NHS Orkney Board
27 February 2020

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, 27 February 2019** at **10:00 a.m.**

David Drever
Interim Chair

Presentation – Dental Services – Jay Wragg

Item	Topic	Lead Person	Paper Number	Purpose
1	**Apologies**	Chair		To <u>note</u> apologies
2	**Declaration of interests**	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	**Minutes of previous meetings held on 19 December 2019**	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	**Matters arising**	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	**Board action log**	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	**Governance**			
6.1	DL(2019)24 - Model Standing Orders	Head of Corporate Services	OHB1920-45	To <u>formally adopt</u> the Model Standing Orders
6.2	Board Appointments and Audit Chair	Head of Corporate Services	OHB1920-46	To <u>note</u> the appointments and <u>approve</u> the Interim Chair of the Audit Committee
6.3	Technology Enabled Care Programme update	Head of Digital Transformation and IT	OHB1920-47	To <u>note</u> the update provided

Item	Topic	Lead Person	Paper Number	Purpose
7	**Strategy**			
7.1	Regional Asset Management Plan	Head of Support Services, Logistics and Contracts Management	OHB1920-48	To <u>approve</u> the Plan
8	**Clinical Quality and Safety**			
8.1	Infection Prevention and Control Report	Director of Nursing, Midwifery, AHP and Acute Services	OHB1920-49	To <u>review</u> and seek assurance on performance
8.2	Clinical Engagement in NHS Orkney	Area Clinical Forum Chair/ Director of Nursing, Midwifery, AHP and Acute Services	OHB1920-50	To <u>receive an update</u> on progress and proposed actions
8.3	Clinical and Care Governance Committee Chairs report and minute from meeting held on 24 October 2019	Clinical and Care Governance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
8.4	Area Clinical Forum Chairs report and minute from meeting held on 6 December 2019	Area Clinical Forum Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
		Comfort Break		
9	**Workforce**			
9.1	Chair's Report – Staff Governance Committee	Staff Governance Chair	Verbal	To <u>note</u> the verbal Committee Chair's Report
10	**Organisational Performance**			
10.1	Financial	Interim Director	OHB1920-	To <u>review</u> the in year

Item	Topic	Lead Person	Paper Number	Purpose
	Management Performance Report	of Finance	51	financial position and <u>note</u> the year to date position
10.2	Performance Report	Chief Quality Officer	OHB1920-52	To <u>scrutinise</u> report and <u>seek assurance</u> on performance
10.3	Chair's Report – Finance and Performance Committee and minute of meeting held on 28 November 2019	Finance and Performance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
11	**Risk and Assurance**			
11.1	Risk reporting	Chief Quality Officer	OHB1920-53	To <u>receive</u> an update and <u>assurance</u> on progress with the refreshed approach to risk
12	**Any other competent business**			
13	**Items for Information**			
13.1	Key Legislation	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
13.2	Orkney Partnership Board minute of meeting on the 4 December 2019 and 30 January 2020	Chair		To <u>note</u> the minute
13.3	Board Reporting Timetable 2019/20 and 2020/21			To <u>note</u> the timetable for 2019/20

Item	Topic	Lead Person	Paper Number	Purpose
13.4	Record of Attendance			To <u>note</u> attendance record
13.5	Evaluation	Reflection on meeting – led by Chair		

Open Forum –   Public Questions and Answers Session

A Press Briefing will follow the conclusion of Board Business

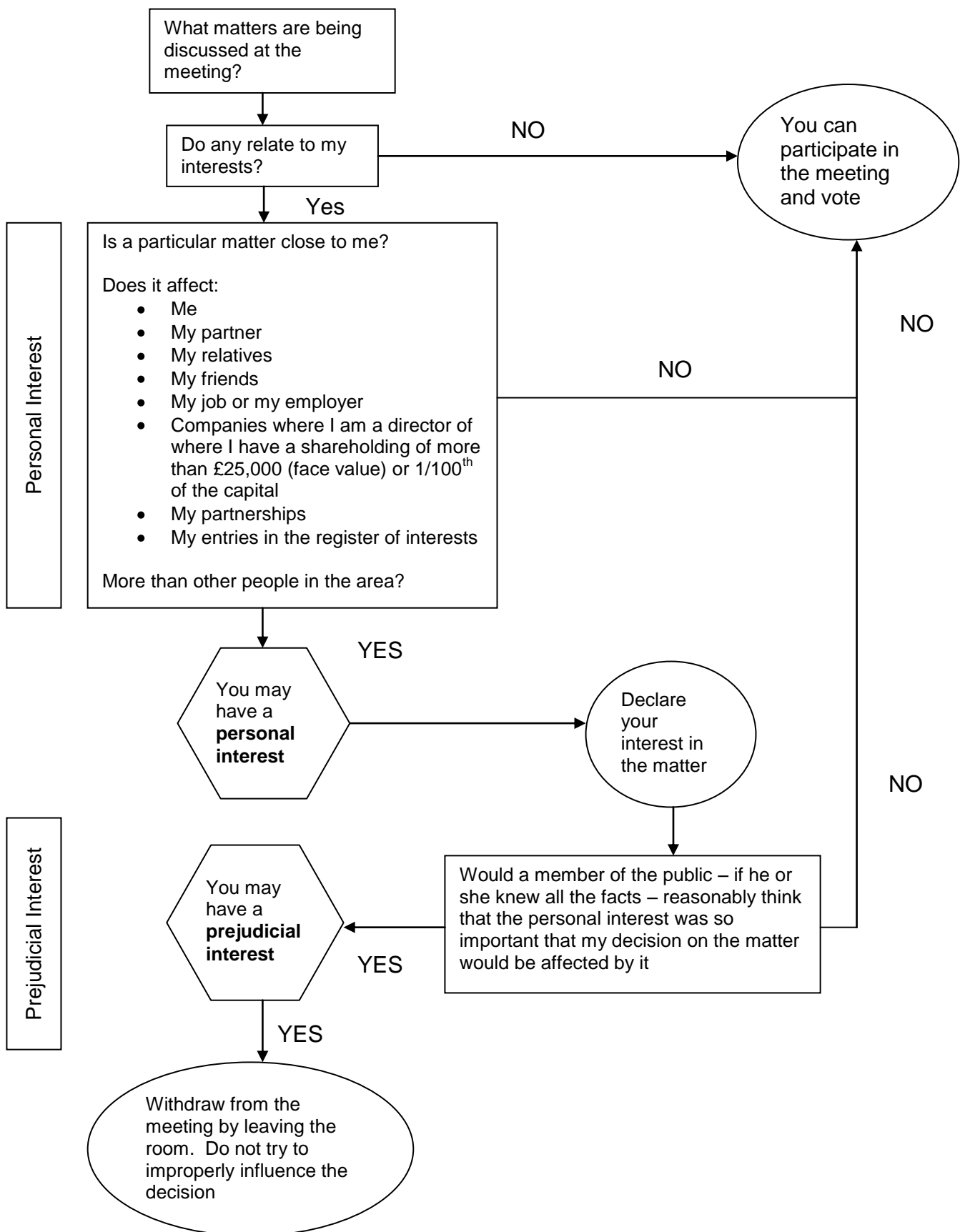**By Standing Invitation:**

Sally Shaw, Chief Officer
Christina Bichan, Chief Quality Officer
Ashley Catto, Human Resources Manager
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management
Julie Colquhoun, Head of Corporate Services

Declaring interests flowchart – Questions to ask yourself

What matters are being discussed at the meeting?

Do any relate to my interests? — NO → You can participate in the meeting and vote

Yes

Personal Interest

Is a particular matter close to me?

Does it affect:
- Me
- My partner
- My relatives
- My friends
- My job or my employer
- Companies where I am a director of where I have a shareholding of more than £25,000 (face value) or 1/100th of the capital
- My partnerships
- My entries in the register of interests

More than other people in the area?

NO →

NO →

You may have a **personal interest**

YES

Declare your interest in the matter

Would a member of the public – if he or she knew all the facts – reasonably think that the personal interest was so important that my decision on the matter would be affected by it

NO →

Prejudicial Interest

You may have a **prejudicial interest**

YES

YES

Withdraw from the meeting by leaving the room. Do not try to improperly influence the decision

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 19 December 2019** at **10:00am**

Present	David Drever, Interim Chair
	Davie Campbell, Non Executive Board Member
	Caroline Evans, Non Executive Board Member
	Issy Grieve, Non Executive Board Member
	Steven Johnston, Non Executive Board Member
	Fiona MacKellar, Employee Director
	David McArthur, Director of Nursing, Midwifery, AHPs and Acute Services
	Meghan McEwen, Non Executive Board Member
	Gerry O'Brien, Chief Executive
	Marthinus Roos, Medical Director
	James Stockan, Non Executive Board Member
	Louise Wilson, Director of Public Health

In Attendance	Mark Doyle, Interim Director of Finance
	Sally Shaw, Chief Officer, Integration Joint Board
	Emma West, Corporate Services Manager (minute taker)

644   **Staff Story – AHP Services**

The Chair introduced and welcomed Lynne Spence, Interim Professional Lead - Allied Health Professions to the meeting.

L Spence provide members with a presentation on Allied Health Professions (AHP) advising that NHS Orkney currently had around 50 AHPs and 12 Healthcare Support Workers. The first AHP National Delivery Plan had been released in 2012, over the years this had changed to the Active and Independent Living plan but this was also coming to an end in 2020 with an understanding that there wouldn't be a further national delivery plan.

Due to changes in the workplace, life expectancy and patients with co-morbidities, there had been a need to change practice and treatment to continue to meet patients' needs.

Locally staff were engaged with the TRADAC committee, professional advisory structure and recent consultation work around the Clinical Strategy. A strategic training plan had been submitted with successful bids for new equipment and ways to develop clinical pathways. There had also been a successful bid through the Primary Care Improvement Plan for two physiotherapists as first point of contact to improve waiting times and patient experience. It was note that the physiotherapy department were small and staff absences could affect waiting times; patients were triaged so that those with most clinical need were seen first but there was also a requirement to understand the needs of routine patients. Staff found it difficult to find the time to innovate when there was little or no spare capacity in the system.

AHPs also worked across Community based services, including the joint replacement clinic held in Selbro and there was an increased use of Video Conferencing clinics and attend anywhere where appropriate to reduce patients' time and travel.

NHS Orkney currently had 12 healthcare support workers but not all AHP services had this role, this would be explored further going forward to allow delegation of work and streamlining of services.

A recent survey had been completed with most AHPS feeling that helping patients achieve their goals was their main priority and what brought them joy at work. There were also frustrations including; sustainability of service, workforce planning, job banding, succession planning, recruitment and vacancy issues, professional isolation and the need for good supervision, advanced practice and consultant roles.

There was a desire for sustainability, ensuring that clinical voices were listened to and that the right support was in place to enable clinical excellence to be delivered.

The Director of Public Health thanked L Spence for sharing her excellent presentation and welcomed the public health aspect woven through the professions.

The Director of Nursing, Midwifery, AHPs and Acute Services agreed with the need to ensure that staff views were heard and that a move towards multi disciplinary working was progressed to ensure more collaborative working.

The Employee Director noted that professions had evolved dramatically over the years and there was a need to enhance and embrace the knowledge, skills and expertise across the service.

645 Apologies

Apologies were noted from C Bichan, A Catto, J Colquhoun and M Colquhoun.

646 Declarations of interests

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

647 Minute of previous meeting held on 24 October 2019

The minute of the meeting held on 24 October 2019 was accepted as an accurate record of the meeting and was approved.

648 Matters Arising

1 – Carbon Neutral Build

Members suggested that there was a need to celebrate, and look for opportunities to promote, this aspect of the new Hospital and Healthcare Facility.

649 Board Action Log

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

Governance

650   **Ministerial Steering Group, Integration Review Action Plan – OHB1920-37**

The Chief Officer gave an overview of the report which had been also presented to the Integration Joint Board (IJB) on the 11 December 2019. The report had been published in February with an action plan submitted in May 2019. The main recommendations would be progressed by both Chief Executives and Senior Management Teams ensuring that the IJB operated within legislation. The recommendations would also be reviewed to ensure that they were still valid and appropriate, considering the priorities for Orkney and what was achievable.

The Chief Executive confirmed that this was included in the of work for the Senior Management Team, identifying key priorities and ensuring these were timetabled as appropriate, he stressed that information sharing was essential along with supporting all colleagues in their multi disciplinary work.

Decision / Conclusion

The Board approved the recommendations.

J Stockan and S Shaw withdrew from the meeting.

Strategy

651   **Public Health Annual Report 2018-19 – OHB1920-38**

The Director of Public Health presented the report for the Board to review and consider the range of actions that could be taken to improve health and reduce inequalities.

The report had been structured around the Public Health Priorities to emphasise their importance for multiagency settings. The new national body, Public Health Scotland, would become active in 2020 and this would provide new opportunities for engagement.

There were growing concerns across Scotland over the stalled life expectancy of the Scottish population; local data was more variable due to smaller numbers, with life expectancy still higher than the Scottish average. Work continued nationally to review this with concern that drug related deaths, circulatory causes and dementia were all part of the causes. There were similar changes across the rest of UK and the Netherlands but others countries were still seeing an upward improvement which ruled out natural life expectancy as a factor. It was suggested that the main contributing factors were austerity, pressure on services, influenza and obesity.

There was a need for the Board to focus at pace and scale on children's issues, ensuring that all clinical staff could provide support around financial issues if this was required. This needed to be carried out without making assumptions but rather as a part of everyday practice and patients' history information.

The Scottish Government Smoking cessation target had been met for 2018-19 but focused work would be required to meet the increased 2019-20 target.

Detect cancer early figures were affected by the cyclical nature of screening services in Orkney such as the visits by the breast screening van. Screening data underpinned early detection of cancers and were vital as a key preventative

activity. There was also a requirement to maintain a focus on vaccination delivery moving forward.

The Director of Public Health gave thanks to the public heath team, who were a small team and the annual report provided Board members with a reminder of the broad remit of public health.

The Director of Nursing, Midwifery, AHPs and Acute Services, noted that this was a frame of reference to set priorities against which was a vital element to underpin the application of the Clinical Strategy.

I Grieve welcomed the report which provided a clearly defined direction of travel and key recommendation, she noted that there would need to be reassurance that these would be taken forward by the Community Planning Partnership and Integration Joint Board.

The Director of Public Health suggested that in times of austerity NHS Orkney needed to question if it was being a good employer and supporting staff health and wellbeing as well as that of the general population.

D Drever questioned the obesity figures and was advised that small numbers affected the trends, the quality of data around children's high and weight measurements was being reviewed along with promoting activity, rather than focusing on sport.

M McEwen noted that there were inequalities in promoting actives as often the costs were prohibitive for whole families to participate and engage.

S Johnston noted that there had been discussions at the national Area Clinical Forum group around the effects financial pressures and austerity had on health and the need to mitigate this where possible.

The Employee Director noted the importance of staff being confident holding financial discussions with patients to enable them to access benefits and make lifestyle choices.

S Johnston agreed that wider questioning was now accepted by patients and financial questions could be asked where appropriate, in the same way questions were asked around smoking, alcohol, exercise and weigh.

D Campbell suggested that this should form part of an Integration Joint Board Development Session as it was vital in the commissioning of services.

Decision / Conclusion

The Board noted the Public Health Annual report and welcomed further assurance that the priorities and recommendations were being addressed..

652   **Orkney Winter Plan 2019/20 – OHB1920-39**

The Chief Executive presented the report for final approval following responses to the Scottish Government comments.

Decision / Conclusion

The Board formally approved the Winter Plan following Scottish Government Feedback.

Clinical Quality and Safety

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

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

- The number of Staphylococcus Aureus Bacteraemia (SABs) had exceeded the target, with one new case currently being investigated.
- There would be new SABs standards introduced from 2019 t0 2022, with 2018/19 figures used as a baseline for reporting and a 10% reduction required.

Members noted that the Director of Nursing, Midwifery, AHPs and Acute Services would be taking over Infection Control reporting going forward.

M McEwen noted that mandatory training around Infection Control was only at 60% of staff and questioned what was being done to address this. The Director of Nursing, Midwifery, AHPs and Acute Services noted that the figures were as at September 2019 and there had been a push for online modules to be completed, updated figures would be shown in the next report. This also did not take into account face to face training with teams and staff in the wards.

The Director of Public Health noted the new SABS standards and the need to consider this as a Board to ensure that it is understood across the organisation with links to the Primary Care Improvement Plan.

D Campbell questioned the variance in the hand hygiene samples and was advised by the Medical Director that the use of single rooms had changed the way this was audited.

Decision / Conclusion

The Board noted the Infection Prevention and Control Report.

654 **Clinical Engagement in NHS Orkney – OHB1920-41**

S Johnston presented the report advising that clinical engagement had been a topic on the agenda for many years across the Area Clinical Forum. There was a need for the Board to involve the Area Clinical Forum in Strategic and Service Development issues to seek appropriate and relevant clinician input and advice, with clinicians given the necessary time to make a full contribution in this way. Currently due to the attendance at the Area Clinical Forum, advice wasn't truly multidisciplinary, as not all professions were represented.

The paper set out a number of recommendations for Board consideration and endorsement, including:

- Promoting the work of the professional advisory committees and making staff at all levels aware of the roles of these.
- A hospital sub group had been established which would help to reinvigorating the work of the Area Medical Committee and the business

going to this committee.
- The Board needed to be proactive in seeking clinical advice and careful consideration given to the replacement of the Quality and Safety group
- Office bearers needed support and time to prepare for and attend meetings, ensuring the correct representation for individual staff and groups involved in each profession.
- There was a need to use existing meetings to gain this clinical advice where possible to maximise staff capacity
- A sponsor, in an Executive Director or senior clinical lead, should be assigned to each committee to help guide the chairs and enable a focused agenda.
- A newsletter would be a good means of communicating key points across the clinical community.

I Grieve noted that there was a requirement for closer working with the Clinical and Care Governance Committee and questioned the role of the Area Clinical Forum in the Quality and Safety agenda. S Johnston clarified that he was a Non Executive member of the Clinical and Care Governance Committee, it would not be appropriate for the ACF to do the work of the Quality and Safety Group but this was a forum where clinical advice could be provided and this shouldn't be diluted.

The Chief Executive agreed that it would not be appropriate for the ACF to act as the Quality and Safety group as this was confusing the advisory groups with the governance structure. It was more a question of not holding the same discussions twice and supporting the structure of the advisory committees to enable assurance around correct clinical advice.

M McEwen questioned what form the Executive support would take and was advised that this would enable the Chairs to have regular contact and discussion around agenda setting, promoting within specific service areas and ensuring staff groups were aware of the importance of the Professional Advisory Committees.

The Employee Director noted that the proposal of a sponsor should improve the clinical workforce feeling valued and listened to along with senior management visibility and as such would to be an enabler towards a clearer understanding of the governance routes and influences.

Decision / Conclusion

The Board endorsed the approach to Clinical Engagement within NHS Orkney subject to the amendment around the Quality and Safety Group.

It was agreed that a report would be brought back to the February Board meeting with an update on progress and proposals around how this would work in practice

655 **Chair's Report – Area Clinical Forum and minute of meeting held on 1 October 2019**

S Johnston, Chair of the Area Clinical Forum, presented the report for Board members information, highlighting that a development session around the Clinical Strategy had been well received with the presentation and summary circulated to Board members for information.

Decision / Conclusion

The Board noted the Area Clinical Forum Chair's report and minute of the meeting held on the 1 October 2019.

Workforce

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

F Mackellar, Vice Chair of the Staff Governance Committee presented the report highlighting the following which had been discussed:

- iMatter
- Once for Scotland Policy updates
- Workforce report

Decision / Conclusion

The Board noted the Staff Governance Committee Chair's report and minute of the meeting held on the 28 August 2019.

Person Centred

657   **Corporate Parenting Board – OHB1920-42**

The Chief Executive presented the reporting advising that Corporate Parenting would also be a topic on the agenda for the January Board Development Session. There were wider discussion required around the strategy and how the Board evidenced its obligations as a Corporate Parent. The Board needed to prepare for the future and consider the actions it could take to mitigate adverse impacts on children.

It was agreed that the membership of the Corporate Parenting Board would be amended to include the Chair of the Orkney Health and Care Committee, Vice Chair of the Integration Joint Board, one other Non Executive Director, the Director of Nursing, Midwifery, AHPs and Acute Services and L Wilson in her Children's Health Commissioner role.

Decision / Conclusion

The Board approved the strategy and agreed that this would also be discussed in a wider context at the January Board Development Session.

Organisational Performance

658   **Financial Management Performance Report – OHB1920-43**

The Interim Director of Finance presented the report advising the financial position for the period to the 30 November 2019. Members were advised of the reported overspend of £219,000 and a commitment to deliver a forecast breakeven position on Health Board budgets by year end.

Members were advised that the overspend comprised 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 revisions had been agreed to the capital budget including:

- £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 the basis that that this will be returned next year in 2020/21
- £1.218m additional depreciation for the new hospital agreed to be funded

The Scottish Government had also agreed to provide an additional £2.2m to meet the ongoing increase in medical consultant costs.

M McEwen noted that it was a disappointing in year position, the Interim Director of Finance agreed that there were concerning areas of overspend but stressed that plans were in place to address these and bring the Board back into financial balance.

The Chief Executive agreed that financial balance would be achieved in 2019/20 but fundamental changes would be required to continue achieving balance in 2020/21 and beyond.

Decision / Conclusion

The Board noted the reported overspend of £219,000 for the period to the end of 30 November 2019 and the commitment to work towards delivery of breakeven position at year end.

659   **Performance Management Report – OHB1920-44**

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

Members were advised that current performance was as expected with a predicted return to trajectory by year end. It was noted that the average number of days waited was 46 but acknowledged that some specialities, such as ophthalmology and dermatology, had much longer waiting times. This was challenging for the Board and the Scottish Government had been informed of the situation which was similar across Scotland. Accident and Emergency department performance continued to be positive.

Decision / Conclusion

The Board noted the performance report and looked forward to continued improvements towards year end.

660   **Chair's Report – Finance and Performance Committee and minute of meeting held on 25 July and 17 October 2019**

D Campbell, Chair of the Finance and Performance Committee presented the report to members highlighting the following areas which had been discussed by the Committee

- The current financial position had been discussed in detail
- There had been an update around eHealth and Information Technology
- The Annual Operational Plan had been discussed with dates noted for the draft and final submission.
- Members had received an update on the management of The Balfour Hospital contract

Decision / Conclusion

The Board noted the Finance and Performance Committee Chair's report and minutes of the meetings held on the 25 July and 17 October 2019.

Risk and Assurance

661 **Chair's Report – Audit Committee and minutes of meetings held on 3 September 2019**

Members had recived the report from the Audit Committee, providing an update from the recent meeting and a recommendation that the Audit Scotland checklist for Non Executive Board members was completed by all Board members to identify vulnerability and needs and ensure training was put in place to address these.

Decision / Conclusion

The Board noted the Chair's report and minutes of meetings held on 3 September 2019 and accepted the recommendation.

662 **Any other competent business**

Standing Orders

The Corporate Services Manager advised members that model standing orders had been issued under DL(2019)24, these had been received on the 13 December 2019 and would be presented to the February meeting of the Board for adoption.

Items for Information

663 **Key Legislation**

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

664 **Board Reporting Timetable 2019/20 and 2020/21**

The Board had received the schedule of meetings for 2019/20 and 2020/21

665 **Record of Attendance**

The record of attendance was noted.

Evaluation – reflection on meeting

The Chair noted that it had been a positive and substantial meeting.

Public Forum

There were no members of the public present at the meeting.

NHS Orkney Board Action Log Updated 19 February 2020

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 – 27 February 2020 **Report Number: OHB1920-45** **This report is for approval** **DL(2019)24 - Model Standing Orders**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: • **Formally adopt** the Model Standing Orders from the 1 March 2020
Key Points	Following the introduction of the "Blueprint for Good Governance" in February 2019 the Corporate Governance Steering Group was established to review current practices within NHS Boards. One of the areas identified for review was the production of model Standing Orders which reflect best practice. The new model Standing Orders template should now be used by all health bodies, replacing existing standing orders already in place.
Timing	There is a requirement to use the new model standing orders from the date of issue, 13 December 2019. The Board are asked to formally adopt these from the 1 March 2020 and note that they will be incorporated into the Code of Corporate Governance when it is reviewed in June 2020.
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

Scottish Government
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Dear Colleagues

NHS Boards – Standing Orders

1.   I am writing to advise you of the new model Standing Order templates which have been developed for use by all health bodies. These were approved by the Corporate Governance Steering Group on **9 October 2019**.

Background

2.   Following the introduction of the "Blueprint for Good Governance" in February 2019 the Corporate Governance Steering Group was established to review current practices within NHS Boards. One of the areas identified for review was the production of model Standing Orders which reflect best practice.

3.   As part of this work, the Board Secretaries Group have created a new standardised template for use by all health bodies in Scotland. This is now available under the Board Governance – Standard Documents tab on www.nhs.scot.

Action

4.   The new model Standing Orders template should now be used by all health bodies, replacing existing standing orders already in place.

5.   It is noted that Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis which may necessitate different Standing Orders. It is recommended that the model template is considered for partial adoption, where appropriate, by these bodies.

Yours sincerely

Malcolm Wright
Director General Health and Social Care and Chief Executive NHS Scotland

DL(2019)24

13 December 2019

Addresses

For action
NHS Board Secretaries

For information
NHS Chairs

Enquiries to:
Corporate Business
Management Team
Area 2E(N)
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131 244 2840
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**STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF ORKNEY NHS BOARD**

1   General

1.1   These Standing Orders for regulation of the conduct and proceedings of Orkney NHS Board, the common name for Orkney Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations.   Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders.   The Blueprint describes the functions of the Board as:
- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

1.2   The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3   Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.4   Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.   The Board will annually review its Standing Orders.

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Orkney NHS Board The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

1.11 The Board's Corporate Services Manager shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2 Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Corporate Services Manager should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for

business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3   Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4   In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5   A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6   Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7   With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

4.8   Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9   Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee.   The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available.   For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5   Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1   The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2   The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3   The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing.   For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4   In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5   The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

5.6   In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

5.7   If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.

5.8   Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues.   However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

5.9   If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10   Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

5.11   When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one.

The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12   If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13   If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14   The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.15   The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16   The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17   As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18   The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19   Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote.   If at least two Board members ask for a decision to be put to a vote, then the Chair will do so.   Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20   Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21   While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

5.22   The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.

- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23   The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

5.24   The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting.   The names of other persons in attendance shall also be recorded.

5.25 The Board's Corporate Services Manager (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6   Matters Reserved for the Board

<u>Introduction</u>

6.1   The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2   This section summarises the matters reserved to the Board:

   a) Standing Orders
   b) The establishment and terms of reference of all its committees, and appointment of committee members
   c) Organisational Values
   d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
   e) The Annual Operational Plan for submission to the Scottish Government for its approval.   (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
   f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
   g) Risk Management Policy.
   h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
   i) Standing Financial Instructions and a Scheme of Delegation.
   j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
   k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the <u>Scottish Capital Investment Manual</u>.
   l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
   m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external

provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.3   The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4   The Board itself may resolve that other items of business be presented to it for approval.

7   Delegation of Authority by the Board

7.1   Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees.   In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation**.**

7.2   The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3   The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4   The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.   The Board may withdraw any previous act of delegation to allow this.

8   Execution of Documents

8.1   Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2   Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

8.3   Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9   Committees

9.1   Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit.   NHS Scotland Board Development website will identify the committees which the Board must establish. (https://learn.nes.nhs.scot/17367/board-development)

9.2   The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.

9.3   The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

9.4   Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.5   The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise..   Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers.   However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6   The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.

9.7   The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and

experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Orkney NHS Board and is not to be counted when determining the committee's quorum.

MODEL STANDING ORDERS
SCHEDULE OF OPTIONAL TEXT

Section 5 - Business of the Meeting: Consent agenda technique
For Board meetings only, the Chair may propose within the notice of the meeting "items for approval" and "items for discussion".   The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this.   The Board must approve the proposal as to which items should be in the "items for approval" section of the agenda. Any member (for any reason) may request that any item or items be removed from the "items for approval" section. If such a request is received, the Chair shall either move the item to the "items for discussion" section, or remove it from the agenda altogether.

Section 4 – Calling and Notice of Board Meetings: Deputations and petitions
Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.
Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.
Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

Section 6 – Additional matters which may be reserved for the Board

- The contribution to Community Planning Partnerships through the associated improvement plans.
- Health & Safety Policy
- Arrangements for the approval of all other policies.
- The system for responding to any civil actions raised against the Board.
- The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

Within the above the Board may delegate some decision making to one or more executive Board members.

Not Protectively Marked

NHS Orkney Board – 27 February 2020 Report Number: OHB1920-46 This report is for information and approval Appointment of Chair of the Board, Whistleblowing Champion and Interim Chair of the Audit Committee	
Lead Director **Author**	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: • **Note** the appointment to Chair and Whistleblowing Champion Non Executive Director • **Approve** the Interim Chair for the Audit Committee
Key Points	The Chair of the Audit Committee is to be appointed by the Board. The Audit Committee Chair cannot chair any other governance committee of the Board but can be a member.
Timing	Meghan McEwen, current Chair of the Audit Committee, has been appointed as Chair of the Board from 1 March 2020. Jason Taylor, has been appointed to the role of Whistleblowing Champion, effective from 1 February 2020.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: • Create an environment of service excellence and continuous improvement;

Not Protectively Marked

NHS Orkney Board – 27 February 2020

Appointment of Chair of the Board, Whistleblowing Champion and Interim Chair of the Audit Committee

Emma West, Corporate Services Manager

Section 1   Purpose

The purpose of this report is to advise the Board of the appointments made by the Public Appointments Team to the roles of NHS Orkney Board Chair and Whistleblowing Champion and to approve the appointment of Interim Chair of the Audit Committee.

Section 2   Recommendations

The Board is asked to:

- Note the appointment to Chair and Whistleblowing Champion Non Executive Director
- Approve David Drever as Interim Chair for the Audit Committee from 1 March 2020.

Section 3   Background

Appointment Chair of Orkney NHS Board and Whistleblowing Champion

The Public Appointments Team and Cabinet Secretary for Health and Sport have formally confirmed the following Board appointments:

- Meghan McEwen has been appointed as Chair of the Orkney NHS Board from 1 March 2020 for a four year term
- Jason Taylor has been appointed as Whistleblowing Non Executive Director from 1 February 2020 for a four year term

Audit Committee – Chair

As detailed in the Audit Committee terms of reference the Audit Committee shall consist of four Non-Executive Members including the Employee Director but not the Chair of the Board. As Meghan McEwen will take on her role as Board Chair from the 1 March 2020 she will no longer be able to fulfil her role as Chair of the Audit Committee. Ordinarily, the Audit Committee Chair cannot chair any governance committee of the Board but can be a member of other governance committees.

The Model Standing Orders state that

- The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

It is proposed that the Board appoints David Drever as Interim Chair of the Audit Committee from the 1 March 2020.

A full review of Committee membership will take place in due course and will be presented to a future meeting of the Board for approval.

NHS Orkney Board – 27 February 2020 **Report Number: OHB1920-47** **This report is for information** **Technology Enabled Care (TEC) Programme update – February 2020**	
Lead Director **Author**	Julie Colquhoun, Head of Corporate Services Debbie Crohn, Head of Digital Transformation and Information Technology
Action Required	Members are asked to: • **Note** progress made to date and discuss the contents of the report • **Note** progress made in relation to Technology Enabled Care (TEC) governance projects and clinical, non-clinical and public engagement with the digital transformation programme • **Note** and provide feedback on the Digital Health and Care Strategy and the TEC Programme Delivery Plan 2020-23 • **Note** progress made in relation to the identification of priorities for funding from Scottish Government for Primary Care Digital Improvement
Key Points	1) Significant activities have taken place since the last update to move forward implementing the national Digital Health and Care Strategy (DHCS) (2018). 2) As part of the development of our Annual Operational Plan (AOP), the eHealth strategy has been refreshed and a draft programme delivery plan has been developed . The refreshed TEC strategy is currently out for consultation with key stakeholders and will be presented to the TEC Programme Board in April, prior to Board approval. 3) The introduction of Office 365 (O365) is one of two major implementations of Microsoft products being undertaken across NHS Scotland over the next couple of years. The other is the migration of our entire PC estate to Windows 10. Both projects are compulsory for all Boards and are fundamental to meeting our obligations in terms of Cyber Security, the National Information Services (NIS) Directive, GDPR and our aspirations as set out in the Digital Health & Care Strategy. A project working group has been established to oversee this priority piece of work. 4) Currently Scotland has a number of different systems for health and care digital which are not compatible. The National Digital Platform (NDP) seeks to resolve this issue. The NDP will only work on Office 365; therefore there is a requirement for Boards to have Office 365 implemented before the first version of the NDP goes live. 5) The HEPMA Project Implementation Board continues to oversee project delivery with indicative timescales for implementation in NHS Orkney being October 2020/21. 6) A task and finish group has been established to explore options around the introduction of Digital Appointment Communication opening up new interactive digital channels extending the ways in which we communicate outpatient appointments and information to patients. 7) A working group has been established to explore options for a community Electronic Patient Record. Currently there is no functionality within Trakcare for community based staff to record case notes or contact with patients, in some clinical area information is being recorded in 2 systems 8) A re-tendering exercise has now been completed to replace existing GP IT systems. The replacement system will align with the new GP contract and offer increased functionality and integration. This will require a new IT delivery model which will be centrally hosted in readiness for the new IT system go-live. 9) The Scottish Government have established a framework for the delivery of primary care IT by Health Boards. To support this process a Primary Care Digital Improvement fund has been allocated to Health Boards to support improvements in the infrastructure used by GP practices and multi-disciplinary teams. 10) Work continues to improve our information security and business continuity

	processes to ensure compliance with the national cyber security standards. A reciprocal agreement is now in place with Orkney Island Council (OIC) to host a disaster recovery server within each Organisations Data Centre. 11) There is a requirement for all Boards to address data quality issues and to implement 'local' as is processes replicating a centralised approach as part of the CHI transformation programme. Boards are asked to identify resources for the implementation of the changes. This piece of work is being overseen by the O365 project group as good quality and appropriate data is a pre-requisite ahead of our migration to O365. 12) Discussions have taken place with the national team to look at implementing automated eRostering for all staff groups across NHSO. e-Rostering functionality is cost neutral to the Board; however there may be additional costs as eRostering will flag up areas where the required staffing levels are not being met. 13) Critical to successfully embedding a digital first culture is stakeholder engagement. A digital champion's change network has been established to ensure two way conversations are taking place with clinical and non-clinical staff and members of the public. To date 45 members of staff have volunteered to be Digital Champions and are actively working with the digital transformation team. 14) A draft communications and engagement plan is being developed outlining our approach to digital transformation and a digital first campaign has been launched via social media and this has received national interest from Scottish Government.
Link to Corporate Objectives	The corporate Objectives this paper relates to • Supporting the delivery of safe, effective, person centred care and our services • Pioneering innovative ways of working to meet local health needs and reduce inequalities • Creating an environment of service excellence and continuous improvement • Optimising the health gain for the population through the best use of resources • Creating an environment of service excellence and continuous improvement
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 use of technology should be driven by and support the objective to optimise health gain for the population through the best use of resources.
Equality and Diversity	Applies equally to all

Not Protectively Marked

Board Meeting

Technology Enabled Care Programme update – February 2020

Debbie Crohn, Head of Digital Transformation and IT

Section 1   Purpose

The purpose of this paper is;

- To provide an update on the Technology Enabled Care programme and its associated national and regional e-health projects and work streams.

Section 2   Executive Summary

The delivery of safe, efficient and effective healthcare relies on a reliable ICT infrastructure if it is to meet operational requirements both in terms of performance and availability. The use of technology (eHealth) to implement new, integrated and mobile ways of working is a critical enabler to improve efficiency and effectiveness of healthcare provision. Significant activities have taken place since the last update to move forward our Technology Enabled Care programme in relation to the following;

- Office 365 roll out
- Hospital Prescribing and Medicines Administration (HEPMA) project
- Market testing a solution to Digital Appointments Communication and Interaction for Health & Care
- Re-provisioning IT equipment within Primary Care
- Primary Care Digital Improvements
- Replacement of the Community Health Index (CHI) and Child Health Systems
- CHI Transformation and Child Health Systems Project
- Cyber and information security
- Disaster recovery and business continuity
- Care Portal
- E-rostering
- NHS Near Me (Attend Anywhere)
- Stakeholder communications and engagement

Section 3   Recommendations

Members are asked to:

 i.   **Note** progress made to date and discuss the contents of the report
 ii.   **Note** progress made in relation to Technology Enabled Care (TEC) governance (Appendix 1),
       projects and clinical, non-clinical and public engagement with the digital transformation
       programme
 iii. **Note** and provide feedback on the Digital Health and Care Strategy (Appendix 2) and the TEC
       Programme Delivery Plan 2020-23 (Appendix 3)
 iv.   **Note** progress made in relation to the identification of priorities for funding from Scottish
       Government for Primary Care Digital Improvement (Appendix 4)

Section 4   Background

The [NHS Scotland Digital Health and Care Strategy](#) (2018) sets out ambitions in six domains:

 A. National Direction and Leadership
 B. Information Governance, Assurance and Cyber Security
 C. Service Transformation
 D. Workforce Capability
 E. National Digital Platform and
 F. Transition Process.

The strategy offers a helpful framework within which we can consider our own priorities. The national
strategy includes a requirement to comply with standards for Cyber security as well as the
requirement to deliver a number of national and regional e-health projects. The Board are required to
complete a monitoring return to evidence our progress on our digital maturity and progress in
delivering our local eHealth programme.

4.1 National Picture

As well as the local and regional eHealth programmes there is also the national context to consider
when progressing our digital transformation agenda. As outlined in Scotland's Digital Health & Care
Strategy (2018) this includes:

 •   The replacement of the Community Health Index (CHI) and Child Health Systems
 •   The Cloud Computing programme including upgrading all devices to Windows 10 and
     the introduction of Office 365
 •   The implementation of the 6 domains of the DHSC Strategy including the National
     Digital Platform
 •   The introduction of a Community System
 •   SPIRE

4.2 The Cloud Computing programme including upgrading all devices to Windows 10 and the introduction of Office 365

The introduction of Office 365 (O365) is one of two major implementations of Microsoft products being
undertaken across NHS Scotland over the next couple of years. The other is the migration of our
entire PC estate to Windows 10. Both projects are compulsory for all Boards and are fundamental to
meeting our obligations in terms of Cyber Security, the National Information Services (NIS) Directive,
GDPR and our aspirations as set out in the Digital Health & Care Strategy.

Currently, our entire IT estate relies on each device having Microsoft software physically installed on
each device. The move to Office 365 will remove this requirement as the programs run via an internet

browser with the user's data being stored on Microsoft's cloud platform. The benefits of moving to cloud base computing enables staff to work or use devices in different locations including access to data outside the NHS network.

4.3 Regional (North of Scotland) working

North of Scotland (NoS) eHealth Leads meet on a regular basis to discuss how the digital infrastructure across the region to look at how regional solutions for community and clinical service improvements. This includes NHS Boards in the north of Scotland working together on the following initiatives;

- Delivery of an integrated regional clinical portal
- Delivery of national initiatives e.g. HEPMA (Hospital Electronic Prescribing and Medicines Administration)
- Exploring the development of common digital initiatives to support patients to manage their own conditions and to be cared for in their own homes for as long as possible

Section 5   DISCUSSION

The following section provides an update on projects within the Technology Enabled Care Programme.

The Terms of Reference for the TEC Programme Board have been refreshed. All Health Boards are required to produce an Annual Operational Plan (AOP) which incorporates our approach to digital transformation. Given our current eHealth strategy is in need of a refresh, the AOP process has provided a timely opportunity to refresh the strategy. A draft programme delivery plan has been developed detailing outlining our priorities, key milestones, benefits to be realised, a review of resources, funding requirements and business readiness for change as part of our digital maturity assessment.

The refreshed TEC strategy is currently out for consultation and will be presented to the TEC Programme Board in April 2020 prior to Board approval.

5.1 The Cloud Computing programme including upgrading all devices to Windows 10 and the introduction of Office 365

We are working alongside NSS Digital and Security (DaS) to prepare for the rollout of Microsoft Office 365. Office 365 will provide access to a single email system, shared calendars, instant messaging and centralised document storage as well as software called Microsoft Teams. This collaboration tool allows colleagues to upload, share and work on the same online files at the same time. It can also be used as a communication tool with colleagues able to chat one-to-one or to a number of colleagues online, by text, audio and video.

Work is underway to ensure our IT infrastructure is ready for a seamless switch over to Office 365. A dedicated project manager has been identified and is overseeing the delivery and implementation of the project. A dedicated communications and engagement officer has been seconded to support the project and is working with users to capture usage of Office applications as well as identification of potential gaps in skills and knowledge within the organisation.

Our digital champions are working with the project team and will be early adopters of O365. Digital champions are holding a series of workshops with staff to document how each of the job roles currently use outlook and office applications and will play a key role in our approach to managing change and embedding new ways of working.

Work continues with NSS to link NHSO's active directory to the Azure AD to enable NHSO to authenticate against the O365 portals allowing us to access the service. By the end of 2020 our entire

workforce will be upgraded to Windows 10 and the Office 365 suite of products and cloud services. The O365 project team will be undertaking a series of engagement sessions to build the collaborative working relationships that will enable us to collectively deliver the Office 365 programme. Implementing Office 365 is also business critical as NHSmail2 will no longer be supported beyond September 2020.

5.2 National Digital Platform

Currently Scotland has a number of different systems for health and care digital which are not compatible. The National Digital Platform (NDP) seeks to resolve this issue. In particular, the NDP will provide access to information across our Health and Social Care system and to facilitate integration with applications and devices as well as citizens, carers and patients. However, the NDP will only work on Office 365; therefore there is a requirement for Office 365 to be implemented before the first version of the NDP goes live.

During the next 12 to 36 months NES Digital Service (NDS) will be working with eHealth leads to support citizen authentication, non NHS staff authentications, integration with Board systems and the cloud environment along with the development of a range of applications to support patient centred care.

5.3 Hospital Prescribing and Medicines Administration (HEPMA) project

HEPMA implementation across NHS Scotland remains a key priority. The majority of NoS Boards, including NHS Orkney have opted to deploy the JAC Pharmacy system which has been selected as the system of choice for a single instance HEPMA implementation across NoS Boards.

The capital and revenue funding for 2019/20 will be allocated to NHS Grampian in the first instance. All capital costs will be incurred by NHSG and therefore all of the capital funding will be allocated accordingly. NoS Boards are required to make contributions towards the core team, regional team, local team, JAC licences, hardware, software and interface maintenance, information governance and a contingency sum. National funding of £20M over seven years has been allocated to Boards to support the implementation of the HEPMA with a requirement that NoS Boards contribute £2M over the same period.

5.4 Market testing a solution to Digital Appointments Communication and Interaction for Health & Care

A clinically led task and finish group are exploring options for the possible procurement of a Digital Appointment Communication and Interaction System to open up new interactive digital channels with patients. In particular the digital solution will extend the ways in which;

- Boards communicate outpatient appointment information to patients through digital channels
- Patients can receive appointment notifications and letters electronically
- Patients confirm their acceptance (or otherwise) of the appointment date offered

Further improvements are sought to increase the effectiveness of appointment reminders and ultimately to allow patients to make their own bookings. The expected benefits of this proposed change include fewer DNA's (Did Not Attend) experienced across outpatient clinics and a significant reduction in the amount of printed paper correspondence sent by post.

The objective of the market testing exercise is to obtain up-to-date information and feedback from the market to understand market capabilities and solutions in relation to the functionality required and to provide indicative costs associated with the implementation and on-going support of a suitable solution.

The TEC Programme Board have requested that a full business case be presented at the next meeting in March 2020 outlining the options, costs, benefits and functionality available. This exercise is being carried out in advance of any formal procurement process, information obtained will be used

to inform decision making in respect of the next steps in the implementation of a solution.

5.5 Community Electronic Patient Record (EPR)

A clinically led working group has been established to look at producing a business case for a community Electronic Patient Record. Currently there is no functionality within Trakcare for community based staff to record case notes or contact with patients, in some clinical area patient identifiable data is stored in different systems and on paper with administration for community nurses being estimated at approximately between 22 – 33% of their workload.

The TEC Programme Board have requested that a full business case be presented at the next meeting in March 2020 outlining the options, costs, benefits and functionality available. This exercise is being carried out in advance of any formal procurement process, information obtained will be used to inform decision making in respect of the next steps in the implementation of a solution.

5.6 Re-provisioning IT equipment within Primary Care

A re-tendering exercise has now been completed to replace the existing GP IT systems. The replacement systems will align with the new GP contract and offer increased functionality and integration with existing systems. The IT delivery model will move to a centrally hosted solution whereby Orkney GP practices will be centrally hosted in readiness for the new system being available.

5.7 Primary Care Digital Improvement Fund

The Scottish Government has established a framework for the delivery of primary care IT by Health Boards. To support this process the Primary Care Digital Improvement fund outlined in Appendix 4 has been allocated to Health Boards to improve the basic infrastructure used by GP practices and multi-disciplinary teams.

There is a recognition the Framework for Primary Care Digital IT improvements will be further developed over time in consultation with representatives of eHealth departments, primary care staff and the Scottish Joint GP IT Group. However, given the pace of change and the need to embed a digital first approach within service delivery which supports improvements to the IT used by GP practices and the wider primary care multi-disciplinary teams, it is recommended that the following actions are prioritised in 2019/20;

- Establishment of clinical cohorts responsible for undertaking the Mini Competition for the selection of the GP IT solution
- All GP practices to have to DocMan 75500
- GP practices able to electronically transfer patient records from one practice to another using the GP2GP solution
- All GP practices using Windows 10 by 31st March 2020
- GP practices have access to multiple applications with one set of credentials
- GP practices on the same administrative domain
- Scope out requirements to enable GP practices to allow them to electronically request laboratory investigations
- Develop an implementation plan for the roll out of a consistent approach to IT service management within primary care

5.8 Scale up of NHS Near Me

In November 2018, £63K was awarded to NHS Orkney through the national Technology Enabled Care (TEC) programme for the period up to March 2020 to support the roll out and use of NHS Near Me as part of a national scale-up. The initial focus has been to test, support and imbed the technology within the Balfour facility, supporting patients as they link into the Acute Services across NHS Grampian, NHS Shetland and NHS Tayside, avoiding the need to travel, with the clear benefits this brings to patients.

Discussions have taken place with the GP sub-committee to agree a roll out plan to all GP practices ensuring it is done in an agreed and co-ordinated way. A pilot project has been delivered in Sanday at the local GP practice and this has also included the use of Video Conferencing in other community buildings. Within Sanday, agreement has been made to utilise the local school to act as a community hub option which already hosts Speech and Language Therapy clinics using NHS Near Me technology.

5.9 Cyber and Information security

The Cyber Resilience Public Sector Action Plan for Scotland was launched in November 2017. This plan put in place a process for independent assurance of critical cyber security controls by October 2018. We received a pre-assessment report in March 2018 on our local arrangements. The report indicated we are in a strong position to successfully achieve Cyber Essentials Stage 1. However, two areas identified as requiring an urgent focus are business continuity and disaster recovery.

It is likely that all Boards will need to submit revised positions by way of a self assessment against the Cyber Security requirements. It is expected that this will be an extensive piece of work but given any major disruption to service as a result of cyber security could be significant, an important piece of assurance work for the Board.

5.11 Replacement of the Community Health Index (CHI) and Child Health Systems

CHI/Child Health systems are hosted on a legacy mainframe computer system and consist of three main systems. The CHI system holds demographic information on Scottish residents with the Child Health system being used for pre-school and school age children. There is also a GP Registration service which allocates a unique patient identifier to each Scottish resident.

The replacement of the CHI and Child Health systems will provide additional functionality enabling easier integration between CHI/Child systems and other systems. In preparation for the replacement Child Health system the Public Health Department are identifying significant gaps and concerns which exist in data quality, procedures and training.

There is a requirement for all Boards to address data quality issues and to implement 'local' processes 2which replicate a centralised approach to scheduling, mailing invites, form printing and reporting. The significant change being the system will move to Cloud hosting. In order to minimise service distribution, resources need to be identify to support local implementation. Boards are being asked to;

The new CHI Patient Broadcasts will be live from March 2021, with a phased delivery across Health Boards concluding November 2021. The Child Health System is to commence in July 2022 with all Boards live by November 2022.

5.12 eRostering

NSS have notified Boards that the eRostering functionality within SSTS has successfully cleared user acceptance and was released for full use to all NHS Scotland Boards on 31st October 2019. Discussions have taken place with the national team to look at implementing e-rostering across NHSO; e-rostering functionality is cost neutral enabling automated rostering to be in place at ward/roster location level for all staff groups. The information from populated rosters integrates to the payroll service as part of current monthly routines and ensures compliance of payments made to national terms and conditions of employment.

5.13 Stakeholder communications and engagement

Critical to embedding a digital first culture is the need to have effective stakeholder engagement underpinning our transformation programme. Adopting the Scottish Approach to Service Design (SAtSD) methodology (2019) enabling people to feel supported and empowered to actively participate in the definition, design and delivery of services.

Over the next three months the digital champion's network will continue to work with the digital transformation team to ensure two way communications are taking place with clinical and non-clinical staff and members of the public. A series of communications have been circulated across the organisation including an overview of the Office 365 implementation and a call to action for Digital Champions to be involved with the programme.

We currently have 45 members of staff who have volunteered to be Digital Champions. Growing a network of digital champions across the Organisation will lead and inform digital developments and practices as well as identifying modern digital solutions which free up staff to focus on frontline services and person centred care and support.

Section 6   RISK MANAGEMENT

As with any transformation programme there are risks and opportunities associated with business change. The DATIX system is used to record, manage and mitigate against programme risks and the following risks are discussed at the monthly TEC Programme Board;

- Lack of skills, experience and knowledge within the IT Department
- Lack of documented processes within the business and IT Department
- Staff within the TEC support team on temporary contracts
- Lack of resources to deliver priorities identified in the TEC strategy
- Functionality of Trakcare as a Community Electronic Patient Record
- Patient Identifiable Data stored in different systems and on paper

Not Protectively Marked

NHS Orkney Board Report Number: OHB1920-48 This report is for approval Regional Asset Management Plan	
Lead Director **Author**	Gerry O'Brien, Chief Executive Malcolm Colquhoun, Head of Support Services, Logistics & Contract Management
Action Required	The Board is asked to approve the Regional Asset Management Plan
Key Points	• To understand our assets and minimise our outlay • To provide an appropriate estate for our clinical staff to ensure that they have the equipment and tools they need
Timing	February 2020
Link to Corporate Objectives	The Corporate Objectives this paper relates to • Optimise the 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	Helps to create a safe and effective environment for patients.
Equality and Diversity	No assessment required.

Not Protectively Marked

NHS Orkney Board

NHS Orkney – Regional Asset Management Plan

Malcolm Colquhoun

Section 1 Purpose

As part of the regional working program NHS Orkney has signed up to the Regional Asset Management Plan which is a requirement under CEL35(2010). In previous years Estates and Facilities created the Property Asset Management Strategy, however this has now been agreed and accepted as a regional strategy.

The attached paper is the second edition of the North Regions Regional Asset Management Plan.

Section 2 Recommendations

Members are asked to approve the Regional Asset Management Plan.

Section 3 Background

As part of the north region NHS Orkney are looking at maximising the resources available and minimising outlay. It is therefore beneficial to NHS Orkney that we get access to the planning and asset management staff from the larger NHS Boards who have helped to put this document together. This ambition of this document is to grow and improve so it becomes the normal way of working.

Not Protectively Marked

NHS Orkney Board Meeting –27 February 2020 **Report Number: OHB1920-49** **This report is for discussion and noting** **Title of report: Infection Prevention and Control Report**	
Lead Director **Author**	David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services 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 6 cases at time of report for Q1 –Q3 (Apr-Dec 2019). NHS Orkney is 3 over its LDP for 2019-20. (RAG Status RED) • NHS Orkney's validated *Clostridium difficile* infection (CDI) cases to date is 1 at time of report Q1-Q3 (Apr-Dec 2019) following case discussion with Infection Control Doctor /Consultant Microbiologist . NHS Orkney is within its LDP for 2019-20. (RAG Status GREEN) • MRSA Screening Clinical Risk Assessment for Q3 is 94% and 91% for CPE both remaining above the uptake of 90%uptake. (GREEN) • Hand hygiene observations are undertaken by departments to ensure staff are compliant against the five moments. Patient experience on asking- generally says hand hygiene is undertaken when receiving care. During QA audits and daily visitation from IPCT staff observation for hand hygiene is noted and addressed if non compliant. • NHS Scotland National Cleaning Services Domestic 94% and Estates 100 %for month of January 2020 .(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/guidance updates continues by the IPC team at the request of departments, the main topic being Transmission Based Precautions.
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	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and

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

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

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

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

LDP Standard 1st April 2019 to 31st March 2020 for *Staphylococcus aureus* bacteraemia (SAB)

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

NHS Orkney's validated *Staphylococcus aureus* bacteraemia (SAB) cases is 6 at time of this report for Q1-Q3 (Apr-Dec) 2019/20. A full root cause analysis has been completed with a further case to be fully investigated for (Jan-Mar) 2020 Q4 resulting in 2 soft tissue, 2 discitis, 2 device related and 2 under investigation.

LDP 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	2 cases
Quarter 4	January - March	2 still under investigation at time of report
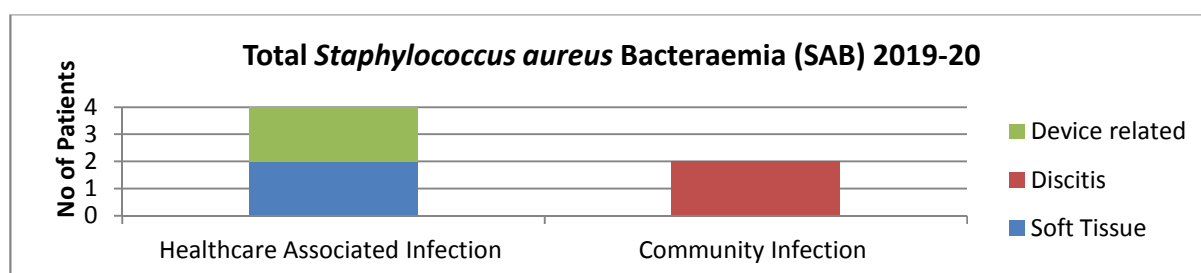
Clostridium difficile

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

NHS Orkney has 1 case to declare for *Clostridium difficile* infection (CDI) for LDP Q1-Q3 (Apr-Dec 2019/20). This is after discussion and scrutiny of all root cause analysis between Infection Prevention & Control Doctor /Consultant Microbiologist and IPCT.

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	zero
Quarter 4	January- March	

Multi-drug resistant organism (MDRO) Screening

Combined screening undertaken as part of Health Protection Scotland (HPS) Protocol for Clinical Risk Assessment (CRA) / MRSA Screening, An uptake of **90%** with application of the MRSA Screening CRA is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is current data for the 4 most recent quarters within our board, and for Scotland.

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

CPE Uptake	2018_19 Q4	2019_20 Q1	2019_20 Q2	2019_20 Q3
Orkney	97%	93%	88%	**91%**
Scotland	81%	86%	86%	85%

NHS Orkney remains above the 90% compliance rate.

Hand Hygiene

Hand hygiene compliance is through observation whilst visiting departments and any non compliance is addressed at time with staff member. It is the responsibility of each and every one of us to ensure hand hygiene is performed whether you are a staff member or a member of the public visiting. Department leads play an important role in ensuring best practice is maintained at all times.

In patient areas are frequently audited to ensure there is alcohol based hand rub available either in corridor or in each patient room or clinical space.

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results for Jan 2020

Score are as follows in table below

Area	Domestics	Estates
Day Unit/TH	97%	100%

IP 1	96%	100%
Emergency Department	96%	100%
Macmillan	92%	100%
Maternity	95%	100%
Lab	85%	100%

Laboratory scored an amber with 85% this was mainly for dust on highs and lows and some debris found on floors. Domestic Supervisors feedback these results to teams to ensure areas of concern are rectified.

IP&C audits – update

The Infection Prevention & Control Team are due to continue with the Quality Assurance audits as resource allows, the unplanned workload has increased significantly due to the novel coronavirus (2019-nCoV) and ensuring board preparedness in the event of a possible case presentation.

Outbreaks/Exceptions

(Reported are those that are assessed as AMBER or RED using the HPS Hospital Infection Incident Assessment Tool (HIIAT)
There have been no reports submitted.

Norovirus

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

NHS Orkney Surgical Site Infection (SSI) Surveillance

NHS Orkney participates in a national infection surveillance programme relating to specific surgical procedures such as Caesarean sections, hip fractures and large bowel surgery. This is coordinated by Health Protection Scotland (HPS) using national definitions and methodology which allows comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view. For Q3 NHS Orkney has no surgical site infections declare.

Education update

Preparedness for dealing with a patient presentation in primary or secondary care for patient presentation of higher consequence infectious disease (HCID) is the main topic given the alert status for Novel coronavirus (2019-nCov). This has increased workload for all staff groups in ensuring NHS Orkney is best prepared for dealing with a suspected case.

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.

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Healthcare Associated	0	0	0	0	1	1	0	0	1	0	1	0	1	?1	
Community Associated	0	0	0	0	0	1	0	0	0	0	0	0	0	?1	
Total	0	0	0	0	1	2	0	0	1	0	1	0	1	?2	

Clostridium difficile infection monthly case numbers

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 20	Nov 20	Dec 20	Jan 20	Feb 20	Mar 20
Healthcare Associated	0	0	0	0	0	0	1	0	0	0	0	0	0		
Community Associated	0	0	0	0	0	0	1	0	0	0	0	0	0		
Total	0	0	0	0	0	0	0	0	0	0	0	0	0		

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

				Jun 18	Aug 18	Oct 18	Dec 18	Feb 19	Apr 19	Jun 19	Aug 19	Oct 19	Dec 19	Feb 20	
Board Total				95%	97%	94%	96%	96%	100%	98%	93%	86%	83%	----	

New Balfour Cleaning Compliance (%) Domestic

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20					
Board Totals	97%	97%	95%	96%	96%	94%	94%						

New Balfour Estates Monitoring Compliance (%)

	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20					
Board Totals	98%	98%	99%	99%	99%	99%	100%						

Not Protectively Marked

NHS Orkney Board – 27 February 2020 Report Number: OHB1920-50 This report is for noting Clinical Engagement in NHS Orkney – update	
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 this report.
Key Points	At the NHSO Board meeting on 19 December 2019, the Chair of the Area Clinical Forum presented a paper on clinical engagement and the advisory committees for discussion. There were 12 recommendations for progression and this report is an update on the good progress made so far.
Timing	For noting at February Board
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.

Not Protectively Marked

NHS Orkney Board

Clinical Engagement in NHS Orkney – update

Steven Johnston, Chair, Area Clinical Forum

Section 1   Purpose

To update the Board on progress with clinical engagement.

Section 2   Recommendations

The Board are asked to note the progress.

Section 3   Background

At the NHS Orkney Board meeting on 19 December 2019, the Chair of the Area Clinical Forum presented a paper on clinical engagement and the advisory committees for discussion. There were 12 recommendations for progression and this report is an update on progress with each of these.

Section 4   Discussion

Each of the numbered items below are the recommendations presented previously with commentary outlining progress.

1. 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.

   The actions within the discussion below cover this item. There needs to be better awareness of, and planning towards attendance at, advisory meeting dates (which are arranged many months in advance).

2. 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.

   During the December Board meeting it was made clear it would not be appropriate

for ACF to take on the remit of QSG and this statement was qualified to ensure that consideration was given to avoid the creation of a clinical group which would diminish the role of advisory committees through duplication of work.
The reformation of the QSG has moved on in recent weeks. There are plans to have the weekly incident reporting group bringing issues to QSG, as well as clinicians. QSG will exist to provide assurance. The ACF is there to provide advice. The ACF should continue to have the QSG minute included in meeting papers but also add a route to raise items to the attention of the QSG (maintaining the reporting to CCGC and the Board). A meeting has been arranged between the Chair of the ACF and the Chief Quality Officer. The QSG workshop to be held on the 27th February is also noted.

3. 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 time requirement needs to be established but one session (half day) per month was proposed as a starting point. The time would be used for agenda setting, preparing papers, liaising with colleagues from the various departments/professions represented by the committee. This time would be rostered.

4. 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.

   Again, rostering staff to ensure they can attend is important. Where a member of staff cannot attend, the use of deputy should be encouraged.

5. 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.

   The hospital sub has been formed and now has secretarial support. The advisory committee structure (hosp/GP sub – AMC - ACF) potentially creates an unrealistic work load for individuals, a result of our small Board size. However, the ACF needs doctors around the table. It is suggested that a representative from both GP-sub and hospital-sub attends ACF meeting (with appropriate remuneration/time allocation) and this could satisfy the need to have a primary-secondary care juncture. It is mandatory for the Board to have an AMC but the AMC can opt to delegate the work to the sub committees. The AMC could then meet infrequently. This is being proposed to both the hospital and GP sub groups.

6. 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.

   A template is already in use to capture any key issues from advisory committee meetings to bring these items to the attention of the ACF. A similar template could be used at other clinical meetings and this is then passed to the relevant advisory committee.

   Advisory committee office bearers have been asked to formulate a list of clinical meetings which occur under the remit of their advisory committee and a contact for each. E.g. NAMAC needs to establish any clinical team meetings for midwifery, health visitors, community nursing...etc. Once the list is created it will be used during agenda setting to contact each area and pull out key items being raised at these clinical team meetings so that they come to the attention of the advisory committee.

7. Assign a **sponsor** to support and guide each of the advisory committees and the ACF.

   The role would need to be clarified in each case but would include assisting with agenda setting (due to an awareness or national or regional developments/priorities), attendance at meetings (or deputy) and regular contact with the committee chair.

Advisory Committee	Proposed Committee Sponsor
ADC	Dental Clinical Lead
AMC	Medical Director
GP sub	Clinical Director - GP
Hospital sub	Lead Hospital Clinician
APC	Director of Pharmacy
NAMAC	Deputy Nurse Director (not yet appt) and Lead Midwife
TRADAC	Lead AHP
ACF	DoNMAHP

8. Use the **Clinical Strategy** to work with clinicians and shape the services we deliver.

   The development sessions which have been held already have stimulated welcome interest in the Strategy. The next stage will be to collate all of the feedback and

revise the draft of the strategy. The details of the public involvement in the document are yet to be clarified. The ACF are eager to see the revised document before it goes to Board in May.

9. 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.

    The use of sponsors could help to strengthen promote this.

    Inviting clinicians to Board meetings/development session and Board members to ACF/advisory committee meetings/development session should be encouraged.

10. It is important to further consider **innovative** ways of communicating to better conduct our business such as an online space.

    The roll out of Office365 includes an application called Microsoft Teams which offers an opportunity to conduct business more efficiently in an online space without the disadvantages which were encountered when a standalone system was trialled (Yammer).

11. 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.

    The first issue of this newsletter has been distributed outlining the role of the ACF and advisory committees. https://spark.adobe.com/page/tRQTYFZn5Dn3p/

    Subsequent issues will communicate the topics discussed at meetings so that staff are kept informed.

    A link to the newsletter will be circulated widely and included in the fortnightly bulletin.

12. Executive and non-executive **attendance** at ACF is valued and this should be continued. Advisory Committees also rely on senior clinician attendance and this needs to be facilitated.

    The Director of Public Health, Medical Director and Director of Nursing, Midwifery and Allied Health Professions are invited to each ACF meeting.

    The non-executive directors attend ACF on a rota basis.

    In terms of the individual advisory committees, senior clinician attendance is

welcomed. It clearly won't be reasonable to have all senior roles attend (e.g. all senior charge nurses at NAMAC) but some arrangement should be in place to ensure that they are represented at these meetings or at very least have an awareness of them and are provided with updates.

In summary, there has been good progress so far and the ACF will continue to work towards achieving effective engagement with our clinicians.

Not Protectively Marked

NHS Orkney Board – 27 February 2020 **This report is for noting** **Clinical and Care Governance Committee Chair's Report**	
Lead Director **Author**	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 29 January 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board: • SAS Issue Update
Timing	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.
Benefit to Patients	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Clinical and Care Governance Committee Chair's Report

Author	Issy Grieve, Chair
	Clinical and Care Governance Committee

Section 1   Purpose

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

Section 2   Recommendations

The Board is asked to:

1. <u>Review</u> the report and <u>note</u> the issues raised.

Section 3   Background

This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 29 January 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4   Issues Raised

1. SAS Issues Update

- The Medical Director presented an update to advise members of complaints from GPs and the Out of Ours Service regarding the increased demand to provide cover when road ambulance crews were unable to attend patients after a 999 call.

  It was noted that initially cover requests had been occasional, but had gradually increased to become routine and on one weekend there had been six requests to attend cases. It was also highlighted that there had been one two hour period when no cover had been available.

  The Medical Director advised members that the issue had been raised with the Scottish Ambulance Service (SAS) Regional General Manager and had led to a broader discussion regarding the number of ambulances and crew on island. He confirmed that whilst he was not yet assured that the service was resourced

appropriately, he could confirm work was underway to address the concerns.

The Chair expressed her concern at the issues raised, but it was agreed that the responsibility for service provision lay with SAS.

The Chief Executive agreed that the situation described in the report was untenable and confirmed it was an issue he had also escalated and discussions were ongoing.

Cross Committee Assurance

There were no issues to be escalated.

Appendices

- Approved minute of meeting held on 24 October 2019

Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** in the **Brodgar Room, Balfour Hospital** on **Wednesday 9 October 2019** at **14.00**

Present	Issy Grieve, Non Executive Board Member (Chair)
	Steven Johnston, Non Executive Board Member (Vice Chair)
	David Drever, Non Executive Board Member
	Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker
	Rachel King, Integrated Joint Board, Chair (*until 15.30)*
	Meghan McEwen Non Executive Board Member
	Gerry O'Brien, Interim Chief Executive
	John Richards, Councillor, IJB Member, Orkney Islands Council
In Attendance	Chris Nicolson, Director of Pharmacy
	Marthinus Roos Medical Director
	Heather Tait, Public Representative
	Nigel Firth, Equality and Diversity Manager, NHS Grampian (440 via VC)
	Eddie Graham, Resilience Officer (434)
	Sara Lewis, Consultant in Public Health (for Action Log 05-2019/20)
	Linda Merriman, Interim Nurse Manager (444)
	Julie Tait, Patient Experience Officer (446)
	John Trainor, Acting Head of Clinical Governance and Quality Improvement (Deputy for C Bichan Chief Quality Officer)
	Becky Wilson, NHS Grampian/NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor (439)
	Heidi Walls, Committee Support (minute taker)

429 **Apologies**

Apologies had been received from S Shaw, D McArthur, L Wilson, C Bichan, S Sankey and M Colquhoun

430 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

431 **Minute of Meeting held on 10 July 2019**

The minute of the Clinical and Care Governance Committee meeting held on 10 July 2019 was accepted as an accurate record, subject to the corrections listed below, and was approved on the motion of G O'Brien and seconded by D Drever

Members present section – fourth line down - R King, amended to read *'Integration Board Chair '*

Page 7 – last paragraph - first line – amend to read 'the use *of* agency workers'

432 **Matters Arising**

249 Clinical and Care Governance Committee Terms of Reference

It was noted that the identification of a fourth Orkney Island Council Elected member to

join the Clinical and Care Governance committee remained pending.

250 Orkney Health and Care's Draft Strategic Plan/ 261 Status Report – Mental Health Strategy and Service Delivery Plan Implementation Update Report

M McEwen highlighted a repeated theme of concern regarding cross party engagement on strategy development and assurance that the issues highlighted were being addressed was provided by the Chair.

256 Learning from Significant Adverse Event Report

It was confirmed that the policy title noted in the minutes, whilst rather long was accurately recorded and the Medical Director provided members with a summary of the work of the weekly Morbidity and Mortality meeting.

262 Primary Care Improvement Plan

Members were advised that the Primary Care Improvement plan had been submitted to Scottish Government, but it was noted that whilst the Integrated Joint Board (IJB) supported the aspirations of the plan, the budget and workforce implications were a concern and they had, after a vote, agreed that it should be submitted unapproved.

Members agreed that, NHS Orkney would require clear direction from the IJB on the key plan priorities and the IJB Chair confirmed that IJB prioritisation would be required within the context of all Orkney services.

277 Migration Update

Renal

The Chief Executive advised members that despite very positive initial results following chemical cleaning, subsequent results did not meet the standard required for immediate use of the equipment. It had been agreed that although it would take some time, Robertson Facilities Management would need to undertake remedial work to provide a permanent solution and the temporary repair of the unit, which had always been a reluctant fall back plan, would now be implemented.

The Chair noted that the committee could take assurance that despite the challenges involved, appropriate time was being taken to ensure rigorous and robust checks were in place.

Central Decontamination Unit (CDU)

The Chief Executive confirmed that control measures were in place and a move within the next few weeks was anticipated.

Scapa Court Residents Group

J Richards provided members with an update on liaison work with Scapa Court residents and highlighted visual impact, noise and the play area as the three main areas of concern. He advised that recent landscaping and the addition of a baffle to the laundry drier had mitigated most visual and noise concerns but noted unidentified night time noises and play area supervision after 20.00 hours as outstanding issues.

433   **Action Log**

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

07-2018/19 Status Report -Mental Health Strategy and Service Delivery Plan

Concerns regarding the engagement with senior clinical staff from all partner agencies in strategic planning were raised as well as an anxiety about the impact of the changing demands for mental health services on previous assurances taken by the committee.

The Chief Executive advised members that he would address the areas of concerns raised with the Executive Team.

Post meeting note: S Shaw circulated an email response to the concerns raised Thursday 10 October 2019

01 – 2019/20 The Patients Rights (TTG) Scotland) Directions 2019.

The Medical Director highlighted an update provided by the Head of Transformational Change and Improvement which noted that a manual workaround for ensuring compliance with the new TTG directions was being developed by the Quality Improvement Hub. However it was also noted that the Board was not yet fully compliant as there were difficulties identifying a mechanism which was not highly labour intensive, but further work was being done to seek a more efficient process for implementation until such time as a system based methodology was available.

It was confirmed that this was a national issue and that NHS Orkney was being proactive in its attempts to address the issues. Members agreed this item could be closed and further follow up should be through the Quality and Safety Group.

05 – 2019/20 Risk Register – Cruise ship impacts

The Consultant in Public Health explained that there were no specific trends for cruise ships and the work to look at trends in service was based on postcode of residence. She advised members that data in relation to primary care out of hour's services, the emergency department and admissions to hospital was held, but the data didn't identify whether individuals were in Orkney for business or pleasure.

Further more detailed analysis of the trends was highlighted and it was noted that the use of primary care out of hour's services by non Orkney residents had remained fairly consistent whilst Emergency Department and In Patient use was increasing.

The content and implications of the update were discussed in depth, but it was agreed that the priority was to be aware of the issues so that appropriate plans could be made. It was confirmed that a paper on the assessment of the impact on NHS services by tourists was due to be submitted to the Quality and Safety Group and it was agreed that as this was the more appropriate route for review of the issues raised it would be noted as closed on the action log.

Governance

434 **Major Incident/Major Emergency Plan The Balfour - CCGC1920 – 35**

The resilience Officer presented the Major Incident/Major Emergency Plan for approval and noted that it had been revised to reflect the move into the new facility as well as the national agenda and the development of the trauma network.

A main aim had been to ensure the plan was easy to use and it was noted as a live document which could adapt as new issues and/or developments came on line, but a point of publication was required so that operational testing could begin.

R King noted the reassurance provided by the detailed plan and the Resilience Officer provided clarification to queries on narrative around calls to switchboard and the responsibilities regarding the declarations of a major incident alert report form at appendix one.

The Resilience Officer also clarified that assurance regarding air traffic control planning was not within the gift of NHS Orkney as the Scottish Ambulance Service were responsible for the movement of patients and he confirmed that there were clear links with Orkney Island Council and a locally coordinated group would oversee and escalate a cross agency resilience response.

Members noted that the plan was a significant step up from what was currently in place and sought assurance that training to ensure its implementation was in place.

The Resilience Officer confirmed that the Civil Contingency Act lay down a training requirement and the local resilience group had a meeting scheduled with the Chief Executive to explore how the plan would be taken forward, which would include engaging managers, clinical and support staff on operational testing. Various options were being considered such as table top exercises, live scenarios and independent element testing. The significance of the challenge was acknowledged, but its achievement was the ultimate aspiration.

The Resilience Officer captured further points of note regarding the suggested clarification of the role of the medical incident officer and the level of preparation of locum staff, (page 24), the inclusion of a surgeon in the provision of an out of hours response (page 30), links to the social work department,(page 35) and the process relating to media enquiries, (page 37).

The Chair welcomed the thorough and comprehensive plan.

Decision / Conclusion

The Committee reviewed and approved the plan subject to the discussed amendments as appropriate and agreed it should be highlighted to the board.

Safe and Effective Care

435 **Quality and Safety Group Chairs report – CCGC1920 - 36**

Members received the Quality and Safety Group Chairs report, which highlighted the current period of focus on group redesign and restructure.

The Chair noted an element of concern regarding the current position as the Clinical and Care Governance Committee relied on the outcomes of this group for assurance on operational quality and safety issues.

The Chief Executive agreed and noted that the challenge they were struggling to resolve was the current requirement for the group to provide board level assurance at the same time as providing an open space for clinicians to meet and discuss issues at an operational level. The Chief Executive confirmed discussions with the Head of Transformational Change and Improvement were ongoing.

Decision / Conclusion

The Committee reviewed the report and noted ongoing work to resolve the issues highlighted.

436 **Minutes of Quality and Safety Group meetings held May 2019**

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

437 **Significant Adverse Event Update (SAE) – CCGC1920- 37**

The Medical Director presented the report which provided members with an update. He confirmed it had been submitted to the Quality and Safety group, the action plans had been reviewed and the purpose of the paper was to inform members of the process and provide assurance that issues had been progressed.

Members were advised that earlier in the year all boards completed a Scottish Government SAE survey and it was noted that changes to national guidance would see the introduction of a formal national reporting process which included the requirement to notify Health Improvement Scotland of any level one SAE. It was noted that a national meeting to provide advice to boards on how this would be taken forward was scheduled for the 22 October 2019.

M McEwen queried whether the report would need to be submitted before or after the SAE investigation. It was confirmed that a report would need to be submitted as soon as a level one SAE was recorded.

The Chair was heartened by the number of SAEs that had been taken forward and completed.

Decision / Conclusion

The Committee welcomed the report and took assurance that appropriate structures were in place for the review of Significant Adverse Events and that learning was taking place.

438 **Elective Care Access Update – CCGC1920-38**

The Acting Head of Clinical Governance and Quality Improvement presented the update and invited questions.

M McEwen noted the slower than expected improvement described in section four of the update and it was agreed that there was a requirement to more effectively anticipate and mitigate potential challenges, so that more realistic planning and target setting

could be achieved.

It was confirmed that discussions with regard to a monitoring structure for weekly waiting times and plans to mitigate the impacts of consultant vacancies were ongoing.

The Chief Executive noted that performance in relation to waiting times targets was reported to and monitored by the Finance and Performance Committee and its inclusion at this meeting was to ensure a focus on the clinical impacts of the waiting times.

It was agreed that the data as currently presented produced a performance rather than clinically focussed response from members and that further input from clinicians via the quality and safety group could help shape and guide future updates to ensure they captured the appropriate clinical governance issues.

In addition the Chair thought the inclusion of data to highlight capacity issues raised by waiting times would be helpful and would enable members to consider whether funding issues needed to be escalated to the IJB.

Decision / Conclusion

The Committee welcomed the report and action plan and took assurance that work was ongoing.

439   **Infection Control Annual Report– CCGC1920- 39**

NHS Orkney Consultant Microbiologist and Infection, Prevention and Control (IPC) Doctor presented the annual report to members and highlighted the excellent work which had maintained IPC standards within the old Balfour site in the run down to transition, the quality and improvement award for CDU and the catheter associated urinary tract infection successes in Macmillan.

The Medical Director congratulated the team on the achievement of standards that they were on a par with the best and highlighted the hard, behind the scenes, work which maintained such a record.

M McEwen enquired about the ongoing issues with CDU and the NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor assured members that patients should not be affected and the Chief Executive confirmed that putting patients first was the priority and a key factor in why the unit had not yet moved to the new site.

The Chair took great assurance from the report and asked how such good news stories were shared.

The NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor advised members that there was an infection control newsletter, but noted it was more of an educational, rather than feedback, tool. H Tait confirmed that R Wood, Infection and Control Manager, was very good at providing feedback to staff, but it was agreed that the introduction of a more structured process should be considered.

Decision / Conclusion

The Committee noted the report

440 **Equality and Diversity Annual Report– CCGC1920-40**

The Equality and Diversity Manager presented the report which provided members with an update and assurance that NHS Orkney was currently fully compliant with all Equality and Diversity legislation.

Two positive updates regarding on island training and the introduction of a video British Sign language were highlighted

Decision / Conclusion

The Committee welcomed and noted the report.

441 **HSMR Update– CCGC 1920-41**

The Medical Director presented the report, explained the process to members and highlighted a recent Information Services Division change in the HSMR calculation methodology, which meant that data from August 2019 onwards would not be comparable with previously published reports.

The chair enquired whether the context of an ageing Orkney population would skew local figures, but the Medical Director advised members that despite the investigation of high peaks no avoidable causes had been identified.

Decision / Conclusion

The Committee noted the current position and the revised reporting methodology.

442 **ISD Publication of National Audit Report Scottish Stroke Improvement Programme – CCGC 1920-42**

The Medical Director presented an update for members of the actions taken to address the three areas, which had been raised by the audit, where NHS Orkney did not meet the national standards.

It was noted that to address the issues raised the NHS Orkney Stroke Pathway had been reviewed and updated with a clear focus on minimising the door to needle time for patients that qualified for thrombolysis.

Members were also advised that in light of the required clinical improvement and with universal clinical agreement the pathway had been implemented before completion of the advisory committee processes, but as a live document amendments could be made, as appropriate.

Decision / Conclusion

The Committee welcomed the report.

443 **Sharing Intelligence for Health and Care Groups Annual Report 2018-19 –CCGC 1920-43**

The Chief Executive presented the report of the multi agency group that reviewed information about care systems across Scotland with a focus on NHS Boards. He explained that all the findings from across different government bodies were analysed

so that any common messages could be identified. He advised members that it was a useful independent process which helped ensure that current thinking was on track and noted that there had been no surprises and the themes highlighted closely reflected current local discussions.

Decision / Conclusion

The Committee welcomed the report

Policy Ratification

444 **Person Centred Visiting Policy – CCGC 1920-44**

The Interim Clinical Nurse Manager presented the Person Centred Visiting Policy to members for approval.

She explained that work on a review had started before the move into the new facility, but a government directive on open visiting meant the work was escalated after the move and that although there had been a number of challenges prior to implementation she confirmed the policy had been implemented.

Members welcomed the policy, noted some positive feedback in the Orcadian and anticipated that further feedback from patients and relatives could be expected via the patient experience feedback systems.

The Chief Executive confirmed that the majority of visiting would continue to be within standard hours and highlighted the importance of systems, which ensured the safety of staff and members of the public outside core hours.

Decision / Conclusion

The Committee welcomed the report, approved the policy and agreed it should be highlighted to the board.

Medicines management

445 **Pharmacy Annual Report – CCGC 1920-45**

The Director of Pharmacy presented the annual Pharmacy Report and highlighted the antimicrobial prescribing elements as linked to the earlier positive Infection Control discussion. He also noted that the report narrative had been written with a focus on actions taken to address key challenges and quality.

Members were advised that whilst the new base and the development of pharmacotherapy services in primary care were positive and exciting, there were tensions as the small team strove to respond to the numerous drivers for change. A quality approach and providing assurance that the right areas of work were prioritised were highlighted as key areas of focus. The pharmacotherapeutic injury indicator (22) on page fifteen of the report was explained and described as just one example of an area which could be addressed with specialist focus.

The Chair warmly welcomed the very detailed and interesting report and asked if the main barriers to tackling the key challenges could be identified.

The Director of Pharmacy highlighted the recruitment and retention of appropriately qualified and experienced staff as a barrier. He emphasised that it was a capacity and not a resourcing issue and explained that pharmacists could only be attracted to roles which utilised their clinical skills as well as their abilities to sort system issues. Organisational culture was a factor too and the medically orientated model of Orkney's primary care services was noted, particularly the high GP to patient ratio which meant there was a perception that there was no requirement for the introduction of further clinical expertise in the smaller practices.

S Johnston ask if the Primary Care Improvement Plan would enable the multi disciplinary approach and whilst the Director of Pharmacy agreed it was a step in the right direction he noted the aspirational nature of the content and wondered how long it would take to achieve.

In response to questions the Director of Pharmacy also confirmed that the introduction of the Hospital Electronic Prescribing and Medicines Administration system would definitely be a major improvement for patient safety in the hospital.

M McEwen enquired whether NHS Orkney could train staff and develop the skills needed locally and the Director of Pharmacy confirmed that it could and was something they tried to do where ever possible. He advised that establishing links early, via the schools, so that interested candidates could be supported and encouraged to return to practice in Orkney had been the most successful. However, he also noted a recent experienced recruit from Australia, attracted by the new hospital, which highlighted an integrated approach as the way forward.

Members asked how the challenges presented by the organisational cultural issues could be addressed and wondered whether the new GP contract would be useful in countering some of the barriers mentioned.

The Director of Pharmacy noted the GP contract as double edged in that GP interpretation of the contract was often that the pharmacist would be there to immediately reduce workload, but it was important to be open to pharmacists taking a role where changes to practice, to help address issues in a different way, were the focus. This was illustrated with of an example where a pharmacist had succeeded in demonstrating how changes could lead to improvements and how really resistant initial perceptions had been completely reversed.

Decision / Conclusion

The Committee welcomed the report and took assurance on medicine governance.

Person Centered Care

446 **Complaints Performance Report June 19 CCGC 1920-46**

The Patient Experience Officer presented the report for quarter one of the 2019/20 financial year which updated members on the recent performance relating to complaints and feedback.

Performance figures for stage 2 complaints were highlighted and discussed and a number of contributing factors such as complaint complexity, multiple complaints from one source and final response review and sign off challenges were noted. It was agreed that whilst the figures stood out it had been agreed that a focus on quality of

investigation and response took priority over rigid adherence to timescales.

It was noted that an unacceptable behavior policy was pending and should help address some of the challenges of repeated complaints.

The chair took assurance from staff uptake of the training modules.

Decision / Conclusion

The Committee reviewed the Annual Report and assurance was taken.

Population Health

447 **Winter Plan– CCGC1920-47**

The chair highlighted the Winter Plan to members and The Chief Executive noted that Scottish Government required all boards to demonstrate how winter performance would be maintained.

Members noted that the report included with papers was still in draft form and that feedback from Scottish Government remained pending.

It was noted that Brexit planning was included within the plan and it was agreed that a challenge regarding the accuracy of fuel poverty figures on page 21 of the plan would be investigated.

Decision / Conclusion

The Committee noted the Winter Plan and recommended for board approval, subject to any amendments required in response to Scottish Government feedback and the clarification of the fuel poverty.

Social Work and Social Care

448 **Chief Social Work Officer's Annual Report – CCGC 1920-48**

The Chief Social Work Officer presented the annual report providing information relating to social work matters for the period 1 April 2018 to the 31st March 2019.

The chair welcomed the report which provided a clear summary and highlighted the key issues

Members discussed and noted duplication of reporting with the overlap in roles of the Integrated Joint Board, Orkney Health and Care and NHS Orkney, but agreed that it was appropriate for this report to be submitted to the Clinical and Care Governance Committee.

D Drever noted a factual error on page 9 of the report where he was referred to as Councilor D Drever.

Decision / Conclusion

The Committee noted the report and took assurance on performance

449 **Orkney Community Justice Partnership Annual Report– CCGC 1920-49**

The Chief Social Work Officer presented the annual report to provide members with assurance in relation to criminal justice matters and highlighted sex offender and domestic abuse programs as two future developments.

Members were also advised that J Humphreys had retired but Sharon- Ann Paget would be joining the team.

The chair highlighted the number of wide ranging challenges within the report, and asked if there was a longer term plan for all those listed. It was confirmed that there was ongoing dialogue about Orkney patients in Grampian and that work to explore different ways of working continued to be taken forward.

Decision / Conclusion

The Committee noted the report

Chair's reports from Governance Committees

450 **Area Clinical Forum (ACF) Cross Committee Assurance Report**

S Johnston presented the ACF report and highlighted two key issues from recent meetings. The first related to concerns raised by clinicians regarding missing or inaccessible records on cCube and the second was concerns raised through NAMAC regarding the dissemination of patient safely alerts to frontline clinical staff.

S Johnston advised members that subsequent meetings with the medical records team had been held and most issues regarding cCube had been resolved. It had been agreed that some outstanding training needs had been identified, but there was real willingness to engage with and support clinicians. A few concerns relating to Allied Health Professions (AHP) notes remained and were more difficult to resolve, but work arounds were in place should notes be needed urgently and members were assured that quality checks were in place.

Members were advised that there were a number of ongoing conversations about the processes regarding the dissemination of patient safety alerts and it was agreed that the Director of Nursing, Midwifery & AHP would investigate for nursing staff and the Quality and Safety Group should explore whether there were similar concerns from other staff groups.

Risk

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

No risks were escalated to the Audit Committee

452 **Emerging Issues**

No emerging issues were noted

453 **Any other competent business**

The Head of Children and Families, Criminal Justice and Chief Social Worker highlighted

an ongoing Children Services Inspection and advised members to anticipate a challenging inspection report.

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

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

- Major Incident/Major Emergency Plan
- Person Centred Visiting Policy
- Winter plan
- Primary Care Improvement Plan

Items for Information and noting only

455 Members noted the Chief Executive Letter from Health Improvement Scotland regarding a change of approach for hospital inspections reporting.

456 **Schedule of Meetings**

The Committee noted the schedule of meetings for 2019/20

457 **Record of Attendance**

The Committee noted the record of attendance.

458 **Committee Evaluation**

The chair thanked members for a positive meeting

Not Protectively Marked

NHS Orkney Board – 27 February 2020 **This report is for noting** **Area Clinical Forum Chair's Report**	
Author	Steven Johnston, Chair Area Clinical Forum
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 4 February 2020 and it was agreed that these should be reported to the NHS Orkney Board: • Discussions around costs to attend dental appointments for children on the isles • Clinical Strategy and the positive engagement around this • Presentation around Trauma Informed Practice
Timing	The Area Clinical Forum 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; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.
Benefit to Patients	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board

Area Clinical Forum Chair's Report

Steven Johnston, Area Clinical Forum Chair

Section 1   Purpose

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

Section 2   Recommendations

The Board is asked to:

1. Review the report and note the issues raised

Section 3   Background

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 4 February 2020 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4   Issues Raised

Discussions around costs to attend dental appointments for children on the isles

Concern had been raised at the Area Dental Committee that some families in the isles were not bringing children to dental appointments due to the cost of travel. It was noted that the dental travel scheme had ceased in 2015 and that other financial support avenues should be considered by families that were affected.

Members suggested the following that could help address this:

- Clinicians would be flexible in accommodating appointments to suit other commitments in Kirkwall.
- The Childsmile programme was very active in the Isles.
- Community Councils and Development Trusts could be approached for help towards travel costs

- Staff could signpost families to other charities and services to ensure that they were aware of help available and accessing this where appropriate.

Clinical Strategy

Members noted the positive engagement from clinicians and the Professional Advisory Committees around the Clinical Strategy work. It was noted that there would be a requirement for public consultation once the final draft was available and the Area Clinical Forum would welcome further sight of the document at this stage.

Trauma Informed Practice

Simon Tarry, Transforming Psychological Trauma Implementation Coordinator, attended the meeting to give members an overview of the Scottish Psychological Trauma Training Plan and the work taking place locally to raise awareness of this.

The link below is to a short video developed by NHS Education for Scotland, in partnership with the Scottish Government. It is designed to be relevant to all workers within the Scottish workforce. It aims to support workers to know how to adapt the way they work to make a positive difference to people affected by trauma and adversity.

https://vimeo.com/274703693

Appendices

- Approved minute from the Area Clinical Forum meeting held on 6 December 2019

Orkney NHS Board

Minute of meeting of the **Area Clinical Forum of Orkney NHS Board** held in the **Brodgar Room, The Balfour** on **Friday 6 December 2019** at **12.15pm.**

Present:	Steven Johnston, Chair (ADC)
	Nigel Pendrey, Secretary (ACF)
	Kate Smith, Chair, TRADAC
	Helen Clouston, NAMAC
	Sylvia Tomison, Chair – NAMAC (via VC)
In Attendance:	Caroline Evans, Non-Executive Board Member
	Mairi Keenan, Corporate Services (Minute Taker)
	Marthinus Roos, Medical Director
	Simon Tarry (via telephone)

1   **Apologies**

Apologies were received from D McArthur, T Gandiya, L Wilson, L Kolthammer, A Brown, D Moody, C Bichan, M Flett, L Steel and C Woolham.

2   **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

3   **Minute of meeting held 1 October 2019**

The minute from the meeting held on the 1 October 2019 was accepted as an accurate record of the meeting, subject to the amendment noted below and was approved on the motion of N Pendrey and seconded by S Johnston.

- Pg 3; item 8; line 3 – Citizen's Jury to end of item –font size 12pt instead of 11pt.

4   **Matters Arising**

Item 7, AMC, Single Point of Clinical Contact for Patient Information

S Johnston contacted GP Sub Chair, K Cole, who liaised with GP colleagues. It was reported that it was often difficult for GPs to be the key person for patients with complex needs as GPs don't always have the necessary up-to-date information in a timely way as it takes time for the clinic letters to be typed and sent to the Practice.

Item 7, NAMAC, Communication of New Guidelines

S Johnston reported that he had taken this issue to the Clinical and Care Governance Committee. The Director of Nursing, Midwifery and Allied Health Professionals would examine these processes in relation to patient safety alerts and concerns regarding relevant information reaching clinicians. He would give an update to the Clinical and Care Governance Committee at the 15th January 2020 meeting. Members were advised that responsibility rested with Heads of Department to adequately disseminate information, and the filter system was necessary in order to avoid clinicians receiving irrelevant emails which might then be ignored.

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

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

6   **Chairman's report from the:**

Board

Members were informed about the Scottish Government Programme for 2020/21 and the Winter Plan for 2020. Plans for Clinical Engagement and information regarding the Wellness Programme were highlighted on behalf of the Area Clinical Forum.

The Board Development Session topics had included Clinical Strategy and discussion around this.

ACF Chairs' Group

Members were advised of health inequalities findings and the stalling of life expectancy rates in Scotland. The Chair advised that there would be an update circulated via email when further information was received.

The Medical Director reported that the people most adversely affected by health inequalities were from the lowest socioeconmomic group. The Chair confirmed that depravation had a huge negative impact on health and research showed that a large group of people in their 30's and 40's were dying through substance misuse. A link between austerity and poorer health was also recognised.

Area Clinical Forum's Chair's Group also received an update on Realistic Medicine and this document would also be circulated via email.

8   **Advisory Committee Reports**

Due to the nature of the meeting and development session schedules for Advisory Groups, there was sometimes a delay in receiving approved Minutes from some meetings, and potential solutions to this were discussed. The Chair agreed to discuss this with the Corporate Services Manager with a view to reverting back to sharing draft minutes, providing they had been reviewed by the Chair of that advisory committee.

ADC

It was reported that the committee had met on 13 July and 1 October 2019, but that there were no approved Minutes from the latter meeting. There was the proposed change to the national dental contract with a more preventative focus but it was hoped this would be amended with appropriate remuneration to ensure NHS dental services would continue.

Local dental services would be redesigned to ensure best use of facilities at The Balfour.

The Minute of 30 July 2019 was noted.

AMC

The Chair advised that there had been no further meetings since 3 July 2019.

APC

The Chair advised that there had been no further meetings since January 2019.

GP Sub Committee

The Minutes of 15 August 2019 and 16 October were noted.

Concerns were raised regarding the delay in advertising the Vaccine Programme Treatment vacancy as the number of suitably qualified candidates in Scotland was relatively small and delaying the recruitment could disadvantage NHS Orkney which already had difficulty recruiting to some positions.

Concerns were raised about Mental Health provision and the clinical impact for GPs and patients. It was reported that GPs needed support for managing patients with very complex medical needs. It was confirmed that GPs had completed Datix reports for clinical governance issues. It was suggested and agreed that Clinical and Care Governance be informed of these concerns.

Reports and Minutes were noted.

NAMAC

The Minutes of 28 August and 30 October 2019 were included.

The Committee raised concerns about using cCube as a live system as Health Visitors needed to be able to access their paper notes while working in the community. In contrast, Health Visitors in the hospital needed to use cCube as there were insufficient paper storage facilities to keep full paper records. It was highlighted that notes submitted for scanning may be needed again urgently the next day, and staff couldn't necessarily gain access to the notes or a scanned version in this timeframe, which could initiate a potentially an unsafe situation. It was reported that Stromness and Dounby practices had filing cabinets to ensure paper record access in such eventualities and only scanned patient reports once the patient had been discharged.

The Medical Director confirmed that, when seeing patients, notes and a safe, efficient system for accessing them were essential.

The NAMAC Chair would raise this with the Business Support Manager.

The Committee discussed Symptom of Control in the Last Days of Life: Adult Guidelines on 30th October 2019. A number of concerns were raised about the document, including its stage of completeness, being on the NHS Orkney blog and the old guideline having been removed from circulation. Members were also concerned that the document had not been before NAMAC, and that community nurses, who would be using the document, had not been consulted on the content during the document development. Feedback from members was that it did not provide adequate support for use in the community. The document hadn't been presented to NAMAC as originally planned due to lack of meeting quoracy, and it had not subsequently been returned to a later NAMAC meeting for consultation.

Discussion took place regarding the procedure for information sharing.

3

Reports and Minutes were noted.

TRADAC

The Minute of 26 August 2019 was noted.

A Development Session on Clinical Strategy was held on 25 November and led by the Director of Public Heath. This was well attended with active and positive discussion.

At the meeting on 31st October 2019, it was reported that, in relation to cCube and Electronic Record Storage, concerns were raised about record quality and location, reminding attendees that it was every professional's duty to keep adequate records, and that this was problematic if record storage was problematic. It was reiterated that, in Child Protection cases, very recent records may be needed to be available urgently at short notice.

The Area Clinical Forum Chair referred to an email he had received from S Smith, Head of Clinical & Contract Administration and that the quality of the scanned records was equal to the quality of the scanned records.

It was also highlighted that high-banded administrative posts within Corporate Services had been advertised and members were not clear where the administrative roles fitted into the organizational structure. They requested clarification. The Chair suggested that this would be more appropriately raised with the Area Partnership Forum and the Staff Governance Committee. K Smith, TRADAC Chair, would raise this concern with Fiona MacKellar, Employee Director.

The TRADAC Chair reported that questions over clinical space, rooms and the fabric of building were raised at the 31st October meeting. She wrote to M Colquhoun, Head of Estates, a couple of months ago regarding this but had not yet received a reply.

It was reported that the "A Day In The Life" event for 14 year old children was very positively received. There had been a range of different Allied Health Professionals involved for the children to talk to. Attendance was good and the event went very well.

Reports and Minutes were noted.

9   **Development Sessions**

November Development Session

Members discussed the Clinical Strategy.

An update from 1 November 2019 Development Session was noted.

Topic for Future Development Session

In March 2020 there would be annual development work on the structure of business and reporting. The Chair would circulate an email asking for further ideas.

10   **Clinical Engagement**

The Chair had emailed an updated copy of the Clinical Engagement document to members. He confirmed this would be put before the Board with clear recommendations. He reported

that he had received further feedback after the deadline and would highlight this too. The document would be presented to the Board on 19th December 2019.

K Smith confirmed that feedback from Allied Health Professionals was very positive.

The Medical Director highlighted that there were two forms of clinical engagement: engaging with management; and getting clinicians to communicate with each other.

Decision/Conclusion:

Members noted the update provided and the points raised.

11 Hospital Sub Committee

The Medical Director reported that this committee had met on 5th December 2019 and was well attended with good discussion. There had been no meeting administrative support for minuting. It was agreed at this meeting that this required be rectified going forward. It was confirmed that Jenny Fraser, Consultant Anesthetist, was voted the Committee Chair and Elspeth Fay, GP, the Vice-Chair.

This news was welcomed and it was agreed that the Sub Committee Minutes would be forwarded to the Area Clinical Forum in the current absence of an AMC.

M Roos left the meeting.

12 Haematuria Pathway

K Smith reported that the Pathway had been created to establish greater clarity. She confirmed that this was a radiology pathway and that it had been presented to advisory committees. Feedback from the GP Sub Committee was very positive and the document was considered useful. Positive feedback was also received from NAMAC and TRADAC.

It was confirmed that the Pathway was at its final signing point.

Decision/Conclusion:

Members noted the update.

13 Enabling Technology Board

The Chair reported that a number of people would need to be responsible for this, but initially, he was taking on that role. There were a large number of IT initiatives being taking forward and there had been significant expansion of the IT Team. It was confirmed that, in future, the Area Clinical Forum would receive the Enabling Technology Board meeting minutes.

Decision/Conclusion:

Members noted the update.

14 **Area Clinical Forum Meeting Timetable 2020/21**

The Chair advised that the schedule for 2020/21 had been amended from the current year. A Tuesday Meeting would be followed the next month by a Tuesday Development Session, followed by a Friday meeting and a Friday Development Session, with this pattern repeating for the year. The July meeting would take place a few days early, at the end of June, to avoid availability drop-off due to the school holiday period.

Decision/conclusion:

Members noted and agreed the meeting timetable.

13   **Governance**

The Chair advised that there were no governance agenda items for this meeting.

14   **For Information and Noting**

14.1   **Key legislation issued**

Members noted there was no key legislation issued since the last meeting.

14.2   **Correspondence**

No correspondence had been received.

14.3   **Area Partnership Forum minutes**

Members noted the minutes from the 17 September and 15 October 2019.

14.4   **Communication & Engagement Group**

Members noted there had been no recent meetings.

14.5   **Occupational Health and Safety Group**

Members noted there had been no recent meetings.

14.6   **Quality & Safety Group**

Members noted there had been no recent meetings. It was agreed to remove this as a standing item from the Agenda as this group had been concluded.

14.7   **Transformation Implementation Programme Board**

Members noted there had been no recent meetings. It was agreed to remove this as a standing item from the Agenda once this group had been concluded after the final meeting in December.

15   **Risk Register Report**

Nothing to report.

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

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

Clinical and Care Governance Committee
- C-cube
- CMHT complex cases dealt with by GP
- Concerns around the processes of developing and finalising pathways or protocols and ensuring this adhered to the procedure.

The Board
- C-Cube
- CMHT complex cases dealt with by GP

17   **Any other competent business**

No other business.

18   **Schedule of Meetings 2019/20**

Members noted the schedule of meetings for 2019/20.

19   **Record of Attendance**

Members noted the record of attendance.

20   **Committee Evaluation**

The meeting started late due to having to wait for attendees to ensure quoracy. There were also significant IT issues which caused disruption to the proceedings and stopped off-location attendees from participating fully. Otherwise, the meeting discussion was full and productive.

The meeting finished at 2.18pm

Not Protectively Marked

NHS Orkney Board – 27 February 2020 **Report Number: OHB1920-51** **This report is for discussion** **Financial Performance Management Report**	
Lead Director **Author**	Mark Doyle, Interim Director of Finance Keren Somerville, Head of Finance
Action Required	Members are asked to: • Note the reported overspend of £0.295m to 31 January 2020 • Note the commitment to deliver a forecast breakeven position on the Health Board budgets.
Key Points	The report provides analysis of the financial position for the period up to 31 January 2020. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £0.295m.
Timing	February 2020
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 Board – 27 February 2020

Financial Performance Management Report

Purpose of paper

The purpose of this report is to inform the Scottish Government of the financial position for the period 1 April 2019 to 31 January 2020.

Background

The revenue position for the 10 months to 31 January reflects an overspend of £0.295m, which is a favourable movement of £0.064m on the overspend position reported to the end of December of £0.359m.

This comprises of overspends of £0.280m attributable to the Health Board and £0.015m to the services commissioned by the Integration Joint Board.

At the end of January, the Board continues to forecast breakeven position. However, to the end of month 10 the reduction in spend has not kept pace with expectations. ***Therefore, it is necessary to highlight that breakeven will only be possible if there is significant acceleration in spend reduction. If this fails to materialise, the Board is likely to be overspent in the region of £200k-£400k.*** We continue to review spend patterns and commitments and will take the necessary action eliminate non essential spend.

The following areas are under close scrutiny:

- New Balfour Hospital costs
- Old Balfour Hospital costs
- Various SLAs
- Other non committed spend
- Staffing/ Agency spend
- Garden House costs

Following discussions with Scottish Government the following revisions have been agreed to the capital budget for 2019/20:

- £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
- £1.400m Capital to Revenue Transfer (previously agreed)
- £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 £2.15m to meet the ongoing increase in medical consultants' costs. It's anticipated the allocations will be concluded in the February update from the Scottish Government.

There have been a number of notable movements in the month, these include:

- Pharmacy Hospital Drug spend - £61k adverse

- Pharmacy – PCIP funding allocation - £60k favourable
- Pharmacy Community Drugs spend - £12k adverse
- External Commissioning - £63k favourable
- Rates Reduction - £9k favourable

It was previously anticipated that further reductions would be driven across a number of areas which have not been realised. The main areas contributing to the revised year end position include:

- Inpatients 1 & 2
- Radiology
- Pharmacy
- Mental Health
- Patient Travel
- IT Services/ Human Resources
- Unachieved Savings

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 £0.979m and £6.927m of NPD funding for the new hospital. The capital position for the 10 months to January shows net investment of £2.718m. Plans are in place to deliver against these allocations.

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 in addition to the previously agreed £1.400m Capital to Revenue Transfer, 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 Committee and the Board.

Hospital Allocation	£6.927m
General allocation	£0.979m
Less hand back	(£4.700m)
Available to spend	£3.206m

Spend to date	£2.718m
Balance	**£0.488m**

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, £63k of anticipated core revenue resource limit allocations remains outstanding, as detailed in Appendix 1.

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 these allocations have now been received, with the exception of the Capital DEL Demolition costs of £700k.

Changes in the month are listed below:-

Description	Earmarked Recurring £	Non Recurring £	Total £
Infrastructure Support		3,550,000	3,550,000
ScotSTAR 2019/20		(24,700)	(24,700)
Scottish Trauma Network		7,042	7,042
	0	**3,532,342**	**3,532,342**

Summary Position

At the end of January, NHS Orkney reports an in-year overspend of £0.295m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £0.280m is attributable to Health Board budgets, with an overspend of £0.015m attributable to the health budgets delegated to the Integrated Joint Board.

Previous Month Variance M09		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	**Core RRL**	£000	£000	£000	£000	%	£000
(380)	Hospital Services	13,339	11,187	11,674	(486)	(4.35)	(566)
(88)	Pharmacy & Drug costs	2,358	1,959	2,059	(100)	(5.11)	(109)
(57)	Orkney Health and Care – IJB	24,752	20,347	20,362	(15)	(0.07)	0
(303)	External Commissioning	10,955	9,068	9,353	(285)	(3.14)	(251)
21	Estates and Facilities	5,569	4,524	4,490	34	0.76	79
98	Support Services	6,473	5,006	4,947	59	1.18	251
350	Reserves	596	498	0	498	100.00	596
0	Savings Targets	(274)	0	0	0	n/a	0
(359)	**Total Core RRL**	**63,767**	**52,590**	**52,885**	**(295)**	**(0.56)**	**(0)**
	Non Cash Limited						
0	Ophthalmic Services NCL	293	250	250	0	0.00	0
(0)	Dental and Pharmacy NCL – IJB	1,376	1,253	1,253	0	0.00	0
	Non-Core						
(0)	Annually Managed Expenditure	13,019	899	899	(0)	(0.03)	0
0	Depreciation	2,418	1,319	1,319	(0)	(0.00)	0
(0)	**Total Non-Core**	**15,437**	**2,218**	**2,218**	**(0)**	**(0.01)**	**0**
(359)	**Total for Board**	**80,873**	**56,310**	**56,605**	**(295)**	**(0.52)**	**(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

- Ward and Theatres, £381k 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 to cover staffing shortages. Overall wards and theatre areas forecasting a combined overspend position.

- Radiology, £118k overspend

Radiology is overspending 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.

- Laboratories, £96k overspend

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £100k.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £15k with a forecast outturn of breakeven explained by the following:-

    o The service management overspend is partially 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.
    o Children's Therapy Services and Women's Health are both now overspending, with the most significant overspend of £39k being recorded within speech and language therapy through the use of agency staff.
    o 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.
    o The Health and community care forecast underspend is now significantly reduced through the introduction of the locum psychiatrist from November onwards, with a significant overspend forecast by the end of the year of £118k.
    o Pharmacy services overspend is within prescribing unified and invoices are 2 months in arrears. 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 M09	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(150)	Integration Joint Board	4,474	3,468	3,683	(216)	(132)
(29)	Children's Services & Women's Health	2,117	1,750	1,778	(28)	(19)
157	Primary Care, Dental & Specialist Nurses	10,052	8,362	8,180	182	209
46	Health & Community Care	3,918	3,298	3,191	107	(21)
(81)	Pharmacy Services	4,192	3,469	3,529	(61)	(36)
(57)	**Total IJB**	24,752	20,347	20,362	(15)	0

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.6m. The underspend to date is £36k with estimated outturn of £47k. 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 an underspend of £34k to date.

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 underspend to month 10. The Directorate is reporting an underspend of £60k to date.

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	221
Specialist drugs	315
Other	59
Total	595

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 £498k have been utilised to obtain the current 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.
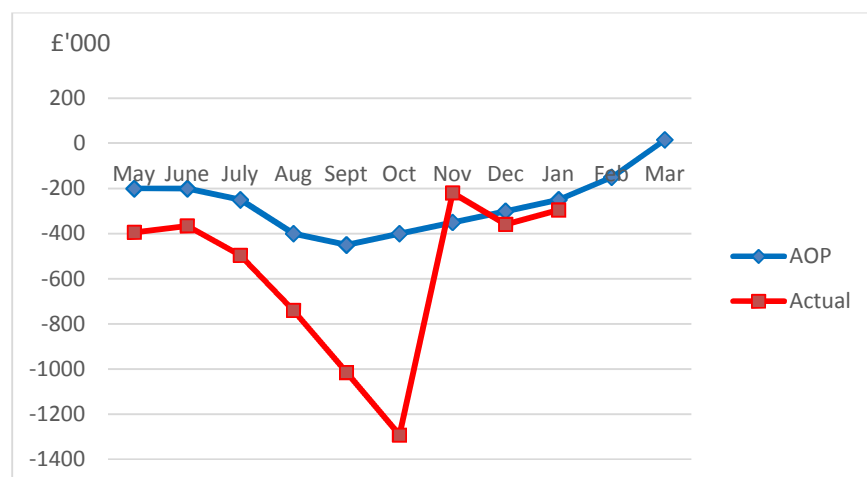
Financial Plan Reserves & Allocations

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 £0.595m has been identified for the year (£498k has been phased in to the month 10 position).

Cost Reductions

The Financial Plan presented to the Board in March 2019 highlighted the requirement for £0.750m cash efficiency savings to support financial balance in 2019/20.

As last month, 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. At this stage it is anticipated, that the Board will deliver £580k of the £750k target, which contributes to the revised year end outturn.

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. Meetings of the group have been put on hold, pending the senior management review and the significant strategic planning associated with revisions to the 3-year financial plan. A paper will be taken to the next Board meeting by the Medical Director and the Director of Nursing In February 2020 outlining saving plans.

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 hinged 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 outlined above, the Board continues to forecast breakeven position. However, this is unlikely if spend continues at the same pace as that up to the end of month 10, should this occur the Board is likely to be overspent in the region of £200k-£400k.

Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position.

If the Board is to achieve breakeven it will require a significant reduction in current spending patterns.

Recommendation

note the reported overspend of £0.295m to 31 January 2020

note the update narrative to the year end assumptions and outturn

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 31/01/20 £	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 Tranch)	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)	
Tarriff 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	
New Medicines Fund	213,034	382,858	169,824	
Capital to revenue transfer	3,400,000	3,550,000	150,000	
Allocations awaited				
Carers information strategy	24,640			24,640
Primary Care Improvement Fund	38,696			38,696
Locum support	2,144,000			2,144,000
	62,192,996	60,394,185	408,525	2,207,336

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
Microsoft National Licensing		(11,153)
Additional Funding for Elective Activity		50,000
ScotSTAR 2019/20	(24,700)	
Scottish Trauma Network		7,042
	2,067,451	**1,308,718**

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations	Included in LDP £	Received in RRL to 31/12/19 £	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 2019-2020	Target			Achieved			% ACHIEVED
	Rec	NR	TOTAL	Rec	NR	TOTAL	
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 -27 February 2020 **Report Number: OHB1920-52** **This report is for information.** **Performance Report**	
SMT Lead **Author**	Christina Bichan, Chief Quality Officer Louise Anderson, Waiting Times Co-ordinator
Action Required	The Board of NHS Orkney is invited to: 1. <u>note</u> the report
Key Points	- Performance in ED continues to be good and in line with the 95% standard. - Access to mental health services is improving as a result of increased psychiatric and CAMHS capacity. - TTG performance has decreased as a result of reduced ophthalmic surgeon capacity. Locum/private cover is currently being sought as a means to improve access however this is unlikely to be secured ahead of the end of the financial year. - Performance in Trauma and Orthopaedics has improved overall with patients being offered outpatient appointments within the 12 week target. However, access to treatment for total hip and knee replacements continues to be impacted by delays in Golden Jubilee National Hospital. - Locum capacity has been agreed for a 8 week period to improve access and reduce long waits in Physiotherapy. - Board level summary management information is now being emailed to Board members to increase oversight of performance on a more frequent basis.
Timing	For consideration at the February 2020 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	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective

Social Care	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.

NHS Orkney Board

Performance Report

Author   Louise Anderson, Waiting Times Co-ordinator

Section 1 - Purpose

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

Section 2 - Recommendations

The Board of NHS Orkney is invited to:

- note the report

Section 3 - Discussion

Local Delivery Plan (LDP) Standards are priorities that are set and agreed between the Scottish Government and NHS Boards. The current standards are set out below with an update against each Standard.

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 is now well embedded to support Board members in being better informed in relation to operational performance.

1. **Emergency Department Performance**

Standard - 95% 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%.

Update – As at the end of December 2019, the number of patients waiting less than 4 hours from arrival to admission, discharge or transfer for A&E treatment currently averages at 97.5%. This continues to be exceptionally high.

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 this quarter (94.6%). 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 hours), 2019/20 to date (Source: NHS performs)
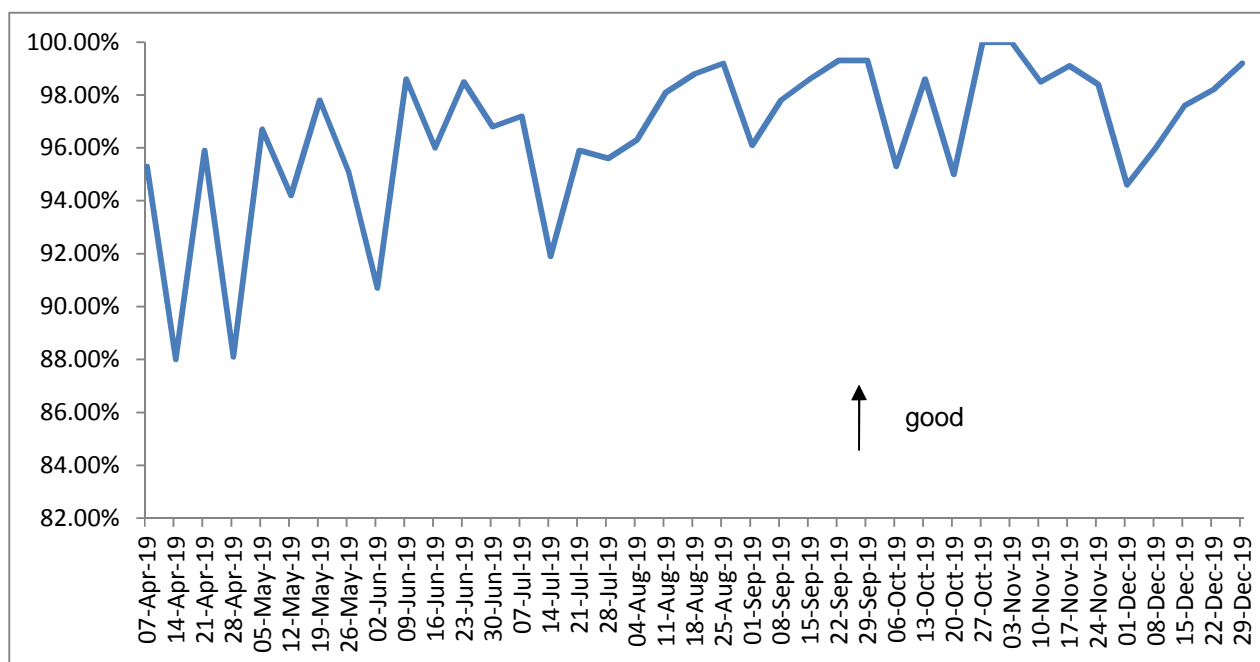
Even when attendances at ED have risen throughout 2019/20, this has not impacted on the number of breaches seen; ensuring the Hospital meets the 95% 4 hour target. ED attendances for the 2019/20 financial year are provided in Figure 2. The Unscheduled Care Delivery Group continue to meet regularly to deliver the established programme of improvement activities identified in this area, aligned to the national programme, 6 Essential Actions for Unscheduled Care and key milestones in this area our outlined in the Boards draft Annual Operational Plan.

*Figure 2: ED Attendances, 2019/20 to date (Source: NHS Performs)*
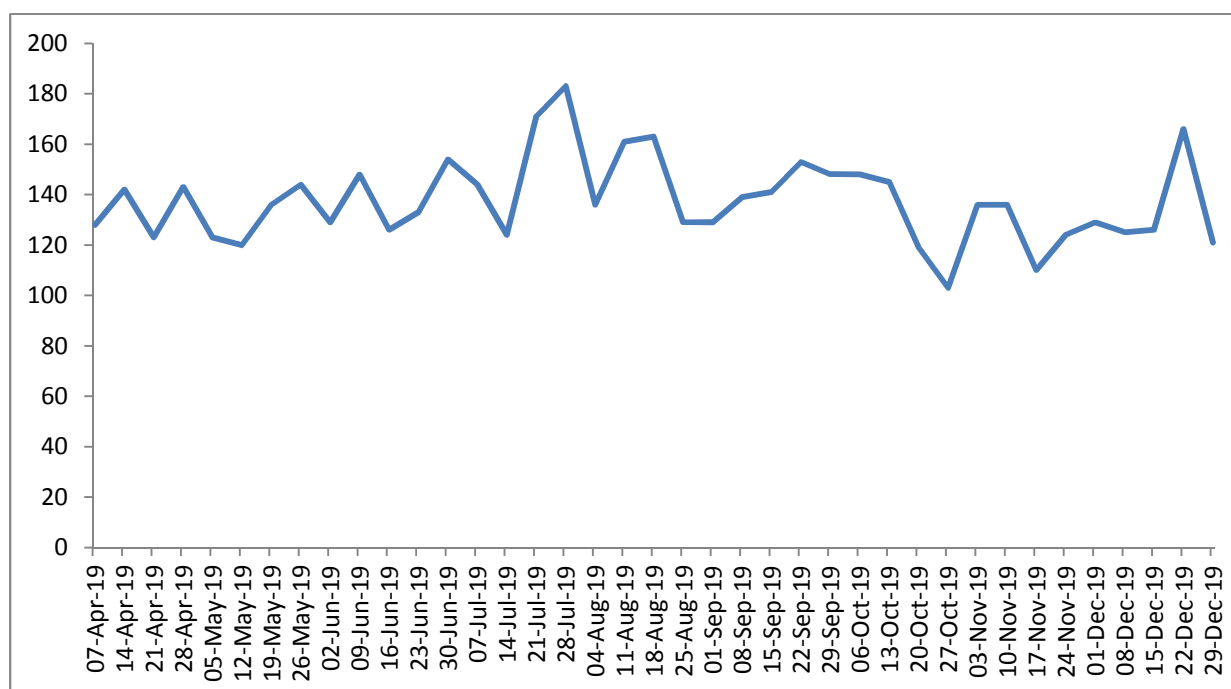
2. Outpatients

Standard - *95% 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%*

Update – As at September 2019, 69.6% of patients are seen within 12 weeks for a new outpatient appointment as shown in Figure 3 below.

Figure 3: Performance against New Outpatient Standard – NHS Orkney

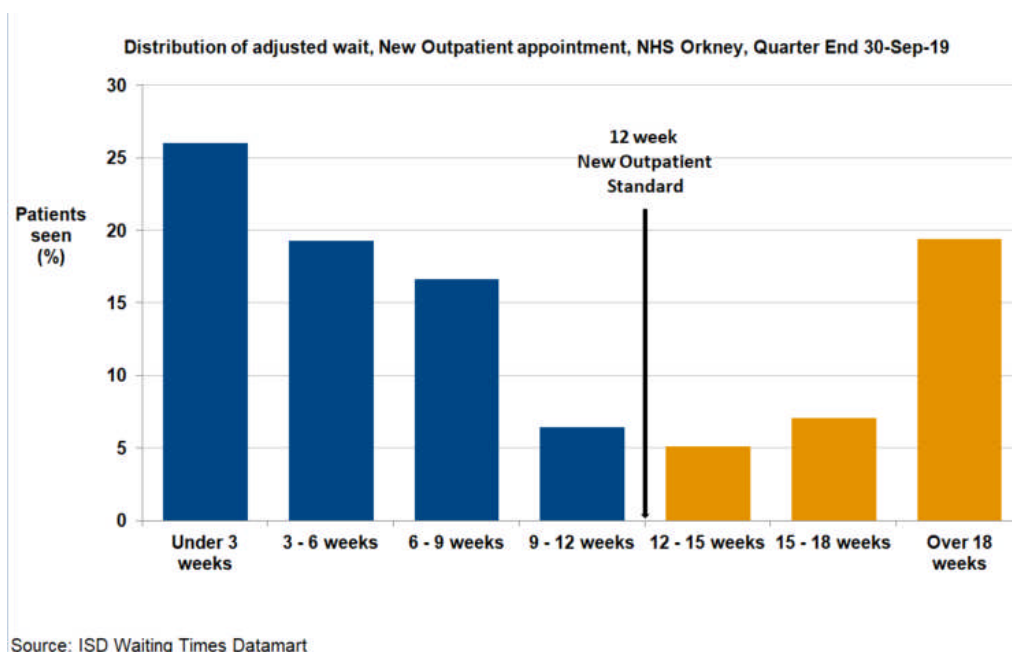Performance against New Outpatient Standard (12 weeks)
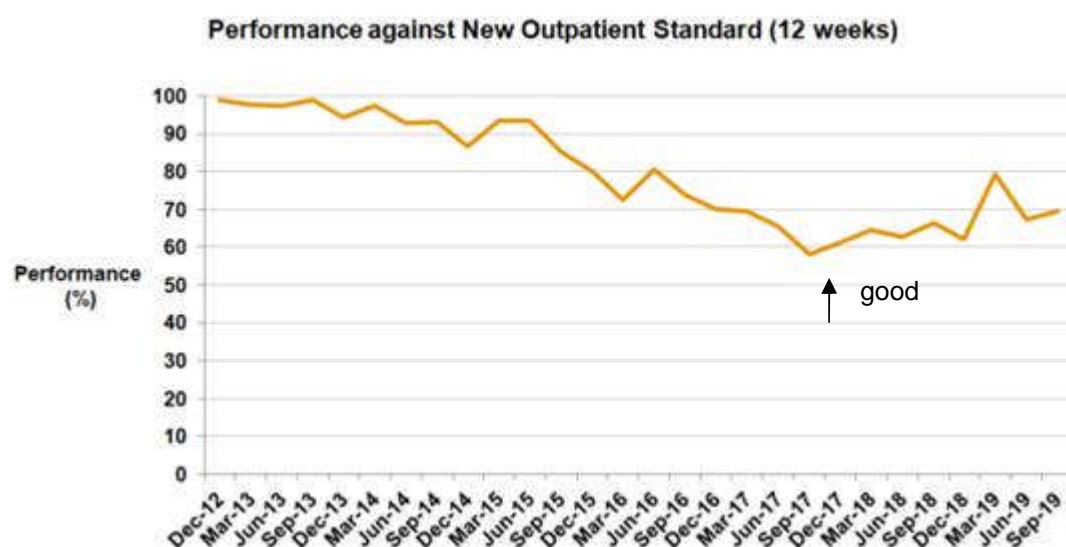
Performance has decreased over the quarter due largely to a vacancy within the visiting ophthalmology service where the majority of long waits are being experienced. A new nurse-led Glaucoma monitoring service commenced in January ensuring that patients with a suspected glaucoma diagnosis have better access to both new and review appointments. This is an important element in the redesign of the Ophthalmology service which will reduce the pressure on the consultant element of the service and improve access.

The number of patients on the Orthopaedics outpatient waiting list is at its lowest this financial year. This is as a result of timely access being facilitated by the additional part time consultant post appointed to this speciality locally.

Access to the Dermatology service follows a wave pattern reflective of the pattern of visiting service provision, with breaches building ahead of each visit. The next consultant visit (in February) will significantly reduce the number of people waiting in this specialty. Similar to Dermatology, the pattern of patients waiting in Rheumatology and ENT are both also reflective of the visiting pattern of service provision.

The overall distribution of patient waits for a new outpatient appointment in the most recent published data is provided in Figure 4. As can be seen the majority of patients are seen within the 12 week standard.

Distribution of adjusted wait, New Outpatient appointment, NHS Orkney, Quarter End 30-Sep-19

Source: ISD Waiting Times Datamart

## 3. Treatment Time Guarantee (TTG)

Standard - *100% 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).*

Update - Current figures indicate that 73.7% of patients wait less than 12 weeks from referral to treatment. 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.

Access to a visiting Ophthalmic Surgeon has been negatively impacted by the resignation of the lead consultant from NHS Highland who covered the Orkney service. In line with the Board's Waiting Times Improvement Plan a Global Citizen Consultant in Ophthalmology post is being recruited to in partnership with NHS Highland and NHS Western Isles. This will ensure there is sufficient monthly visiting capacity once in post however the longer than normal waits being seen at the moment will continue in the short term. Additional private sector capacity is currently being costed with a view to having a week of additional on island operating capacity to address the current backlog. This would support the Board in achieving its year end TTG trajectory however with high demand being placed on providers at present it is looking likely that this will not be able to be facilitated until April 2020.

Current performance in comparison to previous financial years is shown in Figure 5.

Figure 5: Current performance (comparison to other financial years)
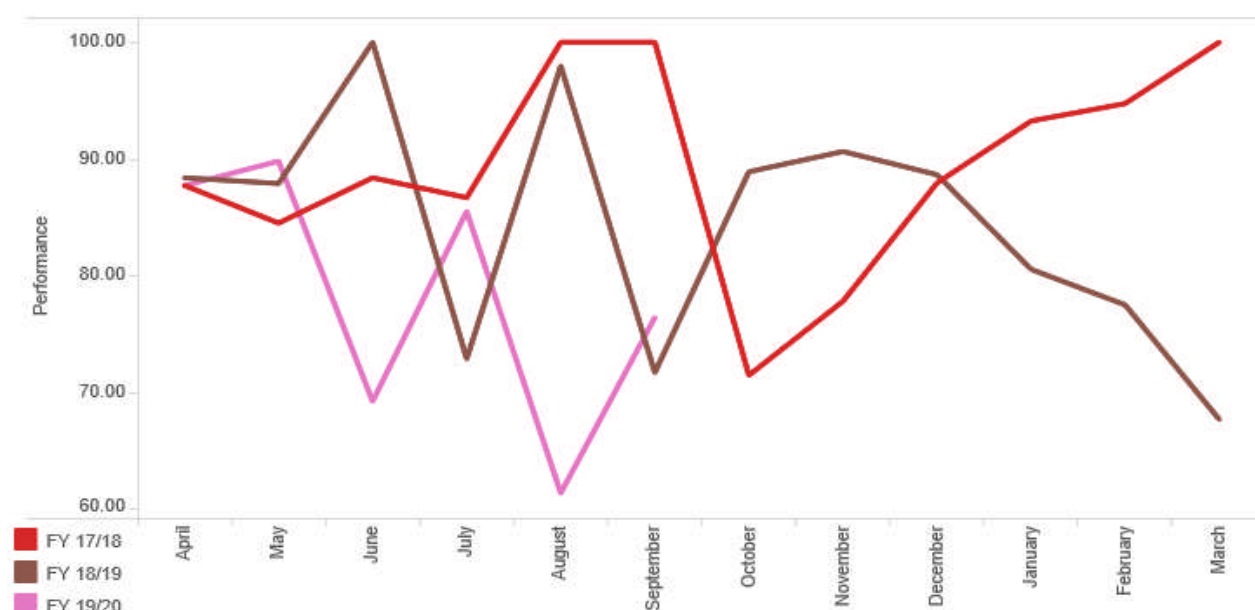
Increases in over 12 week waits for a IP/DC procedure in Trauma and Orthopaedics are as a result of long waits being experienced in Golden Jubilee National Hospital. Other procedures (including those within Ophthalmology), which are deliverable in Orkney are due to the availability of a specific visiting consultants with dates for surgery being offered as soon as possible.

4. 18 Week Referrals

Standard *- 90% of planned/elective patients to commence treatment within 18 weeks of referral*

Update - In September 2019, 92.2% of patients were reported as commencing treatment within 18 weeks. These figures are amongst the highest in Scotland, with the average for Scotland at 76.9%.

5. 48 hour Access GP

Standard *- GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90% of patients.*

Update - Information provided from the Health & Care Experience Survey in 2017/18 showed that 96% of people were able to book a GP appointment more than 48 hours in advance. 99% were also provided with access to an appropriate healthcare professional more than 48 hours in advance.

6. Antenatal

Standard - *At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation*

Update - During 2018/19, 94.1% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12th week of gestation. This is the highest across all of the Scottish health boards and well above the target of 80%.

7. Alcohol Brief Interventions (ABIs)

Standard - *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*

Update - During 2018/19, NHS Orkney delivered 220.5% of ABIs (against LDP Standard). Figure 6 shows NHS Orkney as the 2nd highest Scottish health board to deliver such a target during 2018/19

Figure 6: ABIs delivered against LDP standard, by NHS Board & Scotland; financial year 2018/19
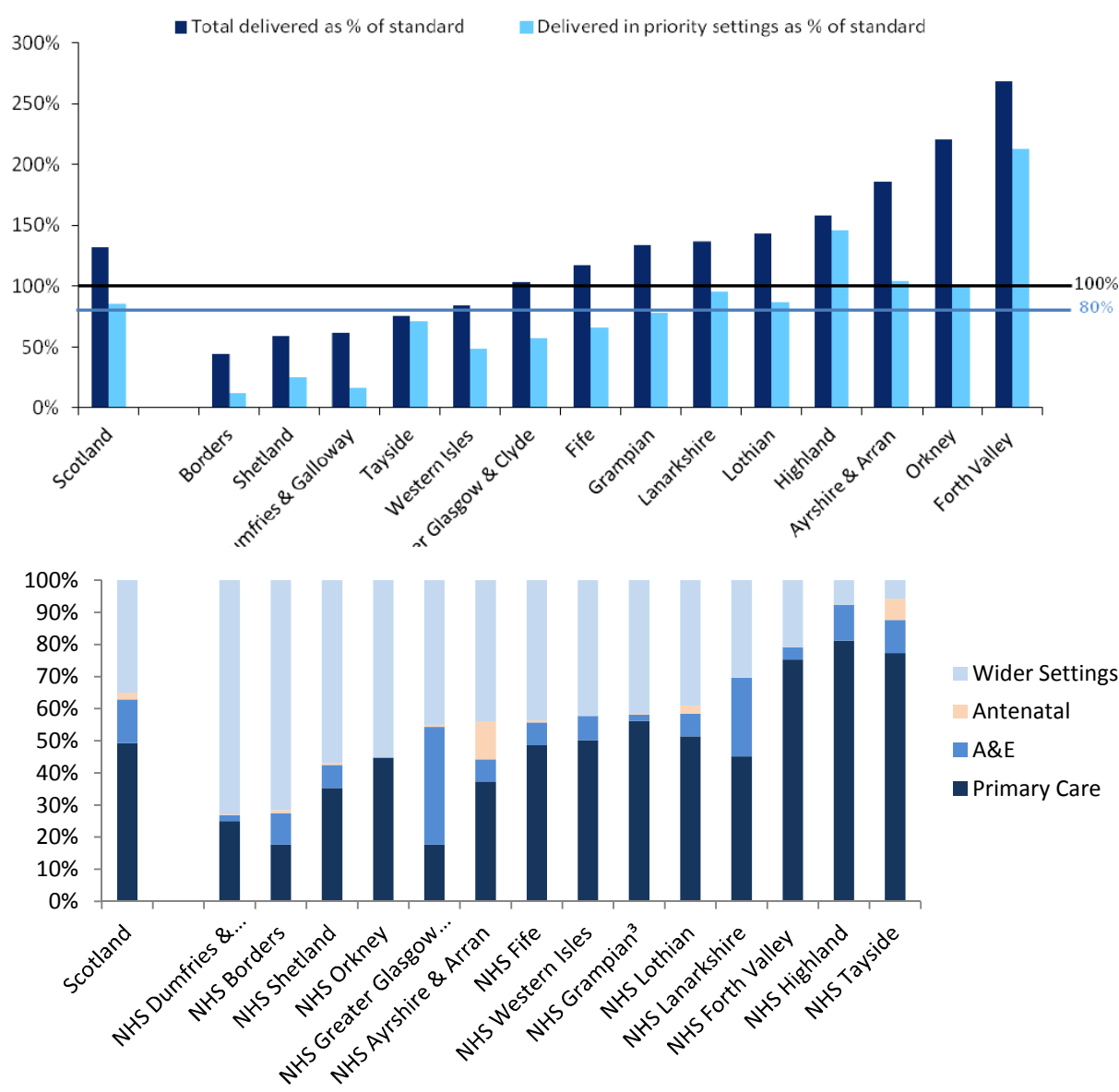
28 interventions were delivered in a Criminal Justice setting (all of these were by the Police Service).

8. Cancer

Standard *- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*

Update - Recently released data shows 100% of patients started treatment within the 31-day standard. 83.3% of patients started treatment within the 62-day standard. Only 1 of the reported cancer types did not meet the 62-day standard (Colorectal). This represented 1 out of 6 patients on a colorectal pathway waiting 71 days for treatment.

Figure 7 compares NHS Orkney to other Health Boards on the 31-day standard.

Figure 7: Performance against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and regional Cancer Network for all cancer types recorded
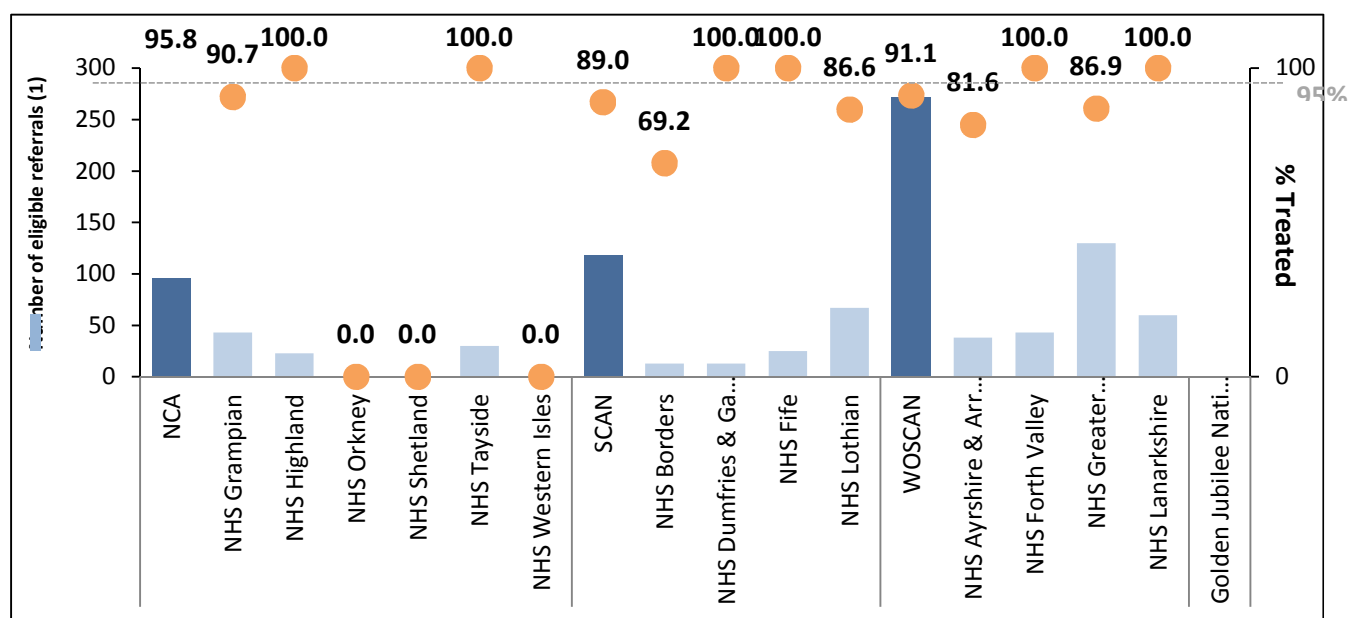
9. Dementia

Standard - People newly diagnosed with dementia will have a minimum of one years post-diagnostic support

Update - 9 people were referred for dementia post-diagnostic support in 2016/17 in Orkney. This equates to 10.7% of people estimated to be newly diagnosed with dementia within that year. Of those referred to dementia post-diagnostic support in 2016/17, 77.8% received one year's support as proposed in the LDP standard.

Figure 8: Percentage of referrals achieving the LDP standard of 12 months dementia post-diagnostic support; 2014/15 to 2016/17

10. Detect Cancer early

Standard - *Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%*

Update - Data provided in December 2018 showed that 28.6% of patients were diagnosed and treated in the first stage of breast, colorectal and lung cancer

11. Drug and Alcohol Referral

Standard - *90% of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery*

Update - Between July - September 2019, 100% of people who started their first drug or alcohol treatment waited three weeks or less Figure 9 shows the comparison of NHS Orkney to other Scottish Health Boards.

Figure 9: People referred for Drug and Alcohol treatment in Scotland; % waited less than 3 weeks, all NHS Boards, July – September 2019
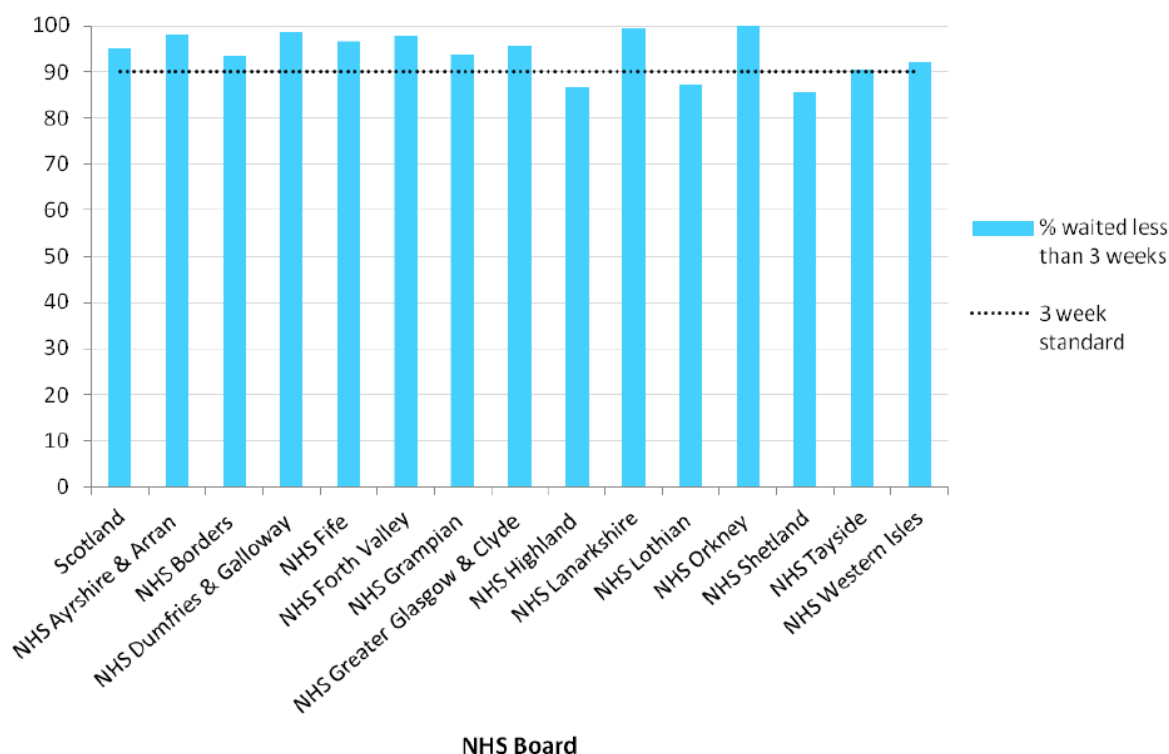
12. Mental Health

Standard - *90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral*

Standard - *90% of patients to commence Psychological therapy based treatment within 18 weeks of referral*

Update – In the quarter ending September 2019, 64.5% of children and young people commenced treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral. During the same quarter 79.4% of patients commenced Psychological Therapy based treatment within 18 weeks.

Access to mental health services remains challenging however it is an improving picture with as a result of the recruitment of a locum Psychiatrist on a full time basis for a 6 month period and additional capacity within the CAMHS service.

13. IVF Treatment

Standard - *90% of Eligible patients to commence IVF treatment within 12 months of referral*

Update - 100% of eligible patients who were referred, commenced IVF treatment within 12 months of referral.

14. Smoking Cessation

Standard - *NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)*

Update – With a target of 19 successful 12 weeks post quit smoking deliveries, during 2018/19 there were 20 quits recorded in Orkney.

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).

15. Cancelled Operations

In Orkney, performance in regards to operations cancelled remains good (5%) (and better than the Scottish average position for December (10.1%).

The total number of planned operations across NHS Orkney during December 2019 was 299, an increase from 211 during December 2018. 16 operations were cancelled in December 2019. This compares to 11 in December 2018.

2 were cancelled by the hospital based on clinical reasons; 3 were cancelled by hospital due to capacity or non-clinical reasons and 11 were cancelled by the patient.

16. Diagnostics

84.6% of patients waiting (ongoing waits) for a key diagnostic test at 30th September 2019 had been waiting less than six weeks. This compares with 56.5% at 30th June 2019 and 74.3% at 30th September 2018.

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.

17. Access to MSK Services

In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2 below.

Table 1: Waiting times for patients waiting in Orkney to receive a first clinical outpatient AHP MSK appointment

	Total number of patients waiting	Number of patients waiting within 0-4 weeks	Median (Weeks)	90th Percentile (Weeks)
As at September 2018	604	102 (16.9%)	18	35
As at September 2019	503	102 (20.3%)	14	40

Table 2: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: ISD)

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at September 2018	313	178 (56.9%)
As at September 2019	296	155 (52.4%)

Quality improvement activity continues to be undertaken within Physiotherapy 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. Additionally, locum support has been agreed for an 8 week period covering March and April 2020 to enable targeting of the backlog and improve access for patients.

18. Delayed Discharges

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

During December there were 3 delayed discharges. 1 patient was delayed between 1-3 days. Another patient delayed 3 days up to 2 weeks and the final patient was delayed 6 weeks up to 12 weeks. 2 delays were due to health and social care reasons. The other was a code 9 (adults with incapacity).

As shown in Figure 10, 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 during 2018/19 and 2019/20. Minimising delays in discharge from hospital continues to be an area of multi-disciplinary focus however we are seeing a slight increase in this area.

Figure 10: Delayed Discharge Census Trend 2018-19 / 2019-20

NHS Orkney   All delay reasons
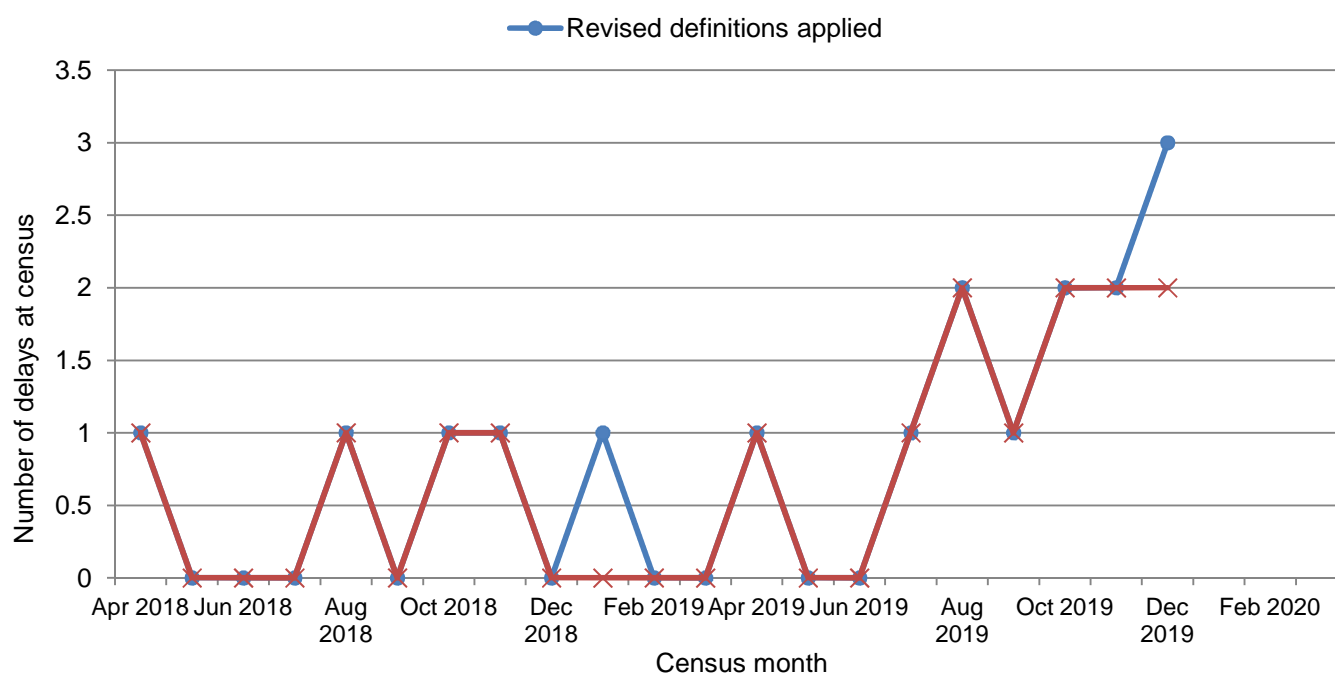
Appendices

None.

Not Protectively Marked

NHS Orkney Board – 27 February 2020	
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. <u>Review</u> the report and note the issues raised
Key Points	This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 30 January 2020 and it was agreed that these should be reported to the Board: • Financial position • Regional Asset Management Plan
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. |

Not Protectively Marked

NHS Orkney Board – 27 February 2020

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. Current Financial Position

The Finance and Performance Committee noted the current financial position and the forecast breakeven position at the end of the financial year.

Members acknowledged the importance of the current financial position being presented to the Board at each meeting.

2. Regional Asset Management Plan

The Committee had been presented with the Regional Asset Management Plan for review. This would be presented to the Board on the 27 February 2020 for approval.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 28 November 2019

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, 28 November 2019** at **09:30**

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

In Attendance:	Christina Bichan, Chief Quality Officer
	Malcolm Colquhoun, Head of Hospital and Support Services
	Eddie Graham, Resilience Officer (for item 573)
	Ian Kinniburgh, Board Chair
	Kenny Low, Value and Sustainability Lead
	Christy Roy, Committee Support (minute taker)
	Katie Spence, ADP Co-ordinator (for item 574)
	Louise Wilson, Director of Public Health

561 Apologies

Apologies were noted from Caroline Evans, David McArthur, Pat Robinson and Sally Shaw

562 Declarations of Interests – agenda items

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

563 Minutes of Meeting held on 17 October 2019

The minute of the meeting held on 17 October 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 464, Page 2 – "stateed" should read "stated"

564 Matters Arising

465 Laboratories – Annual update on service including workload and testing

The Head of Hospital and Support Services had met with E Keyes and agreed that this was feasible. There would be a meeting with the Interim Director of Finance to finalise issues and an update would be brought back to the next meeting in January.

Risk

M McEwen raised concerns that risk had been mentioned throughout the previous minute, and wondered if these risks were noted on the risk register. The Chief Quality Officer advised that all risks were on the register and it was regularly updated. One significant risk was highlighted within the NHS Grampian SLA, with the lack of regular, up-to-date information meaning the Board was unable to accurately project the financial position.

468 Savings Plan – Off Island Travel / SLA

The Chief Quality Officer advised that an email had been sent requesting a meeting with Jonathan Hinkles at Loganair.

565   **Action Log**

The action log was reviewed and updated as required.

Performance Management

566   **Performance Management Report – FPC1920-32**

The Chief Quality Officer presented the Performance Report which provided an update on performance with regards to the Local Delivery Plan standards. The key points highlighted included:

- The NHS Orkney Board Summary Data was emailed to Board members each week
- Improvement had been noted in access to consultant services due to the improvement plan and Annual Operational Plan (AOP) submission
- Improvement had been seen in mental health services, with access to locum nurses and a locum psychiatrist
- The Emergency Department continued to perform well
- So far NHS Orkney had not seen the significant winter pressures that had affected other Boards
- Outpatients waiting times had reduced over the period
- The NHS Highland Ophthalmology Consultant had now moved onto a new role elsewhere. While NHS Highland remained committed to delivering the visiting service, the visits might be reduced over winter whilst recruitment took place
- Within Trauma and Orthopaedics, delays were predominantly patients refered to Golden Jubilee hospital. NHS Grampian held the SLA for this service however the Board were currently reviewing waiting lists to ensure only patients who need to be on the list are waiting.
- The biggest risk to diagnosis surrouneds the delays in access to scopes. This was actively managed by the surgical team.
- There had been active improvement within MSK services, however there was still a backlog to work through
- Whilst the numbers on the waiting list were significantly smaller than others, podiatry had struggled with waiting times recently
- Delayed discharges had increased, however this was still manageable.

J Stockan questioned whether the delayed discharges could have been due to a lack of care home beds or home care teams. The Chief Quality Officer advised that there had been instances where there had been a lack of beds, though these waits had not been long, and home care provision was a bigger issue.

M McEwen had queried the Board Summary data out with the meeting, including how these numbers were derived. She was advised by the Chief Quality Officer that the data sent represented only the day the data was collected.

Members agreed that mental health services would require sustained investment over the coming months, presenting a cost pressure for the Board. The Chief

Executive advised that, whilst it would be more cost effective to employ staff, the SLA with NHS Grampian cost similar to locum cover, so the Board was no worse off. It was noted that at present the Board were unaware of the impact the locum staff would have on the number of patients sent to Royal Cornhill Hospital

The Chief Quality Officer suggested that an investment into additional capacity in physiotherapy would be a way to bring the waiting times down in this service. The waiting lists were constantly monitored and cleansed, however the back log was still significantly high. Members were advised that clearing the waiting list would be a significant exercise, requiring time and monetary resources, and patients might also require repeat appointments after initial consultation

The Chief Quality Officer questioned if advising patients to go back to their GP if symptoms worsen might be increasing the burden on the waiting list as these patients are referred again and the urgency for referral had been increased. M McEwen asked if there would be any capacity with local private practitioners, however the Chief Quality Officer advised that the team had thought this wouldn't be an option.

The Board Chair queried whether those on the list had all been clinically assessed, and the Chief Quality Officer explained that some patients were referred through their GP and assessed, but others had been self referrals, meaning they might be relatively low on the waiting list after triage. Members questioned if a review of the list might reveal some patients who had been self referred, who perhaps don't actually require physiotherapy but another service.

The Chief Quality Officer advised that she had access to whether those patients given an appointment had been classed as urgent, and would include this in her next report to the committee.

The Chief Executive suggested that a change in mindset might be needed, as chasing performance at any cost was not sustainable.

J Stockan queried whether there was any hierarchy in the standards set by the Scottish Government, meaning some were more important than others. He wondered whether being good across all was better than excelling in one standard at the expense of others. It was agreed that in an ideal world all areas would be gold standard, however funding wasn't available for this, so the Board needed to find the best way to use resources efficiently to maximise performance. The Chief Executive advised that there was no set hierarchy by the Scottish Government, and all standards were equally as important, and it was up to the Board to decide how to meet them to the best of our abilities.

The Board Chair noted the good improvement in the Emergency Department performance; however he questioned whether the additional capacity provided to that department was the best use of resources, or if it might be more effectively used elsewhere. The Head of Hospital and Support Services advised that another doctor had been employed in the Emergency Department after scrutiny over the performance of the department, however this had meant an overspend on the budget. He advised that while more patients hadn't been seen they had been seen faster

M McEwen enquired if the Scottish Government was aware of the cost incurred for NHS Orkney to improve in these areas. The Chief Executive advised that they were

however the Board should review how it utilises resources in order to cover these demands.

The Board Chair questioned why NHS Grampian must bid for the Golden Jubilee SLA on our behalf, wondering whether we could bid to them directly. He was advised that this was due to NHS Grampian being our secondary care provider,they provided our trauma and orthopaedic service. Members were advised that in future this might change however for now the service would go through NHS Grampian.

The Chief Quality Officer advised that the Scottish Government call weekly for an update on treatment times for cancer referrals. If reported numbers change then the Scottish Government require assurance on how this will be rectified. Members agreed that, considering our significantly small numbers compared to other Boards, this could be a disproportionate use of time. The Board chair advised that questions such as that had been raised to the Scottish Government in the past, however the scrutiny and requirement for reporting had continued.

Decision/Conclusion

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

567   **Annual Operational Plan update– FPC1920-33**

The Chief Quality Officer delivered the Annual Operational Plan update highlighting that, the submission date to the Scottish Government would be 13 December 2019. She recognised that a substantial amount of work was required to pull the data together, and had requested assistance from the team in NHS Grampian where appropriate as there was not capacity within the local team.

The Chief Quality Officer advised that the draft AOPs would be circulated virtually due to the time limitations for submission. She advised that the draft submission was currently in development, with sections being expanded from the last submission.

Members discussed the difficulty in sourcing some information for a small island board, as numbers were often so small that the time required to extract the data often outweighs the benefit, especially on such a tight timescale. The Board Chair questioned whether discussions could be held with the Scottish Government could around requirements for smaller boards. The Chief Quality Officer advised that she had a meeting the next week in which she hoped this would be covered.

The Chief Quality Officer advised that there had been a meeting of the AOP leads, which had given her assurance that all board were at the same stage in preparation. Members agreed that the draft submission would be brought to the board for discussion after it had been submitted. This would allow the Board to make any alterations to the draft before the final submission, therefore members approved the submission of the draft, without it being sighted at a board meeting first, to allow the deadline to be met.

Members noted that the Primary Care Improvement Plan was yet to be signed off.

The Chief Executive suggested that, rather than recruiting more consultants or spending more money, we should consider what service are require to be provided, and look at ways to do this within the staff and resources available, for instance

using doctors form other departments. The Board chair agreed that we should be committed to delivering services; however within that we should prioritise to provide the best services for the finances available. Members agreed it was important to balance spending against meeting targets, without striving for perfect performance at any cost.

The Head of Hospital and Support Services suggested that looking at all staff and resources within the hospital and redeploying them where their skills were best suited, could prove very effective. The Board Chair agreed, adding that the new Hospital facility should allow for significantly more flexibility than previously.

The Chief Quality Officer advised that her report on Indicative Waiting Times, would advise how the Board plans to meet its waiting times targets in 2020/21. a mental health strategy was currently in development which would link in with this, as well as the Primary Care Improvement Plan. Members agreed that the full review being undertaken by the Head of Hospital and Support Services would work alongside this to bring improvements.

Decision/Conclusion

The Committee noted the report and approved the submission of the draft Annual Operational Plan, with the plan to revise the submission in early 2020.

Financial Management and Control

568   **Financial Management Performance Report for period ended August 2019 – FPC1920-35**

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:
- The revenue position for the 7 months to 31 October 2019 reflected an overspend of £1.293m, which was an adverse movement of £0.279m on the position reported to the end of September of £1.014m
- This overspend comprised £1.580m attributable to Health Board and underspend of £0.287m to the services commissioned by the Integration Joint Board. To deliver a balanced budget, the forecast assumes a heavily caveated balanced outturn position for Health Board.
- The single biggest risk to the delivery of a balanced outturn was the uncertainty on the extent of the overspend on Medical Staffing.
- The estimated outturn would be £2.2m

Members were advised that medical staffing continued to contribute significantly to the reported overspend.

The Chief Executive and Interim Director of Finance had attended a meeting with the Scottish Government on Tuesday 26 November 2019 where they advised that £2.5m would be handed back, with a fair value adjustment of £0.4m and a return from CRL to RRL of £2.15m. This would help NHS Orkney to breakeven however this would be on a non recurring basis. Members were advised that this was not a solution that could be relied on each year, changes would be made to ensure the Board was in a better position next year.

The Interim Director of Finance expressed concerns that next year the Board would face the same pressures including the overspend in medical staffing and recurring savings targets which had not been achieved this year.

The Chair advised that the project outturn was approximately £2.5million, with work still in process regarding the rates for the old Balfour Hospital building and Garden House, at around £15k per month.

The Chief Executive and Head of Hospital and Support Services advised that whilst the Board had received funding for medical locums previously, there was an urgent need to recruit to posts or redesign the model to better utilise the staff available and reduce the overspend.

Members agreed that innovation and change needed to be made a priority by all and discussions had been undertaken to adapt our model and look at other Boards for suggestions. The Board Chair suggested that perhaps we need to change our view on repatriation, as the Board might save more by sending patients off island, rather than repatriating and paying consultant locums. The Chief Quality Officer advised that the AOP for next year would articulate that "care closer to home" would be priority where sustainable.

Decisions/Conclusion

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

569   **Integration Joint Board Expenditure and Revenue Report – FPC1920-36**

Members received the Integration Joint Board (IJB) Expenditure and Revenue Report for noting.

Members noted the reported underspend and questioned the requirement for this report to be sighted at this committee. The Chair advised that he was under the impression that the IJB wished to see NHS Orkneys financial report at their committee meetings. He agreed to check if this was the case and report back to the committee.

Decisions/Conclusion

The Committee noted the report.

570   **Chairs Report – Value and Sustainability Delivery Group and Minute – FPC1920-37**

The Interim Director of Finance delivered the Chairs Report – Value and Sustainability Delivery Group and Minute. He advised that this group would be put on hold at present, in light of a project being undertaken by the Head of Hospital and Support Services which could provide significant savings.

The Chair praised the significant staff engagement achieved by the Value and Sustainability Delivery Group.

Members agreed that the meetings would be put on hold, with the potential to restart them again in early 2020.

Decisions/Conclusion

The Committee noted the update.

571   **Annual Operational Planning Process including assumption. – FPC1920-38**

The Interim Director of Finance delivered the presentation to members noting the following key points:

- The draft AOPs were due to be submitted to the Scottish Government on 13 December 2019
- A paper would be taken to the Board In-Committee meeting in December to discuss potential opportunities for saving.
- Various assumptions had been made for 2020/21 including:
  - No cost pressure funding would be available
  - Carrying forward of £750k savings which had not been achieved in 2019/20
  - Carrying forward £1.8m of medical staffing costs
  - New hospital step up costs of £700k
- Significant savings would need to be made to bring the Board back into financial balance in 2020/21

The Interim Director of Finance suggested various savings ideas, which would require more in-depth researching before progressing. He acknowledged the scale of the challenge, and that it was unlikely that the Board would deliver much change in the first year, however the Scottish Government need plans to demonstrate that the Board were working towards making savings.

Members agreed that all staff need to be willing to change, and that this willingness needs to come from Board level. The Chief Executive agreed that the conversation would be had at the next Board meeting, and all potential savings opportunities would be discussed.

The Head of Hospital and Support Services advised that nursing staff were looking for change andeager to help improve. A review of all nursing staffs' individual skills was currently being undertaken with the hope of using staff more efficiently. There would also be advanced nurse practitioners trained

The Board Chair raised concerns that reducing funding to the Integration Joint Board might create disagreements, and members agreed that if a reduction in funding was agreed by the Board for any service, it would need to be communicated well.

Members agreed that since many services were discussing redesign, they should be informed that making savings is a priority for the Board so they factor this into any plans. The Board Chair advised that a better use of staff resources within services should automatically generate a saving.

The Director of Public Health suggested that when looking at savings, clinical and financial plans should come together to provide the best outcome, looking at the services we need to provide and ensuring we use all resources efficiently to do so.

Members were advised that small changes were being looked at regarding cost

control, for instance ensuring the cheapest product appears first on PECOS so staff were more likely to order it than the expensive version. The Interim Director of Finance also advised that stock levels had been increased to cover for the potential of Brexit, and these would need to be counted and recorded at the year end.

Decisions/Conclusion

The Committee noted the update and were assured of progress.

572 **Consultant Recruitment in the Balfour Hospital update – FPC1920-39**

The Head of Hospital and Support Services presented the Consultant recruitment update which he advised had been lead by the Medical Director, with assistance from the Director of Nursing, Midwifery and Allied Health professionals.

Members were advised that there had been 9 applications for surgery, 5 for obstetrics and gynaecology and 2 for medicine and these would be shortlisted.

Members discussed that if a substantive consultant were to be employed, this would not immediately solve the overspend, as there were others costs incurred from their employment including covering for leave and sickness as required. It was agreed that where possible, general consultants provide flexibility and resilience.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

Governance

573 **Integrated Emergency Management – FPC1920-40**

The Resilience Officer presented the Integrated Emergency Planning update to members, highlighting that it had been incorrectly titled as "Policy Document Business Continuity Management".

Members were advised that integrated Emergency management training facilitated by the Scottish Resilience Development Service would be delivered on 12 and 13 February 2020 on a multi agency basis. This training would be of particular importance to those staff members who work on-call cover. The Chief Executive advised that, unless staff were on leave they should be attending this training and he and the Resilience Officer would discussing ensuring this happened out with the meeting.

Decisions/Conclusions

Members noted the update

574 **Orkney ADP Annual Report 2018-19 – FPC1920-41**

The ADP Co-ordinator presented the Orkney ADP Annual Report containing the financial framework and expenditure across all sources and progress and performance monitoring against the Scottish Government ministerial priorities.

Members agreed that this report would be more suited for reporting through the

Clinical Care Governance Committee in future, as the Integration Joint Board were also sighted, meaning they could review the financial figures.

The Director of Public Health queried the lack of mention of the Alcohol Brief Interventions, as she was not aware of the target being met. The ADP Co-ordinator advised that she would review this.

Post Meeting Note: It had been verified by the NHS Information Analyst, that NHS Orkney had met the target of 249 and had delivered 549. The ADP Co-ordinator advised that 246 of those had been delivered in the priority settings, meaning that the Board had also met the Local Delivery Plan (LDP) Standard of delivering 80% of the 249 target in priority settings. It had been confirmed that delivering 199 in the priority settings would reach this target.

The Board Chair raised concerns that no Data Impact Assessment had been completed nationally, as there was a great deal of personal identifiable data involved. Concerns were also raised regarding the level of clinical detail involved, and why this was required. M McEwen suggested that in such a small population area, information was more easily identifiable than in larger Boards so more care should be taken.

The ADP Co-ordinator agreed to review this and share an update with the Caldicott Guardian.

Decisions/Conclusions

Members noted the annual report with the above with concerns attached.

Post Meeting Note: The feedback from the Scottish Government response was circulated to committee members on 15 January 2020.

575 **Banking Arrangements – FPC1920-42**

The Interim Director of Finance presented the revised Banking Arrangements for approval. Members were advised that the new Head of Finance would be added when they join NHS Orkney in January 2020.

Decisions/Conclusions

Members approved the amended banking arrangements.

576 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Board

- AOP updates
- Financial position
- Paper for list form MD

578 **Any Other Competent Business**

Items for information and noting only

579 **Indicative Waiting Times Improvement Plan**

The Chief Quality Officer delivered the Indicative Waiting Times Improvement Plan.

Decisions/Conclusion

Members noted the report.

580 **Schedule of Meetings 2019/20 and 2020/21**

Members noted the schedule of meetings.

581 **Record of attendance**

Members noted the record of attendance.

582 **Committee Evaluation**

The Chair praised the high level of scrutiny and hard topics covered. M McEwen was glad to see solutions being provided for the difficult problems faced by the Board.

The meeting closed at 12:05

Not Protectively Marked

NHS Orkney Board – 27 February 2020 **Report Number: OHB1920-53** **This report is for noting** **Risk Reporting**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Christina Bichan, Chief Quality Officer
Action Required	The Board of NHS Orkney is invited to: 1. <u>note</u> the report
Key Points	• The purpose of this paper is to provide an update and <u>assurance</u> on progress with the refreshed approach to risk management across NHS Orkney.
Timing	To be considered at the February 2020 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	Enabling of safe, effective and person centred care.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

Not Protectively Marked

NHS Orkney Board

Risk Reporting

Christina Bichan, Chief Quality Officer

Section 1   Purpose

The purpose of this paper is to provide <u>assurance</u> on progress in the progression of a refreshed approach to risk management across NHS Orkney.

Section 2   Recommendations

The Board is asked to <u>note</u> the update provided.

Section 3   Background

NHS Orkney's Risk Management Strategy and Policy was approved by the Board at its December 2018 meeting following development by the Board's previous Director of Finance and Risk Management Lead. The responsibility of Risk Management Lead has since been allocated to the Chief Quality Officer and the transition used as an opportunity to consider risk management interactions across the system, identify limitations and opportunities for improvement.

Section 4   Discussion

The Risk Management Strategy referred to in Section 3 provides strategic direction for Risk Management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our documentation also lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation. Given changes in leadership, structure and approach there is however a need to refresh our Risk Strategy and this work is currently being progressed. This Strategy will sit within the Boards developing Quality Management approach in line with Healthcare Improvement Scotland's Quality Management System Framework which is shown at a high level below.

Figure 1: Quality Management System Framework, Healthcare Improvement Scotland, 2019

The Quality Management System underpins the national Quality Framework, published in 2018 by Healthcare Improvement Scotland. A high level overview of the domains and quality indicators which are central to the Framework is provided in Appendix 1 with risk management being a key element of Domain 6 in relation to Policies, Planning and Governance as shown. It is in this context that the refreshed strategy is being developed. It will also be shaped by the findings of an internal audit of Risk Management by Scott-Moncrieff which is scheduled for late February 2020. The timeline for completion of the refreshed Strategy is June 2020.

Additionally, the September 2019 Board development session included a session on strategic risk identification facilitated by our internal auditors, Scott Moncrieff however the need for further training and support in this area has been identified and a date is being agreed at present with well regarded training providers. This training will support the Board in quantifying and articulating its risk appetite as well as developing its overall strategic view of risk.

Following on from the last update all active risks have been subject to review in recent months as part of meetings with risk owners and handlers. Through these discussions the potential for a more dynamic approach to the Risk Management Steering Group has been highlighted taking into account learning from what has worked well or otherwise in the past and what is likely to add value. A workshop to shape this involving all current risk handlers is in diaries for 25th February 2020. An overview of how this group fits within the Risk governance structure is provided below.

Figure 2: Risk Governance Structure – NHS Orkney
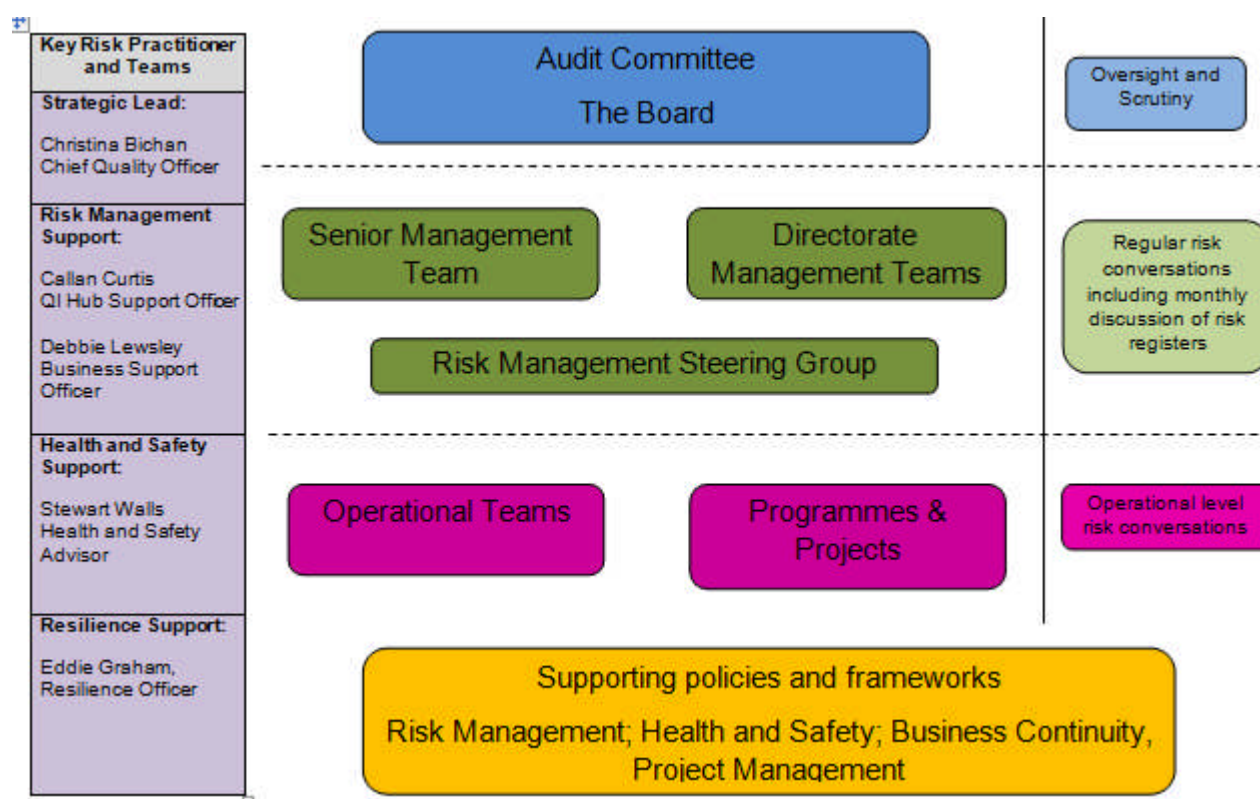
A review of our position against the NHS Scotland Audit & Assurance Committee Handbook has also been undertaken and this will be presented to the Audit Committee meeting on 3rd March 2020 along with a supporting driver diagram which provides the high level theory of change supporting this work.

Current Risk Position

There are currently 20 active risks on the risk register including 5 high level risks and 13 which have now reached their target level. There is only one risk with a scoring of "very high" – the Boards ability to meet its financial targets, which is one of 4 corporate risks shown in the Corporate Risk Register provided in Appendix 1.

In line with the existing strategy and policy each assurance committee will keep oversight of the sections of the risk register relevant to their assurance frameworks, with the Audit Committee maintaining an overview. Going forward the Audit Committee will maintain an overview of the operation of risk management strategy, policy and procedures and providing assurance to the Board on internal controls.
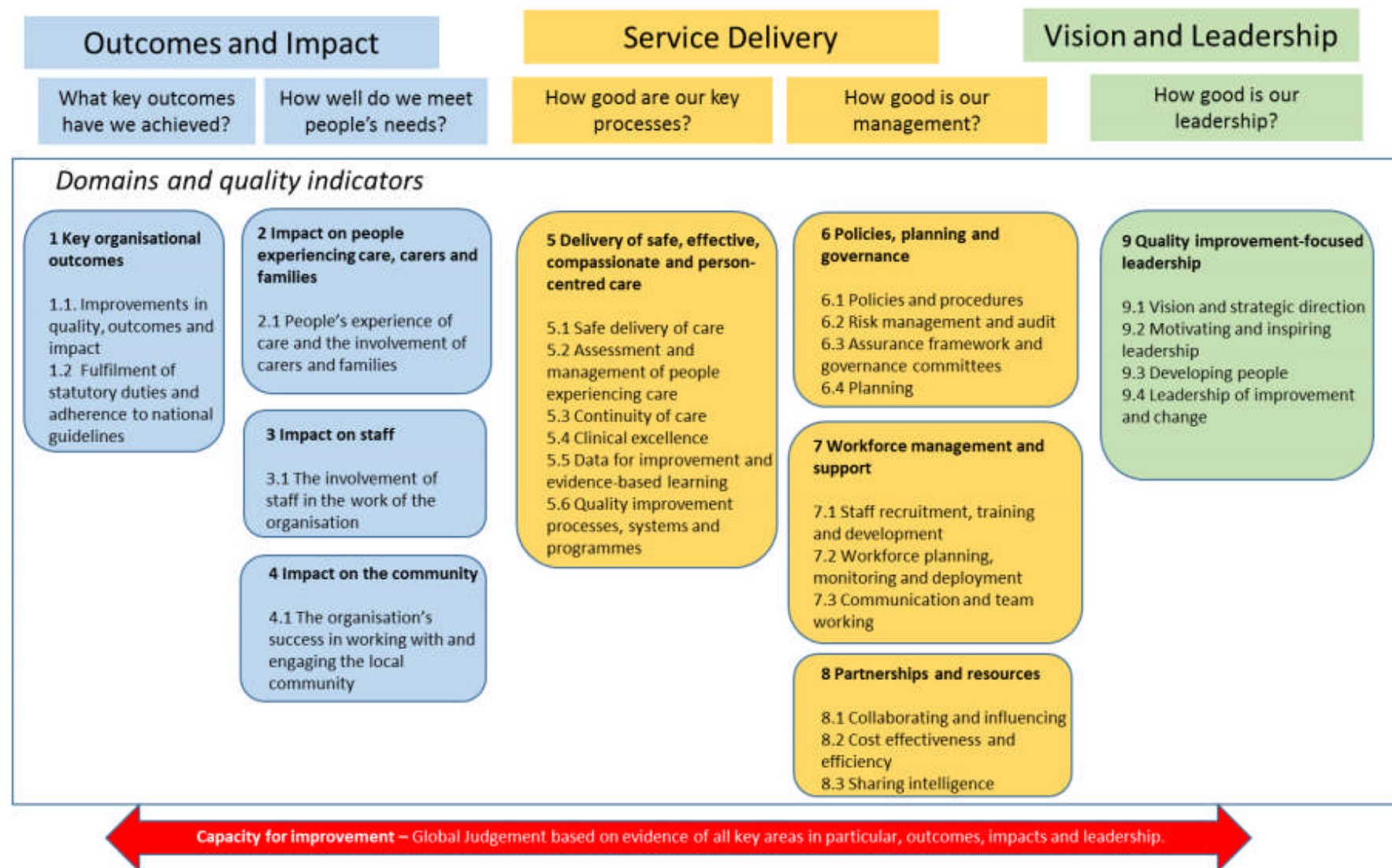
Section 5   Consultation

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

Appendices

- Appendix 1: Quality Framework Outline Structure, Healthcare Improvement Scotland, 2018.
- Appendix 2: Corporate Risk Register as at 17th February 2020

Appendix 1: Quality Framework Outline Structure, Healthcare Improvement Scotland, 2018

Outcomes and Impact

What key outcomes have we achieved?

How well do we meet people's needs?

Service Delivery

How good are our key processes?

How good is our management?

Vision and Leadership

How good is our leadership?

Domains and quality indicators

1 Key organisational outcomes

1.1. Improvements in quality, outcomes and impact
1.2 Fulfilment of statutory duties and adherence to national guidelines

2 Impact on people experiencing care, carers and families

2.1 People's experience of care and the involvement of carers and families

3 Impact on staff

3.1 The involvement of staff in the work of the organisation

4 Impact on the community

4.1 The organisation's success in working with and engaging the local community

5 Delivery of safe, effective, compassionate and person-centred care

5.1 Safe delivery of care
5.2 Assessment and management of people experiencing care
5.3 Continuity of care
5.4 Clinical excellence
5.5 Data for improvement and evidence-based learning
5.6 Quality improvement processes, systems and programmes

6 Policies, planning and governance

6.1 Policies and procedures
6.2 Risk management and audit
6.3 Assurance framework and governance committees
6.4 Planning

7 Workforce management and support

7.1 Staff recruitment, training and development
7.2 Workforce planning, monitoring and deployment
7.3 Communication and team working

8 Partnerships and resources

8.1 Collaborating and influencing
8.2 Cost effectiveness and efficiency
8.3 Sharing intelligence

9 Quality improvement-focused leadership

9.1 Vision and strategic direction
9.2 Motivating and inspiring leadership
9.3 Developing people
9.4 Leadership of improvement and change

Capacity for improvement – Global Judgement based on evidence of all key areas in particular, outcomes, impacts and leadership.

Appendix 2: Corporate Risk Register as at 17th February 2020

Owner	Title	Opened	Risk Type	Risk level (current)	Risk level (target)	Date of next review
Julie Colquhoun	Failure of or inconsistent coverage of pager systems in Hospital and/or Community	25/10/2017	Corporate Risk	High	Medium	Update due
Mark Doyle	Inability to meet budgets, and deliver savings, with failure to meet financial targets, and adverse service impact	11/04/2011	Corporate Risk	Very High	High	March 2020
Julie Colquhoun	Uncertainty around Brexit means we could be unprepared with adverse impact on staff, availability of drugs and equipment, cost	03/10/2018	Corporate Risk	High	Medium	Update due
Christina Bichan	NHS Orkney may suffer reputational damage due to inadequate planning associated with proposed organisational change/redesign	11/04/2011	Corporate Risk	Medium	Medium	October 2020

Not Protectively Marked

NHS Orkney Board – 27 February 2020 **This report is for noting** **Key Legislation**	
Lead Director **Author**	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
Key Points	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations. Legislation, standards and consultation documents.
Timing	The list of key documentation is presented to the Board at each meeting.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Consultations, Legislation and other publications affecting the NHS in Scotland

| Topic	Summary
An Integrated Health and Social Care Workforce Plan for Scotland https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/	A Scottish Government document sets out the health and social care future workforce requirements in a national context and provides revised workforce planning guidance to health and social care employers. Guidance and illustrative scenarios have also been published.
Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill 2019 (SP Bill 60) https://www.parliament.scot/parliamentarybusiness/Bills/113572.aspx	A Bill for an Act of the Scottish Parliament to confer on health boards functions relating to the provision of forensic medical services to victims of sexual offences; and for connected purposes.
Social Prescribing: physical activity is an investment, not a cost https://digitalpublications.parliament.scot/Committees/Report/HS/2019/12/4/Social-Prescribing--physical-activity-is-an-investment--not-a-cost	A Health and Sport Committee report concludes that social prescribing, where health professionals prescribe physical activity and sport, is key to tackling Scotland's health issues but states that it should be regarded as an investment not a cost, and used as a preventative health measure to stop people becoming ill, rather than just as a reactive response to health issues. The Committee considers that social prescribing and wider preventative action has the potential to ease the current pressure on health and social care services, as well as reducing waiting times, unplanned hospital admissions and delayed discharges. A financial commitment from integration authorities that 5% of budgets will be spent on social prescribing within the next two years, helping increase physical activity and improve the nation's health, is being sought.

Topic	Summary
Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 3: Children's Services Planning - Second Edition 2020 https://www.gov.scot/publications/children-young-people-scotland-act-2014-statutory-guidance-part-3-childrens-services-planning-second-edition-2020/	Following a March 2019 consultation, the Scottish Government has updated statutory guidance on children's services planning for local authorities and health boards exercising functions conferred by the Children and Young People (Scotland) Act 2014 Pt 3.
Data Subject Access Requests https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/	The Information Commissioner's Office (ICO) has amended its General Data Protection Regulation: Right of access guidance on the timescale for compliance with a data subject access request (DSAR), when the controller requests clarification from the data subject. The start of the one-month time period for compliance is no longer paused until the controller receives the requested information. Likewise, the extended timescale (of up to two further months) for responding to complex or multiple DSARs is no longer paused (Article 12(3), GDPR). The new timescale will start to run from date of receipt of the DSAR or, if later, upon receipt of proof of identification (Article 12(6), GDPR).
Scottish public authorities sharing data: Consultation https://www.gov.scot/publications/scottish-public-authorities-sharing-data-consultation/	A Scottish Government consultation seeks comments on devolved secondary legislation relating to powers in the Digital Economy Act 2017 to share data in connection with public sector debt and fraud. Comments by 13 April 2020.
Health and Social Care Integration: Statutory Guidance: Directions from Integration Authorities to Health Boards and Local Authorities	Scottish Government guidance to health boards and local authorities setting out how to improve practice in the issuing and implementation of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014.

Topic	Summary
https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/	
Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (SSI 2020/5) http://www.legislation.gov.uk/ssi/2020/5/contents/made	This Order: creates a new route for whistleblowers in the healthcare sector to bring complaints to the Scottish Public Services Ombudsman; and extends the list of bodies to whom the Ombudsman can disclose information obtained in the course of an investigation to include certain bodies that have a role in improving healthcare in Scotland.
National Health Service (Charges to Overseas Visitors) (Scotland) Amendment Regulations 2020 (SSI 2020/17) http://www.legislation.gov.uk/ssi/2020/17/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 relevant services provided under the National Health Service (Scotland) Act 1978. Sch.1 of the 1989 Regulations, as introduced by reg. 3 of the 1989 Regulations, contains a list of diseases for the treatment of which no charge is to be made. Reg. 2 of these Regulations amends Sch.1 of the 1989 Regulations to include Wuhan novel coronavirus (2019-nCoV) as one of the diseases for the treatment of which no charge is to be made.

Circulars

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

Reference:	Date of Issue:	Subject:
CMO(2019)13	10.12.19	Seasonal Influenza: Use of Antivirals 2019-20
DL (2019) 24	13.12.19	NHS Boards: standing orders
DL (2019)25	17.12.19	CAMHS AGE RANGE
DL(2019)23	23.12.19	Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements
2020		
PCA2020(D)01	23.01.20	Quality Improvement Database and BNF
PCA(M)(2020)01	28.01.20	GP Sustainability Loan Agreement
PCA (D)(2020)2	30.01.20	The New Model of Care: Update
DL(2020)1	31.01.20	Healthcare Associated Infection (HAI): Guidance for Staff Screening during Healthcare Associated Infection Incidents and Outbreaks
CMO(2020)1.1	31.0120	Novel Coronavirus (2019N-CoV) – Updated Information
PCA(D)(2020)3	03.02.20	Dental Working Patterns Survey
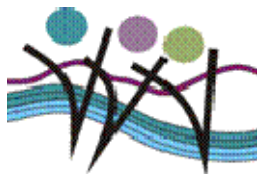
Orkney Partnership Board

DRAFT Minute of the meeting of the Orkney Partnership Board
held at 14:00 on 04 December 2019 in the Council Chamber, Kirkwall

Present:	James Stockan	Orkney Islands Council *(Chair)*
	Andy Fuller	Scottish Ambulance Service
	Graeme Harrison	Highlands and Islands Enterprise
	Rachael King	Integration Joint Board
	Thomas Knowles	Historic Environment Scotland
	Leslie Manson	Orkney Islands Council
	Gillian Morrison	Orkney Islands Council
	Graham Neville	Scottish Natural Heritage
	Gerry O'Brien	NHS Orkney
	Garry Reid	Scottish Sports Council
	Marcus Shearer	Scottish Ambulance Service
	Bob Walker	Scottish Fire and Rescue Service
	Matt Webb	Police Scotland *(for items 9 – 14)*
By invitation:	Ian Johnstone	Orkney Renewable Energy Forum *(for item 9)*
	Scott Hunter	Orkney Health and Care *(for items 1 - 10)*
	Gavin Barr	Orkney Islands Council *(for item 14)*
In attendance:	Marie Love	The Orkney Partnership *(Secretary for this meeting)*

Item

1   Apologies

Edward Abbott-Halpin	Orkney College / UHI
Gail Anderson	Voluntary Action Orkney
Dougie Campbell	Scottish Fire and Rescue Service
Seonag Campbell	Skills Development Scotland
Cheryl Chapman	VisitScotland
David Drever	NHS Orkney
Alan Dundas	SEPA
Alan Johnston	Scottish Government
John W Mundell	Orkney Islands Council
Sally Shaw	Integration Joint Board and Orkney Community Justice Partnership
Graham Sinclair	HITRANS
Craig Spence	Orkney Housing Association Limited
Anna Whelan	Orkney Islands Council

Item	Topic	Lead	Purpose
2	**Draft minutes of the last meeting of the Board on 28 May 2019**	Chair	To amend as necessary and agree the minutes
2.1	The minutes were agreed.		
3	**Matters arising**	Chair	

3.1 **10.1 (Vibrant Economy Delivery Plan)**

It had been agreed that the Chair would write a letter to Paul Wheelhouse, Minister for Energy, Connectivity and the Islands to request a future-proof alternative to R100 for Orkney. The Chair advised that rather than write he had had a meeting with the Minister on a recent visit to Iceland. He was able to confirm that the contract had now been awarded to BT as preferred bidder to deliver the R100 project for the North of Scotland, but everything had taken longer than had been anticipated and the 2021 deadline would almost certainly be missed. The Chair thought it likely, based on past performance, that Orkney would be at the end of the programme in terms of provision. In the meantime, work was ongoing to identify opportunities to progress mobile and 5G opportunities for Orkney. The fact that trial projects conducted in Orkney had, for the most part, been successful was a useful demonstrator of what could be achieved and resulted in some infrastructure already being in place. He understood BT's plans would be revealed by mid-January.

3.2 **18 (Child Poverty – Progress Report and Action Plan)**

Scott Hunter advised that progress on the action plan had been delayed because of the joint inspection for children and young people in need of care and protection that had been carried out during the summer. Craig Spence had made a request that the date of the next meeting of the Child Poverty Task Force be circulated to all Partnership Board members to allow input into this important matter. The Board agreed that all future meeting dates be circulated in this way. *Action: SH/PD*

3.3 **22 (Orkney Community Justice Partnership Annual Report)**

During discussion members of the Board had expressed concerns around the challenges faced by both victims of crime and individuals who had committed offences because of the local press coverage. This often caused significant distress and the impact on individuals could be catastrophic. The Chair had regular meetings with the local media, and it had been agreed that this would be an ideal opportunity to highlight the Board's collective concern. Noted that the next meeting which would be held before Christmas. *Action: JS*

| **4** | **Executive Group report** | Gillian Morrison | |

4.1 **Update from the Group**

4.1.1 Gillian Morrison reported that the Executive Group had met on 12 November 2019.

Item	Topic	Lead	Purpose

4.1.2 Terms of Reference

The Board agreed with the recommendation made by the Executive Group that, the Terms of Reference should be updated on a rolling basis and be reported to the Board every two years rather than annually.   *Action: AFW/ML*

4.1.3 Place Standard and 'Orkney Matters'

In December 2018 the Board had agreed to participate in 'Orkney Matters', a joint consultation with officers from OIC's Development and Marine Planning team who would be carrying out a consultation as part of the review of the Local Development Plan. This would comprise a Place Standard exercise followed by community meetings. The intention had been that it would provide the Partnership with data to measure performance and widen its evidence base with a view to consideration of any future locality plan, while also informing the Development Plan. As there had been a delay in the issue of guidance from the Scottish Government around the Development Plan this had affected timescales. Officers in Development and Marine Planning had now found themselves in a position where they would no longer be able to include a Place Standard exercise but would instead hold a small number of meetings. Given the circumstances the Board agreed with the recommendation made by the Executive Group that the Orkney Partnership should not take part in the 'Orkney Matters' consultation but should take forward its own Place Standard exercise. It was anticipated there would be further opportunities in future for joint consultation exercises.   *Action: AFW/ML*

4.1.4 Joint Resourcing Plan

It had proved difficult to obtain revenue figures from some partners for inclusion in the total resource graphic. While several national bodies were able to estimate their expenditure in Orkney, a small number were unable to provide either specific information or an estimate. The Executive Group had agreed the plan would be submitted to the March meeting of the Board which would allow further time to find a resolution to this issue and would also tie in with the delivery groups' reporting schedule. As the second part of the plan lists resources in cash and kind associated with each of the projects being undertaken or overseen collectively by the delivery groups this appeared to be a more logical timeframe in any case.   *Action: AFW/ML*

4.1.5 Risk Register and Risk Management Plan

This was currently a standing item on the Executive Group agenda given current levels of uncertainty around Brexit. The Executive Group had agreed that the current and target risk scores would remain unchanged.

4.1.6 Community Planning Partnership Self-assessment: Improvement Service

The Executive Group had recommended that the Board participate in a self-assessment exercise, facilitated by the Improvement Service. This would involve the Board critically reviewing the Partnership's fitness for purpose. Noted that the Improvement Service had developed a checklist, covering nine areas, which would help to assess views on the effectiveness of current

Item	Topic	Lead	Purpose

partnership arrangements and identify areas where there was scope to improvethe operation of the Partnership and its impact. The first stage would involve completion of the checklist and once the results were analysed the Improvement Service would facilitate a session with the Board to reach consensus on key priorities with a view to turning these into an improvement plan where needed. The entire process would take approximately six weeks. The Board was keen to take this opportunity to reflect and look at performance and agreed that the Partnership conduct a self-assessment exercise, in liaison with the Improvement Service, concentrating on the three or four most pertinent areas rather than all nine. It was anticipated this would be carried out during early summer. It was agreed that the Executive Group would finalise the arrangements, including deciding which of the nine areas areas were most pertinent. **Action: AFW/ML**

4.1.7 Police representation

Currently none of the delivery groups had a police representative among their membership. Matt Webb had asked that, when looking at their delivery plans, the Chairs consider whether police attendance would be beneficial. If so, he would ensure this was facilitated. **Action: GA/GH/GO**

4.1.8 Orkney Partnership Board Membership

A request had been made by an elected member that a 'young person' be invited to join the Board. Following similar requests this had been discussed by the Board in March and December 2018. On those occasions it had been agreed not to have a representative of one specific equalities group on the Board given the wide range covered by the protected characteristics. In December 2018 it had been agreed that, should another request be received, the issue would not be discussed for at least a year. The Board agreed with the Executive Group's recommendation that a young person should not be invited to join the Board simply because of their age; it was felt this type of tokenism was tantamount to discrimination and an equality bar was needed. It was also agreed it would not be discussed again unless such a request was received at a point when the Board was being reconfigured. Noted there were many existing ways to engage with young people which were used when appropriate.

4.2 **Development Plan update**   Marie Love

4.2.1 Marie Love presented a progress report on the Development Plan. The Board noted that a different format had been used to present the plan whereby the document was easier to view and the actions had been separated into Governance / Procedure actions and Ad hoc actions.

4.2.2 It was noted that all actions were green and that action 07 (Review and update Local Outcomes Improvement Plan and issue new edition for 2019-22) was complete. All other updated actions were included for discussion elsewhere on the agenda, with the exception of 08 (Development of a collective partnership approach re the current Climate Emergency). Graham Neville reported that he

Item	Topic	Lead	Purpose
	had drafted Terms of Reference for the Short Life Working Group established by the Board and would circulate these for approval. He had already liaised with a number of people and it was anticipated the first meeting of the Group would be held in January. **_Action: GN_**		
5	**Locality Plan Actions**	Anna Whelan	To review progress
5.1	Marie Love presented a progress report on the Locality Plan actions. The Chair felt it was a comprehensive list of actions, some of which would be game changers in supporting the most disadvantaged people in the community. It was agreed that in future the actions be reported to the Spring and Autumn meetings given that the delivery groups had been charged with delivering a number of the actions and this would tie in with their reporting schedule. **Action: AFW/ML**		
6	**CONTEST/PREVENT**	Gillian Morrison	To report progress
6.1	Gillian Morrison advised that the overall threat level in the UK had come down, with the exception of Northern Ireland which had not changed. It was still important to be alert and aware that things could happen, so people should not be lulled into a false sense of security. It was noted that the COP26 climate change event in Glasgow in 2020 would be the largest security event ever seen in Scotland with a number of high profile attendees. It may be necessary at that point for security levels to be increased.		
6.2	Lord Carlile had recently chaired a UK wide review of PREVENT. He had held a round table event in Glasgow and Gillian had been invited as the single point of contact for CONTEST and PREVENT for a rural community. While some of the discussion had taken place around sectarianism, which was an issue for Glasgow, Lord Carlile had taken the opportunity to discuss challenges in remote areas with Gillian outwith the formal meeting.		
7	**The Islands Deal**	Chair	To review progress
7.1	The Chair reported on progress. The Islands Deal Proposal Document had been formally submitted to the Scottish and UK Governments, but everything was currently on hold because of the pre-election period. Further engagement would take place following the election.		
8	**Single Authority Model**	Gillian Morrison	To receive an update and report progress
8.1	Gillian Morrison gave an update on work being carried out by the Single Authority Model Steering Group.		

Item	Topic	Lead	Purpose
9	**Sustainable Orkney Conference**	James Patterson	To receive an update

9.1 Jeremy Patterson, Director, Orkney Renewable Energy Forum (OREF) gave a powerpoint presentation, attached to this minute, on the Sustainable Orkney Conference. During discussion the following points were noted and raised:

- The Sustainable Orkney Conference, being organised by OREF, would be held at the Pickaquoy Centre, Kirkwall, on 20 to 22 March 2020. OREF had invited interested local organisations and individuals to take part. An invitation had been extended to partners and a number had already given an indication they would like to give a presentation.

- The intention was to hold a weekend of presentations, knowledge sharing and discussions which would provide an opportunity to come together as a community to discover what was already being done and plan Orkney's answer to the climate emergency.

- A draft agenda would be circulated in December and be finalised in January. Members discussed whether to have stretch or achievable targets and noted that the first session at the conference would look at what was required to move Orkney to a position of being carbon neutral and when this could be achieved. It was noted that it would be challenging and behavioural change, funding and willingness would all be needed. It was also recognised that it would not be possible for some sectors to become carbon neutral.

| **10** | **Corporate Parenting Plan** | Scott Hunter | To consider and approve |

10.1 Scott Hunter presented the Corporate Parenting Plan. Further discussion took place around the composition of membership of the Corporate Parenting Board and it was agreed the list would be updated and circulated for approval. The action plan was discussed and Scott agreed to take on board comments around its structure. **Action: SH**

| **11** | **Any Other Competent Business** | Chair | To consider and approve |

11.1 The Chair paid tribute to Alistair Buchan, Chief Executive of Orkney Islands Council and a member of the Board. Alistair had now retired having served on the partnership from its beginning in 2003, his commitment and involvement continuing throughout the whole journey until now. His contribution and long-term commitment to the partnership was recognised and commended by members.

Item	Topic	Lead	Purpose
12	**Joint Resourcing: Community Planning Business Manager post**	Gillian Morrison	To consider

12.1   It was proposed that apportionment of the cost of funding the shared post of Community Planning Business Manager for 2020-21 should be made pro rata to facilitating partners' revenue budgets for the previous year, i.e. 2019-20. Budgetary information was not currently available from all partners and the proposed distribution of costs would be presented to the Board meeting on 12 March 2020 for confirmation. It was agreed in principle that the estimated budget for the shared post of Community Planning Business Manager should be approved for 2020-21. The proposed apportionment of this budget between the five partners was agreed.   ***Action: AFW***

12.2   It was agreed that a Joint Resourcing Plan, reflecting the activity in the revised delivery group plans, would be submitted to the next meeting of the Board on 12 March 2020.   ***Action: ML***

| **13** | **Date of next meeting**
12 March 2020 at 10:00 | Chair | |
| **14** | **Horizon Scanning** | Gillian Morrison | To consider and approve |

14.1   Members carried out the annual horizon-scanning exercise on any new challenges, opportunities or circumstances that needed to be considered when reviewing the strategic priorities for the next LOIP. Discussion took place around the PESTLE diagram which had been drafted as a starting point and a number of comments were made. A wide range of issues were identified, and it was agreed that a mapping exercise be carried out to establish how or if these were being addressed. This would be presented to the Executive Group for discussion, following which the Executive Group would make recommendations to the Board around whether anything additional had been identified which required to be addressed by the Partnership. This would include a recommendation on whether the strategic priorities and cross-cutting challenges should change.

The meeting closed at 16:25.

ML
05.12.2019

Annex – Sustainable Orkney Spring 2020 Conference

The Sustainable Orkney Spring 2020 conference

20th to the 22nd March 2020 at the Pickaquoy centre, Kirkwall

OREF
ORKNEY RENEWABLE
ENERGY FORUM

Some Background

- A quote from Greta Thunberg :

'I want you to act as you would in a crisis. I want you to act as if our house is on fire - because it is'.

- In May 2019 OIC declared a climate emergency along with many other organisations .

- In 2019 world CO2 emissions continued to rise.

- We may already be passed the point of no return – where the earth has sustained climate damage that cannot be fully repaired.

OREF
ORKNEY RENEWABLE
ENERGY FORUM

But what can Orkney do?

- The 2017 – 2025 Orkney sustainable energy strategy opens with a vision statement:

'Orkney: a secure, sustainable, low carbon island economy driven uniquely by innovation and collaboration, enabling the community to achieve ambitious carbon reduction targets, address fuel poverty and provide energy systems solutions to the world'

- We, as a community, should be leading the world in developing a zero carbon environment and moving swiftly on to being carbon positive.

- The first step is to understand where we are now.

OREF
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ENERGY FORUM

The Now
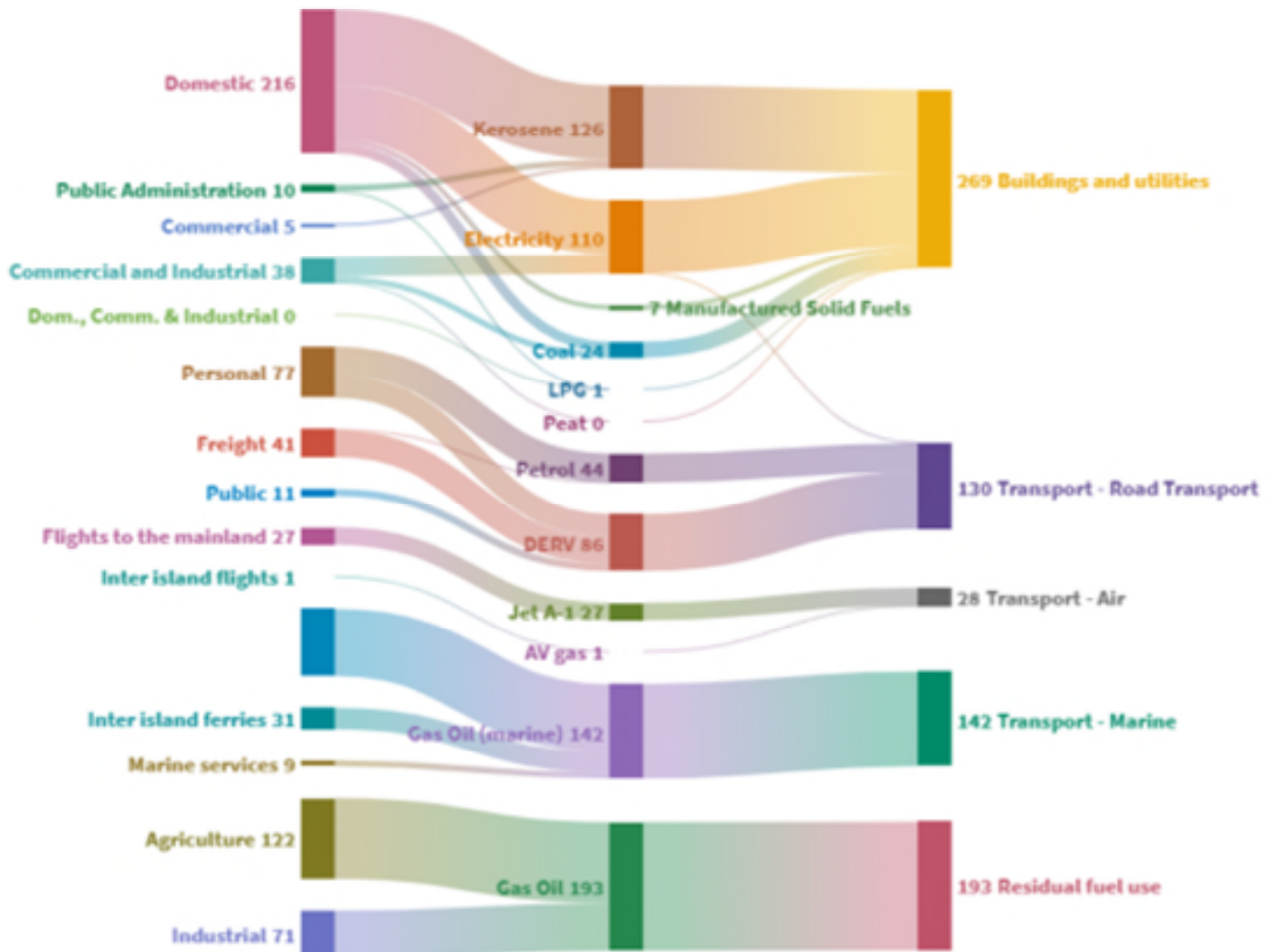
The Conference

- Possible conference themes:
  - Orkney's current Carbon position by sector.
  - Transport.
  - Agriculture.
  - Fisheries and the Marine environment.
  - Housing and public/commercial buildings.
  - Tourism, Food and Drink.
  - Energy production.
  - Waste.
  - Planning for the future.

OREF
ORKNEY RENEWABLE
ENERGY FORUM

Suggested Conference Format for each Theme

- Short presentation(s), followed by:
  - Q and A session.
  - Break.
  - Discussion on:
    - The current carbon position (good and bad).
    - Existing work being done to improve.
    - Future initiatives that should be considered.
    - Target carbon position (what and when).

OREF
ORKNEY RENEWABLE
ENERGY FORUM

Suggested Outcomes from the Conference

- Everyone understands where we are now.
- We agree a clear set of targets to become carbon positive
- We draw up a plan to get there
- We include all segments of the community – no-one is left behind

OREF
ORKNEY RENEWABLE
ENERGY FORUM

Some Possible Bold Targets

- **EVs** – 250 now (2.5%), 1000 by 2025, 5000 by 2030.
- **Electricity production** – 120% of our needs now, 200% by 2025, 500% by 2030.
- **Orkney power company** – to ensure fair pricing to those who need it most.
- **Buildings** – **ALL** new builds and **All** heating system replacements use electrical heating.
- **Ferries** – **ALL** replacement ferries are hydrogen/electric.
- **Buses** – **ALL** replacement buses are hydrogen/electric.
- **Tractors** - Most farms have wind turbines – why not electric tractors.
- **Hydrogen** – Rapidly increase hydrogen production from surplus renewables generation to serve the above.
- **Council funding** to encourage and promote:
  - Low carbon farming.
  - Low carbon marine activities.
  - Low carbon tourism.

OREF
ORKNEY RENEWABLE
ENERGY FORUM
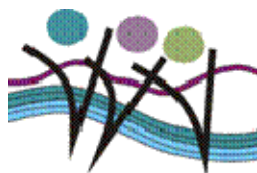
Orkney Partnership Board

DRAFT Minute of the special meeting of the Orkney Partnership Board
held at 14:30 on 30 January 2020 in the Council Chamber, Kirkwall

Present	James Stockan	Orkney Islands Council *(Chair for item 1)*
	Leslie Manson	Orkney Islands Council *(Chair for items 2 - 3)*
	David Drever	Interim Chair of NHS Orkney *(Vice Chair)*
	Edward Abbott-Halpin	Orkney College / UHI
	Graeme Harrison	Highlands and Islands Enterprise
	Rachael King	Integration Joint Board
	Gillian Morrison	Orkney Islands Council
	Gerry O'Brien	NHS Orkney
	Owen Robinson	SEPA
	Sally Shaw	Integration Joint Board and Orkney Community Justice Partnership
	Graham Sinclair	HITRANS
	Craig Spence	Orkney Housing Association Limited
By Telephone	Seonag Campbell	Skills Development Scotland
By invitation	Francesca Couperwhite	Strong Communities Delivery Group
	Sandy Cowie	Orkney Islands Council
	Catherine Diamond	Orkney Islands Council
	David Hartley	Orkney Islands Council
	Peter Diamond	Orkney Islands Council
	Hayley Green	Orkney Islands Council
	Paul Maxton	Scottish Government
	Karen Walter	Orkney Islands Council
	Gareth Waterson	Orkney Islands Council
	James Wylie	Orkney Islands Council
In attendance	Marie Love	The Orkney Partnership *(Secretary for this meeting)*
	Andrew Kemp	The Orkney Partnership

Item

1   Apologies

Gail Anderson	Voluntary Action Orkney
Dougie Campbell	Scottish Fire and Rescue Service
Cheryl Chapman	VisitScotland
Andy Fuller	Scottish Ambulance Service
Thomas Knowles	Historic Environment Scotland
John W Mundell	Orkney Islands Council
Graham Neville	Scottish Natural Heritage
Garry Reid	Scottish Sports Council
Bob Walker	Scottish Fire and Rescue Service
Matt Webb	Police Scotland
Anna Whelan	Orkney Islands Council

Item	Topic	Lead	Purpose
2	**Nursery and Early Years Provision**	Peter Diamond	To receive an update for consideration and discussion
2.1	Peter Diamond gave an update on nursery and early years provision, particularly in the context of the expansion of the Early Learning and Childcare offer and the closure of Peedie Breeks Nursery at the end of June 2020. Members noted that Orkney Islands Council had established a Short Life Member Officer Working Group to develop options around provision of the services. The Board agreed that this was a 'wicked' Orkney wide issue that had the potential to impact across a number of sectors.		
2.2	Following a comprehensive and productive discussion it was agreed that the work of Orkney Islands Council's Member Officer Working Group would continue and each stage of progress would be reported to the Board, either at a scheduled meeting or at a specifically convened meeting if necessary. The importance of keeping parents and the wider public informed of progress was highlighted. Noted that some Board members would also be holding discussions within their own organisations.		
3	**Date of next meeting** 12 March 2020 at 10:00	Chair	

The meeting closed at 16:40.

ML
30.01.2020

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   Corporate Services Manager: Emma West
Lead Officer: Gerry O'Brien

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[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   Corporate Services Manager: Emma West
Lead Officer: Gerry O'Brien

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

Senior Management Team								
C Bichan	Head of Transformational Change and Improvement	Attending	Attending	Attending	Apologies	Apologies		
A Catto	Human Resources Manager	Attending	Attending	Attending	Attending	Apologies		
M Colquhoun	Head of Hospital and Support Services	Attending	Attending	Attending	Apologies	Apologies		
J Colquhoun	Head of Corporate Services	Apologies	Attending	Attending	Apologies	Apologies		
Attending for specific items								
Derek Lonsdale	Head of Finance		Attending					
Gillian Woolman	Audit Director, Audit Scotland		Attending					

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Senior Management Team								
C Bichan	Head of Transformational Change and Improvement	Attending	Attending	Attending	Apologies	Apologies		
A Catto	Human Resources Manager	Attending	Attending	Attending	Attending	Apologies		
M Colquhoun	Head of Hospital and Support Services	Attending	Attending	Attending	Apologies	Apologies		
J Colquhoun	Head of Corporate Services	Apologies	Attending	Attending	Apologies	Apologies		
Attending for specific items								
Derek Lonsdale	Head of Finance		Attending					
Gillian Woolman	Audit Director, Audit Scotland		Attending					