NHS Orkney Board
19 December 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, 19 December 2019** at **10:00 a.m.**

David Drever
Interim Chair

Presentation – AHP Services, Lynne Spence

Item	*Topic*	*Lead Person*	*Paper Number*	*Purpose*
1	**Apologies**	Chair		To note apologies
2	**Declaration of interests**	Chair		To update the Board on new general or specific declarations of interest
3	**Minutes of previous meetings held on 24 October 2019**	Chair		To check for accuracy, approve and signature by Chair
4	**Matters arising**	Chair		To seek assurance that actions from the previous meeting have been progressed
5	**Board action log**	Chief Executive		To monitor progress against the actions due by the meeting date and to agree corrective action where required
6	**Governance**			
6.1	Ministerial Steering Group, Integration Review Action Plan	Chief Officer	OHB1920-37	To review the content and consider the range of actions
7	**Strategy**			
7.1	Public Health Annual Report 2018-19	Director of Public Health	OHB1920-38	To review the content of the report and consider the range of actions it can take to improve health and reduce inequalities
7.2	Orkney Winter Plan 2019/20	Chief Officer	OHB1920-39	To approve the Winter Plan following Scottish

Item	*Topic*	*Lead Person*	*Paper Number*	*Purpose*
				Government Feedback
8	**Clinical Quality and Safety**			
8.1	Infection Prevention and Control Report	Medical Director	OHB1920-40	To review and seek assurance on performance
8.2	Clinical Engagement in NHS Orkney	Area Clinical Forum Chair	OHB1920-41	To endorse the approach to Clinical Engagement within NHS Orkney
8.3	Area Clinical Forum Chairs report of 1 October 2019 and minute from meeting held on 6 September 2019	Area Clinical Forum Chair		To note the Committee Chair's Report and adopt the approved minutes
		Comfort Break		
9	**Workforce**			
9.1	Chair's Report – Staff Governance Committee of 27 November 2019 and minute of meeting held on 28 August 2019	Staff Governance Chair		To note the Committee Chair's Report and adopt the approved minutes
10	**Person Centred**			
10.1	Corporate Parenting Board	Chief Executive	OHB1920-42	To approve the Corporate Parenting Plan 2020-2025 and agree Board representation
11	**Organisational Performance**			
11.1	Financial Management Performance Report	Interim Director of Finance	OHB1920-43	To review the in year financial position and note the year to date position
11.2	Performance Report	Chief Executive	OHB1920-44	To scrutinise report and seek assurance on performance
11.3	Chair's Report – Finance and	Finance and Performance		To note the Committee Chair's Report and adopt

Item	*Topic*	*Lead Person*	*Paper Number*	*Purpose*
	Performance Committee and minute of meeting held on 25 July and 17 October 2019	Committee Chair		the approved minutes
12	**Risk and Assurance**			
12.1	Chairs report Audit Committee of 3 December 2019 and minutes of meeting held on 3 September 2019	Audit Committee Chair		To note the Committee Chair's Report and adopt the approved minutes
13	**Any other competent business**			
14	**Items for Information**			
14.1	Key Legislation	Chair		To receive a list of key legislation issued since last Board meeting and local implementation / action
14.2	Board Reporting Timetable 2019/20 and 2020/21			To note the timetable for 2019/20
14.3	Record of Attendance			To note attendance record
14.4	Evaluation	Reflection on meeting – led by Chair		

Open Forum – Public Questions and Answers Session

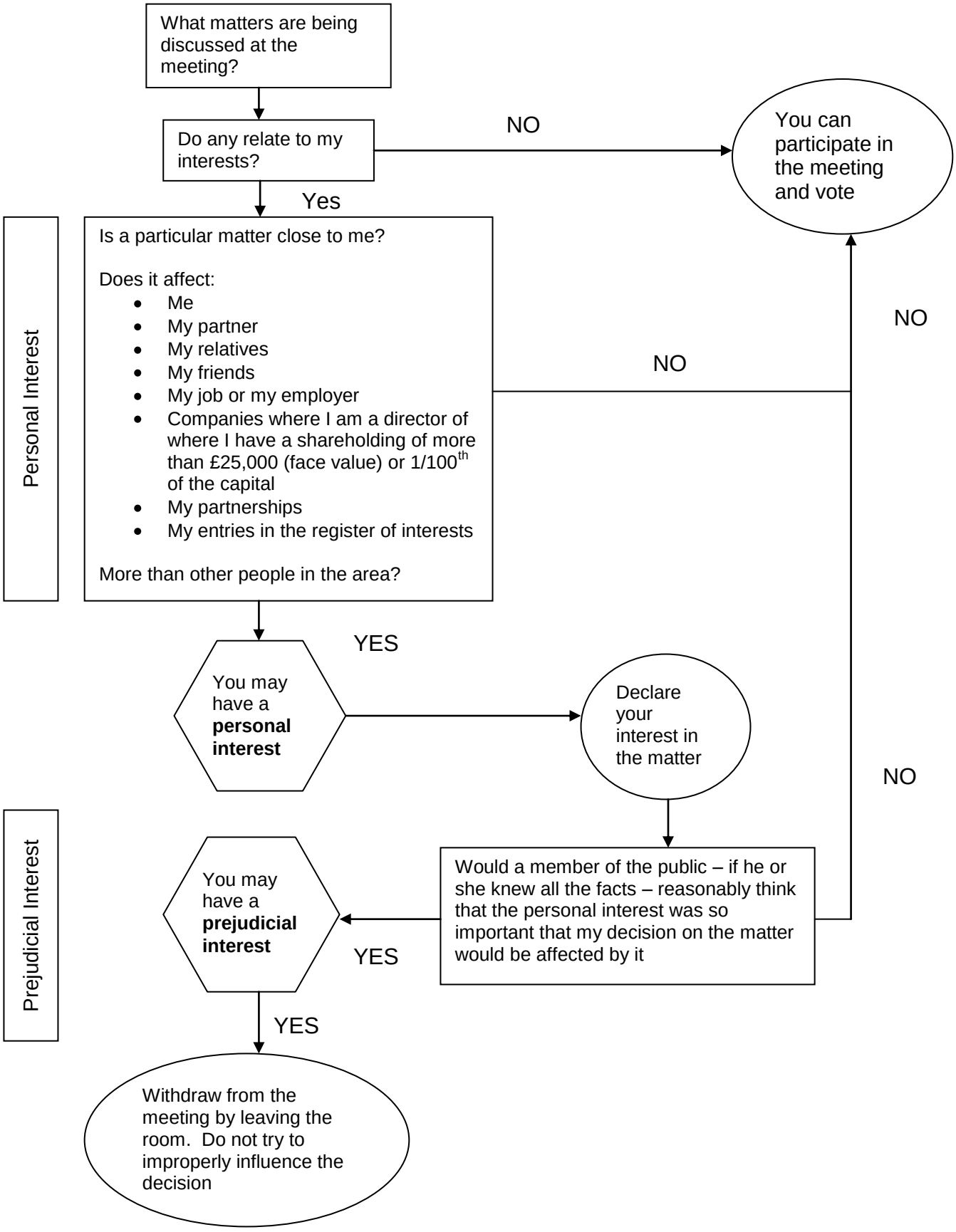
A Press Briefing will follow the conclusion of Board Business

By Standing Invitation:

Sally Shaw, Chief Officer
Christina Bichan, Chief Quality Officer
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 24 October 2019** at **10:00am**

Present	Ian Kinniburgh, Chair Davie Campbell, Non Executive Board Member Caroline Evans, Non Executive Board Member Issy Grieve, Non Executive Board Member S Johnston, Non Executive Board Member F MacKellar, Employee Director David McArthur, Director of Nursing, Midwifery and Allied Health Professions Meghan McEwen, Non Executive Board Member Gerry O'Brien, Chief Executive Marthinus Roos, Medical Director James Stockan, Non Executive Board Member
In Attendance	Ashley Catto, Human Resources Manager (via VC/disconnected 12.05) Mark Doyle, Interim Director of Finance Heidi Walls, Committee Support (minute taker)

486 **Patient Story – Insulin Pumps**

The Chair introduced and welcomed Ella Moncrieff and her parents Barry and Carol. They had been asked to attend to describe their experiences of using an insulin pump and were accompanied by Caroline Paige, Diabetes Specialist Nurse.

C Paige described Ella's condition and noted that she was diagnosed aged 2 and was the most northerly UK insulin pump user. NHS Orkney were one of the early implementers of the new pump technology, so it had always been part of Ella's life, but C Paige noted that her parents remembered what is what like before the pump technology.

Ella's parents described the impact on their lives of the rigorously regimented routine required to manage Ella's condition, before the insulin pump and highlighted it as a game changer which gave them all increased freedom and flexibility. Ella then explained how the pump worked and highlighted how easy it was to use and how all her friends had learnt to help out too, if needed.

In response to questions, the family noted reduced challenge when travelling through airports as the technology became more familiar, the level of food and maths knowledge required to manage day to day calorie and medication routines and the remote tracking features which provided peace of mind to Ella's parents as Ella took on an ever increasing level of responsibility and control of her condition.

The chairman thanked the Moncrieff family and noted that members really appreciated the rare and inspirational opportunity to hear how a treatment had impacted people's lives and particularly highlighted the transformational and wider

family implications described. He wished them all well for the future.

Moncrieff family and C Paige left the meeting.

M McEwen asked how the insulin pumps were funded and the Chief Executive advised that when the technology came on stream there was a government target, but NHS Orkney agreed to provide 100% funding for patients who met the criteria.

The Chair noted the significant costs of the technology, but also highlighted that early intervention was a key factor for good longer term management of the condition.

487 **Apologies**

Apologies were noted from D Drever, L Wilson, C Bichan, M Colquhoun, S Shaw and J Colquhoun.

488 **Declarations of interests**

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

489 **Minute of previous meeting held on 22 August 2019**

The minute of the meeting held on 22 August 2019 was accepted as an accurate record of the meeting, subject to the amendments noted below, and was approved.

- Item 356, page 7, paragraph 5 , last sentence – amend *'incredibility'* to *'incredibly'*
- Item 359, page 8, first paragraph amend *'recived'* to *'received'*

490 **Matters Arising**

<u>341 / 225 Sturrock Review</u>

The Chief Executive advised members that beneficial discussions on how to move forward with recommendations from the Malcolm Wright Report and Sturrock Review had taken place and highlighted the Dignity at Work theme of the Staff Conference scheduled next week.

M McEwen queried the level of clinical engagement and the Chief Executive advised that work, led by S Johnston, was improving and noted moves towards new ways of working to allow staff time to engage. He also highlighted a focus on allowing discussions to flow as opposed to a question based approach.

<u>352 Role of Whistleblowing Champion</u>

D Campbell queried progress with the appointment of a whistle blowing champion and the Chair advised that he thought the decision to hold a process to encompass all boards meant it had become quite time consuming. He confirmed that there had been a number of applicants for Orkney and that once an appointment had been made the Board would be notified. It was also confirmed that the post holder's attendance at meetings would contribute to the Board

quorum and whilst they would have some very specific tasks their remit would include wider board member duties.

353 iMatter

The drop in the iMatter response rates was noted and it was anticipated that ongoing work would help identify the cause and would be included in further updates from the Head of Corporate Services.

491 **Board Action Log**

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

Governance

492 **Schedule of meeting dates 2020-21 – OHB1920-29**

The Chair presented the proposed schedule of meetings and noted the ongoing dialogue with the Corporate Services Manager regarding the timing of Clinical Care and Governance Committee meetings.

Members discussed the implications of changes to meeting timings and agreed that a review of committee membership may be required and that meetings which fell within school holidays should be changed to help ensure meeting quorums were met.

The Chief Executive was keen to ensure that board sessions were fit for purpose and of value for all and noted that advance identification of themes for exploration at sessions would be useful and would help to ensure content could be well prepared and meaningful.

Decision / Conclusion

The Board approved the schedule of meeting dates for 2020-21, subject to required amendments to the Clinical and Care Governance Committee dates.

493 **The Government's programme for Scotland 2019-20 -30**

The Chief Executive presented the Government's Programme for Scotland report to members for information, noting it as an annual publication, which set out the legislative programme for the year ahead. He highlighted the bullets in the cover sheet as the key points for healthcare and recommended it is a useful read.

It was noted that in light of the current political uncertainties the legislatively light programme was probably a deliberate, but welcomed move.

D Campbell queried how confident we were that a fair allocation would be made and the Chief Executive advised that the normal process of an autumn programme with a December budget would be followed. He also noted that there would be fewer individual allocations and the focus had shifted towards the identification of outcomes.

F Mackellar noted the importance of ensuring investment in the teams required to support the initiatives identified and highlighted the need to address women's

health developments. She also noted that whilst funding for medical and nursing and midwifery staff training was included, there was no mention of Allied Health Professions or support staff.

The Chair advised that the programme only aimed to identify priority areas for the current year and health boards would need to ensure appropriate levels of support were maintained across all areas.

Several members noted the climate change theme and highlighted it as a key board agenda item. Members agreed that areas where the most difference could be made should be identified and planned for.

The Chief Executive confirmed that, as members of the Orkney Partnership, the Board had committed to climate change and noted that a review of the NHS fleet was already on the agenda and highlighted that the new building was the only carbon neutral hospital in Europe and was an accolade which should be celebrated.

Decision / Conclusion

The Board noted the update provided and recommendations regarding climate change.

Strategy

494 **Orkney Winter Plan – OHB1920-31**

The Chief Executive presented the Orkney Winter Plan to members for approval, noting it had also been presented at the Clinical and Care Governance Committee where there had been an amendment to fuel poverty figures. It was confirmed that no comments had yet been received from Scottish Government. He also noted that submission of the plan was a statutory requirement, explained that despite the title it covered the full winter period and highlighted a change of emphasis from unscheduled care to elective care. There remained a requirement to maintain unscheduled care during the period, but sustained elective care performance was also expected.

M McEwen queried whether the communication of arrangements for holiday cover, particularly for mental health services was clear.

The Director of Nursing, Midwifery and AHPs confirmed he had just taken over clinical leadership of mental health services. He agreed that holiday periods were often a crisis point and noted that early interventions at tier one and two were key preventative measures, so ensuring appropriate information was as visible as possible was a vital focus.

The Employee Director highlighted the related plans and guidance section on page five of the report and queried whether the documents dated as over four years old were still fit for purpose. The Chief Executive assured members that as it was a live process there was liaison between key stakeholders, but he would highlight the risk noted.

The Employee Director also highlighted the reference to compliance with the unscheduled care four hour standard and the increased focus on the achievement of before noon discharge and queried whether all the teams involved in the

discharge planning and processing were aware.

The Medical Director noted recent work around the completion of discharge letters at night along with ward round confirmation of discharge and reported that good progress had been made.

The Director of Nursing, Midwifery and AHPs advised members that he was also engaging with the Chief Officer and Interim Head of Health and Community Care to tackle issues around the processes following hospital discharge and noted that the involvement of community teams was vital.

Holiday periods were further highlighted as a challenge and The Employee Director highlighted the planned two week closure of Selbro over the Christmas period as an issue. It was noted that whilst the building would be closed, it might be possible to approach council colleagues about NHS staff access for essential equipment.

The Chair highlighted the relatively low flu uptake and asked if a proactive approach to encourage staff to be vaccinated was being taken.

The Chief Executive confirmed that a proactive approach was being taken, but also noted the importance of recognising and accepting individual choice. Ensuring as many staff as possible had access to the opportunity to be vaccinated was the main focus and he advised that an improved update could be expected, if the initial rate of uptake continued. Approximately 150 staff had been vaccinated over a two day period this week and regular drop in sessions had been planned and advertised, as well as arrangements made for vaccinating staff to visit departments to offer on the spot access.

Decision / Conclusion

The Board approved the Winter Plan.

Clinical Quality and Safety

495 **Infection Prevention and Control Report - OHB1920-32**

The Medical Director presented the Infection Prevention and Control report, highlighting the following:

- A positive report with one amber
- NHS Orkney's validated Staphylococcus Aureus Bacteraemia (SAB) was 4 cases at the time of report and although slightly up there were no concerns
- Validated Clostridium Difficile Infection (CDI) cases remained within standards
- Hand hygiene audits were more challenging but not concerning. Patient feedback was generally positive and it was felt that unobserved elements of good practice were not captured by the reporting tool
- There had been 2 green classification hospital outbreaks submitted to Health Protection Scotland and both were fully investigated and lessons learned and shared with teams
- There had been 0 hospital outbreaks of Norovirus since 2012.
- Education uptake for Standard Infection Prevention and Control Education Pathway (SIPCEPs) had dropped off during the hospital move but was picking up.

Members noted the new build challenges for domestic staff and it was agreed that The Employee Director and Director of Nursing, Midwifery and AHPs would follow up concerns regarding attendance at training.

The Medical Director noted that figures for catheter associated urinary tract infections were also good and should be included in future reports

Decision / Conclusion

The Board noted the Infection Prevention and Control Report.

496 **Chair's Report – Clinical and Care Governance Committee and minute of meeting held on 10 July 2019**

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report for Board members information highlighting that the Primary Care Improvement Plan had been submitted to Scottish Government unapproved due to the Integrated Joint Board (IJB) concerns regarding budget and workforce implications.

The Winter Plan was recommended for Board approval subject to any amendments required in response to Scottish Government feedback and the clarification of fuel poverty figures and The Major Incident and Major Emergency Plan for the Balfour and the Person Centred Visiting Policy were approved.

Members welcomed the 24/7 visitor access, noted that the presentation from the Interim Clinical Nurse Manager at the Clinical and Care Governance Committee had been very helpful and were assured that appropriate access signage and guidance had been provided to patients.

Decision / Conclusion

The Board noted the October 2019 Clinical and Care Governance Committee's Chair's report and minute of the meeting held on the 10 July 2019.

497 **Chair's Report – Area Clinical Forum and minute of meeting held on 6 September 2019**

S Johnston, Chair of the Area Clinical Forum, presented the report for Board members information, highlighting the update from the Public Health Manager on the outcomes of the health inequalities pilot and work on clinical engagement in NHS Orkney as key items discussed at the October meeting.

S Johnston also updated members on concerns regarding cCube, which had been highlighted at the September meeting noting that whilst there were still some outstanding issues with Allied Health Professions notes, solutions to most of the issues raised had been found and improvement work was ongoing.

Members were further advised that work to ensure the continuation of the Area Medical Committee was ongoing and feedback from the Gosport and Sturrock

reports was being collated and summarised.

The Chief Executive noted the Board's appreciation and thanks to C Siderfin for his contribution to the Area Medical Committee during his term as Chair.

Decision / Conclusion

The Board noted the Area Clinical Forum Chair's report and minute of the meeting held on the 6 September 2019

Workforce

498 **Chair's Report – Staff Governance Committee and minute of meeting held on 28 August 2019**

C Evans, Chair of the Staff Governance Committee presented the report to members for noting. She advised that committee members had refocused on the five key staff governance standards and had explored how to ensure appropriate mechanisms were in place to provide the necessary assurance that the Staff Governance Standards were well embedded within the organisation.

The Chair welcomed the focus on key issues and the Chief Executive agreed that the implications of reported data had to be clear and meaningful and presented in quantifiable delivery and impact terms.

The Employee Director noted an amendment to the statement in the fourth bullet on page two of the Chairs report, advising members that the point discussed had related to capacity rather than capability.

Decision / Conclusion

The Board noted the Staff Governance Committee Chair's report and minute of the meeting held on the 29 May 2019

Person Centred

499 **Leadership of Volunteering and Citizens Jury – OHB1920-33**

The Director of Nursing, Midwifery and AHPs presented the report and highlighted Scottish Government guidance regarding greater clarity of the leadership of volunteering with NHS Scotland, along with recommendations issued by the National Group for Volunteering.

He further noted the change in structure as an exciting opportunity, commended the work of NHS Orkney Spiritual Lead and confirmed that there was NHS Education for Scotland (NES) funding to support the implementation of the recommendations.

M McEwen warmly welcomed the report noting the third sector as a significant resource and highlighting local organisations that would link in well with the proposals.

The Director of Nursing, Midwifery and AHPs noted he was working closely with the Head of Corporate Services to coordinate the work required and assured members that every opportunity would be explored, that historic approaches were

in the past and inclusive arrangements for volunteers to be regarded as unpaid members of staff was the aim going forward.

Decision / Conclusion

The Board warmly welcomed the initiative, noted the update provided and approved the progression of the work.

Organisational Performance

500 **Financial Management Performance Report – OHB1920-34**

The Interim Director of Finance presented the report advising the financial position for the period to the 30 September 2019. Members were advised of the reported overspend of £1.015m and adverse movement in the month of £275,000.

The Interim Director of Finance advised members that he had met with Alan Morrison, Scottish Government Health Finance in September to agree the capital to revenue transfer and additional depreciation and noted that he had been informed by Alasdair Black, Head of financial Accounting and Planning that no additional funding would be made available for locum spend.

Members were also advised of the hand back to Scottish Government of £2.1m which included £1.5m Balfour capital and formulae allocations of £600,000 and overspend areas were noted.

The chair thanked the Interim Director of Finance for the update and noted the significant dual challenge presented by the overspend and the requirement to achieve a break even position at year end.

J Stockan noted the underlying budget allocation as the fundamental challenge to be addressed.

Members agreed that all practicable actions to achieve a year end break even position should be taken, but they could not provide a guarantee of success. It was agreed that bullet two, in section two of the Financial Performance report should be amended to read *'the commitment to work towards a break even position on the Health Board budgets'.*

Locum spend was highlighted and discussed and the chair advised members that there were no quick solutions. It was hoped that progress could be made, but to suggest the issue could be removed was unrealistic.

The Chief Executive confirmed that there was a baseline budget and if a 24 hour service was to be maintained, a minimum level of locum cover was required, for which there was a cost and issues raised by this reality inevitably led to questions regarding the sustainability of the current delivery model. He noted that Scottish Government colleagues were tremendously supportive of efforts to tackle an issue recognised as a Scotland wide challenge.

M McEwen queried whether increased Grampian referrals were having an impact and it was confirmed that as there had been an increase in referrals from GPs across all specialties the pace of new referrals was outstripping the rate of repatriation.

I Grieve asked if the change in Orkney's population was having an impact and the Chief Executive confirmed that the system was getting busier here and across Scotland , but he could not demonstrate a direct link between increased referrals and the overspend.

The Chair queried whether the Community Pharmacy service offered any significant cost mitigation and the Medical Director advised members that whilst the service was definitely well used and saved on GP appointment times, it had limited impact on reducing the more significant costs of serious conditions.

The Employee Director highlighted reference to theatre scheduling in the update regarding plans from the Value and Sustainability Delivery Group and sought assurance that any organisational change would follow process. The Chief Executive assured members that the suggestions related to minor logistical adjustments so formal processes would not be required.

The Interim Director of Finance highlighted the Auditor General's Annual report just released and highlighted in the press. He summarised the key points and noted the warnings given regarding the financial sustainability of NHS Scotland and the predicted NHS shortfall of 1.8 billion in less than five years unless there was large scale reform.

Decision / Conclusion

The Board noted the reported overspend of £1.015m for the period to the 30 September 2019 and the amended commitment to work towards delivery of breakeven position at year end.

501 **Performance Management Report – OHB1920-35**

The Chief Executive presented the report providing members with information on current performance against the Local Delivery Plan targets.

An increase in orthopaedic consultant capacity since August was reflected in the outpatient figures but it was noted that in patient figures remained dependent on Golden Jubilee performance.

A very steady increase in Emergency Department attendance was noted with approximately 130 presentations a week supported within current staffing levels and within the 4 hour delivery target of 98%, for which staff were commended. It was explained that occasional breaches were to be expected and usually related to transfer, bed or medication signature delays.

Improvements for musculoskeletal (MSK) patients were highlighted with the input from AHP and Quality Improvement colleagues commended.

M McEwen queried links between the improving picture in this report and the degrading financial position and the Chief Executive explained that as there had been access to performance funding there was no correlation.

S Johnston asked if any improvements or hindrances had been attributed to the new environment and the Chief Executive highlighted improvements for elective and emergency care.

The Employee Director highlighted the potential for really positive impacts on

MSK waiting times from the Primary Care Improvement Plan proposal for two first point of contact physiotherapy posts. She explained successful recruitment to the posts would reduce GP workload enabling them to focus on more serious conditions, which would impact on referrals rates and improve access times.

The Chief Executive advised caution with regard to the aspirations of the Primary Care Improvement Plan, noting that it was not approved by the IJB and advised that recruitment would not be approved until clearer direction from the IJB on key priorities was received.

It was agreed that an update regarding receipt of formal directions from the IJB was required and would be followed up by the Chief Executive.

The Chair welcomed the helpful update with current figures and noted that the completion of the move had meant the focus had shifted back to delivery which was helping to yield improvements. He further advised that the next step was to indentify how the new setting could help to further drive improvements and noted that The Board should be looking for evidence that system changes were happening.

D Campbell highlighted the positive smoking cessation figures and questioned how the improvements had been achieved.

The Chief Executive advised that the work had been led by the Health Improvement team within Public Health and he would seek further information on the approach taken.

Post Meeting Note from the Public Health Manager

In 2018/19 we undertook a major rebranding of the Orkney smoking service to bring it in line with the national branding 'Quit your way'. We developed and implemented a new communication plan utilising a number of methods including our Facebook page. We increased our capacity by training some of the staff in public health to enable them to be cessation advisors on top of their existing roles. We have also worked closely with partners e.g. GP's to increase the referral rates.

This year's target is much higher and to try and ensure we hit the target we have developed a PDSA action plan, which I plan to bring to SMT next month.

S Johnston highlighted that if one of his patient mentioned a desire to give up smoking he was now able to signpost them to further advice and on some occasions this had meant immediate and on the spot access which was a significant improvement.

Decision / Conclusion

The Board noted the performance report and looked forward to continued improvements

Risk and Assurance

502 **Withdrawal from the European Union – OHB1920-36**

The Chief Executive presented the report for noting and advised members that plans continued on the basis of an anticipated UK withdrawal from the European

Union on 31 October 2019. He advised members that whilst we were not immune to workforce implications the numbers were small, but he highlighted potential supply chain issues as NHS Orkney's primary concern. He assured members that resilience work was ongoing and that plans based on the information available were in place.

M McEwen asked if an impact on flow and stock had already been identified and the Chief Executive advised that medicine shortages were dealt with on a weekly basis, but noted that supply chain or quality control issues were the usual cause of delay.

The Chair noted that ensuring mechanisms to respond to delays were in place was more important than identification of the cause.

Indirect effects on staff and services linked to potential Brexit impacts on the wider community, particularly in relation to farming and fishing were discussed and some members highlighted examples of families already struggling with the dire consequences of the ongoing political uncertainties.

Decision / Conclusion

The Board noted the update.

503 **Chair's Report – Audit Committee and minutes of meetings held on 26 June 2019**

Members had recived the report from the Audit Committee, providing an update from the recent meeting and highlighted the Business Continuity Planning Internal Audit Report. It was anticipated that a further update with an opportunity for fuller discussion would be submitted to the next meeting.

Changes to the internal audit schedule, which had led to a heavy load of business toward the end of the year was highlighted. The Chief Executive emphasised that whilst an element of flexibility was required, it was not within the gift of directors or managers to amend the schedule as it was agreed by the Audit Committee to ensure a balanced work plan was in place and that there was enough time for members to consider the issues raised.

M McEwen wished to highlight an approach at audit meetings which focussed on how things could be improved rather than the perception that discussions were about the identification of fault.

Decision / Conclusion

The Board noted the Chair's report and minutes of meetings held on 26 June 2019.

504 **Any other competent business**

The Chief Executive highlighted that the meeting was I Kinniburgh's last meeting as NHS Orkney Chair and wished to capture the Boards thanks and appreciation for his work and guidance over the last four years, alongside his many years as a Non Executive member of NHS Shetland and wider role as Chair of the National NHS Board Chairs' group.

Members noted that although the planning for the new hospital had been ongoing for many years, the Chair had overseen the final stages of one of the biggest changes for NHS Orkney and his contributions to the business case and his influence behind the scenes was considerable.

The Chief Executive also reflected on the difference in tone and behaviour of the Board with a focus on development and noted that the needs of the service and patients had always been a driving priority.

The Chair thanked the Chief Executive for his kind words and noted that serving as NHS Orkney's Chair had been a pleasure and a privilege.

Items for Information

505 **Key Legislation**

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

506 **Orkney Partnership Board Minute – 18 September 2019**

The Board had received the minute for information and noting.

507 **Board Reporting Timetable 2019/20**

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

508 **Record of Attendance**

The record of attendance was noted.

509 **Evaluation – reflection on meeting**

The Chair noted that it had been a positive meeting.

510 **Public Forum**

There were no members of the public present at the meeting but members warmly welcomed the excellent public story at the beginning of the meeting.

NHS Orkney Board Action Log Updated 10 December 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	Blueprint for Good Governance 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	Risk session held at 19 September Board Development Session acknowledging more work to be completed around risk and this has been captured on the Audit Action Log COMPLETE
02-2019/20					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

NHS Orkney Board – 19 December 2019 **Paper Number: OHB1920-37** **This report is for information** **Integration Review Action Plan**	
Lead Director	Sally Shaw, Chief Officer, Orkney Health and Care.
Action Required	The Board is asked to: 1. **Note** progress to date. 2. **Agree** priorities and further develop action planning around the MSG proposals.
Key Points	The Ministerial Strategic Group (MSG) for health and care published a report on the progress of integration in February 2019. This report covered 6 'feature' areas. Under each 'feature' the MSG put forward several proposals. The MSG requested that each partnership undertook a self-evaluation in respect of each proposal. This was submitted to Scottish Government on 15 May 2019. The MSG then requested that partnerships developed action plans for improvement. This was submitted in July 2019.
Timing	As work progresses further updates will be made available to Members.
Link to Corporate Objectives	The corporate Objectives this paper relates to (please delete not relevant): • 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	There are no equality implications arising from this report.

Sally Shaw (Chief Officer)
Orkney Health and Care
01856873535 extension: 2601
OHACfeedback@orkney.gov.uk

Agenda Item:

Integration Joint Board

Date of Meeting: 11 December 2019.

Subject: MSG Review Action Plan.

1. Summary

1.1. The Ministerial Strategic Group (MSG) for health and care published a report on the progress of integration in February 2019. This report covered 6 'feature' areas. Under each 'feature' the MSG put forward several proposals.

1.2. The MSG requested that each partnership undertook a self-evaluation in respect of each proposal. This was submitted to Scottish Government on 15 May 2019.

1.3. The MSG then requested that partnerships developed action plans for improvement. This was submitted in July 2019

2. Purpose

2.1. The advise the Integration Joint Board (IJB) of progress to date.

2.2. To agree priorities and further develop action planning around the MSG proposals.

3. Recommendations

The Board is invited to note:

3.1. The report and progress to date.

It is recommended:

3.2. The Chief Officer is instructed to take this report to both Senior Management Teams in Orkney Islands Council and NHS Orkney in order to obtain full support to develop the action plan by identifying a cross organisational group(s) to ensure the pace of integration is accelerated.

4. Background

4.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires health and social care services to be integrated.

4.2. The aim of the integration of health and social care services was to ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support.

4.3. Integration legislation also had an eye to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that there was a continued focus on reforming and improving people's experience of care.

4.4. In February 2019 the Ministerial Strategic Group (MSG) for health and social care published its report called, 'Progress with Integration of Health and Social Care'. This report built further on the Audit Scotland Report published in October 2018 which again looked at the progress of integration across Scotland.

4.5. The report was themed into 6 features:

(i). Collaborative leadership and building relations.
(ii). Integrated finances and financial planning.
(iii). Effective strategic planning for improvement.
(iv). Agreed governance and accountability arrangements.
(v). Ability and willingness to share information.
(vi). Meaningful and sustained engagement.

4.6. Under each feature the MSG set out 'proposals' with clear timescales. Each partnership was asked to complete and submit a self-assessment by 15 May 2019. This self-assessment asked partnership to evaluate whether they thought their progress in respect of each proposal was:

- Not yet established.
- Partly established.
- Established.
- Exemplary.

This self-assessment was presented to the Board at its meeting on 25 June 2019.

4.7. Each partnership was then asked to complete an action plan to address the areas highlighted in the self-assessment. This was submitted, as requested by Scottish Government in July 2019 - Appendix 1. However, this has remained a 'draft' document and no further work to date has been completed.

4.8. Significant items on the action plan are not solely in the gift of the IJB to achieve – many of the actions are actions that the IJB is dependent on its statutory partners

to action. And many of these actions require cross directorate support from both statutory partners.

4.9. Some of the proposals in the MSG report are not for local determination but for other national groups to support. These being:

- Improved strategic inspection of health and social care is developed to better reflect integration.
- National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.
- A framework of community-based health and social care integrated services will be developed.

4.10. A tabled, categorised list of proposals from the MSG review and the self-assessment evaluation is provided in Appendix 2, listed by timescales given by the MSG. Those areas on this table in bold, are those areas that it is considered the initial evaluation was incorrect. Explanations in respect of this are provided in the comment box.

5. 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.	Yes.
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.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

6. Resource implications and identified source of funding

6.1. There are no direct financial resource implications from this report. Resource will be that of staff capacity.

7. Risk and Equality assessment

7.1. If an action plan is not fully developed and implemented, then the IJB will not be able to fulfil its full role and remit as set in legislation.

8. 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.

9. Escalation Required

Please indicate if this report requires escalated to:

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

10. Author

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

11. Contact details

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

12. Supporting documents

12.1. Appendix 1: Draft Action Plan.

12.2. Appendix 2: Tabled list of MSG proposals in timescale.

Appendix 1: MSG Indicator – Improvement Actions

Key.	Proposed Improvement Action.	Specific Task.	By When.	Lead Officer(s).
Collaborative Leadership and Building Relationships.	Our approach to collective 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'. We will indeed look for any further opportunities or learning from the National audit to be undertaken by Scottish Government and COSLA. 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. To continue to 'think third sector' in all that we do, when we are commencing work or reviewing work. Continue to strive to ensure our third sector colleagues are equal partners.	• Continue to develop Community Led Support. • Continue to identify opportunities to engage in dialogue with individuals and communities. • Work with staff to reduce as far as possible bureaucracy. • To review further learning from the National audit and look to apply that learning in Orkney, where appropriate	2019 – 2021.	Chief Officer / Chief Executive Officers.
Integrated Finance and Financial Planning.	The IJB S95 Officer will work with NHS and OIC to improve clarity around specific funding sources, ho they are spent and what outcomes are achieved. This will include having view access to NHS finance systems and attending	• Revisit baseline budgets for all services delegated to the IJB. • Adopt an inclusive	Present to April 2020.	Chief Finance Officer ; Head of Finance, Orkney Islands Council; Director of

Key.	Proposed Improvement Action.	Specific Task.	By When.	Lead Officer(s).
	various meetings where the funding is discussed i.e. PCIF allocations. 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. 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. To work with Scottish Government colleagues to ensure information from them to statutory partners is timely. 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. The reserves policy will be reviewed in 2019/20. 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. There is a proposal to review all the baseline	process for dealing with budget setting and identification of efficiencies. • Design a three year cycle to allow more effective transformation to occur. • Agree an aligned budget setting process. • Review the 'set aside' budget in order to clarify the Orkney position.		Finance, NHS Orkney.

Key.	Proposed Improvement Action.	Specific Task.	By When.	Lead Officer(s).
	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. 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.			
Effective Strategic Planning for Improvement.	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. 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. Develop the 'think third sector first' when	• Review of Orkney Health and Care structure – considering the cross-cutting themes with both other statutory organisations. • Identify interim structure to help lessen impact of significant vacancies. • Continue to develop close working	Autumn 2020. April 2020. Ongoing.	Chief Officer.

Key.	Proposed Improvement Action.	Specific Task.	By When.	Lead Officer(s).
	looking at filling or developing future posts. 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.	relationship with ISD. • Review of the Scheme of Integration	March 2020.	
Governance and Accountability Arrangements.	Local agreement to revisit the Integration Scheme to ensure all delegated functions are sitting solely with the IJB. Review the ongoing need of the Orkney Health and Care Committee as the IJB matures into its full remit. To improve the induction process for new IJB members. 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. We will review our use of Directions when the statutory guidance is published. Again, when the statutory guidance has been released we will review our local arrangements.	• Review Scheme of Integration. • Review current committees. • Review the committees and other meetings the Chief Officer has to attend. • Hold seminar of Directions. • Hold seminars on the roles and responsibilities of the IJB and its officers.	March 2020. December 2019. December 2019. December 2019. December 2019.	
Ability and Willingness to Share Information.	Capacity to undertake robust reporting needs to be identified. We will identify ways of ensuring learning and good practice are easily identifiable in our			

Key.	Proposed Improvement Action.	Specific Task.	By When.	Lead Officer(s).
	future reports. Discussion within the National Chief Officers group.			
Meaningful and Sustained Engagement.	Specific interest and remit groups will be increasingly approached for input and comment on service change, redesign and development. Continue to identify natural opportunities to engage with our communities. The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services. The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services.	• To fully embed Community Led Support as an approach to assist in successfully delivering the Strategic Plan.	2019 – 2021.	

Appendix 2: Table of MSG Proposals in Timescale

MSG Proposals to be completed by end March 2019 and end of April 2019

MSG Proposal.	Self-Assessment.	RAG.	Comments.
Delegated budgets for IJBs must be agreed timeously.	Not Yet Established.		Despite planning for this in 2018/19, this was not achieved. However, some recognition that both statutory partners are also reliant on getting this budget detail from SG, also in a timely manner to allow them to achieve this.
Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.	Partly Established.		This is improving, but further work to bring a closer relationship between partner agencies is required.
IJBs must be empowered to use the totality or resources at their disposal to better meet the needs of their local populations.	**Partly Established.**		**Although this was evaluated as 'partly established' there is no evidence of this and really should be at 'not yet established.**

MSG Proposals to be completed in 3 months (May 2019)

MSG Proposal.	Self-Assessment.	RAG.	Comments.
Each IJB must develop a transparent and prudent reserves policy.	Established.		The IJB has not operated with reservices to date. It has carried over ring fenced funding.
IJB annul performance reports will be benchmarked by Chief Officers to allow	**Partly Established.**		**Although this was evaluated as 'partly established' when submitted in May, in**

MSG Proposal.	Self-Assessment.	RAG.	Comments.
them to better understand their local performance date.			**preparing the annual report that was submitted in July 2019 then we were able to bench mark nationally and with our 6 comparator partnerships. Work is underway nationally via the CO National group to collectively continue developments in this area.** **This was an incredible tight timescale given the self-evaluation was May 2019.**

MSG Proposals to be completed in 6 months (July 2019)

MSG Proposal.	Self-Assessment.	RAG.	Comments.
All leadership development will be focused on shared and collaborative practice.	Established.		Further work can be undertaken to see us attain 'exemplary' but given other areas to address are seen as urgent then this will not be a priority action.
Delegated hospital budgets and set aside requirements must be fully implemented.	Not Yet Established.		Review the 'set aside' budget in order to clarify the Orkney position.
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.	Partly Established.		Revisit baseline budgets for all services delegated to the IJB. Adopt an inclusive process for dealing with budget setting and identification of efficiencies. Design a three-year cycle to allow more effective transformation to occur. Agree an aligned budget setting process.

MSG Proposal.	Self-Assessment.	RAG.	Comments.
			The CFO needs greater access and understanding of the NHS Orkney budgets.
The understanding of accountabilities and responsibilities between statutory partners must improve.	Partly Established.		Review of Orkney Health and Care structure – considering the cross-cutting themes with both other statutory organisations. Review of the Scheme of Integration.
Clear Directions must be provided by IJB's to Health Boards and Local Authorities.	**Established.**		**We had evaluated as established but now consider this to be an over estimation of our progress. A report on Directions is before the IJB today and sets out several recommendations.**
Effective, coherent and joined up clinical ad care governance arrangements must be in place.	Established.		A joint committee is in place. There is to be further guidance issued on Clinical and Care Governance – we will review local arrangements in line with this when issued.
Effective approaches for community-based engagement and participation must be put in place for integration.	Partly Established.		It is likely that we would now evaluate ourselves as 'established' with this proposal. The work we are undertaking around CLS and the consultation we undertook in respect of the Strategic plan and the new relationships we are building with Community Councils etc.

MSG Proposals to be completed in 6 – 12 months

MSG Proposal.	Self-Assessment.	RAG.	Comments.
We will support carers and representatives of people using services better to enable their full engagement in integration.	Established.		To fully embed Community Led Support as an approach to assist in successfully delivering the Strategic Plan.
Identifying and implementing good practice will be systematically undertaken by all partnerships.	Partly Established.		We will identify ways of ensuring learning and good practice are easily identifiable in our future reports. Discussion within the National CO's group.

MSG Proposals to be completed in 12 months

MSG Proposal.	Self-Assessment.	RAG.	Comments.
Relationships and collaborative working between partners must improve.	Established.		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.
Relationships and partnerships working with the third and independent sectors must improve.	Established.		To continue to 'think third sector' in all that we do, when we are commencing work or reviewing work. Continue to strive to ensure our third sector colleagues are equal partners.
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.	Partly Established.		Review the structure of Orkney Health and Care, with cognisance of its full remit and responsibilities. Review all meetings, committees and Boards

MSG Proposal.	Self-Assessment.	RAG.	Comments.
			and review membership requirements.
Improved strategic planning and commissioning arrangements must be put in place.	Partly Established.		There have been a variety of issues in relation to the partnerships ability to obtain clean reliable data. We have re-established our contact with ISD and seeking development of academic support in order to resolve local capacity issues.
Improved capacity for strategic commissioning of delegated hospital services must be in place.	Not Yet Established.		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. This is linked to the achievement of the proposal in respect of 'Delegated hospital budgets and set aside requirements must be fully implemented'.
Accountability processes across statutory partners will be streamlined.	Partly Established.		The scheme of integration is to be fully reviewed by July 2019 which gives an ideal opportunity to not only consider what is delegated but on how that delegation works.
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.	Established.		Further review of this as the IJB matures into its full role and remit.
Improved understanding of effective working relationships with carers, people	Partly Established.		The implementation of Community Led Support will ensure that communities are

MSG Proposal.	Self-Assessment.	RAG.	Comments.
using services and local communities is required.			enabled to directly shape the design of community health and social care services.

Note: Those areas on this table in bold, are those areas that it is considered the initial evaluation was incorrect. Explanations in respect of this are provided in the comment box.

Not Protectively Marked

NHS Orkney Board – 19 December 2019 **Report Number: OHB1920-38** **This report is for review** **Public Health Annual Report 2018-19**	
Lead Director **Author**	Louise Wilson, Director of Public Health
Action Required	The Board is asked to: 1. **Review** the content of the report and consider the range of actions it can take to improve health and reduce inequalities.
Key Points	Overall the people of Orkney have better health than the Scottish average, as indicated by life expectancy. Last year I reported a rise in premature mortality, however premature mortality in Orkney has returned to its more usual pattern. However, there is growing concern across Scotland regarding the stalled life expectancy of the Scottish population, and the impact of austerity. I have structured the report around the Public Health Priorities to emphasise their importance for multiagency settings. The new national body Public Health Scotland becomes active in 2020 and this will provide new opportunities for engagement. I am pleased to be able to report that we met the Scottish Government smoking cessation target for Orkney for 2018-19. However, focused work is required to meet the increased 2019-20 target. As a community we have significant challenges in relation to healthy weight which require a partnership approach to tackle. Activities and services are not occurring at a scale required to have a major impact on population health. Maintaining a focus on vaccination and screening performance is important as these are key preventative activities. Detect cancer early data shows cyclical trends, and the impact of breast cancer screening is shown in the reported detect cancer early data.

	We have opportunities – though the new strategic clinical intent being developed by NHS Orkney and the primary care improvement plan to ensure that a preventative and inequalities focused approach is woven throughout the planned work. A greater preventative and inequalities focus at a community planning partnership level would be welcomed as most of the factors influencing our health lie outwith of the NHS.
Timing	Presented at NHS Orkney Board in December 2019
Link to Corporate Objectives	The corporate Objectives this paper relates to: • Improve the delivery of safe, effective patient centred care and our services; • Pioneer innovative ways of working to meet local health needs and reduce inequalities;
Contribution to the 2020 vision for Health and Social Care	***Safe:*** avoiding injuries to patients from healthcare that is intended to help them ***Effective:*** providing services based on scientific knowledge ***Efficient:*** avoiding waste, including waste of equipment, supplies, ideas, and energy
Benefit to Patients	The paper is focused on how we can improve population health and focus on avoidable health inequalities
Equality and Diversity	No equality impact assessment has been undertaken, but the paper draws attention to inequalities.

NHS Orkney

Public Health Report 2018 – 19

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Foreword

Nationally major changes are occurring in how Scotland addresses key public health issues. Public health priorities for Scotland have been developed and the new organisation to lead public health in the nation, Public Health Scotland is well on its way to being established. We need to work together across our community to ensure that we effectively address the public health issues here in Orkney that challenge our community. Community planning partnerships offer a multiagency platform which supports joint working to reduce inequalities and improve health locally. This report has been structured largely around the public health priorities and provides a snapshot of just some of the activity being undertaken across the county.

1. The Public Health Priorities

Priority 1 An Orkney where we live in vibrant, healthy, safe places and communities

The challenges faced in improving population health and wellbeing are many and complex, requiring action across the NHS, Health and Social Care, the Third Sector and in partnership with communities and society at large. The need to take a long term view and change the way people think about health and wellbeing has never been greater. There is therefore an imperative to focus on the wider determinants of health, such as income, housing, environment, and education. Investment is required in the prevention of ill health whilst building resilience and capacity within individuals and communities to improve people's overall wellbeing. It is also important to support the development and improvement of health and social care services.

Whilst Orkney often tops the "best place to live" surveys in terms of quality of life in the UK with inexpensive houses, low crime rate, good schools and a population who are among the happiest and healthiest in the country, this can mask significant challenges that the local population faces.

Demographics and health

What do we know about the changing population and health in the county? The trend of an ageing population is well known, and the general health of the population as measured by life expectancy is good compared with Scotland. Unusually some indicators in relation to premature mortality were poorer for Orkney in 2017 than for Scotland. However, in 2018 these indicators in relation to premature mortality rates returned to their more usual level, showing again premature mortality rates less that the Scottish average rates.

Population Estimate

Understanding the age structure of the population is important as this impacts on social and economic policy as well as the delivery of health. The population of Orkney was estimated to be 22,190 in 2018, an increase of 0.9% from 2017. The trend, within Orkney as elsewhere in the Scotland, is currently towards an ageing population with an estimated 23.6% of the Orkney population over the age of 65 (18.9% Scotland), and 16.0% under 16 (16.9% Scotland).

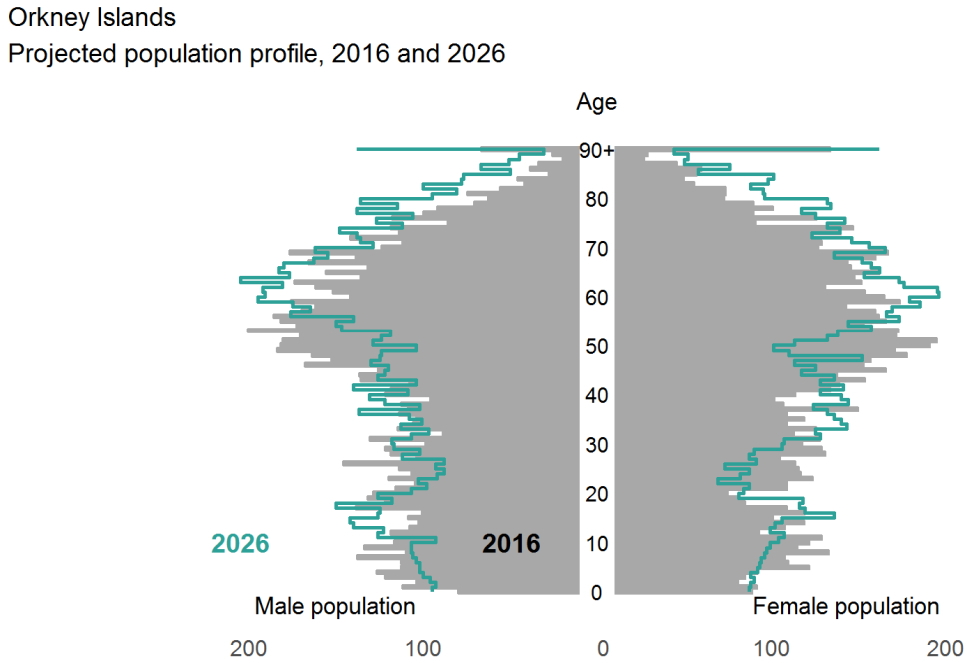
Migration to and from Orkney

The number of residents in Orkney is partially determined by the number of people who leave or move to the islands. The most recent figures from the National Records Scotland on migration based on council areas for 2017-18 show 820 people migrated in to the islands and 570 migrated away from the islands.

Population Projections

In the long-term, the population of Orkney is projected to increase by 0.5% over the period 2016-2026 compared with a projected increase of 3.2% for Scotland as a whole. Figure 1.1 shows the expected change in population by age from 2016 to 2026.

Figure 1.1 Population pyramid for Orkney Islands 2016 and 2026



***Source**: National Records of Scotland 2019*

It can be seen that in general the number of children and working age adults is projected to decrease in contrast to the increase in older people. This shift in age distribution is well known locally and being factored in to how services will need to change for future health needs.

Births

In 2018 there were 186 live births recorded for Orkney, an increase of 1.1% from 2017. The standardised birth rate was 10.3 per 1000 population in 2018 the same as in 2017. In Scotland the rate overall decreased from 9.7 to 9.4.

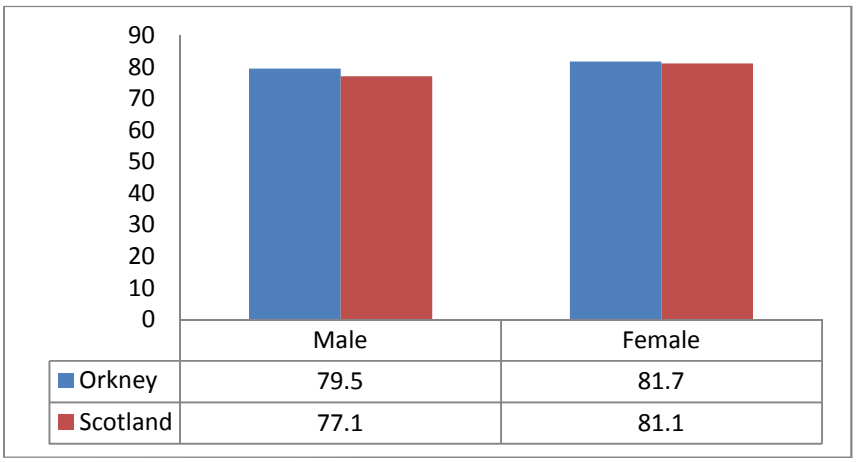
Deaths

There were a total of 226 deaths in Orkney in 2018. In Orkney, the leading cause of death for males in 2018 was ischaemic heart diseases (16.7% of all male deaths), followed by dementia and Alzheimer's disease (7.9%). In Scotland overall, the leading cause of death for males was also ischaemic heart diseases (13.9%), followed by dementia and Alzheimer's disease (7.6%). In Orkney the leading cause of death for females in 2018 was dementia and Alzheimer's disease (13.0% of all female deaths), followed by ischaemic heart diseases (12.0%). In Scotland overall, the leading cause of death for females was also dementia and Alzheimer's disease (14.4%), followed by ischaemic heart diseases (8.8%).

Life expectancy

The latest local life expectancy data is from 2017. Life expectancy at birth in Orkney is greater for females (81.7 years) than males (79.5years), and both were greater than the Scottish average (females 81.1 males 77.1 years) (Figure 1.2). Life expectancy in Orkney at age 65 is greater for females (20.1 years) than males (19.5 years).

Figure 1.2: Life expectancy in years at birth in Orkney Islands and Scotland, 2015-17



	Male	Female
Orkney	79.5	81.7
Scotland	77.1	81.1

Source: *National Records of Scotland 2019*

Premature mortality

The NHS has a number of quality markers one of which is to reduce premature mortality. Premature mortality is measured by looking at the death rates for people aged under 75. In the last reported year, 2017, the under 75 age-standardized death rate for all causes of death in Orkney was greater than the Scottish rate. This has now fallen back to the normal pattern of less than the Scottish average (Table 1.3).

Table 1.3 Death rates (All causes) under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population.

Year	Orkney	Scotland
2009	323.5	477
2010	371.3	467.4
2011	346.7	456.1
2012	341.2	445.3
2013	345.9	437.5
2014	336.5	423.2
2015	378.5	440.5
2016	285.1	439.7
2017	432.1	425.2
2018	335.6	432.0

Source: *NHS NSS 2019*

When we look at mortality for under 75 year olds for specific diseases we can see that whilst in general the mortality rate from all heart disease in Orkney has been lower than the Scottish rate it rose above the Scottish rate in 2017 but has dropped down again in 2018 (Table 1.4).

Table 1.4 Circulatory Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population

Year	Orkney	Scotland
2009	81	117.2
2010	61.7	113.8
2011	77.5	106.7
2012	83.6	104.2
2013	50.5	101.5
2014	95.7	94
2015	82.1	98.5
2016	53.5	96.1
2017	111.6	94.6
2018	89.5	90.0

Source: *NHS NSS 2019*

When we look at the mortality rate from all types of cancer we see a rate rise in 2017 in Orkney which has now fallen back down below the Scottish rate (Table 1.5).

Table 1.5 Cancer Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population

Year	Orkney	Scotland
2009	108.9	178.9
2010	132.9	174.5
2011	137.6	174
2012	104.1	172.7
2013	123.0	170.2
2014	114.4	165.8
2015	132.5	167.1
2016	76.3	160.0
2017	157.4	154.7
2018	92.1	156.6

Source: *NHS NSS 2019*

When we look at the mortality rate from respiratory system disease we see a year to year variability for Orkney with the rate again above the Scottish rate in 2017 but dropping back down in 2018 (Table 1.6).

Table 1.6 Respiratory System Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population

Year	Orkney	Scotland
2009	24.7	45.2
2010	39.6	42.5
2011	13.2	43.7
2012	32.6	43.2
2013	47.7	41.5
2014	17.7	40
2015	25.2	42.5
2016	34.1	43.3
2017	45.3	39.0
2018	24.3	37.6

Source: *NHS NSS 2019*

Changing the places and environments where people live in Orkney to support the population to be healthy and create wellbeing has been supported through involvement in various multi-agency partnership actions. The community planning partnership brings together key agencies across Orkney and plays a key role. The community planning partnership subgroup "Living Well" has undertaken work to link outcomes to activity through using a technique called logic modelling. The community planning partnership across all strands of its work has the potential to play a major impact on improving health and reducing health inequities.

Recommendation 1: The Community Planning Partnership ensures the public health priorities play a key role in shaping current and future activities.

Resilience is sometimes defined as the personal and collective capacity to respond to change. Community resilience can impact on and improve the health and wellbeing of the population and can include community cohesion in which people work together and feel part of the community in which they live. A number of polices aim to support the resilience of communities through community engagement, empowerment and asset ownership. The flexibility and buoyancy that results from resilience enables communities to deal effectively with change, for example, coping with the loss of an industry in a particular area, altered employment opportunities, the impact of changes in welfare reform or the challenge of climate change.

NHS Orkney Public Health staff have advocated for equity and health to shape local outcomes. The WELL programme has linked with partners in housing to support staff involved in delivery of the programme to signpost clients to relevant third sector support services. These services can advise and support clients to access help to improve their housing conditions.

The Public Health team are actively involved in the Community Learning and Development Group and in the development and implementation of the Community Learning and Development partnership plan for 2018-21. Health Behaviour Change (HBC) training has been delivered to staff in multiple partner agencies. This is a half day, face to face training following on from Health Scotland's e-learning modules HBC Levels 1 and 2, and is for anyone with little or no previous training or experience in delivery of brief intervention.

NHS Orkney Public Health had a poster accepted for the Faculty of Public Health in Scotland national conference in 2018 based on investigating rural deprivation. This poster was successful in winning the ‘Best Remote and Rural’ poster award at this event.

NHS Orkney Public Health have been involved in the multi agency group to develop Arcadia Park which was previously a waste area of ground and has being developed into a park to encourage people to exercise and improve active/green travel opportunities.

Priority 2 An Orkney where we flourish in early years

NHS Orkney Public Health team are active members of the Orkney Children and Young People Partnership and have been involved in the development of the Orkney Partnership Corporate Parenting Plan. They have also been working with staff in education on a range of health and wellbeing aspects. Outwith education, staff are involved in the local Adverse Childhood Event (ACE) group who are working to raise awareness of ACE's, their impact and the importance of resilience building.

At Orkney's third 'Growing Up in Orkney' conference in February 2019, staff from NHS Orkney Public Health presented a workshop on poverty proofing services. This was well attended by staff from numerous organisations across Orkney and was a forum for stimulating discussion on the hidden costs of services that might prevent people from engaging.

Family sessions of the Confidence to Cook programme have been developed and planned for delivering in 2019/20. These sessions involved preparing food as well as playing games together supporting families to prepare healthy meals and encouraging families to have "fun" together.

Good nutrition is important throughout life but particularly in the early years. The Scottish Government has adopted as policy the World Health Organization guidance recommending exclusive breast feeding for the first six months of an infant's life. In Orkney the percentage of babies who have ever been breast feed as reported at the first visit is high (Figure 1.7, 1.8) and the drop off in breast feeding as reported at the first visit is low (Figure 1.9, 1.10).

Figure 1.7 Breast feeding initiation by health board in 2017/2018 (Orkney in red)

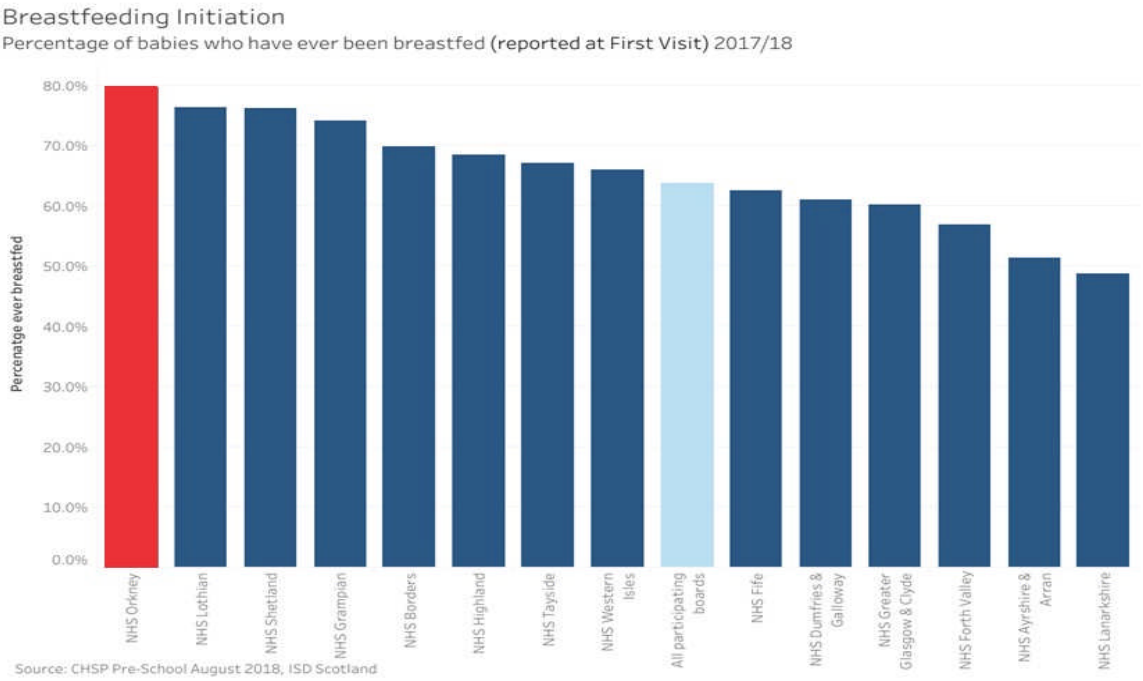
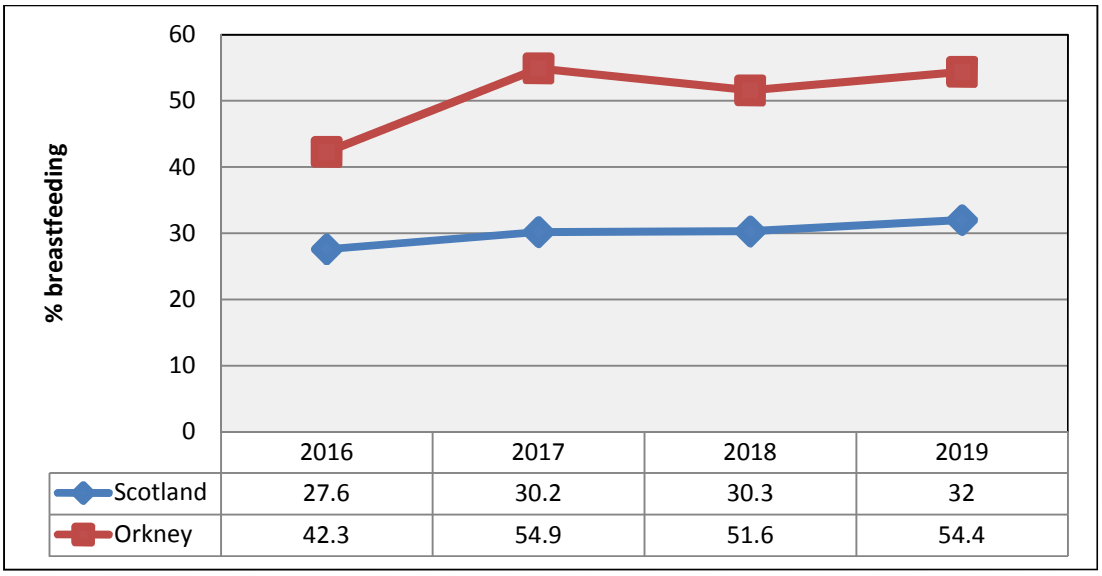


Figure 1.8 Trends in 6-8 week exclusive breast feeding in Orkney and Scotland 2016-19



	2016	2017	2018	2019
Scotland	27.6	30.2	30.3	32
Orkney	42.3	54.9	51.6	54.4

Figure 1.9 Drop off in breast feeding by health board in 2017/18 (Orkney in red)

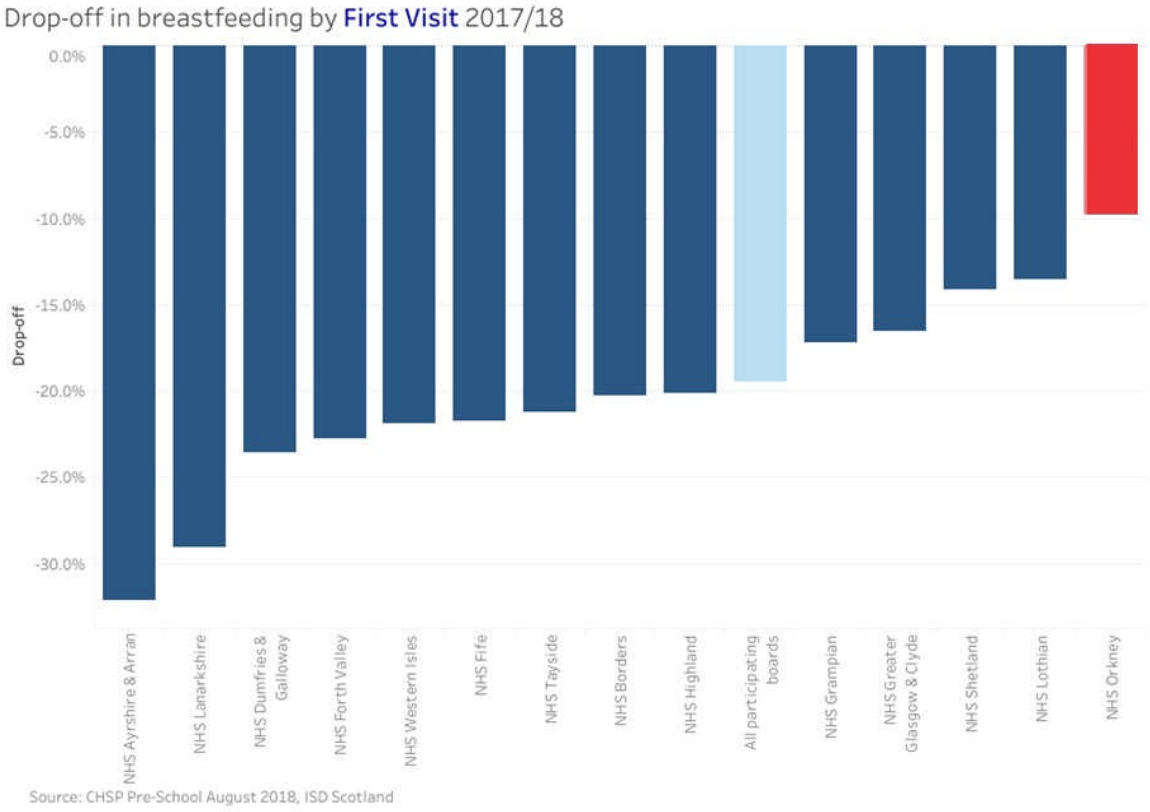
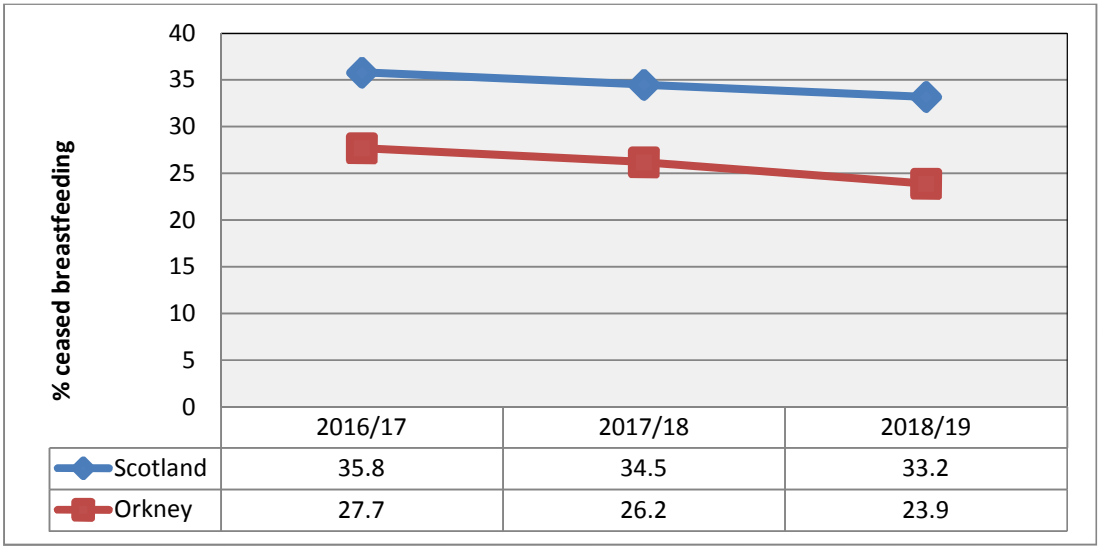


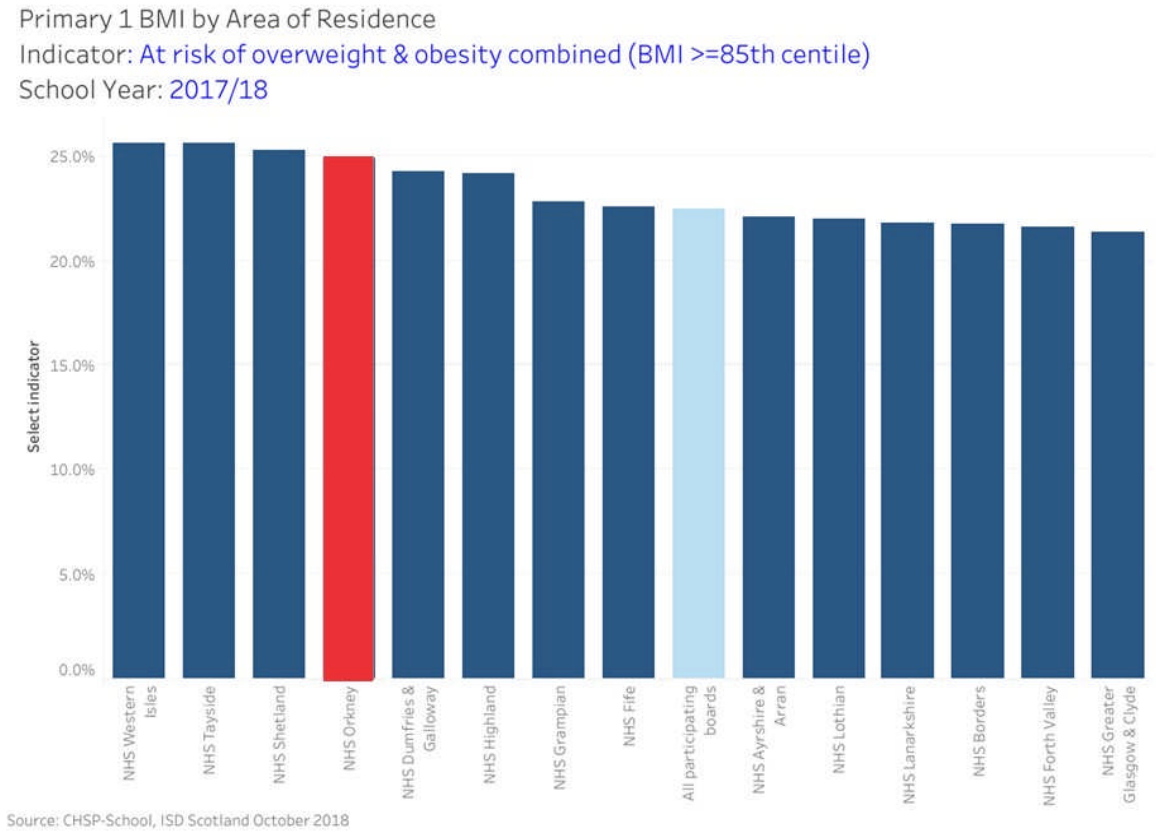
Figure 1.10 Trends in 6-8 week attrition rates in breastfeeding



In 2017 Scottish Government announced the “stretch aim” target to improve and sustain our breastfeeding rates and reduce drop off at 6-8 weeks by 5% by 2020/21 and by 10% by 2024/5. The Public Health team is leading on the outcomes focused plan to meet this target. This includes the recruitment of a dedicated member of staff and the re-establishment of a breastfeeding support group, and continued work around the UNICEF Baby Friendly Gold award. Public Health also supported midwives and health visitors in the delivery and monitoring of the healthy start vitamin scheme.

Having a healthy weight is important. 24.9% of Primary One children in 2017/18 were at risk of being overweight or obese (BMI>85th centile) (Figure 1.11).

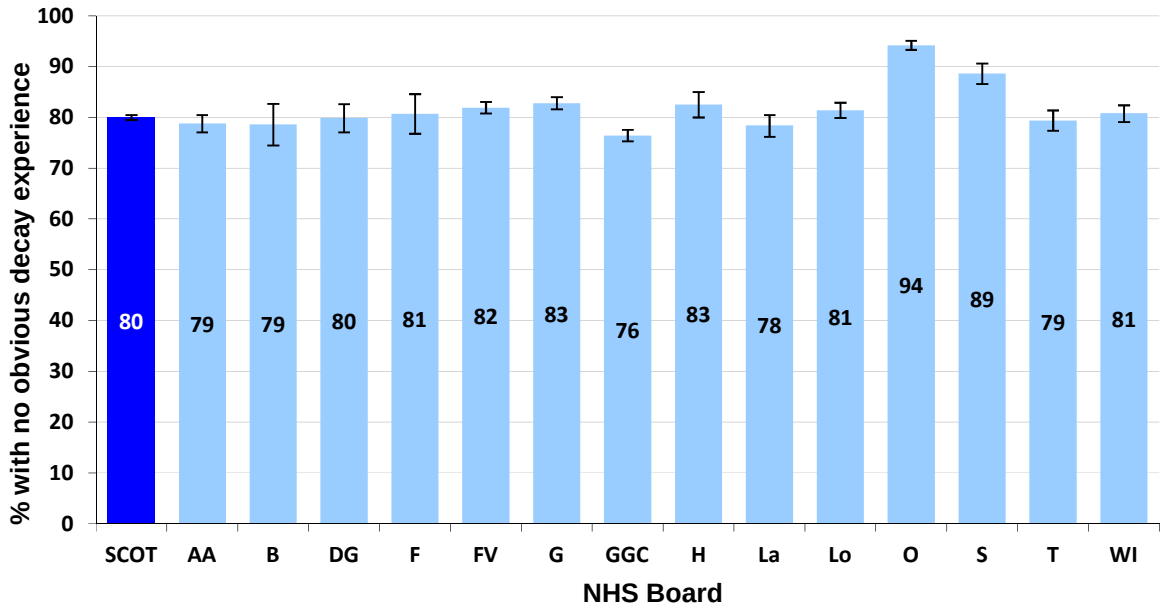
Figure 1.11 Percentage of primary one children at risk of being overweight or obese (Orkney in red)



A gap analysis has been undertaken jointly by dietetics and Public Health to inform the development of an outcomes focused plan to ensure NHS Orkney are meeting the Child Healthy Weight Standards. NHS Orkney Public Health will work in partnership with Dietetics to implement and evaluate the plan.

On a positive note, with regard to dental health Orkney has the highest percentage of P7 children (94%) with no obvious decay experience (Figure 1.12).

Figure 1.12 Percentage of P7 children with no obvious dental decay experience (O= Orkney)



Childhood vaccinations are an important mechanism for protecting the health of children and these are reported on in the Childhood Immunisation Programme section.

Work undertaken by the Orkney Childcare and Young People's Partnership in 2017/18 in relation to poverty and disadvantage indicated that around 14% of children in Orkney were in poverty (after household housing costs), and that this was highest in the North Isles (28%) and Stromness and South Isles (19%) and lowest in the West Mainland (nine %) and East Mainland, South Ronaldsay and Burray (five %). The Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards to jointly prepare an annual Local Child Poverty Action Report on what they are doing to reduce the impact of child poverty. Midwives, health visitors and public health staff have undertaken the Rights of Children training.

Recommendation 2: A stronger focus is needed in NHS Orkney on the inequities faced by children and how our services can mitigate these.

Priority 3 An Orkney where we have good mental wellbeing

Positive mental wellbeing is not the absence of mental ill health and not just about feeling good. It is our ability to maintain positive relationships and live a life that has a sense of purpose. Positive mental wellbeing improves outcomes relating to education and employment as well as health.

The WELL programme has been piloted throughout 2018/19 by NHS Orkney Public Health. To support the wellbeing of people in Orkney, the WELL Programme looks at a person's health as a whole, physically and psychologically and then supports them to set their own goals, allowing individuals to build on their own strengths and capabilities. The Programme consists of three areas which are:

Health Checks;

Health Coaching;

Living Life to the Full Classes - Twelve Hours that could change your life.

Confidential Health checks are carried out by qualified nurses. During a health check the nurse will help to identify any health and wellbeing needs a client may have. They measure general health including family health history, blood pressure, cholesterol and blood sugar, and other physical health and mental health risk factors such as smoking status and stress. After this check, the nurse is able to signpost clients to other services that could support them to improve their health and wellbeing.

Health coaching is free one to one support with trained health coaches who aim to support improvement of health and well being. The coach will listen non-judgementally, encouraging and supporting clients to identify their own goals. By making manageable changes clients can feel better, have more energy and confidence as well as reduce the risk of getting ill. Over 2018/19 49 clients have engaged with health coaching. A full evaluation of this service will be available at the beginning of 2020.

Living Life to the Full (LLTTF) classes, 'Twelve hours that could change your life' are based on a similar programme to health coaching but have the benefit of developing these skills in a group with a cup of tea or coffee. The courses are delivered by trained health coaches. There are eight sessions to the course which support the development of skills such as developing the ability to plan activities that boost how an individual feels, developing the ability to respond positively to negative thinking and overcoming the problems of anger and irritability.

Four LLTTF classes have been completed in 2018/19 with 18 clients. Of the clients who attended, 15 completed the pre and post assessments with a 45.8% improvement in the average wellbeing quintile (2.4 to 3.5) from the course. The

Hospital Anxiety and Depression Score (HADS) reduced by an average of 19.4% for anxiety (10.3 to 8.3) and 40.9% for depression (6.6 to 3.9) by the end of the course.

Throughout 2018/19, NHS Orkney Public Health team were involved in delivering Mentally Healthy Working Lives training within Orkney. This training recognises that line managers have a crucial role in supporting the health and wellbeing of employees. The training includes examples of good practice in promoting positive mental health and wellbeing as well as offering practical examples of how to support employees experiencing mental health problems.

The aims of the course are:

- To identify key factors that contribute to a mentally healthy workplace
- To improve confidence in supporting the health and wellbeing of employees
- To raise awareness of the legislative responsibilities a manager has in relation to health and wellbeing in the workplace

During this year, 26 staff from a variety of third sector and private organisations across Orkney have completed this training delivered by the Public Health Team.

In August 2019, Scottish Government released a new Suicide Prevention Action Plan to continue the work from the 2013-16 suicide prevention strategy. Recognising the vision that suicide is preventable, the Orkney Choose Life Group has been working with Orkney Public Health team on a number of projects.

This year a Health Improvement Development Officer from Public Health has been trained to deliver the Scottish Mental Health First Aid Training (SMHFAT) in conjunction with the SMHFA Trainer from the Blide Trust. This training is being rolled out across Orkney free of charge through the Choose Life Group. Scotland's mental health first aid (SMHFA) like any other type of first aid, is the help given to a person before appropriate professional help or treatment can be obtained. Mental health first aid is the help given to someone experiencing a mental health problem before other help can be accessed.

SMHFA does not teach people to be therapists. However, it does train people:

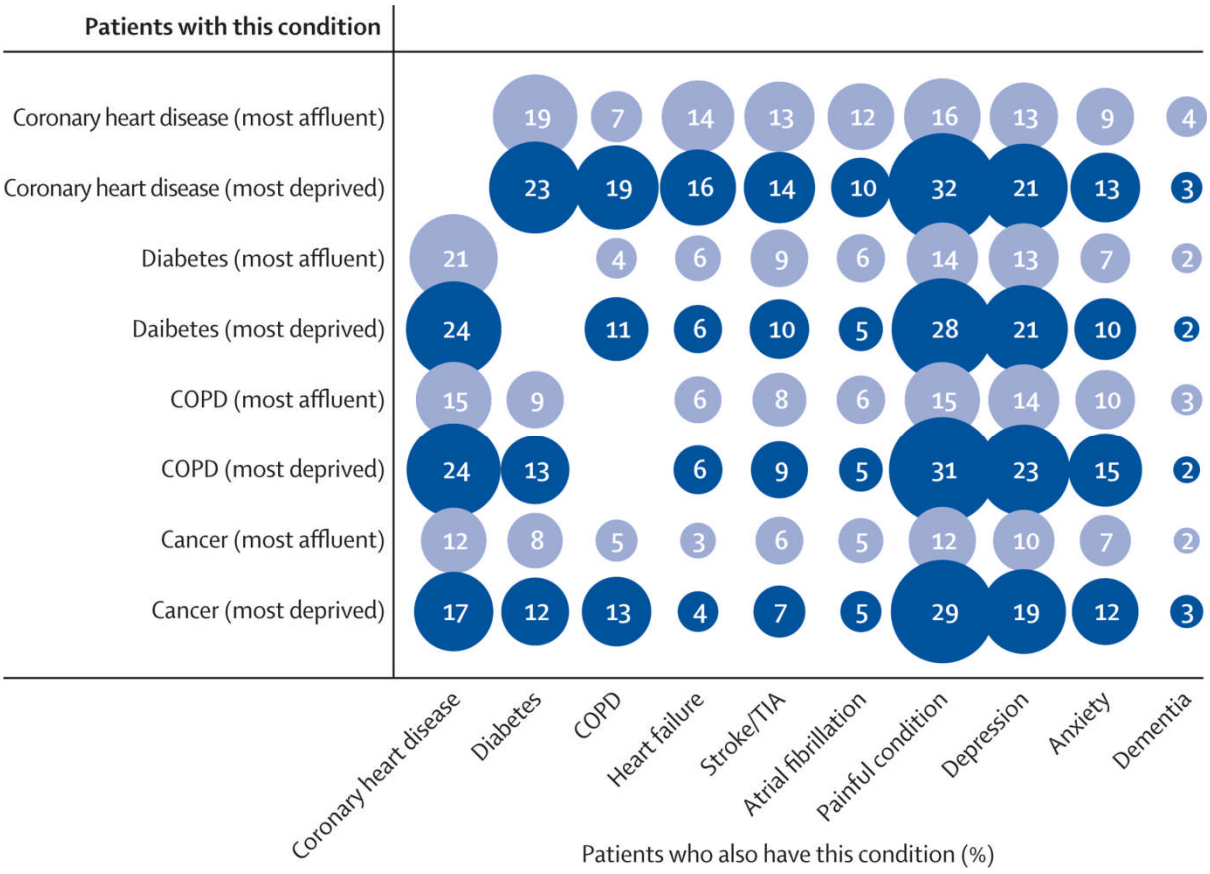
- How to ask about suicide
- How to recognise the signs of mental health problems or distress
- How to provide initial help
- How to guide a person towards appropriate professional help.

An Orkney wide training needs analysis was undertaken by Orkney's Public Health Team at the request of the Orkney Choose Life Group with 292 responses received. Respondents not only recognised Suicide Prevention to be everyone's business (in keeping with 'Every Life Matters — Scotland Suicide prevention Action Plan' 2018), but also their lack of confidence in engaging with those experiencing poor mental

health/suicidal thoughts and need for accessible training to build a strong community and help prevent suicide. A 2.5 hour suicide prevention workshop has been developed locally in partnership with Blide Trust and Voluntary Action Orkney. With the supported of the Choose Life Group this is also being rolled out across Orkney free of charge. There have been three training sessions completed and 19 participants during 2018/19.

The association between chronic disease and mental ill health is well recognised (Figure 1.13). For example, nationally 13% of those with coronary disease in the most affluent group and 21% in the least affluent group also had depression.

Figure 1.13 Selected comorbidities in people in Scotland with four common, important disorders in most affluent and most deprived groups



Source: *Barnett, K et al 2012* [i]

The changing population profile means that a greater focus is required on the management of mental health in those with chronic disease.

Recommendation 3: An increased focus on long term physical and mental health issues is required ensuring appropriate services are available to prevent the development of mental ill health and enable early treatment.

Priority 4 An Orkney where we reduce the use of and harm from alcohol, tobacco and other drugs

For those who smoke, stopping smoking is one of the most important actions that can be taken to improve health. From a public health perspective, it is also important to stop people taking up smoking in the first place.

A smoking education session based on the Public Health England resources 'Rise Above' was delivered to all S1 and S3 classes in Kirkwall Grammar School in December 2018. This session aimed to support pupils to understand the reasons why some young people take up smoking and develop skills to resist the pressure to smoke.

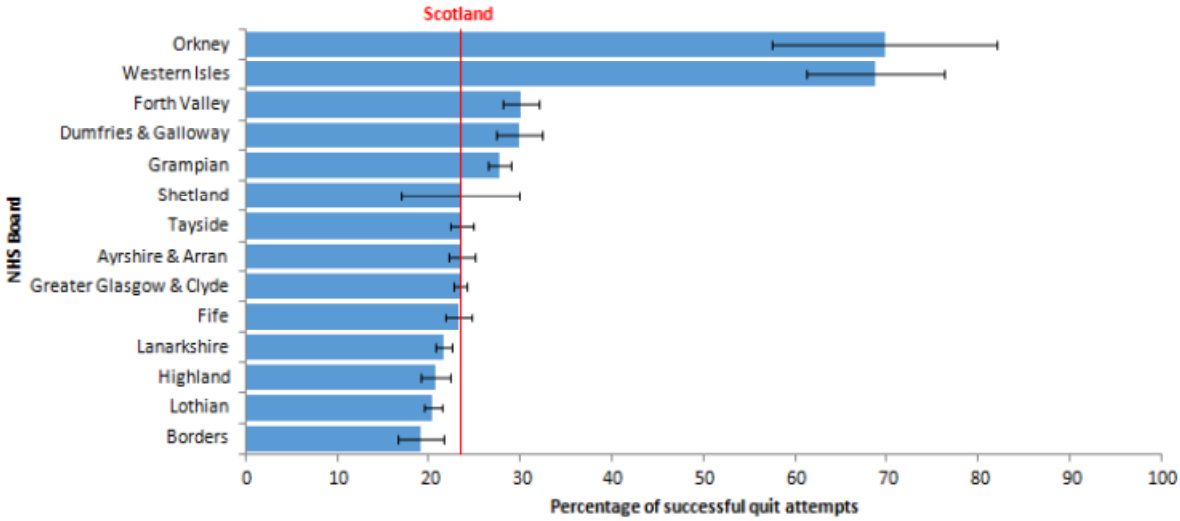
Approximately 245 S1 pupils from Kirkwall Grammar School and Stromness Academy attended a Safer Islander event in September 2018 in which NHS Orkney Public Health held a session on safety around alcohol. Safer Islander is an educational programme where participants learn life skills that may keep themselves and others safe in the future. Small groups of pupils rotate around the workshops where safety messages and advice are given by the facilitators.

Staff for the local Quit Your Way service have continued to improve their service through peer supervision and training. This has included training to deliver 'Impact' training for smoking cessation for those with mental health issues and training on supporting the raising the issue of smoking through financial services. During this year, a member of staff accessed the national training programme for advisors to strive towards a sustainable and patient centred service.

For long term heavy smokers, new nicotine replacement sprays have become available as a prescribed product which has further supported the services ability to support more entrenched smokers to achieve their quit goals.

Orkney's Quit Your Way service received over 100 referrals in 2018/19 and of the clients who made quit attempts, 72.1% achieved a twelve week quit (Figure 1.14). The performance target is linked to those residing in the 60% least affluent areas and the target of at least 19 twelve week quits was achieved.

Figure 1.14 Percentage of successful quits by NHS Board 2018/19



In previous years, targets have been set which reflect not only a board's historic performance against targets but also reflect the performance of other similar boards.

A new system has been introduced which sets each board a target percentage to achieve: to support 1.5% of the estimated 16-plus smoking population in areas of multiple deprivation (MD) within the board's territory to successful 12-week quits. For Orkney this equates to 31 quits in the 60% most deprived areas. This is a considerable increase on the 2018/19 target.

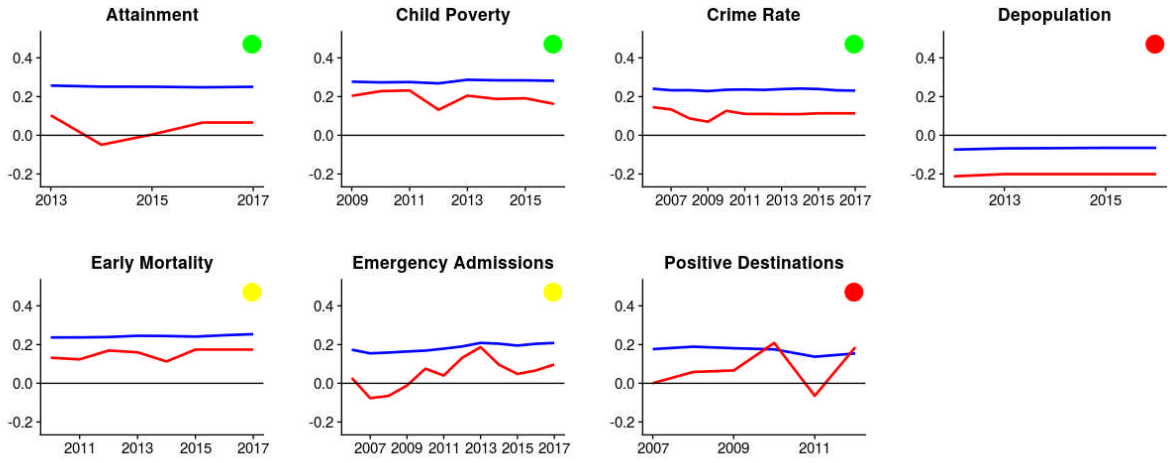
Recommendation 4: An increased focus on engagement with those smoking by all NHS services is required to ensure progress on this key target of 12 week quits.

Work on alcohol and drug services has been progressed under the Alcohol and Drugs Partnership in which public health plays a key role, and a new strategy is planned for autumn 2019. Alcohol Brief interventions are carried out in a range of settings including through the Quit Your Way service and the Well Programme.

Priority 5 An Orkney where we have a sustainable, inclusive economy with equality of outcomes for all

Data from the Improvement Service aims to aid understanding of outcomes across the Orkney Community Planning Partnership. Their data on inequality in outcomes shows 0 indicating perfect equality, values between 0 and 1 indicating that income deprived people experience poorer outcomes, and values between -1 and 0 indicating that non-income deprived people experience better outcomes. Displayed for each indicator is the average outcome value for the 10% most deprived and 10% least deprived communities, or the single most and least deprived community depending on the size of the area. Deprivation is measured using the number of income deprived people within each Community Planning Partnership from the 2016 Scottish Index of Multiple Deprivation domain. The coloured circle shows whether Orkney is more or less unequal and has made faster or slower progress in reducing inequality.

Figure 1.15 Inequalities across communities Orkney Islands (red) and Scotland (blue)



Making Every Opportunity Count (MEOC) is an approach for partners across the public and third sector to increase opportunities for health and wellbeing for those who use services and provide services. It encompasses a three tiered approach to prevention and self-care which takes account of individual need and service constraints. The focus of this work is on having a brief wellbeing conversation and relevant signposting. It uses improvement methodology to enable partners each to do a little to provide opportunity for individuals, within a population health framework. It adds value to existing workforce capability and capacity, is sustainable, and requires minimal resource and training. Whilst the primary focus is on improving

opportunities for the health and wellbeing of people who use services, it also has a positive impact for providers of services.

NHS Orkney Public Health working in partnership with the North of Scotland Public Health Network (NoSPHN) and the Orkney Department of Work and Pensions (DWP) have been developing the MEOC approach in Orkney. Wellbeing conversations are held by DWP staff in the Orkney Job Centre and individuals are referred or signposted to other services where appropriate.

The Public Health team working in partnership with Maternity services and Citizens Advice Bureau (CAB) established sessions in the maternity department where expectant mothers can receive benefits advice from CAB.

During the Health Check as part of the Well Programme there is a discussion with clients on their financial wellbeing. Referrals are made where appropriate to partner organisations for example THAW, CAB, DWP.

Recommendation 5: Financial inclusion is vital and further work is required locally to ensure appropriate financial inclusion pathways are embedded across NHS services.

Priority 6 An Orkney where we eat well, have a healthy weight and are physically active

In order to address complex challenges such as diet and weight, a collaborative approach is required, spanning decision makers from many sectors. The Orkney Health Weight Action Plan has been drafted during 2018/19. This plan brings together partners from across Orkney to work collaboratively to achieve five outcomes:

Outcome 1 – Children have the best start in life – they eat well and have a healthy weight

Outcome 2 – The food environment supports healthier choices

Outcome 3 – People have access to effective weight management services

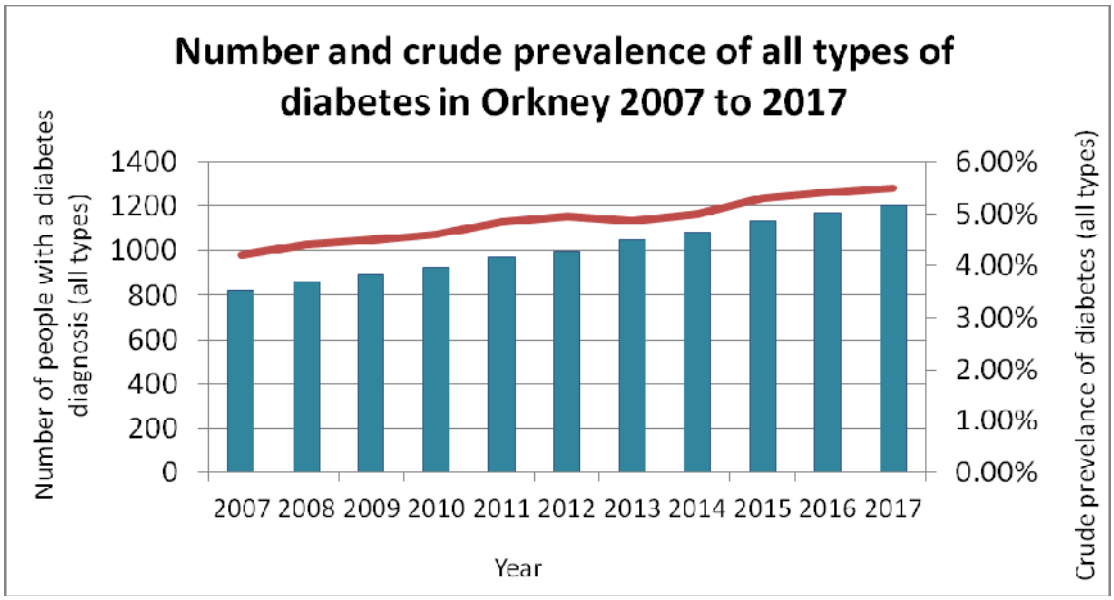
Outcome 4 – Leaders across all sectors promote healthy diet and weight

Outcome 5 – Diet-related health inequalities are reduced

Work relating to health weight has been driven by the publishing of *A healthier future: Scotland's diet and healthy weight delivery plan and A healthier future: Type 2 Diabetes Prevention, Early Detection and Intervention Framework* both in July 2018.

The proportion of people with diabetes (all types) in Orkney has increased over the ten years between 2007 and 2017. Scotland overall has seen a similar increasing trend. The crude prevalence of diabetes (all types) in Orkney (non age-adjusted total cases) has increased from 4.2% (821 people) in 2007 to 5.5% (1203 people) in 2017. Figure 1.16 below shows the number of people with diabetes diagnoses and the crude prevalence rate over this period, in Orkney.

Figure 1.16 Number of people in Orkney with all types of diabetes diagnosis, 2007-2017



Source: Scottish Diabetes Survey 2007-2017

The increasing prevalence of type two diabetes is likely to be due to a range of factors. It may be in part due to the increased awareness and testing in health professionals and the public and improved recording of diagnoses in diabetes registers in the recent past. However, the most significant factors are considered to be poor diet, low levels of physical activity and the associated increase in obesity. Another significant factor is the effect of demographic change; as diabetes is more common in older people, the increasing number of older people each year increases the prevalence of diabetes in the population, as we essentially have a greater (and increasing) proportion of our population at increased risk. Better survival of people with diabetes is also likely to contribute to the increasing prevalence[ii].

When people receive their diabetes diagnosis, they are added to a diabetes register at their general practice. The proportion of patients on the diabetes register (all types) by Orkney locality varies with locality but is around 7%. The highest percentage of diagnosed type two diabetic patients in a practice is in the Orcades practice. Numbers of patients diagnosed with diabetes in each locality are relatively small numbers, so caution should be taken in interpreting these data. Differences between localities may be due to a number of factors including random variation, population number, age, ethnicity and deprivation structure of the population, variation in investigation and diagnosis of diabetes by GP practice and recording of diabetes on the register by GP practices.

Body Mass Index is a measure used to determine weight status within a healthy range, it is calculated by dividing weight (in kg) by height (in metres squared). A BMI

range of between 25 and 30 is overweight, a BMI range over 30 is obese. There are limitations in BMI as a measure for weight status, as it does not adjust for the effect of muscle density on weight or the effect of waist adiposity on healthy weight. Hip to weight ratio, a measure of abdominal obesity is an independent risk factor for type two diabetes[iii].

In Orkney 89.4% of adults diagnosed with type two diabetes (who had their BMI recorded within the last 15 months) are overweight, including obese. This is higher than the rate for Scotland (82.7%) and considerably higher than the rate in the general Orkney population (73%). From the Scottish Health Survey, three quarters of people aged 16 and over in Orkney are estimated to be overweight including obese (73%) higher than in Scotland (65%). Around a third of adults in Orkney are obese (32%), which is which is slightly higher than in Scotland overall (29%).

Rates of overweight including obese are the same in Orkney for men and women (73%). This contrasts with Scotland overall, where men are more likely to be overweight, including obese, (68%) than women (61%), and the difference is statistically significant. The proportion of women who are obese in Orkney is higher (35%) compared to men (29%) and are higher than the proportions of women (29%) and men (27%) who are obese in Scotland overall.

A low level of physical activity is an established risk factor for obesity and type two diabetes. Around three fifths of adults in Orkney (62%) report that they meet the guidelines for physical activity, with meeting the guidelines more likely in men (67%) compared to women (58%)[iv]. Around one fifth of Orkney adults (21%) report that they do very little activity at all. Under one fifth (18%) of men report that they have very low level of activity levels, compared to a quarter of women (24%). These results are not significantly different from what is reported by adults across Scotland.

The modifiable risk factors associated with type two diabetes are complex, inter-related and socially entrenched. Being overweight is the single most significant modifiable risk factor for diabetes.

Efforts to improve diet and physical activity in the Orkney population should focus on the whole life course, as the risk factors for diabetes accumulate over the lifespan. However, there is a particular need to target people at greatest risk of diabetes and the least physically active, including those who are on a low income or deprived populations; people who are over forty and have pre-existing long term conditions or limiting illnesses.

Seed funding was allocated to NHS Orkney to support preparation to implement the Framework which has allowed for work to gather options from stakeholders on the direction of improvement in Orkney relating to care for diabetes, data gathering on

the current and projected burden of disease and performance of services in Orkney and the development of a local healthy weight action plan for Orkney.

Gathering the patient's voice in this work has been a priority, and therefore a survey was sent to all people with Type 2 Diabetes in Orkney. This had a good response rate with over 400 surveys returned. In 2019, focus groups will be held across Orkney to further develop a patient centred approach to this service improvement work.

In July 2018, the Scottish Government also published an Active Scotland delivery plan. Orkney has a Physical Activity and Sport Strategy in place and NHS Orkney Public health team are involved in supporting this work locally.

Recommendation 6: The Orkney Community Planning Partnership should promote actions to support the population to have and maintain a healthy weight.

Recommendation 7: NHS Orkney should review the current capacity of community and specialist services available to support maintenance of a healthy weight with a view to reshaping services to address need.

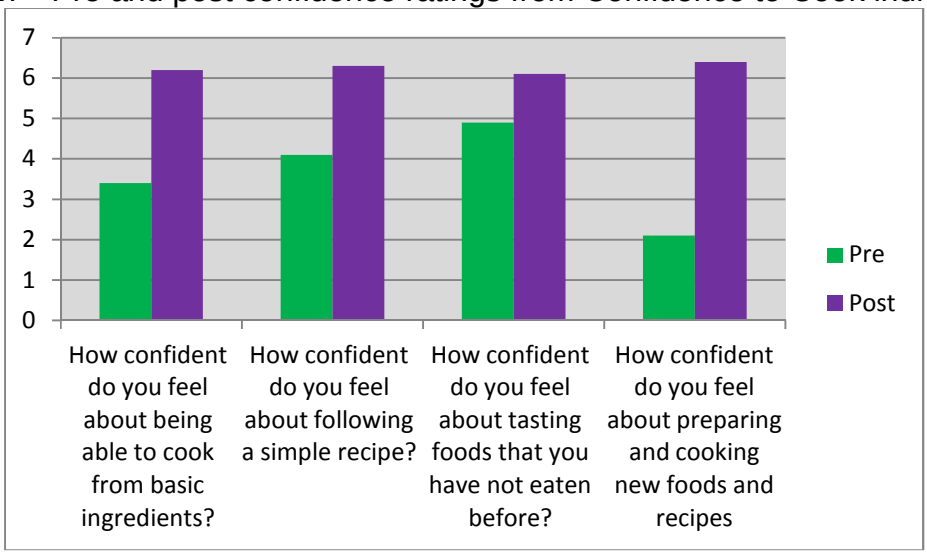
The Confidence to Cook community cooking sessions commenced in January 2019. The aim of the project is to support long term behaviour change to improve nutritional intake in individuals and their families, improve budgeting and cooking skills and as a result, reduce levels of nutrition related disease in Orkney, both now and in the future.

In the first cohort, 6 individuals took part in a block of four sessions, four participants took part in the second cohort which was six sessions long and four individuals took part in the 3rd cohort of five sessions. The duration of the blocks are in part dependent on staff availability to run the sessions. Individuals that took part varied widely in age and circumstances, from a school aged to older persons wanting to learn to cook.

Sessions included a simple, healthy, low cost recipes and over the weeks allowed attendees to learn essential cooking techniques and versatile recipes that they could adapt. Session included for working with raw meat, making a tomato sauce and a white sauce, "rubbing in" technique and making a basic sponge.

Evaluation of the initial sessions suggested a dramatic improvement in confidence in being able to cook from basic ingredients, following a recipe, tasting foods they had not tried before and in preparing and cooking new foods and recipes as shown in Figure 1.17 below:

Figure 1.17 - Pre and post confidence ratings from Confidence to Cook individuals



Source: *NHS Orkney Public Health Department*

The food frequency questionnaire showed that individuals had become less reliant on takeaways, ready meals and were more likely to cook from scratch. Interestingly fish intake improved despite it being a food that most participants initially reported they did not like.

In summer 2018, staff teams from NHS Orkney and Orkney Island council went head to head in a 6 week physical activity challenge, the Big Team Challenge. This challenge encouraged participants to walk, dance, skip, run, cycle and swim 720 virtual miles across Italy!

Forty Three teams comprising of four people each took part with 31 teams completing the distance across Italy. The number of staff reporting achievement of the national physical activity guidelines increased by 13% by the end of the challenge with a reported increase in walking and cycling as well as a reduction in car use for short journeys. Thirty Three per cent of participants intended to increase their activity levels after the challenge and 15 % reported an improvement in their health as a result of their participation in the challenge.

2018 was NHS Orkney's final year coordinating walking groups before handover to Voluntary Action Orkney towards the later part of the year. There have been eight active walking groups across Stromness, West Mainland, Kirkwall and Sanday attracting 25 regular weekly walkers plus some who are less regular walkers. In May 2018, a Walk and Chat weekend event was held which brought in 24 new walkers. Benefits of this project included walk leaders reporting enjoying giving something

back to the community and walkers reporting improved physical/mental health and wellbeing**.**

Sexual Health

The Nordhaven Clinic, Orkney's sexual health service, continues to offer STI testing, access to contraception, including emergency contraception, pregnancy testing, sexual health related advice and information for the whole population of Orkney. The condom by post and HIV self test service continues to be available through the Nordhaven Clinic website. When condoms or HIV self tests are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings and therefore in a discrete and confidential manner.

A menopause support group was started in January 2019 after a request from a member of the public was received via social media. "Menopause cafes" have become popular in recent years as a means of increasing awareness of the impact of the menopause on those experiencing it, their friends, colleagues and families and as a way of providing peer support. However, as "Menopause Cafes" is a national charity with a particular format which was different to the format that the local group would follow, the name "Menopause meet up" was chosen.

The meetings were initially attended by eight people. This meeting focussed around gaining insight from the group as to how this support could be shaped around their needs. The result was that a more structured format focusing on a particular topic would be more useful rather than a drop in. It was also decided that sessions should be monthly rather than less frequent.

Numbers have been fairly consistent however individuals attending varies. Due to several individuals being unable to make it to sessions, it is intended to vary the day sessions are held which are currently being held the last Tuesday of the month.

The Public Health team are also actively involved in the development of the Violence against Women Partnership Action Plan.

During 2018/19 the NHS Orkney Public Health team launched a Facebook page. This initiative supported the advertisement of services available through the team as well as fast dissemination of Public Health information such as vaccination or outbreak data. It is designed to complement other communication channels used by NHS Orkney. Other media outlets were regularly accessed to support the work of the department under the six public health priorities including the Orcadian, Living Orkney and Radio Orkney.

As community engagement is vital in putting people and communities at the heart of change, NHS Orkney Public Health team underwent community Engagement

training delivered by the Scottish Health Council in March 2019. The knowledge and skills gained from this will support the team in their ongoing work to work together in partnership to improve the health and wellbeing of the people in Orkney.

NORDHAVEN CLINIC

Open Hours Monday to Friday 09.00am – 5.00pm

Contact: www.nordhavenclinic.co.uk or 01856 888917

Detect Cancer Early

In February 2012 the Detect Cancer Early (DCE) programme was launched in Scotland. One aim of the DCE programme is to increase the percentage of people who are diagnosed early in the disease process (with stage 1 disease). The programme is now in year 7. Table 1.18 shows the number and percentage of patients by stage of diagnosis with breast, colorectal and lung cancer in Orkney for the years 2017 and 2018 combined. The NoScot data refers to the North of Scotland cancer network data (previously NOSCAN) of which NHS Orkney is a member.

Table 1.18 shows the data for all three cancers in the DCE programme and 28.6% of cancers are Stage 1 cancers. Overall around 1 in 4 cancers in Scotland are detected at Stage 1. Note that for Orkney for 2017 - 2018, the percentage of cancers where the stage is not known is 6.6%, which is now in line with the rest of Scotland. Due to the small numbers involved there can be marked year to year fluctuation in the data for Orkney.

Breast cancer: For the two-year period, 2017–2018, the most common stage of disease at diagnosis for breast cancer in Scotland was stage 2 which accounted for 42.1% of all patients. During this period the percentage of patients in Scotland with breast cancer diagnosed as stage 1 disease was 40.4% and in Orkney 44.7% (Table 1.19). In Orkney the breast screening van visits on a three yearly basis and this affects our figures. Breast screening uptake is generally good in women in Orkney. There have been a number of high profile incidents in relation to breast screening in the UK and maintaining confidence in the screening programme is important.

Colorectal cancer: For the two-year period, 2017-18, the most common stage of disease at diagnosis for colorectal cancer in Scotland were was stage 3 which accounted for 25.0% of all patients. During this period the percentage of patients in Scotland with colorectal cancer diagnosed with stage 1 disease was 16.4% and in Orkney 16.7% (Table 1.20). Note the small numbers diagnosed in Orkney can have significant impact on percentages diagnosed at each stage. Bowel screening uptake in Orkney is also relatively good and promotional work to increase uptake occurs at a national and local level.

Lung cancer: For the two-year period, 2017-18, the most common stage of disease at diagnosis for lung cancer in Scotland was stage 4 which accounted for 45.8% of all patients. During this period the percentage of patients in Scotland, with lung cancer diagnosed with stage 1 disease was 17.9% and in Orkney 17.2% (Table 1.21). There is no national screening programme for lung cancer.

Table 1.18 Breast, Colorectal and Lung Combined

Number and percentage of patients by stage at diagnosis for breast, colorectal and lung cancer for Orkney, the North of Scotland cancer network and Scotland for 2017 and 2018

Area of Residence	Stage 1		Stage 2		Stage 3		Stage 4		Stage Not Known		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
NHS SCOTLAND	6324	25.5	6342	25.6	4340	17.5	6289	25.4	1491	6	24786	100
NoScot	1496	24.1	1621	26.1	1026	16.5	1520	24.4	555	8.9	6218	100
NHS Orkney	26	28.6	27	29.7	12	13.2	20	22	6	6.6	91	100

Table 1.19 Breast, Only

Number and percentage of patients by stage at diagnosis for breast cancer for Orkney, the North of Scotland cancer network and Scotland for 2017 and 2018

Area of Residence	Stage 1		Stage 2		Stage 3		Stage 4		Stage Not Known		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
NHS SCOTLAND	3561	40.4	4042	45.9	664	7.5	450	5.1	94	1.1	8811	100
NoScot	925	41.7	998	45	155	7	95	4.3	47	2.1	2220	100
NHS Orkney	17	44.7	16	42.1	1	2.6	3	7.9	1	2.6	38	100

Table 1.20 Colorectal Only

Number and percentage of patients by stage at diagnosis for colorectal cancer for Orkney, the North of Scotland cancer network and Scotland for 2017 and 2018

Area of Residence	Stage 1		Stage 2		Stage 3		Stage 4		Stage Not Known		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
NHS SCOTLAND	1105	16.4	1612	23.9	1681	25	1604	23.8	730	10.8	6732	100
NoScot	271	14.8	472	25.8	447	24.4	404	22	239	13	1833	100
NHS Orkney	4	16.7	8	33.3	6	25	5	20.8	1	4.2	24	100

Table 1.21 Lung Only

Number and percentage of patients by stage at diagnosis for lung cancer for Orkney, the North of Scotland cancer network and Scotland for 2017 and 2018

Area of Residence	Stage 1		Stage 2		Stage 3		Stage 4		Stage Not Known		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
NHS SCOTLAND	1658	17.9	688	7.4	1995	21.6	4235	45.8	667	7.2	9243	100
NoScot	300	13.9	151	7	424	19.6	1021	47.2	269	12.4	2165	100
NHS Orkney	5	17.2	3	10.3	5	17.2	12	41.4	4	13.8	29	100

Data Source: DCE Staging Trends 2017-18

Detect Cancer Early baseline data and Year 2017-18 comparison.

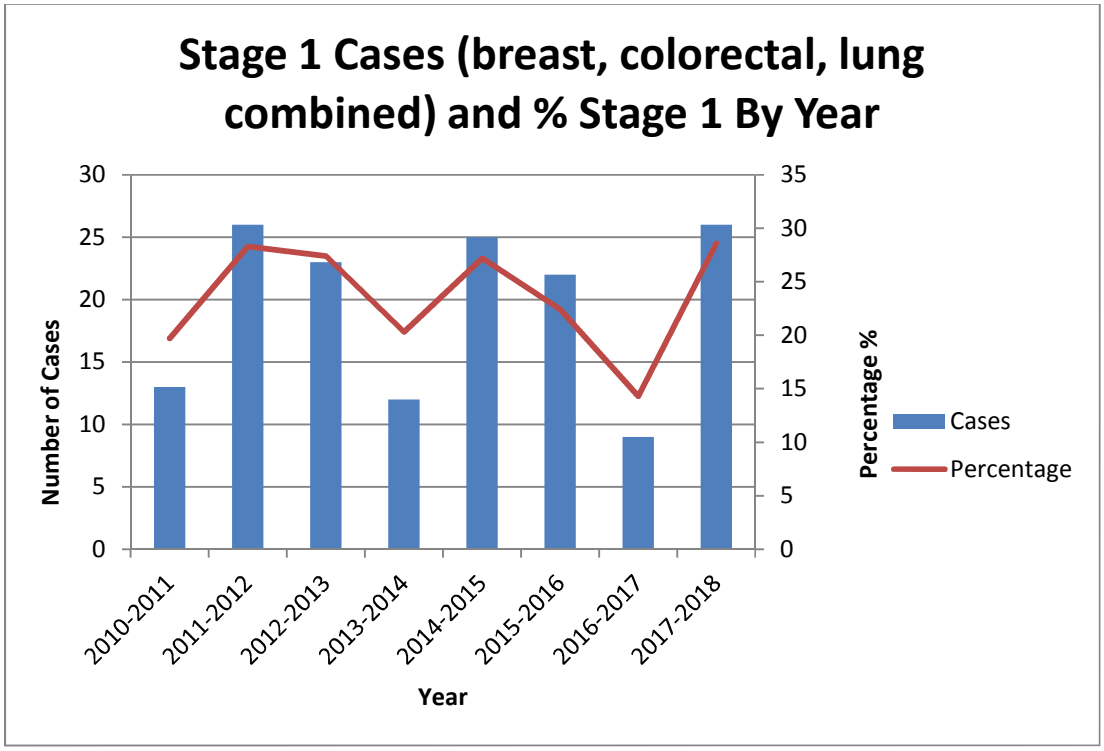
In Scotland, there was a 9.4% increase in the percentage of people diagnosed at stage 1 for breast, colorectal and lung cancer (combined) between the baseline and years 2017-18. A 45.1% increase in stage 1 diagnosis has occurred in Orkney (Table 1.22). Note, however, the small number of individuals involved.

Table 1.22 Number and percentage of stage 1 patients for breast, colorectal and lung cancer by NHS Board residence and region, with percentage change form baseline 2010-11 to year 2017-18.

Area of Residence	Baseline 2010 - 2011		Year 7 2017 - 2018		
	Number	%	Number	%	% Change
NHS SCOTLAND	5,581	23.30%	6,324	25.50%	9.40%
NOScot	1,328	22.70%	1,496	24.10%	6.20%
NHS Orkney	13	19.70%	26	28.60%	45.10%

A distinct pattern is seen in the rolling year approach to data reporting (Figure 1.23) which relates primarily to the presence of the breast screening van on island. Work will continue to promote the national screening programmes.

Figure 1.23 Stage 1 cases and % stage 1 by combined years



2. Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health

Immunisation

In order to be effective Health Protection is a multi-disciplinary activity and we work with Primary Care, The Balfour, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that we maintain an integrated approach to the health of the public across Orkney. The profile of health protection has increased significantly in recent years with issues such as immunisation, food borne infections, pandemic flu, healthcare associated infection and communicable diseases regularly being in the public eye.

Infectious Diseases

Public Heath receives notifications for a number of notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Many but not all notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, he/she should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory the laboratory should notify the health board.

Diseases are notified so that the health board is aware of where in the community significant diseases are being found. Having this information lets the public health department take steps to control the spread of infectious diseases and to protect the community.

During 2018/19 there were 85 individuals with notifiable infectious diseases managed by the public health team (Table 2.1)

Table 2.1 Numbers of notifications by diagnosis

Diagnosis	Number
Acute hepatitis E	1
Campylobacteriosis	31
Clostridium difficile associated disease (CDAD)	12
Cryptosporidiosis	7
E.coli infection	1
E.coli VTEC O157 infection	1
Giardiasis	2
Listeriosis	1
Measles	1
Mumps	13
Noroviral gastroenteritis	8
Psittacosis	1
Salmonellosis	2
Tuberculosis	2
Varicella (chickenpox)	1
Total	**85**

Source: *NHS Orkney Public Health Department*

Norovirus type infections

This is a common infection, and sometimes causes outbreaks in hospitals (which are dealt with primarily by colleagues in the Infection Control Team), care homes, schools and on cruise ships. In 2018-19 there were six gastroenteritis outbreaks; three in schools, two on cruise ships and one in a care home. All received full support from the public health department.

Influenza

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus.

To prevent infection people should follow good tissue etiquette and hand hygiene practices.

During this period, there were 17 laboratory confirmed cases of influenza in Orkney residents and one influenza outbreak occurred in a school which received support from the public health team.

Immunisation Programmes

The Scottish immunisation programme represents a key public health measure. The programme continues to evolve in order to meet the demand to improve the control of infectious diseases through vaccination.

The principal aims of immunisation are:

- To protect the individual from infectious diseases, with associated mortality, morbidity and long term consequences
- To prevent outbreaks of disease
- Ultimately to eradicate infectious diseases world-wide, as in the case of smallpox

The Scottish Government announced a review of the delivery of vaccinations in Scotland in March 2017, the Vaccination Transformation Programme (VTP). The programme will review and transform vaccine delivery. Delivery will move away from the current position of General Practitioner (GP) practices being the preferred provider of vaccinations.

The VTP commenced 1st April 2018, from then and until March 2021 there will be a phased process of service change in which models of delivery will be developed, tested and implemented based on a locally agreed plan.

Within the VTP we will need to ensure any changes do not have a negative impact on health inequalities. The success of the programme will be based on the effective collaboration of many disciplines working with people of all ages in order to provide an appropriate offer of vaccination for all including the most vulnerable in our population. A multidisciplinary VTP Stakeholder group has been established to oversee the programme and to inform the development of options for service delivery moving forward.

Childhood Immunisation Programme

Children born in Scotland can expect to have 11 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 15 (boys) and 17 (girls) separate injections. These injections protect children from a number of potentially life threatening illnesses including diphtheria, tetanus, Pertussis (whooping cough), polio, haemophilus influenza type B (Hib), pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), measles, mumps and rubella.

In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) and Hepatitis B - are offered to children in relevant at risk groups.

From October 2017 all babies born on or after 1st August 2017 became eligible for a hexavalent vaccine which includes protection against hepatitis B (HepB). The hexavalent vaccine (6 in 1) replaced the pentavalent infant vaccine (5 in 1). This means babies continue to receive protection against diphtheria, tetanus, Pertussis, polio and *Haemophilius influenza* type b (Hib) as well as protection against HepB.

Uptake rates for childhood immunisation programmes for year ending 31st March 2019 in Orkney are available in Table 2.2 compared with the Scottish average.

Table 2.2 Uptake rates at 12 months for vaccinations

Uptake by 12 months	Orkney	Scotland
Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) 6-in-1* primary course	95.6%	95.8%
Pneumococcal (PVC) primary course	95.1%	96.3%
Rotavirus primary course	93.4%	92.7%
Meningococcal B (MenB) primary course	95.6%	95.4%
Uptake by 24 months		
6-in-1 primary course	97.0%	97.2%
Measles, mumps & rubella (MMR) 1	96.5%	94.0%
Hib/MenC	96.5%	94.4%
PCV Booster	93.5%	94.5%
MenB booster	93.0%	93.6%
Uptake by 6 years		
MMR 1	96.9%	96.4%
Diphtheria, tetanus, pertussis (whooping cough), polio (4 in 1 Booster)	96.0%	93.8%
MMR2	95.1%	93.3%
School immunisations (academic year 2017/18)		
Human papillomavirus (HPV) (completed course S3)	85.9%	86.6%
Tetanus, diphtheria and polio	73.1%	81.4%
Meningococcal types ACWY	73.5%	81.9%

**Children who reached 12 months of age in 2018 were scheduled to receive the 5 in 1 vaccine, (no Hepatitis B component) or the 6-in-1 vaccine, depending on when they were born*

Human Papillomavirus Immunisation Programme

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine

helps to protect against the main cause of cervical cancer and has been offered to girls in secondary schools since 2008.

Research undertaken by a collaboration of researchers from within NHS Scotland, and the Universities of Aberdeen, Edinburgh, Glasgow Caledonian and Strathclyde has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer by almost 90%.

The Joint Committee on Vaccination and Immunisation (JCVI) has advised on extending the programme to adolescent boys, this will be implemented during the next academic year. We have been preparing to implement the programme extension.

The school immunisation programme utilises a mixed model delivery approach with young people being invited to attend primary care for vaccinations in the isles practices and the programme being delivered in schools on the mainland. Work is to be undertaken to review service delivery as part of the vaccination transformation programme with a focus on continuing to offer vaccinations to pupils throughout their school career for those who miss the vaccination at the initial offer.

Adult Immunisations

Pertussis (Whooping Cough) Vaccination for pregnant women

Whooping cough is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Whooping cough is spread in the droplets of the coughs and sneezes of someone with the infection.

A single dose of whooping cough vaccine is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may protect the mother against whooping cough and thereby reduce the risk of exposure to her infant. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

This vaccination programme is administered by the NHS Orkney midwifery team.The uptake rate for 2018 was 77.9% above the Scottish average of 66.8%.

Herpes Zoster (Shingles) Immunisation Programme

The Herpes Zoster Immunisation Programme started in 2013. Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The herpes zoster vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder. During 2018/19 the vaccine (Zostavax®) was offered to individuals aged 70 years old (routine) and those aged 76 years (catch up), defined by the individuals age on 1st September 2018. The programme runs from 1 September until 31st August 2019. In line with previous years, those who were eligible for the programme from the start and who had not taken up the offer of vaccination remained eligible; this includes those aged 71-74 (inclusive) and 77 to 79 (inclusive). The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age.

The catch up programme will finish at the end of August 2019.

The uptake figures for 2018/19 campaign are incomplete* currently the uptake figures for Orkney are for those age 70 years 62.28% (Scottish average 39.4%) and aged 76 years 62.34% (Scottish average 37.7%)

**The data is for a partial year up to 27-06-19 the programme runs from September to August*.

HPV Programme MSM

The HPV vaccine is available in Scotland for men who have sex with men up to and including 45 years of age. The vaccination is offered to men who attend sexual health and HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer.

This programme is delivered through the Nordhaven clinic.

Seasonal Influenza Vaccination Campaign

There are 3 types of seasonal influenza viruses – A, B and C. The most effective way to prevent the disease and/or severe complications is vaccination. Safe and effective vaccines have been used for over 60 years. Type C influenza cases occur much less frequently than A and B which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2018/19 campaign

All adults aged 75 years or more were offered an adjuvanted trivalent inactivated flu vaccine (aTIV)

All adults aged 65-74 years were offered a trivalent inactivated vaccine (TIV)

Those aged 18-64 years with at-risk conditions, including pregnant women were offered quadrivalent inactivated flu vaccine (QIV)

Uptake rates for the influenza immunisation programmes for the 2018/19 campaign in Orkney are available in Table 2.3 compared with the Scottish average

Table 2.3 Influenza immunisation uptake rates

	Orkney	Scotland	Target
Pre-school (2 to <5)	69.5%	55.7%	65%
Primary school children	76.7%	72.9%	75%
Age 75 years and over	82.6%	79.3%	75%
Age 65 to under 75	69.7%	69.3%	75%
All at risk (excluding healthy pregnant women and carers	51.2%	42.4%	75%
Pregnant and not in a clinical at risk group	39.1%	44.5%	75%
Pregnant and in a clinical risk group	59.1%	57.4%	75%
Carers	53.0%	45.1%	

All uptake rates except for pregnant women and not in a clinical risk group are above the Scottish average.

The childhood influenza cohorts and the adults age 75 years and over uptake rates all exceeded the national targets set.

In conclusion vaccination delivery across the Scottish immunisation programmes works well. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

3. Screening

National screening programmes are population level services that identify healthy people who may be at increased risk of a disease of condition. If an increased risk of a disease is identified the individual can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening can reduce the risk of developing a condition or its complications but it cannot offer a guarantee of protection. In any screening programme there is a minimum of false positive results and false negative results.

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Retinopathy (DRS) and Pregnancy & Newborn (PNBS).

Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0cms to 5.4cms).

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. For the period 1st Aril 2018 to 31st March 2019 the men who are eligible to access the programme are men who turned age 66 years in the financial year ending 31st March 2019. Whilst 99.4% of NHS Orkney eligible men were offered screening before the age of 66 years the percentage of men who were tested (before the age of 66 years and 3 months) fell to 72.7% which is below the target of ≥ 85% and the Scottish average of 84.3%.

In order to improve performance additional screening sessions for Orkney have been incorporated into the screening timetable for 2019/20 increasing scheduled visits from 2.5 days per visit to 4.5 days per visit for September and December.

Scottish Bowel (Colorectal) Cancer Screening Programme

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74

years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

Eating a healthy diet

Limiting foods high in sugar and fat, and avoiding sugary drink

Avoiding processed meat like bacon and sausages and limiting red meat

Getting to and keeping a healthy weight

- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2018 was 71% for Orkney residents against a national performance of 66%, the national target is 60%.

To try to improve screening uptake in individuals with a learning disability Bowel Cancer UK delivered training entitled Good bowel health and screening: Supporting people with learning disabilities in Kirkwall in January 2019. The training was aimed at carers and health professionals working to support people with learning disabilities.

Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years can continue to be screened if they arrange an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

Being overweight

Drinking alcohol

Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age.

The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen.

The breast screening service visited Orkney from April 2018 for a period of five months. The uptake rates are published for the three year screening round period, for the period 2015/16 to 2017/18 the uptake rate was 83.7% above the 80% target and the Scottish average of 71.2%.

Scottish Cervical Screening Programme

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to women aged 25-64 years, every three years for women aged 25 to 49 and every five years for women from age 50 to 64 years. Cervical screening saves around 5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

Is or has been sexually active;

Smokes, as this affects the cells in the cervix

Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Women are offered a smear test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test, where appropriate. The test is designed to identify any cervical changes in women who otherwise have no symptoms, at this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer.

The uptake for cervical screening in 2017-18 for females in Orkney was just below the Scottish standard of 80% but above the Scottish average for both age groups.

- Females aged 25-49 years who had a record of a previous screening test taken within the last 3.5 years uptake was 78.3% above the Scottish average of 70.5%
- Females aged 50-64 years who had a record of a previous screening test taken within the last 5.5 years uptake was 78% above the Scottish average of 76.8%

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the current cytology (smear) test that examines cells under a microscope. Planning is underway for the changeover to high risk HPV primary testing which is coming in 2020. The change sees the replacement of cervical cytology as the primary screening test with Hr-HPV testing and the use of cytology-based tests for women who test positive for Hr-HPV.

Scottish Diabetic Retinopathy Screening Programme

People with type 1 or type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an annual eye screen. Diabetic Retinopathy Screening (DRS) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eye sight. Left untreated diabetic retinopathy can cause blindness or serious damage.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eye sight
- Taking medication as prescribed
- Attending DRS appointments

The service is performing well as shown in Table 3.1

Table 3.1 Key performance indicators (KPI) for diabetic retinopathy screening

KPI 1 (invitation rate)	96.4% (Standard 100%) (Scottish Average 96.8%)
KPI 2 (Uptake rate)	87.5% (Standard 80%) (Scottish Average 76.3%)
KPI 4 (Successful Screening rate)	84.8% (Standard 80%) (Scottish Average 73.8%)
KPI 9 (Written report success rate)	96.65% (Standard 95%)(Scottish Average 92.2%)
KPI 7A (photographic technical failure rate)	3.4% (Standard max 2.5%) (Scottish Average 2.7%)
KPI 7B (slit-lamp technical failure rate)	1.4% (Standard 2.0%) (Scottish Average 2.9%)

Source: *DRS Key performance indicators 2018/19*

The higher than recommended technical failure rates are due to patients driving to attend appointments which means drops used to dilate the individual's pupils cannot be used. If there is a technical failure patients are invited to attend for screening again and requested to make alternative arrangements for transport.

The United Kingdom National Screening Committee (UK NSC) has recommended revised screening intervals for patients within the DRS Programme. For diabetics at low risk of sight loss the interval between screening tests should change from one year to two years.

Optical coherence tomography (OCT) is a non-invasive imaging technique that provides high-resolution, cross sectional images of the retina as well as the optic nerve. It is envisaged that in each NHS Board, diabetic patients who are currently receiving OCT surveillance within Ophthalmology Services will be discharged to the DRS Programme OCT service as the move to two yearly DRS is implemented. The capacity will need to be carefully managed to prevent DRS services from becoming overwhelmed. It is proposed the transition takes place over a period of four years.

Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and HIV)
- Down's syndrome
- Fetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timeous treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the child.

Newborn Hearing Screening Programme (NHSP)

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps. During

Newborn Blood Spot Screening

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. During 2018/19 196 babies were screened.

Non- invasive prenatal testing (NIPT)

Blood tests combined with scans can help find the chance of chromosomal abnormalities such as Down's, Edwards' or Patau's syndromes. Women whose results show a high risk of an affected pregnancy are currently offered diagnostic tests such as amniocentesis that carries a possible risk of miscarriage.

Non-invasive prenatal testing provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect where an abnormal number of chromosomes is present in each cell, only if NIPT returns a positive result will the woman be offered amniocentesis. A national short life working group has been established to implement NIPT across Scotland; this includes

representation from NHS Orkney. A local steering group has also been established to ensure implementation follows the national plan.

The report highlights a number of large scale changes happening nationally within vaccinations and screening. NHS Orkney public health department is engaged in this process nationally and regionally to influence the developments ensuring the needs of our remote and rural community are considered.

4. Emergency Planning and Business Continuity

Business Continuity Planning has been a major part of the Resilience Officer's work with the move to the new hospital facility presenting an opportunity to review and update the existing plans to support the migration from the old hospital to "The Balfour". Once services and departments are settled, the plans will be revisited to ensure that they reflect processes and procedures, in the new operating environment. This will link in with the IT Disaster Recovery Plan so that in the event of a failure in IT systems such as the Ransom Ware Cyber attack of May 2017, to ensure that systems and applications are recovered in a pre-agreed manner. Finite IT resources will focus on recovering pre-identified critical patient services as a priority as well as managing service expectation. In addition Business Impact Analysis is being completed by the various services and departments covering the key elements of People, Policies Plans and Procedures, Structures and resources as outlined in the NHS Scotland standards for Organisational Resilience. This is assisting operational managers in extending their understanding of Business Continuity Planning and its benefits as well as identifying departmental risks and key interdepartmental dependencies.

The Resilience Officer has been supporting the Primary Care Team, General Practices and Primary Care Services to have revised Business Continuity Plans in place. The value of this was demonstrated when one of the practices invoked its recently prepared Business Continuity Plan and was able to re-locate and re-establish services to the public within a few hours of a disruptive event.

With the development of Business Impact Analysis and a suite of new plans including areas that have merged within the new hospital facility there is a need to ensure that the plans are subjected to a testing regime in the coming year. This will hopefully further embed staff understanding of risk identification and mitigation measures as well as internal and external interdependencies.

The Board now has a Business Continuity Management Policy prepared by the Resilience Officer which has been approved by internal governance arrangements. This outlines what Business Continuity Management is, its cycle and the roles and responsibilities of staff members with regard to Business Continuity at all levels of the organisation.

Work has also been ongoing to re-draft the NHS Orkney Major Incident /Major Emergency Plan to support the organisational move and multi-occupancy nature of the new hospital facility and the setting up of the Scottish Trauma Network. This national framework will allow for a joined up response across Scotland and will be particularly beneficial for smaller Boards responding to major incidents involving mass casualties whereby specialist support and resources may be accessed from mainland trauma centres.

With the move to the new hospital and health care facility, the Protected Persons Plans for VIPs and high profile patients has been re-drafted re reflect the upgraded operational environment within “The Balfour”.

Training

Further multi-agency training for loggists has been delivered to assist in the recording of information and decision making during disruptive events and Major Incidents. This has been designed with succession planning in mind to ensure that any protracted incident response can be adequately resourced.

The Resilience Officer has now been trained as an additional Airwave trainer as part of succession planning to assist the training of staff for migrating to the facility. The radio system will be sited in The Emergency Department, the new SAS operating area and the Board’s Incident Control Centre within the new facility. This will allow the Scottish Ambulance Service to communicate directly with the Emergency Department from “blackspots “where conventional communications can be patchy. In addition the Boards Incident Control Centre will, in the event of a major incident, be able to monitor multi-agency communication on a dedicated channel. This will provide an additional layer of resilience where power outages and network demand during a major incident can affect landline and mobile networks.

Brexit Planning

With the uncertainty around Brexit, the Board set up a Brexit Steering Group with the planning assumptions based on the reasonable worst case scenario with the UK leaving the EU without a deal. Risks were identified using the information from Scottish Government Planning Assumptions, The Scottish Government Resilience Partnership Sub-Group on EU Contingency Planning, Regional and Local Resilience Partnerships. This has proved particularly challenging for resilience planners as national planning arrangements for political reasons could not always be distilled down to an operational level during negotiations with the EU 27.

Local and regional multi-agency workshops attended by NHS staff have however supported the planning process and a reporting and response structure has been developed nationally. This involves NHS Boards reporting to a Health and Social Care Hub in order to identify emerging issues at an early stage and begin applying local multi-agency solutions. It also allows for the identification of trends and the collation of a national picture around the potential impact of Brexit.

It is anticipated that Brexit planning arrangements will intensify and have a significant impact on resilience planning work streams as we move towards the next planned departure date. However work that has been undertaken around migration to the new facility has helped focus staff on the potential impact of disruption where there is

reliance on lifeline services and disruption to the provision of medical devices and clinical consumables.

Summary

Public Health Report 2018-19 Recommendations.

1.	The Community Planning Partnership ensures the public health priorities play a key role in shaping current and future activities.
2.	A stronger focus is needed in NHS Orkney on the inequities faced by children and how our services can mitigate these.
3.	An increased focus on long term physical and mental health issues is required ensuring appropriate services are available to prevent the development of mental ill health and enable early treatment.
4.	An increased focus on engagement with those smoking by all NHS services is required to ensure progress on this key target of 12 week quits.
5.	Financial inclusion is vital and further work is required locally to ensure appropriate financial inclusion pathways are embedded across NHS services.
6.	The Orkney Community Planning Partnership should promote actions to support the population to have and maintain a healthy weight.
7.	NHS Orkney should review the current capacity of community and specialist services available to support maintenance of a healthy weight with a view to reshaping services to address need.

Acknowledgements

I would like to thank everyone who has contributed to the report. In particular my thanks go to the members of the Public Health team for their work throughout the year and to those across the county and beyond who are undertaking public health activities which promote a fairer society, and enable those living in Orkney to have the best health and wellbeing possible.

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Front cover photograph: 1st Barrier between St Marys, Holm and Lamb Holm, Orkney courtesy of Lauren Johnstone.

Not Protectively Marked

NHS Orkney Board - 19 December 2019 **Report Number: OHB1920-39** **This report is for approval** **The Orkney Winter Plan 2019/20**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Christina Bichan, Chief Quality Officer
Action Required	The NHS Orkney Board is invited to: 1. approve the plan for submission to Scottish Government
Key Points	• NHS Orkney in common with other Boards is expected to prepare a Winter Plan, in partnership based on national guidance and from lessons learned the previous year. • The Winter Plan attached aims to create a set of conditions which improve resilience by building capability to absorb, respond and recover from disruptive challenges. • Winter disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness; increased numbers of falls and trips; and wards closed to admission due to higher levels of norovirus. • The draft Winter Plan 2019/20 was submitted to Scottish Government and has been amended in line with feedback received. The only substantive amendments are further emphasising our commitment to achieving the required levels of access performance throughout the winter period and the addition of detail regarding the utilisation of winter monies to support this commitment in section 8.4 • The Plan was approved at the meeting of the Integration Joint Board on 11 December 2019 subject to the below amendment to page 11 which will be made before submission. "If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that Community Nursing, Homecare, Community Mobile Responder Service, Intermediate Care Team, AHP services,

	Inpatient Teams and General Practice are involved in the discharge process and arrangements for a seamless transfer are as robust as possible. *The support of the local Housing service is also critical in many cases and therefore their early involvement in the process is also ensured."* • The Plan will be submitted to Scottish Government once approved by the Board of NHS Orkney.
Timing	To be considered at the December 2019 meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: • 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.

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Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Orkney's Winter Plan 2019/20

Version Control: draft V2 for consideration	Prepared by Christina Bichan, Head of Transformational Change & Improvement
Implementation Date	TBC

Approval Record	Date
NHS Orkney Senior Management Team	Date
NHS Orkney Board	n/a
Integrated Joint Board	n/a

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Introduction

This winter plan builds on the plans of previous years and the interventions that have been successfully used to manage peaks in demand over the winter period and over the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of all of our NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition social care partners, the ambulance service, NHS 24 and the voluntary sector have all contributed to this work. We acknowledge that it is essential that these stakeholders have contributed to the development of this Plan as part of the consultation process and ultimately the ownership of Orkney's Winter Plan.

Aim and Objectives

Aim

The aim of this Plan is to set out the arrangements for the delivery of primary and community care, out-of-hours and hospital services over the winter period and to ensure that NHS Orkney, Orkney Islands Council, SAS, NHS 24 and our Third sector partners can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand as a result of wide spread illness such as seasonal flu or epidemic viral illness may also add a level of burden to our collective ability to deliver services.

Objectives

The principle objectives of the plan are:

- to maintain performance against the emergency care access standard as well as elective access targets over the winter period
- to set out risks to business continuity and delivery of core services that NHS Orkney and Orkney Islands Council (social care) may face during the periods set out in the plan
- to give the roles, responsibilities and preparatory actions of the main participants in the plan
- to identify contingency processes
- to detail resources available
- to detail processes and procedures in relation to proactive communications

It is intended that this Plan can be developed to detail arrangements for other periods of extended public holiday, e.g. Easter.

Related Plans and Guidance

The following plans set out detailed policies and procedures which relate to or are part of Orkney's response to winter pressures:

- NHS Orkney Local Unscheduled Care Action Plan 2015
- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- Orkney Islands Council Winter Service Plan 2015/16
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management September 2015
- NHS Orkney Pandemic Flu Plan 2016
- NHS Orkney Major Incident and Emergency Plan Version 1
- Orkney Islands Council Emergency Plan
- Orkney Islands Council – Winter Service Plan 2015-16 (reviewed 2016/17)
- NHS Orkney Communication & Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance 2015
- NHS Scotland Standards for Organisational Resilience 2016 Standard 18
- National Unscheduled Care Programme: Preparing for Winter 2015/16
- Exercise Silver Swan Overall Exercise Report April 2016
- NHSScotland Resilience Mass Casualties Incident Plan for NHS Scotland
- EU-exit Scottish Risk and Mitigation (Official Sensitive)

Consultation

This Plan was prepared in consultation with NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition Orkney Island Council, the ambulance service, NHS 24 and the voluntary sector, notably Voluntary Action Orkney and Orkney Disability Forum have all contributed to this work.

Review of the Plan

The plan will be reviewed through the NHS Orkney Resilience Group meetings and Senior Management Team and circulated to stakeholders within the Orkney Local Emergency Co-ordinating Group. In addition the plan will be reviewed against debriefs circulated by NHSScotland Health Resilience Unit and posted on Resilience Direct as well as debriefs on lessons learnt through the Highlands and Islands Local Resilience partnership and North of Scotland Regional Resilience Partnership.

SECTION 1. RESILIENCE PREPAREDNESS

1.1 Business Continuity

The Board has a Business Continuity Management Policy which has been approved by internal governance arrangements. This outlines what Business Continuity Management is, its cycle and the roles and responsibilities of staff members with regard to Business Continuity at all levels of the organisation.

The NHS Board and Orkney Islands Council have Business Continuity Plans (BCPs) in place with clear links to the pandemic plan including provision for an escalation plan. In addition Primary Health Care contractors have individual plans. All of which are subject to review and lessons learnt are fed through the Orkney Local Emergency Co-ordinating Group (OLECG) as well as across internal service areas as appropriate. The NHSO Blog also contains information on Business Continuity for staff.

Following the move to the new heathcare facility, The Balfour, in June the majority of the Board's departments have reviewed their BCPs. In addition Business Impact Analysis has been completed by the various services and departments covering the key elements of People, Policies Plans and Procedures, Structures and Resources as outlined in the NHS Scotland Standards for Organisational Resilience. This is assisting operational managers in identifying departmental risks and key interdepartmental dependencies. A risk-based programme of testing of BCPs to confirm that they can support departments in providing an effective and efficient response to a business disruption is to be undertaken. This will link in with the IT Disaster Recovery Plan, so that in the event of a failure in IT systems systems and applications are recovered in a pre-agreed order. Finite IT resources will focus on recovering pre-identified critical patient services as a priority as well as managing service expectation.

During the planning process critical areas of continued service delivery were identified along with common risks and mitigating factors. Time critical action cards were developed to assist staff with clear guidance. This includes action cards for the loss of staff and single points of failure. Due to its remote geographical location NHS Orkney is reliant on well established partnerships which include OLECG. There are also Mutual Aid arrangements in place with neighbouring Boards.

The focus for the NHS Board with its partners is to sustain the delivery of core services during worst case scenario within the following areas: Maternity Unit, High Dependency Unit, Emergency Department, Inpatients 1, Inpatients 2 including Macmillan area, Theatre, Radiology, Laboratory and Renal Unit. Mutual Aid arrangements are fully documented within the updated version of the Major Incident and Major Emergency Plan. The plan has been redrafted to support the organisational move and multi-occupancy nature of the new healthcare facility and reflect current arrangements within NHS Scotland Major Incident with Mass Casualties National Plan 2019. In addition as a Category 1 responder, NHSO has well developed relationships with a range of partners and sits on the OLECG. A number of managers have also undergone Integrated Emergency Management Training provided by the Scottish Resilience Development Service.

This winter plan has been circulated for consultation prior to finalisation.

1.2 Brexit Planning

With the uncertainty around Brexit, the Board set up a Brexit Steering Group with the planning assumptions based on the reasonable worst case scenario with the UK leaving the EU without a deal. Risks were identified using the information from Scottish Government Planning Assumptions, The Scottish Government Resilience Partnership Sub-Group on EU Contingency Planning, Regional and Local Resilience Partnerships. This has proved particularly challenging for resilience planners as national planning arrangements for political reasons could not always be distilled down to an operational level during negotiations with the EU 27.
Local and regional multi-agency workshops attended by NHS Staff have however supported the planning process and a reporting and response structure has been developed nationally. This involves NHS Boards reporting to a Health and Social Care Hub in order to identify emerging issues at an early stage and begin applying local multi-agency solutions. It also allows for the identification of trends and the collation of a national picture around the potential impact of Brexit.

It is anticipated that Brexit planning arrangements will intensify and have a significant impact on resilience planning work streams as we move towards the departure date on the 31st of January 2020. However the work that has been undertaken around migration to the new facility has helped focus staff on the potential impact of Brexit particularly since we are reliant on lifeline services for the delivery of food, fuel, medicines, medical devices and clinical consumables.

1.3 Adverse Weather Policies

The Board has adopted the national severe weather policy which provides staff with advice and guidance – this includes guidance for staff unable to attend work, late arrivals, special leave, school closures, protracted weather events, working extra hours and arrangements for staff in local accommodation. The policy can be found on the NHSO staff Blog. The staff blog and social media are also used to communicate travel disruption together with direct contact with patients and patient escorts through the patient travel service. OLECG is convened during any period of adverse weather and can arrange access to 4x4 vehicles such as the coastguard. Staff messaging is considered in this forum based on advice and modelling from the Met Office to ensure that there is a consistent multi-agency message that is clear for the public.

NHSO operates a Winter Maintenance Plan. All NHSO properties have salt bins provided and the NHS board co-ordinates with the Orkney Islands Council Roads and Environmental Services to maintain access. NHSO and Orkney Islands Council co-ordinate their response to severe weather conditions that may threaten essential lifeline services especially communication and transport links. In addition the Winter Service Plan drafted by Orkney Islands Council Development and Infrastructure outlines the priority gritting routes across Orkney paying particular attention to the school bus run and the main route to Kirkwall Airport for medical transfers off island.

1.4 Staff and Public Communication

Travel advice is provided by Police Scotland in consultation with the Orkney Local Emergency Co-ordinating Group and is communicated through the Police Scotland Communications Team.
The NHSO Blog and web site will be used to distribute relevant information to both the public and staff in the event of weather disruption as well as social media such as Facebook and Twitter. The Communications Officer will act as the single point of contact for all required communications and may be assisted in this process by the NHS Grampian Corporate Communications Team. Out with office hours, the Grampian Communications Team can be contacted through the Aberdeen Royal Infirmary Switchboard.

In addition local media resource can be utilised to promote nationally produced media information. The local newspaper and Radio Orkney (Monday to Friday morning and evening slots) are the main sources of local information for many residents and should be used to raise awareness about winter well-being and specific information in response to events. This will include surgery, pharmacy and dental practices opening times.

Social media will also be utilised to support timely dissemination of information in line with NHSOs Communication & Engagement Strategy. NHS Grampian Corporate Communications team made effective use of social media to advise the public about activity levels and waiting times. This is seen as best practice and will be adopted by NHSO.

1.5 Mass Fatality Arrangements

Orkney Islands Council is currently developing the excess deaths plan and has purchased a Nutwell's unit so that mortuary capacity can be increased. In addition, there is increased body storage within The Balfour. Arrangements are also in place for additional body storage at the new undertaker's facility and at Selbro in Kirkwall using refrigeration units.

1.6 Testing the Plan

Multi-agency winter planning meeting is scheduled to take place at OLECG in November 2019. Internally the winter planning group will consider testing the effectiveness of the Boards Plan. The Public Health Department has undertaken an exercise in contact tracing and using the FF100 documentation. More recently members of the NHSO have been involved in testing the National Pandemic Flu Service application.

SECTION 2. UNSCHEDULED/ELECTIVE CARE PREPAREDNESS

2.1 Hospital Overview

The Balfour Hospital inpatient capacity is:

Ward	Capacity (beds)
Ward 1	20 + 2 assessment beds
Ward 2	16
High Dependency Unit	2 (1 pop up)
Mental Health Transfer Bed	1
Macmillan/Palliative care	4
Maternity	4

This gives a total of 49 beds of which 5 are ring-fenced (4 for Maternity and 1 for mental health transfers). The new hospital facility, The Balfour, has all individual patient rooms with en-suite, allowing a higher degree of flexibility within this system at times of high occupancy/demand.

The average number of admissions each month to the Balfour Hospital is 345 (including day cases) with episode data by year being provided in Figure 1 below. Additionally, a summary of consultant led outpatient activity at the Balfour Hospital is provided in Table 1. As well as variation from year to year, we experience variation from month to month as a result of the variable schedule of visiting services delivered in Orkney by staff from other Boards. The frequency of visiting service clinics is dependent upon demand as well as historical agreements and can be monthly to 6 monthly dependent on speciality.

Figure 1. Admissions to The Balfour quarter ending March 2015- December 2018
(Source: ISD - , extracted September 2019)

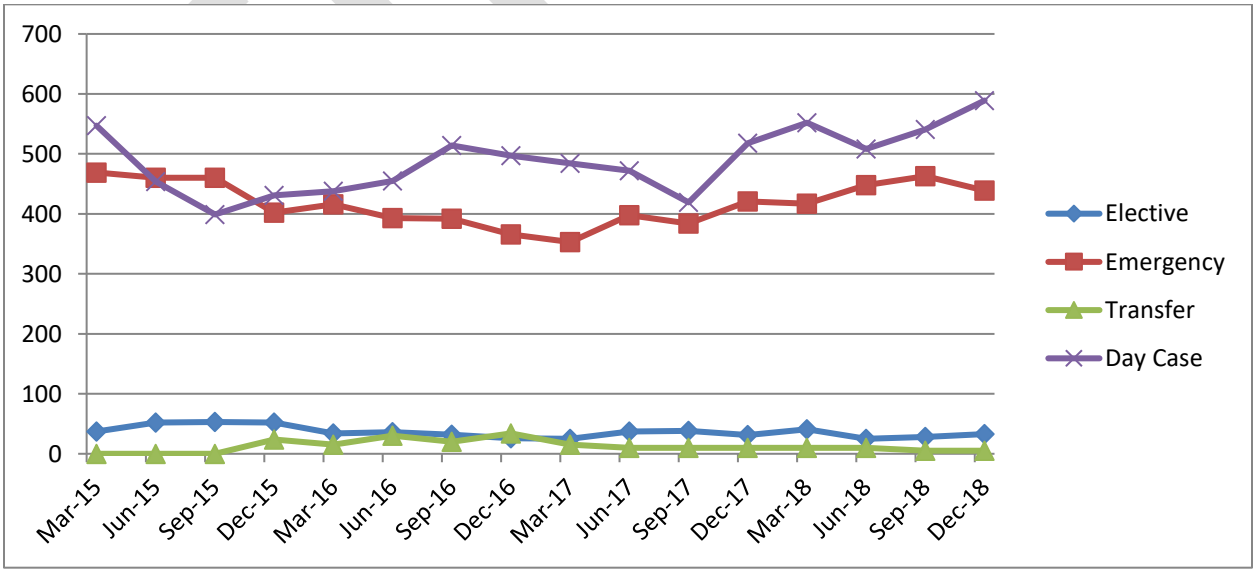
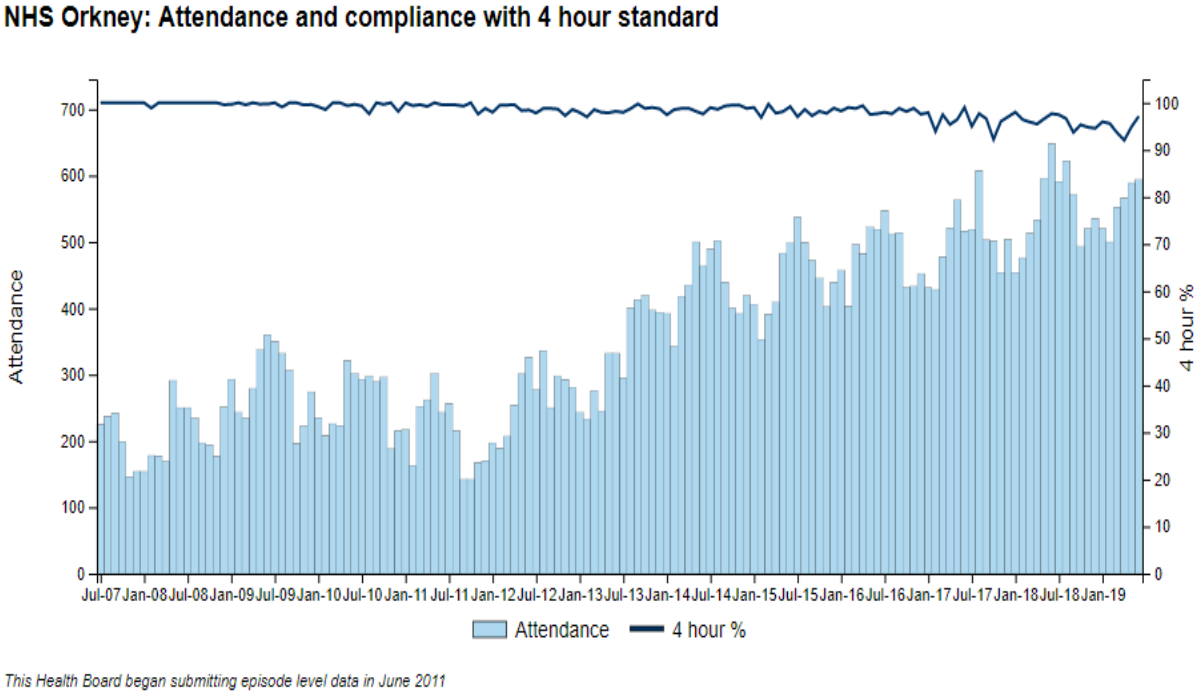


Table 1. Consultant Led Outpatient Activity, The Balfour 2013/14 – 2017/18 (Source: ISD)

Year	New	Return	Grand Total
2013/14	4094	7610	11704
2014/15	4082	7897	12069
2015/16	3993	7796	11789
2016/17	4111	7239	11350
2017/18	3858	7117	10975

Figure 2 provides an overview of Emergency Department attendances and compliance with the 4 hour standard over the period July 2007 to June 2019. As can be seen from this chart NHS Orkney continues to achieve the LDP standard of 95% and seeks to obtain the 98% stretch aim in regards to the 4 hour target however this has become more challenging over time with a significant increase in attendances. Just over 6,600 ED attendances are expected annually and breaches of the 4 hour target are largely due to timely access to a senior decision maker (particularly in the OOH period when medical cover is more limited) and waits for CT reporting or lab results. Early indicators of performance since migrating to the new hospital and healthcare facility in June 2019 are positive with improved flow being achieved and performance in excess of 95% being achieved weekly and in excess of 98% on occasion. Maintaining this high level of performance is a priority for winter and will be ensured through further implementation of improvement activities aligned to the 6 Essential Actions for Unscheduled Care, such as enhanced joint working between OOH, SAS and ED to best meet demand and an increased focus on before 12noon discharge to bring the admission and discharge curves into better alignment and minimise pressure on beds over the winter period.

Figure 2: Attendance & Compliance with 4 Hours Standard, NHS Orkney, July 2007 – June 2019 (Source: ISD)



Unscheduled care services in The Balfour are managed through a collaborative approach. NHS Orkney's Medical Director is the designated clinical lead for Unscheduled Care and works alongside the Board's Unscheduled Care Lead (Head of Transformational Change & Improvement), Head of Hospital and Support Services and Director of Nursing, Midwifery and Allied Health Professionals as well as the Chief Officer for the Orkney Integrated Joint Board to ensure management processes are in place to maintain an overview of all emergency and elective activity and to support patient flow across the whole health and social care system in Orkney. A dedicated Unscheduled Care Board to support this purpose has recently been established including representation from all areas critical to maintaining unscheduled care performance. This group routinely considers and takes action based upon performance and improvement metrics. To date NHS Orkney has not utilised System Watch for predicting demand and informing service planning however data is now being submitted with plans in place to fully utilise this resource for operational planning purposes.

Within The Balfour, daily huddles and multi-disciplinary team meetings are used to support effective communication and the identification of emerging issues. An Escalation Policy is in place to support effective communication between wards and departments and enable issues to be responded to timeously as they emerge. This process is supported operationally by a designated senior nurse for flow management which is shared on a rota basis with the aim of maintaining an overview of inpatient capacity including liaison between off island facilities and community services to ensure timely access to care and support to facilitate supportive patient discharge. All breaches of 8 hours or above are recorded on the Datix incident reporting system and are subject to investigation to identify learning opportunities and the dissemination of best practice with reporting through to the Unscheduled Care Board who are directing improvement activities in line with the 6EA programme.

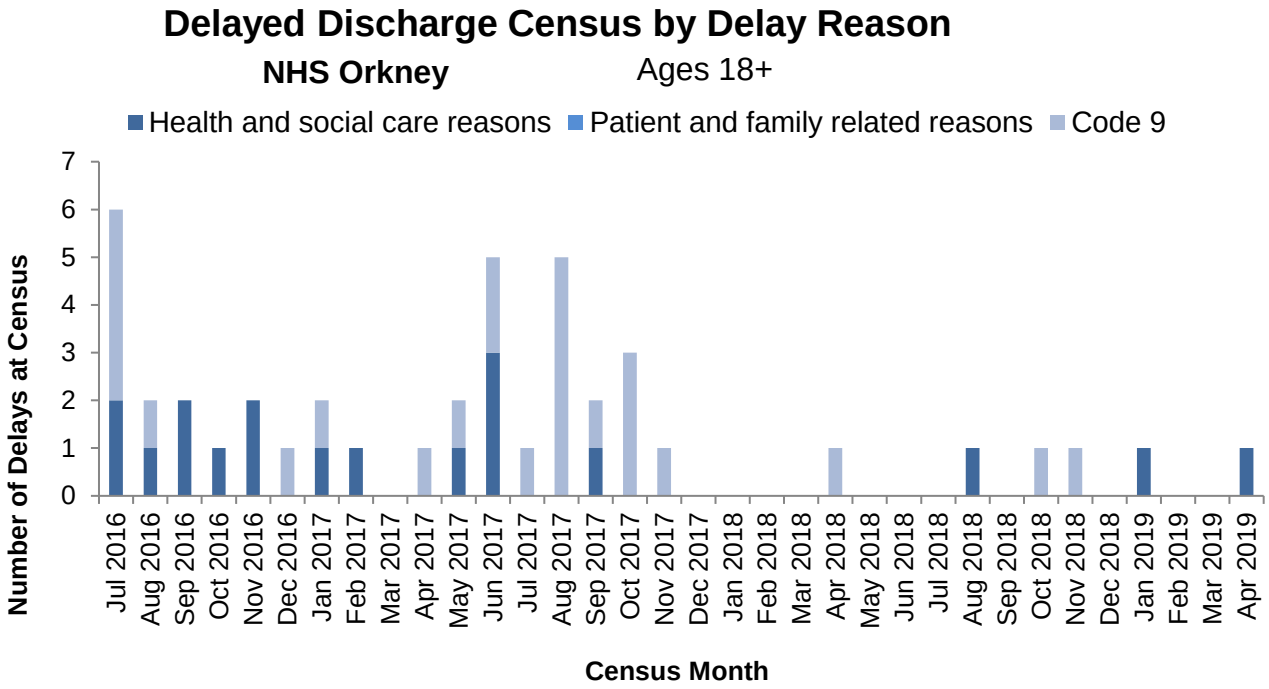
2.2 Scheduled/Unscheduled Care

Since migrating to the Balfour in June 2019, the level of scheduled care provided by NHS Orkney has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Operational Plan and Waiting Times Improvement Plan trajectories. Whilst significant work has been completed to limit the impact this additional activity has on unscheduled care capacity, there is potential for this to have some impact on the availability of capacity within acute services. However, the new facility provides 2 theatres and an endoscopy suite thus significantly reducing the previous issue experienced within Orkney of being limited to one theatre on the old site with the resulting impact emergency presentations had on short notice elective cancellations. This is a very positive step forward for NHS Orkney which will ensure elective cancellation rates are minimised.

2.3 Managing discharges and transfers from mainland hospitals

Patients whose discharge has been delayed for non medical reasons are relatively few in number as a result of proactive communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian who provides the majority of NHS Orkney's off island secondary care provision. Figure 3 provides an overview of delayed discharges within the Balfour Hospital over the period July 2016 – April 2019.

Figure 3: Patients whose discharge has been delayed for non medical reasons, The Balfour, July 16 – April 19 (Source: ISD)



The trend shown above has continued throughout the year and no more than 2 delayed discharges are expected at any time within the Balfour in line with bed modelling undertaken for the new facility, including over the forthcoming winter period. A locally agreed Discharge Policy is in place which focuses on commencing planning for discharge at the point of admission. An audit on compliance with the policy is regularly undertaken and used to inform continuous improvements. All incidents relating to ineffective discharges are reported in the Datix system and investigated to identify opportunities for learning and improvement. Lessons learnt are shared through the Patient Flow Group and Quality and Safety Group as appropriate as well as operational dissemination to teams by team leads.

Health and Social Care Services are anticipating a higher level of transfers and discharges from acute mainland hospitals (Aberdeen Royal Infirmary - ARI in particular) as these providers prepare for the festive period and discharge patients back home. Our clinical flow coordination role and Orkney/Shetland Liaison Nurse in NHSO and NHS Grampian will liaise about the reduction in elective admissions, the increase in discharges (if clinically appropriate) with appropriate plans in place, and transport arrangements. Good working arrangements are in place across health and social care services on island and off island secondary care providers to ensure the smooth and timely transfer for patients throughout the winter period.

If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that Community Nursing, Homecare, Community Mobile Responder Service, Intermediate Care Team, AHP services, Inpatient Teams and General Practice are involved in the discharge process and arrangements for a seamless transfer are as robust as possible.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be unavoidable delays for some patients. This is however taken into account as part of the

discharge planning process and where possible alternative arrangements for transport or accommodation are made.

SECTION 3. OUT OF HOURS & FESTIVE PREPAREDNESS

3.1 Festive Arrangements

A full range of elective and supporting services is provided up to and including 24 December, with reduced on call services for 25 and 26 December. Similarly usual provision is in place up to and including 31 December with reduced on call services for 1 and 2 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the out patients standard and TTG.

There is limited capacity to increase staffing numbers to cope with potential upsurge in patient numbers immediately beyond the festive period. Patient discharge through the daily safety huddle as well as the use of a limited pass system to allow some patients back to family environments also assists in this process.

Account has also been taken of Christmas revelries in the main town including what is known locally as 'Mad Friday'. Staffing levels will be slightly raised in anticipation in a spike in demand for services.

The Ba will be on 25 December and 1 January and the Surgical Team will be available if required. Preparations are underway to ensure that all Out of Hours GP shifts are covered from the period 24 December 2019 to 2 January 2020.

Service winter planning updates will also be provided through the OLECG meeting process in the autumn so that agencies can update their respective partners with regard to their winter preparedness.

3.2 Primary Care Out of Hours Services

The Head of Primary Care Services will as part of her discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as 24 December, 27, 30 and 31 December and 3 January. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHS Board and alleviate any pressures on the OOH service at these critical times.
Patients will be advised to ensure supplies of repeat medications are ordered sufficiently for the holiday period, with Practices taking responsibility to promote this locally and NHS Scotland undertaking the national campaign with this advice as part of the message.

NHSO will provide the usual Out of Hours service on 25 and 26 December and 1 and 2 January inclusive although it should be noted that at this stage the OOH rota has not yet been fully confirmed. There will be a first and second on call for this period. NHSO has a standing arrangement with NHS24 that any Orkney calls that wait longer than 40 minutes will be passed onto the first on call GP who will make the decision to either deal with the case themselves or pass it on to the second on call. The Isles' GPs and Nurse Practitioners will provide an on call service over the festive period.

GP Practices will be encouraged to keep the days after re-opening after Christmas and New Year strictly for urgent, on the day appointments, to cope with patient demand after practices have been closed for the festive period.

Practices will be encouraged to ensure that all patients with high risk of admission over this period have EKIS (Electronic Key Information Summary) special notes in place to help OOH team and prevent unnecessary admissions EKIS will allow clinicians access to relevant data when the practice is unavailable. Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.

All independent practices have opted out of providing out of hours care. NHS Orkney has invested in and provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness) for nurse triage.

3.3 Pharmacy Cover

Community Pharmacy provision over the festive period is well tested and activity levels monitored each year. The community pharmacy rota has been drawn up to take this into account and will be well publicised.

The ED and the out of hours doctor service have good access to an extensive range of essential medicines. The stock levels over the festive period will be checked accordingly. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Bank Holidays are:

NHS ORKNEY FESTIVE & NEW YEAR 2019/2020 OPENING TIMES (Community Pharmacies)

Name of Pharmacy	Address	Tue 24th Dec 2019	Wed 25th Dec 2019	Thur 26th Dec 2019	Fri 27th Dec 2019	Sat 28th Dec 2019	Sun 29th Dec 2019	Mon 30th Dec 2019	Tue 31st Dec 2019	Wed1st Jan 2020	Thur 2nd Jan 2020	Fri 3rd Jan 2020
Dounby Pharmacy	Vetquoy Rd Dounby	09:00 to 17:00	Closed	Closed	09:00 to 17:00	10:00 to 13:00	Closed	09:00 to 17:00	09:00 to 17:00	Closed	Closed	09:00 to 17:00
WHB Sutherland Ltd	74 Victoria Street Stromness	09:00 to 17:30	Closed	Closed	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Closed	09:00 to 17:30
WHB Sutherland Ltd	43 Victoria Street Kirkwall	09:00 to 17:30	Closed	Closed	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Open 15:00 to 16:00	09:00 to 17:30
Boots Ltd	51 Albert Street Kirkwall	09:00 to 17:30	Closed	Open 15:00 to 16:00 Prescriptions only	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Closed	09:00 to 17:30

These arrangements will be circulated to ensure NHS 24 & the OOHs GPs are fully sighted on opening hours in order to access patient medication during this restricted period.

The Pharmacy Department within The Balfour will be open on the Bank Holidays of the 26th of December and the 3rd of January between the hours of 10:00 and 15:00 hours for the supply of medicines and to facilitate discharges.

There is no formal on-call provision for pharmacy staff within the Balfour, however service provision for out of hours medical information and guidance can be accessed through NHS

Grampian OOH service which operates on a 24/7 basis and can be contacted via the Balfour Switchboard service who hold the contact details.

Medicines can be obtained following the OOH access to medicines procedure: electronic copy available on Blog>Pharmacy & Prescribing>OOH

The Balfour Pharmacy Department is an integral part of the discharge process as outlined in our local Health and Care Discharge Policy. Pharmacy staff attend daily dynamic discharge meetings to facilitate the allocation of appropriate staff resource to support timely processing of discharges. Staff will work late or attend early to support additional work load associated with winter pressures or festive bank holidays. Pharmacy will receive discharge prescriptions or electronic notification of discharge at least two hours in advance of discharge from acute wards and 24 hours before discharge from other areas. The aim is to assist in making the discharge of patients as joined up and seamless as possible.

3.4 Dental Cover

Public holidays and weekends are considered to be 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHS Orkney will run an emergency dental service, to see appropriate cases once triaged by the Hub. The rota for the holiday period is in place.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHS Orkney will confirm this cover with local independent practitioners in advance of the holiday season.

Similarly, out with the weekend and public holidays, NHS Orkney will arrange in-hours cover for their own patients and those who cannot access care elsewhere. This will be based at the Public Dental Service Clinic in The Balfour and can be contacted on 01856 888258. At least two dentists, with the necessary associated nursing and support staff, will be available.

3.5 The Scottish Ambulance Service

The Scottish Ambulance Service (SAS) are responsible for patient transport including transfer from the outer isles to hospitals on the Scottish Mainland and will decide on the most appropriate form of transport based on patient priority. The SAS air desk co-ordinates with a range of agencies such as the coastguard and if necessary the military in order to source available air assets. In severe weather when flying is beyond safe limits, the OIC Harbours Department can be contacted re the use of the inter isles ferries. Similarly in extreme cases Shetland Coastguard has lifeboat assets based Kirkwall, Stromness and Hoy which may be available to transport patients from the outer islands.

3.6 Community Health and Social Care Services

Adult, Children's and Criminal Justice Social Work services will commence the festive season out of hours period at 4.00pm on 24 December 2019, and reopen for business at 9.00am on 3 January 2019. Emergency out of Hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

On 27, 30 and 31 December a duty worker for social work and social care services will be contactable on 01856 886470 between 9am and 1.30pm each day: the ASW duty worker will liaise with care home and hospital colleagues and allocate any available vacancies. Referrals to

the Telecare service will be checked for urgent new requirements once per day on 27, 30 and 31 December also. The Responder and Homecare services will operate as normal, throughout the festive period. The Selbro Community Equipment Store will be closed from 25th December 2019 reopening again on Thursday 3rd January 2020. For urgent referrals and in addition a small supply of pressure relieving equipment is held in all GP Practices. For all Home Care enquiries please contact 01856 888390. Working arrangements will return to normality on 3 January 2020.

Mainland community nursing services will continue to provide 24 hr cover however there will be reduced staff on the public holidays. The level of staffing required will be reviewed by the Clinical Team Lead who will arrange cover to cope with the forecasted demand, this will be between 4 and 6 staff over the two teams. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

SECTION 4. PREPARE FOR AND IMPLEMENT NOROVIRUS OUTBREAK CONTROL MEASURES

4.1 Infection Prevention and Control Team Preparedness

The Infection Prevention & Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention & Control Manual (2012) throughout the clinical areas which is available to all staff through their desktop NHS Orkney BLOG page, named Infection Control Services. There is direct link to all National and local documents with quick links ensuring the most up to date information is available to staff, including Health Protection Scotland website www.hps.scot.nhs.uk

The IPCT provide information on infection prevention and control to all new starts through corporate induction. Additional training includes LearnPro for NES Standard Infection Prevention and Control Education Pathway (SIPCEPs) plus additional face to face sessions are delivered to staff in both hospital and community, including Residential Care Homes.

Staff are encouraged to take personal responsibility to ensure the well being of patients and their colleagues through not attending work until 48 hrs has passed following the last episode of diarrhoea and/or vomiting.

The IPC team are working closely with the laboratory service in securing a bid to have point of care testing service to enhance patient care and reduce the burden of some PPE items being used.

4.2 Engagement with other Services

Residential and supported accommodation services are well versed in how to deal with infection control outbreaks, however to embed this further Infection Control Outbreaks are continuing to be supported through enhanced education sessions and areas for improvement are identified and implementation supported.

4.3 Norovirus Information

Health Protection Scotland inform Boards of any increase in levels of norovirus across Scotland and ask Boards to be prepared in advance to help reduce the likelihood of outbreaks arising. The IPCT have monitoring processes in place recording patient's infection status as well as signage for staff and relatives to raise awareness around infection control measures. In addition

the IPCT are part of the daily huddle to offer support where a suspected or known infection is present. This includes information on environmental decontamination processes post discharge or transfer.

4.4 Outbreak Control Meetings & Reporting

The Public Health Department and Infection Prevention & Control Services monitor a ll areas affected by norovirus both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to Health Protection Scotland (HPS). In the event of an outbreak, meetings will take place daily and more frequently if the circumstances dictate. On a weekly basis Public Health will provide a routine statistical return for HPS on normal business. As well as notifying the Senior Management Team, liaison will also take place with OIC and other bodies or agencies as soon as the local trigger factors indicate such to a response is appropriate.

4.5 IPCT Festive arrangements

Whilst there are no formal on-call arrangements for IPCT over the festive period, Public Health provide advice and guidance through the 24/7 on-call system. The Public Health on call is currently provided through a tripartite agreement between the three island boards. Clinicians have access to the on-call microbiologist in NHS Grampian for specific infection and guidance on antimicrobial prescribing

SECTION 5. SEASONAL FLU, STAFF PROTECTION & OUTBREAK RESOURCING

5.1 Predicted surge of flu activity

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices.

During the 2018/19 infuenza season, there were 17 confirmed cases of influenza in Orkney residents and one influenza outbreak occurred in a school which received support from the public health team.

The most effective way to prevent influenza and/or severe complications is vaccination. There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2018/19 campaign

- All adults aged 75 years or more were offered an Adjuvented trivalent inactivated flu vaccine (aTIV)
- All adults aged 65-74 years were offered a trivalent inactivated vaccine (TIV)
- Those aged 18-64 years with at-risk conditions, including pregnant women were offered quadrivalent inactivated flu vaccine (QIV)

Throughout the UK, the target for the adult seasonal influenza immunisation programmes is 75%, The uptake in 2018/19 in Orkney for people aged 65 to under 75 years was 69.7% (Scotland 69.3%) and for those aged 75 years and over it was 82.6% (Scotland 79.3%). For those at risk (excluding healthy pregnant women and carers) the uptake rate was 51.2 % (Scotland 42.4%). Seasonal influenza vaccines are offered to pregnant women by maternity services, the uptake for pregnant women not in a clinical at risk group was 39.1% (Scotland 44.5% and for pregnant women and in a clinical risk group was 59.1% (Scotland 57.4%)

For 2019/20 the adult influenza vaccantion programme will change again, this year in Orkney all adults aged 65 years and over will be offered aTIV.
A cell base quadrivalent inactivated vaccine (QIVc) ill be available for individuals who are contraindicated to the egg based vaccines.

NHS Orkney will develop the programme and further publicise the benefits of immunisation through the local media. We aim to be above the Scotland average in 2019/20. Orkney Disability Forum will be informed of the dates of flu clinics so that they can arrange for extra buses to help increase uptake of the flu vaccine at GP practices.

The child flu immunisation programme is for all children aged 2-5 years through primary care and a school based programme for children in P1-7 arranged via Public Health. These children will be offered a nasal flu vaccine unless contra-indicated in which case they will be offered a qudrivalent inactivated influenza vaccine. The uptake target for immunising preschool children is 65%. The uptake in 2018/19 was 69.5% (Scotland 55.7%). For primary school children the uptake target is 75%, in 2018/19 76.7% of the children were immunised (Scotland 75%). . Any primary school child who misses their school session will have the option to attend their GP practice for vaccination or to be mopped up during a later school session.

Health Protection Scotland provides four weekly updates of vaccine uptake rates via the flu portal.

5.2 Staff Vaccination Scheme

The Scottish Government Health Department Circular SGHD/CMO (2019)10 advises that free seasonal flu immunisation should be offered by NHS organisations to all employees with the emphasis on front-line staff, for example, paediatric, oncology, maternity, care of the elderly, haematology and ICU. The target for each health board in 2019/20 is 60% of staff involved in delivering care to be vaccinated. Social care providers should also consider vaccinating staff with provision made in line with local Occupational Health arrangements.

Historically, the Occupational Health Department have worked collaboratively with the Public Health Department to be actively involved in promoting and delivering the seasonal flu vaccine to key healthcare workers. As per the CMO guidance, NHSO is committed to ensuring staff are offered and encouraged to take up the seasonal flu vaccine, and making the flu vaccine as accessible as possible. This is done by making drop-in clinics available in the work place and early morning clinics are arranged to make sure staff can attend prior to the start of a shift or at the end of a night-shift. As well as the drop-in clinics within the hospital, staff can also drop-in or make an appointment at the Occupational Health Department. A range of engagement techniques have be utilised including email, posters, offering appointments, drop in sessions and notice of flu season entered into individual pay slips. Established dates for daily immunisation clinics will also be widely circulated on staff information platforms. The flu programme will run from 1 October 2019 to 31 March 2020.

The delivery of the 2019/20 Staff Flu campaign is currently under development; however preliminary planning discussions have incorporated local lessons learnt in recent years. The vaccine will be offered to staff in as equitable and flexible a way as possible. It is anticipated that all senior clinicians and managers will be engaged from the outset of the campaign by sharing national resources regarding the role Flu vaccination plays in preventing the spread of the virus. Key messages should be reiterated to individual teams across the organisation with particular attention to the engagement of the staff in front-line areas (as listed above).

5.3 Staff Absence

There has been a continued decline in the uptake of the flu vaccine amongst frontline staff and admin staff effectively increasing the risks to staff and patients health and service delivery.

2014/15	Frontline staff 37.5%	Admin staff 42.2%
2015/16	Frontline staff 49.3%	Admin staff 44.7%
2016/17	Frontline staff 32%	Admin staff 56.9%
2017/18	Frontline staff 32.3%	Admin staff 40.5%

NHS Orkney and Orkney Island Council Community Social Services staff are encouraged to have immunisation against seasonal flu. Under the auspices of the Occupational Health and Safety Committee the Public Health and Occupational Health Departments (Occupational Health Services are provided by NHS Grampian as part of a service level agreement) are working together to promote and deliver a staff vaccination programme with the aim of increasing the number of staff vaccinated. The Human Resources Department monitor absence rates closely and have established policies to promote attendance at work.

Innovative approaches to increasing uptake and encouraging staff to be vaccinated will be utilised supported by role modelling by the Executive and Senior Management Team.

SECTION 6. POINT OF CARE TESTING

6.1 Point of Care Testing

A business case has been completed to enable the introduction of Point of Care molecular testing for Influenza A/B and RSV, supported through NHS investment and Winter Planning funding. Implementation of this business case is now underway and will result in the procurement of two analysers, one based in the Laboratory and one in the Emergency Department, which will provide rapid testing for 24/7 diagnosis.

The benefits will include improved patient flow, the ability to increase discharge from the ED with a diagnosis, to ensure the appropriate use of antivirals and to reduce inappropriate antibiotic use in those with known viral infections. Testing will be operational by late November 2019.

SECTION 7. RESPIRATORY CARE

7.1. Local Pathway

The care of patients affected by respiratory disorders is supported by off island secondary care provision in NHS Grampian via the Respiratory Medicine Unit. Referrals to this unit should be made via SCI Gateway. There is no local lead for Respiratory Medicine however clinicians are familiar with the local pathway for patients with different levels of severity of exacerbation and GPs can access advice from the hospital based Consultant of the week to aid decision via Switchboard on tel: 888100.

7.2 Discharge Planning

There is a Grampian based Respiratory Managed Clinical Network which has an active Facebook page providing regular updates and information. This can be accessed at https://www.facebook.com/respiratorygrampian/

7.3 Prevention of Illness

Information about keeping warm and well in winter is available on the OIC and NHS Orkney website and given opportunistically by primary care and social care staff. NHS 24 leaflets with a one point of contact number and when to contact NHS24 are to be widely distributed via healthcare professionals over the coming months. A multi-agency action plan is in place to reduce fuel poverty. Currently up to 30% of families in Orkney are living in fuel poverty. Many at risk properties have been assessed for energy efficiency and insulation. Advice on grants to insulate houses and installation of energy efficient heating systems is available locally.

SECTION 8. MANAGEMENT INFORMATION

8.1 Reporting Arrangements

Effective NHS Orkney reporting lines are in place to provide the Scottish Government with routine weekly management information and any additional information that might be required on an exception/daily basis. Information will be obtained from the Trakcare system following real time data entry in regards to admissions, transfers and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of service pressures that will disrupt services to patients as soon as they arise.

Balfour Hospital Overview – Festive Period

Date	Action
24 December 2019	Last elective list, extra surgical clinics for urgent cases will be scheduled as required.
25 December 2019 to 26 December 2019 and 1 - 2 January 2020	Surgical Teams emergency cover only.
24 December 2019 to 3 January 2020	Out of Hours Duty Social Worker accessed via Balfour Hospital switchboard.
25 & 26 December 2019 and 1 & 2 January 2020	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2019	Day surgery trolleys available for Emergency Department if needed.
3 January 2020	Elective surgery resumes.
24 December 2019 to 3 January 2020	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

8.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHS Orkney Chief Executive/Medical Director/ Senior Manager on Call require the setting up of an Incident Management Team (IMT) in the Brodgar Room of the Balfour Hospital. However it is good practice to establish a co-ordinating group from a core number of individuals whose service delivery may be affected by a disruption/incident.

Representation on this group will be on a case by case basis and will be located either within the Brodgar Room, the Skara Room or the Reisa Room depending on which is available and least disruptive to normal business. Clear recording processes are essential and the group will ensure that Sit-Rep forms are circulated on an hourly basis initially to the Chief Executive, Medical Director, Director of Public Health and Senior Manager on Call so that Senior Management are fully sighted on any ongoing incidents relating to the Winter Plan and can thus make the decision to escalate to a meeting of the full IMT if required. In addition the sub-group will follow a fixed agenda and be formally minuted. The group will compliment the IMT by gathering information and resolving lower level incidents. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

8.3 Risk Assessment

	Risk	Action	Lead and Timescale
1. Potential for patients to not know who to turn to in order to access services, particularly during the festive period.	1. Emergency Department unable to manage increase in demand. 2. Switchboard becomes overwhelmed in festive periods	1. External communications to increase awareness of services available and contact methods. 2. Extra staff on standby to provide additional capacity and support if required.	Head of Transformational Change & Improvement Head of Primary Care Communications support via NHS Grampian - arrangements in place
2. Balfour Hospital must be able to respond adequately to surges in demand.	1. Secondary care services are not able to provide timely access to care potentially resulting in increased pressure on off island transfers and facilities.	1. Workforce planning to staff reconfigured areas to take into account winter preparedness and the timing of ward changes in maintaining surge capacity. 2. Oversight and operational management to be provided by the HoHSS in liaison with clinical directors. 3. Daily management of capacity via morning Huddles. 4. Draft Surge Capacity Plan	Head of Hospital & Support Services (HoHSS) Clinical Nurse Manager – arrangements in place
3. Orkney Out of Hours Service covers a large geographical area of mainland and linked islands including both urban and rural areas. .	1. South Ronaldsay and Burray (linked isles) may become cut off from road transport in severe weather, which would result in the shutting of the barriers. 2. Weather may cause difficulties for non-linked small isles air and boat transport. These isles are not covered by the OOH service, but have a 24hr service from a local, GP or Nurse Practitioner.	1. Additional cover from 2nd Out of Hours GP. In hours cover provided by GP practice on call arrangements via Switchboard. 2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area (SLA in place).	Head of Primary Care - arrangements in place

	Risk	Action	Lead and Timescale
4. Epidemic of viral illness.	1. System becomes overwhelmed by need to respond to epidemic. 2. Large number of staff affected by viral illness. 3. Staff remain at home to look after family members. 4. All available bed space occupied. 5. Low uptake of Flu vaccine amongst staff.	1. Activate Outbreak Plan (or Pandemic Flu Plan if appropriate). 2. Ensure that arrangements are in place to make the flu vaccine as available as possible to staff.	Public Health Department – in place
5. Pharmacy closed over festive period.	1. Unable to access required drugs in a timely manner.	1. Stock levels in wards & departments are increased, where appropriate, in anticipation of extra winter demand. 2. Emergency drugs cupboard accessible to all clinical areas and OOH GP services. 3. Normal OOH procedures and access to medicines will be available for Balfour Hospital Staff. 4. The Pharmacy department will be open on Bank holidays. 5. Community Pharmacies will be open as normal on 24 Dec 2019 and a Kirkwall Community Pharmacy will be open for a pre defined and advertised period to dispense prescriptions as per section 3.3 above.	Head of Pharmacy – arrangements in place

	Risk	Action	Lead and Timescale
		6. Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA. 7. NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required.	
6. Severe weather threatens business continuity.	1. Risk to organisations ability to deliver services due to effects of severe weather.	1. Severe weather guidelines in HR policies implemented. 2. CEO or On Call Senior Manager to assess if should be treated as major incident and emergency plan brought into play.	On Call Senior Manager as required
7. Managing Patient Flow.	1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services.	1. Multi agency Discharge Policy in place. 2. Guesthouse available through Red Cross to support patients with no clinical requirement for admission (e.g. those attending for surgery from outer isles) or those who are medically fit for discharge. 3. Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption. 4. Daily Huddles to oversee bed management, supported by	Head of Hospital & Support Services and Chief Officer, Integrated Joint Board – arrangements in place

	Risk	Action	Lead and Timescale
		daily and weekly MDT meetings to support discharge planning. 5. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.	
9. Communications.	1. Limited communications on more remote locations Islands	1. Raised through Orkney Local Emergency Co-ordinating Group (OLECG). Some resilience provided via other attending agencies Police, Scottish Fire and rescue Service/Coastguard airwave access. 2. Risk managed as part of Corporate Risk Register.	Head of Corporate Services/Resilience Officer - ongoing
10. Vulnerable groups.	1. Very cold weather and significant snow may isolate residential care homes, people with physical or mental health problems and cause difficulties in accessing food and medicine deliveries. 2. May also results in issues surrounding staff rotation and attendance.	1. OIC Winter Services Plan details response. 2. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative. 3. Care for People Plan via OIC implemented 4. OLECG group stood up.	OIC Development & Infrastructure/OLECG – arrangements in place
11. The Ba.	1. Significant number of people injured.	1. Balfour Hospital open and able to provide service/treatment. 2. In the event of significant number of people injured consideration will be given Major Incident & Emergency Plan into play.	Head of Hospital & Support Services/On Call Senior Manager – in place

	Risk	Action	Lead and Timescale
12. Increase in non-scheduled admissions over winter such as orthopaedics	1. Reduction in scheduled care capacity and resulting increase in waiting times	1. Capacity built into lists to allow for limited emergency disruption	Clinical Nurse Manager – Elective Care - ongoing
13. Impact of Brexit	1. Potential disruption on numerous levels of hospital activity due to Brexit	1. Maintenance of up to date Brexit plan 2. Continued engagement with Brexit planning nationally	Resilience Officer & Brexit Lead (Head of Corporate Services) - ongoing
14. Staff vaccination delay due to change of provision from Occupational Health service to NHS Orkney	1. Delay in timescales of provision of staff vaccination programme	1. Short life working group set up to rapidly organise provision	Head of Corporate Services - complete

8.4 Investment Priorities for Winter Funding

£17,256 To be split across Primary and Community Care directed at supporting festive rotas and winter response to emerging issues to address/prevents delays including:

- Engagement of the third sector.
- Funding of a second on call for OOH GP service over festive period.
- Bolstering of ED with social care and AHP input on key dates within festive period including “Mad Friday”.

£17,256 Acute Services supporting festive rotas and emerging issues including:

- Additional nursing in ED over festive period.
- Additional medical and surgical cover over festive period and “Mad Friday”.
- Nursing bank to cover gaps in staffing rotas as a result of winter weather (staff unable to come in from across Barriers etc.
- Bolstering of ED and ward staffing over periods of intense service pressure through additional staffing from internal bank and external locums as necessary.

£5,000 Flu Point of Care Testing
£2,500 Supporting National Communications
£2,500 Supporting Local Communications around “Know who to turn to”
£2,000 Support attendance from local team at national winter planning events

Total investment: £46,512

Given the scale of our system and the deminimus level of service provision which is necessary across the islands the full impact of this additional funding has not been described at a detailed level. However, as described in the earlier parts of this document there is a commitment to ensuring targets for both elective and emergency access are met throughout the winter period and that delayed discharges remain at their existing low level.

Not Protectively Marked

NHS Orkney Board Meeting –19 December 2019 **Report Number: OHB1920-40** **This report is for discussion and noting** **Title of report: 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	• NHS Orkney's validated *Staphylococcus aureus* bacteraemia (SAB) is 4 confirmed and validated cases at time of report for Q1 – Q2 (Apr-Sept 2019), with 1 new case currently being investigated NHS Orkney is currently 1 over its target for 2019-20. (RAG Status RED) • NHS Orkney's validated *Clostridium difficile* infection (CDI) cases to date is 2 at time of report Q1-Q2 (Apr-Sept 2019). NHS Orkney is within its target for 2019-20. (RAG Status GREEN) • 67 Hand hygiene observations were undertaken during the month of November/December 2019 with an overall 94% for taking the opportunity to undertake hand hygiene. Patient experience on asking- generally says hand hygiene is undertaken when receiving care. • Clinical Risk Assessment standard is currently sitting at 94% above target of 90% (RAG Status GREEN) • SSI Infection are currently within new target of 2% for both C-section and orthopaedics and within 10% for large bowel/colorectal surgery. (RAG Status GREEN) • NHS Scotland National Cleaning Services Domestic 97% and Estates 98%for month of November 2019. (RAG status (GREEN) • Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status GREEN) • Education continues to be delivered by the IPC team to clinical and non-clinical concentrating on Transmission Based Precautions and Aerosol Generating Procedures.
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: • Create an environment of service excellence and continuous improvement. • Improve the delivery of safe, effective and person centred care and our services

Contribution to the 2020 vision for Health and Social Care	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
Equality and Diversity	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.

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

Letter to all Board Chief Executives from Fiona McQueen, Chief Nursing Officer re Standards on Healthcare Associated Infections and Indicators on Antibiotic Use. The UK government published a 20-year vision for Antimicrobial Resistance (AMR) and a 5-year national action plan for tackling AMR (2019-24). The UK plan set ambitious targets to reduce inappropriate prescribing of antibiotics and to reduce healthcare associated Gram-negative bacteraemia. The Scottish Government agreed in principle to endorse reductions in prescribing and Gram-negative bacteraemia in line with the UK national action plan, but reserved the right to set standards at levels that were appropriate for Scotland.

Updated HCAI standards and antibiotic use indicators for Scotland

Antibiotic use indicators

1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day).

2. Use of intravenous antibiotics in secondary care defined as DDD / 1000 population / day will be no higher in 2022 than it was in 2018.

3. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in Acute hospitals by 2022

Pharmacy will lead on this and provide updates for the board once their two new recruits for the department start in February 2020.

Gram-negative bacteraemia standard

Reduction of 50% in healthcare associated E. coli bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 data should be used as the baseline for E. coli bacteraemia reduction.

Improvement work will continue to focus on hydration, prevention of urinary tract infections, and reduction in use of urinary catheters (as any indwelling device is a route for infection) with the aim of reducing antibiotic prescribing.

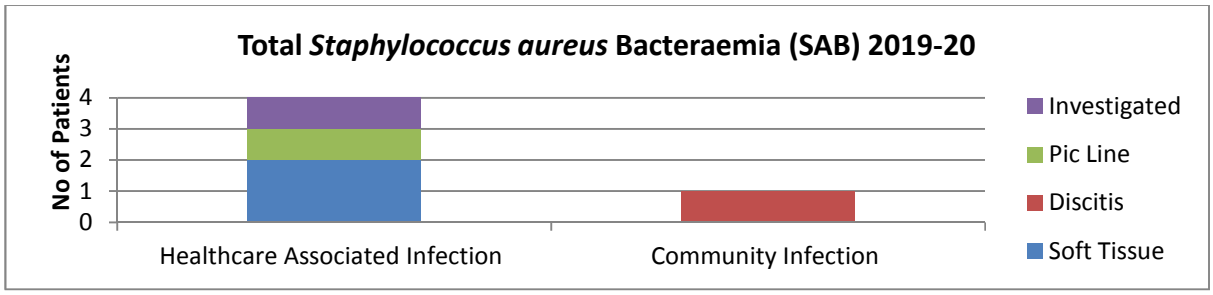
New SAB standard is asking for Boards to achieve a

Reduction of 10% in the national rate of Healthcare Associated SAB from 2019 to 2022, with 2018/19 used as the baseline for the SAB reduction target. NHS Orkneys 2018/19 data for this period was three cases.

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 the overall compliance.

NHS Orkney's validated *Staphylococcus aureus* bacteraemia (SAB) cases is four confirmed cases at time of this report for Q1-Q2 (Apr-Sept) 2019/20. Three were HAI and one community with one additional new HAI case being investigated. This will take us over our quota and therefore not meet the reduction of 10% for 2019 to 2020.

Standard 1st April 2019 -31st March 2020 *Staphylococcus aureus* 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	1 case
Quarter 3	October - December	1 case being investigated
Quarter 4	January - March	



Clostridioides difficile infection (CDI) standard

A reduction of 10% in the national rate of Healthcare Associated CDI from 2019 to 2022, using the 2018/19 cases, as the baseline for the CDI reduction target. NHS Orkney's 2018/19 data for this period was seven cases.

The Healthcare Associated rate is per 100,000 bed days (ages 15 & over) and Community Associated cases per 100,000 populations (ages 15 & over).

NHSO aims for zero preventable cases.

NHS Orkney has had 2 cases to date for *Clostridium difficile* infection (CDI) for Q1-Q2 (Apr-Sept) 2019/20. Well within the 10% reduction at time of report.

LDP Standard 1st Apri1 2019 - 31st March 2020 *Clostridium difficile* infection (CDI)		
Quarter 1.	April-June	zero
Quarter 2	July-September	1
Quarter 3	October-December	1
Quarter 4	January- March	

Clinical Risk Assessment Standard

Meet mandatory requirements of the Clinical risk assessment MDRO screening compliance of 90 %.

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

MRSA Uptake	2018_19 Q3	2018_19 Q4	2019_20 Q1	2019_20 Q2
Orkney	90%	97%	100%	**94%**
Scotland	83%	83%	89%	88%

CPE Uptake	2018_19 Q3	2018_19 Q4	2019_20 Q1	2019_20 Q2
Orkney	77%	97%	93%	**88%**
Scotland	78%	81%	86%	86%

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

Hand Hygiene

Hand hygiene continues to be monitored by each clinical area through their Departmental Standard Infection Control Precautions (SICPs). Teams are working with the IPCT in addressing the hand hygiene compliance as they too recognise it is more difficult for auditors to witness staff taking the opportunity and ensuring the right techniques is being used.

Patients continue to confirm hand hygiene had taken place but would be unable to identify when an opportunity is missed.

Hand Hygiene audit results

November/December 2019	No of Observation	Opportunity	Overall %
Nurses	**49**	**49**	**100%**
Medical	**15**	**13**	**87%**
AHPs	**3**	**1 (opportunity taken but not dress code compliant)**	**33%**
Total	**67**	**63**	**94%**

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services Specification measures for the month of November showed compliance rate above 90%, Domestic 97% and Estates 98% compliance. This is based on a very small snapshot of specific areas picked randomly by National Services Scotland and does not reflect the picture for the whole building at any one time. Infection Prevention and Control Quality Audits include the whole environment when undertaking audits. Any areas at time of audit not meeting the standard of cleanliness are discussed with department leads and Domestic services.

The domestic team are piloting a paperless domestic cleaning schedule system using lap pads. It is hoped this will be rolled out across all areas in the near future.

IP&C audits

Departments have been issued with electronic patient equipment cleaning schedules to replace all paper copies, encouraging staff to move to a paperless system where possible.

The IPCT has further refined the Quality Assurance audit tool on reflection of carryout out audits to capture the accommodation within this build.

Outbreaks/Exceptions

(Reported are those that are assessed as AMBER or RED using the HPS Hospital Infection Incident Assessment Tool (HIIAT). Nothing to report at time of report.

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

New standard

*Reduce the incidence in, of SSI infection and maintain a rate of fewer than 2% for C. Section and orthopaedics and 10% colorectal***.** NHSO is currently meeting the target for all 3 at time of report

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

An organisational position as of 30 September 2019 for staff having completed mandatory standard infection prevention and control education pathway (SIPCEPs)

The organisations total staff headcount at this time was 663; the total number of people completing the five mandatory modules is 403 so compliance rates of 60%.

The IPCT are continuing with face to face education sessions around Transmission Based Precautions and Aerosol Generating Procedures.

Central Decontamination Unit

Decontamination services moved to new build in October 2019. Had their transfer accreditation audit performed by BSi on 5th November and passed successfully having three minor non conformities to address. The next formal full accreditation audit is to take place in February 2020.

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/haiic/sshaip/clostridiumdifficile.aspx?subjectid=79

***Staphylococcus aureus* Bacteraemia**
http://www.hps.scot.nhs.uk/haiic/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/hai

NHS ORKNEY
REPORT CARD

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

C = contaminated sample **P = Provisional not yet validated.**

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

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

	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Healthcare Associated	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Community Associated	0	0	1	0	0	0	0	0	0	1	0	0	1TBC	0
Total	0	1	1	0	0	0	0	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		
Board Total	95%	94%	96%	95%	97%	94%	96%	96%	100%	98%	93%	86%	94%		

New Balfour Cleaning Compliance (%) Domestic

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19									
Board Totals	97%	97%	97%	96%	97%									

New Balfour Estates Monitoring Compliance (%)

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19									
Board Totals	98%	98%	98%	99%	98%									

NHS Orkney

Not Protectively Marked

NHS Orkney Board – 19 December 2019 **Paper number OHB1920-41** **This report is for discussion and endorsement of recommendations** **Clinical Engagement in NHS Orkney**	
Lead Director **Author**	David McArthur, Director of Nursing, Midwifery and AHPs Steven Johnston, Chair, Area Clinical Forum
Action Required	The Board is asked to: 1. Note the content of the paper 2. Endorse the recommendations
Key Points	While clinicians bring significant goodwill and enthusiasm to the Area Clinical Forum (ACF) and Professional Advisory Committees (PACs), the existing set-up of the advisory committees is not allowing us to provide sound multidisciplinary advice to the Board. Despite recent efforts clinical engagement still needs to be improved. This document sets the scene of where we are now, where we want to be and how we might get there. It has been produced following discussion during ACF meetings and development sessions. It concludes with a number of points which are regarded as our priorities moving forward and constructive suggestions for which we hope to get Board endorsement. Specific areas for Board consideration and endorsement: • The ACF and Advisory Committees need to be **promoted** to staff at all levels and awareness raised of our work to cement place as a useful tool within the organisation. • Consideration is being given to the replacement for the Quality & Safety Group. An option for the Board to explore is to **adapt and utilise the ACF** to serve this purpose to avoid duplication of clinical fora.

	• The office bearers need to be **supported** in setting the agenda and given direction but also and importantly, given the **time to fulfil the role**. This will undoubtedly have implications in terms of time away from their clinical role but the value in having clinical leaders, as outlined above is significant. • The PACs need the **right representation** and staff need the support and **time to attend** meetings to ensure we have a truly multidisciplinary advice forum. In order to do this we need to create membership lists along with deputies and then have support around the process to get short reports from areas where representation will not be possible at a meeting. • The hospital sub-committee must be established and the Area Medical Committee needs to be reinvigorated to facilitate discussions at the vital juncture between primary and secondary care. • We need to utilise the expertise in other **clinical meetings** which are already happening and we need support to create a mechanism to feed these into the PAC structure. • Assign a **sponsor** to support and guide each of the advisory committees and the ACF. • Use the **Clinical Strategy** to work with clinicians and shape the services we deliver. • The Board needs to utilise the ACF and be more **proactive** in seeking clinical advice not just from the committees but also commissioning pieces of work from specific groups of clinicians which would feed into the advisory committee structure. This would foster a shift from a consultative or informative approach to collaboration and empowerment. • It is important to further consider **innovative** ways of communicating to better conduct our business such as an online space. • A **newsletter** would be a good means of communicating key points across the clinical community. This would require some support to gather the content and distribute. • Executive and non-executive **attendance** at ACF is valued and this should be continued. PAC also rely

	on senior clinician attendance and this needs to be facilitated.
Timing	For consideration at the December meeting
Link to Corporate Objectives	The corporate Objectives this paper relates to: • 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.

NHS Orkney

8.2

Not Protectively Marked

NHS Orkney Board – 19 December 2019

Clinical Engagement in NHS Orkney

Steven Johnston, Chair, Area Clinical Forum

Section 1 Purpose

The purpose of this document is to bring the Board up to date with Clinical Engagement across the Area Clinical Forum and Professional Advisory Committees, stimulate discussion around the topic and ask the Board to endorse the recommendations.

Section 2 Recommendations

Specific areas for Board consideration and endorsement:

- The ACF and Advisory Committees need to be **promoted** to staff at all levels and awareness raised of our work to cement place as a useful tool within the organisation.
- Consideration is being given to the replacement for the Quality & Safety Group. An option for the Board to explore is to **adapt and utilise the ACF** to serve this purpose to avoid duplication of clinical fora.
- The office bearers need to be **supported** in setting the agenda and given direction but also and importantly, given the **time to fulfil the role**. This will undoubtedly have implications in terms of time away from their clinical role but the value in having clinical leaders, as outlined above is significant.
- The PACs need the **right representation** and staff need the support and **time to attend** meetings to ensure we have a truly multidisciplinary advice forum. In order to do this we need to create membership lists along with deputies and then have support around the process to get short reports from areas where representation will not be possible at a meeting.
- The hospital sub-committee must be established and the Area Medical Committee needs to be reinvigorated to facilitate discussions at the vital juncture between primary and secondary care.
- We need to utilise the expertise in other **clinical meetings** which are already happening and we need support to create a mechanism to feed these into the PAC structure.

- Assign a **sponsor** to support and guide each of the advisory committees and the ACF.
- Use the **Clinical Strategy** to work with clinicians and shape the services we deliver.
- The Board needs to utilise the ACF and be more **proactive** in seeking clinical advice not just from the committees but also commissioning pieces of work from specific groups of clinicians which would feed into the advisory committee structure. This would foster a shift from a consultative or informative approach to collaboration and empowerment.
- It is important to further consider **innovative** ways of communicating to better conduct our business such as an online space.
- A **newsletter** would be a good means of communicating key points across the clinical community. This would require some support to gather the content and distribute.
- Executive and non-executive **attendance** at ACF is valued and this should be continued. PAC also rely on senior clinician attendance and this needs to be facilitated.

Section 3 Background

While clinicians bring significant goodwill and enthusiasm to the Area Clinical Forum (ACF) and Professional Advisory Committees (PACs), the existing set-up of the advisory committees is not allowing us to provide sound multidisciplinary advice to the Board. Despite recent efforts clinical engagement still needs to be improved.

This document sets the scene of where we are now, where we want to be and how we might get there. It has been produced following discussion during ACF meetings and development sessions. It concludes with a number of points which are regarded as our priorities moving forward and constructive suggestions for which we hope to get Board endorsement.

Section 4 Consultation

Clinical engagement is a recurring topic at ACF and at Professional Advisory Committee meetings. In addition to these meetings, and ACF development sessions, discussions have taken place in recent months with the executive management and Board secretariat to set out the approach to getting better engagement and the output of these meetings and the development sessions is this document.

Appendices

- **Clinical Engagement in NHS Orkney**

8.2

Improving Clinical Engagement in NHS Orkney

The Area Clinical Forum and Professional Advisory Committees

Steven Johnston, Chair, Area Clinical Forum

December 2019

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Summary

While clinicians bring significant goodwill and enthusiasm to the Area Clinical Forum (ACF) and Professional Advisory Committees (PACs), it is debatable whether the groups are being enabled to achieve their potential. The existing set-up of the advisory committees is not allowing us to provide sound multidisciplinary advice to the Board and clinical engagement needs to be improved. This has been highlighted internally via the advisory committees and the ACF but also through the Ministerial visit to Orkney for the Annual Review and through a review carried out by Health Improvement Scotland, the *Quality of Care* review.

A lot of effort has been put into trying to improve clinical engagement but we still face many of the same issues. The Board have given a commitment to improve matters which is a positive first step but our clinicians and in particular our clinical leaders and the advisory committees need to help make this happen, with support.

NHSO must strive to have better clinical leadership. In order to achieve this, we must start doing things differently so that our clinicians can be more involved in shaping the services we deliver.

This document sets the scene of where we are now, where we want to be and how we might get there. It has been produced following discussion during ACF meetings and development sessions. It concludes with a number of points which are regarded as our priorities moving forward and constructive suggestions for which we hope to get Board endorsement.

Background

The Challenge

While clinicians and care professionals bring significant goodwill and enthusiasm to the ACF and professional fora, it is debatable whether the groups are being enabled to achieve their potential. The existing set-up of the advisory committees is not allowing us to provide sound multidisciplinary advice to the Board. Clinical engagement needs to be improved. This has been highlighted internally via the advisory committees and the ACF but also through the Ministerial visit to Orkney for the Annual Review and through a review carried out by Health Improvement Scotland, the *Quality of Care review*. The Board have given a commitment to help support clinicians engage with the advisory committee structure. It is recognised through the ACF Chairs' Group for Scotland that NHSO is not alone in its challenge to achieve good clinical engagement: advice is not always reflected or even considered in decision making, which can lead to the view that groups are tokenistic. The barriers which exist weaken the quality of the clinical advice provided to the Board from ACF which in turn leads to clinicians seeing less value in the contribution the advisory committees can make to the organisation.

What have we done so far?

Clinical engagement is a recurring topic at ACF and at Professional Advisory Committee meetings. In addition to these meetings, and ACF development sessions, discussions have taken place in recent months with the executive management and Board secretariat to set out the approach to getting better engagement and the output of these meetings and the development sessions is this document. The diagram below illustrates other efforts made so far to overcome this problem.

What we have done so far

- Moved from monthly to bimonthly meetings with open development sessions
- Trialled Yammer to conduct business between meetings
- Increased office bearers from 2 to 3 in some advisory committees to increase ACF pool
- Co-hosting development sessions with Area Partnership Forum
- Leaflet in induction pack to raise awareness of advisory committees
- Reminders to ACF members on meeting arrangements including use of deputies
- Concerns raised to Board and commitment given to improve clinical engagement
- Poll to find most suitable meeting day/time

Where do we want to be?

In a sentence: **Clinically-led, management enabled**

"Clinical leadership is a critical factor in healthcare delivery. As the NHS in Scotland continues to evolve there are many areas in which clinical leadership is vital. Key roles include driving quality improvement and patient safety, integrated working and enabling patient engagement. Our clinical leaders need to be adaptable and flexible and resilient and ready to accommodate new ways of working including technological advances. The development of stronger clinical leadership in the NHS needs a consistent and systematic approach rather than an opportunistic one.

We want NHS Orkney to be an organisation that is "clinically led, management-enabled" and that embraces the future. We need to create the environment that supports this, providing time, tools, training and support.

Those with clinical expertise need to be at the forefront of our discussions around the services and treatment which require review and which require investment. We need to be able to identify inefficiencies and good value and take a more collective approach.

The Balfour is a superb example of how people have worked together to develop a state of the art facility for healthcare provision. With that as a strong basis we need to focus on key clinical areas which need clinical leadership and additional support to achieve the best health for our population."

NHSO Clinical Strategy 2019-2024 (Draft)

Why is clinician and care professional engagement important?

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

We must ensure that activities undertaken, from planning to service delivery are moulded by our clinical professionals and that a progressive and sustainable approach to engaging professionals is firmly embedded.

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

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

It is suggested that 'everyone in health and social care really has two jobs when they come to work every day: to do their work and to improve it'. An engaged employee does just this: contributing to making health and social care safer and of higher quality. The Chief Medical Officer's Annual Report 2017/18 *Personalising Realistic Medicine* recognises the need to have a supported workforce, compassionate leaders and a culture of stewardship.

Clinician engagement can result in:

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

NHS Fife developed a Driver Diagram to guide and determine components of effective clinical engagement, as shown in Appendix 2.

Key principles of clinical engagement

The key aims of clinical engagement are to develop and maintain a relationship between and crossover with, clinicians and management which ensure that the specialist knowledge and experience of clinicians and care professionals are incorporated into the core activities of the health (and social care) in Orkney.

It is normally expected that a progressive and sustainable approach to engaging clinicians should be firmly embedded in management practices. This would be achieved through application of the following key principles

1. Early Engagement
2. Effective Communication
3. Accountability

However, if we are to achieve a **clinically led, managerial-enabled** approach then clinicians must be supported to lead developments.

The International Association for Public Participation Model provides a useful model for consideration of the purpose, methods, and outputs for different levels of clinician engagement (Appendix 3). To improve engagement, we need to move more of the work we do from consultation to ***collaboration and empowerment*** type approaches.

Enabling engagement – A Culture Change

The Sturrock Report [1] into cultural issues related to allegations of bullying and harassment in NHS Highland was published in May 2019 followed by a response by the Cabinet Secretary for Health and Sport [2]. Within both, clinical engagement arises as a theme and Appendix 4 is a collection of relevant extracts.

Successful approaches to enhancing engagement require an organisational cultural focus, driven from a clinical perspective and this must be incorporated into all aspects of strategic planning, service redesign, and service optimisation. This cannot be expected to be achieved through purely structural changes.

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

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

enabled to coach clinicians to find solutions to problems themselves instead of providing the "answers".

"...many leaders recognised they knew little about enabling change when they started medical management roles. They had learned, frequently through trial and error, that successful change rested as much on their ability to engage with colleagues as on their expert knowledge." [3]

<table>
<tr><th colspan="7">The clinical voice in NHS Orkney</th></tr>
<tr>
<td>Dental Hygienists

Dental Nurses

Dental Therapists

Independent Sector Dentists

Public Dental Service Dentists</td>
<td>Hospital doctors
• Consultants
• GPs in hospital
• Locums
• Staff Grades
• Trainees</td>
<td>GPs

GPwSI</td>
<td>Community pharmacists

Hospital pharmacists

Pharmacy Technicians</td>
<td>Advanced Nurse Practitioners
Community Nurses
GP nurses
Health Visitors
Healthcare support workers
Hospital Nurses
Mental Health Nurses
Midwives
Practice Education Nurses
School Nurses
LTC Nurses
• Cardiac
• Diabetes
• Dementia
• LD
• MS/MND
• Oncology/Palliative Care
• Renal</td>
<td>Audiologists
Biomedical Scientists
Clinical Scientists
Dieticians
Occupational Therapists
Operating Department
Practice Education Leads
Practitioners (ODPs)
Paramedics
Physiotherapists
Practitioner Psychologists
Podiatrists
Radiographers
Speech and Language Therapists</td>
<td>Optometrists</td>
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<tr>
<td rowspan="2">Area Dental Committee</td>
<td>Hospital sub</td>
<td>GP sub</td>
<td rowspan="2">Area Pharmaceutical Committee</td>
<td rowspan="2">Nursing and Midwifery Advisory Committee</td>
<td rowspan="2">Therapies, Rehabilitation and Diagnostic Services Advisory Committee</td>
<td rowspan="2">Sole representative</td>
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<tr>
<td colspan="2">Area Medical Committee*</td>
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<td colspan="7">Area Clinical Forum</td>
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<tr>
<td colspan="2">Clinical & Care Governance Committee</td>
<td colspan="3">NHS Orkney Board</td>
<td colspan="2">ACF Chairs’ Group for Scotland</td>
</tr>
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Integrated Joint Board *"Orkney Health and Care"* *(OIC + NHSO)*	*Executive Directors and Senior Management*	*Scottish Government*

How will we get there?

1. Get the right representation

The professional advisory committees have a direct line to raise issues and provide clinical advice to the Board. It is important to open this door to our clinicians, inviting their views and importantly, feeding back so that the value is appreciated. The table above outlines the range of clinical expertise we have employed in NHSO. These experts have a mechanism to provide advice to the Board via the Area Clinical Forum and the Professional Advisory Committees but this opportunity is underutilised. The Board have a wealth of clinical knowledge at their disposal.

Ideally each PAC meeting has a representative from each specialties/areas/teams but this is rarely the case thus weakening their ability to provide sound multidisciplinary clinical advice. This then begs the question: *"is it realistic to expect to achieve full representation at PAC meetings and should we be looking at additional or alternative ways of tapping into the clinical expertise we have?"*

In addition to the PAC meetings there are a number of individual teams made up of clinical staff who meet regularly. Utilisation of these meetings may help to overcome the problem. Any policies/pathways etc would still be brought to the advisory committees but having also been brought to the attention of any of the other relevant groups, meaning staff should be more included and the advisory committees can provide better informed advice. There needs to be a mechanism to feed into to the PAC when a topic has been discussed, maybe a short summary note outlining key concerns/comments/etc and the Terms of Reference of the PACs would need to be updated to reflect these changes. This approach could also open the door for more clinical staff to raise clinical concerns to the attention of their advisory committee and escalate issues to the attention of the Board and Executive management.

The committee structure would benefit from better flow of information:

- Utilise the committees to share and "approve" initiatives taken by departments and escalate the successes and learning up to the Board
- Opportunity to "close the loop" with Board Members (Executive and Non-Executive) visiting departments/individuals to congratulate them on their achievements or to offer help and support to complete work.
- Recognition that currently issues that get stuck do not get escalated through the ACF to the Board, therefore not giving the Board the opportunity to support implementation/resolution.

*In response to the new GMS contract and the need for a Primary Care Improvement Plan a GP sub group of the AMC was constituted. An unintended consequence of this however is that the AMC itself has been less active, appreciating that there have been other longer standing issues with attendance. There is a general view that there should also be a parallel group, a hospital sub of the AMC and this is now being established. This would potentially allow the AMC to meet less frequently to help balance the workload although this important juncture between primary and secondary care must be maintained, not just for medics but from a multidisciplinary viewpoint.

2. Reconfigure ACF business

Awareness

Our purpose, membership and remit needs to be clear and well known. Further work should be undertaken to raise awareness of these aspects not just amongst the PAC members but all staff, including senior staff. This could be in the form of a clinical

newsletter which would then develop into a tool to regularly communicate the matters being discussed at the professional committees. After each PAC or ACF meeting, a brief “key points” summary could be circulated.

Apologies

The ACF and PAC need to be better at providing responses on the intention to attend meetings to avoid times where meetings are not quorate. The use of substitutes should be common practice and this could be formalised by identifying list of potential deputies. However, often a suitable substitute cannot be identified. A list of representatives for each committee along with details of potential deputies should be drawn up.

Agenda

Clinicians should be shaping their own PAC agenda to ensure that the important clinical matters are being raised, as opposed to reading heavy documents where little difference to frontline treatment is perceived. Issues experienced at the coal face must find a way into the advisory committees. That said, there must also be an opportunity to highlight local implications of organisational or national developments which are not always known to clinicians. Therefore some committee leadership is essential to highlight important items which ought to be on the agenda of a PAC and this is discussed further below.

We also need to ensure areas represented in each of the PACs have a regular slot in the agenda to raise developments/issues. It would be helpful to get into habit of communicating regularly with each area and where a representative not able to make a meeting try and gain an update in advance of meeting. This change would require some support around the process.

Membership

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

With regard to PACs, clinicians value the input of relevant senior leaders and their presence at PAC meetings is sought. It may be for the Board to ensure this work is prioritised appropriately and sets an example for others. It is recognised that there is a time commitment associated with this however the workload could be distributed to share the burden.

3. Use sponsors

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

> *"Generally the designated Executive Lead (Sponsor) will support the Chair of the Forum in ensuring that the Forum operates according to / in fulfilment of, it's agreed Terms of Reference. Specifically they will:*
>
> - *Support the chair in ensuring that the Forums remit is based on the latest guidance and relevant legislation, and the Boards best value framework;*
> - *Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;*
> - *Oversee the development of an Annual Work plan which is congruent with its remit and the need to provide appropriate assurance at the year end for endorsement by the Forum and approval by the NHS Board;*
> - *Agree with the Chair and agenda for each meeting, having regard to the Forums remit and work plan;*
> - *Lead a mid year review of the Forums terms of reference and progress against the Annual Work plan as part of the process to ensure the work plan is fulfilled;*
> - *Oversee the production of an annual report on the delivery of the Forums Remit and Work plan for endorsement by the Forum and submission to the NHS Board."*

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

Advisory Committee	Potential Committee Lead/Sponsor
ADC	Dental Clinical Lead
AMC	Medical Director/Director of Public Health
GP sub	Lead GP or DoPH/MD
Hospital sub	Lead Clinician or MD/DoPH
APC	Lead Pharmacist or Director of Pharmacy
NAMAC	DoNMAHP or Lead nurse and Lead midwife
TRADAC	DoNMAHP or Lead AHP
ACF	DoNMAHP or DoPH or MD

4. Enable clinicians to contribute

Being part of the ACF or advisory committee offers development opportunities which could be highlighted at appraisal or during creation of personal development plans. The potential skills/knowledge which could be gained should be promoted. We should make it clear what is involved with being an office bearer and encourage succession planning.

Being an office bearer on an advisory committee requires protected time in order to carry out the role effectively. It should seen more like a secondment rather than an optional extra and

an appreciation of this aligns with the *Health and Care (Staffing) (Scotland) Bill*. Work needs to be done to quantify the time commitment and work out a memorandum of understanding or job role type document which would support the clinician in getting the right amount of time to devote to advisory committee work. Other areas in Scotland appear to have good arrangements and the National Health Service (Scotland) Act 1978 outlines responsibilities of the Board to ensure such work is supported. Any costs involved need to be considered against the value and outcomes from having good clinical engagement.

Less emphasis on formal meetings

Do we need to meet to get things done? The conventional means of doing our business with papers commonly consisting of hundreds of pages and unfamiliar jargon for many clinicians is inhibiting our work and we need to try other methods to communicate. Specific topic events/workshops or multidisciplinary, clinician-led short-life working groups could provide the Board with sound advice whilst empowering staff to shape clinical care.

Staff enjoy educational events and MDT educational meetings are of particular value. Developing a seminar or workshop style approach to discussions could be helpful. It might be helpful to highlight the areas of need/variability/inequality within Orkney and for NHSO to develop a series of seminars to consider these issues. Putting this into an "educational" rather than a "meeting" framework might help gain greater engagement. Seeking collaboration with relevant departments in how to address the issues might also be helpful.

There are also options offered by using online spaces to conduct business. This could essentially be a website which is easily accessible, a good user-friendly source of information, document repository and discussion forum. Options should be explored, ideally with support to maintain this.

5. Utilise the development of our new Clinical Strategy

NHSO are in the process of developing our clinical strategy for the next five years which sets out our intent to provide the "Best care everywhere". From information available on our burden of disease in Orkney (using the disability adjusted life year [DALY] approach), NHSO may need to rethink where we focus our attention. Four key areas of focus have been identified:

- Mental health
- Long term conditions
- Ensuring children thrive
- Health and well being of the population of Orkney

The Clinical Strategy will highlight the importance of clinical leadership and the desire to be an organisation which is "**Clinically led, managerially enabled**" as described above.

The development of the Clinical Strategy itself has presented an opportunity for clinicians to engage and shape the way we deliver service in the future and play a part in not just the overall strategy but specific areas of focus. In addition it sets the scene for an engaged workforce to deliver the strategy (clinical leadership).

6. Be proactive as Board

NHSO Board must take a more proactive approach in approaching clinicians and the advisory committees for advice and enabling clinical leadership. This could involve commissioning pieces of work by our own staff with a senior clinical sponsor on relevant

topics, such as the local responses to national publications e.g. Scottish Access Collaborative work.

If enabled, our clinicians can be quality improvers.

Many staff feel inhibited about speaking in meetings and they feel that they might not have the necessary experience or knowledge to make suggestions. There needs to be a culture where challenge is set in the appropriate style and there are respectful relationships "*There is no us and them, only us*", Greg Boyle. We need to ensure that the organisation demonstrates the stance that everyone's views and opinions are valid, valuable and required to ensure NHSO adopts appropriate policies.

What next for the ACF?

Despite challenges faced by the ACF, a number of opportunities are on the horizon:

- A commitment from the Board to work to improve clinical engagement
- A new clinical strategy to focus our attention and engage clinicians
- A new hospital and healthcare facility which has offered opportunities through new ways of working due to proximity. We must capitalise on the energy and ensure to the focus extend out beyond The Balfour to the whole of NHSO.

Specific areas of focus for Board consideration and endorsement:

- The ACF and Advisory Committees need to be **promoted** to staff at all levels and awareness raised of our work to cement place as a useful tool within the organisation.
- Consideration is being given to the replacement for the Quality & Safety Group. An option for the Board to explore is to **adapt and utilise the ACF** to serve this purpose to avoid duplication of clinical fora.
- The office bearers need to be **supported** in setting the agenda and given direction but also and importantly, given the **time to fulfil the role**. This will undoubtedly have implications in terms of time away from their clinical role but the value in having clinical leaders, as outlined above is significant.
- The PACs need the **right representation** and staff need the support and **time to attend** meetings to ensure we have a truly multidisciplinary advice forum. In order to do this we need to create membership lists along with deputies and then have support around the process to get short reports from areas where representation will not be possible at a meeting.
- The hospital sub-committee must be established and the Area Medical Committee needs to be reinvigorated to facilitate discussions at the vital juncture between primary and secondary care.
- We need to utilise the expertise in other **clinical meetings** which are already happening and we need support to create a mechanism to feed these into the PAC structure.
- Assign a **sponsor** to support and guide each of the advisory committees and the ACF.
- Use the **Clinical Strategy** to work with clinicians and shape the services we deliver.
- The Board needs to utilise the ACF and be more **proactive** in seeking clinical advice not just from the committees but also commissioning pieces of work from specific groups of clinicians which would feed into the advisory committee structure. This would foster a shift from a consultative or informative approach to collaboration and empowerment.

- It is important to further consider **innovative** ways of communicating to better conduct our business such as an online space.
- A **newsletter** would be a good means of communicating key points across the clinical community. This would require some support to gather the content and distribute.
- Executive and non-executive **attendance** at ACF is valued and this should be continued. PAC also rely on senior clinician attendance and this needs to be facilitated.

Current practice...	How it could look...
Low numbers of clinicians attending advisory committee meetings	Well attended forum with multidisciplinary representation
Advisory committee office bearers feel unsupported in role	Advisory committee office bearers have protected time and support to fulfil role
Little known about the ACF amongst clinicians and managers	ACF promoted and value realised and therefore clinicians more engaged
Agenda setting unsupported	Senior level sponsor supporting committees
Clinical advice responsive (with clinicians being informed or consulted)	Clinical advice sought early, developments clinician led (empowerment, collaborative work)
Information sharing variable across clinical community	Clinical community well informed, all clinician gatherings utilised and multiple modes of communication,
ACF one of a number of sources of clinical advice to the Board	ACF essential and central to the clinical advice to the Board

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[7] NHS Orkney and Orkney Islands Council, "Orkney Integration Scheme," 2015. [Online]. Available: https://www.orkney.gov.uk/Files/OHAC/Integration_Scheme_Accessible_Version.pdf.

[8] C. Jorm, "Clinical Engagement - Scoping Paper," March 2017. [Online]. Available: https://www.bettersafercare.vic.gov.au/reports-and-publications/clinical-engagement-scoping-paper. [Accessed 23 August 2019].

Acknowledgements

The input from the clinicians of the PACs and ACF and the executive management was invaluable.

Thanks must be given to NHS Fife ACF for sharing their work “*Clinical and Care Engagement: Developing a Strategic Framework*” which helped to shape large portions of this document.

Appendices

APPENDIX 1 Functions of the Area Clinical Forum

The following extracts outline the functions of the ACF according to Scottish Government circulars and an extract from our local Integration Scheme.

Functions of the Area Clinical Forum

- The core functions of the ACF should be to support the work of the NHS Board by [4]:
  - Reviewing the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (acute services, primary care, health improvement, etc.);
  - Promoting work on service redesign and development priorities and playing an active role in advising the NHS Board on potential for service improvement;
  - Sharing best practice and actively promoting multi-disciplinary working – in both health care and health improvement;
  - Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the professional committees;
  - Providing the Board with a clinical perspective on the development of the Local Delivery Plan and the Board's strategic objectives.
- At the request of the NHS Board, the ACF may also be called upon to perform one or more of the following functions:
  - Investigate and take forward particular issues on which clinical input is required on behalf of the NHS Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution;
  - Advise the Board on specific proposals to improve the integration of services, both within local NHS systems and across heath and social care.
- Providing a local clinical and professional perspective on the impact of national policies at local level.
- Ensuring that local strategic and corporate developments fully reflect clinical service delivery
- Each ACF may wish to review its functions periodically, in collaboration with the Board, to ensure they fit local priorities and development.

The ACF and the Board

- Boards will be required to demonstrate that they have involved the ACF or relevant professional committees* appropriately in strategic and service development issues.
- In turn, the ACF will be accountable to the Board for the provision of the appropriate advice and the discharge of the aforementioned functions.

*On specific clinical issues the Board may request advice from an individual professional committee without engaging the ACF (although the ACF should normally be kept informed of the issues concerned and their resolution)

Developing the ACF

Guidance was issued in 2010 (CEL 16 (2010) [5] for **Area Clinical Forum** (complementing the existing guidance ['A framework for reform: devolved decision-making Moving towards single-system working'] [6])

- Keep professional advisory committees under review to ensure they are fit for purpose. Such an approach could be supported by a clinical engagement strategy with local monitoring by the ACF.
- Ensure clinicians have the necessary time to support and make a full contribution
- ACF needs to link to key governance functions and organisational structures with the local NHS system including Community Health Partnerships, and through the established public involvement arrangements
- Participation by clinical professionals should be promoted as an important contribution to the work of the Board as well as a development opportunity for those involved
- The benefits of developing and strengthening communication and networking arrangements for clinicians – particularly with respect to patient safety, person-centredness and clinical effectiveness – should be promoted

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

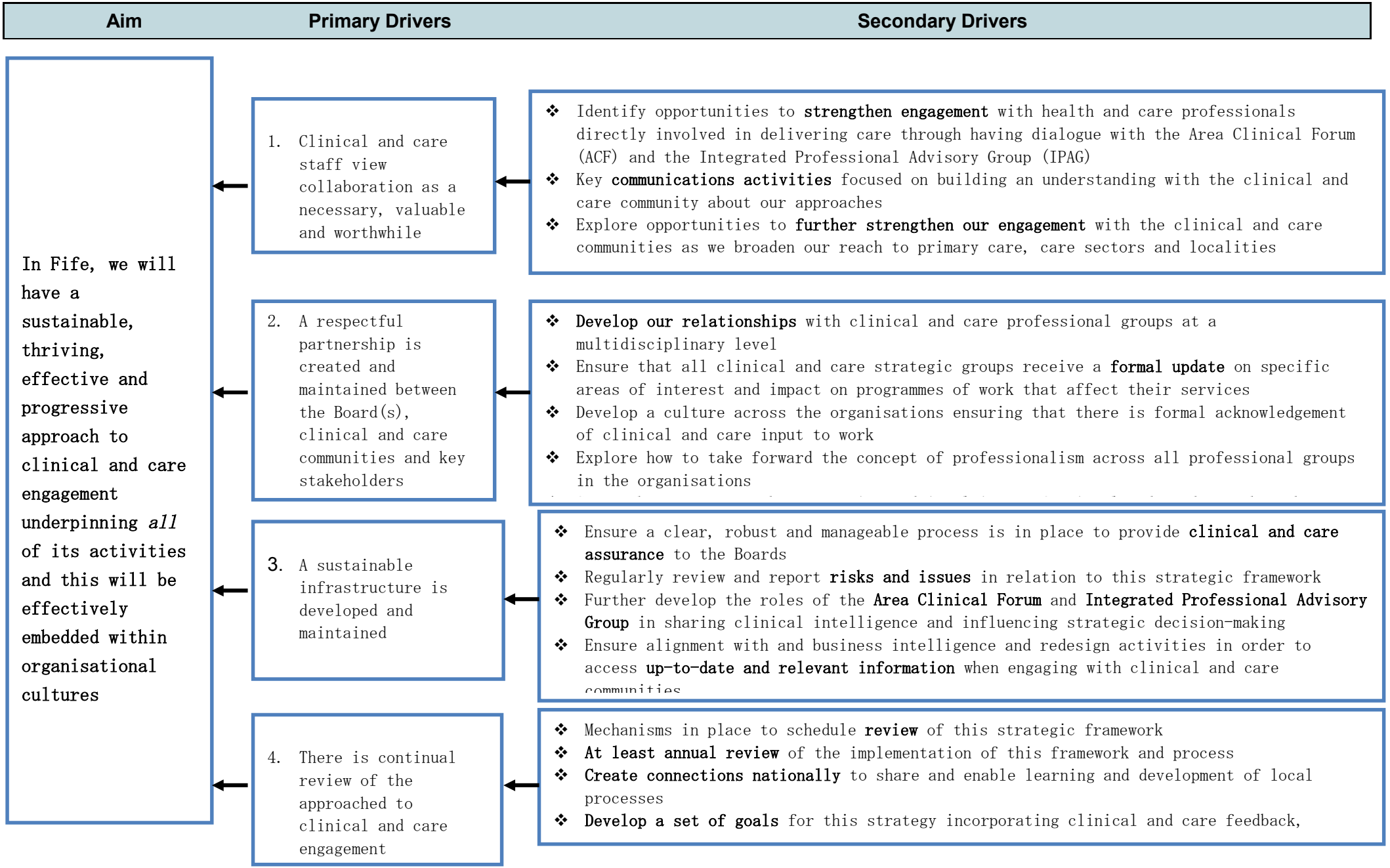
This guidance encourages the establishment of arrangements for **systematic clinical engagement** across all NHS Scotland organisations. The guidance states that ACFs and their constituent members have a key role in taking forward the key dimensions of quality described in the NHS Scotland Healthcare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

ACF and the IJB

The Orkney Integration Scheme (2015) [7] states:
"2.7.5. The CCGC [Clinical and Care Governance Committee] will provide advice and information through direct reporting to the Parties and to the Board as necessary and

required including input and advice from professional advisory groups, for example, Area Clinical Forum, Adult and Child Protection Committee and from Professional Lead Officers working both in NHS Orkney and Orkney Islands Council (social care services).”

APPENDIX 2 Clinical and Care Engagement Strategic Framework Driver Diagram



APPENDIX 3 Participation Model

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

Expected Outputs	➢ Intranet ➢ Email to advisory groups ➢ Briefings	➢ Working groups ➢ Consultation papers	➢ Targeted meetings ➢ workshops	➢ Targeted working groups	➢ Delegated decisions

Adapted from: IAP_2 Public Participation Spectrum, developed by the International Association for Public Participation

APPENDIX 4 The Sturrock Report - Clinical Engagement aspects

The following text is made up of extracts from the Sturrock Report into Bullying behaviour in NHS Highland:

Chapter 19 entitled Management and Clinicians outlines the criticality of good relationships and the importance of clinical engagement. It provides constructive suggestions on how to improve matters.

22.6 On the theme of information to the Board, a very senior clinician observed: "There was and, I think remains, no clear ability for clinical advice to get to the Board other than through the Executive Team… The Board did not and does not meet "rank and file" clinicians to inform themselves directly without the filter applied by the Executive team." This theme was repeated a number of times.

A Better Way

30.6 History is full of examples of situations where focussing on the people who form the workforce has transformed an organisation. Research shows that when people do what they love, work feels more like play and they are more likely to keep going when the going gets tough. They end up being more productive and effective.

30.7 If leadership can be inspiring, visionary, energetic and attractive, people will deliver more. Perhaps this is especially true in public service, especially in the NHS, where people often act over and above the call of duty in order to serve. The converse is likely to be true if leadership is constraining, dictatorial and fear-based.

30.8 A recent example can be found in the fortunes of Manchester United Football Club. The writer, Matthew Syed, whose book Black Box Thinking 50 contrasts safety in the health service with the aviation industry, has pointed to the shift from fear-based and fear-inducing leadership, characterised by criticism, confrontation, blame and buckpassing, which impacted negatively on performance, to a joyful, supportive, liberating approach which has released players (the staff) to see things more widely (literally as well as metaphorically, as the brain responds differently), and to become more creative, responsible, and engaged. There is less fear and more interaction. More confidence and fun in what they do. Interestingly, the new (and, at the time of writing, interim) manager has also visited backroom staff and shown interest in how they support the playing staff.

30.9 I note in passing that, in the aviation industry, this is not just about a "no blame" culture; more it reflects a "just" culture, where the difference between what is acceptable and unacceptable is understood. This entails another shift in mindset, moving from culpability and shame to acceptance of fallibility and vulnerability. This presents another useful challenge to NHSH thinking.

Clinical Engagement in the Contemporary NHS

33.48 Reassessment of the relationship between clinicians and management seems to be an essential part of building a collaborative and mutually respectful and supportive culture. Apparently, evidence from around the world shows that improved clinical outcomes follow greater clinician involvement in management. Thus, there should be reflection on the manner and benefits of clinical involvement in leadership. This may entail changes of attitude and behaviour for some as they move towards a more collaborative approach.

33.49 Clearer management structures, a better understanding of the needs and motivations of both management and medical staff and a positive approach to the greater good, will all benefit staff and patients alike. It has been suggested that adequate investment in administrative support and communication could enable clinical staff to feel a greater sense of ownership of decisions made by their organisation.

33.50 It has also been suggested that the apparently excellently conceived "Clinical Compact – The Highland Pledge", subtitled "or how we will work better together" describing the relationship and obligations of clinicians to the organisation should be reviewed with a view to actual implementation. This is likely to raise issues of training. For example, clinicians may need training in negotiation and collaboration skills. It has been suggested that there may be scope for a Scottish NHS College.

33.51 A system for addressing urgently concerns/ complaints or differences of professional view will be valuable. The use of facilitation and mediation should be considered. The role played by an Associate Medical Director in this context could be critical.

33.52 Similarly, the relationship of GP practices to NHSH needs review and a commitment to mutual understanding and respect. Honesty and clarity about priorities and resources is key, built on the foundation of much stronger relationships

Quick Summary

- *Ensure clinical engagement and effective relationships with managers*
- *Enhance relationships with GPs*

Scottish Government response to Sturrock - Clinical Engagement aspects

29.Evidence from around the world suggests that improved clinical outcomes follow from greater clinical involvement in management. There should be reflection on the NHSH approach to clinical involvement in leadership as the board moves towards a collaborative approach.

30.There should be clearer structures and a better understanding of the needs and motivations of both management and medical staff.

31.The existing "Clinical Compact – The Highland Pledge" should be reviewed with a view to effective implementation.

32.The board should have a system for rapidly addressing concerns; the use of facilitation and mediation should be considered.

33.Similarly, there should be a reflection on the relationship between GP practices and NHSH.

8.3

Not Protectively Marked

NHS Orkney Board – 19 December 2019 **This report is for noting** **Area Clinical Forum Chair's Report**	
Lead Director **Author**	Steven Johnston, Chair Area Clinical Forum
Action Required	The Board is asked to: 1. Note the report and seek assurance on performance
Key Points	Due to the slightly earlier date of the December Board meeting a paper report is not available from the Area Clinical Forum meeting held 6 December 2019. However, on 8 November 2019 the ACF held a development session to sense check an early draft of the Clinical Strategy for the next five years. The session was well received and useful for the Board to note. A summary of the session is appended.
Timing	The Area Clinical Forum highlights key issues to the Board on a bimonthly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: • 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.

8.3

Not Protectively Marked

NHS Orkney Board

Area Clinical Forum Chair's Report

Author Steven Johnston, Area Clinical Forum Chair

Section 1 Purpose

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

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised

Section 3 Background

The appendix summarises the discussion held at the Area Clinical Forum Development Session on 8 November 2019.

Appendices

- Summary of the Area Clinical Forum Development Session held on 8 November 2019

Area Clinical Forum

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

Summary of the joint Area Clinical Forum Development Session held Friday 8th November 2019

NHS Orkney Clinical Strategy 2019-2024

Present:	*Steven Johnston*	*ACF Chair, ADC secretary*
	Lynne Spence	*Lead AHP, TRADAC*
	Jacqui Hirst	*Paediatric OT*
	Penny Martin	*Paediatric Physio*
	Kate Smith	*TRADAC chair/Lead CT radiographer*
	Judy Sinclair	*Excellence in Care Lead*
	Davie Campbell	*Non-Executive Director*
	Helen Clouston	*NAMAC vice-chair/community nurse*
	Dawn Moody	*GP clinical director/OOH GP*
	Gina McMahon	*Paediatric OT*
	Lianne Henry	*OT*
	Sylvia Tomison (VC)	*NAMAC chair/community nurse*

The session opened with a presentation from David McArthur, Director of Nursing, Midwifery and Allied Health Professionals on the Clinical Strategy and the introduction included a plea for input from clinicians, noting that its current form is a production of the executive team as a means of having a point to start from. It was stressed that the content is very much subject to change providing there was a good evidence base to do so. A summary of the drivers for change was outlined along with reasons for arriving at the four priorities:

1. Improving care and supporting self management for those with mental health issues;
2. Improving care and supporting self management for those with long term conditions;
3. Ensuring children thrive and;
4. Improving the health and well being of the population of Orkney

Feedback was sought on whether these were the right 4 priorities for Orkney and there was some discussion around the importance of a multidisciplinary approach to get the detail right. The order of the priorities was discussed without a consensus reached but it was suggested this should be considered. It was suggested that priority 3 could be expanded slightly in collaboration with the Children's Services team.

It was explained that this overarching strategy would have further work branching from it, such as a nursing strategy for example, in addition to workforce planning. In additional to engagement with staff, a Citizen's Jury approach would be taken to get a public/patient perspective.

The timetable for the strategy was not yet clear but further work would be done with specific groups of clinicians to develop the content further.

A copy of the presentation is attached for reference.

The second half of the session was an open forum for discussion with the draft strategy document on the screen with comments added in real time. A copy of this document will be provided to the clinical executive team for consideration. A summary of the discussion is provided below along with a number of comments received via email in advance of the session.

It was firstly noted that the plans for clinical engagement around this strategy were welcomed and the document as it stands was a good means of opening the discussion and allowing the strategy to take shape as these further group discussions take place.

The dates 2019-2024 would be better if amended to 2020-2025. Some comment was made around the document being too long but as the discussion went on, with many suggestions for aspects to be added, there was an appreciation that the main Clinical Strategy document itself possible needed to be lengthy. A shorter summary document (similar to a Scottish Intercollegiate Guideline Network [SIGN] *Quick Reference Guides)*, could be produced to allow an "at a glance" view. There was also discussion around the need for the document to be easily available online with easy links to both the document itself and the content within. A visual representation of the strategy and where it fits into the larger picture of the organisation and Orkney as a whole (OHAC, 3rd sector) would be useful for staff. Some of the terminology used, which is everyday language at executive or managerial level, was not clear to some clinicians and the example given was the use of "upstream".

The Safe Staffing Bill is cited as a strategic influence and rightly so, but it was suggested to elaborate to clarify that it is more that just the numbers of staff but quality and skills at the right time which is important. Another strategic influence could be CYIC (Children and Young People in Care). There was discussion around finance as a driver but the presentation made clear that getting the clinical priorities and direction established first was important and therefore money was intentionally excluded. Another potential driver discussed was data around patients travelling for treatment elsewhere which might highlight our need to adapt locally.

The definition of a multi-morbidity provided was felt to be too limited and the following reference was offered as an alternative:
https://www.nice.org.uk/guidance/NG56/chapter/Recommendations#general-principles

It was felt that the fact that chronic conditions are managed in isolation in primary care was not reflected in the document. This could be included in further iterations in collaboration with relevant staff.

It was advised to qualify "care closer to home" with a statement around "where it is clinically safe to do so". We may also need to elaborate on what it is to be a good community partner.

It was felt that there needed to be reference to managing patient/carer expectations where changes are proposed in the way that we deliver services, noting that this culture change would take time. For example where the GP may not be the first point of contact.

With regard to the question regarding the level of detail on burden of disease, it was felt that there was too much detail and some of this could be provided via links to the further information.

It was suggested that it is best to see the vision focussing on the wider clinical benefit rather than specifics on traditional job roles and historical ways of doing things. More of the innovative work

already done should be outlined and celebrated. An example given was the direct access MSK and pharmacy work which has recently been carried out. Equally, acknowledgement of work what has not delivered results despite investment (e.g. tackling obesity, mental health) should be made clear and influence our approach.

There was discussion around "clinically-led, managerially enabled" and some debate around how best to present this. Some felt this might perpetuate an "us" and "them" culture and have adverse consequences. Others felt it was important to have a clear clinical focus. Those under the OHAC umbrella who are NHSO employees but managed by OIC employees may not be able to achieve this approach and it was asked if this was within the scope of this document to change that.

Under mental health there was discussion about a dementia strategy which seemed to be little known about but important to include a reference to this if it is indeed a piece of work in development. Also, the role of the school nurse in CAMHS, both universal and targeted should be included. The statement on children at the end of the mental health section would need to be expanded, appreciating that there will be a cross-link with the later section on thriving children. A measure of improved child and adolescent mental health would need to be specified.

There was discussion around the need for a review of community nursing services including OOH and the example used around antibiotic delivery was felt to be an unusual example. The community nursing team would be keen to work on this section of the strategy further.

It was felt that more local data on diabetes would be useful along with a little more information in the text.

It was proposed that frailty should be presented as a relative risk so that is more relatable.

In section 3, ensuring children thrive, it was commented that the opening statement on why this is a priority was very good and this should be mirrored in the other priority areas in the document. However the remainder of the section was felt to need adaptation with involvement of the relevant team(s), including our colleagues in NHSG. The data is Figure 16 is based on parental reporting and further sources should be considered. Also, the implications of delayed care with a child with developmental concerns should be outlined.

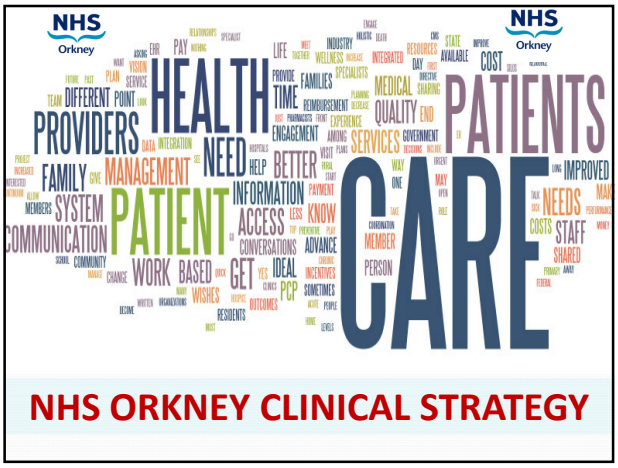
It was acknowledged that IT plays such a significant role in clinical care nowadays and is vital for us to adapt. Therefore a section on the utilisation of IT, or at very least references or links to the relevant work, should be included.

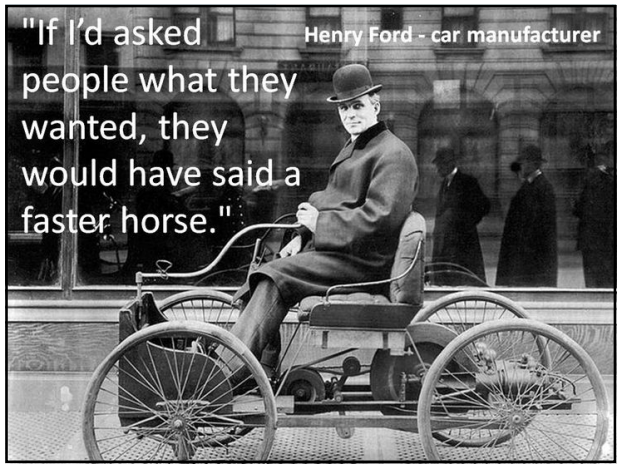
Finally there was discussion around ensuring that there is a focus across both primary and secondary care and, in particular, the interface between the two. A comment around the commitment to improve this should be included. Similarly, our links with regional work could be highlighted.

In summary, there was good enthusiasm amongst clinicians towards the draft strategy with reassurance taken from the plans to have further engagement in teams or smaller groups on specific aspects of the plan. The ACF look forward to seeing further iterations as this piece of work develops.

Steven Johnston

Chair, Area Clinical Forum





What is Strategy

- **Strategy** from Greek στρατηγία *stratēgia*
- a high level plan to achieve one or more goals under conditions of uncertainty.
- Formulation – Analysis of the environment
- Implementation – Action Plans

What is a Clinical Strategy?

The clinical strategy focuses on:

creating more local and integrated services, to improve access and help keep people healthy and out of hospital concentrating specialist services where necessary, to increase quality and safety.

Imperial College Healthcare Mar 11 2019

NHSO Clinical Intent

- Improve **clinical** outcomes and patient **experience**
- Help people **stay as healthy** as possible
- Priorities must shift toward health promotion, diagnosis and early intervention
- Primary focus on our local population and delivery of services in Orkney

Purpose

- Roadmap - outlining our clinical intent
- Identifies what the key priorities, goals and outcomes will be
- Provides clarity for staff, the public and our partners on our future direction.
- It will guide both short and long-term decisions
- It will help NHS Orkney contribute to the delivery of the national vision for health and social care Scotland
- Provide support to the local integration authority in the commissioning of health and care services

"If you always do what you've always done, you'll always get what you've always got."
- Henry Ford

Formulation and Influences

- Public Health based approach
- Burden of Disease
- Realistic Medicine
- Programme for Government
- Scottish Government Policy
- Bottom up implementation
- Finance

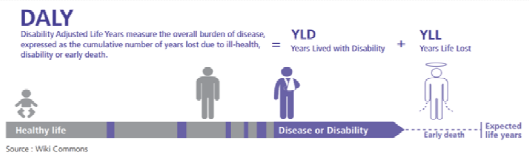
Programme for Government 2019-20

Drivers for Change

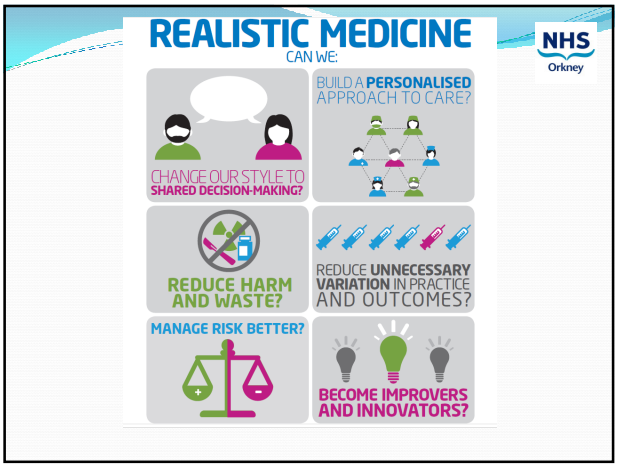
- Demographics
- Changing patterns of illness and disability
- Development of new treatments
- Reducing Waste
- Avoidable Harm
- Variations in Treatment

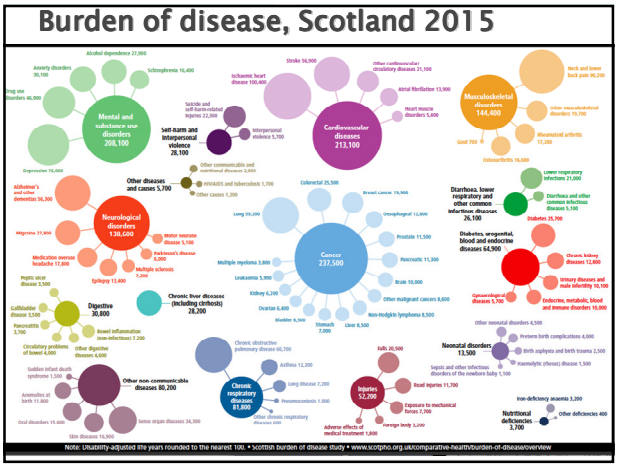
Orkney Islands
Projected population profile, 2016 and 2026

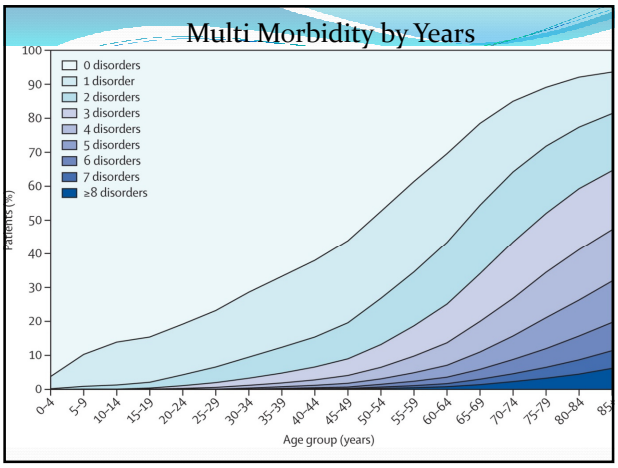
Disability Adjusted Life Years

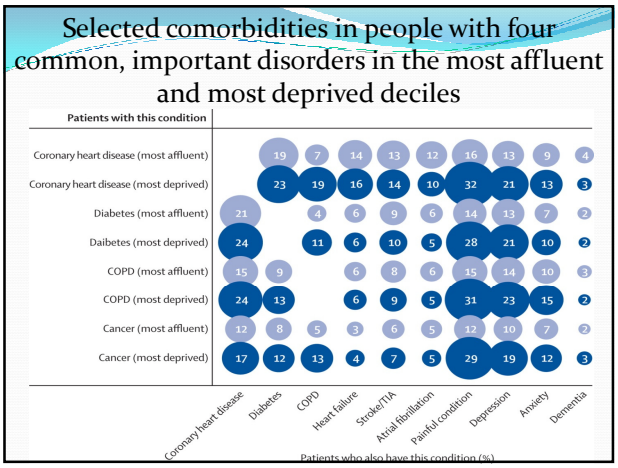


DALYs = Years of life lost due to premature mortality (YLL)
+ Years lived with disability (YLD)


REALISTIC MEDICINE
CAN WE:
NHS
Orkney
CHANGE OUR STYLE TO SHARED DECISION-MAKING?
BUILD A PERSONALISED APPROACH TO CARE?
REDUCE HARM AND WASTE?
REDUCE UNNECESSARY VARIATION IN PRACTICE AND OUTCOMES?
MANAGE RISK BETTER?
BECOME IMPROVERS AND INNOVATORS?


Burden of disease, Scotland 2015
Mental and substance use disorders 208,100
Self-harm and interpersonal violence 28,100
Cardiovascular diseases 213,100
Musculoskeletal disorders 144,400
Other diseases and causes 5,700
Neurological disorders 136,600
Cancer 237,500
Digestive 30,800
Chronic liver disease (including cirrhosis) 28,200
Other non-communicable diseases 80,200
Chronic respiratory diseases 81,800
Injuries 52,200
Diarrhoea, lower respiratory and other common infectious diseases 26,100
Diabetes, urogenital, blood and endocrine diseases 64,900
Neonatal disorders 13,500
Nutritional deficiencies 3,700
Note: Disability-adjusted life years rounded to the nearest 100. • Scottish burden of disease study • www.scotpho.org.uk/comparative-health/burden-of-disease/overview


Multi Morbidity by Years
0 disorders
1 disorder
2 disorders
3 disorders
4 disorders
5 disorders
6 disorders
7 disorders
≥8 disorders
Patients (%)
Age group (years)
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84


Selected comorbidities in people with four common, important disorders in the most affluent and most deprived deciles
Patients with this condition
Coronary heart disease (most affluent)
Coronary heart disease (most deprived)
Diabetes (most affluent)
Daibetes (most deprived)
COPD (most affluent)
COPD (most deprived)
Cancer (most affluent)
Cancer (most deprived)
Coronary heart disease
Diabetes
COPD
Heart failure
Stroke/TIA
Atrial fibrillation
Painful condition
Depression
Anxiety
Dementia
Patients who also have this condition (%)

Key Areas of Focus

- Improving care and supporting self management for those with mental health issues;
- Improving care and supporting self management for those with long term conditions;
- Ensuring children thrive and;
- Improving the health and well being of the population of Orkney

Implementation Principles

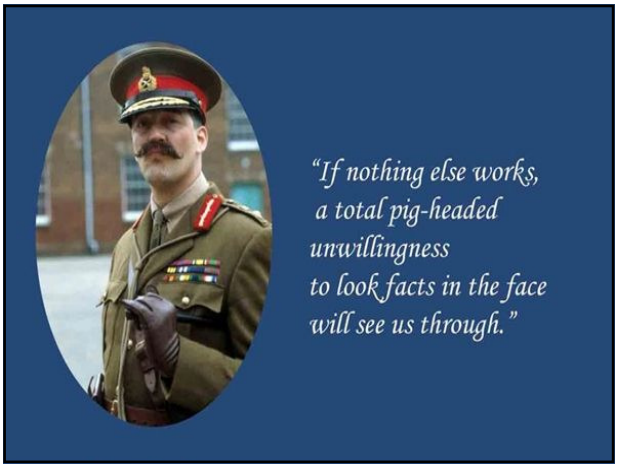
- To shift care upstream – prioritise prevention and provide care closer to home
- Tailor our services to people's need
- To keep things local where possible but ensure those who need more specialist care receive it share best practice, expect high standards of clinical care
- Provide integrated evidence-informed diagnostic and treatment approaches
- Focus on recovery and enabling people to achieve the best possible health
- Continually improve the quality of our clinical care
- Protect the most vulnerable and reduce avoidable inequalities

What Next

- Service providers need to contribute to and provide detail to the strategy
- Use the strategy to shape services and ID resources
- The strategy sets the conditions for multi disciplinary working and collaboration
- Shared understanding of indicators of success

Tasks

- Greater detail and review assumptions
  - Question sets
  - Scenarios
- Developed from the ground up broad engagement is essential
- Specific work strands (SLWG approach?)
- Public Consultation (Citizens Jury?)
- How do we make this an enduring and living document which has a positive impact


"If nothing else works,
a total pig-headed
unwillingness
to look facts in the face
will see us through."

NHS Orkney

Not Protectively Marked

NHS Orkney Board Meeting – 19 December 2019 **This report is for noting** **Staff Governance Committee Chair's Report**	
Lead Director **Author**	Annie Ingram, Director of Workforce Caroline Evans, Chair Staff Governance Committee
Action Required	The Board is asked to: 1. Note the report and seek assurance on performance
Key Points	This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 27 November 2019 and it was agreed that these should be reported to the NHS Orkney Board: • iMatter Report • Once for Scotland Policy Update • Workforce Report
Timing	The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to 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 Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public.

Benefit to Patients	Active engagement of all parties with the principles of good staff governance 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.

9.1

Not Protectively Marked

NHS Orkney Board

Staff Governance Committee Chair's Report

Author Caroline Evans, Staff Governance Committee Chair

Section 1 Purpose

The purpose of this paper is to provide the minute of the meetings of the Staff Governance 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 Staff Governance Committee meeting on 27 November 2019 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1. iMatter Report

Key Points highlighted to the Committee from the Head of Corporate Services included;

- NHS Orkney achieved the highest response rate of the territorial Boards in 2018, this has dropped from 83% to 66% in 2019.
- EEI score in 2018 was 76, the 2019 score report shows a slight reduction to 75.
- In 2018 NHS Orkney celebrated with 81% of teams with action plans in place, this has dropped significantly in 2019,
- 11% of teams did not achieve the required response rate to create a team report, this has increased in 2019 to 38%

2. Once for Scotland Policy Update

On 23 October 2019 the Scottish Workforce and Staff Governance Committee (SWAG) formally approved Phase 1 of the 'Once for Scotland' Workforce Policies Programme. This comprises the following workforce policies:

- Attendance
- Bullying & Harassment
- Capability
- Conduct
- Grievance, and a
- Workforce Policies Investigation Process

The Phase 1 policies are accessible through a national digital solution. A BETA version of the digital solution is available at https://workforce.nhs.scot

Each policy comes with extensive supporting documentation to ensure the consistent application across NHS Scotland. Supporting letters are in the process of being finalised. These will be uploaded to the digital solution later in November 2019.

A **soft launch** of the Phase 1 policies will now take place between 1 November 2019 and 29 February 2020. Please note this is a preparatory period for HR Departments and Staff side to ensure NHS Board readiness for launch with staff and managers on 1 March 2020**.**

NHS Boards have been requested to develop local implementation plans in partnership, with accountability through Area Partnership Forums. At the Area Partnership Forum on 19 November 2019 It was proposed to progress this in NHS Orkney by both HR and Staff Side reviewing the Policies individually followed by the setting up a short life working group, involving representatives from HR, Learning and Development and Staff Side, to formulate and agree an action plan. This will be brought back to the APF in January 2020 and the Staff Governance Committee will be updated thereafter.

A central strand of work will be for NHS Boards to identify the key changes for the Board in moving to the NHS Scotland workforce policy from their existing Board policy.

This will include identifying any matters of interpretation which may require further clarification prior to final Cabinet Secretary sign off in the second half of February 2020. Significant revision is not however expected as a result of the 'soft launch'.

Implementation planning will also inform local training requirements. This will include both awareness raising (short term) and soft skills (ongoing as part of Board leadership and management development arrangements).

Consideration to digital signposting and content management will also be included in Board local implementation planning.

Policy Development: Phase 2

SWAG has also approved the commencement of Phase 2.

This phase will address the remaining Partnership Information Network (PIN) policies:

- Embracing Equality, Diversity & Human Rights
- Gender-Based Violence
- Managing Health & Safety at Work
- Personal Development Planning & Review
- Redeployment
- Safer Pre & Post Employment Checks
- Secondment
- Supporting the Work-Life Balance
- Use of Fixed Term Contracts
- Facilities Arrangements for Trade Unions & Professional Organisations

Policy development will follow the same model as Phase 1, with regional engagement events held pre-policy development (January 2020) and mid-policy development (March 2020) followed by a one month consultation period

3. Workforce Report

The Workforce Report gives an overview of workforce related information for the second quarter of the 2019/20 financial year. This is the second of our new style Workforce Reports and is presented in a “dashboard” style. We continue to welcome comment on both the content and presentation of the Workforce Report to allow further development of it for future rounds of reporting.

For this quarter we have added a “Hot Topic” section. This quarter focussed on Medical and Dental and we would indent to expand on this approach in future.

Key items discussed;

- Overall head count has increased, further investigation into why is progressing
- Increase in Nursing and Midwifery bank usage
- Sickness absence static at 4.46%
- Interviews scheduled early 2020 to recruit to Obstetrics & Gynaecologist , Consultant physician and Consultant Surgeon

Cross Committee Assurance

The Committee had no items requiring cross committee assurance.

Appendices

- Approved minute of meeting held on 28 August 2019

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Wednesday 28 August 2019** at **10.30 am.**

Present:
David Drever, Non Executive Board Member
Caroline Evans, Chair
Fiona MacKellar, Vice Chair
David McArthur, Director of Nursing, Midwifery and Allied Health Professionals
Gerry O'Brien, Chief Executive
Kate Smith, Partnership Representative

In Attendance:
Ashley Catto, HR Manager
Julie Colquhoun, Head of Corporate Services
Lauren Johnstone, Committee Support (Minute taker)

376 **Apologies**

Apologies were received from I Grieve, C Werb and N Firth.

377 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

378 **Minute of meeting held on 29 May 2019**

The minute of the Staff Governance Committee meeting held on 29 May 2019 was accepted as an accurate record and approved.

379 **Matters Arising**

780 Health and Social Care Staff Experience Report 2018
The Vice Chair queried if Orkney Health and Care staff had partaken in this year's iMatter survey. It was confirmed that two integrated teams had, and a commitment had been made to ensure all teams were given the opportunity to complete next year.

380 **Action Log**

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

381 **Chairman's Report from the Board**

The Chair highlighted the points from the Board meeting on the 26 June 2019

- Sturrock review and update given to members
- Strengthening the Staff Governance Committee
- New position of Non-Executive Whistle blowing Champion

The Chair highlighted the points from the Board meeting on 22 August 2019

- Board iMatter report
- Update on Clinical Strategy – very good update and hard work imputed so far
- Risk Management and the position on managing these.

The Vice Chair noted that the iMatter directorate reports looked significantly different from the overall Board report, which she was keen to explore in greater depth. Members agreed but were cautious that the information submitted remained anonymous.

It was confirmed that since the implementation of iMatter five years ago, some teams had never reached a 60% response rate and therefore had not had a report produced.

K Smith queried who was responsible for wider organisation issues. The Head of Corporate Services advised that feedback should be submitted to the iMatter email address which would be responded to by a senior manager.

Decision / Conclusion

The Committee noted the Chairs reported highlights from the Board meetings.

Governance

382 **Workforce Report**

The HR Manager delivered the Workforce Report to members. She advised that a new dashboard style report had been produced with thanks given to L Berston.

The first page covered the highlights which included;

- Good news stories
- Reduced sickness absence
- Increase in spend
- Vacancies and how many of these had been successfully recruited to
- Increase of overall headcount (19)

Members were asked for feedback and comments on the report.

The Chief Executive commented that it would be useful to know the timescales behind the post becoming vacant, advertised and the recruited to. The HR Manager advised that a report could be published from vacancy authorisation forms. K Smith added that it would be interesting to know the timescales behind notice received and advertisement of that post.

Members noted the increase in headcount within the organisation.

Members fedback that the layout of the report was easy to follow giving the option of highlights or further in-depth details. The report was found to be very informative and members commended L Berston for his work in producing it.

It was commented that the following could be improved upon;

- Increase in font size of headings

- Larger text boxes
- Absence percentage was also shown in WTE

The Vice Chair commented that the report should include the impact of maternity leave on teams. The HR Manager advised that this had been considered, however due to the small number of some teams, there was the potential for a breach in confidentiality.

It was agreed that in future this report would be fully discussed within SMT before attended in the Staff Governance Committee.

Decision / Conclusion

Members noted the report.

383 **Annual audit of compliance with locum appointment arrangements**

The HR Manager delivered the annual report, noting her thanks to D Lewsley for her contribution in preparing the paper.

Members were informed that this audit was completed annually when a 20 percent cross check was completed against all appointed locums to ensure that pre employment checked had been completed. The HR Manager took assurance from the 20 percent selected that these checks were being met.

The Chief Executive queried as to how the 20 percent of locums were selected. The HR Manager agreed to investigate further and feedback to the Committee.

Members suggested that reporting of the completed statutory and mandatory training could be incorporated within next year's report. The Head of Corporate Services advised that training was monitored throughout the year, however agency locums were required to complete training through the agency rather than NHS Orkney.

The Chief Executive noted his desire for this report to cover all registrants.

Decision / Conclusion

Members were assured that all checks were being completed and noted the report.

Post meeting note: The HR Manager confirmed that an online generator called random.org was used to randomly select the 13 files from the 67 agency locums.

384 **Partnership Forum Chair's Report**

The Vice Chair delivered the report for information.

Decision / Conclusion

The Committee reviewed the report from the co-chair of the Area Partnership Forum and took assurance that matters of importance were being progressed.

385 **Minutes of the Partnership Forum meetings held on 21 May 2019 and 16 July 2019**

The Committee noted the minutes of the Area Partnership Forum meetings.

386 **Annual Report on Workforce Equality Measures**

The HR Manager delivered the annual report on Workforce Equality Measurers on behalf of N Firth, Equality and Diversity Manager.

Members were informed that it was requirement for the Board to produce and publish the report and that feedback received from N Firth gave no cause for concern within the report.

D Drever queried the statement "the 2011 Census showed that only 0.8% of the population of Orkney came from an ethnic community other than White Scottish." A Catto agreed to look into this further.

The Head of Corporate Services highlighted that the feedback address required changing to reflect the move to the new premises.

Decision / Conclusion

Members noted the report

Post meeting note: N Firth, Equality and Diversity Manager clarified that the error identified by D Drever had since been rectified and advised that;

1. *At the Census, the population of the Orkney Islands was shown as 21,349*
2. *Of these 21,349 people, 21,193 or 99.269% were in the "White" category*
3. *People in the "White Scottish" category numbered 16,960 or 79.44%*

Report on status of PINs and progress against Human Resources policy timetable

The Human Resources Manager delivered the report to members providing assurance on performance with regards to progress.

The Key points highlighted to members included:

- Cohort one due to be reviewed at the SWAG Committee on 23 October
- Approved policies will follow a implementation process which will be taken forward in Partnership
- Appendix A provided an update on each policy within each cohort. All policies within cohort one had been formally reviewed.

The Head of Corporate Services along with the HR Manager had taken part in a teleconference around the implementation of an electronic web based system. Feedback received from both was positive, bearing in mind that it was still a working progress. It was hoped that a link from the blog would be available for staff to access this service going forward.

Decision / Conclusion

Members noted the report.

387 **Board iMatter Report**

The annual iMatter Board Report was presented by the Head of Corporate Services.

The points highlighted to members were;

- There had been a significant drop in response rate. It was thought this could have been partially down to timing and the move to the new facility.
- Maintained engagement level
- It was hoped that NHS Orkney could maintain the highest percentage of completed action plans for a third year running.
- Table two identified the areas which required the most improvement. It was noted this had not changed over the last three years.

Members requested that the next report was displayed by directorate using the green, red and amber coding. It was agreed that this would better understanding, and directorates would remain anonymous.

Decision / Conclusion

Members noted the report.

Policies and Procedures

388 **Implementation of Ionising Radiation**

The Head of Corporate Services advised members that specialist advice from Grampian had been taken before this policy had entered the approval process. The Chief Executive suggested that 'this policy complies with current legislation' was stated on the document.

Decision / Conclusion

The Committee approved the policy.

389 **Business Continuity Management**

The Chief Executive stated that the policy had been significantly updated, taking into account the move to the new Hospital and Healthcare Facility. He added that ongoing discussions with auditors were being held in relation to testing the plans. It had been suggested that desktop exercises and on spec situations were presented to teams allowing staff to train in a non-emergency scenario.

Decision / Conclusion

The Committee approved the policy

390 **Risks**

No items this meeting.

Governance

391 **Sturrock Report**

It was agreed further discussions were held within the Staff Governance Standards.

Decision/Conclusion

Members noted the Board response to the Cabinet Secretary.

392 **Staff Governance Standards**

A discussion was held around the future reporting of Staff Governance Standards. The aim of the discussion was to reach agreement on how best the Committee could be provided with the necessary assurance that the Staff Governance Standards were well embedded within the organisation.

Key themes highlighted within the workshop were;

- Gather evidence and feedback received within the iMatter report and Sturrock work to bring assurance
- Use clinical engagement to support dignity at work which would then feed into the workforce report
- Agreement that assurance was not given through figures
- Suggestion that staff members were invited to Committees to speak about individual experiences relating to the standard focus for that meeting (good and bad)
- Evaluate paper/report necessity when submitting to Committees
- Encourage two way conversation
- Re-introduction of patient and staff story boards
- Ensure staff are not promoted beyond their capabilities
- Emphasis on the human factors, kindness, empathy, compassion
- Increase non committee member attendance at committee meetings
- Giving staff the space and ability to make changes within teams
- Bottom up approach

The HR Manager advised that the paper presented today was produced to bring back to the forefront what the standards were. Members were reminded that these standards were the responsibility of both staff and managers to implement. Members were in agreement that sharing of successes would give assurance of many of the standards; an example given was the recent enrolment of six nurses to complete their degrees.

Members were in agreement that this was a continuous process which would be led by success. It was suggested that the four items for highlighted for improvement within the iMatter report were reviewed and worked on as a starting point.

Decision/Conclusion

The Chief Executive, The HR Manager, The Director of Nursing, Midwifery and Allied Health Professionals and the Head of Corporate Services agreed to meet again to discuss further.

393 **Issues Raised from Governance Committees**

There had been no reports from the Chairs of the Governance Committees regarding cross committee assurance.

394 **Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to the:

Board

- Staff Governance Standards – review of assurance reporting

395 **Any Other Competent Business**

Staff Conference
The Head of Corporate Services reminded members of the annual Staff Conference was due to be held on the 31st October and 1st November. It was hoped that conversations held today would be developed and contribute well to the dignity at work theme. The Chair advised of her availability to help facilitate if required.

Our Health Heroes
The Head of Corporate Services informed members that a staff member had been successful in winning the Scottish regional award and was through to the national final. More information would be available once the staff member had been informed.

396 **Schedule of meetings**

The schedule of meetings for 2019/20 was noted.

397 **Record of Attendance**

The record of attendance was noted.

398 **Committee Evaluation**

Members concluded that it was a well timed meeting with good discussion around Sturrock.

Meeting closed at 12:34

NHS Orkney

Not Protectively Marked

NHS Orkney Board – 19 December 2019 **Report Number: OHB1819-42** **This report is for approval** **Corporate Parenting Plan – 2020-2025**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: • **Approve** the Corporate Parenting Plan 2020-2025 • **Agree** Board representation
Key Points	The Orkney Community Planning Partnerships Corporate Parenting Plan provides strategic direction through until 2025. This is a statutory, progressive five-year plan which sets the framework within which all Orkney Partnership agencies will work to improve the lives of our looked after children, young people and care leavers.
Timing	To be approved at the December Board meeting. At the meeting of the Orkney Partnership Board on the 4 December 2019 it was also agreed that the Chair and Vice Chair of the Integration Joint Board would be members.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: • Create an environment of service excellence and continuous improvement; • Be trusted at every level of engagement

10.1

The Orkney Partnership

Corporate Parenting Plan

2020-2025

Improving the lives of our looked after children and care leavers

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Our pledge to our care experienced children and young people

As corporate parents we will make sure that you are safe, supported and loved. We will listen to you, encourage you and be with you every step of the way and make sure you are given the best opportunities in life.

Introduction

We are pleased to introduce the Orkney Community Planning Partnerships Corporate Parenting Plan which will provide strategic direction through until 2025. This is a statutory, progressive five-year plan which sets the framework within which all Orkney Partnership agencies will work to improve the lives of our looked after children, young people and care leavers.

At the core of this plan is a commitment to go beyond merely fulfilling statutory duties to truly make a difference and ensuring that the many benefits of living and growing up in Orkney are available to all. We know that looked after children and young people are amongst the most vulnerable in our community, and that all too often their life chances are restricted. We have a responsibility and a commitment to them to change this and the actions contained within this document provides the key detail on how we will do this.

Through implementation of this plan, we will strive to ensure that our care experienced children and young people have the best possible start in life that Orkney can offer them. We will support them and care for them as our own, and ensure they grow up and have every opportunity to succeed in life.

Signed

Cllr James Stockan
Council Leader &
Chair of the Orkney Partnership

Gerry O Brien
CEO NHS Orkney &
Chair of the Chief Officers Group

INSERT PICS HERE

Our Ambition

The Orkney Partnership envision Orkney as a place where children are brought up as effective contributors, successful learners and responsible citizens[1]. As corporate parents, we seek better life chances for care experienced children and young people in accordance with current legislation and what our local care experienced children and young people tell us they need.

A 'care experienced' child or young person includes those that are looked after at home, or in kinship away from home, in residential, foster or secure care. It is recognised that care experienced children and young people can face increased challenges in various areas of their lives – for example, emotional and physical difficulties, challenges for employment and education, monetary challenges and sometimes limited family networks. There are a range of circumstances that can lead to a child becoming looked after and is often linked to Adverse Childhood Experiences (ACEs). Change for care experienced children and young people will be achieved by tackling inequality, effective partnership working and ensuring services are developed in a way that is informed by them.

Why do we need a strategy?

We need a Corporate Parenting strategy to support children and young people coming into care as these children and young people have often experienced disruption, pain and uncertainty. It can be difficult for them to reach the same level of attainment as their non-care experienced peers and one of the goals of this strategy is to close that gap.

Some important changes have been made to Scottish legislation therefore a strategy will highlight our statutory and ethical responsibilities to improve the lives of care experienced young people. Children and young people who are care experienced have the poorest outcomes of all children and young people in Scotland with evidence suggesting that:

- 50% of the adult prison population were looked after at some time
- 30% of looked after children become homeless
- 50% of looked after children have a mental health issue
- 4% of care leavers go onto higher education

Corporate Parenting as a concept exists to try and improve these outcomes, and to improve the protection and promotion of the rights of care experienced young people.
Our plan will focus on six key areas linked to the Scottish Care Leavers Covenant. These are:

- Health and Wellbeing

[1] The Orkney Partnership Corporate Parenting Policy Statement

- Housing and Accommodation
- Education and Training
- Employment
- Youth and Criminal Justice
- Rights and Participation

Who does Corporate Parenting affect?

Corporate parenting affects everyone responsible, directly or indirectly, for the care and welfare of care experienced children and young people.

The Children and Young People (Scotland) Act 2014 states that corporate parenting applies to:

1. **every child who is looked after by a local authority**, therefore:

    - *Subject to a compulsory supervision order under Section 70 of the Children (Scotland) Act 1995;*
    - *Subject to a Permanence Order under Section 80 of the Adoption and Children (Scotland) Act 2007;*
    - *Accommodated by the local authority under Section 25 of the Children (Scotland) Act 1995.*

    the term looked after includes those children and young people who are living at home with birth parent(s) and/or other family members and who are subject to a supervision requirement made by a Children's hearing. It also refers to those children who are accommodated away from home, living with foster or kinship carers, in residential homes, residential schools or secure units.

2. every young person who -

(i) Is **under the age of 26,** and

(ii) Was, but is **no longer looked** after by a local authority (a care leaver)

How Will We Ensure We Are Making Progress?

The Corporate Parent Board

The Corporate Parenting Board's purpose is to ensure that the Community Planning Partnership has strategic oversight of statutory duties in relation to corporate parenting, scrutinise the impact of services and take any action to address poor outcomes.

The Corporate Parenting Board membership includes representatives from across the Corporate Parent. As a group, it will be responsible for overseeing that the objectives of the Corporate Parenting Strategy are realised and targets to improve outcomes are met. The Corporate Parent Board will report into the Orkney Partnership Board.

Orkney Islands Council chairs of the two main committee's involved in children's services, namely, Orkney Health and Care and the Education, Leisure and Housing committees will sit on the Corporate Parent Board with one further elected member ensuring democratic oversight. NHS Orkney Executive and Non Executive board members along with the Area Commander will ensure statutory protective service representation. Further representation from across the partnership will ensure the correct range of skills and experience are present on the board. The board will meet three times a year (February, June and October) and will perform a scrutiny and consultative function with the Young People's Forum as well as providing the primary oversight of the implementation of the Corporate Parenting Strategy.

The board membership shall consist of:

- Chair of Orkney Health and Care Committee
- Chair of Education, Leisure and Housing Committee
- Elected Member
- NHS Board Members (2 non-executive directors)
- Children's and Young People's Forum (2 representatives)
- Who Cares? Scotland
- Chief Social Work Officer
- Executive Director / Chief Officer Orkney Health and Care
- Executive Director Education, Leisure and Housing
- Director of Public Health (Children's Health Commissioner)
- Director of Nursing, Midwifery & Allied Health Professionals
- Area Commander Police Scotland
- Skills Development Scotland
- Principal Orkney College

The chair and vice chair shall be elected by board members annually. There is no bar on the length of time a chair or vice chair can sit.

In attendance:

- *The six priority area leads*

- *CEO Voluntary Action Orkney*
- *Chair Living Well Community Planning Priority Area*
- *Principal Social Worker (Children) (Lead Officer Corporate Parenting)*
- *Operational Manager – Looked After Children Services*
- *Head of Education (Culture, Leisure and Inclusion)*
- *Head of Housing*
- *Principal Educational Psychologist*
- *Head of Children's Health Services*
- *Any other invited party felt by the board to be a relevant participant*

Implementation Groups:

Each of the six outcome areas in the plan will have an associated action plan that will be delivered through an implementation group made up of key corporate parents and partners. Each group will have a lead officer who will report progress on implementation of action plans and performance against targets to the Corporate Parenting Board.

Board Members and Corporate Parenting

As Corporate Parents, some questions that members must be asking themselves regularly include:

Do I understand why infants, children and young people need to be looked after and the legal and policy framework that governs this?

Do I know about the profile, needs and achievements of all children looked after by Orkney Islands Council?

Are we providing the best care possible to our Looked After Children and care leavers? Would it be good enough for my baby, my child, my son/daughter moving into independence?

Do I know how well Orkney Islands Council is doing in comparison with other comparable councils and government indicators?

Is there an action plan to address any shortcomings in services and to constantly improve outcomes for Looked After Children?

Am I taking responsibility for promoting the welfare and opportunities for Looked After Children and care leavers in all my work in the council – and in my other capacities?

The duties of Board Members as Corporate Parents:

- Know what it is to be a Corporate Parent in order to fulfil their statutory duties effectively
- Know about the Corporate Parenting Plan and think about how this affects all parts of their day-to-day work
- Have an awareness and understanding of the main issues affecting looked after children, young people and care leavers in Orkney and those placed out with Orkney
- Take an active interest and champion the needs of looked after children, young people and care leavers
- Help develop services to make sure the Corporate Parenting Plan is being put into practice
- Communicate with Looked After Children so that they can have a say in how decisions are made about the services that affect them, and so that they can influence those decisions. This may include engaging with the Young People's Forum
- Promote partnership working as a pre-requisite for delivering effective service to Looked After Children and care leavers; ensure that joint planning and commissioning delivers on this agenda
- Lead on securing apprenticeships for care leavers within the Community Planning Partnerhsip to improve their opportunities and future prospects
- Be equally mindful and responsive in your role of corporate parent to children placed away from Orkney
- Question whether the Community Planning Partnership is keeping the promise it has made to care experienced children and young people

Review of the impact of the strategy:

There will be a full annual review of the strategy by leads to assess what impact it is making on the outcomes and associated targets that have been set. This review will be presented to the Corporate Parenting Board so it can monitor and challenge performance. The annual review will occur in April in order to report to the June board meeting. Corporate parenting responsibilities as per the Children and Young People (Scotland) Act 2014 are placed on 24 national bodies:

Scottish Ministers	**Orkney Islands Council**	**NHS Orkney**	**Orkney College / Highland & Islands University**
Principal Reporter	**The Scottish Children's Reporters Administration**	**National Convenor of Children's Hearing Scotland**	**Children's Hearing Scotland**
Health Improvement Scotland	**NHS Scotland**	**Scottish Qualifications Authority**	**Social Care and Social Work Improvement Scotland**
Scottish Social Services Council	**Scottish Sports Council**	**Chief Constable Police Scotland**	**Police Scotland**
Scottish Fire and Rescue	**Scottish Legal Aid Board**	**Commissioner for Children and Young People in Scotland**	**Mental Welfare Commission**
Scottish Housing Regulator	**Bord na Gaidhlig**	**Creative Scotland**	**Skills Development Scotland**

What are the main duties of corporate parent board members?

1. **Being alert** to matters which adversely affect the wellbeing of looked after children and care leavers
2. **Assessing** the needs of those children and young people for the services and support they provide
3. **Promoting** the interests of those children and young people
4. Seeking to **provide opportunities** which will promote the wellbeing of looked after children and care leavers
5. **Acting** to help children and young people access such opportunities and make use of the services and support provided

Incorporating the views of care leavers and looked after children

"each child has a right to be treated as an individual; each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes"[2]

In September 2018 a consultation regarding care-experienced children has been conducted by Orkney Health and Care. The views of all stakeholders were sought to inform and validate the review of services to children and young people in need of care and protection. This included but was not limited to: Looked after and care-experienced children; Parents of looked after children; Foster carers; Residential care workers; Social workers; Third sector support agencies; Education / Schools; Children's Panel and Police Scotland. A number of discussion sessions were arranged where stakeholder representatives were asked for their views on Looked After Children's Services, as well as their suggestions for how services could be improved. The key themes that became apparent are illustrated below:

[2] Children's (Scot) Act 1995: Rights of the Child

Action Plan

The Orkney Corporate Parenting Board will utilise the six-pillar framework as per the Scottish Care Leavers Covenant[3]: The Orkney Partnership's Corporate Parenting Plan will also incorporate elements of the Orkney Children's Services Plan priorities:

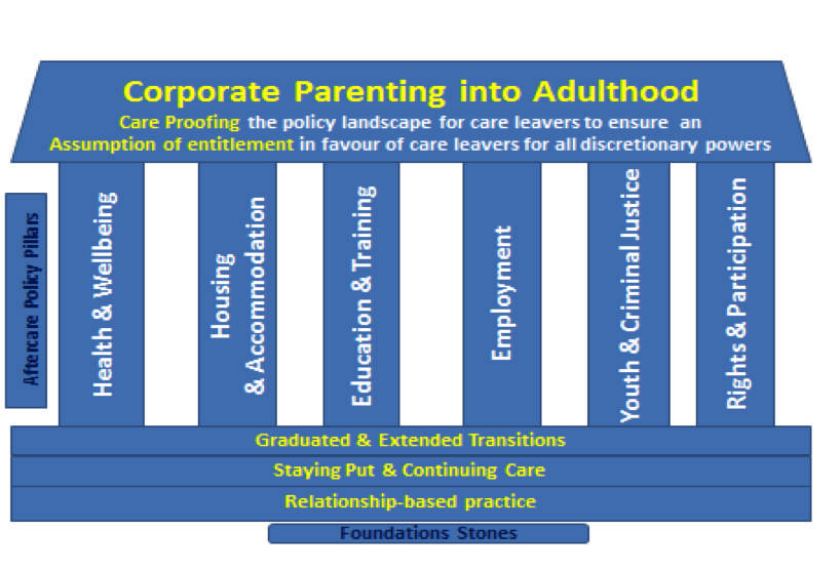
- **Key Priority 1(practice):** Wellbeing – working together to ensure that children and young people have the opportunity to experience activities that will help them to be… **safe, healthy, achieving, nurtured, active, respected, responsible and included**.

- **Key Priority 2 (culture):** Relationships – **working together** to ensure that there is a consistent approach to recognising that children are rich in potential, strong, powerful, and competent; realising that the best outcomes are achieved when we pay attention to relationships and 'how' we work together.

- **Key Priority 3 (systems):** Poverty and Rural Disadvantage – working together to ensure that Orkney's potential (through connecting people, community, activity and services) is maximised to limit negative outcomes and **ensure equality of opportunity** for children and young people

THE PRIORITIES

Our priorities are based on consultation with children, young people, carers, professionals and key external agencies. Our priorities are designed to realise practical improvements that will make a difference. Our priorities are based around the framework of the Scottish Care Leavers Covenant:



[3] https://www.scottishcareleaverscovenant.org/

1. Health and wellbeing
LEAD OFFICER:

Outcome: All care experienced young people have improved emotional, physical and mental health and wellbeing.			
Action	**Performance Measure**	**Timescale**	**Lead**
Carry out health assessments for all care experienced children and young people within 4 weeks of becoming accommodated	1. Number of health assessments carried out 2. Timescale of health assessments – target is 100% achievement under 4 weeks		
Care experienced children and young people have better access to mental health services	Percentage of looked after children seen by CAMHS within the national standard of 18 weeks		
Corporate parents will commit to building children and young people's emotional resilience in alignment with the 6 Counters of Resilience	Number of Corporate Parents that have undertaken Barnardo's 6 Counters of resilience training and application of training is evidenced in Board activity		
Improved access to sport and leisure activities for care experience children and young people	Number of looked after children with an Active Life membership and Young Scot card		
Corporate parents ensure that all care experienced children and young people are involved in decisions about their health and wellbeing	1. Number of health assessments that include child/young person's view 2. Number of Child's Plans that include child/young person's view 3. The successful undertaking of an annual care leavers survey		
Corporate parents ensure that the health and wellbeing of care experienced children and young people matches that of their peers or is better	1. Percentage of looked after children registered with a local GP and dentist 2. Percentage of looked after children in receipt of a Universal Wellbeing Assessment		

2. Housing and Accommodation
LEAD OFFICER:

Outcome: All care experienced young people experience the benefit of a secure base.			
Action	**Performance Measure**	**Timescale**	**Lead**
Provision of stable and nurturing placements and reduce the number of times a children/young person has to move	Percentage of Looked after children who have experienced three placement moves or less		
Corporate parents support care leavers in maintaining a tenancy	Percentage of care leavers exempt from Council Tax following agreement and implementation by Orkney Islands Council		
Corporate parents will commission services outside of Orkney to support you	Evidence of corporate parents commissioning out-of-area placements that met a child or young person's needs		
Corporate parents agree an information sharing protocol between Housing and Social Work to effectively manage transition	Evidence of implementation		
Corporate parents provide and signpost services that support care leavers with difficulties in their tenancy	Number of care leavers evicted Number of care leavers accessing housing support services		

3. Education and Training
LEAD OFFICER:

Outcome: The attainment gap between looked after children, care leavers and their peers is closed			
Action	**Performance Measure**	**Timescale**	**Lead**
Develop a joint agency protocol / working agreement for ensuring best practice for Looked After young people applying to Orkney College.	1. Number of OC applicants that identify as care leavers 2. Number of looked after children offered an interview at OC		
Effectively manage school exclusions of care experienced children and young people	• Evidence of a reduction of exclusion of care experienced children and young people and improvement in attendance, in comparison to peers		
Ensure children and young people are supported after leaving school	• Number of looked after children and care leavers entering positive school leaver destinations • Number of care leavers with a single point of contact within the Education system for advice and support		
Corporate parents have gained an understanding of Adverse Childhood Experiences	Understanding of ACES evidenced in Board activity		

4. Employment

LEAD OFFICER:

Outcome: More looked After Children and care leavers access and sustain positive school leaver destinations and are valued contributors to the community			
Action	**Performance Measure**	**Timescale**	**Lead**
Partners of the Orkney Partnership will commit to providing work experience placements for care experienced children and young people by establishing a *Family Firm*[4]	Number of care leavers and looked after children in work experience placements in the family firm		
Provision of a Named Person/Single Point of Contact for each care experienced young person at the JobCentre	Number of LAC/CE young people in receipt of benefits, in employment and on employment pathways		
Promote the inclusion of care experienced children and young people in employment and work experience opportunities through the Orkney Learning Guidance Forum	Number of local employers who provide opportunities to a looked after children and care leavers		Community Learning and Development, OIC

5. Youth and Criminal Justice

[4] https://www.celcis.org/files/8314/3878/4784/Family_Firm_SG_2011.pdf

LEAD OFFICER:

Outcome: Looked after children and care leavers are supported to reduce offending and reoffending			
Action	**Performance Measure**	**Timescale**	**Lead**
Identify care experienced young people who are serving a custodial sentence and ensure they have access to the amenities they need on return to Orkney	% of care experienced young people serving a custodial sentence who are registered with a GP % of care experienced young people who have served a custodial sentence with safe and secure accommodation on return to Orkney		
Ensure care leavers serving a custodial sentence have a single point of contact in Criminal Justice Social Work through the justice process to ensure they have knowledge of entitlement to Throughcare and Aftercare services until the age of 26	% of care leavers who are serving a custodial sentence who were allocated a single point of contact throughout the justice process		
Community-based early interventions are developed to support care leavers when offending has been identified as a risk	Agreed suite of interventions is evidenced through Partner performance activity		

6. Rights and Participation

LEAD OFFICER:

Outcome: The rights and participation of care leavers and looked after children are actively encouraged and evidenced in Board activity			
Action	**Performance Measure**	**Timescale**	**Lead**
Looked After Children and care leavers are well informed of any processes they are subject to	Number of Children's Plans which involve looked after children and care leavers in which an advocacy worker has been involved throughout the process		
Sign the Scottish Care Leavers Covenant	Covenant signed and incorporation of the six pillars framework		
Corporate Parents will ensure that looked after children feel heard and listened to	• Percentage of looked after children who report feeling listened to • The Board facilitating the next *Growing Up In Orkney* Conference and inviting care experienced young people to share their stories		
Invite a direct representative of Who Cares Scotland? to join the Orkney Corporate Parenting Board to consistently incorporate experiences of care leavers and looked after children	Evidence of looked after children and/or care leavers being invited onto the Board to contribute lived experience		

Appendix 1

Children and Young People (Scotland) Act 2014 Summary[5]

1. *Scottish Ministers to "*keep under consideration whether there are any steps which they could take which would or might secure better or further effect in Scotland of the UNCRC requirements"*.*
2. Named responsible public bodies to report on progress for rights for children and young people every three years
3. Commissioner now has powers to investigate individual cases of children and young people and their rights being protected
4. Every child and young person up to age of 18 to have a Named Person
5. Collaborative working in the devising of a Child's Plan
6. Extra support for children and young people in care – for example right to stay in same placement until 21 years of age where possible and is in their best interest
7. Other changes regarding school meals provision, increased amount of free childcare, Adoption Register, and Children's Hearings
8. Part 9 of the 2014 Act is **Corporate Parenting,** places responsibilities on local authorities and other statutory corporate parents to ensure a **positive transition from care into adulthood**
9. As of April 2015, any looked after young person who ceases to be 'looked after' on or after their 16th birthday is a **care leaver**. Aftercare provisions stated in the 1995 Act applies to every care leaver of this description.
10. The Aftercare (Part 10) part of the 2014 Act increases maximum age from 21 to 26 for receiving support/assistance

Appendix 2

[5] https://www.cypcs.org.uk/policy/children-young-people-scotland-act

Local Context

- As at 31 May 2019, there were 38 care experienced children and young people in Orkney.
- This comprised of 14 boys and 24 girls, ranging in age from under 12 months up to nearly 18 years of age.
- At this time, 26% of care experienced children and young people in Orkney were living at home and 73% were accommodated.
- Of these, approximately 14% were in cared for within two local residential child care settings, 7% were cared for in out of Orkney placements, 57% were in foster care placements and 17% were cared for in local kinship care households. 3% were living independently in their own tenancy.
- In Orkney, the number of looked after children and young people has fluctuated between approximately 30-45 over the last 5 years.
- In June 2019 a report on the review of services to children and young people in need of care and protection reported to OHAC and the Integration Joint Board. This review concluded that whole systems change was required to improve outcomes. The review drew recommendations in relation to the residential estate, throughcare and aftercare and continuing care agendas. The review also concluded that without whole systems change to early intervention Orkney would not be in a position to care for its own children and young people.

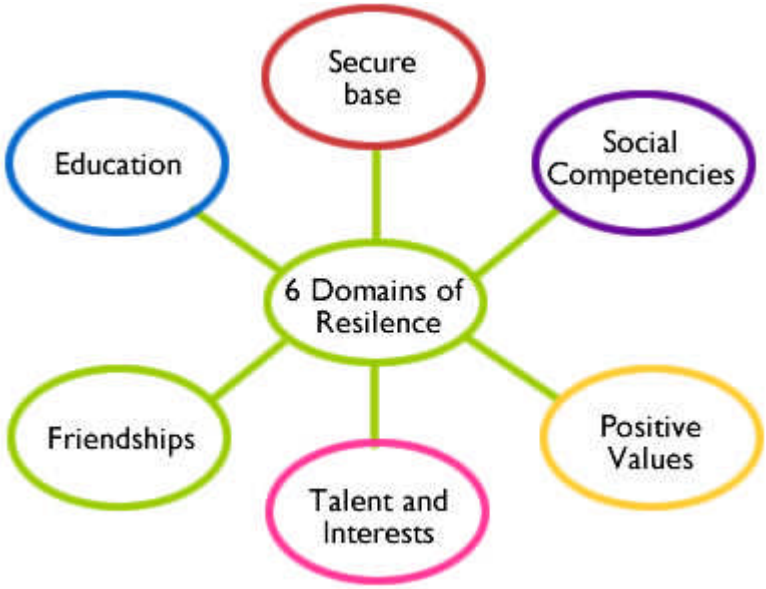
Appendix 3

National Context

- As of July 31 2017, 2% of children in Scotland were Looked After or on the child protection register (Scottish Government 2018)
- In 2007, 30% of children starting to be looked after were under five years of age. By 2017 this had risen to 39%, although this is a decline from a peak of 41% in 2014 (Scottish Government 2018)
- The most common accommodation type for Looked After Children is foster care (36%) (Scottish Government 2018)
- In 2016-17, 88% of children were referred to the Children's Reporter on care and protection grounds (SCRA 2017)
- 61% of all school leavers have at least one qualification **at level 6 or better**, whereas **only 16% of leavers who were in care for the full year** and **8% who were in care for part of the year** had qualifications at this level. (Scottish Government, 2018).
- A third of young offenders and a third of the Scottish prison population identify as being care-experienced
- 45% of looked after children and young people identified as having a mental health issue (ONS 2004)
- 9 months after leaving school, 30% of Care Experienced young people who were in care for part of the year are classed as unemployed, compared to 5% of their non-Care Experienced peers (Scottish Government, 2018)

Appendix 4

10.1



(Barnado's 2019)

11.1

Not Protectively Marked

NHS Orkney Board Meeting – 19 December 2019 **Report Number: OHB1920-43** **This report is for discussion** **Financial Performance Management Report**	
Lead Director **Author**	Mark Doyle, Interim Director of Finance Derek Lonsdale, Head of Finance
Action Required	Members are invited to approach the Interim Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to: • **Note** the reported overspend of £0.219m to 30 November 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 30 November 2019. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £0.219m.
Timing	December 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.

NHS Orkney

11.1

Not Protectively Marked

NHS Orkney Board

Financial Management Performance Report

Mark Doyle, Interim Director of Finance

Section 1 Purpose

The purpose of this report is to inform the Scottish Government of the financial position for the period 1 April 2019 to 30 November 2019.

Section 2 Recommendations

Members are asked to:

- **note** the reported overspend of £0.219m to 30 November 2019
- **note** the commitment to deliver a forecast breakeven position on the Health Board budgets.

Section 3 Background

The revenue position for the 8 months to 30 November reflects an overspend of £0.219m, which is a positive movement of £1.074m on the overspend position reported to the end of October of £1.293m.

This comprises of an overspend of £0.374m attributable to the Health Board and an underspend of £0.155m to the services commissioned by the Integration Joint Board.

Following discussions with Scottish Government the following revisions have been agreed to the capital budget:

- £1.150m from NPD New Hospital to be returned
- £1.400m fair value adjustment to be returned
- £0.750m also returned as unspent recurring budget
  - On basis that that this will be returned next year in 2020/21
- £1.218m additional depreciation for the new hospital agreed to be funded

Following a meeting with the Deputy Director of Finance at the Scottish Government (SG), the SG has agreed to provide an additional £2.2m to meet the ongoing increase in medical consultants costs.
This anticipated allocation has been built into the Medical Staffing shortfall by an equivalent amount.

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

- Inpatients 1&2 £64k – utilisation of agency nurses to cover staff shortages;
- Specialist Drugs/New Medicine £63k – increased drug pressures has caused an upward movement resulting in forecasting the utilisation of contingency monies which are held in reserves;
- IJB Pharmacy Services, £98k – large increase in the unit costs of prescribed drugs.

Actions to reverse the overspend and deliver a breakeven position include:-

- Continue to actively seek recruitment into the vacant medical staffing posts.
- Continue to roll-out NearMe virtual clinics to reduce the need for patient travel.
- Actively recruiting to priority gaps to reduce costs.
- Implement a staff ideas scheme.
- Service improvement meetings.
- Acute services review to be led by Head of Hospital and Support Services

The value and sustainability delivery group met for the third time in November with the aim being to identify and deliver significant recurring budget savings for 2019/20 and beyond. Regular progress reports have been provided to the Finance and Performance Committee with the items put forward to date listed under the Cost Reduction Section on Page 8. In addition a paper will be taken to the Board in December which will outline a planned savings program which will be taken forward by the Medical Director and the Director of Nursing. If approved a detailed plan will be worked up and taken to the February Board for final ratification and delivery.

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 the 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 (CRL) for 2019/20 is £7.905m, made up of our recurring allocation of £0.978m and £6.927m of NPD funding for the new hospital. The capital position for the 8 months to November shows net investment of £2.139m, reflecting a reduction in costs of £1.400m corresponding to the fair value adjustment for the new hospital facility. Plans are in place to delivery against these allocation.

Scrutinising the medical equipment has allowed the extension of their useful economics lives to be extended allowing £1.150m to be returned to Scottish Government. In addition, a further repayment of £0.750m will be made from the recurring allocation of £0.978m, following agreement that this will be returned and added to next year’s allocation.

As set out in the previous section, we have agreement with the Scottish Government to return a total of £3.300m, without risking clinical stability. The hand back of the unspent allocation has resulted in an overspend on the new Balfour Hospital project of £0.796m. This overspend will be reported to the project team, Finance and Performance and the Board.

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 £12.381m built into the financial plan as detailed in Appendix 1. It is worth noting that the additional PMS Enhanced Services funding of £0.267m was expected and is reflected in staffing areas. Notable additional allocations include the 6% superannuation consequential of £1.273m, elective activity of £0.500m and the Balfour unitary charge of £0.875m.

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. All allocations have now been received, with the exception of the Capital DEL Demolition costs.

Changes in the month are listed below:-

Description	Earmarked Recurring £	Non Recurring £	Total £
Standard Depreciation		(1,228,000)	(1,228,000)
Lyme's Disease	888		888
Risk Share/top slice		(227,717)	(227,717)
NSD Top Slice Pay & Pension	(39,960)		(39,960)
Mental Health Bundle	265,122		265,122
Projects in support of Primary Care		17,109	17,109
	226,050	**(1,438,608)**	**(1,212,558)**

Summary Position

At the end of October, NHS Orkney reports an in-year overspend of £0.219m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £0.374m is attributable to Health Board budgets, with an underspend of £0.155m attributable on the health budgets delegated to the Integrated Joint Board.

We are anticipating a receipt of £2.2m from the SG to meet the ongoing increased medical staffing costs. The anticipated allocation has been built in and we are estimating a break even position at year end.

Previous Month Variance M07		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	**Core RRL**	£000	£000	£000	£000	%	£000
(1,515)	Hospital Services	14,837	9,999	10,353	(354)	(3.54)	(600)
(131)	Pharmacy & Drug costs	2,234	1,478	1,663	(184)	(12.46)	(229)
287	Orkney Health and Care - IJB	24,784	14,720	14,565	155	1.05	100
(249)	External Commissioning	10,955	7,223	7,599	(376)	(5.21)	(310)
(25)	Estates and Facilities	4,010	2,494	2,491	3	0.13	90
(10)	Support Services	6,488	3,790	3,602	188	4.96	450
350	Reserves	518	350	0	350	100.00	500
0	Savings Targets	(274)	0	0	0	n/a	0
(1,293)	**Total Core RRL**	**63,553**	**40,053**	**40,272**	**(219)**	**(0.55)**	**0**
	Non Cash Limited						
(0)	Ophthalmic Services NCL	293	206	206	0	0.00	0
(0)	Dental and Pharmacy NCL - IJB	1,376	1,003	1,003	0	0.00	0
	Non-Core						
(0)	Annually Managed Expenditure	13,019	899	899	0	0.00	0
0	Depreciation	2,418	998	998	0	0.00	0
(0)	**Total Non-Core**	**15,437**	**1,897**	**1,897**	**0**	**0.00**	**0**
(1,293)	**Total for Board**	**80,659**	**43,160**	**43,379**	**(219)**	**(0.51)**	**0**

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

Hospital Services

- Medical Staffing, £170k surplus

The previous budget deficit has been eliminated by allocating £1.433m of the additional full-year £2.150m allocation to this service area on a pro-rata basis.

- Ward and Theatres, £352k overspend

The Inpatients 1 (Acute Services) and Inpatients 2 (Acute Receiving Area) combine to attribute an overspend for the year to date, due to agency staff being utilised up to Decemberto cover staffing shortages. Overall wards and theatre areas forecasting a combined overspend position. Theatre is currently overspent by £29,000 with increased consumables such as single use scopes through more theatre use contributing to this variance.

- Radiology, £96k overspend

Radiology is overspending with a forecast outturn of £0.136m 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.

- Clinical Admin/Balfour General, £51k underspend

Vacant posts within these areas have contributed £36,000 non-recurrently to the savings target.

Pharmacy and drugs

Pharmacy and drugs are currently forecasting an overspend £0.229m, in line with previous years and includes the rebate for HEP-C patients. Vacant posts within the department have contributed £33,000 towards the savings target, however, pressures on hospital drugs is contributing to the overspend position.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net under spend of £0.155m with a forecast outturn of £0.100m made up of the following outturn estimates:-

    - The service management over spend is due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
    - The underspend within Children's services and Women's Health is due to vacancies within Children's therapy services 3 WTE, however, this is offset with an overspend of £38,000 within speech therapy with the use of agency staff.
    - Forecast underspend within Primary Care, dental and specialist nurses is mainly due to vacancies in community dental services of 3.1WTE and additional PMS funding contribution from PMS allocation.
    - 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 underspend is within prescribing unified and invoices are 2 months in arrears. An adverse movement of £45k has been made from last month, with unit costs rising sharply, however, the budget is still forecasting to break-even. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears.

The table below provides a breakdown by area:-

Previous Month Variance M07	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(44)	Integration Joint Board	4,551	1,234	1,277	(44)	(96)
(5)	Children's Services & Women's Health	2,117	1,410	1,425	(15)	(14)
162	Primary Care, Dental & Specialist Nurses	10,064	6,711	6,542	169	199
121	Health & Community Care	3,978	2,706	2,616	90	10
53	Pharmacy Services	4,075	2,660	2,705	(45)	1
287	**Total IJB**	**24,784**	**14,720**	**14,565**	**155**	**100**

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.6m. The month 6 position was previously adjusted to include increased charges, which eliminated any potential underspend against this budget. The Quality and Improvement team continue to correlate the activity within Grampian to Trakcare to identify the drivers for the activity increase.

Estates and Facilities

This Directorate is reporting a projected break-even position at outturn.

Support Services

Vacancies within Health Intelligence, Finance and Performance, Corporate Services, Human Resources and IT Services have contributed £0.253m towards the overall savings target of £0.750m by the removal of staffing budget underspends to month 7.

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 therefore form part of devolved budgets. The reserves below are available to offset against the spending pressures identified above:-

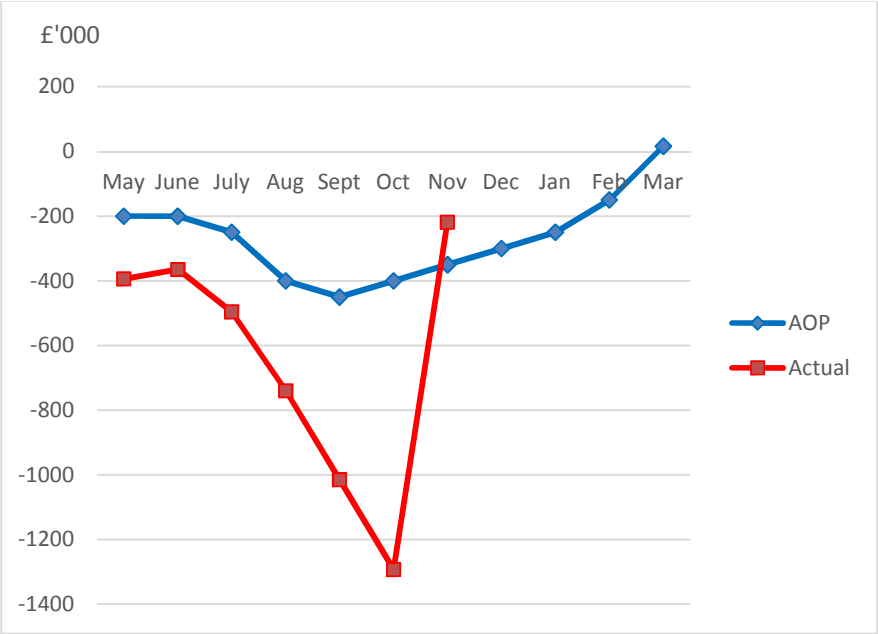
	£000
Pay Reserve	273
Specialist drugs	315
Other	49
Total	637

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, 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. Reserves totalling £350,000 have been utilised to obtain the current position and with Scottish Government anticipated medical staffing support would allow a break-even position.

Financial Trajectory

The graph below shows the actual spend against the Annual Operational Plan trajectory for 2019/20 and assumes that anticipated allocations will be received. This month, £1.433m has been accrued in relation to the full-year additional agreed allocation of £2.150m.

This should now allow us to deliver a break even position at the end of the financial year.



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 each month. At this time general inflation funding of £0.118m for non-pay items has been transferred to savings.

This 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 £0.500m has been identified for the year.

Cost Reductions

The Financial Plan presented to the Board in March highlighted the requirement for £0.750m cash efficiency savings to support financial balance in 2019/20.

No further savings have been made from the month 7 position, with, 64% of the target having been achieved at £0.477m, of which £0.118m is recurring. Some 75% of these savings achieved have been realised from vacancies with the majority resulting from unsuccessful recruitment drives, with the relevant service areas affected shown in appendix 3.

The value and sustainability delivery group (VSDG) met for the third time in November and put forward the following items for consideration:-

- Locum review
- Grampian SLA – usage & travel savings opportunities
- Video presence
- Gynaecology service – 24 hours review
- Paediatrics – 24 hour review
- Medical Staff savings
- Surgeon on-call / associated risk?
- Dental – procurement savings opportunities
- Lab tests - using tests appropriately, ordering tests
- Labs – controls of kits / machinery
- Theatre scheduling and teams review
- Mental Health - electronic CBT opportunities
- Bench marking tools
- Staff Rota review
- Acute review

This high level group will report regularly to the Senior Management Team and the Finance and Performance Committee. As well as reviewing previous savings programmes/ initiatives, the VSDG has provisionally identified a range of potential options to deliver savings over the medium term period. In addition, a staff savings and improvement scheme has recently been introduced. Given the financial position, it has been agreed to defer further meetings of the group for the time being in order to refocus and reprioritise the savings delivery programme for this and future years.

Annual Operational Plan

The Annual Operational Plan (AOP) presented to the board is shown in Appendix 4 – any gaps in Scottish Government funding or savings will affect break-even position in future years.

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.

The capital to revenue transfer has been revised down to £1.400m for migration costs due to the Old Balfour site still being occupied, premises charges continue and movement of goods and services between the 2 buildings requiring additional staff and additional invoices having been identified for processing.

Forecast Position

As noted above, confirmation of the additional funding of £2.2m from the Scottish Government should now allow the Board to break-even by the end of the financial year.

Key Messages / Risks

The assessment of the year-end forecast will continue to be refined over the coming months with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position.

Ongoing tight control and stringent methods to cut 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 (anticipated allocations)

From LDP - non-base line assumed allocations	Included in LDP £	Received in RRL to 30/11/19 £	Variance £	Outstanding £
Initial Baseline	49,812,237	49,827,351	15,114	
Workforce planning	30,000	32,048	2,048	
SLA Children's Hospices Across Scotland (Year 3 / 5)	(29,000)	(29,052)	(52)	
funding bundle	438,856	439,144	288	
Open University ACT funding qtr 1&2	45,000	45,000	0	
Realistic Medicine	21,375	30,000	8,625	
Action 15 (1st Tranche)	37,154	57,620	20,466	
Insulin pumps	14,086	10,447	(3,639)	
Salaried GDS	1,755,000	1,747,299	(7,701)	
Contribution to PASS	(2,784)	(2,917)	(133)	
Excellence in Care	30,000	30,900	900	
e-health bundle	247,531	222,301	(25,230)	
ADP Support	82,029	34,029	(48,000)	
Primary Care Improvement Fund Tranche 1	80,032	80,032	0	
Contribution to Pharmacy Global Sum	(13,389)	(13,998)	(609)	
Tariff Reduction to Global Sum	(74,227)	(148,227)	(74,000)	
Risk Share/top slice	(32,401)	(34,537)	(2,136)	
Community Pharmacist Practitioner Champions	5,000	5,000	0	
PMS Enhanced Services	5,051,482	5,315,827	264,345	
Men C	(892)	(869)	23	
Open University ACT funding qtr 3&4	30,000	45,000	15,000	
PET Scan adjustment	(32,915)	(40,476)	(7,561)	
Risk Share/top slice	(186,670)	(227,717)	(41,047)	
Standard Depreciation	(1,200,000)	(1,228,000)	(28,000)	
Mental Health Bundle	265,122	265,122	0	
Allocations awaited				
Carers information strategy	24,640			24,640
Primary Care Improvement Fund	38,696			38,696
New medicine fund	213,034			213,034
Locum support	2,144,000			2,144,000
Capital to revenue transfer	3,400,000			3,400,000
	62,192,996	56,461,327	88,701	5,820,370

Appendix 1 – Core Revenue Resource Limit (new allocations)

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
Excellence in Care (E-Health)		9,750
Discovery (top slice)	(2,866)	
Integrated Primary and Community Care (IPACC) Fund		33,600
Carry forward 2018/19		27,000
GP OOH		24,210
Employer Pension Contributions	125,000	
Top-slice - Stereotactic Radiosurgery	(1,188)	
Top-slice - Mitral Valve	(961)	
PFG - Enhancing School Nursing Service for C&YP		46,000
Supporting improvements in primary care digital technology		70,907
Projects in support of Primary Care Rural Fund (1/2)		52,644
Supporting improvements to GP premises		14,526
TEC funding to support local scale up		39,750
Neonatal Expenses Fund		5,000
Paid as if at work		54,000
Shingles, Rotavirus, Seasonal Flu and Childhood Flu 2019		65,074
Children'sa Vitamins		605
FASD NHS / Third Sector partnership		20,000
Pre-Registration Pharmacist Scheme	(11,762)	
Winter Funding		46,512
Balfour Unitary Charge	875,000	
Lyme's Disease	888	
NSD Top Slice Pay & Pension	(39,960)	
Projects in support of Primary Care		17,109
	2,092,151	**1,262,829**

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations	Included in LDP £	Received in RRL to 30/11/19 £	Variance £	Outstanding £
Standard Depreciation	1,200,000	1,200,000	0	
AME depreciation - anticipated	1,800,000	1,218,000	(582,000)	
AME Impairment	13,000,000	13,000,000	0	
AME provisions	0	19,000	19,000	
Capital DEL - demolition costs	700,000			700,000
	16,700,000	15,437,000	(563,000)	700,000

Appendix 3 - Cost Reductions

SAVINGS ANALYSIS 2017-2018	Target			Achieved			%
	Rec	NR	TOTAL	Rec	NR	TOTAL	ACHIEVED
NHSG Acute Services SLA	500,000		500,000				
Patient Travel	250,000		250,000				
APPROVED TARGET	**750,000**	**0**	**750,000**	**0**	**0**	**0**	**0.0%**
WORKFORCE							
Audiology					159	159	
Balfour General					8,619	8,619	
Board Members					14,617	14,617	
Chief Executive					12,399	12,399	
Corporate Services					35,995	35,995	
CSSD					5,218	5,218	
Domestics Orkney					13,010	13,010	
DPHM					1,329	1,329	
Estates					95	95	
Finance Services					16,814	16,814	
Health Improvement Gen					17,651	17,651	
Health Intelligence & Clin Gov					35,436	35,436	
Health Protection					4,290	4,290	
Human Resources					32,407	32,407	
Infection Control					9,328	9,328	
IT Services					43,183	43,183	
Maternal & Inf Nutrition					3,216	3,216	
Medical Director					8,290	8,290	
Medical records					27,029	27,029	
Pharmacy					33,379	33,379	
Portering					2,850	2,850	
Procurement					19,571	19,571	
Stores					5,550	5,550	
Transforming Clinical Services					6,728	6,728	
Vaccination Programme Costs					1,266	1,266	
WORKFORCE	**0**	**0**	**0**	**0**	**358,429**	**358,429**	**N/A**
Procurement			0	118,350	0	118,350	
PROCUREMENT	**0**	**0**	**0**	**118,350**	**0**	**118,350**	**N/A**
TOTAL CRES	**750,000**	**0**	**750,000**	**118,350**	**358,429**	**476,779**	**63.6%**
Less achieved (CRES)	(118,350)	(358,429)	(476,779)				
CRES BALANCE TO BE FOUND	**631,650**	**(358,429)**	**273,221**				
% TO BE FOUND	**84.2%**	**N/A**	**36.4%**				

Appendix 4 – 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 – 19 December 2019 **Report Number: OHB1920-44** **This report is for information.** **Performance Report**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Christina Bichan, Chief Quality Officer
Action Required	The Board of NHS Orkney is invited to: 1. note the report
Key Points	• Access to consultant led outpatients services is improving as is access to diagnostic scopes and inpatient/day case procedures. This is as a result of the implementation of the Board's Waiting Times Improvement Plan (WTIP) and investment of Access Support monies in the areas outlined in the Board's Annual Operational Plan submission. Although the Board was off trajectory at the 30th September 2019 we remain on target to achieve the Q3 trajectory of 189 and year end trajectory (176). • Access to mental health services remains challenging with gaps in staffing having an adverse impact on waiting times. However service delivery has been enhanced by the recruitment of a locum Psychiatrist on a full time basis for a 6 month period and waiting times for psychiatry should see considerable improvements in performance in coming weeks as the backlog of patient referrals are addressed. • Performance in ED regards to the 95% 4 hour standard continues to be exceptionally high with performance in excess of the 98% stretch target being in the majority on a week to week basis. This has been positively impacted by improved flow increased Doctor capacity within the ED. • Board level summary management information is now emailed to Board members to increase oversight of performance on a more frequent basis. • A summary of the most recent published performance in relation to Local Delivery Plan Standards is provided

	in Appendix 1.
Timing	For consideration at the December 2019 meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
Benefit to Patients	More timely access to care and services.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Not Protectively Marked

NHS Orkney Board

Performance Report

Christina Bichan, Chief Quality Officer

Purpose

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

Recommendations

Board members are invited to:

- note the report

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).

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.

Circulation of Board level management data on a weekly basis has also been introduced to support Board members in being better informed in relation to operational performance.

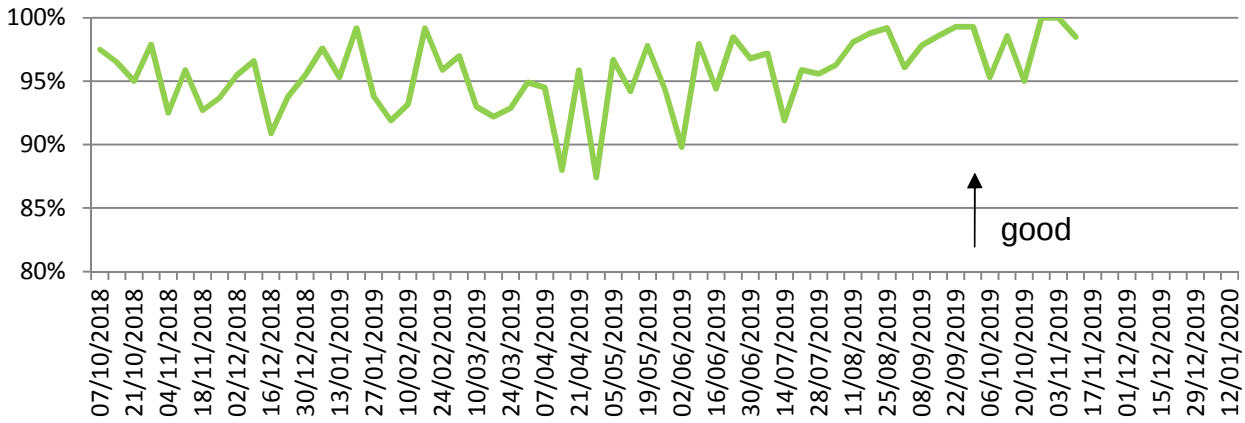
Summary of Current Performance

- Access to consultant led outpatients services is improving as is access to diagnostic scopes and inpatient/day case procedures. This is as a result of the implementation of the Board's Waiting Times Improvement Plan (WTIP) and investment of Access Support monies in the areas outlined in the Board's Annual Operational Plan submission. Although the Board was off trajectory at the 30th September 2019 we remain on target to achieve the Q3 trajectory of 189 and year end trajectory (176).
- Access to mental health services remains challenging with gaps in staffing having an adverse impact on waiting times. However service delivery has been enhanced by the recruitment of a locum Psychiatrist on a full time basis for a 6 month period and waiting times for psychiatry should see considerable improvements in performance in coming weeks as the backlog of patient referrals are addressed.
- Performance in ED regards to the 95% 4 hour standard continues to be exceptionally high with performance in excess of the 98% stretch target being in the majority on a week to week basis. This has been positively impacted by the improved flow within the new Balfour reducing, in particular, the time taken to transfer internally to a bed and also by increased Doctor capacity within the ED.

Emergency Department Performance

Performance in regards to the 4 hour A&E target is good as shown in Figure 1 with achievement of the 4 hour standard only dropping below 95% in one week since migrating to the Balfour. The reasons for breach during that week have been analysed and all breaches were justified with the reasons for breach being appropriate and the best course of clinical action being taken in each instance.

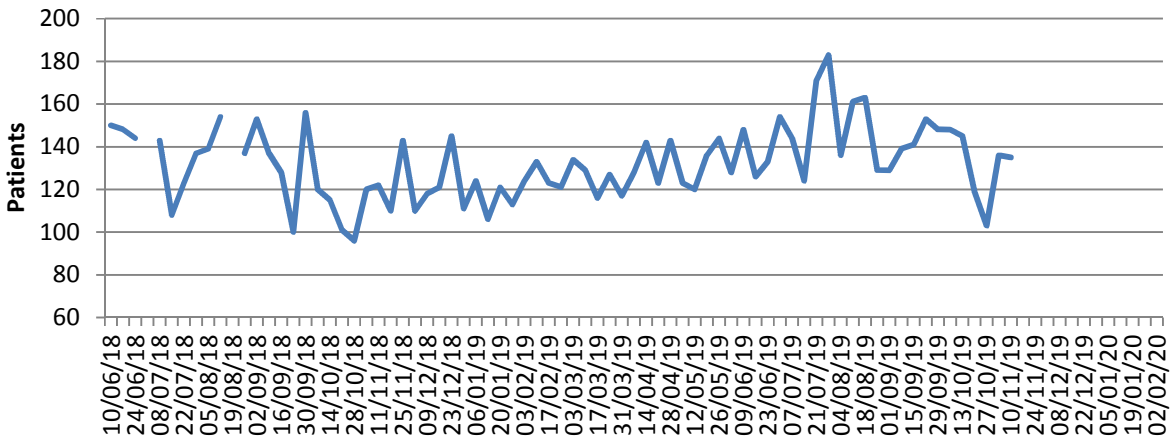
Figure 1. ED Waiting Times – % patients seen within 4 hour standard, 7th October 2018 – 10th November 2019 (Source: NHS Orkney Board level summary)



To support the ongoing improvement of all aspects of Unscheduled Care and to ensure the opportunities afforded to us from collocation of services within the Balfour are maximised an Unscheduled Care Delivery Group has been established to oversee a programme of work activities aligned to the national programme, 6 Essential Actions for Unscheduled Care. The group have undertaken a self assessment against the core elements of the 6EA programme and identified a number of areas for action which have been taken forward into their action plan which will build upon the group's appetite for working in a more holistic, whole system way across Unscheduled Care services.

Increased self presentation to ED is being seen across the country with significant impacts on 4 hour standard performance however this trend is not yet being seen in Orkney. ED attendances over the period 10th June 2018 to 10th November 2019 are provided in Figure 2.

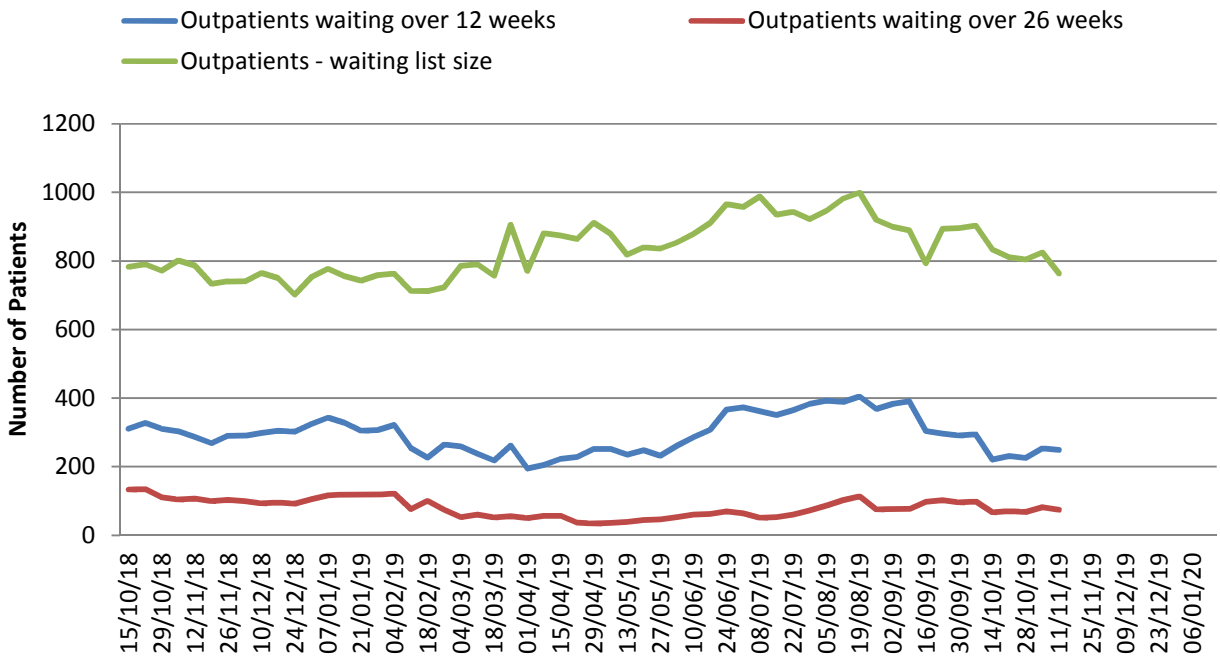
Figure 2. ED Attendances, 10th June 2018 – 10th November 2019 (Source: NHS Orkney Board level summary)



First, new Outpatient Performance

The most recent published data for consultant led outpatient services, accurate to September 2019, shows that the average number of days waited is 46 however, 90% of patients are seen within 177 days which is out with the outpatient standard of 84 days. An indicative view of the overall outpatients waiting list position up to 11th November 2019 in provided in Figure 2 from internal data sources. As can be seen the number of patients waiting over 12 weeks has been brought down in recent weeks.

Figure 2: Outpatient Waiting Times – The Balfour, 15/10/18-11/11/19



The main area of pressure continues to be in Ophthalmology where despite introducing WTIP actions a backlog of patients waiting remains. The Board has benefitted from the clinical leadership of a NHS Highland Consultant in the redesign of its Ophthalmology service over the last several years however this consultant has now moved on to a new role and thus clinical leadership at consultant level is at present missing in this service area. NHS Highland remain committed to delivering a visiting service to NHS Orkney however this will be limited over the winter months as recruitment activity is taken forward to cover gaps in service. To ensure continuity internal locums will continue to be used to ensure there is a consultant presence on island each month. Opportunities for further bolstering this ahead of the shared Global Citizenship consultant post being filled and coming into the service next year are being explored for implementation in the last quarter.

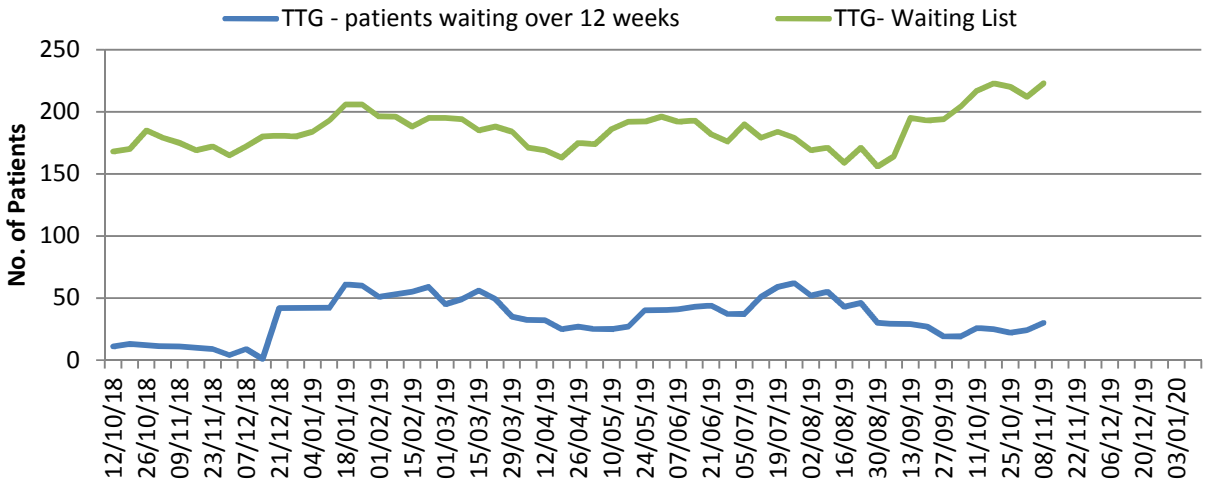
Waiting times are also extending beyond 12 weeks in Dermatology where the SLA with NHS Tayside for the provision of Dermatology Services to NHS Orkney has now been in place in excess of 1 year. Review of qualitative and quantitative measures by both parties has shown the positive difference this service has made for both patients and primary care providers. However, obtaining a true picture of demand remains challenging as there is a sense that patients are still coming into the service who had been unable to access dermatology support previously and therefore were not

referred/known to secondary care services. Additionally, the capacity of the service has changed with the local GP Dermatology Specialist now completed training and seeing patients independently as part of the Tayside model. Continuation of the existing pattern of provision for the next 3 years has therefore been agreed with the arrangement that additional visits will be negotiated as and when required to ensure timely access for patients and that this will be further enhanced by supported by increasing virtual clinic provision through the utilisation of NHS Near Me.

Inpatients and Daycases

In inpatients and daycase (IP/DC) services the only areas where breaches of the 12 week treatment time guarantee standard are being seen are Ophthalmology and Trauma and Orthopaedics. The most recent published data, accurate to September 2019, shows that the average number of days waited is 59 however, 90% of patients are seen within 147 days which is out with the Treatment Time Guarantee. The indicative total list size and patients waiting for IP/DC is provided in Figure 3, derived from internal data sources.

Figure 3. Total patients on the IP/DC waiting list – Balfour Hospital

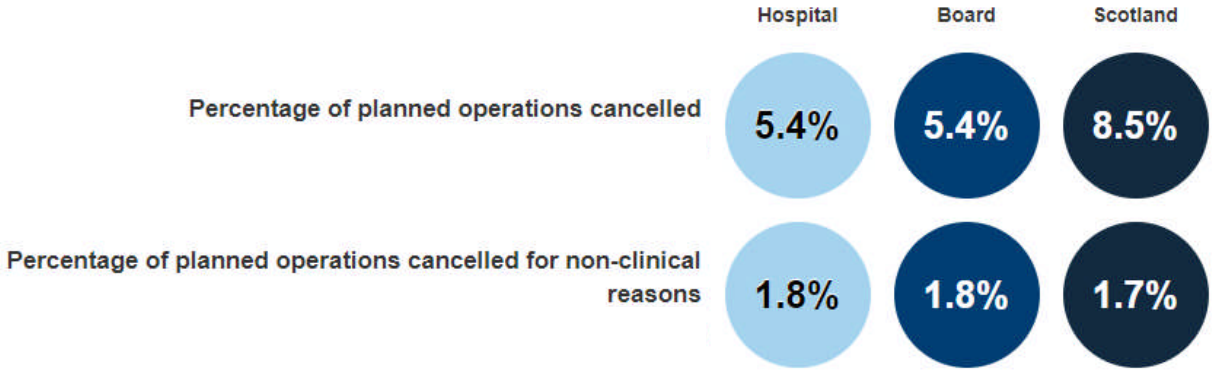


Increases in over 12 week waits for an IP/DC procedure in Trauma and Orthopaedics are as a result of long waits being experienced in Golden Jubilee National Hospital. TTG compliance will remain challenging throughout the remainder of 19/20 given the need for NHS Orkney to achieve a TTG position of <10 at 30th March 2020 and the reliance upon other Boards for ensuring we have access to certain surgical procedures.

Cancelled Operations

In Orkney, performance in regards to operations cancelled remains good as shown in Figure 4. This is a trend that is expected to continue as we benefit from the availability of a second theatre in the Balfour to ensure that elective lists are unaffected by emergency presentation.

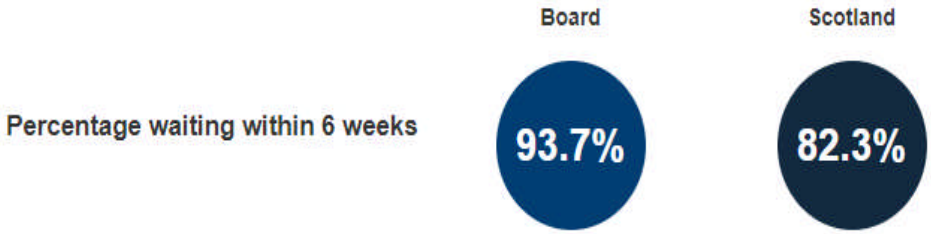
Figure 4: Cancelled planned operations – Balfour Hospital and NHS Scotland as at October 2019 (Source: NHS Performs)



Diagnostics

Historically the Board has maintained a high level of compliance with the Diagnostics waiting time of a maximum of 6 weeks for the 8 key diagnostic tests however changes within the surgical team and reduction in elective capacity over the migration period have made this significantly more challenging in recent months. Long waits for certain scopes have been associated with a shortage in clinical staff with the appropriate skills to undertake the procedures however this is being actively managed and targeted by the hospital service. This is however being actively managed with significant improvements being secured in the recent weeks. Figure 5 provides the most recent published data.

Figure 5: Percentage of patients waiting within 6 weeks – the Balfour



Access to MSK Services

In regards to AHP MSK Services performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Table 1.

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

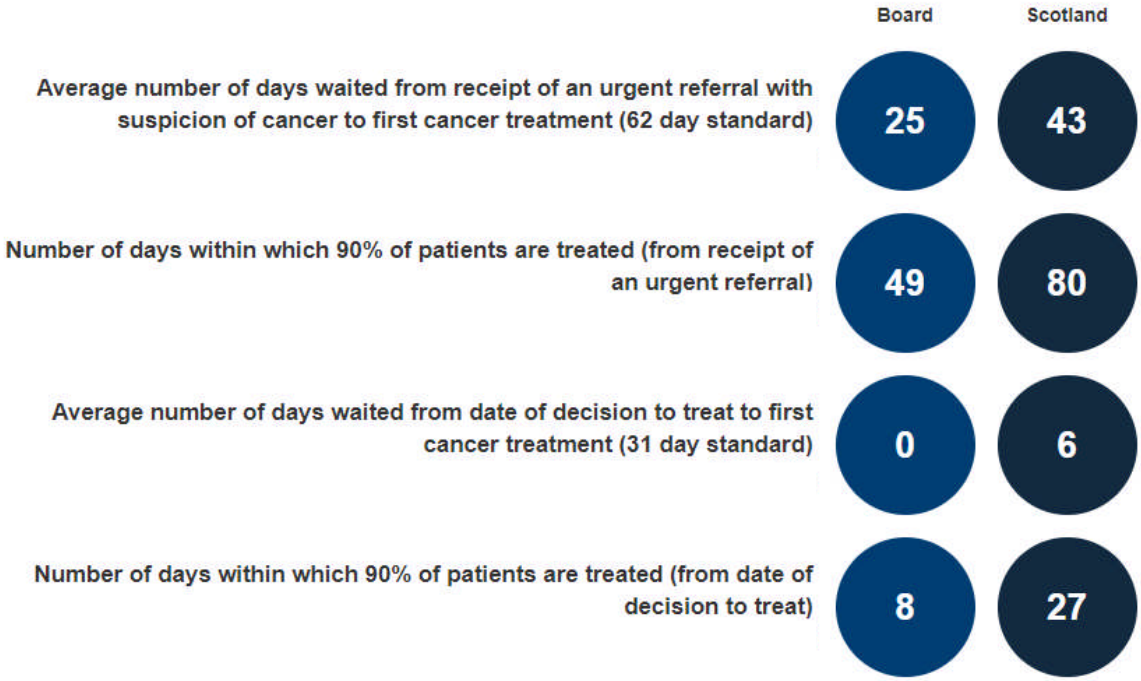
Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks	Percentage of Patients Seen, Who Waited 0-4 Weeks	Median (Weeks)	90th Percentile (Weeks)
October- August 2018				
364	181	49.7	4	34
April-June 2019				
275	147	53.5	4	29

Long waits continue within the Physiotherapy service however quality improvement activity continues to be undertaken to seek to improve the timeliness of access and counteract the impact staff shortages over a sustained period have had on the backlog of patients waiting to be seen.

Cancer

As can be seen in Appendix 1 at 31/12/2019 the Board was performing at 100% for the 31 day standard and 80% for the 62 day standard. This reflected one patient pathway which was delayed and breach analysis has been conducted. The timeliness of access to a diagnostic scope was part of the delay experienced and linked with the reduction in capacity available over the migration period. However, as can be seen in Figure 6 below NHS Orkney continues to perform well in this area.

Figure 6: Cancer Waiting Times – NHS Orkney



Increased performance management of cancer targets has been put in place by Scottish Government's Access Support team across all health boards with a new weekly data submission to be made and a telephone call with SG colleagues each Wednesday at 1pm. This call is used to go over the patients who are breaching, or at risk of breaching and to ensure SG are content with the waiting list management that is being applied.

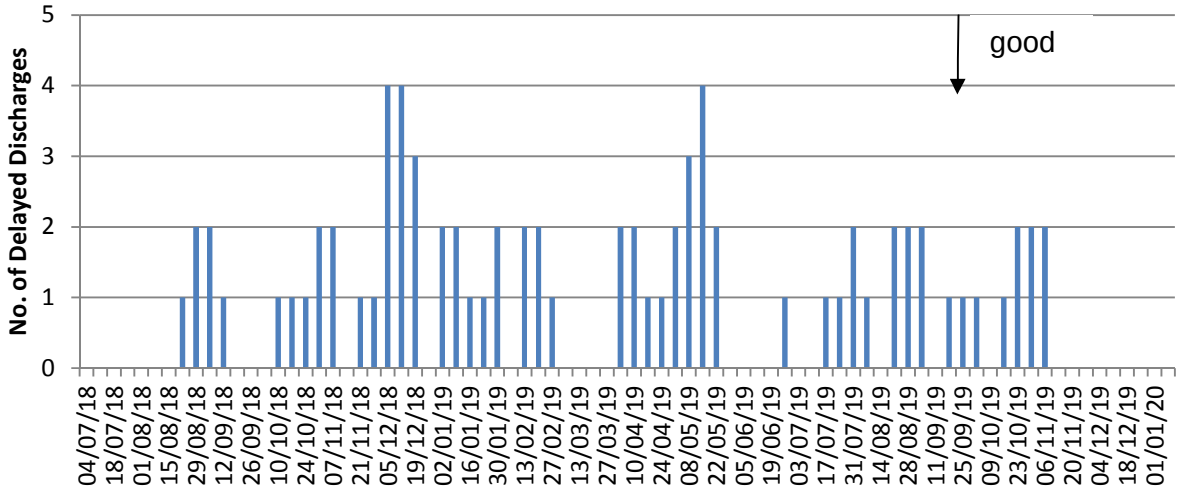
As part of developing relationships with NHS Grampian for the services provided to us under the Acute Services SLA NHS Orkney is now invited to monthly performance management meetings with the Access Support Team, NHS Shetland and NHS Grampian representatives. As a result of this, communication with the Grampian cancer management team has improved with updates on service access and any emerging/ongoing issues now being regularly received. This is assisting the local cancer trackers in being well informed and better able to respond to local and national queries regarding access to diagnostics and treatment.

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

As shown in Figure 7, data for the number of patients whose discharge from hospital has been delayed has been varying between 0 and 2 patients at any given time since 22nd May 2019. Minimising delays in discharge from hospital continues to be an area of multi-disciplinary focus and this issue continues to be actively managed, with liaison between the Hospital's Clinical Nurse Manager 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 particularly as we head into the winter period.

The Orkney Winter Plan will be presented to both the Integration Joint Board and NHS Orkney Board in December for sign off. This document outlines how health and care services will work together throughout winter to minimise delays and ensure services are able to respond to the peaks in demand that can be expected at this time of year.

Figure 7: Patients who are medically fit for discharge whose discharge has been delayed for non medical reasons, Balfour Hospital 4thJuly 2018 – 11th November 2019, all reasons (Source: NHS Performs)



Mental Health

Access to mental health services remains challenging as can be seen in Appendix 1 with gaps in staffing having an adverse impact on waiting times. However service delivery has been enhanced by the recruitment of a locum Psychiatrist on a full time basis for a 6 month period and waiting times for psychiatry should see considerable improvements in performance in coming weeks as the backlog of patient referrals are addressed.

Appendices

- Appendix 1: LDP Standard Performance – NHS Orkney

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

LDP Standard	Current (date)	Previous (date)	Standard
4 hour A&E	97.00 (31/10/2019)	98.70 (30/09/2019)	95.00
12 week first OP	69.55 (30/09/2019)	63.95 (31/08/2019)	95.00
12 week TTG	76.39 (30/09/2019)	61.33 (31/08/2019)	100.00
18 week referral	92.20 (30/09/2019)	91.20 (31/08/2019)	90.00
48hour Access GP	98.77 (31/03/2018)	97.58 (31/03/2016)	90.00
Access to antenatal	75.00 (31/03/2019)	100.00 (28/02/2019)	80.00
Adv booking GP	96.15 (31/03/2018)	97.64 (31/03/2016)	90.00
Alcohol Brief Interventions[1]	66.00 (30/06/2019)	98.80 (31/03/2019)	80.00
Cancer WT (31 days)	100.0 (31/10/2019)	100.0 (30/09/2019)	95.00
Cancer WT (62 days)	80.00 (31/10/2019)	100.00 (30/09/2019)	95.00
Cdiff in ages 15+	0.75 (31/12/2018)	0.56 (30/09/2018)	0.32
Dementia PDS	77.78 (31/03/2017)	100.0 (31/03/2016)	-
Detect cancer	28.57 (31/12/2018)	14.29 (31/12/2017)	29.00
Drug & Alcohol Referral	100.0 (31/08/2019)	100.0 (31/05/2019)	90.00
Faster Access to CAMH	86.70 (30/09/2019)	80.00 (30/06/2019)	90.00
Faster Access to PT	78.90 (30/09/2019)	65.71 (30/06/2019)	90.00
IVF Treatment WT	100.0 (30/09/2019)	100.0 (30/06/2019)	90.00
MRSA/MSSA	00.20 (31/12/2018)	00.07 (30/09/2018)	0.24
Sickness Absence	04.90 (30/09/2019)	04.40 (31/08/2019)	4.00
Smoking Cessation	51.61 (30/06/2019)	105.26 (31/03/2019)	60.00

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Wednesday, 25 July 2019** at **09:30**

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

In Attendance:
Christina Bichan, Head of Transformational Change and Improvement
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead
Christy Roy, Committee Support (minute taker)
Sally Shaw, Chief Officer
Emma West, Corporate Services Manager
Louise Wilson, Director of Public Health

298 **Apologies**

Apologies were noted from M Roos, M Colquhoun, F MacKellar, D McArthur and P Robinson

299 **Declarations of Interests – agenda items**

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

300 **Minutes of Meeting held on 22 May 2019**

The minute of the meeting held on 22 May 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 129, page three, paragraph 5 should be amended to read "*The Director of Public Health advised that the early detection of cancer was affected by increased waiting times due to the limited availability of the mobile breast cancer screening van."*
- 130, page three, final bullet point should read "£29.03m"
- 134, page 8, paragraph 4 should be amended to read "*The Committee were informed about the conversations which had taken place with the Scottish Government regarding the increased capital costs of the new Balfour Hospital and Health Care Facility. The Board Chair added that some of the increased costs occurred because of issues faced by other NHS Scotland projects and the remainder occurred because of internal decisions for example the Clark of Works. The Committee noted the increased costs and the issues faced by the Board."*

301 **Matters Arising**

133 Unidentified Savings
The Chair enquired whether the meetings with key individuals had taken place and was advised by the Interim Director of Finance that a paper would be presented to the Senior Management Team (SMT) following this, groups would be arranged to commence discussions.

HIAL Air Traffic Controllers Industrial Action
J Stockan enquired whether the recent HIAL strike action had affected patients. The Chief Executive advised that around 12 patients travel arrangements had been effected and one staff member had experienced a difficult route back to the island. It was confirmed that there had been no issues with supplies as these were mainly delivered by boat.

302 **Action Log**

The action log was reviewed and updated as required.

Performance Management

303 **Performance Management Report – FPC1920-08**

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 continued to be challenging with current performance below the required LDP level.
- Full quarter data was not yet available, the most recent data had been provided

There had been some issues with outpatients due to delayed flights, including the loss of a full day of ENT. The consultant would provide an extra day later in the year to pick up some lost capacity.

The Dermatology department had started increasing referrals recently; meaning numbers were much more alike to those seen in other Boards.

The Head of Transformational Change and Improvement had met with Access Support colleagues regarding the current position, it was forecast the last 6 months of the year would be better than the first 6 due to the move to the new hospital and healthcare facility and permanent solutions being implemented.

It was brought to the attention of members that the Lead Ophthalmology Consultant would be leaving NHS Orkney, this service would be covered an alternative manner.

Allied Health Professions Musculoskeletal (MSK) services continued to have long waits but management were working closely with the physiotherapy team and looking at the ability to improve this position. This had included list cleansing to ensure that waiting lists were much more accurate. There was also a bid in for first

point of contact for the Primary Care Improvement Plan money which would allow further improvements to be made.

In diagnostics, the backlog of scopes was being addressed , there had been challenges but list sizes were improving with two extra trained doctors increasing theatre capacity

Patients who were medically fit for discharge but whose discharge had been delayed for non medical reasons continues to report at between 0 to 1.

The Chief Executive noted that all staff needed to understand the scale of the pressures. He observed that:

- Outpatients were 800 in October 2018 and had increased to 980 in June 2019, a 19% increase in list size.
- Outpatients waiting over 12 weeks had increased from around 200 in April 2019, to around 366 in July 2019, an 80% increase in 4 months. Therefore in April 2019, 22% of patients breached the 12 week wait; in July 2019 it had increased to 40%.
- Inpatients and day cases were around 160 in April 2019 and were at around 175 in June 2019, with a trajectory for around 30.
- Treatment Times Guarantee (TTG) breaches in December 2018 averaged around 0-5%, however the year to date had never been below 20%

Some of these figures may be due to the move to The Balfour; however there had been significant increases in referrals. The Board would need to assume this would continue and begin recruitment based on these assumptions.

Some members expressed concerns regarding the ability to not only get back to the previous length of waiting times, but to also make progress. The Head of Transformational Change and Improvement reminded members that the Board had yet to utilise the £500k allocated in this area.

Members noted that the wording of the report and language used should accurately reflect the challenge and be given appropriate priority.

The Board Chair noted that he would be interested in understanding the relative impact on poor performance, and whether priority was being targeted, by receiving more information on the cost implications versus the clinical priority.

J Stockan agreed that the report didn't give enough information at present. Background was needed to allow members to see if the Board was in line with the rest of the country.

The Director of Public Health had checked the referral rates of other boards, and NHS Orkney were still relatively low per x thousand. These rates were unlikely to go down and may even increase. In some instances this was about managing the system of referring, in others it was about the need for more clinicians. The Board needed to look at what had been tried and what can still be done within the primary care community.

C Evans took reassurance from the knowledge that by comparison NHS Orkney waiting times weren't dissimilar to other boards. However, she agreed that rather

than trying to reduce the figures, perhaps The Board should learn how to continually manage them understanding GP referrals and why these were increasing.

The Head of Transformational Change advised that conversation were being held with GPs regarding waiting lists and delivery of services to meet these needs.

M McEwen enquired whether the Board should have access to lists showing how many patients were on multiple lists. The Director of Public Health questioned the benefit of using additional time and resources as the information would have limited benefit around how lists were managed.

The Board Chair advised that there were two elements to manage, current pressures and the need for the IJB to look medium and long term across the whole system through strategic planning.

The Interim Director of Finance advised of the need to go back to the Scottish Government around October with plans to bring finances back in balance and would need to advise if there would be issues meeting with this. Otherwise the plan would need to show how the £500k had been spent and what had been addressed.

The Chair asked that work be continued and reported back to the next Finance and Performance Committee meeting in September.

The Chief Executive noted that while these were hard discussions, they were necessary and useful. The Head of Transformational Change and Improvement would continue to take forward this work with discussions being held with the Senior Management Team.

Decision/Conclusion

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

304 **The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019 – FPC1920-09**

The Head of Transformational Change and Improvement delivered the update on The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019 and the response provided.

A manual work round would be implemented from August 2019 until a permanent solution was available

Decision/Conclusion

Members noted the circular and actively supported the proposal

<u>Financial Management and Control</u>

305 **Financial Management Performance Report for period ended June 2019 – FPC1920-10**

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The revenue position for the 3 months to 30 June reflected an overspend of £0.364m, this comprises £0.408m attributable to Health Board and under spend of £44k to the Integration Joint Board (IJB)
- The single biggest risk to delivery of a balanced outturn at this point in the year was 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

A paper would be provided to the Senior Management Team to discuss vacancy management, travel, priority gaps, staff ideas scheme, service improvement and the Integration Joint Board review.

The Interim Director of Finance stated that the key message was that the Board forecast a break even position by the end of the year.

The Board Chair questioned the language used around the Integration Joint Board and asked that this be clarified.

The Interim Director of Finance explained that The Head of Hospital and Support Services was managing the overspend on wards and radiology. Staff would need to be made more aware of the cost pressures and which areas required further work.

Decisions/Conclusion

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

306 **Recruitment – Medical Staffing Update**

On behalf of The Head of Hospital and Support Services, the Chief Executive provided a brief update to members on medical staffing.

After advertisement, three anaesthetic posts had been filled, one candidate had already started and the other two would start later in the year.

There were still vacant posts for physicians and surgeons. However, there had been a positive response to advertisement and that was encouraging. The Board were looking at alternative routes including Global Citizen, to allow flexibility. For now, locum cover was required for these posts.

M McEwen questioned whether the board would be forced to close departments, if there was no interest in these posts by the end of the year. The Chief Executive assured the Committee that this would not be the case, and in a worst case scenario money would have to come from elsewhere to continue to fund locum cover.

Decisions/Conclusion

Members noted the update and The Board would continue advertisement.

307 **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 could be considered more fully in order to maximise efficiencies and deliver cost savings
- Travel savings potential remained through increasing the number of virtual clinic appointments, where appropriate
- Near Me virtual clinic take-up had increased during 2019/20, with further step-up planned from July onwards.

This large budget target for the Grampian SLA was set on the basis of reducing activity with NHS Grampian, where inpatient activity had fallen sharply since 2013/14. Unfortunately, activity had began to rise in 2018/19, with delays in the notification of the scale of this increase. As such, the expected saving in 2018/19 was smaller than originally anticipated, with a need to better understand the activity data for services carried out on behalf of NHS Orkney to better inform service planning moving forward.

Many consultations were now able to take place virtually, including orthopaedic follow ups, resulting in saving on travel and benefits to patients.

NHS Grampian and the Scottish Government were regularly discussing ways to provide more services in this way, NHS Orkney and NHS Shetland were involved in these discussions due to the heavy reliance on NHS Grampian services. This would ensure that focus remained on specialities which all Boards could benefit from.

Regular list cleansing was completed on the Grampian waiting lists for NHS Orkney, to ensure no patients were on lists that no longer required treatment. Referral pathways were also being revisited to ensure accuracy.

The Chief Executive noted that the data provided was estimated, and figures for 2019/20 were not yet available and would be brought to the next meeting.

The Chief Executive questioned where if there were plans to begin asking patients to review their visit to Aberdeen Royal Infirmary (ARI) the Head of Transformational Change and Improvement advised that a patient feedback form was being established for this purpose.

Members agreed that it was the Boards responsibility to ensure that patients weren't being put forward for unnecessary trips rather than finding out after a patient had been to ARI that they felt it had not been beneficial.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

308 **Capital Plan 2019/2020**

The Interim Director of Finance delivered an update on the Capital Plan 2019/2020.

The key items illustrated to members were:

- The formula based resources for 2019/20 accounts for £0.978m. The Board received notification of the same in its May 2019 allocation letter. Committed expenditure was broken down in the report along with the funding for the New Hospital and Health Care Facility in the amount of £6.927m
- £250,000 was allocated to Estates; £50,000 was allocated to IT; and £43,000 for other expenditure including replacement vehicles for Hoy and Papa Westray.
- The outstanding commitment for equipment purchase and construction of the New Hospital and Healthcare Facility remains at £6.927m and was analysed in the report.
- The remaining unallocated funds of £678,000 would be held in a contingency and any unutilised resources would be directed into priority schemes by October 2019.

The disposal of the old Balfour Hospital site was discussed noting that this was ultimately a Board decision. Public sector bids would have priority and if not the decision whether to sell as it stands or to demolish it and sell the land would be made by the Board

Decisions/Conclusion

Members noted the report and agreed the timescales for roll out of the held back allocation.

It was agreed that an update would be provided to the next meeting.

309 **Cost Reduction Framework**

The Interim Director of Finance provided an update on the Cost Reduction Framework advising that in October 2018 the Scottish Government asked the Board to move to a 3 year Annual Operational Plan, this had been submitted in March 2019, with a breakeven position for all 3 years, based on achieving planned savings in all three years.

Concerns were raised that as yet, the savings plan had failed to be delivered.

A meeting had taken place on the 19 July 2019 with the Scottish Government to discuss medical staffing costs, depreciation and capital to revenue transfer.

With regards to medical staffing, an anaesthetist had been recruited and other vacant posts were back out to advert. The adverts had cost implications but were essential to reduce locum costs.

Migration costs were estimated to be around £1.271m, however the actual costs were estimated to be around £900k providing a non recurring saving. In addition, running costs of the new hospital were anticipated to be around £1.9m, with the expected costs for year 1 of £1.1m being revised to £900k expected out-turn

At this stage, NHS Orkney were forecasting a break even position in 2019/20 and assurance had been given to the Scottish Government of this however confirmation had not been received on medical staffing, depreciation or the capital to revenue transfer.

Conversations had taken place with the Integration Joint Board regarding a saving target of £1m in recurring savings and working together towards this. A paper would be provided to the Senior Management Team documenting a number of groups which would be implemented to deliver recurring savings in targeted areas to bring the Board into recurring financial balance over the next 3 years.

The Chief Officer agreed that they had met to discuss figures had not yet been addressed with Integration Joint Board members. She accepted the need to save money and for this to be addressed across health and social care.

M McEwen highlighted the need to manage services and the risk to IJB. There was also a need to take ownership for this risk, rather than label it as IJBs risk as this incorrectly passes on responsibility.

The Director of Public Health relayed information regarding a potential early flu season, with high numbers which had been reported in Australia. The Board would need to look at the implications of this and prepare to manage a potential increase in cases over winter.

J Stockan questioned how the Board would be able to make this level of saving without reducing staff levels. The Interim Director of Finance advised that between recurring savings from the new hospital and resolving medical staffing issues differences would be seen.

By the end of September all invoices should be in for migration costs and more information could be taken back to the Scottish Government to show that progress was being made.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

310 **State of NHS Scotland's Infrastructure (SAFR)**

The Chief Executive delivered the report on behalf of The Head of Hospital and Support Services advising that the information was available for noting before submission to Health Facilities Scotland. It was reported that there were currently no properties with backlog maintenance issues.
M McEwen required an update on the migration of the CDU and Renal units. The Chief Executive relayed that Renal were due to move shortly, after preliminary tests on the water supply were confirmed. CDU were also having positive results but more testing would be carried out to ensure they can maintain pressure as required. It was hoped they would move in the next few weeks.

Decisions/Conclusions

Members approved the report. For submission

<u>Governance</u>

311 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Board

- Performance Management Report
- Savings Plan

313 **Any Other Competent Business**

There was no other business raised for discussion.

Items for information and noting only

314 **ISD Publication of AHP MSK Waiting Times – Pre Release Access**

Members had received the ISD Publication of AHP MSK Waiting Times – Pre Release Access for noting.

Decisions/Conclusion

Members noted the report.

315 **Fraud and Irregularity Update 2018/19**

The Interim Director of Finance delivered the Fraud and Irregularity Update 2018/19 for noting.

Decisions/Conclusion

Members noted the report.

316 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings.

317 **Record of attendance**

Members noted the record of attendance.

318 **Committee Evaluation**

Members noted that the meeting had contained two or three difficult discussions and questions; however important topics have been addressed.

The meeting closed at 12.25

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Wednesday, 25 July 2019** at **09:30**

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

In Attendance:
Christina Bichan, Head of Transformational Change and Improvement
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead
Christy Roy, Committee Support (minute taker)
Sally Shaw, Chief Officer
Emma West, Corporate Services Manager
Louise Wilson, Director of Public Health

298 **Apologies**

Apologies were noted from M Roos, M Colquhoun, F MacKellar, D McArthur and P Robinson

299 **Declarations of Interests – agenda items**

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

300 **Minutes of Meeting held on 22 May 2019**

The minute of the meeting held on 22 May 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 129, page three, paragraph 5 should be amended to read "*The Director of Public Health advised that the early detection of cancer was affected by increased waiting times due to the limited availability of the mobile breast cancer screening van."*
- 130, page three, final bullet point should read "£29.03m"
- 134, page 8, paragraph 4 should be amended to read "*The Committee were informed about the conversations which had taken place with the Scottish Government regarding the increased capital costs of the new Balfour Hospital and Health Care Facility. The Board Chair added that some of the increased costs occurred because of issues faced by other NHS Scotland projects and the remainder occurred because of internal decisions for example the Clark of Works. The Committee noted the increased costs and the issues faced by the Board."*

301 **Matters Arising**

133 Unidentified Savings
The Chair enquired whether the meetings with key individuals had taken place and was advised by the Interim Director of Finance that a paper would be presented to the Senior Management Team (SMT) following this, groups would be arranged to commence discussions.

HIAL Air Traffic Controllers Industrial Action
J Stockan enquired whether the recent HIAL strike action had affected patients. The Chief Executive advised that around 12 patients travel arrangements had been effected and one staff member had experienced a difficult route back to the island. It was confirmed that there had been no issues with supplies as these were mainly delivered by boat.

302 **Action Log**

The action log was reviewed and updated as required.

Performance Management

303 **Performance Management Report – FPC1920-08**

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 continued to be challenging with current performance below the required LDP level.
- Full quarter data was not yet available, the most recent data had been provided

There had been some issues with outpatients due to delayed flights, including the loss of a full day of ENT. The consultant would provide an extra day later in the year to pick up some lost capacity.

The Dermatology department had started increasing referrals recently; meaning numbers were much more alike to those seen in other Boards.

The Head of Transformational Change and Improvement had met with Access Support colleagues regarding the current position, it was forecast the last 6 months of the year would be better than the first 6 due to the move to the new hospital and healthcare facility and permanent solutions being implemented.

It was brought to the attention of members that the Lead Ophthalmology Consultant would be leaving NHS Orkney, this service would be covered an alternative manner.

Allied Health Professions Musculoskeletal (MSK) services continued to have long waits but management were working closely with the physiotherapy team and looking at the ability to improve this position. This had included list cleansing to ensure that waiting lists were much more accurate. There was also a bid in for first

point of contact for the Primary Care Improvement Plan money which would allow further improvements to be made.

In diagnostics, the backlog of scopes was being addressed , there had been challenges but list sizes were improving with two extra trained doctors increasing theatre capacity

Patients who were medically fit for discharge but whose discharge had been delayed for non medical reasons continues to report at between 0 to 1.

The Chief Executive noted that all staff needed to understand the scale of the pressures. He observed that:

- Outpatients were 800 in October 2018 and had increased to 980 in June 2019, a 19% increase in list size.
- Outpatients waiting over 12 weeks had increased from around 200 in April 2019, to around 366 in July 2019, an 80% increase in 4 months. Therefore in April 2019, 22% of patients breached the 12 week wait; in July 2019 it had increased to 40%.
- Inpatients and day cases were around 160 in April 2019 and were at around 175 in June 2019, with a trajectory for around 30.
- Treatment Times Guarantee (TTG) breaches in December 2018 averaged around 0-5%, however the year to date had never been below 20%

Some of these figures may be due to the move to The Balfour; however there had been significant increases in referrals. The Board would need to assume this would continue and begin recruitment based on these assumptions.

Some members expressed concerns regarding the ability to not only get back to the previous length of waiting times, but to also make progress. The Head of Transformational Change and Improvement reminded members that the Board had yet to utilise the £500k allocated in this area.

Members noted that the wording of the report and language used should accurately reflect the challenge and be given appropriate priority.

The Board Chair noted that he would be interested in understanding the relative impact on poor performance, and whether priority was being targeted, by receiving more information on the cost implications versus the clinical priority.

J Stockan agreed that the report didn't give enough information at present. Background was needed to allow members to see if the Board was in line with the rest of the country.

The Director of Public Health had checked the referral rates of other boards, and NHS Orkney were still relatively low per x thousand. These rates were unlikely to go down and may even increase. In some instances this was about managing the system of referring, in others it was about the need for more clinicians. The Board needed to look at what had been tried and what can still be done within the primary care community.

C Evans took reassurance from the knowledge that by comparison NHS Orkney waiting times weren't dissimilar to other boards. However, she agreed that rather

than trying to reduce the figures, perhaps The Board should learn how to continually manage them understanding GP referrals and why these were increasing.

The Head of Transformational Change advised that conversation were being held with GPs regarding waiting lists and delivery of services to meet these needs.

M McEwen enquired whether the Board should have access to lists showing how many patients were on multiple lists. The Director of Public Health questioned the benefit of using additional time and resources as the information would have limited benefit around how lists were managed.

The Board Chair advised that there were two elements to manage, current pressures and the need for the IJB to look medium and long term across the whole system through strategic planning.

The Interim Director of Finance advised of the need to go back to the Scottish Government around October with plans to bring finances back in balance and would need to advise if there would be issues meeting with this. Otherwise the plan would need to show how the £500k had been spent and what had been addressed.

The Chair asked that work be continued and reported back to the next Finance and Performance Committee meeting in September.

The Chief Executive noted that while these were hard discussions, they were necessary and useful. The Head of Transformational Change and Improvement would continue to take forward this work with discussions being held with the Senior Management Team.

Decision/Conclusion

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

304 **The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019 – FPC1920-09**

The Head of Transformational Change and Improvement delivered the update on The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019 and the response provided.

A manual work round would be implemented from August 2019 until a permanent solution was available

Decision/Conclusion

Members noted the circular and actively supported the proposal

<u>Financial Management and Control</u>

305 **Financial Management Performance Report for period ended June 2019 – FPC1920-10**

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The revenue position for the 3 months to 30 June reflected an overspend of £0.364m, this comprises £0.408m attributable to Health Board and under spend of £44k to the Integration Joint Board (IJB)
- The single biggest risk to delivery of a balanced outturn at this point in the year was 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

A paper would be provided to the Senior Management Team to discuss vacancy management, travel, priority gaps, staff ideas scheme, service improvement and the Integration Joint Board review.

The Interim Director of Finance stated that the key message was that the Board forecast a break even position by the end of the year.

The Board Chair questioned the language used around the Integration Joint Board and asked that this be clarified.

The Interim Director of Finance explained that The Head of Hospital and Support Services was managing the overspend on wards and radiology. Staff would need to be made more aware of the cost pressures and which areas required further work.

Decisions/Conclusion

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

306 **Recruitment – Medical Staffing Update**

On behalf of The Head of Hospital and Support Services, the Chief Executive provided a brief update to members on medical staffing.

After advertisement, three anaesthetic posts had been filled, one candidate had already started and the other two would start later in the year.

There were still vacant posts for physicians and surgeons. However, there had been a positive response to advertisement and that was encouraging. The Board were looking at alternative routes including Global Citizen, to allow flexibility. For now, locum cover was required for these posts.

M McEwen questioned whether the board would be forced to close departments, if there was no interest in these posts by the end of the year. The Chief Executive assured the Committee that this would not be the case, and in a worst case scenario money would have to come from elsewhere to continue to fund locum cover.

Decisions/Conclusion

Members noted the update and The Board would continue advertisement.

307 **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 could be considered more fully in order to maximise efficiencies and deliver cost savings
- Travel savings potential remained through increasing the number of virtual clinic appointments, where appropriate
- Near Me virtual clinic take-up had increased during 2019/20, with further step-up planned from July onwards.

This large budget target for the Grampian SLA was set on the basis of reducing activity with NHS Grampian, where inpatient activity had fallen sharply since 2013/14. Unfortunately, activity had began to rise in 2018/19, with delays in the notification of the scale of this increase. As such, the expected saving in 2018/19 was smaller than originally anticipated, with a need to better understand the activity data for services carried out on behalf of NHS Orkney to better inform service planning moving forward.

Many consultations were now able to take place virtually, including orthopaedic follow ups, resulting in saving on travel and benefits to patients.

NHS Grampian and the Scottish Government were regularly discussing ways to provide more services in this way, NHS Orkney and NHS Shetland were involved in these discussions due to the heavy reliance on NHS Grampian services. This would ensure that focus remained on specialities which all Boards could benefit from.

Regular list cleansing was completed on the Grampian waiting lists for NHS Orkney, to ensure no patients were on lists that no longer required treatment. Referral pathways were also being revisited to ensure accuracy.

The Chief Executive noted that the data provided was estimated, and figures for 2019/20 were not yet available and would be brought to the next meeting.

The Chief Executive questioned where if there were plans to begin asking patients to review their visit to Aberdeen Royal Infirmary (ARI) the Head of Transformational Change and Improvement advised that a patient feedback form was being established for this purpose.

Members agreed that it was the Boards responsibility to ensure that patients weren't being put forward for unnecessary trips rather than finding out after a patient had been to ARI that they felt it had not been beneficial.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

308 **Capital Plan 2019/2020**

The Interim Director of Finance delivered an update on the Capital Plan 2019/2020.

The key items illustrated to members were:

- The formula based resources for 2019/20 accounts for £0.978m. The Board received notification of the same in its May 2019 allocation letter. Committed expenditure was broken down in the report along with the funding for the New Hospital and Health Care Facility in the amount of £6.927m
- £250,000 was allocated to Estates; £50,000 was allocated to IT; and £43,000 for other expenditure including replacement vehicles for Hoy and Papa Westray.
- The outstanding commitment for equipment purchase and construction of the New Hospital and Healthcare Facility remains at £6.927m and was analysed in the report.
- The remaining unallocated funds of £678,000 would be held in a contingency and any unutilised resources would be directed into priority schemes by October 2019.

The disposal of the old Balfour Hospital site was discussed noting that this was ultimately a Board decision. Public sector bids would have priority and if not the decision whether to sell as it stands or to demolish it and sell the land would be made by the Board

Decisions/Conclusion

Members noted the report and agreed the timescales for roll out of the held back allocation.

It was agreed that an update would be provided to the next meeting.

309 **Cost Reduction Framework**

The Interim Director of Finance provided an update on the Cost Reduction Framework advising that in October 2018 the Scottish Government asked the Board to move to a 3 year Annual Operational Plan, this had been submitted in March 2019, with a breakeven position for all 3 years, based on achieving planned savings in all three years.

Concerns were raised that as yet, the savings plan had failed to be delivered.

A meeting had taken place on the 19 July 2019 with the Scottish Government to discuss medical staffing costs, depreciation and capital to revenue transfer.

With regards to medical staffing, an anaesthetist had been recruited and other vacant posts were back out to advert. The adverts had cost implications but were essential to reduce locum costs.

Migration costs were estimated to be around £1.271m, however the actual costs were estimated to be around £900k providing a non recurring saving. In addition, running costs of the new hospital were anticipated to be around £1.9m, with the expected costs for year 1 of £1.1m being revised to £900k expected out-turn

At this stage, NHS Orkney were forecasting a break even position in 2019/20 and assurance had been given to the Scottish Government of this however confirmation had not been received on medical staffing, depreciation or the capital to revenue transfer.

Conversations had taken place with the Integration Joint Board regarding a saving target of £1m in recurring savings and working together towards this. A paper would be provided to the Senior Management Team documenting a number of groups which would be implemented to deliver recurring savings in targeted areas to bring the Board into recurring financial balance over the next 3 years.

The Chief Officer agreed that they had met to discuss figures had not yet been addressed with Integration Joint Board members. She accepted the need to save money and for this to be addressed across health and social care.

M McEwen highlighted the need to manage services and the risk to IJB. There was also a need to take ownership for this risk, rather than label it as IJBs risk as this incorrectly passes on responsibility.

The Director of Public Health relayed information regarding a potential early flu season, with high numbers which had been reported in Australia. The Board would need to look at the implications of this and prepare to manage a potential increase in cases over winter.

J Stockan questioned how the Board would be able to make this level of saving without reducing staff levels. The Interim Director of Finance advised that between recurring savings from the new hospital and resolving medical staffing issues differences would be seen.

By the end of September all invoices should be in for migration costs and more information could be taken back to the Scottish Government to show that progress was being made.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

310 **State of NHS Scotland's Infrastructure (SAFR)**

The Chief Executive delivered the report on behalf of The Head of Hospital and Support Services advising that the information was available for noting before submission to Health Facilities Scotland. It was reported that there were currently no properties with backlog maintenance issues.
M McEwen required an update on the migration of the CDU and Renal units. The Chief Executive relayed that Renal were due to move shortly, after preliminary tests on the water supply were confirmed. CDU were also having positive results but more testing would be carried out to ensure they can maintain pressure as required. It was hoped they would move in the next few weeks.

Decisions/Conclusions

Members approved the report. For submission

<u>Governance</u>

311 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Board

- Performance Management Report
- Savings Plan

313 **Any Other Competent Business**

There was no other business raised for discussion.

Items for information and noting only

314 **ISD Publication of AHP MSK Waiting Times – Pre Release Access**

Members had received the ISD Publication of AHP MSK Waiting Times – Pre Release Access for noting.

Decisions/Conclusion

Members noted the report.

315 **Fraud and Irregularity Update 2018/19**

The Interim Director of Finance delivered the Fraud and Irregularity Update 2018/19 for noting.

Decisions/Conclusion

Members noted the report.

316 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings.

317 **Record of attendance**

Members noted the record of attendance.

318 **Committee Evaluation**

Members noted that the meeting had contained two or three difficult discussions and questions; however important topics have been addressed.

The meeting closed at 12.25

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday, 17 October 2019** at **09:30**

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

In Attendance:
Julie Colquhoun, Head of Corporate Services (for item 8.1)
Malcolm Colquhoun, Head of Hospital and Support Services
Eddie Graham, Resilience Officer (for item 8.2)
Lauren Johnstone, Committee Support
Eamonn Keyes, Laboratory Manager (for item 6.2)
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead (Deputising for C Bichan)
David McArthur, Director of Nursing, Midwifery and AHPs
Christy Roy, Committee Support (minute taker)
Pat Robinson, Chief Finance Officer
Louise Wilson, Director of Public Health

459 **Apologies**

Apologies were noted from C Bichan, M Roos and F MacKellar

460 **Declarations of Interests – agenda items**

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

461 **Minutes of Meeting held on 25 July 2019**

The minute of the meeting held on 25 July 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 301, page 1 – "Clark of Works" should be read "Clerk of Works"

462 **Matters Arising**

There were no matters arising.

463 **Action Log**

The action log was reviewed and updated as required.

<u>Performance Management</u>

464 **Performance Management Report – FPC1920-16**

The Committee noted the Performance Report which provided an update on performance with regards to the Local Delivery Plan standards.

The Chief Executive advised that there had been a downturn in performance over the migration period, he believed the Board would still achieve the agreed trajectories for March 2020 and the planned trajectory for March 2021 had been submitted.

Members noted that good progress was being made within trauma and dermatology, and while ophthalmology was also doing well due to the current clinical pathway, it was highlighted as a key area of risk due to the dependency on NHS Grampian for cataract operations, with a need to access a national contract for these. Members agreed that moving forward other departments were likely to face challenges, as referral numbers were increasing across the board.

The Board Chair and M McEwen both praised the improvement in content and presentation of the report by comparison to the last meeting.

The Board Chair raised concerns regarding the increasing sickness absence levels for staff, however the Chief Executive assured members that this was the case across NHS Scotland as a whole. It was agreed that it was important to understand the reasons behind absence, rather than only the numbers, and that more information and input from our Human Resources department would be helpful.

The Director of Public Health questioned the mental health waiting times as the report stateed the number of patients waiting over 84 days, however the upper limit of this waiting time was not stated. It would be helpful to know what continued triage was undertaken for these patients. She also asked if the figures for Child and Adolescent Mental Health Services (CAMHS) could be extracted to see how the waiting times compare. The Director of Nursing, Midwifery and Allied Health Professionals advised that two agency practitioners were being appointed to help ease the burden on the team and recruitment for practitioners would follow. He highlighted that the biggest issue for the mental health service was the lack of a psychiatrist within the team.

Concerns were raised that perhaps patients were not being referred by GPs as they are aware of significant waiting times and this had an adverse affect on the patient's wellbeing, at times resulting on admission through Accident and Emergency. It was also raised that there might be a correlation between poor mental health and presentation of other conditions, resulting from the lack of mental health service. The Board Chair proposed that the development of a more successful mental health strategy could decrease the burden across the board.

M McEwen queried whether the funds available for recruitment could be used in other ways to help deliver services more efficiently, in the event that practitioners could not be recruited.

Members agreed that the current state of the mental health service should be raised to the Clinical and Care Governance Committee for further discussion and action as the Board could not afford to delay action until the mental health strategy was finalised and implemented. The Chief Executive stressed that the Board should be made aware that we are unlikely to meet the targets for AOPs by then end of the year.

Decision/Conclusion

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

465 **Laboratories – Annual update on service including workload and testing – FPC1920-17**

The Laboratory Manager delivered the annual update. He stressed that the report had been put together by R Wardrop, the Laboratory Manager with NHS Shetland

Key points discussed were:

- Balfour Hospital Laboratory was maintaining budget in non wage expenditure in alignment with the Abbott MSC and previous year's expenditure, wage expenditure was also on budget. The laboratory was in a far better financial and service position than it had been for some time.
- The Abbott MSC and the last staffing business case had vastly improved the resilience of the Laboratory in terms of service and reliability. There had been very few service issues since June 2016 and the laboratory was in a position to consider expansion of services to meet the needs of NHS Orkney.
- The laboratory team were praised for their significant level of hard work to maintain the full service during the migration to the new site.
- Significant preparation was underway for Brexit as all equipment and consumables come from within the EU. The laboratory held 3 months worth of stock, with lengthy expiry dates, meaning the serviceshould be prepared for any initial issues in maintaining a supply chain.
- The current machine was unable to provide statistics or information for review due to its age. The computer system used was unlikely to be supported by Clinicys for much longer. Alternative systems were available and were being researched and tested.
- To provide resilience, the laboratory had two of each piece of equipment,if one breaks service can continue whilst awaiting an engineer.
- There had been a significant reduction in the use of locums, although a few had beenutilised during the migration period.
- Point of Care testing costs had increased due to some laboratory provisions being handed over to A&E and HDU. This had improved the service significantly meaning patients results were often ready before the doctor sees them and on-call staff were no longer required within the laboratory.

Members raised concerns regarding the SLA with NHS Shetland, the Head of Hospital and Support Services advised that NHS Orkney had contemplated ending the SLA with NHS Shetland in 2017. Members believed that we had outgrown the SLA in recent years therefore a need had arisen to review our internal team and evaluate our service with a view to suspending the SLA and potentially removing it entirely by the end of 2019/20. The Head of Hospital and Support Services, the Interim Director of Finance and the Laboratory Manager would liaise to provide a report by December on the feasibility of suspending the SLA and any implications. R Wardrop and our Laboratory Manager had previously agreed that both Boards would continue to maintain a close working relationship in order to share expertise, if the SLA were to end.

The Director of Public Health enquired how much supervision and control the laboratory team had over the equipment within the GP practices. The Laboratory Manager advised that his team had no governance over this; however they had advised the Lead GP that they would like to in order to provide assurance. Members

agreed that point of care testing governance should be raised to the Clinical Care Governance Committee.

The Laboratory Manger advised that he sits on the North of Scotland Board alongside R Wardropp to ensure that the isles Boards had 2 voices as well as independently representing NHS Orkney. The Chief Executive agreed that he encourages this as it had helped to raise the profile of issues faced by remote and rural Boards.

Some members raised concerns thatcurrent IT system within the laboratory presented significant risks including the inability to extract accurate figures and the potential of other systems being unable to work in conjunction. IT systems were known to be an issue across NHS Scotland therefore this was seen as a long term piece of work. It was agreed that a review of the costs and development of a 5 – 10 year plan to manage this risk would be needed.

Members discussed the potential to "grow our own staff" through training including encouraging staff to undertake the degree in biomedical science. This would help tackle any recruitment issues. The Head of Corporate Services praised the success of one member of laboratory staff achieving her degree. She advised that when the new Head of Digital Transformation and IT starts with NHS Orkney, it was her intention to work together to develop the IT team to deal with heavy systems areas such as the laboratory to provide more expertise in house. The Laboratory Manager was keen to help work towards this in order to develop both his own team and the IT team.

The Board Chair stated that it would be helpful to see the data within this report tightened up, to allow the Board to be more confident in the figures. However, he was very encouraged by the current report, stating that it was very positive showing the lab to be reasonably cost effective at present.

Decision/Conclusion

The Committee noted the report and welcomed a report to the next meeting updating members on progress.

Financial Management and Control

466 **Financial Management Performance Report for period ended August 2019 – FPC1920-18**

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The Board was reporting an overspend of £0.740m for the 5 months to 31 August, an adverse movement of £0.246m on the position reported to the end of July (£0.496m). This overspend comprises £0.803m attributable to Health Board and an under spend of £63k to the Integration Joint Board.

The Interim Director of Finance gave a verbal update for the period ended 30 September 2019. Key items highlighted were:

- The revenue position for the 6 months to 30 September reflected an over spend of £1.015m, which was an adverse movement of £0.275m on the

position reported to the end of August of £0.740m.

- This overspend comprised £1.175m attributable to Health Board and under spend of £0.160m to the commissioned services by the Integration Joint Board. To deliver a balanced budget, the forecast assumed a heavily caveated balanced outturn position for Health Board.
- The single biggest risk to the delivery of a balanced outturn was the uncertainty surrounding the extent of theoverspend on medical staffing. Following discussions with Scottish Government the following revision had been agreed:
    - £3.4m Capital to Revenue transfer - £1.40m was to be transferred into revenue, £1.5m was to be returned with the balance remaining in capital, for items which fall under the de-minimis level.
    - Medical Staffing of £2.14m had been revised down to £1.8m, but unlikely to be received.
    - £1.8m additional depreciation for the new hospital which would be funded.
- Without this funding a breakeven position would prove extremely difficult but the Board continued to work toward delivering a breakeven position.
- During the month there had been a 5.3% increase in the NHS Grampian SLA cost. It had also been difficult to forecast the outturn for usage of this SLA as appropriate figures from NHS Grampian were awaited.

Members agreed that, if costs continued to rise, it might prove more economic to send more patients to NHS Grampian for treatment and increase the SLA, rather than trying to keep patients here for treatment and continue paying locum rates.

J Stockan advised that NHS Shetland seemed to be in the same situation, with increased locum costs causing an overspend. The Chief Executive advised that he was working with NHS Shetland to evaluate the costs of utilising the SLA versus repatriating. Members agreed that working together might strengthen our case for discussions with the Scottish Government.

M McEwen reminded members that when making savings, there was a need to work towards driving down waiting times, so care should be taken to ensure these were managed together.

Members agreed that locum expenditure presented a significant risk which needed managing effectively to bring down the overspend. The Head of Hospital and Support Services advised that he was currently drafting a report evaluating the medical and nursing provisions within NHS Orkney, which would cover locum provisions. Once this report was finalised it would be taken to the Value and Sustainability Delivery Group and clinical directors would feed back through the Board, with the hope to begin delivering savings in 2020/21.

The Value and Sustainability Lead assured members that he and his colleagues were going to team meetings throughout NHS Orkney to promote the need to think differently and provide savings at every level throughout the Board

The Director of Public Health advised that it might be best to focus on areas where health related outcomes could improve and plan how best to do this whilst providing savings.

The Interim Director of Finance reiterated that the report to the Scottish Government

at the end of September 2019 was that NHS Orkney planed to deliver a breakeven position. He would also submit a formal recovery plan as requested, by the 31October.

Decisions/Conclusion

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

467 **Integration Joint Board Expenditure and Revenue Report – FPC1920-19**

The Chief Finance Officer presented the Integration Joint Board (IJB) Expenditure and Revenue Report,advising that figures were subject to change and that she was keen to link the report more closely to the strategic plan in future.
Key points illustrated to members were:

- The financial position of Orkney Health and Care as at 31 August 2019, showed a current underspend of £228,000, however a forecast underspend of £114,000 was expected based on current activity and spending patterns.
- A significant part of the underspend was due to staff vacancies and therefore was a non recurring saving. This also means that several services were not being delivered to their full potential, including the Child and Adolescent Mental Health, Children and Families and Speech and Language services.
- An overspend was reported in rehabilitation which had been believed to be in relation to an over establishment of Band 3 Therapists within the service. Work would need to be undertaken to identify either a reduction in resource or formally establishing the correct budget.

The Chief Finance Officer advised that the Chief Officer and Interim Director of Finance had met with others recently to undertake a baseline budget review and this would be submitted back to the IJB.

The Interim Director of Finance queried whether he and the Chief Finance Officer should work more closely to ensure the alignment of the reported position of the IJB with that of NHS Orkney as their current reports differed. The Chief Finance Officer agreed that she was happy to review the figures again to provide assurance.

J Stockan raised concerns that while we must ensure we provide excellent services, budgets cannot continue to be overspent. Some members wondered if the underspend on some budgets could be kept as a reserve, where others thought this money should be used to provide services where demands are not being met. The Board Chair advised that once funding had been handed over to the IJB, they could decide how best to utilise it to provide the best services for the people of Orkney.

Decisions/Conclusion

The Committee noted and approved the report and were assured of progress.

468 **Savings Plan – Off Island Travel / SLA – FPC1920-20**

The Value and Sustainability Lead 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 remained a need to extract more timeous activity information to better understand service demand so that future service delivery options could be considered more fully 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 clinictake-up had increased during 2019/20.
- Whilst providing the target of £750k could prove challenging, savings were being made, however the current overspend needed to be addressed first.

Members were advised that there had been a lack of activity data available for the Grampian SLA at the time of writing the report; however since then, some information had been received for the first quarter of the year. It was agreed that it would be too early to advise on the position at the end of the year, and would be helpful if we could run our own reports within NHS Orkney to provide more timely information. Members wondered if the patient travel data could be used to track what services patients would be receiving, meaning we could collect estimated SLA data in advance of treatment being given.

Members agreed that the use of digital clinics provided great potential for patients to avoid unnecessary travel, with some clinics even available within the patient's own home. Many departments within NHS Grampian were embracing this provision however there are some limitations and some patients would still need to travel off island. M McEwen suggested that whilst this was an excellent provision to offer, it would not save on the SLA, only on the travel costs, as specialists are still required to run the clinic and medical staff might be needed on island, as well as the technology required.

The Chair suggested that the dependency we had on some specialisms provided by NHS Grampian might mean there was a limit to the amount of savings that could be made from the SLA.

The Chief Executive agreed to contact Jonathan Hinkles, Managing Director of Loganair, to discuss travel costs, especially focusing on the potential for discount escort fares. The Board Chair suggested that if this avenue was unsuccessful, the Board might have had grounds to go to the Scottish Government to request assistance.

The Interim Director of Finance advised that staff travel had significantly increased by approximately 20% in the last year, and K Francis was currently looking into the reasons behind this to advise how to reduce it.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

469 **Capital Plan 2019/2020 – FPC1920-21**

The Interim Director of Finance delivered an update on the Capital Plan 2019/2020. The key items illustrated to members were:

- The Scottish Government was to provide £6.405mCapital Resource Limit, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment and includes the NPD funding for the New Hospital and Healthcare Facility of £5.427m from which the Board had agreed a capital to revenue transfer of £1m.
- The formula based resources for 2019/20 accounted for £0.978m. The Board received notification of the same in its May 2019 allocation letter. Committed expenditure was detailed in the paper
- funding through the 2019/20 allocation letter was awaited.
- From the total allocation we had spent £2,384,000.
- The Medical Equipment Group had recently approved another £800k spend on Capital.

It was confirmed that the Heilendi building was due for some minor refurbishments and should be ready for January 2020 for the Community Mental Health Team to move into the facility.

Members expressed concern over the difficulties in getting a contractor for the work due to be undertaken at isles practices as many contractors are not willing to work on smaller islands due to the expenses incurred.

J Stockan advised that the capital plan was in a very good position and expressed that he was keen to see the final details of the plan at the next Board meeting.

The Chief Executive expressed that the final project costs needed to be closed and a report pulled together to advise on the final cost of the hospital project in its totality.

M McEwen asked if the expense of the two departments still to move from the old Balfour site had been factored into the financial plan. The Head of Hospital and Support Services advised that the costs of this would be minimal and there were already plans in place to cover it.

Decisions/Conclusion

The Committee noted and approved the report and were assured of progress.

470 **Cost Reduction Framework – FPC1920-22**

The Interim Director of Finance provided an update on the Cost Reduction Framework. He advised that:

- The £750k savings which had planned to be delivered within 2019/2020 wre unlikely to be delivered, meaning an increase in planned savings for 2020/2021.
- The medical staffing overspend had been reduced to an expected out-turn of £1.8m at the end of 2019/2020, ahead of the trajectory of £2.144m. This would generate a non recurring saving of £344k.
- Expected migration costs had reduced to £0.6m, providing a non recurring saving of £700k.
- The running costs of the new hospital had been expected to be £1.143m, however the expected out-turn was now £900k, providing potential recurring savings of £243k.
- £118k had been held back from inflation as a recurring saving.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

471 **Future Financial Planning – FPC1920-23**

The Interim Director of Finance delivered the Future Financial Planning report for noting.

Decisions/Conclusions

Members noted the report and were assured of progress.

Governance

472 **eHealth and IT Update – FPC1920-24**

The Head of Corporate Services delivered the eHealth and IT Update. She noted that a great deal of work was still ongoing however the update should give members an understating of the context within which the team were currently operating.

She advised that work was still ongoing on many projects including:

- Increased arrangements to comply with cyber security regulations
- The transition to Windows 10 for all departments
- Implementation of various national programmes, particularly those related to the publication of Scotland's Digital Health & Care Strategy in April 2018
- Migration to the new site. There had been a short period in which to get all systems into place whilst simultaneously running the servers at the old hospital site The new hospital site also provides a huge opportunity for development in the future, especially when the new Head of Digital Transformation and IT joins NHS Orkney in November.

The Head of Corporate Services advised that there had been a meeting of the Enabling Technology Board recently, to discuss the purpose and membership. A conversation had also taken place with the Chief Officer who advised that the Orkney Health and Care team had been looking to establish a Technology Enabled Care Group. They are looking to combine the two groups in order to save time and resources as well as allowing for an overall view of technology within health and social care provisions.

The Head of Corporate Services advised that all Boards were invited to complete a Digital Maturity Assessment, this assessment was designed to give Boards a baseline from which they could work on an improvement plan, and also gives an indication of where nationally investment was required. The full assessment, which had to be completed before the end of July 2019, had yet to be opened up to enable comparison with other boards and develop our Digital Maturity Improvement Plan.

She also advised that the local capacity plan was kept under dynamic review. It highlighted the extensive workload for the IT team with over 90 medium to complex projects/tasks,

The workload of the department had increased significantly, one of the objectives of the incoming IT Manager would be to review the structure of the team, map the

capacity plan to the team skills and business needs to identify potential gaps, and put in place a development plan for the team. Early thoughts, comparing the workplan to the existing establishment, was that we are likely to need at least 2 WTE Project Officers, a resource that could be allocated to the specific system implementation teams, without pulling key people out of infrastructure and desk top teams.

Members recognised that the IT team for NHS Orkney was relatively small and understaffed, and they were praised for their ongoing work and commitment. It was agreed that technology was becoming more integral to the services provided, and this presents challenges to the Board. However it also provided avenues for improvement and should be given priority. The budget for implementation of new systems needed to be finalised.

The Board Chair advised that whilst it was very important that we embrace the technology available to us, it was equally important to support the members of our community who are unable to do so due to lack of skills, equipment or connectivity. J Stockan agreed that care should be taken to ensure we do not restrict who could access services; however he advised that councillors are looking at the lack of connectivity within the isles as a priority.

The Director of Public Health believed that the eHealth membership should contain more than one clinical champion as a significant part of the discussion would surround clinical areas. The Director of Nursing, Midwifery and Allied Health Professionals agreed and suggested that any eHealth strategy required to be founded upon a clear clinical strategy

Decisions/Conclusions

Members noted the update and took assurance on progress.

473 **Chairs Report – Resilience Planning Group and Minutes – FPC1920-25**

The Resilience Officer delivered the Chairs Report for the Resilience Planning Group. Keys point highlighted included:

- A Business Continuity Audit had recently been undertaken by the internal auditors, Scott Moncrieff. This highlighted that a small number of plans were still to be completed. The updated plans were now with plan holders for signing off.
- In July, a major incident presentation was delivered by the Resilience Officer to the Mortality and Morbidity meeting to increase their awareness of The Balfour Major Incident/Major Emergency Plan. This was being followed up by an input to the Group from Dr Tim Parke who was involved in the development of the Scottish Trauma Network.
- On the 9 October 2019 the Major Incident/Major Emergency Plan received its final approval at the Clinical Care Governance Committee and had now been formally adopted. The plan could now be tested and exercised.
- NHS Orkney Brexit Steering Group discussed the Board‘s planning arrangements and potential mitigation measures. A strategic workshop hosted by Scottish Government took place soon after and was followed up by a special meeting of the Orkney Local Emergency Co-ordinating Group to review the multi-agency planning arrangements for Brexit.

- Anaircraft taking off from Kirkwall Bound for Aberdeen suffered an engine failure, afull emergency was declared. The plane returned to Kirkwall and landed safely. NHS Orkney and OIC were not notified as part of the call-out procedure and as such could not initiate standby arrangements. This follows similar notification failures in Shetland and the Western Isles. A Datix form had been completed and the matter raised with Police Scotland in an effort to resolve the issues would call cascade. The matter had also been placed on the Orkney Local Emergency Co-ordinating Group Agenda.

M McEwen suggested that an update on the Business Continuity Audit would be very helpful to have at the next audit committee.

The Chief Executive warned that while he had every confidence in our internal team post Brexit, he was concerned for the uncertainty of external factors and the provision of supplies to Orkney. Members agreed that a considerable amount of work would need to be done to ensure adequate supplies, however this could only be done after a decision had been made by the Government and European Union regarding a deal.

Members agreed that the failure to notify ourselves and OIC could present a significant risk in future. The Resilience Offer had questioned the call cascade and it clearly defines that the responsibility sits with the Scottish Ambulance Service (SAS). The Chief Executive advised the Resilience Officer to speak directly to the National Director of Operations for SAS, to resolve

Decisions/Conclusions

Members noted the update and were assured of progress.

474 **Balfour Hospital Contract Performance – FPC1920-26**

The Head of Hospital and Support Services provided the update on Balfour Hospital Contract Performance.

The Chief Executive recognised the level of detail within the report and the significant time and resources required to manage this contract so efficiently and effectively and expressed his gratitude to the Head of Hospital and Support Services and his team for their hard work.

The Head of Hospital and Support Services advised that in line with the Project Agreement between NHS Orkney and Project Co the Helpdesk was set up to act as a single-point of communications in relation to all Hard Services issues.

Reports would be brought to each Finance & Performance committee meeting to update members on performance against contract.

There had been some dispute over the deductions for the lack of provision for Renal and CDU. The Head of Hospital and Support Services advised that his team were keeping detailed records to ensure NHS Orkney did not lose money.

The Board Chair expressed that having cumulative data over a 6 or 12 month period brought to the committee would be very helpful to identify any patterns where there were regular issues.

The Chief Executive stressed that the Board must be able to demonstrate that this contract was being managed effectively. The Head of Hospital and Support Services advised that at present we are in discussion with Robertson's and working through Project Co with lawyers to manage the contract efficiently.

Decisions/Conclusions

Members noted the report.

475 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Clinical Care Governance Committee

- Point of Care Testing
- Mental Health Waiting Times

Board

- eHealth and IT Update
- AOP Delivery Update
- Current Financial Position
- Management of the Balfour Hospital Contract

477 **Any Other Competent Business**

Debtor Estate Update

The Head of Finance updated members that an ongoing dispute over monies owed by a debtor was still in progress and so far no funds from the estate had been released to creditors.

478 **Patient Travel Policy– FPC1920-27**

The Value and Sustainability Lead delivered the revised Patient Travel Policy for approval. Amendments to the policy included:

- Addition of virtual clinic provisions
- Clarity on patient escorts
- Escalation pathway 3rd tier changed to the Director of Finance
- General update for clarity

Decisions/Conclusions

Members approved the updated policy.

Items for information and noting only

479 **Hospital Records Quarterly Report August 2019 – FPC1920-28**

Members received the Hospital Records Quarterly Report August 2019 for noting.

Decisions/Conclusion

Members noted the report.

480 **Capital Delegated Limits 2019-20 – FPC1920-29**

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

481 **AOP 2020-21 SGHD Performance and Delivery Team update – FPC1920-30**

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

482 **Circular – DL (2019) 4 – Partnership Agreement Between NHS Scotland Counter – FPC1920-31**

The Interim Director of Finance delivered the circular for noting.

Decisions/Conclusion

Members noted the circular

483 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings.

484 **Record of attendance**

Members noted the record of attendance.

485 **Committee Evaluation**

Members noted that, while the meeting had run over time slightly, it had been necessary to discuss the reality of the financial position in detail. The Chair praised members for their involvement in discussions on difficult subjects and the high level of scrutiny involved.

The meeting closed at 12.51

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday, 17 October 2019** at **09:30**

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

In Attendance:
Julie Colquhoun, Head of Corporate Services (for item 8.1)
Malcolm Colquhoun, Head of Hospital and Support Services
Eddie Graham, Resilience Officer (for item 8.2)
Lauren Johnstone, Committee Support
Eamonn Keyes, Laboratory Manager (for item 6.2)
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead (Deputising for C Bichan)
David McArthur, Director of Nursing, Midwifery and AHPs
Christy Roy, Committee Support (minute taker)
Pat Robinson, Chief Finance Officer
Louise Wilson, Director of Public Health

459 **Apologies**

Apologies were noted from C Bichan, M Roos and F MacKellar

460 **Declarations of Interests – agenda items**

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

461 **Minutes of Meeting held on 25 July 2019**

The minute of the meeting held on 25 July 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 301, page 1 – "Clark of Works" should be read "Clerk of Works"

462 **Matters Arising**

There were no matters arising.

463 **Action Log**

The action log was reviewed and updated as required.

<u>Performance Management</u>

464 **Performance Management Report – FPC1920-16**

The Committee noted the Performance Report which provided an update on performance with regards to the Local Delivery Plan standards.

The Chief Executive advised that there had been a downturn in performance over the migration period, he believed the Board would still achieve the agreed trajectories for March 2020 and the planned trajectory for March 2021 had been submitted.

Members noted that good progress was being made within trauma and dermatology, and while ophthalmology was also doing well due to the current clinical pathway, it was highlighted as a key area of risk due to the dependency on NHS Grampian for cataract operations, with a need to access a national contract for these. Members agreed that moving forward other departments were likely to face challenges, as referral numbers were increasing across the board.

The Board Chair and M McEwen both praised the improvement in content and presentation of the report by comparison to the last meeting.

The Board Chair raised concerns regarding the increasing sickness absence levels for staff, however the Chief Executive assured members that this was the case across NHS Scotland as a whole. It was agreed that it was important to understand the reasons behind absence, rather than only the numbers, and that more information and input from our Human Resources department would be helpful.

The Director of Public Health questioned the mental health waiting times as the report stateed the number of patients waiting over 84 days, however the upper limit of this waiting time was not stated. It would be helpful to know what continued triage was undertaken for these patients. She also asked if the figures for Child and Adolescent Mental Health Services (CAMHS) could be extracted to see how the waiting times compare. The Director of Nursing, Midwifery and Allied Health Professionals advised that two agency practitioners were being appointed to help ease the burden on the team and recruitment for practitioners would follow. He highlighted that the biggest issue for the mental health service was the lack of a psychiatrist within the team.

Concerns were raised that perhaps patients were not being referred by GPs as they are aware of significant waiting times and this had an adverse affect on the patient's wellbeing, at times resulting on admission through Accident and Emergency. It was also raised that there might be a correlation between poor mental health and presentation of other conditions, resulting from the lack of mental health service. The Board Chair proposed that the development of a more successful mental health strategy could decrease the burden across the board.

M McEwen queried whether the funds available for recruitment could be used in other ways to help deliver services more efficiently, in the event that practitioners could not be recruited.

Members agreed that the current state of the mental health service should be raised to the Clinical and Care Governance Committee for further discussion and action as the Board could not afford to delay action until the mental health strategy was finalised and implemented. The Chief Executive stressed that the Board should be made aware that we are unlikely to meet the targets for AOPs by then end of the year.

Decision/Conclusion

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

465 **Laboratories – Annual update on service including workload and testing – FPC1920-17**

The Laboratory Manager delivered the annual update. He stressed that the report had been put together by R Wardrop, the Laboratory Manager with NHS Shetland

Key points discussed were:

- Balfour Hospital Laboratory was maintaining budget in non wage expenditure in alignment with the Abbott MSC and previous year's expenditure, wage expenditure was also on budget. The laboratory was in a far better financial and service position than it had been for some time.
- The Abbott MSC and the last staffing business case had vastly improved the resilience of the Laboratory in terms of service and reliability. There had been very few service issues since June 2016 and the laboratory was in a position to consider expansion of services to meet the needs of NHS Orkney.
- The laboratory team were praised for their significant level of hard work to maintain the full service during the migration to the new site.
- Significant preparation was underway for Brexit as all equipment and consumables come from within the EU. The laboratory held 3 months worth of stock, with lengthy expiry dates, meaning the serviceshould be prepared for any initial issues in maintaining a supply chain.
- The current machine was unable to provide statistics or information for review due to its age. The computer system used was unlikely to be supported by Clinicys for much longer. Alternative systems were available and were being researched and tested.
- To provide resilience, the laboratory had two of each piece of equipment,if one breaks service can continue whilst awaiting an engineer.
- There had been a significant reduction in the use of locums, although a few had beenutilised during the migration period.
- Point of Care testing costs had increased due to some laboratory provisions being handed over to A&E and HDU. This had improved the service significantly meaning patients results were often ready before the doctor sees them and on-call staff were no longer required within the laboratory.

Members raised concerns regarding the SLA with NHS Shetland, the Head of Hospital and Support Services advised that NHS Orkney had contemplated ending the SLA with NHS Shetland in 2017. Members believed that we had outgrown the SLA in recent years therefore a need had arisen to review our internal team and evaluate our service with a view to suspending the SLA and potentially removing it entirely by the end of 2019/20. The Head of Hospital and Support Services, the Interim Director of Finance and the Laboratory Manager would liaise to provide a report by December on the feasibility of suspending the SLA and any implications. R Wardrop and our Laboratory Manager had previously agreed that both Boards would continue to maintain a close working relationship in order to share expertise, if the SLA were to end.

The Director of Public Health enquired how much supervision and control the laboratory team had over the equipment within the GP practices. The Laboratory Manager advised that his team had no governance over this; however they had advised the Lead GP that they would like to in order to provide assurance. Members

agreed that point of care testing governance should be raised to the Clinical Care Governance Committee.

The Laboratory Manger advised that he sits on the North of Scotland Board alongside R Wardropp to ensure that the isles Boards had 2 voices as well as independently representing NHS Orkney. The Chief Executive agreed that he encourages this as it had helped to raise the profile of issues faced by remote and rural Boards.

Some members raised concerns thatcurrent IT system within the laboratory presented significant risks including the inability to extract accurate figures and the potential of other systems being unable to work in conjunction. IT systems were known to be an issue across NHS Scotland therefore this was seen as a long term piece of work. It was agreed that a review of the costs and development of a 5 – 10 year plan to manage this risk would be needed.

Members discussed the potential to "grow our own staff" through training including encouraging staff to undertake the degree in biomedical science. This would help tackle any recruitment issues. The Head of Corporate Services praised the success of one member of laboratory staff achieving her degree. She advised that when the new Head of Digital Transformation and IT starts with NHS Orkney, it was her intention to work together to develop the IT team to deal with heavy systems areas such as the laboratory to provide more expertise in house. The Laboratory Manager was keen to help work towards this in order to develop both his own team and the IT team.

The Board Chair stated that it would be helpful to see the data within this report tightened up, to allow the Board to be more confident in the figures. However, he was very encouraged by the current report, stating that it was very positive showing the lab to be reasonably cost effective at present.

Decision/Conclusion

The Committee noted the report and welcomed a report to the next meeting updating members on progress.

Financial Management and Control

466 **Financial Management Performance Report for period ended August 2019 – FPC1920-18**

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The Board was reporting an overspend of £0.740m for the 5 months to 31 August, an adverse movement of £0.246m on the position reported to the end of July (£0.496m). This overspend comprises £0.803m attributable to Health Board and an under spend of £63k to the Integration Joint Board.

The Interim Director of Finance gave a verbal update for the period ended 30 September 2019. Key items highlighted were:

- The revenue position for the 6 months to 30 September reflected an over spend of £1.015m, which was an adverse movement of £0.275m on the

position reported to the end of August of £0.740m.

- This overspend comprised £1.175m attributable to Health Board and under spend of £0.160m to the commissioned services by the Integration Joint Board. To deliver a balanced budget, the forecast assumed a heavily caveated balanced outturn position for Health Board.
- The single biggest risk to the delivery of a balanced outturn was the uncertainty surrounding the extent of theoverspend on medical staffing. Following discussions with Scottish Government the following revision had been agreed:
    - £3.4m Capital to Revenue transfer - £1.40m was to be transferred into revenue, £1.5m was to be returned with the balance remaining in capital, for items which fall under the de-minimis level.
    - Medical Staffing of £2.14m had been revised down to £1.8m, but unlikely to be received.
    - £1.8m additional depreciation for the new hospital which would be funded.
- Without this funding a breakeven position would prove extremely difficult but the Board continued to work toward delivering a breakeven position.
- During the month there had been a 5.3% increase in the NHS Grampian SLA cost. It had also been difficult to forecast the outturn for usage of this SLA as appropriate figures from NHS Grampian were awaited.

Members agreed that, if costs continued to rise, it might prove more economic to send more patients to NHS Grampian for treatment and increase the SLA, rather than trying to keep patients here for treatment and continue paying locum rates.

J Stockan advised that NHS Shetland seemed to be in the same situation, with increased locum costs causing an overspend. The Chief Executive advised that he was working with NHS Shetland to evaluate the costs of utilising the SLA versus repatriating. Members agreed that working together might strengthen our case for discussions with the Scottish Government.

M McEwen reminded members that when making savings, there was a need to work towards driving down waiting times, so care should be taken to ensure these were managed together.

Members agreed that locum expenditure presented a significant risk which needed managing effectively to bring down the overspend. The Head of Hospital and Support Services advised that he was currently drafting a report evaluating the medical and nursing provisions within NHS Orkney, which would cover locum provisions. Once this report was finalised it would be taken to the Value and Sustainability Delivery Group and clinical directors would feed back through the Board, with the hope to begin delivering savings in 2020/21.

The Value and Sustainability Lead assured members that he and his colleagues were going to team meetings throughout NHS Orkney to promote the need to think differently and provide savings at every level throughout the Board

The Director of Public Health advised that it might be best to focus on areas where health related outcomes could improve and plan how best to do this whilst providing savings.

The Interim Director of Finance reiterated that the report to the Scottish Government

at the end of September 2019 was that NHS Orkney planed to deliver a breakeven position. He would also submit a formal recovery plan as requested, by the 31October.

Decisions/Conclusion

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

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The Chief Finance Officer presented the Integration Joint Board (IJB) Expenditure and Revenue Report,advising that figures were subject to change and that she was keen to link the report more closely to the strategic plan in future.
Key points illustrated to members were:

- The financial position of Orkney Health and Care as at 31 August 2019, showed a current underspend of £228,000, however a forecast underspend of £114,000 was expected based on current activity and spending patterns.
- A significant part of the underspend was due to staff vacancies and therefore was a non recurring saving. This also means that several services were not being delivered to their full potential, including the Child and Adolescent Mental Health, Children and Families and Speech and Language services.
- An overspend was reported in rehabilitation which had been believed to be in relation to an over establishment of Band 3 Therapists within the service. Work would need to be undertaken to identify either a reduction in resource or formally establishing the correct budget.

The Chief Finance Officer advised that the Chief Officer and Interim Director of Finance had met with others recently to undertake a baseline budget review and this would be submitted back to the IJB.

The Interim Director of Finance queried whether he and the Chief Finance Officer should work more closely to ensure the alignment of the reported position of the IJB with that of NHS Orkney as their current reports differed. The Chief Finance Officer agreed that she was happy to review the figures again to provide assurance.

J Stockan raised concerns that while we must ensure we provide excellent services, budgets cannot continue to be overspent. Some members wondered if the underspend on some budgets could be kept as a reserve, where others thought this money should be used to provide services where demands are not being met. The Board Chair advised that once funding had been handed over to the IJB, they could decide how best to utilise it to provide the best services for the people of Orkney.

Decisions/Conclusion

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468 **Savings Plan – Off Island Travel / SLA – FPC1920-20**

The Value and Sustainability Lead 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 remained a need to extract more timeous activity information to better understand service demand so that future service delivery options could be considered more fully 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 clinictake-up had increased during 2019/20.
- Whilst providing the target of £750k could prove challenging, savings were being made, however the current overspend needed to be addressed first.

Members were advised that there had been a lack of activity data available for the Grampian SLA at the time of writing the report; however since then, some information had been received for the first quarter of the year. It was agreed that it would be too early to advise on the position at the end of the year, and would be helpful if we could run our own reports within NHS Orkney to provide more timely information. Members wondered if the patient travel data could be used to track what services patients would be receiving, meaning we could collect estimated SLA data in advance of treatment being given.

Members agreed that the use of digital clinics provided great potential for patients to avoid unnecessary travel, with some clinics even available within the patient's own home. Many departments within NHS Grampian were embracing this provision however there are some limitations and some patients would still need to travel off island. M McEwen suggested that whilst this was an excellent provision to offer, it would not save on the SLA, only on the travel costs, as specialists are still required to run the clinic and medical staff might be needed on island, as well as the technology required.

The Chair suggested that the dependency we had on some specialisms provided by NHS Grampian might mean there was a limit to the amount of savings that could be made from the SLA.

The Chief Executive agreed to contact Jonathan Hinkles, Managing Director of Loganair, to discuss travel costs, especially focusing on the potential for discount escort fares. The Board Chair suggested that if this avenue was unsuccessful, the Board might have had grounds to go to the Scottish Government to request assistance.

The Interim Director of Finance advised that staff travel had significantly increased by approximately 20% in the last year, and K Francis was currently looking into the reasons behind this to advise how to reduce it.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

469 **Capital Plan 2019/2020 – FPC1920-21**

The Interim Director of Finance delivered an update on the Capital Plan 2019/2020. The key items illustrated to members were:

- The Scottish Government was to provide £6.405mCapital Resource Limit, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment and includes the NPD funding for the New Hospital and Healthcare Facility of £5.427m from which the Board had agreed a capital to revenue transfer of £1m.
- The formula based resources for 2019/20 accounted for £0.978m. The Board received notification of the same in its May 2019 allocation letter. Committed expenditure was detailed in the paper
- funding through the 2019/20 allocation letter was awaited.
- From the total allocation we had spent £2,384,000.
- The Medical Equipment Group had recently approved another £800k spend on Capital.

It was confirmed that the Heilendi building was due for some minor refurbishments and should be ready for January 2020 for the Community Mental Health Team to move into the facility.

Members expressed concern over the difficulties in getting a contractor for the work due to be undertaken at isles practices as many contractors are not willing to work on smaller islands due to the expenses incurred.

J Stockan advised that the capital plan was in a very good position and expressed that he was keen to see the final details of the plan at the next Board meeting.

The Chief Executive expressed that the final project costs needed to be closed and a report pulled together to advise on the final cost of the hospital project in its totality.

M McEwen asked if the expense of the two departments still to move from the old Balfour site had been factored into the financial plan. The Head of Hospital and Support Services advised that the costs of this would be minimal and there were already plans in place to cover it.

Decisions/Conclusion

The Committee noted and approved the report and were assured of progress.

470 **Cost Reduction Framework – FPC1920-22**

The Interim Director of Finance provided an update on the Cost Reduction Framework. He advised that:

- The £750k savings which had planned to be delivered within 2019/2020 wre unlikely to be delivered, meaning an increase in planned savings for 2020/2021.
- The medical staffing overspend had been reduced to an expected out-turn of £1.8m at the end of 2019/2020, ahead of the trajectory of £2.144m. This would generate a non recurring saving of £344k.
- Expected migration costs had reduced to £0.6m, providing a non recurring saving of £700k.
- The running costs of the new hospital had been expected to be £1.143m, however the expected out-turn was now £900k, providing potential recurring savings of £243k.
- £118k had been held back from inflation as a recurring saving.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

471 **Future Financial Planning – FPC1920-23**

The Interim Director of Finance delivered the Future Financial Planning report for noting.

Decisions/Conclusions

Members noted the report and were assured of progress.

Governance

472 **eHealth and IT Update – FPC1920-24**

The Head of Corporate Services delivered the eHealth and IT Update. She noted that a great deal of work was still ongoing however the update should give members an understating of the context within which the team were currently operating.

She advised that work was still ongoing on many projects including:

- Increased arrangements to comply with cyber security regulations
- The transition to Windows 10 for all departments
- Implementation of various national programmes, particularly those related to the publication of Scotland's Digital Health & Care Strategy in April 2018
- Migration to the new site. There had been a short period in which to get all systems into place whilst simultaneously running the servers at the old hospital site The new hospital site also provides a huge opportunity for development in the future, especially when the new Head of Digital Transformation and IT joins NHS Orkney in November.

The Head of Corporate Services advised that there had been a meeting of the Enabling Technology Board recently, to discuss the purpose and membership. A conversation had also taken place with the Chief Officer who advised that the Orkney Health and Care team had been looking to establish a Technology Enabled Care Group. They are looking to combine the two groups in order to save time and resources as well as allowing for an overall view of technology within health and social care provisions.

The Head of Corporate Services advised that all Boards were invited to complete a Digital Maturity Assessment, this assessment was designed to give Boards a baseline from which they could work on an improvement plan, and also gives an indication of where nationally investment was required. The full assessment, which had to be completed before the end of July 2019, had yet to be opened up to enable comparison with other boards and develop our Digital Maturity Improvement Plan.

She also advised that the local capacity plan was kept under dynamic review. It highlighted the extensive workload for the IT team with over 90 medium to complex projects/tasks,

The workload of the department had increased significantly, one of the objectives of the incoming IT Manager would be to review the structure of the team, map the

capacity plan to the team skills and business needs to identify potential gaps, and put in place a development plan for the team. Early thoughts, comparing the workplan to the existing establishment, was that we are likely to need at least 2 WTE Project Officers, a resource that could be allocated to the specific system implementation teams, without pulling key people out of infrastructure and desk top teams.

Members recognised that the IT team for NHS Orkney was relatively small and understaffed, and they were praised for their ongoing work and commitment. It was agreed that technology was becoming more integral to the services provided, and this presents challenges to the Board. However it also provided avenues for improvement and should be given priority. The budget for implementation of new systems needed to be finalised.

The Board Chair advised that whilst it was very important that we embrace the technology available to us, it was equally important to support the members of our community who are unable to do so due to lack of skills, equipment or connectivity. J Stockan agreed that care should be taken to ensure we do not restrict who could access services; however he advised that councillors are looking at the lack of connectivity within the isles as a priority.

The Director of Public Health believed that the eHealth membership should contain more than one clinical champion as a significant part of the discussion would surround clinical areas. The Director of Nursing, Midwifery and Allied Health Professionals agreed and suggested that any eHealth strategy required to be founded upon a clear clinical strategy

Decisions/Conclusions

Members noted the update and took assurance on progress.

473 **Chairs Report – Resilience Planning Group and Minutes – FPC1920-25**

The Resilience Officer delivered the Chairs Report for the Resilience Planning Group. Keys point highlighted included:

- A Business Continuity Audit had recently been undertaken by the internal auditors, Scott Moncrieff. This highlighted that a small number of plans were still to be completed. The updated plans were now with plan holders for signing off.
- In July, a major incident presentation was delivered by the Resilience Officer to the Mortality and Morbidity meeting to increase their awareness of The Balfour Major Incident/Major Emergency Plan. This was being followed up by an input to the Group from Dr Tim Parke who was involved in the development of the Scottish Trauma Network.
- On the 9 October 2019 the Major Incident/Major Emergency Plan received its final approval at the Clinical Care Governance Committee and had now been formally adopted. The plan could now be tested and exercised.
- NHS Orkney Brexit Steering Group discussed the Board's planning arrangements and potential mitigation measures. A strategic workshop hosted by Scottish Government took place soon after and was followed up by a special meeting of the Orkney Local Emergency Co-ordinating Group to review the multi-agency planning arrangements for Brexit.

- Anaircraft taking off from Kirkwall Bound for Aberdeen suffered an engine failure, afull emergency was declared. The plane returned to Kirkwall and landed safely. NHS Orkney and OIC were not notified as part of the call-out procedure and as such could not initiate standby arrangements. This follows similar notification failures in Shetland and the Western Isles. A Datix form had been completed and the matter raised with Police Scotland in an effort to resolve the issues would call cascade. The matter had also been placed on the Orkney Local Emergency Co-ordinating Group Agenda.

M McEwen suggested that an update on the Business Continuity Audit would be very helpful to have at the next audit committee.

The Chief Executive warned that while he had every confidence in our internal team post Brexit, he was concerned for the uncertainty of external factors and the provision of supplies to Orkney. Members agreed that a considerable amount of work would need to be done to ensure adequate supplies, however this could only be done after a decision had been made by the Government and European Union regarding a deal.

Members agreed that the failure to notify ourselves and OIC could present a significant risk in future. The Resilience Offer had questioned the call cascade and it clearly defines that the responsibility sits with the Scottish Ambulance Service (SAS). The Chief Executive advised the Resilience Officer to speak directly to the National Director of Operations for SAS, to resolve

Decisions/Conclusions

Members noted the update and were assured of progress.

474 **Balfour Hospital Contract Performance – FPC1920-26**

The Head of Hospital and Support Services provided the update on Balfour Hospital Contract Performance.

The Chief Executive recognised the level of detail within the report and the significant time and resources required to manage this contract so efficiently and effectively and expressed his gratitude to the Head of Hospital and Support Services and his team for their hard work.

The Head of Hospital and Support Services advised that in line with the Project Agreement between NHS Orkney and Project Co the Helpdesk was set up to act as a single-point of communications in relation to all Hard Services issues.

Reports would be brought to each Finance & Performance committee meeting to update members on performance against contract.

There had been some dispute over the deductions for the lack of provision for Renal and CDU. The Head of Hospital and Support Services advised that his team were keeping detailed records to ensure NHS Orkney did not lose money.

The Board Chair expressed that having cumulative data over a 6 or 12 month period brought to the committee would be very helpful to identify any patterns where there were regular issues.

The Chief Executive stressed that the Board must be able to demonstrate that this contract was being managed effectively. The Head of Hospital and Support Services advised that at present we are in discussion with Robertson's and working through Project Co with lawyers to manage the contract efficiently.

Decisions/Conclusions

Members noted the report.

475 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Clinical Care Governance Committee

- Point of Care Testing
- Mental Health Waiting Times

Board

- eHealth and IT Update
- AOP Delivery Update
- Current Financial Position
- Management of the Balfour Hospital Contract

477 **Any Other Competent Business**

Debtor Estate Update

The Head of Finance updated members that an ongoing dispute over monies owed by a debtor was still in progress and so far no funds from the estate had been released to creditors.

478 **Patient Travel Policy– FPC1920-27**

The Value and Sustainability Lead delivered the revised Patient Travel Policy for approval. Amendments to the policy included:

- Addition of virtual clinic provisions
- Clarity on patient escorts
- Escalation pathway 3rd tier changed to the Director of Finance
- General update for clarity

Decisions/Conclusions

Members approved the updated policy.

Items for information and noting only

479 **Hospital Records Quarterly Report August 2019 – FPC1920-28**

Members received the Hospital Records Quarterly Report August 2019 for noting.

Decisions/Conclusion

Members noted the report.

480 **Capital Delegated Limits 2019-20 – FPC1920-29**

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

481 **AOP 2020-21 SGHD Performance and Delivery Team update – FPC1920-30**

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

482 **Circular – DL (2019) 4 – Partnership Agreement Between NHS Scotland Counter – FPC1920-31**

The Interim Director of Finance delivered the circular for noting.

Decisions/Conclusion

Members noted the circular

483 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings.

484 **Record of attendance**

Members noted the record of attendance.

485 **Committee Evaluation**

Members noted that, while the meeting had run over time slightly, it had been necessary to discuss the reality of the financial position in detail. The Chair praised members for their involvement in discussions on difficult subjects and the high level of scrutiny involved.

The meeting closed at 12.51

NHS Orkney

11.3

Not Protectively Marked

NHS Orkney Board – 19 December 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 NHS Orkney Board is asked to: 1. Review 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 17 October 2019 and 28 November 2019 and it was agreed that these should be reported to the Board: • eHealth and IT Update • AOP Update • Current Financial Position • Management of the Balfour Hospital Contract • Annual operational Planning Process
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: • 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.

11.3

Not Protectively Marked

NHS Orkney Board – 19 December 2019

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 17 October 2019 and 28 November 2019 and it was agreed that this should be reported to the Board.

Section 4 Issues Raised

1. eHealth and IT Update

The Head of Corporate Services delivered the eHealth and IT Update. She noted that a great deal of work was still ongoing however the update should give members an understating of the context within which the team were currently operating.

She advised that work was still ongoing on many projects including:

- Increased arrangements to comply with cyber security regulations
- The transition to Windows 10 for all departments
- Implementation of various national programmes, particularly those related to the publication of Scotland's Digital Health & Care Strategy in April 2018
- Migration to the new site. There had been a short period in which to get all systems into place whilst simultaneously running the servers at the old hospital site The new hospital site also provides a huge opportunity for development in the future, especially when the new Head of Digital Transformation and IT joins NHS Orkney

in November.

Members recognised that the IT team for NHS Orkney was relatively small and understaffed, and they were praised for their ongoing work and commitment. It was agreed that technology was becoming more integral to the services provided, and this presents challenges to the Board. However it also provided avenues for improvement and should be given priority. The budget for implementation of new systems needed to be finalised.

Members noted the update and were assured of progress.

2. AOP Delivery Update

The Chief Quality Officer delivered an update on performance towards the AOP targets.

Key points discussed included:

- The Board is unlikely to meet targets for AOPs by the end of 2019/20.
- Draft AOPs are due to be with the Scottish Government by 13 December 2019.
- Final drafts are then due in February 2020, this will be brought to the next Finance and Performance Committee before submission.

Members noted the report and were assured of progress.

3. Current Financial Position

The Finance and Performance Committee acknowledged the importance of the current financial position being presented to the Board at each meeting.

4. Management of the Balfour Hospital Contract

The Head of Hospital and Support Services provided the update on Balfour Hospital Contract Performance. Key points discussed included:

- The Chief Executive recognised the level of detail within the report and the significant time and resources required to manage this contract so efficiently and effectively and expressed his gratitude to the Head of Hospital and Support Services and his team for their hard work.
- The Head of Hospital and Support Services advised that in line with the Project Agreement between NHS Orkney and Project Co the Helpdesk was set up to act as a single-point of communications in relation to all Hard Services issues.
- Reports would be brought to each Finance & Performance committee meeting to update members on performance against contract.

5. Annual Operational Planning Process

The Interim Director of Finance delivered a presentation on the Annual Operational Planning Process which included the following key points:

- The first draft of the AOPs would be submitted to the Scottish Government on 13 December 2019.
- Final drafts will be due in February 2020.

- Assumptions were made regarding potential funding, uplifts and outturns for the next 3 years.
- Potential savings opportunities were discussed and a full report on these would be taken to the Board for discussion.

Members noted the update and were assured of progress.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 25 July 2019.
- **Appendix 2** – Approved Minute of the Finance and Performance Committee meeting held on 17 October 2019.

Not Protectively Marked

NHS Orkney Board – 19 December 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: • Review the report and note the issues raised • Adopt approved committee minutes • Recommend that the checklist is completed by all Non Executive Directors
Key Points	This report highlights a key agenda item that was discussed at the Audit Committee meeting on 3 December 2019 and it was agreed that the following item should be reported to the NHS Orkney Board: • Audit Scotland, NHS in Scotland 2019 – Checklist for NHS Non Executive Directors
Timing	The Audit Committee highlights key issues to the Board following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: • 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.

12.1

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
3. Recommend that the checklist is completed by all Non Executive Directors

Section 3 Background

This report highlights the key agenda item that was discussed at the Audit Committee meetings on 3 December 2019 and it was agreed that this should be reported to the NHS Orkney Board.

Section 4 Issues Raised

1. Audit Scotland, NHS in Scotland 2019 – Checklist for NHS Non Executive Directors

The Interim Director of Finance presented the Audit Scotland Annual Report – NHS in Scotland 2019 noting the key messages, recommendations and actions taken by NHS Orkney.

The report addressed two main areas - how the NHS in Scotland was performing and achieving a sustainable NHS. These were also likely to be the key areas of focus for external audit during the 2019/20 audit programme. The report highlighted a number of key messages and recommendations that NHS Orkney needed to be aware of and take action on where appropriate.

The report include the Checklist for NHS Non Executive Directors which is designed to help non-executive directors with their role in overseeing the performance of NHS boards and aims to promote good practice, scrutiny and challenge in decision-making.

The questions should help non-executive directors seek evidence, and subsequently gain assurance, on their board's approach in these areas. If the answer to any question is 'no', then we would encourage non-executive directors to speak with the Board's Chief Executive or senior executive team to discuss how improvements can be made.

The Audit Committee made a recommendation that the checklist is completed by all Non Executive Directors and that the results from this are discussed at the January Board Development Session.

Appendices

- Approved Audit Committee Minutes from 3 September 2019
- NHS in Scotland 2019 – Checklist for NHS Non Executive Directors

SUPPLEMENT

Prepared by Audit Scotland | October 2019

NHS in Scotland 2019

Checklist for NHS non-executive directors

AUDITOR GENERAL

The following checklist is designed to help non-executive directors with their role in overseeing the performance of NHS boards and aims to promote good practice, scrutiny and challenge in decision-making.

The checklist should be read in conjunction with the report, NHS in Scotland 2019, published in October 2019. This report examines how the NHS in Scotland performed in 2018/19. It also sets out what needs to change to secure the future of the NHS in Scotland.

The checklist is divided into two sections covering:

- Financial and operational performance
- What needs to change.

The questions should help non-executive directors seek evidence, and subsequently gain assurance, on their board's approach in these areas. If the answer to any question is 'no', then we would encourage non-executive directors to speak with the board's Chief Executive or senior executive team to discuss how improvements can be made.

Section 1: Financial and operational performance

The NHS in Scotland continues to face increasing pressure from rising demand and costs. Staff are working hard but boards are finding it difficult to meet national waiting times standards and there is still a heavy reliance on temporary staffing. Without reform, the Scottish Government is predicting there will be a £1.8 billion shortfall in the projected funding for health and social care of £18.8 billion by 2023/24. So far, the pace of change to address this, particularly through health and social care integration, has been too slow. The Scottish Government has started to put in place foundations to support financial sustainability. The introduction of three-year financial and performance planning is an important step towards more effective long-term planning. The following questions allow you to reflect on areas such as financial and operational performance, leadership, governance and culture in your organisation.

1. Do I have a good understanding of the overall financial health of the board?	Yes	No
Am I aware of the current underlying financial performance of the board against its annual revenue and capital budget limits?		
Do I have sufficient assurance that both annual revenue and capital limits will be met?		
Does the board have a detailed three-year financial plan in place setting out the projected position at the end of each year, and at the end of the three-year break-even period?		
Am I aware of all significant cost pressures facing the board and their implications? Cost pressures may include: • increased demand for services from a growing and ageing population • increasing staff costs, in particular spending on agency staff • spending on drugs.		
Do I know the extent to which the board is using short-term approaches / one-off measures to achieve financial balance?		
Am I satisfied that appropriate action is being taken to address potential future funding gaps?		
Do I have confidence that appropriate action is being taken to help improve the financial health of the board?		
Do I know how the board plans to use resources differently to achieve the aim of delivering more healthcare in the community?		
Do I have a good understanding of the current condition and future investment needs of the board's estate and other assets (such as medical equipment)?		
Am I aware of issues and pressures facing general practice and community care in my board area? For example: • the workforce needs and ability to develop multi-disciplinary teams • potential for increasing capacity in primary community care to support shifting • care out of acute services • recruitment, retention and professional development issues.		

2. Does the board have a robust savings plan in place?	Yes	No
Where savings are identified, do plans demonstrate how savings will be achieved within the timescales given?		
It is important that the majority of savings are recurring to ensure the sustainability of the board's financial position. Am I confident that the board has an appropriate balance between recurring and non-recurring savings to ensure the board will meet its future savings targets?		
Where savings are unidentified, does the board have appropriate plans to identify them within the underlying financial period?		
Has the clinical and patient safety impact of savings proposals been assessed?		

3. Do I have a good, overall understanding of the board's service performance and quality?	Yes	No
Do I have a good understanding of the wider performance of the board, including indicators of quality of care covering all parts of the healthcare system, and not just performance against national waiting time standards?		
Do I have a good understanding of the board's performance against national waiting time targets and standards?		
Am I aware of the general short-term and long-term trends in performance against each target and standard?		
Am I satisfied that appropriate action is being taken to improve both short-term and long-term performance?		
Am I aware of the costs involved in trying to improve performance?		
Am I made aware of any potential difficulties in meeting targets and standards in the future?		
Am I aware of staff and patients' views on the quality of service provided and actions planned to address concerns?		
Do I know the public health trends in the communities in my board area and the health inequalities that exist? This includes: • differences by equality group and deprivation • differences in how different groups access and use health services, and their experiences of care.		
Do I have a good understanding of demand for services, capacity and activity trends within primary and secondary care?		
Is the board using this information to inform medium to longer-term service and workforce planning?		

Section 2: What needs to change?

Changing how healthcare services are accessed and delivered is a long-term, complex undertaking. Successfully achieving it will bring real benefits but to achieve these, there needs to be an urgent focus on the elements critical to success. The following questions consider these areas.

1. Is the board operating effectively?	Yes	No
Do I fully understand my role and responsibilities as a board member?		
Do I feel that I had an appropriate induction on entering the board, and am receiving adequate ongoing training and assessment? e.g. risk management and governance?		
Am I confident that good progress is being made implementing the board's *NHS in Scotland Blueprint for Good Governance* action plan?		
Am I confident that I receive sufficient, good quality information to make decisions and scrutinise performance?		
Are the financial and performance reports that I receive easily understandable and of appropriate length?		
Am I confident challenging advice, opinions and information provided?		
Have I discussed the recommendations from the Sturrock report with my board?		
Do I receive regular information about organisational behaviour, including bullying and harassment data and progress with cultural improvement initiatives?		

2. Is the board taking ownership of changing and improving services?	Yes	No
Am I aware of what the board is doing to change and improve services?		
Am I satisfied with the board's level of engagement with integration authorities and other relevant partner organisations to change and improve services?		
Am I satisfied that changes and improvements to services are happening fast enough?		
Am I satisfied that the board and integration authorities are working together effectively, for example in relation to: • governance arrangements • reporting arrangements • budget-setting processes?		
Do I feel I receive appropriate and timely information on the performance of the local IJBs, including financial and service performance?		

3. Am I confident the board is making good progress in addressing long-term workforce requirements?	Yes	No
Am I satisfied that the board has implemented the recommendations of the following Audit Scotland's reports: NHS workforce planning, July 2017, the NHS in Scotland 2018 report, and considered the recommendations in the NHS workforce planning part 2, August 2019?		
Does the board have a good understanding of its long-term workforce requirements such as the number and types of jobs needed, including skills required, roles and responsibilities?		
Is the board developing a long-term workforce plan (more than five years) in partnership with integration authorities?		
If yes to above, does the long-term workforce plan address: • recruitment • retention • succession planning • costs of future workforce changes?		

4. Is the board engaging with the public and staff about the need for change in how they access, use and receive services?	Yes	No
Am I aware of what the board is doing to engage with the public and staff about the need for, and benefits of, changing how services are provided?		
Am I satisfied that the board provides enough information to the public on our activities? Including: • can the public attend all meetings of the board • can the public access board and committee papers and minutes easily • does the board tell patients on the length of waiting lists and their likely wait for appointments and treatment.		
Am I aware of what the board is doing to encourage the public to take more responsibility for looking after their health and managing long-term conditions?		
Do I know the extent to which the board is working with partner organisations when engaging with the public about the need for change in how services are provided?		

AUDIT SCOTLAND

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Orkney NHS Board

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday 3 September 2019** at **11:30 am**

Present: Meghan McEwen, Chair
Davie Campbell, Vice Chair
Fiona MacKellar, Employee Director
James Stockan, Non Executive Director

In Attendance: Julie Colquhoun, Head of Corporate Services
Mark Doyle, Interim Director of Finance
Colin Morrison, Audit Scotland (via VC)
Christy Roy, PA to Director of Finance (observing)
Matt Swann, Internal Audit Senior Manager, Scott Moncrieff
Emma West, Corporate Services Manager (minute taker)

399 **Apologies**

Apologies had been recived from C Bichan, D Lonsdale, D McArthur, G O'Brien, L Wilson and G Woolman.

400 **Declarations of Interest**

No interests were declared

401 **Minutes of previous meeting held on 26 June 2019**

The minute of the Audit Committee meeting held on 26 June 2019 was accepted as an accurate record of the meeting and was approved.

402 **Matters Arising**

No matters arising were raised.

403 **Action Log**

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

404 **External Audit**

No items for discussion this meeting

405 **Internal Audit**

406 **Internal Audit Progress Report – AC1920-31**

M Swann, Scott Moncrieff presented the report which advised of progress against the 2019/20 Internal Audit Plan. Members were advised that the Business Continuity Planning Audit was complete and on the agenda, fieldwork had been completed for the Information Governance Audit and this would be

presented to the December meeting of the Committee.

The Risk Management Review had been deferred to early 2020 and discussions were ongoing with the Head of Transformational Change and Improvement to confirm the scope of the review and timings. The main challenge had been that the Risk Management Strategy had been approved by the Board in December 2018 and changes to the reporting structure still required implementing.

The Digital Strategy Audit had also been deferred to early 2020 to allow opportunity for management to progress this work.

The Chair questioned whether moving these timescales would have a detrimental impact on the audit plan for the year and was advised that this would not cause any issues.

J Stockan questioned if the move to the new Hospital and Healthcare Facility had impacted the timelines and was advised that this had been a significant increase in workload for key management staff and it was acknowledge that this had affected the capacity to progress other work streams.

Decision / Conclusion

The Audit Committee noted the Internal Audit progress report and accepted the amendments to the timetable acknowledging the reasoning behind the deferring of two audits.

407 **Internal Audit Reports**

408 **Business Continuity Planning – AC1920-32**

M Swann, Scott Moncrieff presented the report advising that the review had identified several key areas for improvement, to provide context it was noted that across the client base recommendations had been common and the report was not out with expectations, NHS Orkney had no major significant issues to address.

The reduction in management capacity due with move to new Hospital and Healthcare Facility was acknowledged along with the importance of having plans in place in a new working environment.

D Campbell questioned the timeframes for completing the outstanding plans and was advised that this would be reported back to the committee through the outstanding recommendations report.

The Chair questioned if Integration Joint Board services would be completing their own plans and was advised that NHS Orkney teams and services were responsible for their own Business Continuity Plans.

Decision / Conclusion

The Audit Committee noted the report and the recommendations made which would be monitored through the Committee going forward.

409 **Internal and External Audit Recommendations follow up report– AC1920-33**

The Interim Director of Finance presented the report on internal and external audit recommendations. He advised that there were four recommendations currently on the report.

Of these one was open, one not yet due and two complete.

Decision / Conclusion

The Committee noted the report and the closed actions.

410 **Information Governance**

411 **Information Governance Chair's report**

The Head of Corporate Services presented the chairs report advising that the Group had discussed key items relating to:

1. Reconstruction of destroyed Community Mental Health (CMH) records
2. Safe Information Handling eLearning Compliance Report
3. Legal and Regulatory Compliance
4. Audit and Quality Improvements
5. Risk Management

The reconstruction of the destroyed CMH records was complex as it required staffing capacity and financial resource to progress, this was achievable but challenging. J Stockan questioned if there were any patient issues with the destruction of records and was advised that this hadn't been the case.

There had been a positive improvement in uptake of modules across the Statutory and Mandatory framework in preparation for the move to the new Hospital and Healthcare Facility with 76% of the substantive workforce compliant, work would continued to support staff who still required to complete training.

The Head of Corporate Services advised that Statutory and Mandatory training was a legal requirement and as such was being escalated through line management. Members questioned if specific staff groups were lower on uptake and it was confirmed that this was the case in some areas. The Employee Director noted the need to understand the reasons why staff were not complying.

The Group had discussed the changes to the GMS contract in relation to Data Protection Officer support and it was noted that this could have an impact on current arrangements with Orkney Islands Council.

The Chair questioned whether there was vulnerability in the Data Protection support being provided to both organisations by one person, it was acknowledged that this was a challenge in many areas for small Boards but on this occasion was mitigated by also having G Mitchell in post on a Memorandum of Understanding. A collective bid had been submitted from the island Boards to

the Scottish Government to advise that additional funding would be required for this level of specialist knowledge.

Members were advised that there were no current issues with the Information Commissioners Office.

The Information Governance Group had received the Caldicott Guardian Annual Report noting the continued increase in requests which would continue to be monitored from a capacity basis.

The Group had also received the Freedom of Information Annual Report, members had raised concern that a notice of intervention had been received in April 2019, due to unusually high delays in responding, but had not been reported to the group until August. The Chair questioned whether this had been a capacity issue and was advised that a complex ongoing Subject Access Request had affected team capacity.

The Chair noted that communication should be open and staff should be able to ask for support when required. The Head of Corporate Services advised that line management would hold conversations around this to take learning going forward. Processes had also been reviewed and improved to streamline and build capacity going forward.

The Head of Corporate Services questioned if the report provided the information required by the Audit Committee. Members agreed that it did, M Swann suggested that horizon scanning and future issues of concern could also be included.

Decision / Conclusion

The Committee noted report.

412 **Selbro Records Store – AC1920-35**

The Head of Corporate Services presented the report noting the current status of the Selbro Records Store and the recommendations required to move towards compliance with the Records Management policy. Members were advised that a Corporate Records Manager was now in post and making good progress with the noted recommendations.

The following were highlighted:

- Clarity was required around the ownership of the Occupational Health records held in locked filing cabinets within the Cage, this continued to be explored with NHS Grampian.
- The Procedure for the Retention, Storage and Disposal of Records was under review and would be brought through the Information Governance Group once finalised.
- Improving the current shelving was a requirement, shelving from the old site would be utilised with porters and estates staff completing this work once capacity was available.
- A records management champions would be assigned for each team, it

was also noted that there should be minimal storage requirements going forward and if destruction and retention was managed well storage requirements should reduce.

The Employee Director noted that the transit of records should follow guidelines for the safe storage of information.

Decision / Conclusion

The Committee noted the report and welcomed a brief update and the action plan to the next meeting. Thanks were given to the Data protection Officer for his work on this.

413 **Fraud**

414 **Counter Fraud Services (CFS) Annual Report – 2018/19 – AC1920-36**

The Interim Director of Finance presented the CFS Annual Report for 2018/19 for information and noting. Members were advised that the report described the work and achievements of CFS during 2018/19.

Decision / Conclusion

The Committee noted the Counter Fraud Services Annual Report.

415 **Service Audit Assurance Reports**

416 **IT Service – AC1920-37**

The Interim Director of Finance presented the report for information and noting.

Decision / Conclusion

The Committee noted the IT Service Audit Report.

417 **Practitioner Service – AC1920-38**

The Interim Director of Finance presented the report for information and noting

Decision / Conclusion

The Committee noted the IT Service Audit Report.

418 **Risks**

419 **Risks Escalated from Governance Committees**

No risks had been escalated from the governance committees.

420 **Governance**

421 **Property Transaction Monitoring – AC1920-39**

The Committee had been provided with the report advising that NHS Orkney had not acquired or disposed of any property in 2018/19.

Decision / Conclusion

The Committee noted report.

422 **Annual Litigation Report – AC1920-40**

The Committee had recived the Annual Litigation Report updating members on current litigation claim.

There was one outstanding claim with a court case set for December 2019, the Central Legal Office were acting on behalf of NHS Orkney in this case.

Members were advised that NHS Orkney were liable for the first £25,000 of any claim that was settled, with the Scottish Government accepting responsibility for any amount above this.

Decision / Conclusion

The Committee noted the report.

423 **Any Other Competent Business**

No other competent business was raised.

424 **Items for Information and Noting only**

425 **DL(2019)04 Partnership Agreement between NHS Scotland Counter Fraud Services and NHS Boards and National Health Boards**

Members had received the circular for information.

426 **Audit Scotland Reports**

The following Audit Scotland reports had been provided for information and noting:

- Fraud and Irregularity Update 2018/19
- Technical Bulletin 2019/02

427 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings for 2019/20

428 **Record of Attendance**

Members noted the record of attendance.

429 **Committee Evaluation**

Members agreed it had been positive meeting but that the high number of apologies had affected the quality of discussion and assurance provided.

It was noted that it had been a light agenda due to the timelines of the Internal Audit reports and some of these being deferred. This had allowed full discussion to take place and there was a need to ensure that this was maintained regardless of the content of the agenda.

Not Protectively Marked

NHS Orkney Board – 19 December 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. Note 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
Misuse of Drugs and Misuse of Drugs (Designation) (Amendment) (England, Wales and Scotland) Regulations 2019 (SI 2019/1362) **Subject** http://www.legislation.gov.uk/uksi/2019/1362/contents/made	These Regulations amend the Misuse of Drugs Regulations 2001 and Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015 to reduce the range of compounds captured by one category of synthetic cannabinoids for which the Secretary of State is required to make regulations to allow controlled drugs to be used for medicinal purposes.
The supply and demand for medicines - call for views https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/113041.aspx	A Health and Sport Committee consultation seeks the views of health professionals on the management of the medicines budget, including the clinical and cost effectiveness of prescribing. It wants to hear about purchasing, prescribing, dispensing and consumption of medicines, to inform its inquiry on the supply and demands for medicines. Comments by 22 November 2019. Evidence sessions will be held in January 2020.
Use of seclusion: Good practice guide https://www.mwcscot.org.uk/news/use-seclusion-caring-people-mental-illness-or-learning-disability-new-guide	The Mental Welfare Commission has updated its good practice guide on the use of seclusion in hospitals and in the community for people with mental illness or a learning disability. The guidance is designed to ensure that, where this does take place, the safety, rights and welfare of the individual are adequately safeguarded.

Topic	Summary
Capacity consent and compulsion for young people with borderline personality disorder: good practice guide https://www.mwcscot.org.uk/sites/default/files/2019-10/YoungPeopleWithBPD_GoodPracticeGuide_20191003_secured.pdf	A Mental Welfare Commission for Scotland good practice guide for professionals working with young people with a diagnosis of borderline personality disorder focuses on the crucial issue of a young person's capacity to make decisions when they are unwell or in serious distress, and how that affects the ability of health and social work professionals to best treat that young person.
Scottish Dental Practice Board Amendment Regulations 2019 (SSI 2019/346) http://www.legislation.gov.uk/ssi/2019/346/made	These Regulations amend the Scottish Dental Practice Board Regulations 1997 to make new provision in relation to the membership of the Scottish Dental Practice Board.
Public Health Scotland Order 2019 (SSI 2019/336) http://www.legislation.gov.uk/ssi/2019/336/contents/made	This Order constitutes, under art.3, a Special Health Board for the whole of Scotland to be known as Public Health Scotland.
National Health Service (Charges to Overseas Visitors) (Scotland) (Amendment) (EU Exit) Regulations 2019 (SSI 2019/333) http://www.legislation.gov.uk/ssi/2019/333/contents/made	These Regulations amend the National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989, which provide for the making and recovery of charges for health services provided to certain persons who are not ordinarily resident in the UK, consequential on the UK's exit from the EU.
Queen Elizabeth University Hospital Investigation and Response to Infections	An Audit Scotland report states Scotland's NHS needs to refocus its priorities to speed up health and social care integration and system wide reform. The health service

Topic	Summary
https://www.audit-scotland.gov.uk/uploads/docs/report/2019/nr_191024_nhs_overview.pdf	continues to face growing pressure from an ageing population. More people were seen and treated on time in the last year and patient safety improved. But just two out of eight key waiting time standards were met as staff struggled to meet rising demand for care. Recommendations are made for: the Scottish Government in partnership with NHS boards and integration authorities; the Scottish Government individually; and the Scottish Government in partnership with just NHS boards.
Prohibiting smoking outside hospital buildings: Consultation https://consult.gov.scot/population-health/smoking-outside-hospital-buildings/	A Scottish Government consultation details proposals to introduce offences for smoking or permitting others to smoke outside hospital buildings. Legislation to establish no-smoking areas outside hospital buildings and to make it an offence to smoke there already exists. However, in order for penalties to be imposed, three matters have to be determined. Firstly, the distance which will form the perimeter of the no-smoking areas outside a hospital building. Secondly, the wording of no-smoking notices and how they are displayed. Thirdly, whether there are any specific areas of land or buildings on hospital grounds where there is no need for a no-smoking area. Comments by 10 January 2020.
Subordinate legislation considered by the Health and Sport Committee on 19 November 2019 https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/11/21/Subordinate-legislation-considered-by-the-Health-and-Sport-Committee-on-19-November-2019/HSS052019R13.pdf	A Scottish Parliament Health and Sport Committee report considers the draft Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 which is subject to the affirmative procedure. Related links

Circulars

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

Reference:	Date of Issue:	Subject:
PCA(M)(2019)11	23.09.19	The primary medical services (GP practice data) (Scotland) directions 2019
PCA (P)(2019) 21	24.09.19	Removal of PHS claim form and updates to FP10 prescription forms
PCS(DD)2019/03	26.09.19	Pay and conditions for hospital medical and dental staff and doctors and dentists in public health medicine and the community health service
PCA(M)(2019)14	02.10.19	Primary medical services – remote and rural golden hello payments for PMS and 2C practices
PCA(M)(2019)13 v1.2	02.10.19	Primary medical services – golden hello payments
PCA(M)(2019)12	02.10.19	General Medical Services Statement of Financial Entitlements for 2019/20
PCA(D)(2019)12	07.10.19	Two updates to guidance: Pertussis: Occupational vaccination of healthcare workers; Healthcare workers (HCW) living with a blood borne virus (BBV)
CMO(2019) 19	22.10.19	Two updates to guidance: Pertussis: Occupational vaccination of healthcare workers; Healthcare workers (HCW) living with a blood borne virus (BBV)
DL(2019)16	22.10.19	A severance policy for Scotland – accountable officer training and the introduction of a dedicated mailbox for business case templates
DL(2019)15	22.10.19	NHS Scotland: guidance on settlement and severance arrangements
DL (2019) 19	31.10.19	Primary Care out of hours (OOHS) workforce survey 2019
CMO(2019)12	01.11.19	Expected delay to some batches of flu vaccine (Fluenz Tetra®) used in the childhood flu vaccination programme
PCA (P)(2019) 22	05.11.19	Pharmaceutical Services amendments to the drug tariff part 7 and part 11 discount clawback scale
PCA (P)(2019) 23	12.11.19	Community Pharmacy Contract: Infrastructure Support – Staff Training
DL (2019) 18	12.11.19	Human Trafficking And Exploitation

Reference:	Date of Issue:	Subject:
PCS(PP)2019/1	18.11.19	NHS Scotland staff pension policy on recycling employers contributions 2019-2020
PCS(ESM)2019/2	19.11.19	Pay and conditions of service executive and senior management pay 2019-20
PCA(M)(2019)15	27.11.19	Joint Controller and Information Sharing Agreement between NHS Scotland Health Boards and GP Contractors
DL(2019)20	28.11.19	NHS Health Boards and Special Health Boards remuneration increase 2019-20: chairs and non-executive members
DL(2019)21	28.11.19	Induction Process for Non-Executive Board Members
PCA(O)2019(3)	03.12.19	General Ophthalmic Services (GOS) – Mandatory Training

NHS Orkney

14.2

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers – 2019/2020

Initial Agenda Planning Meeting[1] with Chair, Chief Executive and Corporate Services Manager [2] **12 noon** **<** *1 week after previous meeting* >	**Final Agenda Planning Meeting** with Chair, Chief Executive and Corporate Services Manager **12 noon** <4 weeks before Date of Meeting>	**Papers in final form**[3] to be with Corporate Services Manager by **1700 hrs on** **<** *2 weeks before Date of Meeting* >	**Agenda & Papers** to be issued no later than **1600 hrs on** *<1 week before Date of Meeting>*	**Date of Meeting** held in the **Brodgar Room The Balfour** (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

Timetable for Submitting Agenda Items and Papers – 2020/2021

Initial Agenda Planning Meeting[1] with Chair, Chief Executive and Corporate Services Manager [2] **12 noon** **<** *1 week after previous meeting* >	**Final Agenda Planning Meeting** with Chair, Chief Executive and Corporate Services Manager **12 noon** <4 weeks before Date of Meeting>	**Papers in final form**[3] to be with Board Secretariat by **1700 hrs on** **<** *2 weeks before Date of Meeting* >	**Agenda & Papers** to be issued no later than **1600 hrs on** *<1 week before Date of Meeting>*	**Date of Meeting** held in the **Brodgar Room The Balfour** (unless otherwise notified) at **10:00 am**
5 March 2020	26 March 2020	9 April 2020	16 April 2020	**23 April 2020**
30 April 2020	28 May 2020	11 June 2020	18 June 2020	**25 June 2020** **(Annual Accounts)**
2 July 2020	30 July 2020	13 August 2020	20 August 2020	**27 August 2020**
3 September 2020	24 September 2020	8 October 2020	15 October 2020	**22 October 2020**
29 October 2020	19 November 2020	3 December 2020	10 December 2020	**17 December 2020**
7 January 2021	28 January 2021	11 February 2021	18 February 2021	**25 February 2021**

Chair: <>
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	26 June 2019	22 August 2019	24 October 2019			
Members:								
	Non-Executive Board Members:							
I Kinniburgh	Chair	Attending	Attending	Attending	Attending			
D Drever	Vice Chair	Attending	Apologies	Attending	Apologies			
D Campbell	Non Executive Board member	Attending	Apologies	Attending	Attending			
C Evans	Non Executive board member	Attending	Apologies	Attending	Attending			
I Grieve	Non Executive Board member	Apologies	Attending	Attending	Attending			
S Johnston	Area Clinical Forum Chair	Apologies	Attending	Apologies	Attending			
F MacKellar	Employee Director	Attending	Attending	Apologies	Attending			
M McEwen	Non Executive Board member	Attending	Attending	Attending	Attending			
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending			
	Executive Board Members:							
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending			
D McArthur	Director of Nursing, Midwifery and AHP	Attending	Attending	Attending	Attending			
M Roos	Medical Director	Attending	Apologies	Attending	Attending			
L Wilson	Director of Public Health	Apologies	Attending	Attending	Apologies			
	In Attendance:							
M Doyle	Interim Director of Finance	Attending	Attending	Attending	Attending			
S Shaw	Chief Officer - IJB	Attending	Apologies	Attending	Apologies			
E West	Corporate Services Manager	Attending	Attending	Attending	H Walls			

Senior Management Team								
C Bichan	Head of Transformational Change and Improvement	Attending	Attending	Attending	Apologies			
A Catto	Human Resources Manager	Attending	Attending	Attending	Attending			
M Colquhoun	Head of Hospital and Support Services	Attending	Attending	Attending	Apologies			
J Colquhoun	Head of Corporate Services	Apologies	Attending	Attending	Apologies			
Attending for specific items								
Derek Lonsdale	Head of Finance		Attending					
Gillian Woolman	Audit Director, Audit Scotland		Attending					