful move and settling in period there is a need to redefine the clinical intent for NHS Orkney.

There are a number of national strategies and plans that support the development of the local strategy, including the National Clinical Strategy for Scotland, the regional discussion plan for the North of Scotland. It is critical that time for clinical input is facilitated to ensure

the strategy reflects the clinical community's aspirations for future care and modern clinical practice.

Section 5 Discussion

Preliminary engagement with professional advisory groups and the Area Partnership Forum have welcomed this approach, and clarity of strategic direction was identified as important in the Quality of Care review undertaken in 2018. Work at this stage has focused on awareness raising that the strategy is being developed and gaining immediate feedback as to any areas of particular interest. For example mental health and care of the elderly were areas raised by the GP subcommittee of the Area Medical Committee. A helpful discussion occurred at the Area Clinical Forum in July where enthusiasm for developing the new strategy was expressed. Consideration was given as to how engagement with professional committees could best occur. The clinical strategy has also been discussed at the Senior Management Team meetings.

Work has been undertaken around the burden of disease in Orkney, identifying clinical conditions which impact on quality and length of life. Four general areas of focus have come from that, mental health, long term conditions including cancer, early years and a preventative approach. Using national and local drivers an outline framework for development and shaping by clinical staff has been drafted. Next steps are the insertion of consultation questions in relation to the outline strategy which will support wider clinical engagement and progressing with the consultation.

In development of the strategy the first two elements of the “triple aim” (balancing individual health, population health and financial balance outcomes), will be given prominence as this is a clinical strategy. Further work in implementation of the strategy will support the reshaping of spend and prioritisation of action to achieve the desired outcomes thereby addressing the financial outcome of the triple aim.

Section 6 Consultation

Preliminary discussion with a range of professional groups has been undertaken to gather initial input.

Not Protectively Marked

NHS Orkney Board Meeting – 22 August 2019 Report Number: OHB1920-23 This report is for discussion and noting Infection Prevention and Control Report	
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"> NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 3 cases at time of report for Q1 (Apr-June 2019). NHS Orkney is within its LDP for 2019-20. (RAG Status GREEN) NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) cases to date is 2 at time of report (Apr-Jun 2019). NHS Orkney is within its LDP for 2019-20. (RAG Status GREEN) Hand hygiene observations are proving more challenging due to the number of single rooms. Spot checks undertaken by teams during August 2019 remain good. Patient experience on asking- generally says hand hygiene is undertaken when receiving care. NHS Scotland National Cleaning Services Domestic and Estates for month of July 2019 to be confirmed Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland.(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)
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	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.

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.

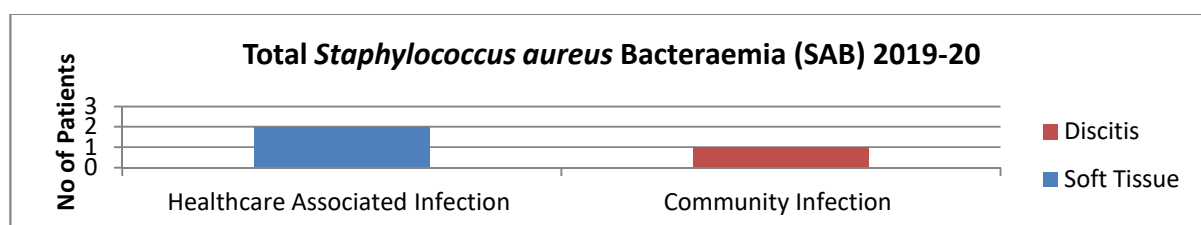
A report card summarising Board wide statistics can be found at the end of section 1

LDP Standard 1st April 2019 to 31st March 2020 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 is 3 at time of this report for Q1 (Apr-Jun) 2019/20. A full root cause analysis has been completed indicating 2 soft tissue and 1 discitis (inflammation that develops between the intervertebral discs of your spine). 2 were HAI and 1 community.

LDP Standard 1 st April 2019 -31 st March 2020 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	3 cases
Quarter 2	July - September	
Quarter 3	October - December	
Quarter 4	January - March	



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 2 cases to date for *Clostridium difficile* infection (CDI) for LDP Q2 (Jun-Sept) 2019/20.

LDP Standard 1 st April 2019 - 31 st March 2020 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	zero
Quarter 2	July-September	1 + 1TBC
Quarter 3	October-December	
Quarter 4	January- March	

Hand Hygiene

Hand hygiene continues to be monitored by each clinical area through their Departmental Standard Infection Control Precautions (SICPs). Hand hygiene observations are proving more challenging due to the number of single rooms and different ways of working.

Observational checks undertaken by teams during August 2019 remain good. Patient experience on asking generally says hand hygiene is undertaken. Teams are working together as to what is the most effective way of collecting hand hygiene compliance to assure the Board it is being quality assured.

Boards were asked to provide an update on the use of alcohol based hand rub (ABHR) and ensuring it was available at point of care and replaced when required. On checking departments the IPC found there was good evidence of use of ABHR which supported good hand hygiene.

Aug -19	No of Obs	Opportunity	Technique	Overall %
Nurses	40	40	40	100%
Medical	6	6	6	100%
AHPs	6	5	5	83%
Patient experience	-	Yes	-	Felt hand hygiene was good

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services Specification for the new Balfour has commenced beginning of July 2018 and data is currently being streamlined through a new monitoring system. All scheduled audits now reflect the new Balfour.

IP&C audits

The Infection Prevention & Control Team have undertaken audits during the week of migration and following weeks after the move. All areas have now been audited, highlighting areas to be addressed, this did take a considerable amount of time for the team, and all reports have been shared with the Project Team and Hospital Management.

The IPCT is now trialling a new audit tool to meet the single in patient rooms and other types of accommodation within this build.

The departments have all been provided with new equipment cleaning schedules. It is hoped all of this will be available electronically once staff are comfortable with the format of the revised tools.

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.

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) using national definitions and methodology which allows comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view.

Education update

Standard infection Prevention and Control Education Pathway (SIPCEPs) was introduced in June 2017. Staff has been set a challenge to have completed some baseline modules prior to moving to new healthcare facility. Results are as per table below. There is still room for improvement. These figures still require to be broken down into different services. The Infection Prevention & Control team have offered support prior to moving as part of the migration plan, during and continue to offer education to all. Education is offered on a one to one or to staff groups. Department leads are asked to arrange time for staff to be released to undertake education either within their department or in small breakout sessions. Uptake to date has been quite poor.

	Sept 2018	April 2019	June 2019
Breaking the chain of infection	22.3	56.3	67.7
Why infection prevention and control matters	26.9	55.9	67.2
Hand hygiene	20.2	53.2	65.6
Respiratory and cough hygiene	21.7	54.2	66.2
Infection Prevention and control of infection colstridium diffcile	12.9	39.2	60.3

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.

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Healthcare Associated	0	0	0	0	1	0	0	0	0	0	0	0	2	0
Community Associated	1	0	0	0	0	1	0	0	0	0	0	0	1	0
Total	1	0	0	0	1	1	0	0	0	0	0	0	3	0

Clostridium difficile infection monthly case numbers

	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Healthcare Associated	1	0	0	0	0	1	0	0	0	0	0	0	0	1 TBC
Community Associated	0	0	2	2	0	0	1	0	0	0	0	0	0	1
Total	1	0	2	2	0	1	1	0	0	0	0	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%	98%	-				

New Balfour Cleaning Compliance (%) Domestic

	Jul 19														
Board Totals	TBC														

New Balfour Estates Monitoring Compliance (%)

	Jul 19														
Board Totals	TBC														

Not Protectively Marked

NHS Orkney Board – 22 August 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	<p>This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 10 July 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:</p> <ul style="list-style-type: none"> • Primary Care Improvement Plan Update Report
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	<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.
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

Author 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 July 2019 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Issues Raised

1. Primary Care Improvement Plan Update Report

- The Head of Primary Care presented the update report and members noted the implementation progress to date but agreed that the financial and workforce risks along with the possibility that GP colleague aspirations would not be met should be highlighted to the NHS Orkney Board and the Integration Joint Board.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute of meeting held on 10 April 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 10 April 2019** at **14.00**

Present: Issy Grieve, Non Executive Board Member (Chair)
 Steven Johnston, Non Executive Board Member (Vice Chair)
 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
 Heather Tait, Public Representative
 Louise Wilson, Director of Public Health (Phone)

In Attendance: Heidi Walls, Committee Support (minute taker)
 Lynda Bradford Interim Head of Health and Community Care
 Julie Nicol – Head of Corporate Services (Item 6.6)
 Ann McCarlie – Project Director, New Hospital and Health Care Facilities
 Rhoda Walker – Project Manager/Clinical Programme Lead, New Hospital and Healthcare Facility Project
 Malcolm Colquhoun – Head of Hospital and Support Services
 Jackie Gratton – Clinical Project Manager

1 Apologies

Apologies had been received from S Shaw, S Sankey, David Drever, R King and C Bichan.

2 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

3 Minute of Meeting held on 19 January 2019

The minute of the Clinical and Care Governance Committee meeting held on 19 January was accepted as an accurate record of the , subject to the corrections listed below and was approved on the motion of J Richards and seconded by G O'Brien.

Page 2 – fourth paragraph – removal of the sentence beginning 'A further concern that the changes and work described...'

Page 4 – seventh paragraph – amendment from 'wasn't' to 'was not'

4 Matters Arising

708 – Elective Care Access Improvement Plan

It was noted that the inclusion of additional graphs showing the national position was a pending update and the Medical Director advised that whilst he had been unable to

establish if MRI scanning delays were specialty specific or a wider issue he confirmed that times had improved.

709 – Safe Staffing Bill Report

The Director of Nursing, Midwifery and Allied Health Professions updated members on the successful recruitment of the band 8a Workforce Planner and confirmed they were in post.

713 – Patient Experience Quarterly Report

It was noted that an update on the work undertaken to understand the high dissatisfaction with the mechanisms for complaints was pending.

Post meeting note: Experience of the complaint process is covered within the Board's Patient Experience Annual Report which was approved on 26/06/19.

714 Dementia Diagnosis Rates

The Interim Head of Health and Community Care confirmed that the old age psychiatry bed figure increase noted at the last meeting had been explored further and she confirmed that it had been due to greater activity.

717 Child and Adolescents Mental Health Services

The Interim Head of Health and Community Care confirmed there had been no reduction in funding for vulnerable children in residential care services.

5 **Action Log**

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

9-2017/18 Autism Diagnosis Pathways

The Medical Director confirmed that adult autism spectrum disorder (ASD) requests continued to be referred via the Non Commissioned Activity Panel (NCAP) and advised that in order to minimise a highlighted impact of raised patient expectation created by the standardised response protocols of the NCAP Standard Operating Procedures a change had been made. On receipt of an ASD NCAP request, an acknowledgment email advising of onward transmission to the Autism Pathway Coordinator for triaging and referral, as appropriate, would be sent going forward.

An update on the consideration of a strategy document was pending, but S Johnston confirmed that progress on the paediatric pathway had been discussed at the Area Clinical Forum and assurance had been provided that it was in use and patients were being seen. An ASD coordination Group had been established and was working well, but the pathway documentation had not been finalised.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that a number of mental health practitioners had been trained to support this process, but it would take time to become fully established and the integration of the two pathways was the outstanding element. He agreed to circulate a copy of the draft pathway for information.

Members were assured that progress had been made and agreed the item would remain on the action log for further updates.

Post meeting note: The Director of Nursing, Midwifery and Allied Health Professions

advised that the draft pathway had not been finalised so was not available for circulation at this time.

Safe and Effective Care

6 Quality and Safety Group Chairs report – CCGC1920-01

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 December 2018 to March 2019.

The Director of Nursing, Midwifery and Allied Health Professions highlighted the value of the December development session and the resulting plan to move towards a clinical rather than business driven work plan.

The chair noted the assurance provided by the report and particularly welcomed the plan to improve opportunities for professional dialogue and the shift toward a more clinical focus.

M McEwen noted that the issue of record keeping errors was a common theme and asked how this could be addressed.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that whilst he was confident there was standardised understanding of record keeping requirements, standardised application was more challenging and needed constant reinforcing.

S Johnston highlighted that as the electronic patient record (EPR) developed, the opportunities for ad hoc manual notes should be reduced, as the template approach used would drive improvements.

The Medical Director noted that increased documentation requirements led to increased room for error and agreed it was a wider issue.

S Johnston welcomed the proactive move towards an established local process for learning from the Scottish Public Services Ombudsman Report and noted recent links made with the Scottish Access Collaborative.

J Richards asked if any assistance was required with regard to the gauracy issues, but the Chief Executive confirmed that the requirements were too complex and these would be revisited and resolved.

The Chair highlighted how interesting and helpful she had found her recent attendance at a Quality and Safety meeting as an observer.

Decision / Conclusion

The Committee reviewed the report and were assured on the performance of the Quality and Safety Group. It was agreed that The Director of Nursing, Midwifery and Allied Health Professions would take the concerns regarding record keeping errors to the Quality and Safety Group.

Post meeting note:

The Director of Nursing, Midwifery and Allied Health Professions advised that this

issue had been discussed with the Senior Charge Nurse and the Interim Clinical Nurse Manager and both had confirmed the issues would be made clear to staff and corrective practices would be reinforced. Alternative approaches to ensure more effective documentation processes would also be considered.

7 **Minute of Quality and Safety Group meeting**

No approved minutes were available

8 **15 Steps Report – CCGC1920-02**

The Director of Nursing, Midwifery and Allied Health Professions presented the update on the planned for implementation of the 15 step challenge which received positive comments from members.

Decision / Conclusion

The Committee noted the report and particularly welcomed the engagement of staff and non executive board members and it was agreed the chair would provide further feedback on the training event directly to those involved with the project planning.

9 **Significant Adverse Event Report – CCGC1920-03**

The Medical Director presented the update to the Significant Adverse Event (SAE) Action Plan, which noted the current progress and status of Significant Adverse Events. He highlighted the work of the Quality Improvement Advisor to involve families in the process, but noted the complex and time consuming nature of the process.

In response to queries regarding the support offered to families it was confirmed that families often approached NHS Orkney after seeking advice from Advocacy Orkney, so partnership working was common. If families made a direct approach they would be signposted to Advocacy Orkney or an alternative organisation as access to objective support was vital.

Decision / Conclusion

The Committee 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.

10 **Elective Care Access Improvement Plan 2018/19 Update – CCGC1920-04**

The Medical Director 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.

Issues for the regularly highlighted specialties were an ongoing issue, but overall it was an improving picture.

It was agreed that an additional update on all waiting times should be included in the report for the next meeting after members sought assurances regarding the accuracy and frequency of waiting times information provided to patients, the implications of

the use of words such as 'new' on the figures presented and clarity on the longest time a patient might wait.

Decision / Conclusion

The Committee welcomed the report, took assurance from the improving picture and noted the request for an additional section regarding all waiting times in the next update.

Post meeting note: Waiting times for review appointments are not part of statutory reporting and therefore our systems are not able to provide this for all service areas. There is work happening nationally to develop a routine dataset which will include return appointments and improve our ability to report on and monitor waits of this kind. If there are key service areas the Committee would like explored in more depth a report with the data that is available can be produced as a starting point for further development.

11 **Safe Staffing Bill Report – CCGC1920-05**

The Director of Nursing, Midwifery and Allied Health Professions presented the report and noted that although it was not running to time, stage 2 two had ended in February 19 and generated a number of amendments. He also noted that the format for reporting on staffing had not been agreed but the designated responsibility for staffing had moved from wholly that of the Director of Nursing role to a shared responsibility. The one size fits all approach had been questioned, implications for social care were receiving more attention and the functionality of software issues was ongoing. It was anticipated that further detail regarding these issues would be resolved at stage three.

Members were advised that local dynamic risk assessment of staffing was in place and the new Workforce Planner would lead on migration work.

Scale, real time staffing requirement, limited funding to develop workforce tools and lack of clarity regarding Scottish Government action for non compliance were highlighted as the key local challenges presented by the bill.

Members welcomed the interesting and helpful report and highlighted the move away from territorial ward areas towards increased nursing staff flexibility as a positive alignment with NHS Orkney's move to the new hospital and healthcare facility.

The Director of Nursing, Midwifery and Allied Health Professions confirmed it would be an opportunity for staff to develop current skills and acquire new ones and S Johnston confirmed a joint presentation to an Area Clinical Forum and Area Partnership Development Session to share this work with staff was planned for the 3 May and would be open to all.

Decision / Conclusion

The Committee noted the report and welcomed the contextualised assurance provided.

12 **Equality and Diversity Annual Report – CCGC 1920 – 06**

The Head of Corporate Services presented the NHS Orkney Equality and Diversity Workforce Monitoring Annual Report, noted it as a requirement of the Equality Act 2010 and provided assurance that NHS Orkney recruitment, selection and retention policies for staff are fair and free from discrimination.

Training was highlighted as the one area where reporting was unavailable, but it was hoped that the roll out of the relevant module within the new Electronic Employee Support System (eEss) would address this.

Decision / Conclusion

The Committee welcomed the clear report and noted the good assurance provided.

13 **Regional Clinical Services Update Report – CCGC 1920-07**

The Director of Nursing, Midwifery and Allied Health Professions presented the update and advised members that he, along with the Medical Director and the Director of Public Health, had joined the initial meetings of the North of Scotland Regional Clinical Leadership Group.

Members were advised that involvement with the group provided a structure and forum for common issues, but it was also highlighted that the group was in the early stages of development and members should be aware that the paper outlined the intentions of the group, but it would take time before tangible outcomes could be confirmed.

The Director of Nursing, Midwifery and Allied Health Professions agreed that there were challenges, but noted he was optimistic and felt the group offered huge opportunities as long as restrictive bureaucracy could be avoided.

The Medical Director believed any regional focus should be on the development of structures which empowered and supported different health boards to run services which responded to local needs.

C Nicholson noted that the Directors of Pharmacy had worked regionally for a long time and it had been incredibly helpful, but it had taken some time to achieve good outputs.

Decision / Conclusion

The Committee reviewed the report, noted the comments made and agreed the item should be added to the action log for a further update at the October 2019 meeting.

14 **QEUH HIS Report Update – CCGC 1920-08**

The Medical Director presented the report which provided members with assurance regarding the board's position in relation to the recommendations and requirements contained in the recently published Healthcare Environment Inspectorate Report on the Queen Elizabeth Hospital.

Members noted the comprehensive risk assessment and welcomed the confirmation

that most of the recommended work was already in place and, at times, over and above the baseline.

Decision / Conclusion

The Committee noted the report and took assurance.

15 Migration and Transition to the New Hospital and Healthcare Facility Report

The project team delivered an update presentation on the progress of work regarding the migration and transition to the new hospital and healthcare facility.

Copies of the presentation slides had been circulated to members of the committee prior to the meeting and focused on providing clinical safety and governance assurance to the committee.

Detailed information regarding the movement of patients and the commissioning of facilities and equipment were provided and comprehensive answers supplied to all questions.

The Chair noted that members fully appreciated the complexity of the undertaking and thanked the project team for the time spared to provide an update.

Decision / Conclusion

The committee took assurance from the evidence of high level planning and the utilisation of learning from other hospital moves.

Policy Ratification

16 NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications – CCGC 1920-09

The Director of Pharmacy presented the policy for approval and provided members with a development and purpose overview.

In the past, any medicines which were not approved by the Scottish Medicine Consortium (SMC) could be accessed via an individual patient request process. It worked well, but five years ago after concerns regarding access barriers to some areas of treatment it was decided a new process was needed and the Peer Approved Clinical System (PACS) was introduced.

It was noted that as a PACS panel was comprised of clinical peers, it would've been difficult to develop an individual policy so a joint approach with Grampian and Shetland had been adopted.

The Director of Pharmacy explained that whilst it might appear the new process would allow patients to access any medicine they choose, in practice it may be used much less frequently than initially imagined as it was clinically driven. A clinician would need to be convinced of a medicine's additional efficacy, be able to demonstrate benefit and willing to prescribe before submitting a request on the patient's behalf.

The Director of Pharmacy noted that a lot of the policy content was prescribed by Scottish Government and highlighted the potentially significant financial implications for health boards of the new decision making process as the reason for the extended process and a key issue for members to consider.

It was noted that unlicensed medicines remained under local control.

Decision / Conclusion

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.

Medicines management

- 17 There were no reports at this meeting but the Director of Nursing, Midwifery and Allied Health Professions took the opportunity to note that the NHS Grampian/NHS Orkney Consultant Microbiologist and Infection Prevention and Control Doctor had complimented the NHS Orkney anti microbial policy and highlighted the completeness of the administration as an exemplar at the recent NHS Orkney Morbidity and Mortality meeting.

Person Centered Care

- 18 **Patient Experience Quarterly Report for period ended December 2018 – CCGC 1920-10**

The Director of Nursing, Midwifery and Allied Health Professions presented the report to provide assurance on recent performance relating to complaints and feedback.

It was noted that communication was the main theme of the issues highlighted in the report, but the need to ensure appropriate management of patient expectations was also highlighted.

A focus on the content and appropriateness of a response over fixed timelines was reiterated as the chosen priority.

Decision / Conclusion

The Committee reviewed the report and took assurance that complaints had been dealt with appropriately

Population Health

- 19 No reports at this meeting

Social Work and Social Care

- 20 **Chief Social Work Officer's Quarterly Report – CCGC 1920-11**

The Chief Social Worker Officer presented the report providing information relating to

current and recent themes for the period to the 10 April 2019 and highlighted the Audit Scotland Report (December 2018) and associated impacts relating to clinical and care governance as the key issue of note for members.

The chair highlighted the need to ensure the proposed NHS Orkney clinical strategy covered both health and social care and that the government position on the commissioning of services didn't overwhelm a focus on local requirements and the importance of securing appropriate services for Orkney.

The Chief Social Work Officer noted the significant challenges of cultural change that had been experienced during recent commissioning work within children services. Traditionalist wished to continue with the way they have always been done, but it was noted that the realities of funding pressures were compelling and there had been a realisation that it was no longer an option.

It was highlighted that a fundamental role of the Clinical Care and Governance Committee was to raise and discuss clinical and care issues and ensure all parent bodies (Health Board, Integrated Joint Board and The Council) were sighted on key issues.

The Director of Public Health welcomed the report and highlighted page 18 of the Audit Scotland report as a particularly succinct and helpful resource to guide future agenda items and it was noted that a more balanced mix of health and care issues should be the aspiration going forward.

In response to concerns relating to capacity issues within community services it was clarified that the term community led support referred to community social work and a move away from the management based approach of the past to one of appropriate local engagement.

Decision / Conclusion

The Committee noted the report and agreed that a short paper on community led support at the next meeting would be helpful.

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

No approved minutes available for this meeting

Chair's reports from Governance Committees

22 No reports this meeting

Risk

23 Agree risks to be escalated to the Audit Committee

No risks for escalation to the Audit Committee were noted.

24 Emerging Issues

No emerging issues were noted

25 **Committee Annual Review– CCGC 1920-12**

26 Committee Self Evaluation Questionnaire Results

The chair summarised the results, highlighted the importance of the focus on governance rather than operational issues and noted that no significant issues had been raised.

Terms of Reference

Members reviewed the revised draft terms of reference and noted the overall improvement. A couple of omissions from the attendance list were noted (Director of Public Health and Public Representative) and it was confirmed that these would be corrected along with amendments regarding the appropriate balance of focus on health and care.

It was agreed that quoracy requirements would be reviewed next year.

Members approved the Terms of Reference subject to the changes noted and it was agreed a final version would be circulated virtually to members.

Draft Business Cycle

Members noted that there was still work to be completed with regard to the business cycle, but this would be progressed over the next 12 months as work on the clinical strategy and the Clinical and Care Governance Committee's controls risk and assurance framework was completed.

It was confirmed that key documents and annual reports needed to be included in the business cycle, but it was important to ensure it didn't become too prescriptive and that there was space to add agenda items as appropriate to the operational business. Appropriate items regarding population health was one area highlighted for further work and it was agreed that the final agenda setting meeting was the key forum in this process.

Members approved the draft business cycle for 2019/20 subject to the comments noted.

27 **Draft Clinical and Care Governance Committee Annual Report – CCGC 1920-13**

Members approved the draft Clinical and Care Governance Committee Annual Report.

28 **Any other competent business**

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.

Area Clinical Forum

The chair noted an issue from the Area Clinical Forum, regarding lack of staff awareness when approved policies were implemented and sought clarity regarding the dissemination process. As an operational issue, it was agreed assurance from Heads of Service should be sought via the Quality and Safety Group.

29 **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:

- SAE Report and the subsequent recommendation of a board development session topic exploring how learning from clinical incidents was demonstrated and communicated
- The financial implications for the board of the approval of the NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications
- The assurance that NHS Orkney patients were being treated appropriately following the Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report 2019

Items for Information and noting only

30 **Person Centred Care Newsletter Issue 11**

Members noted the information provided

31 **Schedule of Meetings**

The Committee noted the schedule of meetings for 2019/20

32 **Record of Attendance**

The Committee noted the record of attendance.

33 **Committee Evaluation**

The Chair thanked all and was looking forward to the next meeting in the new hospital and healthcare facility.

Not Protectively Marked

NHS Orkney Board – 22 August 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	<p>This report highlights a key issue facing the Area Clinical Forum and it was agreed that this should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> • Clinical engagement
Timing	The Area Clinical Forum highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	<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.
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 a summary of the issues discussed by members 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 the key agenda item that was discussed subsequent to the Area Clinical Forum meeting on 5 April 2019, through both informal meetings and the Area Clinical Forum Development Session in July, and it was agreed that this should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1.1 Clinical Engagement

The meeting of the Area Clinical Forum in June was cancelled due to the move to the new hospital and healthcare facility and unfortunately the August meeting was not quorate. Therefore the Area Clinical Forum have not held a formal meeting since 5 April 2019. In the meantime, work has been ongoing to tackle the issue of Clinical Engagement, including a number of meetings with the Corporate Service Manager, Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals, amongst others.

In addition, a Development Session in July went ahead with a focus on this topic with attendance from the Director of Public Health and the Medical Director. A summary of all of these discussions is being collated and progressed alongside early work on the Clinical Strategy with a view to use the development of the latter as an

opportunity to engage with clinicians.

The various professional advisory committees are still active although attendance remains variable. Without a meeting of the Area Clinical Forum, the clinical advice coming through the committees is not reaching the Board through this structure. The Area Clinical Forum Development Session planned for September will now be used for the rescheduled August meeting.

Cross Committee Assurance

There were no issues requiring Cross Committee Assurance

Not Protectively Marked

<p>NHS Orkney Board – 22 August 2019</p> <p>Report Number: OHB1920-24</p> <p>This report is for noting</p> <p>Appointment and Role of Whistleblowing Champions</p>	
Lead Director Author	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the appointment and role of the non-executive Whistleblowing Champions
Key Points	The introduction of these dedicated roles will form part of a wider package of measures which will further strengthen and enhance the current policy architecture to support and promote Whistleblowing in our NHS.
Timing	<p>On 8 October 2018 the Cabinet Secretary for Health and Sport announced her intention to appoint dedicated non-executive Whistleblowing Champions to each Board in NHS Scotland.</p> <p>The local appointment process has now commenced with a closing date of 12 August 2019 for applications.</p>
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement; • Be trusted at every level of engagement.



T: 0131-244 2790
E: dghsc@gov.scot

All NHS Scotland Board:
Chairs
Chief Executives
HR Directors
Employee Directors

5 July 2019

Dear Colleagues

Appointment and role of dedicated non-executive Whistleblowing Champions

On 8 October 2018 the Cabinet Secretary for Health and Sport announced her intention to appoint dedicated non-executive Whistleblowing Champions to each Board in NHS Scotland.

Given that the appointment process for these new roles will commence shortly, I thought it would be helpful to provide you with an overview of the role, which was developed in partnership, as well as the Scottish Government's expectations for the arrangements in Boards. These are set out in Annex A of this letter.

The introduction of these dedicated roles form part of a wider package of measures which will further strengthen and enhance the current policy architecture to support and promote whistleblowing in our NHS. Other measures include:

- The introduction of draft legislation to allow the Scottish Public Services Ombudsman to take on the role of the Independent National Whistleblowing Officer for NHS Scotland (INWO).
- The review of our workforce policies, including the Whistleblowing policy, to ensure that they are person centred, and applied consistently across all health boards.

We recognise that it is vital that we continue to review the mechanisms in place which promote an open and transparent reporting culture and I hope that these additional supportive measures will be welcomed by Boards.

I hope this is helpful in clarifying the Scottish Government's position.

Yours faithfully

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



Role and responsibilities of the dedicated Whistleblowing Champions

To maintain the integrity of a non-executive director role, the Whistleblowing Champion will have no operational role in any Board. The aim of this role is to further promote a culture of openness and transparency in NHS Scotland, where all staff feel confident to raise any concerns they may have in the knowledge that they will be supported and their concerns properly investigated.

The Whistleblowing Champion will seek and provide assurance that their Health Board is complying with the local whistleblowing policy. This forms part of the current 'Once for Scotland' exercise for HR policies and will mirror the Whistleblowing Standards, currently being developed by the Scottish Public Services Ombudsman (SPSO). This will provide the benchmark for consideration of cases by the INWO.

Where the Whistleblowing Champion finds that this is not the case and the Board does not provide the Whistleblowing Champion with assurance that it is properly addressing any concerns raised with them directly, the Whistleblowing Champion will be able to escalate their concern to the Health Secretary via the Scottish Government Director of Health and Social Care.

The Whistleblowing Champion will have a role in reporting on cases raised. They will also have a role in identifying Boards where staff do not have confidence in raising concerns, as well as identifying any issues or areas of good practice.

The standard role and responsibilities of non-executive Board members will be included in the role of the Whistleblowing Champion and will further support it by providing a mechanism for strategic assurance and governance in the Board more broadly. The information gleaned from this element of the role will be triangulated and used by the Whistleblowing Champion to inform the dedicated aspect of role.

The Whistleblowing Champion will have a responsibility to seek assurance that:

- Staff are actively encouraged and supported to report any concerns about patient safety or malpractice they may have;
- Boards have systems in place that are used and monitored appropriately to ensure that all reported concerns are investigated in a timely and appropriate way;
- The staff member (the whistleblower), and any other staff member implicated in the reported concern, is supported and updated on progress throughout the process;
- The outcome is fed back to the member of staff who raised the concern, and any resultant recommended actions are progressed by the Board;
- Any detriment or potential detriment to the whistleblower is properly addressed.

The Whistleblowing Champion will also consider and implement mechanisms which will allow them to identify if staff do not have confidence in local processes.

To support their role and to fulfil the role and responsibilities of a Board member the Whistleblowing Champion will also work with the Chair and other board members to:

- maintain public confidence in the organisation as a public body and ensure the Board acts in the best interests of patients and the public;
- ensure the Board develops vision, strategies and clear objectives to deliver organisational purpose in the context of Scottish Government policies and priorities;
- account individually and collectively for the effectiveness of the Board and its accountability for governing the organisation;
- provide purposeful scrutiny and assurance on the decisions the Board makes ensuring the appropriate systems are in place to hold the executives to account rigorously and effectively;
- chair or participate as a member of key committees as part of the accountability processes within the Board;
- actively support and promote a healthy culture for the organisation and reflect this in their own behaviour;
- serve as a trustee of the Board's endowment funds (its associated charity); and
- uphold the highest ethical standards of integrity and probity - being honest and trustworthy - and comply with the Board's Code of Conduct derived from the nine principles of public life set out by the Committee on Standards in Public Life (based on the Nolan Principles).

Specifically, Whistleblowing Champions will:

- Work closely with the named Whistleblowing Policy contact(s); Trade Unions and professional representatives; HR; relevant Governance Committees; the Board; and, the INWO, when this role is established;
- Be assured that the benefits of raising concerns about patient safety and malpractice are highlighted and widely publicised;
- Be assured that all staff at all levels have access to a range of mechanisms and support to report or discuss any concerns they may have about patient safety or malpractice, including: the local Whistleblowing policy (which is due to be standardised); named contact; HR; and the Whistleblowing Alert and Advice Services for NHSScotland (AALS);
- Ensure that the Board is advised of reported whistleblowing cases including patient safety/malpractice concerns, including those reported via AALS and highlighted in Datix, and where possible, provide an early intervention role;
- Ensure the Board has robust governance mechanisms in place. This will include reporting and discussing the number of concerns and their nature regularly at the Staff Governance Committee and reporting to the Board on a quarterly basis (presently it is for each Board to regularly review and determine the frequency of reporting).
- When introduced, be assured that the Board is applying the Whistleblowing Standards (comprising of an overarching set of principles and model whistleblowing procedure) developed by the Scottish Public Services Ombudsman (SPSO).
- Provide a Board liaison role with the INWO for NHSScotland when established;
- Be assured that all reported cases are appropriately investigated;
- Ensure that regular updates are provided to the Board on the progress of the investigations of reported cases;
- Be assured that staff members who report concerns are being treated well and supported appropriately by the organisation and, where it is agreed by the staff member, contact the staff member to confirm this is the case.

- Be assured that staff members implicated in reported concerns are being treated well and supported appropriately by the organisation, and, where it is agreed by the staff member, contact the staff member to confirm this is the case.
- Be assured that members of staff are regularly updated on the progress of the concern they reported and advised of investigation outcomes;
- Be assured that any resultant actions are progressed;
- Be assured that relevant Governance Committees; HR; staff representatives and Whistleblowing policy contacts are updated on the progress and outcomes of cases; and, recommended actions resulting from an investigation;
- Publicise and champion positive outcomes and experiences.
- Have a role in directly promoting, encouraging and supporting whistleblowing/whistleblowers.
- Oversee and promote continuous improvement
- Ensure appropriate whistleblowing training is provided in the Board.

Appointments Process

The Scottish Government Public Appointments Team will lead the appointments process. Full details of the Whistleblowing Champion posts will be available later this summer. It is anticipated the posts will be advertised on the [‘Appointed for Scotland’](#) website w/c 8 July, with interviews commencing in October. We would also expect the roles to be widely advertised by Boards using their current networks and attraction strategy.

Full details of the role and an application pack, which will include full details of the application process, will be available on the [‘Appointed for Scotland’](#) website.

We anticipate that all posts will be filled by the end of December 2019.

Current non-executive Whistleblowing Champions

The current non-executive Whistleblowing Champions, who undertake this role as an additional role, may, if they wish to do so, apply for the new dedicated role when it is advertised.

It should be noted, however, that it is expected that the maximum 8 year tenure of a non-executive board member serving on a specific Board will apply i.e. if the current Whistleblowing Champion has served 7 years in their non-executive role within the Board, they would only be able to serve a further 1 year in the dedicated non-executive Whistleblowing Champion role.

This would not, however, preclude the current non-executive Whistleblowing Champion from applying for the post within a different board where the 8 year timescale would be reset.

If a current non-executive Whistleblowing Champion does apply for the new dedicated non-executive role, and is successful, it is expected that the role that they vacate will be backfilled.

Not Protectively Marked

NHS Orkney Board – 22 August 2019 Report Number: OHB1920-25 This report is for noting Board iMatter Report	
Lead Director Author	Gerry O'Brien, Chief Executive Julie Colquhoun, Head of Corporate Services
Action Required	Members are asked to: <ul style="list-style-type: none"> Note the output from the iMatter survey for the 2019 run
Key Points	This report highlights a significant drop in response rate from 83% in 2018 to 66% in 2019, however, despite the drop in respondents the Employee Engagement index remains in the same strive and celebrates a score of 75 in 2019; a slight drop from 76 in 2018
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	Putting the Staff Governance Standard into practice in all that we do, empowering teams and individuals to innovate and make things better.
Benefit to Patients	Staff having a positive employment experience, in which they are fully engaged with their job, their team, and their organisation, will have a positive impact on organisational performance, and therefore on quality of service provision to patients.
Equality and Diversity	The iMatter survey is undertaken equally and anonymously by all staff.

Not Protectively Marked

NHS Orkney Board

Report Number: OHB1920-25

Board iMatter Report

Julie Colquhoun, Head of Corporate Services

Section 1 Purpose

The purpose of this paper is to report on the output from the iMatter survey for the 2019 run.

Section 2 Executive Summary

iMatter is a staff experience continuous improvement tool designed by staff in NHS Scotland. NHS Orkney as part of its investment and commitment to quality improvement has adopted and spread iMatter to align both improving staff experience with patient experience. This report has been prepared to inform Board members of progress to date in the implementation of iMatter and the key recurring messages from individuals and teams.

There is a significant drop in the number of responses from staff from 83% to 66%, however despite the drop in respondents, the Employee Engagement Index remains in the strive and celebrate score at 75 a slight drop since 2018 which was 76.

The success of iMatter lies in the teams working together on the improvements they have identified in their action plans. NHS Orkney had the highest percentage of action plans in place across NHS Scotland in 2017, and maintained this during 2018, NHS Orkney teams must make all attempts to ensure that action plans are in place and monitored during 2019.

Section 3 Recommendations

Note the contents of the report

Section 4 Background

There is a significant drop in the number of responses from staff from 83% to 66%, however despite the drop in respondents, the Employee Engagement Index remains in the strive and celebrate range at 75 a slight drop since 2018 which was 76.

Our Employee Engagement Index (EEI) measures **employees' engagement** with their jobs or day-to-day work based on the questions asked in the survey which assess factors such as being involved in decisions, how they feel they are listened to or how they work together as a team. NHS Orkney's EEI score is 75, a slight decrease since 2018.

The National Report is not published until late 2019, however in comparing the local Board response (Table 1) to the components over the last 3 years there are no significant differences.

Table 1

Staff Governance Standard	Index value 2017	Index value 2018	Index value 2019 %
Well informed	77	79	78
Appropriately trained & developed	72	74	74
Involved in decisions	70	71	71
Treated fairly & consistently with dignity & respect in an environment where diversity is valued	75	77	76
Provided with a continuously improving & safe working environment, promoting the health & well being of staff, patients and the wider community	76	78	78

However as detailed in Table 2 below there continues to be four key themes highlighting at an organisational level that, whilst show some improvement, continue to fall within the 'monitor to further improve' range, these include:

Table 2

iMatter Question	Average score 2017	Average score 2018	Average score 2019
I have confidence and trust in senior managers responsible for the wider organisation	61	62	62
I am confident performance is managed well	60	63	61
I feel senior managers for the wider organisation are sufficiently visible	61	62	62
I feel involved in decisions relating to my organisation	57	58	57

Appendix 1 provide the full results for members to consider.

Section 5 Celebrating Success

iMatter is not the same as other staff surveys: it focuses on the results in each department/team, allowing managers to be supported to develop an action plan for their team in area that matter to them as they look to improve their interactions with others and the care and services they provide. The purpose of iMatter is about improving both staff experience and ultimately people/patient experience.

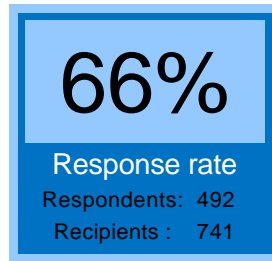
Teams are encouraged to share their successes over the last 12 months and it interesting but maybe not surprising that people focus on problems/issues and having difficulty talking about what they are proud of and what they can do more of to be even better.

The success of iMatter lies in the teams working together on the improvements they have identified in their action plans. NHS Orkney had the highest percentage of action plans in place across NHS Scotland in 2017, maintained this position in 2018 and aim to improve in this area during the course of 2019.

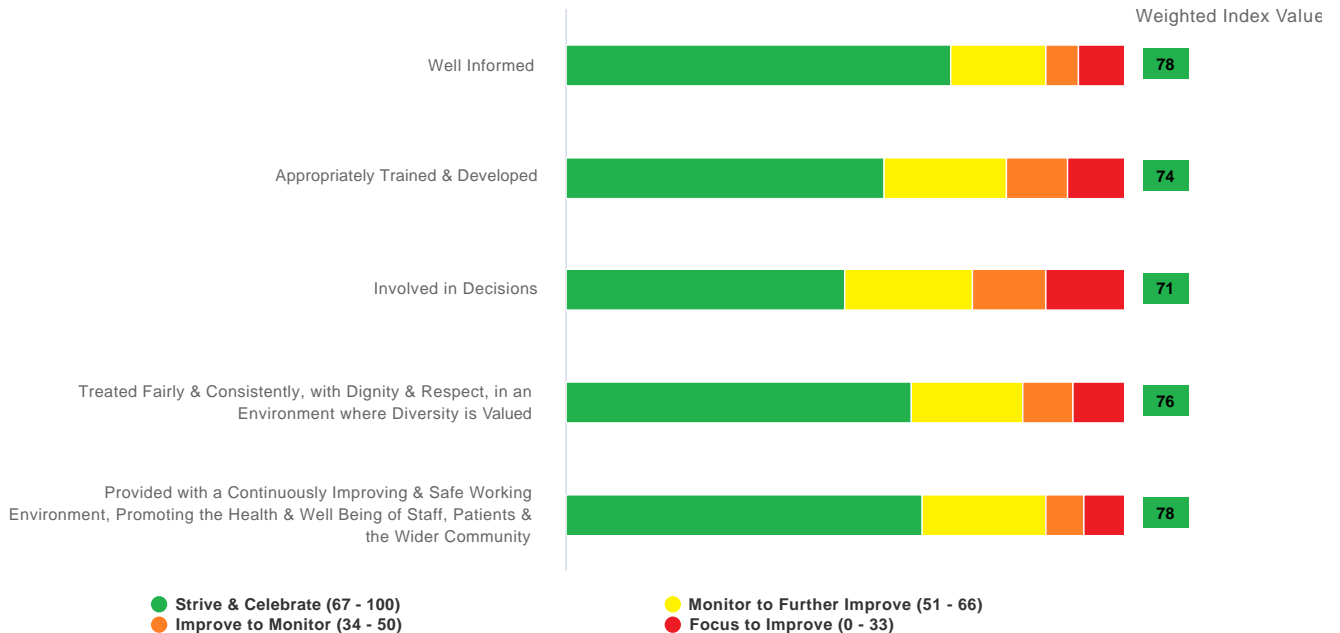
Performance in relation to action planning and actions taken to improve overall performance will be monitored through the Staff Governance Committee.

Board Report 2019

NHS Orkney



Staff Governance Standards - Strand Scores



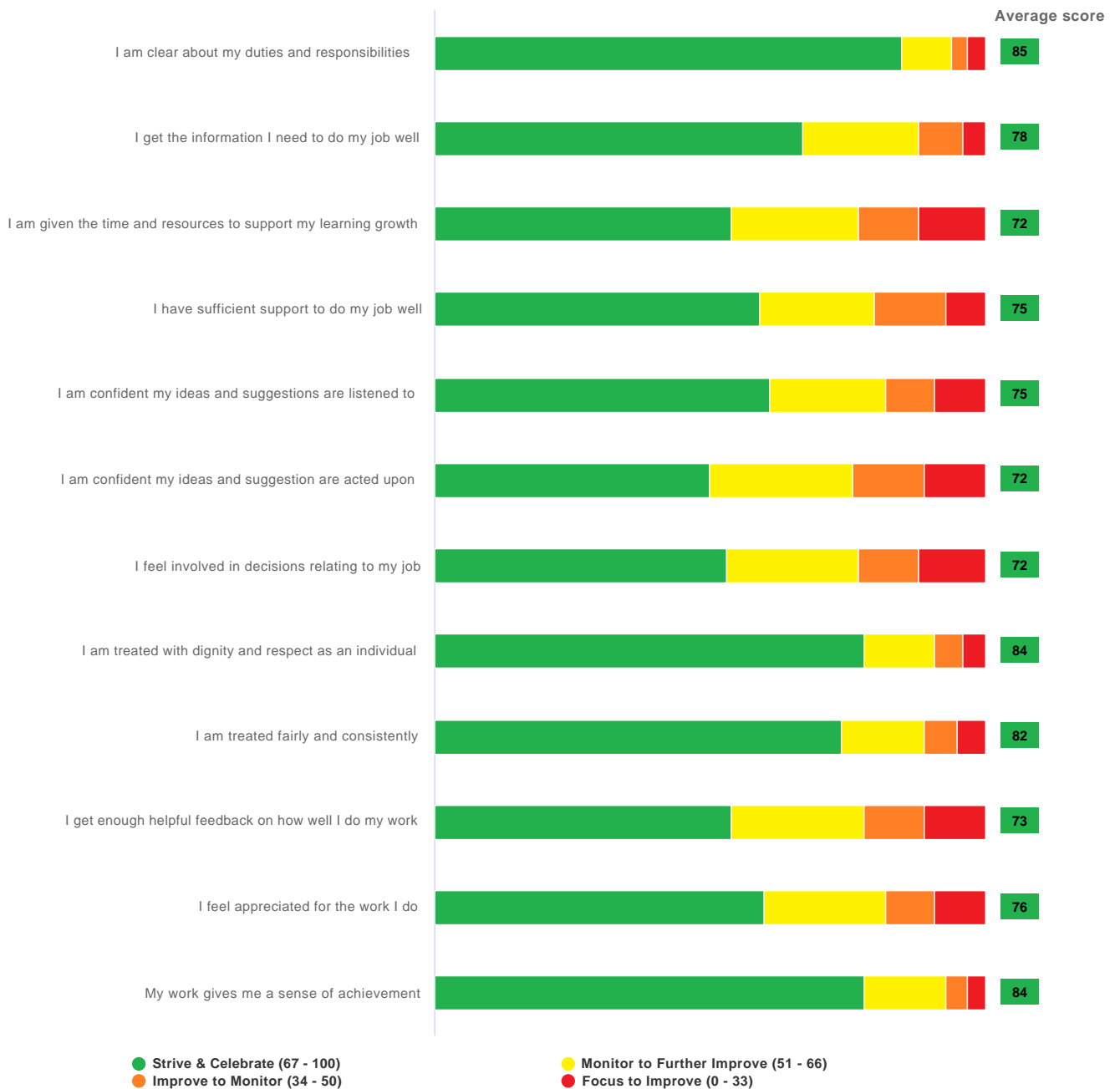
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

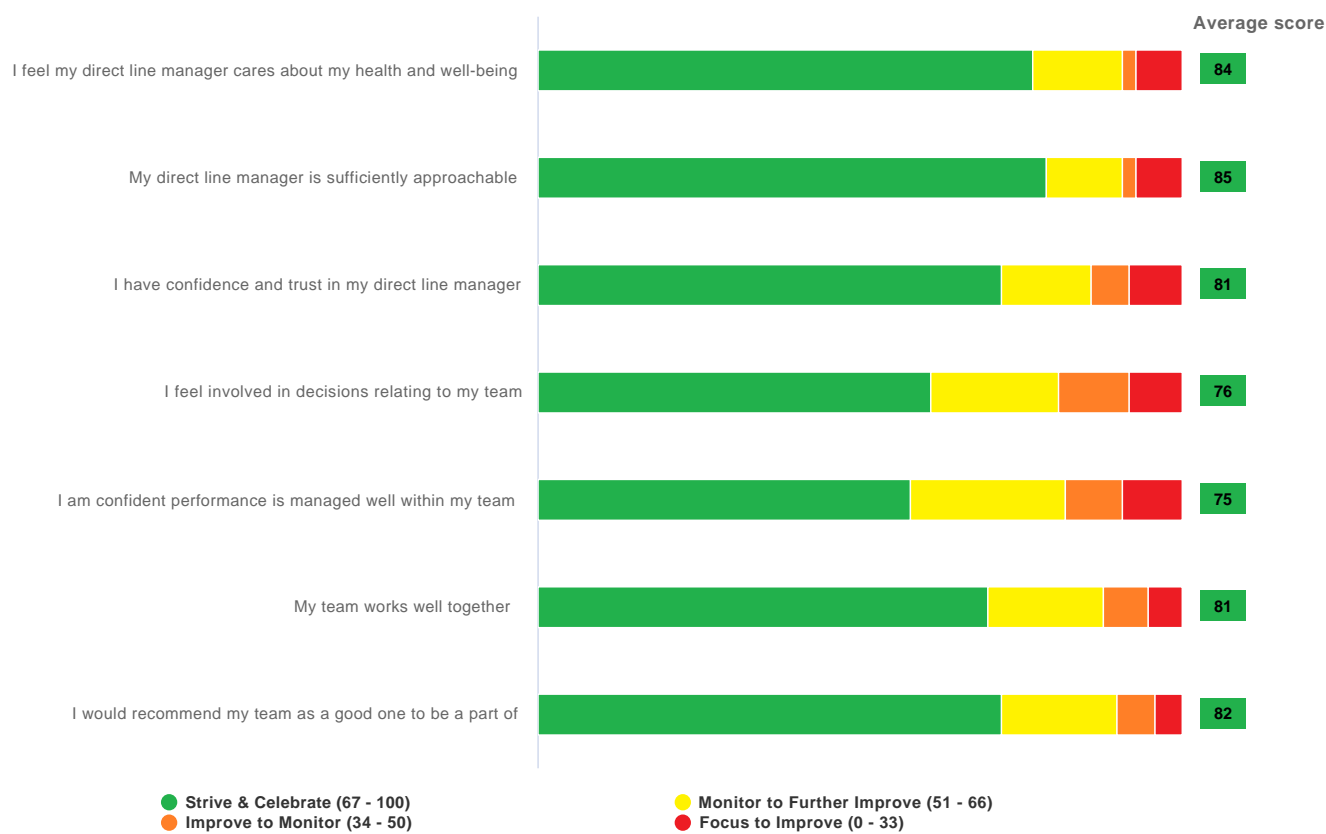
Experience as an Individual:

Number of respondents: 492



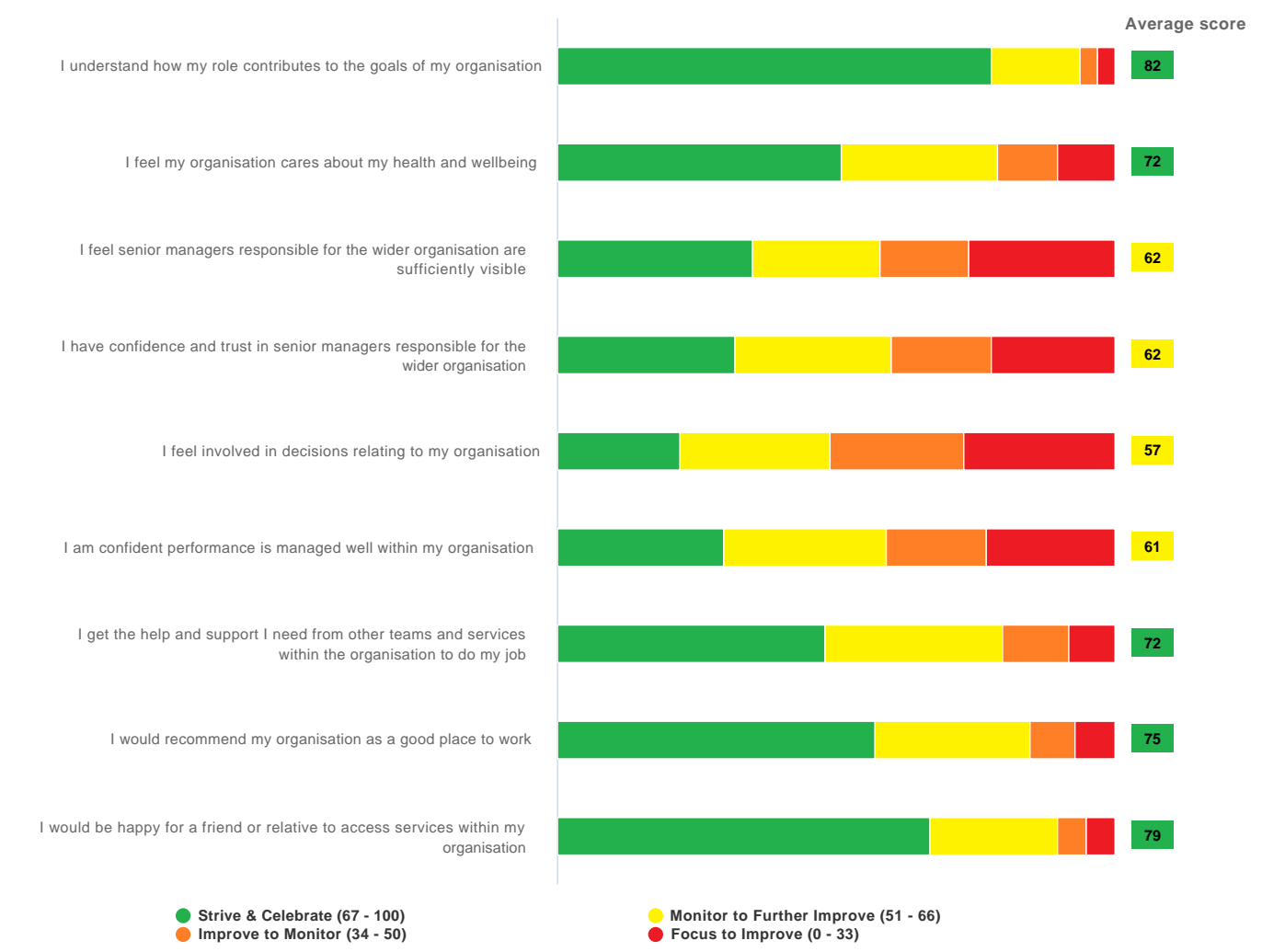
My Team / My Direct Line Manager:

Number of respondents: 492



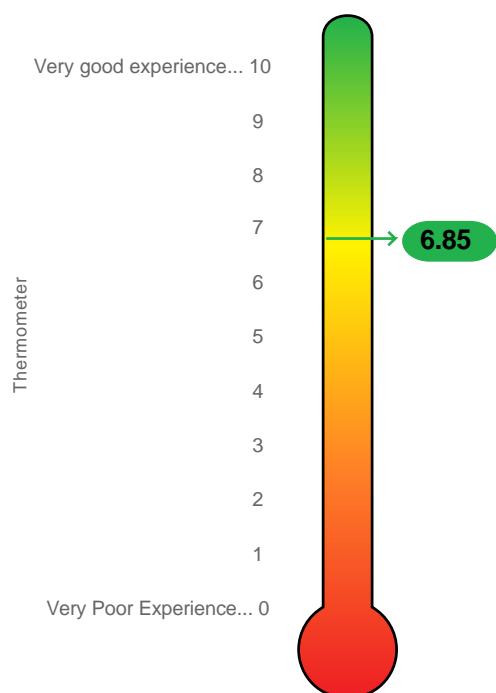
My Organisation:

Number of respondents: 492



Overall, working within my organisation is a

Number of respondents: 492



EEI number for teams within the Board

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	49	5	0	0	23	77
Percentage of Teams	63.6%	6.5%	0%	0%	30%	100%

Not Protectively Marked

NHS Orkney Board Meeting – 22 August 2019 Report Number: OHB1920-26 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	<p>Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:</p> <ul style="list-style-type: none"> • Note the reported overspend of £0.496m to 31 July 2019 • Note the commitment to deliver a forecast breakeven position on the Health Board budgets.
Key Points	The report provides analysis of the financial position for the period up to 31 July 2019. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £0.496m.
Timing	July 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

Financial Management Performance Report

Derek Lonsdale, Head of Finance

Section 1 Purpose

The purpose of this report is to inform the Board of the financial position for the period 1st April 2018 to 31st July 2019.

Section 2 Recommendations

Members are asked to note

- the reported overspend of £0.496m to 31 July 2019
- the commitment to deliver a forecast breakeven position on the Health Board budgets

Section 3 Background

The revenue position for the 4 months to 31 July reflects an overspend of £0.496m, which is an adverse movement of £132k on the position reported to the end of June £0.364m.

This over spend comprises £0.521m attributable to Health Board and under spend of £25k to the Integration Joint Board. To deliver a balanced budget; the forecast assumes a heavily caveated balanced outturn position for Health Board. This includes various caveated items.

The single biggest risk to delivery of a balanced outturn at this point in the year is the uncertainty on the likely position with Medical staffing, the receipt of capital to revenue of £2.9m and additional medical staffing support of £2.14m. Following discussions with Scottish Government (Alan Morrisson) the following revision has been agreed:

- £3.4m Capital to Revenue transfer - £1.7m is to be transferred into revenue, with the balance remaining in capital.
- Medical Staffing of £2.14m has been revised down to £1.8m.

The main items which have contributed to an adverse movement in the month include:-

- Surgery £64,000 – Includes consultant surgeon on long term sick requiring additional locum cover.
- Hospital Medical Team – Jnr medical £92,000 - Includes additional Clinical Development Fellowship which hadn't been accounted for previously.

- Patients travel £50,000 – bringing it back in line with the forecast and budget phasing.

Actions to reverse the over spend and deliver a break even position include:-

- Vacancy management approval is to be authorised by the senior management team.
- Actively seeking recruitment into the vacant medical staffing posts.
- Activity analyse and monitoring of off island patients with a view to attend anywhere removing the need to travel.
- Actively recruiting to priority gaps to reduce costs.
- Implement a staff ideas scheme.
- Service improvement meetings.

For each of the areas highlighted above the Board has drawn up a draft plan and was approved by the SMT on the 29/7/19, various teams will roll out the actions plans which will in part enable the Board to deliver a balanced position in 2019/20 – 2021/22 as detailed in the AOPs.

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the senior management team, finance and performance committee and Board ensure that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

Assessment:

Capital Programme

The total anticipated Capital Resource Limit for 2019/20 is £7.905m. The capital position for the 4 months to July shows investment of £2.220m, equivalent to 28% of the total allocation, with plans in place to ensure the Capital Resource Limit is utilised in full.

Financial Allocations

Revenue Resource Limit (RRL)

On 3 June 2019 NHS Orkney received confirmation of core revenue and core capital allocation amounts. The core revenue resource limit (RRL) has been confirmed at £49.827m.

Anticipated Core Revenue Resource Limit

In addition to the confirmed RRL adjustments, there are a number of anticipated core revenue resource limit allocations of £12.379m built into the financial plan as detailed in Appendix 1. The additional notable allocations include the 6% superannuation consequential of £1.148m and elective activity of £0.500m.

Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, depreciation or impairment of assets. The anticipated non core RRL funding of £16.7m is detailed in Appendix 2.

Changes in the month listed below:-

Description	Earmarked Recurring	Non-Recurring	Total
	£	£	£
General Dental Services element of the Public Dental Service	1,747,299		1,747,299
Implementation - Child Weight Management Services Standards		32,000	32,000
Breastfeeding PFG year 2 project funding PASS contract		26,000	26,000
PASS Contract		(2,917)	(2,917)
Implementation of Excellence in Care Excellence in Care		30,900	30,900
Implementation of Excellence in Care Excellence in Care, E-health		9,750	9,750
Increase provision of Insulin pumps for adults and CGMs		10,447	10,447
Mental Health Strategy Action 15 Workforce - First Tranche	57,620		57,620
Discovery (top slice)	(2,866)		(2,866)
	1,802,053	106,180	1,908,233

Summary Position

At the end of July NHS Orkney reports an in year over spend of £0.496m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system: £0.521m of the over spend is attributable to Health Board budgets; and an under spend of £25,000 attributable on the health budgets delegated to the Integrated Joint Board.

Previous Month Variance £000 M03		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000	YTD Variance %	Forecast Year End Variance £000
Core							
(469)	Hospital Services	12,528	4,284	5,022	(738)	(17.24)	(472)
(16)	Pharmacy & Drug costs	2,268	767	768	(1)	(0.11)	(187)
44	Internal Commissioning	24,255	7,389	7,364	25	0.34	200
(14)	External Commissioning	10,998	3,555	3,507	47	1.32	(21)
(11)	Estates and Facilities	4,001	1,264	1,259	5	0.39	(18)
101	Support Services	6,873	2,009	1,993	16	0.79	398
0	Reserves	4,061	150	0	150		150
0	Savings Targets	(750)	0	0	0		0
(364)	Total Core RRL	64,234	19,417	19,913	(496)	(3.35)	49
Non Cash Limited							
(0)	Ophthalmic Services NCL	293	91	91	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,376	461	461	(0)	(0.00)	0
Non Core							
(0)	Annually Managed Expenditure	13,011	0	0	(0)	0.00	0
0	Depreciation	1,200	186	186	0	0.00	0

(364)	Total For Board	80,113	20,155	20,651	(496)	(3,23)	49
-------	-----------------	--------	--------	--------	-------	--------	----

Operational Financial Performance for the year to date includes a number of over and under spent areas and are broken down as follows:-

Hospital Services

- Medical Staffing

Within the surgical team, anaesthetics and obstetrics the requirements for patient safety, ensures the need to employ locums to fill the vacancies, Locums unfortunately are recruited at a premium. The 57% adverse movement is attributable to an additional Clinical Development Fellow and long term sickness within the surgical team. The hospital medical staffing is currently in deficit £0.554m with a forecast year end out-turn of £1.80m as advised to the SG at our recent meeting, however, the position is forecast to break-even subject to anticipated Scottish Government Funding of £1.8m. We will be in a better position in September to confirm the most likely out-turn.

- Ward and Theatres

The Acute Services and Acute Receiving Area combined attribute to an over spend of £119,000 for the year to date, with the overall wards and theatre areas forecasting a combined overspend of £0.393m. Theatre is currently over spent by £22,000; increased consumables of single use scope and more theatre use has contributed to the variance. The service re-design in the new hospital and healthcare facility will play a vital role in assessing the outturn position, however, quality & safety; value & sustainability; and performance delivery is paramount.

- Radiology

Radiology is overspent by £51,000 with a forecast outturn of £144,000 due to use of locums to cover vacancies in ultrasound and CT, ensuring the on-call rota is maintained in addition to the waiting times.

Pharmacy and drugs

Pharmacy and drugs are currently forecasting an over spend £187,000, in line with previous years and includes the rebate for HEP-C patients. These areas will be monitored and identifying when the patients will cease with the medication to bring the anticipated costs down. A contingency is held in reserves in case of pressures within this area.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net under spend of £25,000 with a forecast outturn of £0.200m which is made up of the following outturn estimates:-
 - The Integrated joint board over spend is due to an off island patient placement and increased supported living rate.
 - The under spend within Children's services and Women's Health is due to vacancies within Children's therapy services 3 WTE.

10.1

- Forecast over spend within Primary Care is mainly due to out of hours agency cover of £60,000.
- Health and community care forecast under spend is mainly attributable to vacancies within Community Nurses of 3 WTE and 4 WTE within Mental Health Services
- Pharmacy services under spend is within prescribing unified and invoices are 2 months in arrears. It is currently forecasting an under spend of £72,000, but will monitor closely.

The table below provides a breakdown by area:-

Previous Month Variance		Annual Budget	Budget YTD	Spend YTD	YTD Variance	Forecast Year End Variance
£000		£000	£000	£000	£000	£000
M03						
Core						
(25)	Integration Joint Board	4,425	786	825	(40)	(116)
16	Children's Services & Women's Health	2,098	701	686	15	47
20	Primary Care, Dental & Specialist Nurses	9,738	3,268	3,263	5	(41)
31	Health & Community Care	3,970	1,349	1,304	44	238
2	Pharmacy Services	4,023	1,286	1,285	1	72
44	Total IJB	24,255	7,389	7,364	25	200

External Commissioning

The Acute Grampian SLA is anticipated at a similar level to 2018/19 at £5.1m which would realise an under spend of £0.429m, however, as activity is increasing the savings available is reducing. The transformation and Improvement team is correlating the activity within Grampian to Trakcare to identify the drivers for this increase. This is also reflecting in the patients travel pressures, which are forecasting an outturn position of an over spend of £270,000 and visiting specialists of £113,000.

Estates and Facilities

This Directorate is reporting a slight deficit of £18,000 at outturn and predominantly lies within the catering due to sickness cover.

Support Services

Vacancies within Health Intelligence, Finance and Performance, Corporate Services, Human Resources are contributing to the under spend of £398,000 of 12.5 WTE.

Unallocated Funds

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and

10.1

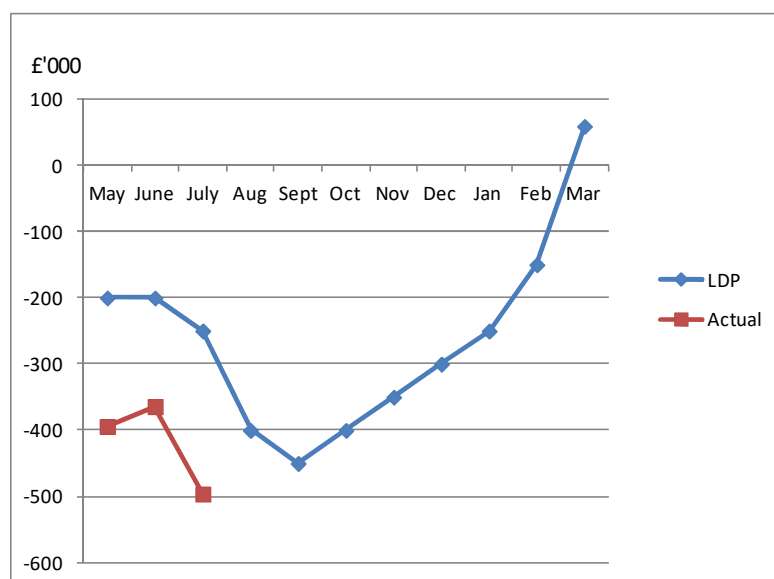
therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review in each month. At this time anticipated financial flexibility allows £0.150m being available to offset the end of year position. A breakdown of the reserves are listed below:-

	£000
General Inflation	118
Pay Reserve	252
Specialist drugs	315
PAIAW	400
Anticipated migration unallocated	900
Anticipated depreciation	1,800
Other	276
Total	4,061

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previous, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit. General Inflation and other areas totalling £150,000 have been can be utilised to allow a break-even position.

Financial Trajectory

The graph below shows the actual spend against the Annual Operational Plan trajectory for 2019/20. Uncertainty around Scottish Government Funding has resulted in the downward trend to September. Once Scottish Government discussions had been finalised a more accurate outturn position can be produced.



Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review in each month. At this time general inflation funding of £0.118m for non-pay items remains held centrally.

This detailed review of the financial plan reserves allows an assessment of financial flexibility. By its very nature financial flexibility allows mitigation of slippage in savings delivery. As reported previous, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit and £150,000 has been identified.

Cost Reductions

The Financial Plan presented to the Board in March highlighted the requirement for £0.750m gross cash efficiency savings to support financial balance in 2019/20. The extent of the recurring / non recurring delivery for the year to date is illustrated in the table below. Of the £0.750m net recurring target, the full amount is still to be realised, however, increased referrals through Grampian in 2019/20 are limiting potential savings in this area. A working group is being established to address this and other areas of savings in order to achieve the target.

The recurring savings are delivered through the Transformation and Cost Improvement plan and broken down as follows:

		recurring £000	Non- recurring £000	Achieved £000	Remaining £000
Travel Grampian SLA	Acute	250			250
		500			500

Other		150	150	
Total	750	150	150	750

Annual Operational Plan

The Annual Operational Plan (AOP) presented to the board is shown in Appendix 3 – any gaps in Scottish Government funding or savings will affect break-even position in future years. See appendix 3.

The AOP was based on Scottish Government support for an additional £1.8m depreciation for the new hospital and healthcare facility which will be funded, but also hinges on uncertainty around £2.14m of medical staffing and £3.4m capital to revenue transfer. However, as noted above these numbers have been updated in line with SG discussions.

Discussions between Scottish Government and the Director of Finance have highlighted that £1.7m is to be transferred into revenue for migration costs and £1.7m of items under the de-minimus is to remain in capital, however, with the understanding that should external audit require additions transferred to revenue that this will be met by the Scottish Government.

The medical staffing contribution requirement of £2.14m has reduced from £2.14m to £1.8m.

Confirmation from Scottish Government is still required.

Forecast Position

As events unfold, reflection is provided at the outturn position; however, uncertainty around the Scottish Government funding position underpins the risk of a break-even position.

Performance on waiting lists is difficult due to capacity levels within NHS Orkney on visiting specialists, but also within other boards. The £0.50m contribution from Scottish Government is being utilised effectively in influential areas

Key Messages / Risks

The assessment of the year end forecast will be continue to be refined over the coming months with particular emphasis on the areas listed above, we will also seek clarity on the overall IJB position. We plan to put an updated plan to the F&P and Board in September 2019.

In light of discussions highlighted through the Annual Accounts process, clarity is being sought via Scottish Government in respect of the treatment of 'ringfenced' or 'earmarked' allocations in 2019/20, capital to revenue transfer of £2.9m, Depreciation £1.8m and medical staffing of £2.14m.

Ongoing tight control of costs; the ongoing impact and extent of management action; together with the pace of redesign and transformational change remain critical to the delivery of a balanced position.

Mark Doyle

Interim Director of Finance

Appendix 1 – Core Revenue Resource Limit

From LDP - non-base line assumed allocations				
	Included in LDP £	Received in RRL to 31/07/19 £	Variance £	Outstanding £
Initial Baseline	49,812,237	49,827,351	15,114	
Salaried GDS	1,755,000	1,747,299	(7,701)	
funding bundle	472,955	439,144	(33,811)	
Open University ACT funding qtr 1&2	45,000	45,000	0	
Action 15 (1st Tranch)	37,154	57,620	20,466	
Excellence in Care	30,000	32,048	2,048	
Realistic Medicine	21,375	30,000	8,625	
Insulin pumps	14,086	10,447	(3,639)	
SLA Children's Hospices Across Scotland (Year 3 / 4)	(29,000)	(29,052)	(52)	
Allocations awaited				
Risk Share/top slice	(328,289)			(328,289)
PET Scan adjustment	(32,915)			(32,915)
Contribution to Pharmacy Global Sum	(13,389)			(13,389)
Contribution to PASS	(2,784)			(2,784)
GP Sub group	2,403			2,403
Community Pharmacist Practitioner Champions	5,000			5,000
Carers information strategy	24,640			24,640
Workforce planning	30,000			30,000
Open University ACT funding qtr 3&4	30,000			30,000
ADP Support	82,029			82,029
Primary Care Improvement Fund	118,728			118,728
New medicine fund	213,034			213,034
e-health bundle	247,531			247,531
Mental Health Bundle	265,122			265,122
Locum support	2,144,000			2,144,000
Capital to revenue transfer	3,400,000			3,400,000
PMS Enhanced Services	5,049,079			5,049,079
Standard Depreciation	(1,200,000)			(1,200,000)
	<u>63,392,996</u>	<u>52,159,857</u>	<u>1,050</u>	<u>10,034,189</u>

New RRL allocations		
	Recurring	Non-recurring
	£	£
Implementation costs for HPV boys vaccination		1,268
Funding for forensics medical examinations		44,183
Elective Activity		500,000
Best Start		46,955
6EA - Unscheduled care		40,000
Healthy start vitamins		736
Employer Pension Contributions	1,148,000	
Type 2 diabetes prevention framework		45,000
Child Weight Management Services		32,000
Breastfeeding		26,000
PASS Contract		(2,917)
Excellence in Care		30,900
Excellence in Care (E-Health)		9,750
Discovery (top slice)	(2,866)	
	1,145,134	773,875

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations	Included in LDP £	Received in RRL to 31/05/19 £	Variance £	Outstanding £
Standard Depreciation	1,200,000			1,200,000
AME depreciation - anticipated	1,800,000			1,800,000
AME Impairment	13,000,000			13,000,000
Capital DEL - demolition costs	700,000			700,000
	<u>16,700,000</u>	<u></u>	<u></u>	<u>16,700,000</u>

Appendix 3 – Annual Operational Plan

NHS Orkney - Financial Overview

RECURRING POSITION	2019/2020 £000s	2020/2021 £000s	2021/2022 £000s
Recurring position at start of year	931	(177)	1,454
Estimated Recurring Growth	3,000	1,290	794
Inflation uplifts			
Pay Award and Incremental drift	(971)	(1,005)	(743)
Prescribing and Hospital Drugs	(378)	(413)	(452)
Primary Medical Services	(58)	(59)	(60)
Commissioning Inflation	(200)	(205)	(126)
Resource Transfer	(16)	(17)	(17)
Price Inflation	(161)	(164)	(166)
Recurring Investments	(408)		
New Facility	(2,665)	(648)	(193)
Planned Savings	750	750	750
Unidentified savings		2,100	100
Recurring Financial Position at year end	(177)	1,454	1,341
IN YEAR EFFECT			
Recurring Financial Position at year end	(177)	1,454	1,341
Non Recurring Expenditure			
General	(2,248)	(415)	(326)
Hospital Medical Staffing	(2,144)	(1,144)	(644)
Mental Health	(1,004)	(1,004)	(1,004)
Non Recurring Allocations (anticipated)	5,589	1,115	644
In Year Position	17	6	10

Not Protectively Marked

NHS Orkney Board – 22 August 2019 Report Number: OHB1920-27 This report is for information Performance Management Report	
Lead Director	Gerry O'Brien, Chief Executive
Author	Christina Bichan, Head of Transformational Change & Improvement
Action Required	The Finance and Performance Committee 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 both the CAMHS and Psychological Therapies services continues to be challenging with current performance below the required LDP level. • Due to the timing of national publications it has not been possible to include updated data for several of the report areas and the Board is asked to consider aligning the timing of Board performance reporting with the publication of national data to ensure future reports are as up to date as possible.
Timing	For consideration at the August 2019 meeting.
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

Report Number: OHB1920-27

Performance Management 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. A summary of the trajectories which were agreed as part of the Annual Operational Plan sign off process is provided in Appendix 2. Quarter performance will be shown against this in future reports as the year progresses.

As can be seen from Appendix 1 challenges remain in achieving timely access to outpatient and inpatient/day case services as well as the Child and Adolescent Mental Health Service and Psychological Therapies. Due to the timing of the production of this paper it has not been possible to provide more recent published data for many of the indicators due to the national publication schedule meaning that the data will only be available at the end of this month. It is suggested that the Board give consideration to avoiding this scenario in future by revising the schedule of Board performance reporting to align with the publication of data. This would mean for example that a performance report be provided at the October meeting where April-June quarter data can be considered, but not at the December one when the next publication will not be due until the end of that month.

Performance in regards to the 4 hour target continues around the 95% target level as shown in Figure 2, attendances over the same period (01/08/18 – 30/06/2019) are shown in Figure 1, along with a trendline indicating a very slight increase. (Source: NHS Performs)

Figure 1: Core ED Attendances (by week) Balfour Hospital

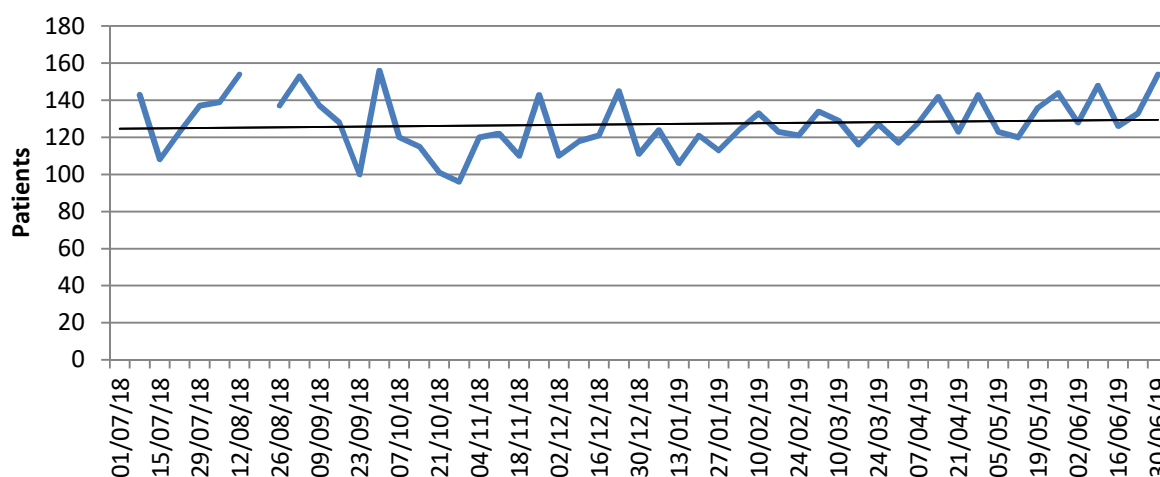
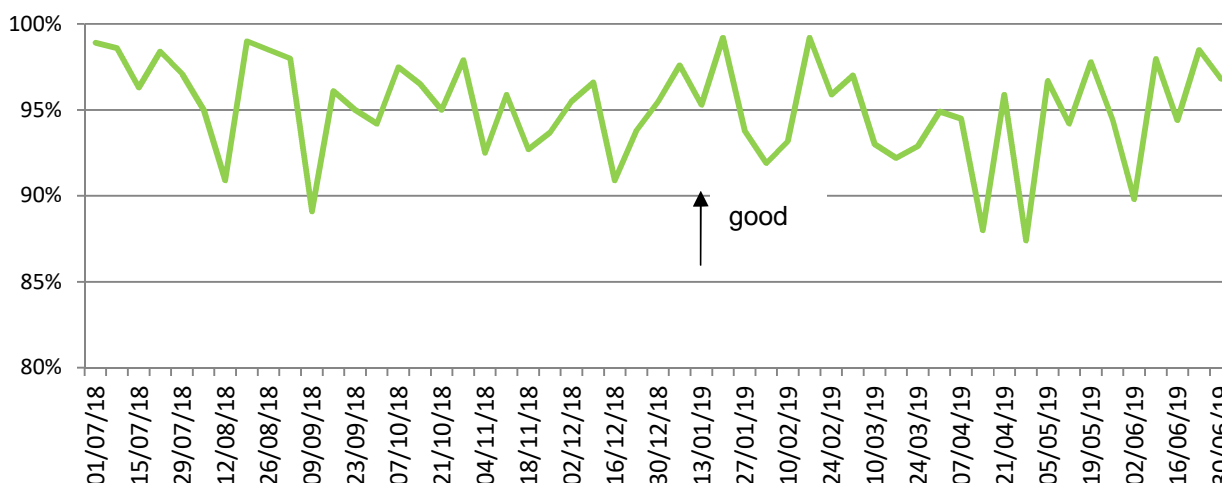


Figure 2: Core 4-hour ED Performance (by week)



Outpatients

The most up to date published performance data for access to Outpatients services remains the quarter January-March 2019 which was previously reported to the June meeting of the Board. At this time, the average number of days waited for a new outpatient appointment within the Balfour Hospital was 34, a slight increase from the last quarter (28) and 90% of patients were seen within 197 days, an increase on the previous quarter performance of 161 days. Performance over the past 5 quarters for both measures is provided in Figures 2 and 3. (Source: NHS Performs)

Figure 2: Outpatient Waiting Times – Average Number of Days Waited January 2018 – March 2019 (Source: NHS Performs)

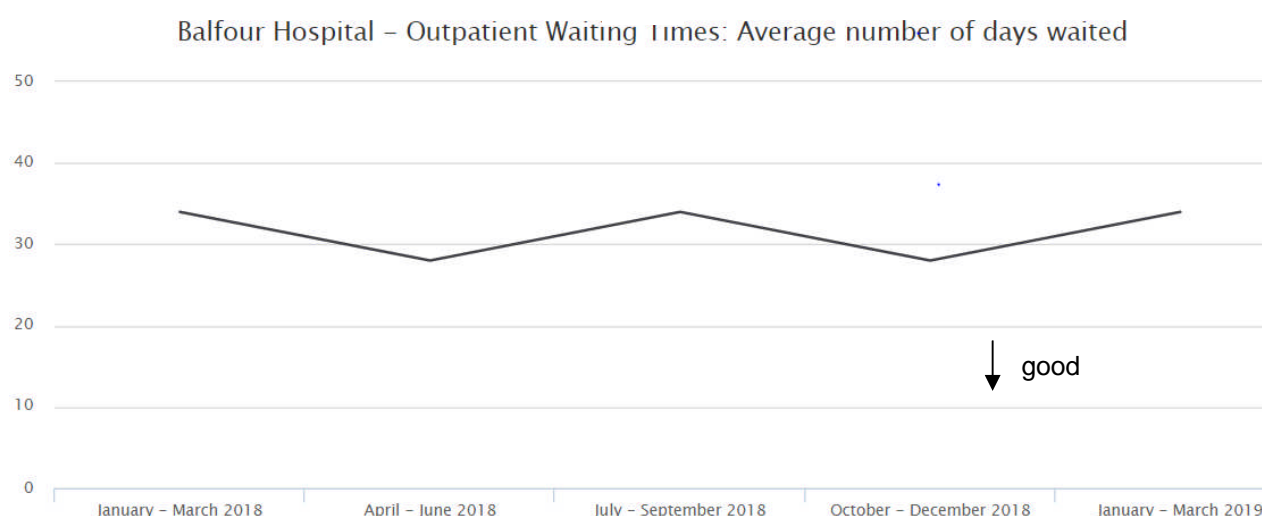
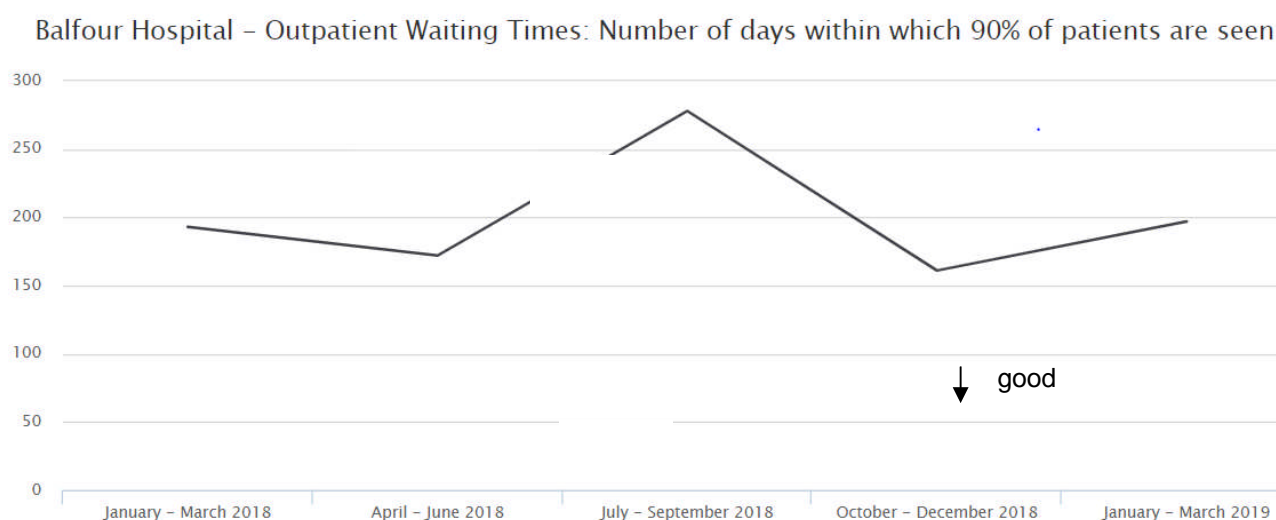


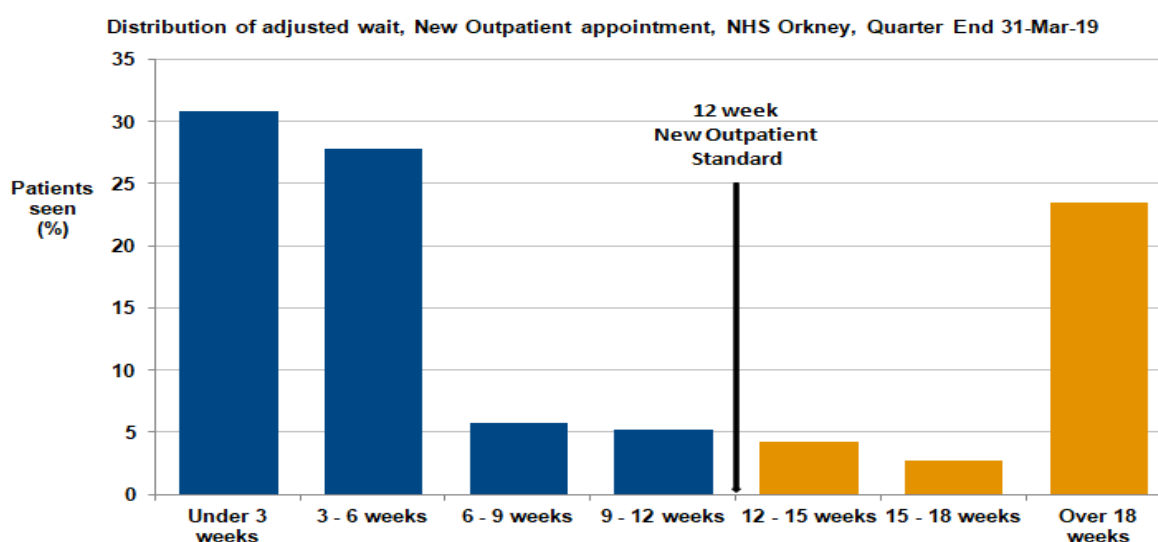
Figure 3: Outpatient Waiting Times – Number of days within which 90% of patients are seen January 2018 – March 2019 (Source: NHS Performs)



As can be seen from the information provided in Figures 2 and Figure 4 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.

The anticipated Board position at the end of June 2019 will show a decrease in performance and more people waiting longer than the 12 week target as a result of a reduction in clinics and appointments during the pre and post periods surrounding the migration to the new hospital and healthcare facility. Improvements in performance will be secured in Quarters 3 and 4 as delivery of the improvement activities outlined in the Board's AOP make an impact on reducing long waits as the year progresses.

Figure 4: Outpatient Waiting Times – Distribution of Adjusted Wait for New Outpatient appointment, NHS Orkney. Quarter ending 31 March 2019 (Source: ISD)



The most significant areas of pressure continue to be in Trauma & Orthopaedics and Ophthalmology. In accordance with the actions outlined in the AOP additional capacity for trauma and orthopaedics has been brought in from mid August onwards. The improvement focus for ophthalmology is the redesign of our glaucoma pathway with additional consultant support to facilitate this commencing late August. This should be delivering operational improvements in waiting times for this group of patients by the end of the calendar year. Similarly, AOP actions in cardiology and chronic pain have now been implemented.

Inpatients and Daycases

In relation to Inpatients and Day Cases for the quarter January - March 2019 the average number of days waited for an admission to the Balfour Hospital was 55 (40 in previous quarter) and 90% of patients were admitted within 156 days, increasing from the previous quarter performance of 90 days. Performance over the past 5 quarters for both measures is provided in Figures 6 and 7. (Source: NHS Performs) This is the most recent published data at this time with the next quarter due for publication at the end of August 2019. Similarly to the position in outpatients a further decrease in performance can be expected in the April – June 2019 quarter. All long waits are associated with either cataract surgery in Orkney or hip/knee replacement surgery in Golden Jubilee National Hospital.

Changes to the schedule of operating in ophthalmology, linked to the availability of visiting clinicians and the opening of the new hospital and healthcare facility has adversely impacted on access in recent months however this has now been resolved. Additional capacity is planned in the latter part of the year.

Figure 6: Inpatient/Day Case Waiting Times – Number of days within which 90% of patients are admitted January 2018 - March 2019 (Source: NHS Performs)

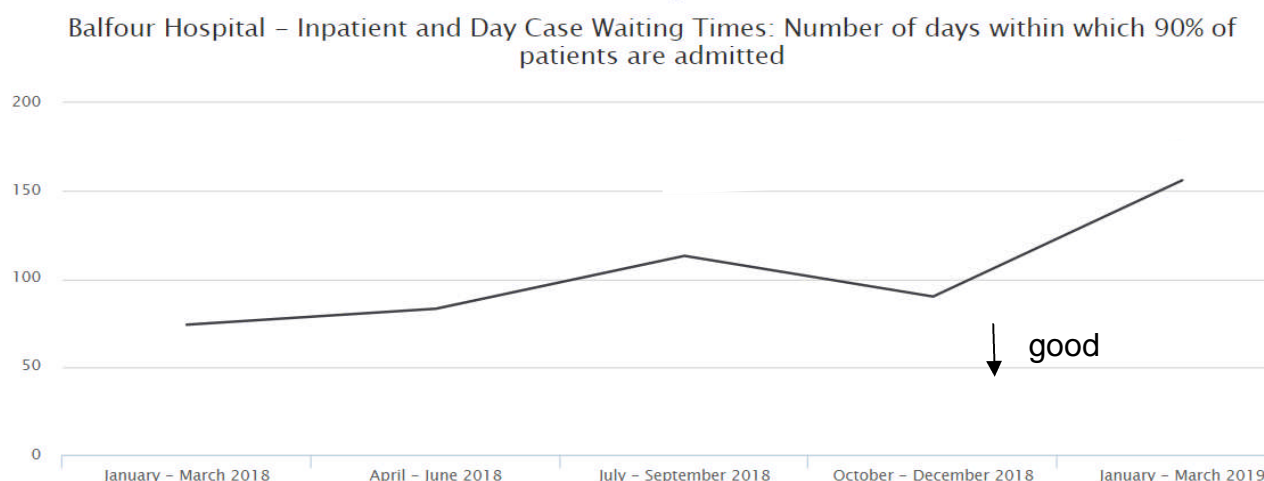
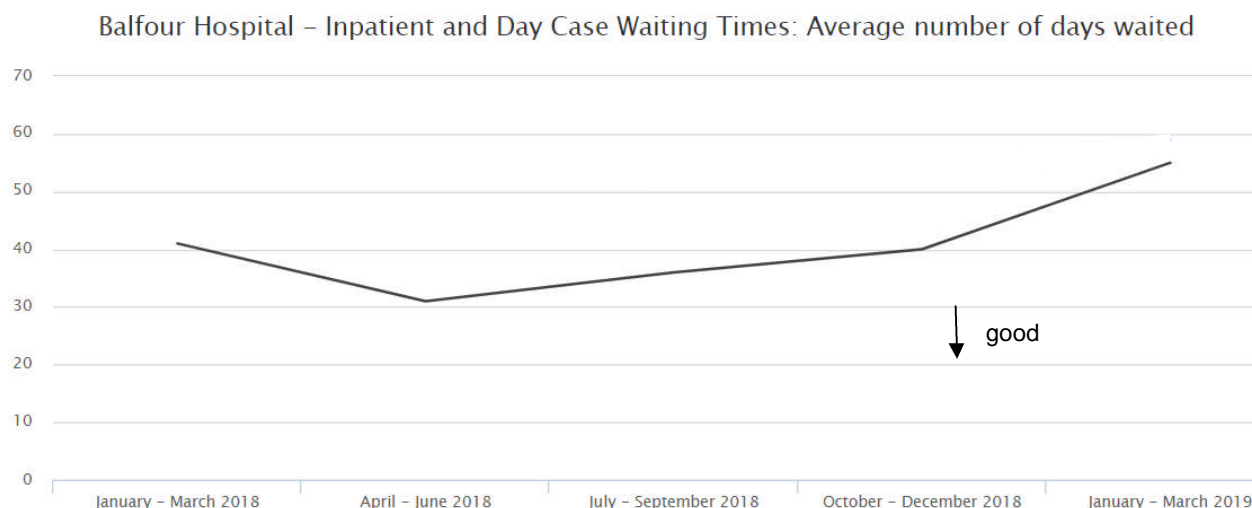


Figure 7: Inpatient/Day Case Waiting Times – Average number of days waited January 2018 – March 2019 (Source: NHS Performs)



As can be seen from the information provided above in many cases patients are being seen well within the TTG standard however at 5th July 2019, 37 patients had been waiting over 12 weeks for an inpatient/day case procedure.

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 – due to the timing of the report the data for the first quarter of 19/20 is not yet available. It is however expected that due to capacity issues and a reduction in appointments over the period of the move to the new facility this level of performance will not have improved over the early part of this year. It is however worth highlighting that the First Point of Contact trial which has been operating in the Stromness GP practice has demonstrated excellent results in ensuring timely access to physio support and in the majority of cases has avoided onward referral into the Balfour based physio service. Funding to support the roll out of this way of working is now being sought as a major part of improving access to this service.

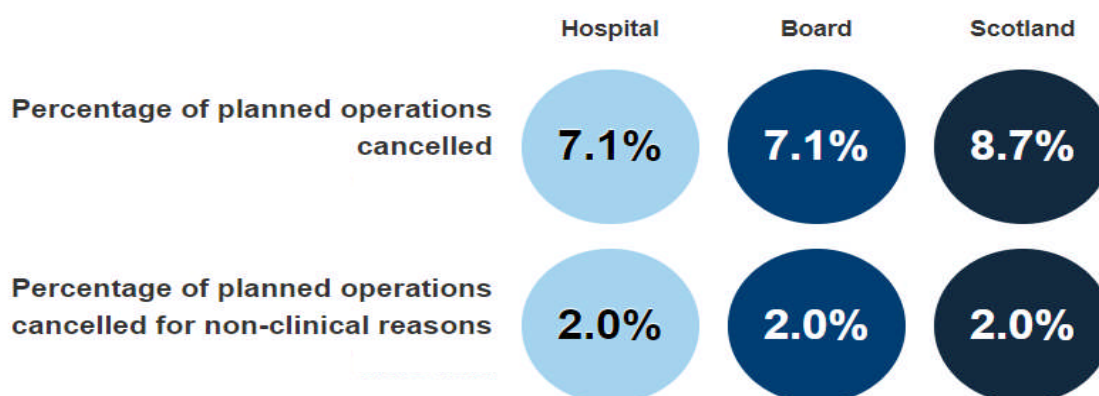
Table 1: Number of adult AHP MSK patients seen in Orkney for first clinical out-patient appointment during quarter January-March 2019 (Source: ISD)

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)
290	134	46.2	18	57

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. With the move to the new hospital and healthcare facility being completed in mid June 2019, cancellations due to the need for emergency theatre access has now been mitigated by the availability of a second theatre.

Figure 8: Cancelled planned operations – Balfour Hospital and NHS Scotland as at June 2019 (Source: NHS Performs)

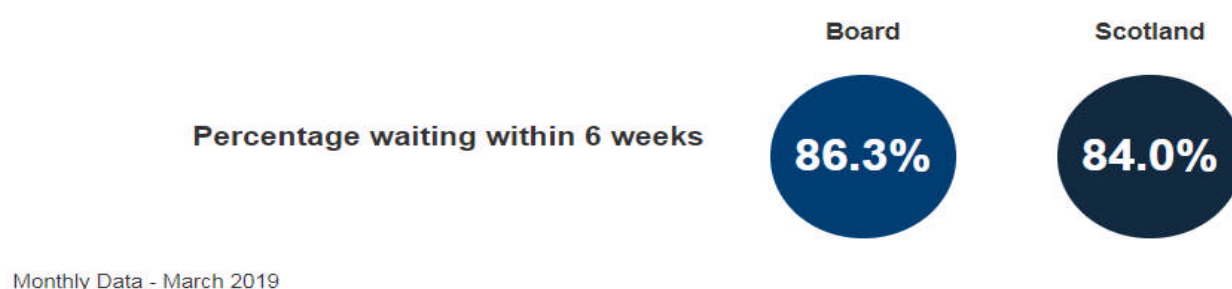


Monthly Data - June 2019

Diagnostics

Due to the timing of data publication there is no update to the information provided to the June Board meeting. The performance shown below was a decrease on the December 2018 position of 96.8% however in line with the actions outlined in the AOP necessary staff training has now completed and the theatre is back in full operation since the move to the new hospital and healthcare facility. A small backlog in patients waiting is being worked through and performance improvements will be seen in later quarters.

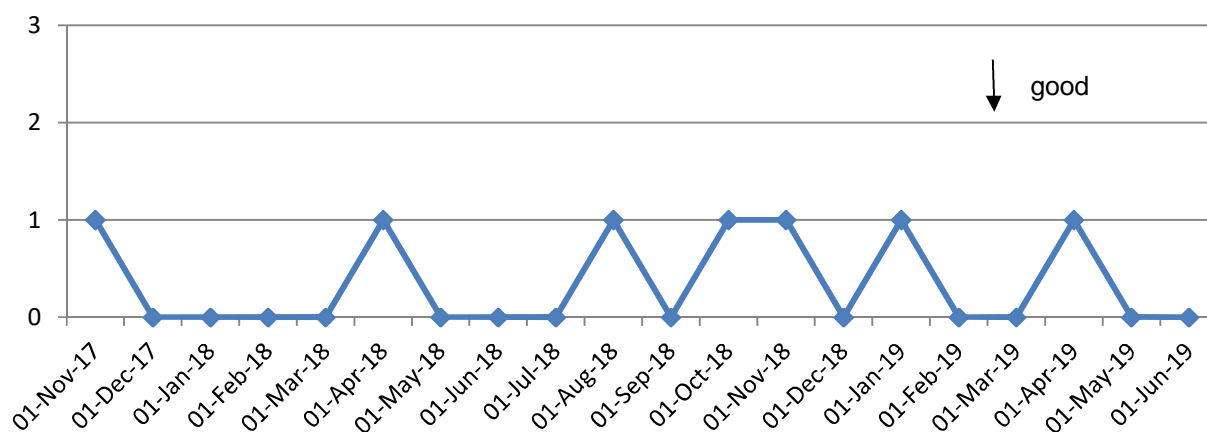
Figure 10: Percentage of patients accessing 8 key diagnostic tests within 6 weeks as at March 2019 - Balfour Hospital and NHS Scotland (Source: NHS Performs)



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

As shown in Figure 11, data from November 2017 onwards 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 nursing staff 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 11 provides an overview of performance up until the census date in June 2019. (Source: NHS Performs)

Figure 11: Patients who are medically fit for discharge whose discharge has been delayed for non medical reasons, Balfour Hospital November 2017 – June 2019, all reasons



Appendices

- Appendix 1: LDP Standard Performance
- Appendix 2: Annual Operational Plan Trajectories

10.2.1

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

LDP Standard	Current (date)	Previous (date)	Standard
4 hour A&E	97.10 (30/06/19)	94.90 (31/05/19)	95.00
12 week first OP	78.90 (31/03/19)	71.35 (28/02/19)	95.00
12 week TTG	67.65 (31/03/19)	77.46 (28/02/19)	100.00
18 week referral	95.83 (31/05/19)	92.72 (30/04/19)	90.00
48hour Access GP	98.77 (31/03/18)	97.58 (31/03/16)	90.00
Access to antenatal	100.0 (30/09/18)	100.0 (31/08/18)	80.00
Adv booking GP	96.15 (31/03/18)	97.64 (31/03/16)	90.00
Alcohol Brief Interventions ¹	246 (31/03/2019)	150 (31/12/18)	80.00
Cancer WT (31 days)	100.0 (31/05/19)	100.0 (30/04/19)	95.00
Cancer WT (62 days)	100.0 (30/06/19)	100.0 (30/04/19)	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 (31/05/19)	100.0 (30/04/19)	90.00
Faster Access to CAMH	76.92 (31/03/19)	100.0 (31/12/18)	90.00
Faster Access to PT	78.79 (31/03/19)	61.54 (31/12/18)	90.00
IVF Treatment WT	100.0 (31/03/19)	100.0 (31/12/18)	90.00
MRSA/MSSA	0.20 (31/12/18)	0.07 (30/09/18)	0.24
Sickness Absence	5.16 (31/05/19)	4.56 (30/04/19)	4.00
Smoking Cessation	147.37 (31/12/18)	21.05 (30/09/18)	60.00

1. Alcohol Brief Interventions (ABIs)

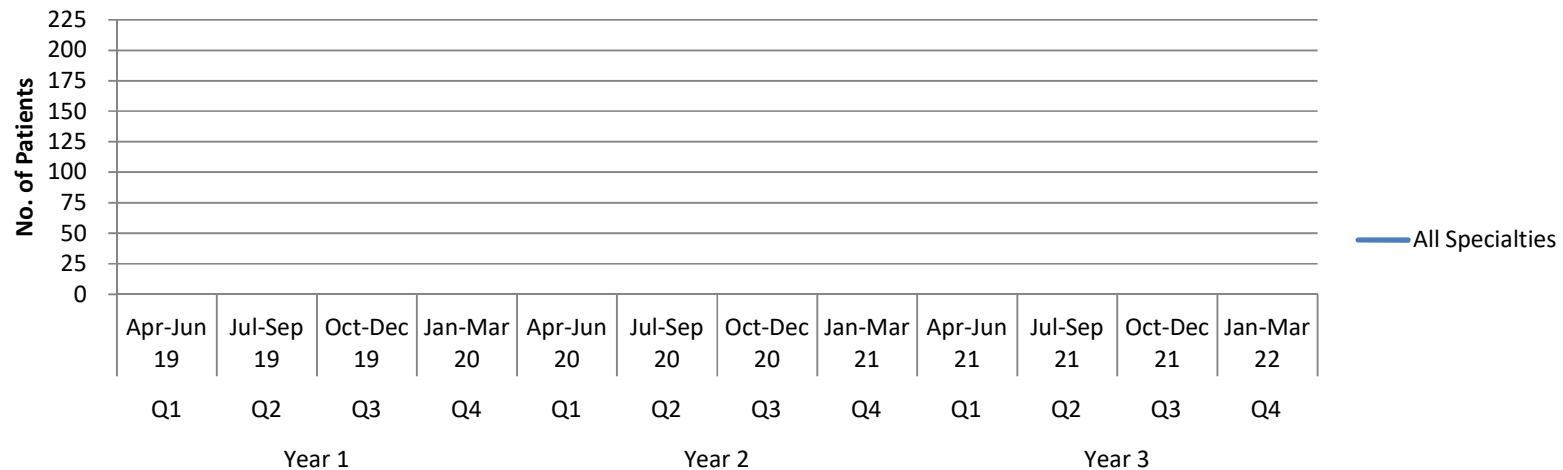
2018/19 Annual target = 249 ABIs with 80% delivery in priority settings:

Q4: 177 ABIs delivered this quarter (96) in priority settings.

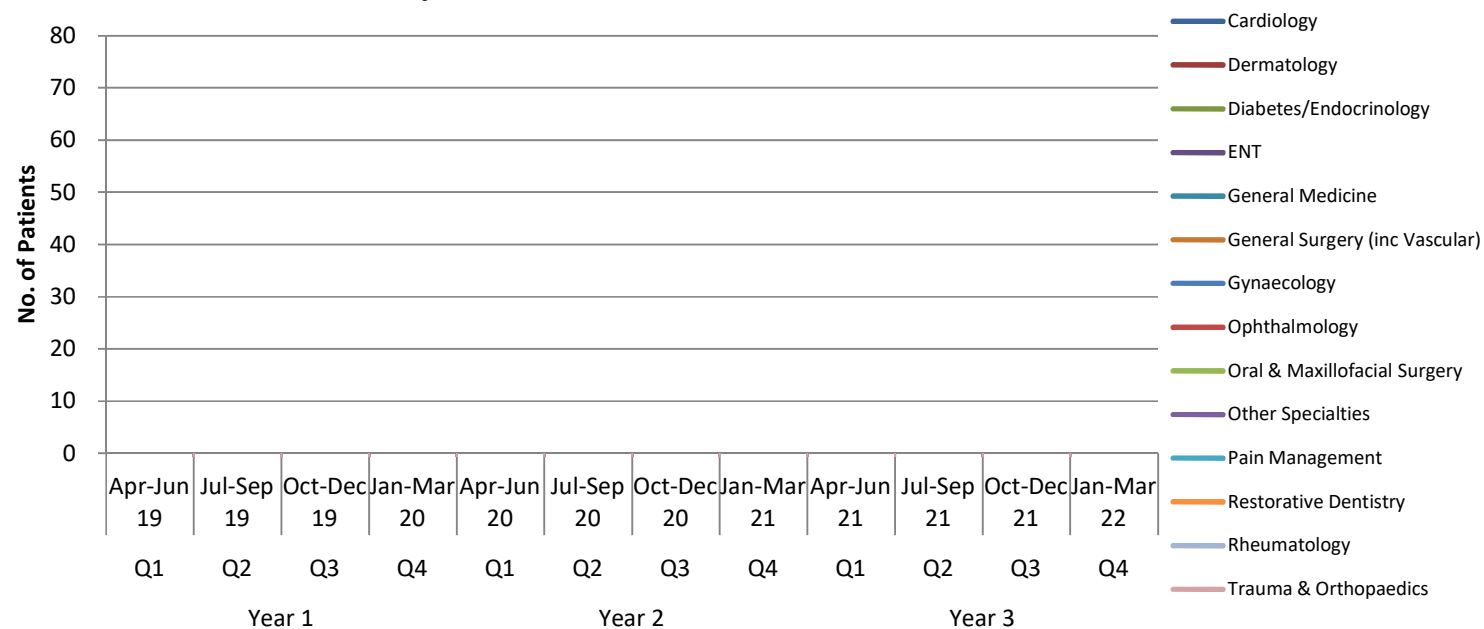
Overall Totals for 2018-19: 549 ABIs delivered (246 delivered in priority settings).

Appendix 2 – Annual Operational Plan Trajectories

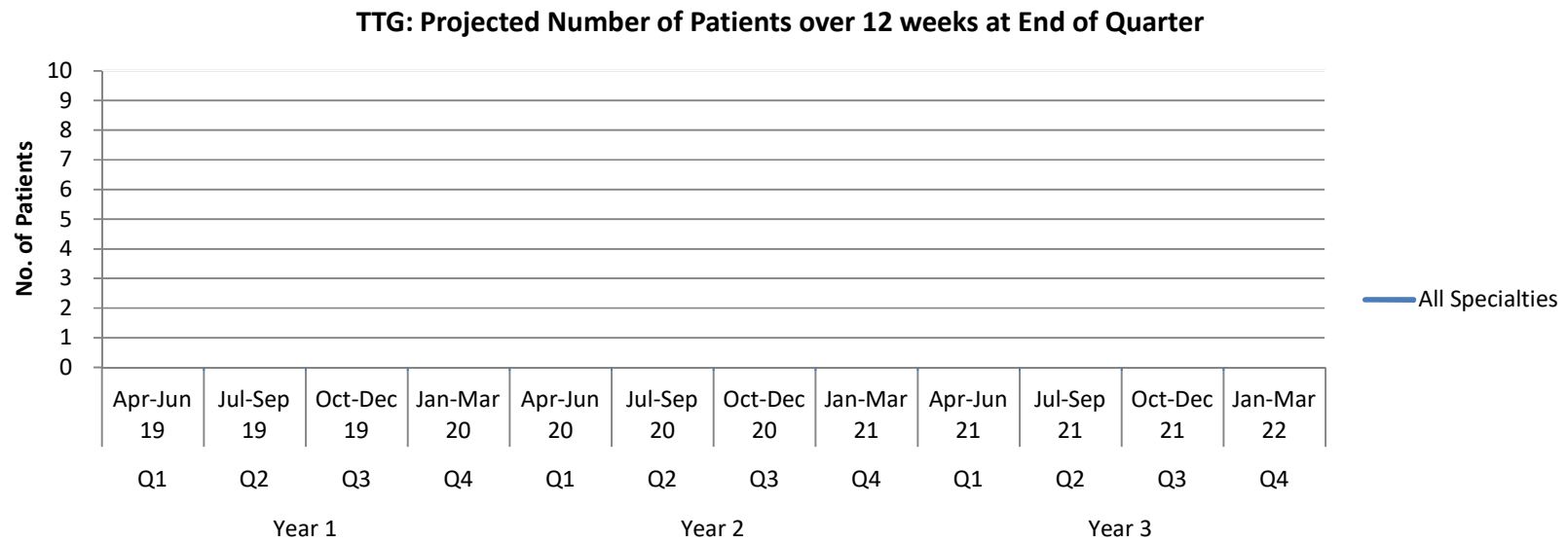
OP: Projected Number of Patients over 12 weeks at End of Quarter



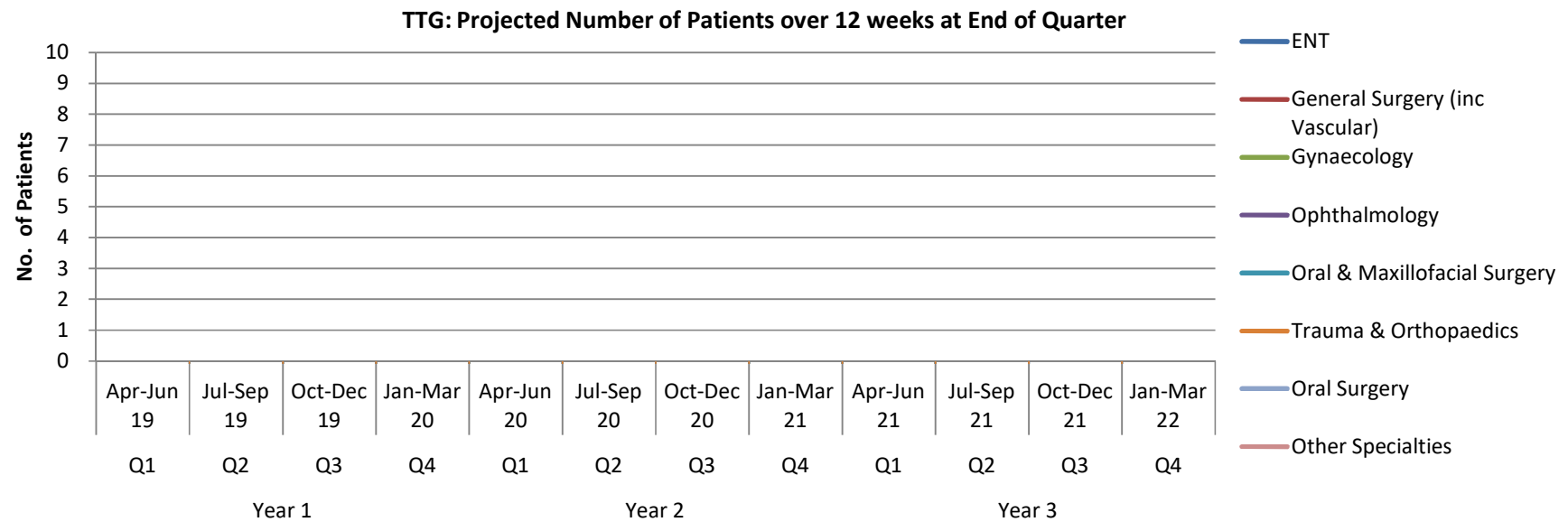
OP: Projected Number of Patients over 12 weeks at End of Quarter



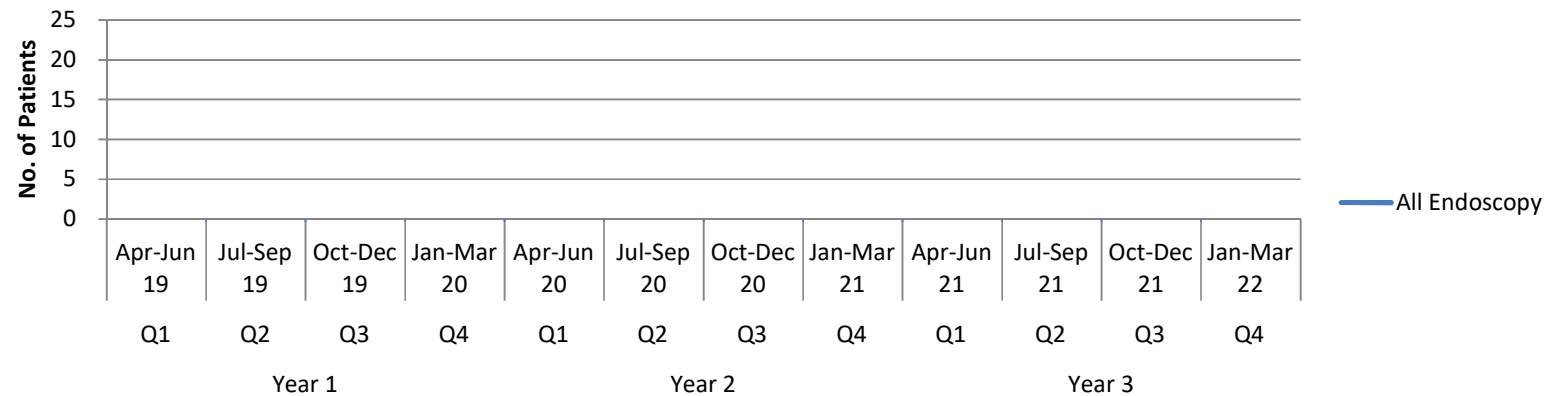
10.2.2



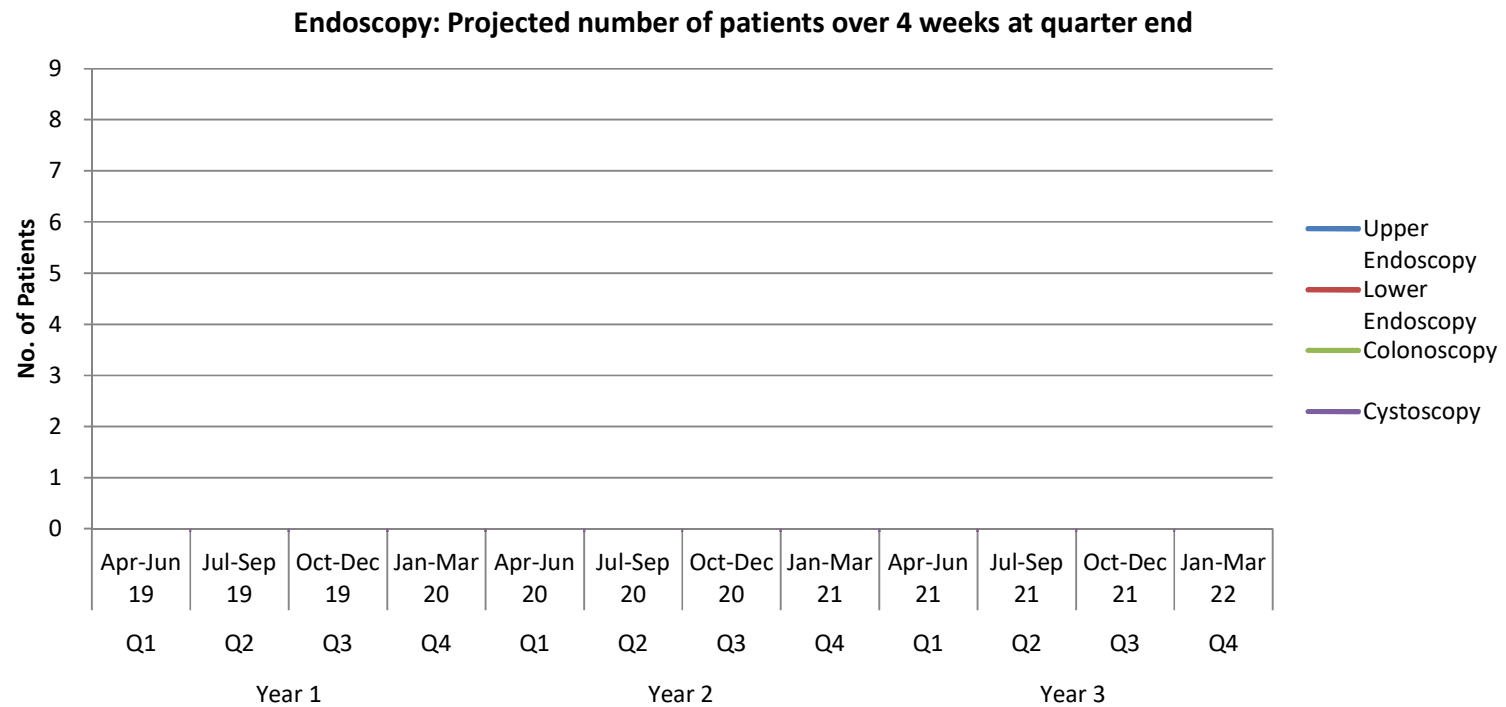
10.2.2



Endoscopy: Projected number of patients over 4 weeks at quarter end



10.2.2



There are expected to be 0 breaches of the waiting times targets for Cancer and Radiology

Not Protectively Marked

NHS Orkney Board – 22 August 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 25 July 2019 and it was agreed that these should be reported to the Board: <ul style="list-style-type: none"> • Performance Management Report • Savings Plan – Off Island Travel / SLA
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 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 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 Finance and Performance Committee meeting on 25 July 2019 and it was agreed that this should be reported to the Board.

Section 4 Issues Raised

1. Performance Management Report

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

Key points highlighted to members included:

- 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.
- Full quarter data was not yet available, the most recent data had been used

Members noted the Performance Report and the negative trend and welcomed a report to the next meeting highlighting the issues faced.

2. Savings Plan – Off Island Travel / SLA

The Head of Transformational Change and Improvement delivered the Off Island Travel and Service Level Agreement update. The key items illustrated to members were:

- The 2019/20 savings target of £750K would be challenging, given the rise in activity levels in 2018/19;
- There remains a need to extract more timeous activity information to better understand service demand so that future service delivery options can be considered more fully in order to maximise efficiencies and deliver cost savings
- Travel savings potential remains huge through increasing the number of virtual clinic appointments, where appropriate, work on this was starting to gather momentum;
- Near Me virtual clinics take-up had increased during 2019/20, with further step-up planned from July onwards.

Members were assured of progress.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 22 May 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 **Wednesday, 22 May 2019** at **11:00**

Present: Davie Campbell, Non-Executive Director (Chair)
Mark Doyle, Interim Director of Finance
Meghan McEwen, Non-Executive Director (via TC)
Gerry O'Brien, Chief Executive
James Stockan, Non-Executive Director (Vice Chair)

In Attendance: Christina Bichan, Head of Transformational Change and Improvement
Malcolm Colquhoun, Head of Hospital and Support Services
Eddie Graham, Resilience Officer
Lauren Johnstone, Committee Support (minute taker)
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead
Pat Robinson, Chief Finance Officer
Louise Wilson, Director of Public Health

124 **Apologies**

Apologies were noted from Caroline Evans and Sally Shaw.

125 **Declarations of Interests – agenda items**

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

126 **Minutes of Meeting held on 28 March 2019**

The minute of the meeting held on 28 March 2019 was accepted as an accurate record of the meeting and was approved, with the following amendment:

- Item 752, page three, paragraph one should be amended to read “CAMHS”
- Item 753, page four, last paragraph should be amended to read £500,000 in 2021/2022...

127 **Matters Arising**

Item 752 Draft Operational Plan

M McEwen noted her disappointment at the proposed planning of another Mental Health Strategy. Discussions held with the Chief Officer had previously indicated that strategic planning was complete, and delivery was on the horizon.

128 **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

129 **Performance Management Report – FPC1920-01**

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 points highlighted to members were:

- A&E waiting times would be monitored closely over the transition period to the new hospital.
- Access to AHP services was highlighted as an area that required focused work after the move to the new Hospital and Health Care facility. Concern was raised by the GP Sub Committee at the 600 plus patients waiting for Physiotherapy appointments. The Head of Transformational Change and Improvement was working with the Chief Officer to address these. Administration cleansing of these lists was still required to be carried out
- Numbers of cancelled operations was hoped to decrease with the provision of two theatre rooms within the new Hospital and Health Care Facility.

Members were advised that there had been a lack of capacity over a period of time to address the constant increase in demand for physiotherapy appointments. Members were assured that clinical triage was in place for any self referrals made.

The Board Chair enquired if inroads with private professionals should be considered in order to clear waiting lists. The Chief Executive questioned if this was a precedent that we wished to set, and added that clinical input would be required in discussion. Cleansed, effective waiting lists would provide clarity in the number of patients waiting. Members suggested that group sessions and the 'Near Me' programme could assist in clearing backlogged patients. The Head of Transformational Change and Improvement assured members that the Senior Management Team were aware and pro-actively looking to manage the current issues.

Appreciation was given to the surgical team who had been working additional hours in order to clear backlog within diagnostics. The Chief Executive questioned if the Board were content that all scheduled scopes were appropriate and, on the assumption we were seeking different personnel to undertake this going forward. The Head of Transformational Change and Improvement confirmed that two individuals had completed training. The Chief Executive stressed that a timeline was to be implemented to monitor the situation. The Hospital and Support Services Manager advised that leadership and management of theatres were held with the Director of Nursing, Midwifery and Allied Health Professionals and pressure had been implemented to do this.

The Board Chair informed members that a paper had been presented at the last Collaborative Access Meeting on scopes which detailed the commitment of funding towards this. It was suggested a bid could be submitted to take advantage of the available funding. The Chief Executive agreed to make further enquiries.

The head of Transformational Change and Improvement highlighted that discharge rates had remained at the usual level. TTG direction had since been revised and the Board had been provided with an updated letter from the Scottish Government documenting the requirement for all Boards to be compliant by 1 June 2019. There was discussion around the requirements and members were informed that other small island Boards had chosen to be non-compliant due to the amount of work required. She

added that NHS Orkney had a choice as to whether we join forces with the rest of the Boards until TrakCare was amended or pulled on resources to endeavour their request. The Chief Executive stressed that resources were limited.

The Board Chair questioned if the Board should be committing to better communication by informing patients of waiting and referral times, and absorbing the resources to do this. It was averaged that this would require a full time staff member. The Head of Transformational Change and Improvement advised that this process had been carried out previously in some service areas, and had resulted in patient frustration and unnecessary angst. It was suggested that waiting times was publically displayed on the NHS website for anyone who wished to enquire. Members were in agreement that this would enhance patient communication.

Although there has been a small increase of delayed discharges, J Stockan congratulated the hospital staff for the work contributed in keeping this number low for such a long period of time.

The Head of Transformational Change and Improvement advised that performance against trajectory numbers would be presented to the Committee at the next meeting.

The Director of Public Health advised cancer waiting times were increased due to the limited availability of the mobile breast screening van. She confirmed that bowel cancer screening was actively carried out.

The Chair queried, if staff sickness absence should be coloured red indicating the high levels. Confirmation was received that this was correct and required to be changed.

Decision/Conclusion

Members noted the Performance Report and were assured of progress. The Chair requested that narratives were included below tables for future meetings.

Financial Management and Control 2018/19

130 Financial Management Performance Report for period ended March 2019 – FPC1920-

The Head of Finance delivered the Financial Management Performance report to the Committee. They key items illustrated to members were:

- £27,000 under spent on the Core Revenue Resource Limit utilising £0.363m of reserves
- The continued high level of expenditure related to the service level agreement for mental health services
- Pharmacy under spend of £156,000 due to vacancies
- Grampian Acute SLA under spend of £421,000 due to activities being less than budgeted at £5.1m
- Capital Resource Allocation of £29.951m for 2018/19 has a break even outturn position, £29,03m of which was used against the new Hospital and Healthcare facility

The Head of Finance provided clarity to members around the funds not yet allocated, detailed within the service area summary table.

Members were informed of the internal commissioned services by the IJB as shown in the below table.

Previous Month Variance £000 M10		Annual Budget £000	Budget YTD £000	Spend YTD £000	YTD Variance £000
(185)	Integration Joint Board	4,079	4,079	4,204	(125)
(5)	Children's Services & Women's Health	1,866	1,866	1,867	(1)
136	Primary Care, Dental & Specialist Nurses	9,566	9,566	9,430	136
(17)	Health & Community Care	3,453	3,453	3,435	17
35	Pharmacy Services	4,052	4,052	4,079	(27)
(36)	Total IJB	23,015	23,015	23,015	0

P Robinson reminded members that the IJB were obligated to follow local authority accounting, and added that it was the first year that the IJB had held a reserve account. In relation to the Primary Care Improvement Plan, the Scottish government had confirmed that any overspend was required to be carried forward.

The Chief Executive requested that on page five, bullet point five, the wording around the removal of vacancies was amended. He clarified that this was not the case, and was vacant posts which would no longer be appointed to.

Decisions/Conclusion

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

131 Recruitment – Medical Staffing Update

The Chief Executive provided a brief update to members on medical staffing.

Members were advised of the new approach taken whilst recruiting, hinging on annualised hours, flexibility, support, and tight management of the recruitment process. This resulted in 18 applications for posts within Surgery, Anaesthetics and Medicine.

Three Consultant Anaesthetists were offered substantive contracts -one traditional full-time substantive contract, and two innovative 26 weeks annualised contracts. The Chief Executive was confident that final offers would be accepted soon. He added that a fourth appointable consultant had not been offered a contract due to NHS Orkney reaching their quota.

The Chief Executive informed members that although candidates shortlisted for the surgery post were of a high calibre, they had deficiencies in their clinical skills and were unable to be appointed.

Feedback received pertaining to the advert had been positive, and it had become apparent that the Press and Journal newspaper was the most visited advertisement.

Contact had been made with E Watson, Director of Medical Education to explore the Global Citizen Fellowship. The Chief Executive was aware that there could continue to

be significant pressures within medicine and surgery and this would be discussed with the Head of Hospital and Support Services.

The Interim Finance Director queried if funding from the Scottish Government could have been utilised to enhance the skill set required of the applicants whom had applied for the Surgery and Medicine posts. M McEwen suggested that this was detailed within future adverts is available.

Decisions/Conclusion

Members noted the report.

132 Savings Plan – Off Island Travel / SLA

The Head of Transformational Change and Improvement delivered the Off Island Travel and Service Level Agreement update. They key items illustrated to members were:

- The savings target attributed to off island travel and the acute services SLA was £750k for 2019/2020
- NHS Orkney had been awarded £63k over the period October 2018 – March 2020 to support the roll out of NHS Near Me (Attend Anywhere) as part of the national scale up. The Medical Director had been identified as the clinical lead for this project
- Closer working relationships had been established between NHS Orkney, Shetland and Grampian.

The head of Transformational Change and Improvement advised members that it had been suggested that the Near Me programme could be trialled on the fracture clinic, which would give local teams better understanding. She added that the programme was currently working well within speech and language but the service was discreet.

Discussions were being held with NHS Shetland in preparation of a meeting due to be held with NHS Grampian next week. It was priority for NHS Orkney to reduce and target the high levels of patient travel, however it was noted that this did not sit well within the Grampian priorities.

Members were informed that K Low, Value and Sustainability Lead, had continued collecting and checking data from the Grampian SLA. It had been identified that patients were still experiencing delays. Discussions were ongoing as to whether clinical support at NHS Orkney should be sourced, offering patients appointments locally instead of travelling for treatment. Members agreed that this was a valuable opportunity that learning could be taken.

J Stockan queried if patients had a choice as to where they wished to be treated, for example Grampian or Glasgow. The Head of Transformational Change and Improvement confirmed that this was possible, something which held a separate process and budget line.

The Board Chair enquired if NHS Orkney had fully adopted all opportunities for cost cutting through Loganair. The Head of Transformational Change and Improvement confirmed that this piece of work was fully embedded.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

133 Unidentified Savings

The Interim Director of Finance delivered the Unidentified Savings paper. Members were asked to note the savings challenges faced by NHS Orkney.

The key items illustrated to members were:

- Annual Operation Plan to date had not been signed by the Scottish Government.
- Previous funding of £2m towards Medical Staffing pressures was unlikely to be awarded again.
- Capital revenue transfer discussions were ongoing with C Morrison.

The Interim Director of Finance drew member's attention to NHS Orkney's Financial Overview over the year 2019 to 2022.

NHS Orkney - Financial Overview

RECURRING POSITION	2019/2020 £000s	2020/2021 £000s	2021/2022 £000s
Recurring position at start of year	931	(177)	1,454
Estimated Recurring Growth	3,000	1,290	794
Inflation uplifts			
Pay Award and Incremental drift	(971)	(1,005)	(743)
Prescribing and Hospital Drugs	(378)	(413)	(452)
Primary Medical Services	(58)	(59)	(60)
Commissioning Inflation	(200)	(205)	(126)
Resource Transfer	(16)	(17)	(17)
Price Inflation	(161)	(164)	(166)
Recurring Investments	(408)		
New Facility	(2,665)	(648)	(193)
Planned Savings	750	750	750
Unidentified savings		2,100	100
Recurring Financial Position at year end	(177)	1,454	1,341
IN YEAR EFFECT			
Recurring Financial Position at year end	(177)	1,454	1,341
Non Recurring Expenditure			
General	(2,248)	(415)	(326)

10.3.1

Hospital Medical Staffing	(2,144)	(1,144)	(644)
Mental Health	(1,004)	(1,004)	(1,004)
Non Recurring Allocations (anticipated)	5,589	1,115	644
In Year Position	17	6	10

Unidentified savings of £2.2m would be delivered through a range of saving schemes; namely, review of primary care and budget requirements. In addition, there would be continuous review of delivery against some key strategic priorities for NHS Orkney for example, Joining up Care, off Island Mental Health Redesign and Medicines Efficiencies through prescribing.

The Interim Director of Finance delivered the presentation to members, highlighting the key points;

- The pressures facing the NHS Orkney would continue to intensify. Financial pressures such as drug costs, primary care, mental health, off Island Costs, and the use of temporary medical staff were predicted to continue in future years.
- Cost savings had been identified and some small savings had already been achieved. The importance of identifying recurring savings was stressed to members.
- Meetings starting in July 2019 with key individuals will be established to fully review service areas in order to deliver a balanced budget. A paper will be drafted and submitted to the Board.

Members were in agreement that staff from all levels should be involved in the review of service areas. M McEwen, and the Chair both confirmed that they were happy to be included in discussions. The Chief Executive stressed the importance of backfilling staff who wished to be involved in the process.

It was anticipated that the Clinical Strategy would assist in outlining practices and procedures.

Decisions/Conclusion

Members noted the report. Members were in agreement that Scottish Government should be informed that progress is being made.

M McEwen left the meeting.

134 New Health and Care Facility

The Interim Director of Finance drew member's attention to the New Health and Care Facility Costs paper.

Members were advised that initially the cost of the new facility was estimated in the region of £77.43m. As the costs have increased, NHS Orkney has noted these increases to the Scottish Government, NHS Orkney Finance and Performance

Committee and NHS Orkney Board. Since the initial forecasted business case, full project costs have increased by £3.74m to £81.17m. Members were advised that additional costs were required to be met internally. These costs were

- Construction Costs £2.08m
- Professional Costs £0.805m
- Information Technology £0.855m

Members were informed that a clerk of works had been appointed. This was noted as a positive move for the Board, and had resulted in savings being made.

Funding arrangements were agreed with the Scottish Government to cover the full cost of the build. The governance around the increased costs of the project had been reviewed and a full cost breakdown was provided to the Scottish Government.

The Committee were informed that challenging conversations had been held with the Scottish Government. The Board Chair added that the changes that had occurred had been inevitable, and had not initially been transparent. The additional costs had been identified as externally added items to the project. The Committee recognised the issues arising and the Scottish Government had taken responsibility for their failings. Agreements have been made in order to receive the £6.9m within the capital plan for next year.

The Board Chair queried if learning from the project could be captured and forwarded to others for future projects. The Hospital and Support Services Manager advised that the Board had fed back evidence to a report produced by the Scottish Futures Trust on the issues encountered. The Chief Executive added that points for learning and major successes would also be captured within the post project review.

The Interim Director of Finance concluded by reminding the Board that future projects must be closely scrutinised and all progress should be documented to the appropriate parties in a timely manner to ensure the issues experienced are avoided. A further update would be provided to members once the asset recognition treatment had been agreed.

Decisions/Conclusions

Members approved the submission of the paper to C Morrison.

Governance

135 Chairs Report – NHS Orkney’s Resilience Planning Group

E Graham, Resilience Officer delivered the Chairs Report from the Resilience Planning Group. The key items illustrated to members were:

- Loggist training had been delivered internally and externally to OIC Staff. Further training was to be scheduled to introduce staff to the message and action recording systems.
- Airwave within the existing Balfour Hospital was up and running. Airwave is due to be installed within the new Emergency Department and SAS areas.
- Major Incident / Major Emergency Plan in The Balfour had been drafted. Soon to be circulated for comment as part of the sign off process.

- Business Continuity Plans had been drafted. Business Impact Assessments were also being completed to encourage forward planning and future proofing.
- Brexit Steering Group had been set up internally to determine the risks that the Board may face.
- Noticeable Incidents included an Injector failure whilst CT scanning and HIAL Air Traffic Controllers Industrial Action.

The Board Chair queried if there was any indication on the impact of the work to rule on patient journeys. The Resilience Officer advised that close communication was held with the travel team, and patients due to travel on this date, including visiting consultants due on island had been informed and alternative appointments arranged.

J Stockan concluded that although Orkney were fortunate enough to have a full complement of air traffic controllers, he queried if there was additional cost brought to the Board from this. Members were advised that the Chair of Development and Infrastructure had written to the Scottish Government highlighting this. The Resilience Officer confirmed that no additional travel costs would be accrued due to the strike; however some internal costs may be accrued.

136 Minute of Resilience Planning Group Meeting 27 February 2019

Members noted the minute provided.

The Board Chair queried the implications around the Special Services Response Bag. The Resilience Officer confirmed that it had been an unresolved issue for some time. He advised that the response bag that had been purchased between 2000 and 2004, did not contain relevant equipment, and some of which was now out of date. He added that an SBAR was in the process of being drafted and would be submitted to SMT. Members were assured that the issue had been escalated to SAS Head of Resilience and we had received a formal response.

137 Finance and Performance Committee Annual Report

The Chair requested that in section 9 'successes' the second bullet point was changed from financial savings to efficiency savings.

Members approved the report.

138 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

139 Agree key items to be brought to Board or other Governance Committees attention

Board

- Year End Position
- Savings Plan – Off Island Travel / SLA
- Unidentified Savings Report

Clinical and Care Governance Committee

- Staff available to undertake scope procedures

140 **Any Other Competent Business**

There was no other business raised for discussion.

141 **Items for information and noting only**

There were no items for information or noting.

142 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings.

143 **Record of attendance**

Members noted the record of attendance.

144 **Committee Evaluation**

Members noted that the meeting had contained some challenging, yet exciting subjects.

The meeting closed at 13:40

Not Protectively Marked

NHS Orkney Board – 22 August 2019	
This report is for noting	
Audit Committee Chair's Report	
Lead Director Author	Mark Doyle, Interim Director of Finance 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 a key agenda item that was discussed at the Audit Committee meeting on 26 June 2019 and it was agreed that the following item should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> • Annual Accounts
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 the key agenda item that was discussed at the Audit Committee meetings on 26 June 2019 and it was agreed that this should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1. Annual Accounts

The Interim Director of Finance presented the NHS Orkney annual accounts for year ended 31 March 2019 seeking a recommendation of Board approval.

The accounts had been reviewed in full by the Audit committee on the 4 June 2019 with all comments reviewed and incorporated where appropriate.

The Audit Committee made a recommendation of Board approval, following this the accounts would be submitted to the Scottish Government by the 30 June 2018 and then laid before parliament in September

Appendices

- Approved Audit Committee Minutes from 4 June 2019

Orkney NHS Board

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday 6 June 2019** at **11:30 am**

Present: Meghan McEwen, Chair
Davie Campbell, Vice Chair
Issy Grieve, Non Executive Board Member (deputising)

In Attendance: Karina Alexander, Endowment Fund Treasurer
Mark Doyle, Interim Director of Finance
Patricia Fraser, Audit Manager Audit Scotland
Derek Lonsdale, Head of Finance
Matt Swann, Internal Audit Senior Manager, Scott Moncrieff
Emma West, Corporate Services Manager (minutes)
Louise Wilson, Director of Public Health

Apologies

Apologies were noted from C Bichan, F MacKellar, J Nicol, G O'Brien, J Stockan and G Woolman.

Declarations of Interest

No declarations of interest on agenda items were made.

Minutes of previous meeting held on 14 May 2019

The minute of the Audit Committee meeting held on 14 May 2019 was accepted as an accurate record of the meeting and was approved.

Matters Arising

No matters arising were raised.

Action Log

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

Internal Audit

Internal Audit Plan 2019/20 – AC1920-16

M Swann, Internal Audit Senior Manager, Scott Moncrieff, presented the Internal Audit Plan that reflected the discussions from the last meeting of the Audit Committee held on the 14 May 2019.

The Chair questioned the potential response to the risk register and where the digital strategy would sit within this document to correlate with this risk. It was agreed that wording would be included to incorporate this.

Decision / Conclusion

The Audit Committee approved the Internal Audit Plan 2019/20 subject to the above amendment

Annual Report 2018/19 – AC1920-17

M Swann, Internal Audit Senior Manager, Scott Moncrieff, presented the final Internal Audit Annual Report that summarised internal audit conclusions and key findings from the audit work undertaken during the year ended 31 March 2019, including the clean overall audit opinion on NHS Orkney's internal control system.

Decision / Conclusion

The Audit Committee noted the final report.

Annual Governance Statement

Directors' Subsidiary Statement on Governance – AC1920-18

The Interim Director of Finance presented the Directors' Subsidiary Statement on Governance noting that this was an important part of triangulating information available to the Chief Executive and supported compilation of the governance statement for inclusion in the annual accounts.

He read out the statement in full to ensure that Audit Committee members were content with the statement and were confident that there were no further risks that they were aware of to be highlighted.

I Grieve questioned if the Risk Management Group was now operational, the Head of Finance agreed to confirm this and update the final statement to reflect the current position.

The Chair noted that the statement acknowledged that the commitments to partnership working included a degree of risk and questioned whether the Integration Joint Board had its own risk register. D Campbell confirmed that a draft was being considered at the next meeting for feedback.

The Chair noted that concerns had been raised in meetings that there was over reliance on the Blog for informing staff around new policies and policy changes. Going forward this should be translated to staff in a more meaningful way with the policy owner leading on this as appropriate.

Decision / Conclusion

The Audit Committee noted the Directors' Subsidiary Statement on Governance and were assured that adequate and effective internal control framework had been in place.

Draft Annual Audit Assurance Statement – AC1920-19

M McEwen, Audit Committee Chair, presented the draft Annual Audit Assurance Statement for review and comment.

She advised that there had been no significant issues raised to Audit and as Chair of the committee she was content with the statement.

The relatively low numbers of recommendations in year were noted, M Swann suggested that this was due to the fact that many of the reviews had been system and process related, the coming year would be different and as such a direct year by year comparison wasn't appropriate.

P Fraser also confirmed that external audit had not issued any interim reports on finding for the last two years.

Decision / Conclusion

The Audit Committee approved the draft Annual Audit Assurance Statement for submission to the Board as part of the governance process.

Orkney Health Board Endowment Fund Governance Statement – AC1920-20

The Treasurer presented the Governance Statement noting that NHS Orkney were required to prepare consolidated financial statements incorporating the Orkney Health Board Endowment Funds. Accordingly an important part of the assurance required by the Chief Executive is a statement from the Chair of the Endowment Fund Sub Committee confirming whether the Committee has fulfilled its remit and whether there have been adequate and effective governance arrangements in place for the year under review.

I Grieve noted that the committee had done positive work to bring staff into meetings and promote access of the fund. The application and approval system had also been simplified which had resulted in broader bids being received. Thanks were given to the Treasurer for her work in this area.

Decision / Conclusion

The Audit Committee noted the Orkney Health Board Endowment Fund Governance Statement that provided assurance to the Chief Executive that the Committee had fulfilled its remit and there were adequate and effective governance arrangements in place for the year under review.

Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division – AC1819-21

M McEwen, Audit Committee Chair, presented the draft letter from the Audit Committee to the Directorate for Health Finance notifying that there were no significant issues or frauds to draw attention to.

Decision / Conclusion

The Committee noted the draft letter that would be presented as final on 26 June 2019.

2018/2019 Annual Accounts

NHS Orkney draft Annual Accounts for year ended 31 March 2019 – AC1920-22

The Interim Director of Finance presented the draft annual accounts for year ended 31 March 2019 providing an opportunity for members to make any comments. He highlighted the following:

- The Board was required under section 86(3) of the National Health Service (Scotland) Act to prepare annual accounts and it was the role of the Audit Committee to consider the accounts and recommend approval by the Board
- No material issues had been raised and a clean audit opinion was expected.
- The accounts included a Corporate Governance report including the Directors Report, Statement of Board Members and Accountable Officers responsibilities and Governance Statement
- The Board had met all three financial targets that it was monitored against.

The Core Revenue Resource limit final position was £27,000 under spend and the Core Capital Resource Limit and Cash Requirements were break even at year end.

2018/19 had seen continued financial pressures on medical staffing resulting in essential cover from locums to maintain staffing levels and provide safe clinical services; this had been recognised by the Scottish Government in providing £1.80m financial support. There would be a need to consider these issues and position in 2019/20.

Engagement with budget holders had resulted in 106% of the £2.75m savings target being achieved, 52.3% of this had been realised from vacancies through unsuccessful recruitment drives and as such there would be a need for recurring cost savings moving forward.

The Integration Joint Board had achieved a year end break even position with an actual spend of 32.246m

Staffing expenditure has increased by 6%, from £28.025m in 2017/18 to £29.732m in 2018/19, with the largest proportionate increase relating to a 3% pay award and £0.700m on Pay As if At Work arrears

NHS Orkney held a bank balance at year end of £6.185m this was due to a by a timing issue as construction and equipment costs were anticipated before year end but had not materialised until after.

There were no prior year adjustments.

Members were reminded that the Accounts would not be made public until they were laid before Scottish Parliament in September.

I Grieve questioned the financial planning cycle and was advised that NHS Orkney were in a 3 year planning cycle and had submitted a forecast of a break even position for all 3 years. There were risks to achieving this and these had been highlighted to the Finance and Performance Committee.

D Campbell noted that there were errors in the membership section as he was an IJB member and D Drever was Chair. L Wilson highlighted that she was also not a member of ministerial group on Health and Social Care Integration and this should be removed.

The Head of Finance thanked Audit Scotland and the Finance department for all their hard work compiling the accounts.

P Fraser noted that no material issues had been raised and they were in the closing stages of the audit, the final conclusion would be provided at the 26 June 2019 meeting.

Decision / Conclusion

The Audit Committee reviewed the draft Annual Accounts for the year ended 31 March 2019 noting that the final version would be provided to the meeting on the 26 June 2019 seeking a recommendation of Board approval.

Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2019 – AC1920-23

The Endowment Fund Treasurer presented the Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2019 reminding members that as a registered charity it was necessary to provide the annual accounts to the Office of the Scottish Charity Regulator (OSCR).

The annual accounts had been audited by Scholes, Chartered Accountants, who had undertaken a comprehensive review including looking at the Charter and banking arrangements. K Alexander highlighted the following:

- There had been fewer transactions than previous year, possibly due to departments waiting until after the move to the new hospital and healthcare facility to submit bids.
- The Trustees report would be signed at the meeting on the 6 June 2019.
- The independent auditors report noted that following a review of the classification of funds brought forward at the start of the financial year between restricted and unrestricted elements, it had been determined that certain income funds reported in prior years as unrestricted were considered to be held for a restricted purpose, as currently defined by OSCR, the Scottish charity regulator. The accounts had been updated to reflect this.

The Chair noted that her name had been misspelled in the document

I Grieve welcomed the level of challenge at meetings around what constituted core and additional funding, clarity from senior staff around these differences had also been helpful.

Decision / Conclusion

The Committee noted the Annual Accounts as recommended for approval by the Endowment Fund Sub Committee on 1 May 2019 and would be presented to the Endowment Trustees on the 6 June 2019 for final approval.

Risks

Risks Escalated from Governance Committees:

No risks had been escalated.

Governance

Finance and Performance Committee Annual Report – AC1920-24

D Campbell Chair of the Finance and Performance Committee presented the report, noting the changes in membership and the work around the financial position which had been possible by the streamlined agenda allowing focus on important areas.

M Swann suggested that there needed to be an additional comment around the period that the committee was without a Chair.

Decision / Conclusion

The Committee noted the Finance and Performance Committee annual report.

Update on review of Selbro Storage

It was agreed that this paper would be deferred to the next meeting on the 3 September 2019.

Agree items to be brought to the attention of the Board or other Governance Committees

It was agreed that the following items would be brought to the attention of the:

Board

- The final annual accounts would be reviewed on the 26 June 2019 with a recommendation of Board approval.

Items for Information and Noting only

Schedule of Meetings 2019/20

Members noted the schedule of meetings for 2019/20

Record of Attendance

Members noted the record of attendance.

Committee Evaluation

Members agreed it had been an excellent meeting.

Any other Competent business

Concerns had previously been raised around the limited number of Integration Joint Board Audit Committee meeting and there had been preliminary discussions around the potential of more integrated audit working throughout the year.

It was agreed that M Swann and D Campbell would meet out with the meeting to progress further to ensure the timescales are appropriate.

Not Protectively Marked

NHS Orkney Board – 22 August 2019 Report Number: OHB120-28 This report is for noting Risk and Assurance Forward Planning	
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"> The purpose of this paper is to provide <u>assurance</u> on progress in the development and implementation of a refreshed approach to risk management across NHS Orkney.
Timing	To be considered at the August 2019 meeting.
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

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. Our documentation lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation.

There are currently 36 active risks on the risk register with only one of these being scored as "very high" – The Boards ability to meet its financial targets. There are 12 high level risks and 19 risks which have now reached their target level.

Following the migration to the new hospital and healthcare facility a review of all active risks is being undertaken and meetings have now been held with 50% of the risk owners.

This has been an ideal time to undertake this refresh as a number of our current risks were directly related to aspects of our estate or service provision that are now able to be mitigated or made inactive by the operating model of the new facility. These meetings will culminate by the end of August 2019 and the up to date risk register will then be considered by the Risk Management Steering Group which will commence in September 2019 and report to the Audit Committee.

As part of meeting with risk owners identification of new risks which are now inherent within our operating environment are being identified and there are 11 risks which are currently being risk assessed. Consideration of these risk assessments will take place through the Risk Management Steering Group. Additionally, team meetings are being used to highlight the importance of risk identification and management and to encourage discussion about risk exposure.

The Risk Management Steering Group will have representation from across the organisation and will align closely with the Delivery Groups which are being established to deliver against the priority themes arising from work on developing the Clinical Strategy to ensure there is a robust mechanism for recognising, assessing, managing and mitigating risk in a way which ensures improvement in service provision and quality of care.

Further to the stages outlined in the Risk paper presented to the Board in April 2019, adaptations to the risk management tool within the Datix system have now been taken forward and are ready to go live. This will ensure the system is fit for purpose and best meets the needs of users.

Additionally, and further to discussion around the Blueprint for Governance the September 2019 Board development session will include a session on strategic risk identification/development. This will be a facilitated session, supported by representation from our internal auditors, Scott Moncrieff which will support the establishment of a strategic risk register to capture 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. Following the Board development session, 6 monthly reporting to the Board on the status of strategic, Board owned risks will commence.

Section 5 Consultation

This paper has been informed by the views of colleagues from across the organisation as well as significant discussion during Board development sessions around the Blueprint for Governance.

Appendices

- None.

Not Protectively Marked

NHS Orkney Board – 22 August 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
Health and Care (Staffing) (Scotland) Act 2019 (asp 6) https://www.legislation.gov.uk/asp/2019/6/contents/enacted	An Act of the Scottish Parliament to make provision about staffing by the National Health Service and by providers of care services.
SPICe Briefing: Health and social care integration: spending and performance update https://sp-bpr-en-prod-cdnep.azureedge.net/published/2019/6/26/Health-and-social-care-integration--spending-and-performance-update/SB 19-44.pdf	A Scottish Parliament briefing describes the current performance of health and social care integration authorities, from both a financial and non-financial perspective, reviewing progress since the Public Bodies (Joint Working) (Scotland) Act 2014.
Children & Young People's Mental Health Task Force: Recommendations https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/	The Children and Young People's Mental Health Taskforce has published its recommendations to the Scottish Government. The recommendations provide a blueprint for how children and young people's services should support mental health. Implementing them will be a positive step towards creating a system of mental health supports and services to meet the needs of children and young people across Scotland for years to come
Statement on Gender Recognition https://www.gov.scot/publications/statement-gender-recognition/	A Gender Recognition (Scotland) Bill, to reform the current process of obtaining a Gender Recognition Certificate, will be published by the end of 2019, the Scottish Government has announced. The Bill will be in draft form to allow for a full public consultation on its detail and to seek to address concerns which have been raised. An equality impact assessment will

Topic	Summary
	also be published.

Circulars

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
PCA(P)(2019)12	12.06.2019	Community Pharmacist Practitioner Champions
DL(2019)07	12.06.2019	The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019
CMO(2019)07	13.06.2019	Identification and management of Lyme disease: educational resources
PCA(M)(2019)08	20.06.2019	National guidance for clusters. A resource to support GP clusters and support improving together
PCA(D)(2019)09	27.06.2019	Dentists with enhanced skills in domiciliary care: NHS (General Dental Services) (Scotland) Regulations 2010 – amendments; Amendments no 136 to the Statement of Dental Remuneration
CCD 3/2019	03.07.2019	Revised guidance on charging for residential accommodation
PCA(D)(2019)10	05.07.2019	Quality improvement activities: future arrangements for general dental practitioners
PCA(P)(2019)14	08.07.2019	Pharmaceutical services: supporting quality improvement: 2019/20 activities
PCA(P)(2019)13	08.07.2019	Pharmaceutical Services: amendments to the Drug Tariff in respect of remuneration arrangements and part 7 and part 11 discount claw back arrangements from 1 April 2019
DL(2019)10	11.07.2019	Fixed annual leave for junior doctors
PCS(AFC)2019/06	12.07.2019	Pay during annual leave
PCS(AFC)2019/02 (Corrigendum and Addendum)	18.07.2019	Policy on management of sickness absence (promoting attendance)



Orkney Partnership Board

DRAFT Minute of the meeting of the Orkney Partnership Board held at 10:00 on 28 May 2019 in the Council Chamber, Kirkwall

Present:	James Stockan David Campbell Cheryl Chapman Alan Dundas Graeme Harrison Thomas Knowles Leslie Manson John McKenna Gillian Morrison Graham Neville Gerry O'Brien Stephen Sheridan Graham Sinclair Craig Spence Matt Webb	Orkney Islands Council (<i>Chair</i>) Integration Joint Board VisitScotland SEPA Highlands and Islands Enterprise Historic Environment Scotland Orkney Islands Council Scottish Fire and Rescue Service Orkney Islands Council Scottish Natural Heritage NHS Orkney Skills Development Scotland HITRANS Orkney Housing Association Limited Police Scotland
In attendance:	Anna Whelan Marie Love	Orkney Islands Council (<i>Secretary</i>) The Orkney Partnership

Item

1 Apologies

Eddie Abbott-Halpin	Orkney College / UHI
Gail Anderson	Voluntary Action Orkney Island Council
Alistair Buchan	Orkney Islands Council
Alan Johnston	Scottish Government
Ian Kinniburgh	NHS Orkney (<i>Vice Chair</i>)
Garry Reid	Scottish Sports Council
Sally Shaw	Integration Joint Board and Orkney Community Justice Partnership

Item	Topic	Lead	Purpose
2	Draft minutes of the last meeting of the Board on 14 March 2019	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	3.1 (Matters arising – Locality Plan Actions)		
	<p>It was highlighted that an action had been outstanding for a number of meetings. Alan Johnston was to raise the issues of Road Equivalent Tariff and Digital Connectivity with Michael Matheson, Scottish Minister for Transport, Infrastructure and Connectivity, with a view to arranging a meeting with the Chair. It had been noted at the meeting on 18 December 2018 that Alan Johnston was following this up and Erica Clarkson had agreed she would also raise it. It was agreed progress would be reported to the next meeting. Noted that the Chair would also continue his efforts given the double disadvantage faced by people in the non-linked isles.</p> <p style="text-align: right;"><u>Action: AJ/EC</u></p>		
3.2	3.2 (Matters arising – Poverty and disadvantage factors that affect children and young people in Orkney)		
	<p>There was an outstanding action for Erica Clarkson to find out what was done in other areas re. normalisation so that specific questions around finance were always asked as part and parcel of practice. It was agreed progress should be reported to the next meeting.</p> <p style="text-align: right;"><u>Action: EC</u></p>		
3.3	7 (Strong Communities Delivery Group)		
	Noted that the full report on the budgeting exercise would be	13.2 and Your Choice 2 participatory to the next meeting.	<u>Action: GA</u>
4	Executive Group report		To report progress
4.1	Update from the Group		
4.1.1	Gillian Morrison reported that the Executive Group had met on 9 May 2019.		
4.1.2	Community Planning Working Group		
	<p>The Executive Group had questioned the continuation of the Working Group in the interests of streamlining the number of meetings the same people had to attend. It had been agreed this would be discussed at the next meeting of the Executive Group as a number of members were not present.</p>		
4.1.3	Social Security / Welfare Reform Working Group – the Executive Group had proposed that, as this strategic group had now successfully completed its work it would stand down and this was agreed by the Board. Noted that arrangements had been put in place for communication and any necessary work to continue to be managed at an operational and tactical level.		
4.1.4	Climate change – the Executive Group had proposed that this feature as part of the all-Board horizon scanning exercise and discussion would take place at that point as to whether it should be mainstreamed; this was agreed by the Board. The importance of not making decisions in isolation was highlighted and it was agreed that, as part of the discussion, partners should report on their own		

Item	Topic	Lead	Purpose
	targets, if any. Meanwhile it would be helpful to bring a paper to the Board and Graham Neville of SNH undertook to do this.		<u>Action: All/GN</u>
4.2	Development Plan update		
4.2.1	Marie Love presented a progress report on the Development Plan.		
	<ul style="list-style-type: none"> Re. action B2 (Annual horizon-scanning exercise) agreed that this should be conducted collectively by the Board each year and would next take place in conjunction with the Board meeting scheduled for 4 December 2019. Re. action B4 (Delivery group actions and performance indicators) agreed to amend the timescale for delivery to December 2019. Noted that logic models were being developed and would be submitted to the Board on 18 September 2019, following which high-level indicators would be proposed. Re. action D1 (Joint resourcing plan) noted that this had been added to reflect need for a new plan to collate alignment of resources re. new priorities. It was agreed to add a new action to develop a collective approach re. climate change. 		<u>Action: ML</u>
5	Locality Plan Actions	Anna Whelan	To review progress
5.1	Anna Whelan presented a progress report on the Locality Plan Actions during which the following points were discussed: <ul style="list-style-type: none"> Re. 1 - 3 (Digital connectivity) disappointment was expressed that no progress had been made in the rollout of digital connectivity. Partners were encouraged to be supportive of suggestions for trial and pilot projects in Orkney. If any partners had challenges because of connectivity they should feed them back to the Board. Re. 8 (Rollout of Empowering Communities) an Investing in Communities Fund was now open with a deadline of 14 June 2019. Anna would contact the community councils as soon as possible asking if they wanted assistance to submit applications. Re. 10 (Fuel poverty) and action 14 (Island-proofing) it was noted that the Scottish Government had carried out an islands assessment on its Fuel Poverty Bill, pre-empting the requirement to do so as guidance would only be issued in Autumn 2019. This was welcomed by members. Re. 17 – 18 (Getting around the islands) James Stockan advised that OIC had agreed to ask for Road Equivalent Tariff on the isles routes instead of on the Aberdeen/Kirkwall route. It was agreed that this be added to the list of achievements and asks. All partners were asked to feed back any of their 'asks' that could be included. 		<u>Action: All</u>
6	CONTEST/PREVENT	Matt Webb Gillian Morrison	To report progress
6.1	Matt Webb reported that, despite the fall of IS (Islamic State), assessment of risk had not changed and remained severe. There had been some activity re. Northern Irish terrorism. There would undoubtedly be heightened tensions within communities because of discussions around Brexit and there was a need		

Item	Topic	Lead	Purpose
	to remain vigilant about the emergence of an extreme right-wing presence. The Extinction Rebellion movement was coming more to the fore around the climate agenda, although events had been peaceful to date. He emphasised that Orkney is still a very safe place, although it is always important to be vigilant.		
6.2	Gillian Morrison advised work was continuing around PREVENT and CONTEST and, although the same people were dealing with Brexit, they had managed to “keep the plates spinning” through close partnership working.		
6.3	If any partners had PREVENT training needs they should get in touch with Matt Webb. WRAP training around raising awareness could be arranged as well as a ‘Train the trainer’ session.		
7	The Islands Deal	Chair	To review progress
7.1	The Chair advised that a draft Deal Proposal Document was being finalised and the intention was to submit it to the UK and Scottish Governments by the end of June. Officers within OIC are continuing to actively develop appropriate projects and work has started on preparing an evidence base for each initiative. Work is also ongoing around developing a picture of how Islands Deal funding would sit within the overall landscape of government funding. He emphasised that the Islands Deal was about transformational projects only and should not be the only focus of development; business as usual should continue with resources being sought from the normal routes.		
8	Single Authority Model	Gillian Morrison	To receive an update and report progress
8.1	Gillian Morrison gave an update on work being carried out by the Single Authority Model Steering Group.		
9	Skills Investment Plan for Scotland’s Historic Environment Sector	Stephen Sheridan	To receive update on actions to address skills challenges and opportunities in sector
9.1	Stephen Sheridan, Regional Skills Planning Manager, gave a presentation on the Skills Investment Plan for Scotland’s Historic Environment Sector. The Plan had been facilitated jointly by Skills Development Scotland and Historic Environment Scotland and reflected the diversity, complexity and economic importance of this sector. It covered several broad market areas including the built and natural environments, tourism, hospitality and museums and galleries. There was industry concern on the lack of appropriate skills given the expectation of increasing demand for a wide range of skills.		
9.2	During discussion issues around talent attraction and retention in general were noted, this being particularly challenging in the isles. Seasonal recruitment was also difficult. Cross-organisational workforce planning would be useful as otherwise partners could find themselves competing against each other to recruit given that Orkney has close to full employment.		

Item	Topic	Lead	Purpose
10	Child Poverty	Gillian Morrison	To receive an update on ongoing work
10.1	Gillian Morrison reported that a cross-partnership Local Child Poverty Working Group was being established to take forward the recommendations from the 2018 research commissioned by Orkney Children and Young People's Partnership into child poverty. Anyone who had an interest in being involved should contact Scott Hunter who would bring a report on progress and an action plan to the Board meeting on 18 September 2019. <u>Action: All/SH</u>		
11	Risk Register – Brexit	Gillian Morrison	To review
11.1	Gillian Morrison presented the Risk Register and Risk Management Action Plan re: <ul style="list-style-type: none"> • Risk 1 <i>Lack of Capacity to Deliver</i> current risk score of B3 (red) and target risk score of C3 (amber). • Risk 2 <i>Legislative and political uncertainty</i> current risk score of B3 (red) and target risk score of C2 (amber). 		
11.2	It had been decided to bring these forward given the current situation re. Brexit. It was agreed that the current and target risk scores should remain unchanged and that a potential second Brexit Referendum be added to Risk 2. A few minor amendments to wording would also be made.		
12	Community Planning: an update – Impact Report by Audit Scotland	Gillian Morrison	To note
12.1	Gillian presented the report published in July 2018 by Audit Scotland. One of the recommendations related to the Scottish Government looking at how partnerships were making progress re. evaluating the impact of community planning and improving outcomes. A national review would be carried out in 2019/20.		
13	Corporate Parenting: Corporate Parenting Board and Action Plan	Scott Hunter	To discuss ongoing work
13.1	Scott Hunter gave a progress report and advised that it had been agreed to establish a Corporate Parenting Board, comprising elected members and senior officers from across the Orkney Partnership. The Corporate Parenting Board would report through the Orkney Partnership and would be responsible for production of an annual report. The Orkney Corporate Parenting Plan would be presented to the Orkney Partnership Board for endorsement at its meeting on 18 September 2019. <u>Action: SH</u>		

Item	Topic	Lead	Purpose
14	Joint Inspector of Services for Children and Young People in need of Care and Protection	Scott Hunter	To note forthcoming inspection
14.1	Scott Hunter reported that the Care Inspectorate would be leading on a Joint Inspection for Children and Young People in need of Care and Protection in the Orkney community over the summer. This would be the first inspection since 2013 and it was anticipated the report would be published in February 2020.		
15	Orkney Research and Innovation Campus	Graeme Harrison	To receive an update on the project
15.1	Graeme Harrison provided an update on the Orkney Research and Innovation Campus (ORIC). There had naturally been constraints around developing two complexes in the middle of Stromness and he expressed gratitude to the people of Stromness for their goodwill while the work was carried out. EMEC (European Marine Energy Centre) had moved in to the old academy block the day after completion in January 2019. The former primary school had a target completion date of 16 August 2019 and Heriot-Watt would then move in ahead of the new intake of students in September.		
15.2	It was anticipated that the first phase would be entirely let upon completion. The second phase could see collaboration with other universities as potential partners, including those overseas in Japan, Canada and the Arctic for example.		
15.3	Graeme highlighted this was a great opportunity for Orkney. The universities involved were keen to see a broadening of the research activity based on energy and low carbon (sustainable tourism, low carbon transport, health and care, healthy ageing). Anyone with ideas was urged to get in touch as the universities would welcome opportunities to study real issues.		
16	National Islands Plan	Anna Whelan	To consider draft response
16.1	Anna gave an update on the Scottish Government's consultation exercise in respect of the National Islands Plan and Island Communities Impact Assessments. She advised that the Islands Team at the Scottish Government was leading on the consultation; they were holding 61 events on 46 islands over a period of 12 weeks. She suggested that it would be best to concentrate on the structural questions and feed back key messages. OIC would be submitting its own response.		
16.2	During discussion a number of points were raised: <ul style="list-style-type: none"> The Orkney Partnership's response to the consultation should focus on the delivery groups and their priorities. Re. question 6, which listed a number of areas that are relevant for islands and island communities, respondents were asked to rank these in order of priority. It was agreed not to prioritise these areas given that they were all 		

Item	Topic	Lead	Purpose
	<p>interlinked. It was noted that housing was missing and additional help for outer island housing was needed given the additional build costs.</p> <ul style="list-style-type: none"> • Stress the distinctiveness of the different island groups, for example there was no desire for Gaelic signage in Orkney. • Any future development planning should include building in nature and investing in the environment. • Lift the answers to the general questions to the next level to place them where the consultation should have been pitched. Try to move on from simplistic answers to more complex answers across the piece to raise this to a more meaningful level. • The consultation was disappointing in that it appeared to go back and recreate everything from the beginning rather than considering work that had already been done by the three islands. • Depopulation is an issue for the outer islands. A need to attract working age population in and inward migration to suit skills set needed for the future. 		
16.3	Anna will draft and circulate a response for comments.		<u>Action: AW</u>
17	Any Other Competent Business	Chair	To consider and approve
17.1	<p>Housing and Scottish Water</p> <p>Craig Spence advised that the housing waiting list for Orkney was currently 680, with 480 out of that being for Kirkwall. OHAL had plans to invest £9M over the next four years. Unfortunately, Scottish Water had now put a moratorium on any new sewage connections in areas of Kirkwall where there were issues around infrastructure and where pipes run. It could take up to four years to resolve. As a result, OHAL's plans are on hold. OHAL may make representation to the Scottish Government about the issue and, if so, may need input from the Orkney Partnership Board. Members noted this would also be an issue for the local construction industry, particularly when work on the new hospital and healthcare facility and the Orkney Research and Innovation Campus was coming to an end. It was agreed that Craig would get in touch if input was required.</p> <p><u>Action: CS</u></p>		
17.2	<p>Orkney Knowledge Laboratory</p> <p>Gillian Morrison advised that Professor Heather Fulford of RGU had been in Orkney the previous week to hold discussions re. the proposal for a piece of collaborative work between RGU and the Orkney Partnership to create an online information resource. The hub would allow data from local consultations, research initiatives etc to be more widely available, allowing better use to be made of the datasets. A small steering group was being established to take the first stage of the work forward which would include looking at scoping and funding options. Members were supportive of the work.</p>		

Item	Topic	Lead	Purpose
17.3	Public Health Scotland		Anna Whelan reported that the Scottish Government, in partnership with COSLA, had published a six week consultation seeking views on the establishment of Public Health Scotland. Its role would be to support and enable the wider public health system. The consultation focused on the necessary legislative changes required to establish the body as well as governance and accountability, outcomes, functions and structure and future relationships with the wider public health system.
17.4	New Hospital and Healthcare Facility		Gerry O'Brien reported that the public tours of the new facility had gone well, with around 2,150 people participating. He advised that if any members of the Orkney Partnership wanted a tour they could get in touch with Rhoda Walker who would organise a private viewing. This would have to take place fairly soon before the building was clinically cleaned. Staff had already started moving into the new support building and Garden House would be emptied over the course of the weekend of 01/02 June. They were on schedule to move patients over the weekend of 14 June. The Chair congratulated Gerry and his team as this was a huge achievement.
17.5	Scottish Ambulance Service		It was noted that an invitation had been extended to the Scottish Ambulance Service to join the Orkney Partnership Board and there had been an indication they would attend. It was agreed that this should be followed up. <u>Action: ML</u>
18	Date of next meeting 18 September 2019 at 10:00	Chair	

The meeting closed at 12:30.

ML/AW
29.05.2019

Annex – Presentation on Historic Environment Scotland Skills Investment Plan



Helpline for employers
 Monday – Friday
 0800 783 6000

Our Skillsforce
 ourskillsforce.co.uk

From Skills Development Scotland

Our work with employers

Through our regional partnerships we develop Skills Investment Plans and Regional Skills Assessments to assess the local skills needs of employers and the economy – across Scotland's key sectors and regions. We identify opportunities in Scotland's key growth sectors.



We also provide direct local skills support to businesses of all sizes through our:

Employer Engagement Advisors

Our Skillsforce

ourskillsforce.co.uk

Why a new SIP?

- Sector is diverse, complex, culturally and economically Important
- Covers several broad market areas – built and natural environment, tourism and hospitality and museums and galleries.
- Directly employs 20,000 FTE roles and 17,000 Volunteers
- Widespread industry concern on lack of appropriate skills
- Expectation of increasing demand for a wide range of skills

Sector Overview

Key drivers of change identified:

- significant increase in tourism
- enhancing the overall visitor experience
- climate change affecting the condition of heritage buildings
- increased commercial focus for heritage organisations
- In addition to wider demographic challenges and attracting talent

Sector Overview

Key messages from existing strategies;

- Need professional and specialist skills to care and manage historic buildings
- Need to educate and stimulate demand for traditional building and archaeological skills
- Ensure strong supply of skilled people (new and existing) with traditional specialist skills

New research also identified several generic skills gaps as well skills shortages in some occupations.

Supply & Demand

Current provision has been identified including:

- 4 FA frameworks directly relevant
- 32 MA frameworks
- GA in Built Environment
- 47 different college courses
- 12 undergrad & post grad subject areas

Trends have been identified such as:

- Reduction enrolment in FE by 20% since 2010
- Many graduates not entering Industry
- Some graduates entering Industry lacking core skills and sector experience

Supply & Demand

In terms of future demand industry and stakeholders pointed to:

- Demand for stonemasonry and roofing , joiners and lime plasterers
- Historic gardeners
- Surveyors
- archaeologists

Also an increase in demand for skills in areas including:

- ICT and digital
- leadership and management
- business and enterprise
- customer service skills
- Advocacy
- creativity
- events management.

ensure that the operation and growth of the historic environment is not constrained by a lack of suitable and appropriate talent

Achieved by:

- ✓ **Improve awareness & understanding** of employment opportunities
- ✓ **Provide a shared understanding** of the key skill issues
- ✓ **Provide a strategic skills framework** to resource delivery
- ✓ **Ensure a range of skills development** and training opportunities
- ✓ **Promote equality and diversity** to ensure we attract the best talent
- ✓ **Act as a catalyst** for increased delivery within existing skills investment plans





Priority Themes and Key Actions		
Engaging the Sector in Skills and Innovation	Attracting Future Talent and Improving Access	Workforce Development
<ul style="list-style-type: none"> • Improve awareness and understanding of skills challenges and solutions • Widening employer engagement in skills • Promoting Innovation 	<ul style="list-style-type: none"> • Promote sector as attractive place to work • Promote pathways into the sector for all. • Developing Apprenticeships and enhance Further & Higher Education provision • Develop volunteer networks and offer work placements 	<ul style="list-style-type: none"> • Expand Traditional Skills and specialist provision • Develop and enhance CPD provision and availability nationally • Increasing skills and qualifications of volunteers

DRAFT - AWAITING

Not Protectively Marked

NHS Orkney Board This report is for information Integration Review Self Evaluation	
Lead Director	Sally Shaw, Chief Officer, Orkney Health and Care.
Action Required	The Board is asked to: 1. Approve the completed self-evaluation template for submission to Scottish Government
Key Points	<p>2.1. Health and Social Care Partnerships were asked to complete a self-evaluation on behalf of the Integration Joint Board, Local Authority and Health Board, to collectively evaluate their current position in relation to the findings of the Ministerial Steering Group (MSG) review, which was published in February 2019.</p> <p>2.2. Following circulation of the MSG report which was noted at the Integration Joint Board meeting held on the 27 March 2019, a self-evaluation template was circulated to all partnerships for completion.</p> <p>2.3. Communication through the Chief Officers' network and the IJB's Chair and Vice Chair meeting noted the short deadline and view that this did not allow for sufficient time for completion and fell outwith the committee cycles for all statutory bodies. The view taken by the Chief Officers' network is that draft evaluations be submitted to Scottish Government which would then be ratified by the statutory bodies in the relevant cycles.</p> <p>2.4. On 13 May 2019, Members of the Integration Joint Board's Discussion Forum, which includes members from the Local Authority, Health Board and IJB, met and discussed the self-evaluation which was due to be submitted to Scottish Government by 15 May 2019. Those present at the meeting were advised that colleagues from third sector and finance teams in all three statutory bodies have been sent the self-evaluation for comment.</p> <p>3. Progress</p>

	<p>3.1. There were 25 proposals in the MSG report. We were asked to rate ourselves on 22 of these proposals. The other three were for external agencies, e.g. Care Inspectorate, to evaluate or comment on.</p> <p>3.2 Orkney reported that three of the proposals are currently not yet actioned, those being financial in nature:</p> <ul style="list-style-type: none"> • Lack clear financial planning and ability to agree budgets by the end of March each year. • Currently no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements. • No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning. <p>3.3. All other progress on the proposals were evaluated as either 'partly established' or 'established'.</p> <p>4. Next Steps</p> <p>4.1. The self-assessment will need to be presented to both the Local Authority and the Health Board. However, the next meetings are not until August and September. The reports will be, as this one, for 'approval'.</p> <p>4.2. An action plan will need to be designed and agreed to cover all proposals and to endeavour to meet the MSG timescales. A short-life working group will be established with representatives from the three statutory bodies to complete this.</p>
Link to Corporate Objectives	<p>The corporate Objectives this paper relates to (please delete not relevant):</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.
Equality and Diversity	<p>There are no equality implications arising from this report.</p>

Sally Shaw (Chief Officer)

Orkney Health and Care

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Agenda Item:

Integration Joint Board

Date of Meeting: 25 June 2019.

Subject: Integration Review Self Evaluation

1. Summary

1.1. Partnerships were asked to complete a self-evaluation on behalf of the Integration Joint Board, Local Authority and Health Board, to collectively evaluate their current position in relation to the findings of the Ministerial Steering Group (MSG) review, which was published in February 2019.

2. Purpose

2.1. To advise Members of the purpose and outcomes of the self-evaluation.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. That, in February 2019, the Ministerial Strategic Group for Health and Community Care published its review of progress with integration of health and social care.

3.2. That, following publication of the review a self-evaluation template was circulated to all partnerships for completion and submission to the Scottish Government no later than 15 May 2019.

It is recommended:

3.s. That the completed self-evaluation template, attached as Appendix 1 to this report, be approved for submission to Scottish Government.

4. Background

4.1. Following circulation of the MSG report which was noted at Board meeting held on the 27 March 2019, a self-evaluation template was circulated to all partnerships for completion.

4.2. Communication through the Chief Officers' network and the IJB's Chair and Vice Chair meeting noted the short deadline and view that this did not allow for sufficient

time for completion and fell outwith the committee cycles for all statutory bodies. The view taken by the Chief Officers' network is that draft evaluations be submitted to Scottish Government which would then be ratified by the statutory bodies in the relevant cycles.

4.3. On 13 May 2019, Members of the Integration Joint Board's Discussion Forum, which includes members from the Local Authority, Health Board and IJB, met and discussed the self-evaluation which was due to be submitted to Scottish Government by 15 May 2019. Those present at the meeting were advised that colleagues from third sector and finance teams in all three statutory bodies have been sent the self-evaluation for comment.

5. Progress

5.1. There were 25 proposals in the MSG report. We were asked to rate ourselves on 22 of these proposals. The other three were for external agencies, e.g. Care Inspectorate, to evaluate or comment on.

5.2 Orkney reported that three of the proposals are currently not yet actioned, those being financial in nature:

- Lack clear financial planning and ability to agree budgets by the end of March each year.
- Currently no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.
- No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.

5.3. All other progress on the proposals were evaluated as either 'partly established' or 'established'.

6. Next Steps

6.1. The self-assessment will need to be presented to both the Local Authority and the Health Board. However, the next meetings are not until August and September. The reports will be, as this one, for 'approval'.

6.2. An action plan will need to be designed and agreed to cover all proposals and to endeavour to meet the MSG timescales. A short-life working group will be established with representatives from the three statutory bodies to complete this.

7. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.

Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

8. Resource implications and identified source of funding

8.1. There are no financial implications directly arising from this report.

9. Risk and Equality assessment

9.1. There are no risk or equality implication arising directly from this report.

10. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	Yes.

12. Author

12.1. Sally Shaw (Chief Officer), Integration Joint Board.

13. Contact details

13.1. Email: sally.shaw@orkney.gov.uk, telephone: 01856873535 extension 2601.

14. Supporting documents

14.1. Appendix 1: Integration Review Self Evaluation.

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

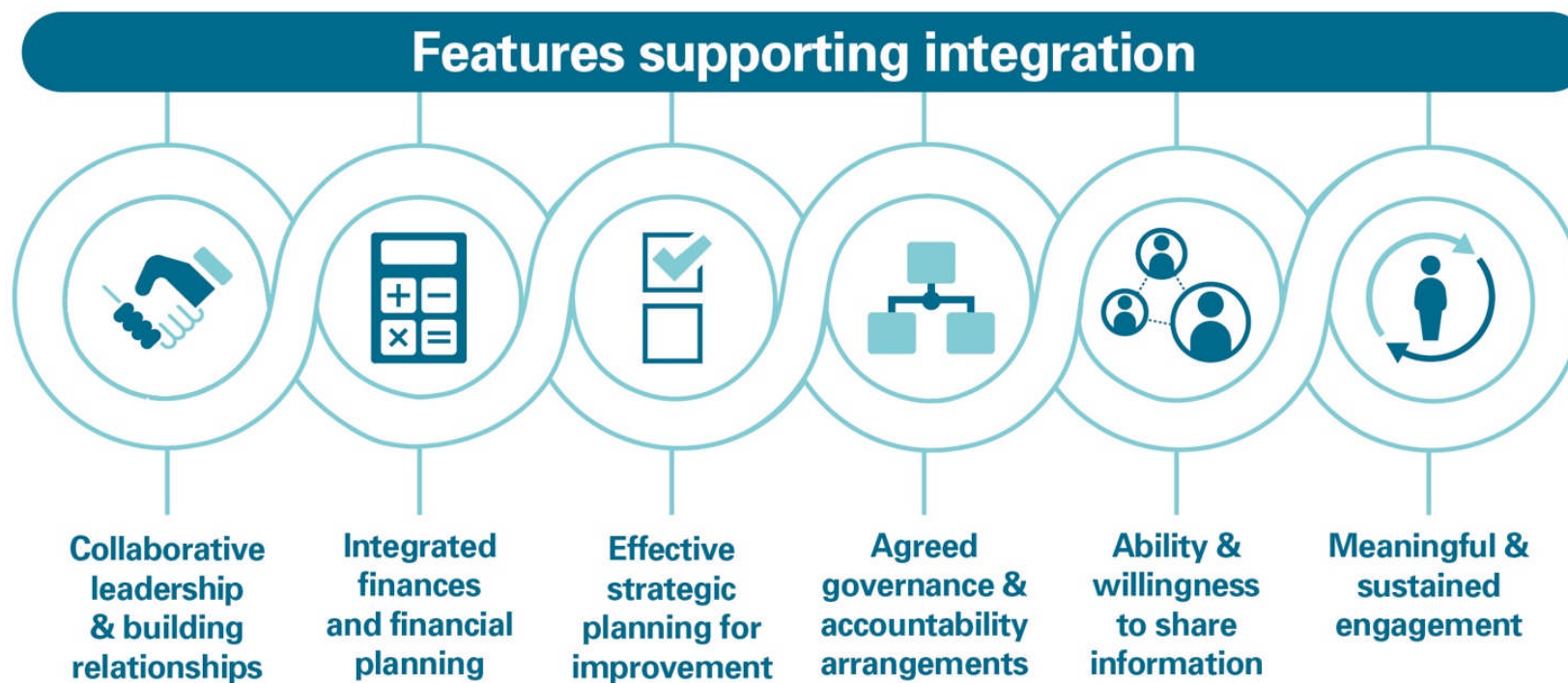
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.
Integration Review Leadership Group
MARCH 2019**



Name of Partnership	Orkney Health and Care
Contact name and email address	Sally Shaw sally.shaw@orkney.gov.uk
Date of completion	09 May 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			X	
Evidence / Notes	<p>Orkney Health and Care was established well before the existence of the Public Bodies (Joint Working) (Scotland) Act 2014. Due to our size this had made sense for us to do and community-based health and social care was transferred to and jointly managed by Orkney Health and Care. On the introduction of the Act this required for either a Lead Agency model or a Body Corporate Model to be established. So, the joint working of our services was established but the Act then created another statutory agency with the development of the Integration Joint Board.</p> <p>To have moved into this joint space prior to the introduction of the Act, demonstrated clear collaborative leadership, which was about making best use of local resources to improve outcomes for our communities. Whereas some partnerships had a blank page at the commencement of the Act, Orkney had to unpick some of the work which was already happening. Due to this there is some lack of clarity on the slightly different system. Despite this Orkney delivers well against virtually all of the indicators.</p>			

	<p>Developing a shared and collaborative approach to leadership is essential for the ambitious plans that we have here in Orkney. We have some specific events early Autumn when we will see our work with Corporate Rebels, bring the Corporate Rebels to Orkney over two days. It is our vision that both these days will be open to representatives not only from colleagues across all sectors and at every level in these sectors, but to members of our community as well.</p> <p>We have also secured support via HiS iHub and Scottish Government to work with the National Development Team for Inclusion (NDTi). This work will see us taking a Community Led Approach to all that we do, and collaborative leadership and relationship building is vital to this approach. We have undergone a 2 day 'Readiness Assessment' recently. The feedback we received from the external assessors was that not only did they think we were ready to embark on the approach, but that we were probably the readiest they had seen to date. Again, testimony of our focus on building relationships and collaborative leadership.</p> <p>Staff can link into initiatives such as Project Lift and the MSc in Public Leadership and Management, supported by both statutory employers.</p> <p>We have written in to our refreshed strategic plan that our approach will be based on Realistic Conversations, which is based fully on the principles of Realistic Medicine.</p>
Proposed improvement actions	<p>Our approach to collaborative leadership will continue to grow. Building our culture on having different conversations with people and communities. Our approach will be designed to enable our staff to recognise the permission they have to 'do the right thing'.</p> <p>We will indeed look for any further opportunities or learning from the National audit to be undertaken by Scottish Government and COSLA.</p>

Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			X	
Evidence / Notes	<p>There have been considerable improvements in relationships and collaborative working – not just evidenced by the early adoption of the principles of integration in health and social care, but in our very strong Community Planning Partnership.</p> <p>The early tension that existed between NHS Orkney, Orkney Islands Council and the Integration Joint Board has been worked through by coming together and discussing, practices and pressures in the IJB Discussion Forum. This allows for open and honest relationships and conversations which benefits all. Due to positive developments in relationships and collaborative working, this forum has been successful to the extent that the need for it ongoing is under review.</p> <p>As a partnership we have all collectively worked and engaged in developing our collaborative approach to our future thinking, facilitated by Scottish Government's Change Programme.</p> <p>Over the last year we have worked closely with the Scottish Government's Ingage team within the Collective Leadership Programme to further strengthen our partnership working.</p> <p>As partners, as key posts become vacant, we explore the possibility of working in a shared space – we look to how back room</p>			

13.3.1

	functions can support service delivery differently, with better use of joint resources.
Proposed improvement actions	To continue to develop and protect our culture so that challenges and pressures can be discussed openly, timeously and with early resolution as our aim.

Proposal 1.3 Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			X	
Evidence / Notes	<p>There is a well-developed third sector presence in Orkney. There is a smaller presence of independent providers, but these tend to be small and within the primary care sector.</p> <p>The third sector have been rightfully given a place on all of our programme boards and we look forward in being able to demonstrate the positive impact this will have in the coming years. They also have a strong role on our Community Partnership Board.</p> <p>To deliver the priorities of the refreshed strategic plan, a programme board approach has been adopted. The three programme boards are:</p> <ul style="list-style-type: none"> • Community Led Support • Tech Enabled Care • Strategic Commissioning <p>A Chief Executive Officer of our Third Sector Interface has been asked to chair the Strategic Commissioning Group to have a</p>			

13.3.1

	<p>different perspective of planning and commissioning and to think 'third sector first'.</p> <p>We have embarked on work with iHub (HiS) and NDTi to adopt a Community Led Support approach and this work is building on the work already developed and implemented by our third sector colleagues.</p> <p>Orkney has been identified as a Named Partner by Scottish Government's Tech Enabled Care department – in gaining this status we were required to engage in a process of application and submission. We have undertaken this work jointly with our third sector colleagues and they will remain very much in a driving position.</p> <p>The IJB is to have a development session where various parts of our third sector will be presenting about the work that they undertake.</p>
Proposed improvement actions	<p>To continue to 'think third sector' in all that we do, when we are commencing work or reviewing work.</p> <p>Continue to strive to ensure our third sector colleagues are equal partners.</p>

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating		X		
Evidence / Notes	<p>There is a breakdown of baseline budgets from both partners but there is little clarity as to whether these baseline budgets adequately cover the cost of effectively commissioning the services required.</p> <p>Further work is required to clearly identify delivery pressures as opposed to commissioning pressures and the responsibility for resolving these, both in the current financial year in question and on a recurring basis.</p>			
Proposed improvement actions	The IJB S95 Officer will work with NHS and OIC to improve clarity around specific funding sources, how they are spent and what outcomes are achieved. This will include having view access to NHS finance systems and attending various meetings where the funding is discussed i.e. PCIF allocations.			

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.</p> <p>Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.</p>
Our Rating	X			
Evidence / Notes	<p>There were discussions held by the Partnership with draft budget timetables prepared which were presented to the IJB in November 2018 and can be found at:</p> <p>http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2018/28-11-2018/I12_Budget_Setting_Process.pdf</p> <p>Unfortunately, the meeting of the NHS Finance and Performance Committee, which approves the budget before being homologated by the NHS Board, was delayed, as awaiting confirmation from Scottish Government, and therefore the budget was not approved until after the IJB meeting in March.</p> <p>The Council also was not in a position to confirm whether any overspend at the year-end would reduce the available budget for 2019/20.</p>			

13.3.1

	<p>This meant the IJB was not able to agree a budget with these unknowns.</p> <p>A paper did go to the IJB in March 2019 with the information that was known at the time which can be found at: http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2019/IJB27-03-2019/I17_IJB_Financial_Budget_2019_2020.pdf</p> <p>However, there needs to be recognition that both partner agencies were also reliant on Scottish Government giving them the necessary budget information to allow these local discussions and agreements to be clarified.</p>
Proposed improvement actions	<p>It is hoped that the NHS and Local Government will be moving towards a three-year budget cycle which will enable better planning to achieve the aim of the Strategic Plan.</p> <p>There will need to be planning discussions held to ensure that the IJB is able to have all the required budget information available to facilitate the funding allocations being presented to the Board in March of each year.</p> <p>To work with Scottish Government colleagues to ensure information from them to statutory partners is timely.</p>

Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating	X			
Evidence / Notes	<p>We are a coterminous partnership so therefore “set aside” did not apply as such as it related to large hospitals. However, there has been clarification that this would also apply to any unscheduled care.</p> <p>Although there is a “set-aside” figure given for inclusion within the accounts the budget has not to date been delegated to the IJB. In Orkney there is a new hospital which will open in 2019 and has been designed to optimise the number of bed spaces with 47 in-patient beds made up of 22 Acute beds, 16 Rehabilitation beds, 4 Cancer and Palliative Care beds, 4 Maternity beds, and 1 Mental Health Transfer bed. There will also be 2 assessment beds, therefore it will be more challenging to reallocate the resources as there is no capacity to close hospital wards etc.</p>			

13.3.1

Proposed improvement actions	Further work needs to be undertaken to understand the budget and what responsibilities the IJB should have in not only understanding the budgets but the commissioning responsibilities that go with this.
-------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			X	
Evidence / Notes	<p>A reserves policy was agreed by the IJB in March 2017 and can be found at: http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2017/10-03-2017/I11_02_App1_Draft_Reserves_Policy.pdf</p> <p>To date the IJB has not had any reserves due to overspends at the end of each financial year. For year ending 2018/19 there will be earmarked reserves transferred from NHS.</p>			
Proposed improvement actions	The reserves policy will be reviewed in 2019/20.			

Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		X		
Evidence / Notes	<p>The IJB S95 Officer has operational responsibilities within the Council but does not feel that this is a conflict of interest as all decision making and workings are open and transparent.</p> <p>There is a good working relationship with all partners and all information is provided when requested.</p>			

13.3.1

Proposed Improvement actions	The IJB S95 Officer will work with NHS and OIC to improve clarity around specific funding sources and how they are spent and what outcomes are achieved. This will include having view access to NHS finance systems and attending the various meetings where the funding is discussed i.e. PCIF allocation.
-------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		X		
Evidence / Notes	The budgets received from partners are still being reported in the traditional way and there has not yet been any significant reallocation of budgets.			

13.3.1

Proposed improvement actions	<p>There is a proposal to review all the baseline budgets to ensure that funding will be delegated to the services and more detailed directions will be required so partners know what is being commissioned by the IJB. There was also updated Directions guidance to be received from Scottish Government which would aid this process.</p> <p>Further discussions about how the IJB can be supported to allocate resources including finances as it feels appropriate need to be held. There is recognition and the political will to allow the IJB to move into this space, where it is empowered to use allocated money as it needs to be. It was noted that decisions are sometimes made prior to the IJB receiving it.</p>
-------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating		x		
Evidence / Notes	<p>The role of the Chief Officer is valued, and the understanding of the role is developing accordingly.</p> <p>There are some key roles within service delivery that are not occupied at present which impacts on the partnership being able to undertake it works.</p> <p>The Chief Officer and the senior management team do not currently have capacity to undertake the roles and responsibilities expected of them. There are key roles that have not been filled for some considerable time or vacant for other reasons. The Chief Officer is currently servicing both partner statutory organisations as well as the IJB.</p>			

13.3.1

	<p>Both statutory partners recognise the need to identify further ways to appropriately support the Chief Officer and the senior team of Orkney Health and Care.</p> <p>Discussions on agreed matrix management across the whole system are at a mature level.</p>
Proposed improvement actions	<p>Review the structure of Orkney Health and Care with cognisance of its full remit and responsibilities, as well as reviewing attendance at meetings, whilst ensuring that specific responsibilities in relation to accountabilities and responsibilities as required by Scottish Government are fulfilled.</p>

Proposal 3.2 Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.</p>	<p>Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.</p> <p>The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.</p>
Our Rating		X		
Evidence / Notes	<p>We have reviewed the effectiveness of our strategic planning and concluded that it has not been particularly effective to date. Three main priority strategic actions from the last plan have not been achieved. A review of how we work together to plan and execute our work has been undertaken. The Strategic Planning Group has a membership of 34 – too large for effective and timely planning and delivery. An agreement to develop a Programme Board approach has been agreed. Three programme boards have been identified, those being:</p> <ul style="list-style-type: none"> • Community Led Support • Tech Enabled health and care • Strategic Commissioning 			

13.3.1

	<p>These three programme boards will report into an Executive Programme Board. The Executive Programme Board will include the Chairs of all three programme boards, the Chief Officer and the carers' representative. It will by design have third sector representation as the chair of our Strategic Commissioning Board will be the CEO of Voluntary Action Orkney.</p> <p>There will be a group to support all three programme boards that will review and refresh all our Orkney focussed strategies, e.g. Carers' Strategy, Mental Health Strategy, Dementia Strategy, Corporate Parenting Strategy etc. This group will also evaluate and refresh the strategic plan as we move through the next three years.</p> <p>Resources to support strategic planning and commissioning is not readily available at present, most work is falling to Seniors and the Chief Officer on top of the day job.</p> <p>Local data to assist in analysis and evaluation is not readily available however we are building into our new approaches. So, with both the Community Led Support work and the Tech Enabled Care, we will have clear measurable outcomes.</p> <p>Staffing resources are a challenge as in all partnerships, but particularly difficult given our geography. However there has been a reliance on filling posts utilising contract from either partner organisation. Where posts have been vacant for some time or now become vacant, then we are moving to an approach of assessing the impact of not filling the post. We will then seek to engage with our third sector partners to establish how they may be able to reduce the impact of not filling a post and transferring resources accordingly.</p>
Proposed improvement actions	<p>Early discussions that have been had with academic organisations to support the collection and analysis of local data need to be progressed. Need to have a clear approach to evaluating the impact and effectiveness of our strategic priorities.</p> <p>Develop the 'think third sector first' when looking at filling or developing future posts.</p>

Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
Our Rating	X			
Evidence / Notes	<p>Orkney did much to 'shift the balance' of care prior to the Act. This resulted in a ward closure. The design of the new hospital has been based on the aspiration of the growing community health model and our aspirations around tech enabled care.</p> <p>There is agreement that hospital services are now designed at the minimal level they need to be in order that future investment will be in the community-based provision.</p> <p>As stated in Proposal 2.1 – we are coterminous and therefore the 'set aside' really does not apply in the same way as it would to</p>			

13.3.1

	larger hospitals interacting with multiple IJBs.
Proposed improvement actions	To continue to develop a thinking of 'care and support in the right place', rather than continuing to think 'shifting the balance of care' – this continues to demonstrate our ability to build and maintain relationships and our commitment to collaborative leadership.

Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
Our Rating		X		
Evidence / Notes	<p>There is recognition about the amount of duplication that is currently created, some reports still going to IJB and then to either partner organisation committees. There is full understanding however that the IJB is a statutory body and that decisions on those services delegated to it, do not have to be ratified by the Health Board or the Local Authority.</p> <p>Good examples of shared governance and responsibility – Clinical and Care Governance Committee being a joint Health Board and IJB committee.</p>			

13.3.1

Proposed improvement actions	Local agreement to revisit the Integration Scheme to ensure all delegated functions are sitting solely with the IJB.
-------------------------------------	----------------------------------------------------------------------------------------------------------------------

Indicator 4.2 Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		X		
Evidence / Notes	<p>All IJB and Orkney Health and Care Committees are audio cast.</p> <p>Although there remains an Orkney Health and Care Committee this has remained in place for good reason and does not cause duplication. So, the purpose was to ensure greater understanding of elected members in respect of Health and Social Care issues and pressures to allow greater representation on issues at budget setting processes, and to enable governance on non-delegated functions such as social care charging.</p>			
Proposed improvement actions	Review the ongoing need of the Orkney Health and Care Committee as the IJB matures into its full remit.			

Proposal 4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			X	
Evidence / Notes	<p>The IJB in Orkney functions very well and has good representative membership.</p> <p>The IJB has a series of development days set throughout the year.</p> <p>The Board and the Chair are well supported in making decisions and always seeks to maximise input from key partners.</p> <p>The IJB Chair and Vice Chair are supported to attend the IJB Chair and Vice Chair Network which provides a forum to discuss the challenges and opportunities across Scotland and for those to be represented at the Ministerial Strategy Group for Health and Community Care.</p>			

13.3.1

Proposed improvement actions	<p>To improve the induction process for new IJB members.</p> <p>To seek to streamline planning, audit and budget setting processes across the statutory partner agencies and to aim to achieve greater integration of committees and working groups to reduce duplication.</p>
-------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating			X	
Evidence / Notes	There is a developing understanding of Directions and they are used where required. Each report going to the IJB is reviewed to clarify if Directions will be required. We have good legal support to advise on such.			
Proposed improvement actions	We will review our use of Directions when the statutory guidance is published.			

Proposal 4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			X	
Evidence / Our Notes	<p>As previously mentioned we do have a joint clinical and care governance committee which functions well. The committee has joint membership from the health board and the IJB.</p> <p>Recent and ongoing work to review the Terms of Reference for this group and the measures provided to the committee in respect of assurance.</p>			
Proposed improvement actions	Again, when the statutory guidance has been released we will review our local arrangements.			

Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		X		
Evidence / Notes	Work is required to develop Orkney's annual reporting. We have had recent feedback on what reports nationally are good examples of reporting and have taken time to look at both content and design of these reports.			
Proposed improvement actions	Capacity to undertake robust reporting needs to be identified.			

Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		X		
Evidence / Notes	This is an area that we are developing our thinking. It is not easily identified at present how lessons learnt have been implemented nor any assessment of the impact of application of that learning. The annual report will be a good medium for the partnership to showcase such learning and provide assurance to stakeholders of our ability to apply learning into practice.			
Proposed improvement actions	<p>We will identify ways of ensuring learning and good practice are easily identifiable in our future reports.</p> <p>Discussion within the National Chief Officers group.</p>			

Proposal 5.3 A framework for community based health and social care integrated services will be developed.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		X		
Evidence / Notes	<p>Increasing evidence that hall-based events such as “open evenings” are ineffective and stimulate little interest. The increasing use of specific interest groups and online surveys has led to greater community participation, especially use of the Orkney-wide “Orkney Opinions” group.</p> <p>Experiments in the use of social media have had limited success, but this option for engagement will be further pursued.</p> <p>We have this year for the first-time booked space at all the agricultural Shows – this is to engage with communities so that we can start having open discussion about the partnership and the IJB and how these fit with the Health Board and the Local Authority. We will also be showcasing and consulting on our new strategic plan.</p> <p>We also have plans to have a presence in a local supermarket for the same purpose.</p>			

13.3.1

Proposed improvement actions	<p>Specific interest and remit groups will be increasingly approached for input and comment on service change, redesign and development.</p> <p>Continue to identify natural opportunities to engage with our communities.</p>
-------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
Our Rating		X		
Evidence / Notes	<p>Recent publication of the Orkney Health and Care Carers' Strategy 2019 – 2021 evidences engagement with carers and cared for people, along with a commitment to increased co-production and partnership working with carer support services.</p> <p>Extensive consultation with staff, family and service users has significantly contributed to the design of a new care facility in Orkney.</p> <p>Meetings with service users, families and staff have recently shaped the proposed redesign of some learning disability services.</p>			
Proposed improvement actions	The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services.			

Proposal 6.3 We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.</p> <p>Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.</p>
Our Rating			X	
Evidence / Notes	<p>Carer and service user representation on the IJB is established.</p> <p>The Carers' Strategy Group, including user representation, was pivotal to the preparation of the recently published Carers' Strategy.</p>			
Proposed improvement actions	The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services.			

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 2019 to 31 March 2020:

Name:	Position:	25 April 2019						
Members:								
	Non-Executive Board Members:							
I Kinniburgh	Chair	Attending						
D Drever	Vice Chair	Attending						
D Campbell	Non Executive Board member	Attending						
C Evans	Non Executive board member	Attending						
I Grieve	Non Executive Board member	Apologies						
S Johnston	Area Clinical Forum Chair	Apologies						
F MacKellar	Employee Director	Attending						
M McEwen	Non Executive Board member	Attending						
J Stockan	Non Executive Board member	Attending						
	Executive Board Members:							
G O'Brien	Chief Executive	Attending						
D McArthur	Director of Nursing, Midwifery and AHP	Attending						
M Roos	Medical Director	Attending						
L Wilson	Director of Public Health	Apologies						
	In Attendance:							
M Doyle	Interim Director of Finance	Attending						
A Ingram	Workforce Director	Apologies						
S Shaw	Chief Officer - IJB	Attending						
E West	Corporate Services Manager	Attending						

Senior Management Team								
C Bichan	Head of Transformational Change and Improvement	Attending						
A Catto	Human Resources Manager	Attending						
M Colquhoun	Head of Hospital and Support Services	Attending						
J Nicol	Head of Corporate Services	Apologies						
Attending for specific items								