

## Orkney NHS Board

There will be a meeting of **Orkney NHS Board** in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 9 April 2019** at **10:00 a.m.**

Meghan McEwen  
Chair

<i>Item</i>	<i>Topic</i>	<i>Lead Person</i>	<i>Paper Number</i>	<i>Purpose</i>
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minutes of previous meetings held on 27 February 2020</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Governance</b>	Chair		
6.1	Temporary revised approach to Corporate Governance arrangements	Chair	OHB20 21-01	To <u>ratify</u> the virtual approval
6.2	Videoconferencing and Telephone meeting protocol	Chair	OHB20 21-02	To <u>note</u> and <u>adhere</u> to the protocol
7	<b>COVID 19</b>			
	<ul style="list-style-type: none"> <li>• Preparations</li> <li>• Infrastructure</li> <li>• Testing</li> <li>• Assessment Centre</li> </ul>	Chief Executive	Verbal	To <u>note</u> the updates provided

<b>Item</b>	<b>Topic</b>	<b>Lead Person</b>	<b>Paper Number</b>	<b>Purpose</b>
<b>8</b>	<b>Clinical Governance</b>			
	<ul style="list-style-type: none"> <li>Children's Inspection</li> <li>Screening Programmes</li> </ul>	Chief Executive/ Director of Public Health	Verbal	To <u>note</u> the updates provided
<b>9</b>	<b>Finance and Performance</b>			
	<ul style="list-style-type: none"> <li>Year end out turn</li> <li>Annual Accounts</li> <li>Exceptional C19 Exposure</li> <li>AOP 2020/21</li> </ul>	Interim Director of Finance	Verbal	To <u>note</u> the updates provided
<b>10</b>	<b>Staff Governance</b>			
	<ul style="list-style-type: none"> <li>Public Holidays 2020/21</li> <li>Variation Orders</li> <li>Transfer of Human Resources and Occupational Health Services</li> <li>Staffing Across Roles/Boundaries</li> </ul>	Head of Corporate Services	Verbal	To <u>note</u> the updates provided
<b>11</b>	<b>Audit and Risk</b>			
	<ul style="list-style-type: none"> <li>Risk Register Reporting</li> </ul>	Chief Executive	Verbal	To <u>note</u> the update provided
<b>12</b>	<b>Future arrangements</b>			
	<ul style="list-style-type: none"> <li>Business as usual 2020/21</li> <li>Format of reports</li> <li>Virtual meeting protocol</li> </ul>			
<b>13</b>	<b>Any other competent business</b>			
<b>14</b>	Committee Evaluation Reflection on meeting	Chair		

**By Standing Invitation:**

Sally Shaw, Chief Officer

Christina Bichan, Chief Quality Officer

Malcolm Colquhoun, Head of Support Services, Logistics and Contracts  
Management

Julie Colquhoun, Head of Corporate Services

## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday 27 February 2019 at 10:00am**

<b>Present</b>	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 Jason Taylor, Non Executive Board Member Louise Wilson, Director of Public Health
<b>In Attendance</b>	Christina Bichan, Chief Quality Officer Julie Colquhoun, Head of Corporate Services Malcolm Colquhoun, Head of Support Services, Logistics and Contract Management Mark Doyle, Interim Director of Finance Sally Shaw, Chief Officer, Integration Joint Board Iain Stewart, Chief Executive Designate Emma West, Corporate Services Manager (minute taker)

### **Staff Story – Dental Services**

The Chair introduced and welcomed Jay Wragg, Clinical Dental Director to the meeting to provide an update on dental services within Orkney.

He advised that registrations had increased to 18,800, equating to 81.6% of the population, this was positive but still below the Scottish average of 94.9%. Dental registration was for life so would carry on for all patients registered except in exceptional circumstances.

There had been a rebalancing of the profile between 2015 and 2019 with many adults moving to Independent Practice from the Public Dental Service. There had also been a rebalancing of under 18s but this remained a more equal split between Independent Practice and the Public Dental Service.

The National Dental Inspection Programme for Primary 1 to Primary 7 pupils had seen excellent results in the previous 2 years and was currently the best in Scotland; thanks were given to staff, dentists, schools and parents for this achievement.

There was a need to be pragmatic with Remote and Rural dentistry, along with the ability to be flexible and imaginative to enable a cross pollination of ideas and make the most of the potential for multi disciplinary working. The current service was fully recruited to with a good skills mix; informal managed clinical networks were used to enhance the skills of practitioners.

There were some issues that could be progressed such as appropriate access in the isles, recruitment if a specific skill mix was required, limited external scrutiny due to the remoteness along with the fact the practice inspections were completed locally rather than independently.

Horizon scanning work continued around new systems of delivery, new models of care, links to regional working and succession planning.

I Grieve gave thanks for the helpful presentation and questioned if there was any demographic information for those currently not registered with a dentist. J Wragg advised that this level of detail was not seen, some would be registered privately and this would not show within the NHS figures, it was estimated that this was around 500 – 1000 patients.

The Chair thanked J Wragg for his excellent presentation and asked that the congratulations of Board were shared with staff for all the positive work being completed.

### **Apologies**

The Chair made introductions regarding the following appointments

- Iain Stewart would join the Board as Chief Executive Designate from the 1 March 2020
- Jason Taylor had taken up post of Whistleblowing Champion, Non Executive Board Member from the 1 February 2020
- Meghan McEwen would take on the role of Chair of NHS Orkney from the 1 March 2020

Apologies were noted from A Catto and J Stockan.

### **Declarations of interests**

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

### **Minute of previous meeting held on 19 December 2019**

The minute of the meeting held on 19 December 2019 was accepted as an accurate record of the meeting and was approved subject to minor typographical errors.

### **Matters Arising**

#### Children's Inspection Report

Members were advised that the Children's Inspection Report had been published on Tuesday and a joint press statement released following this.

The report had been circulated to members and was being addressed in partnership. The report made for difficult reading but the partners accepted the findings and would act on these appropriately for the children and young people of Orkney. Commitment had been given to take forward the recommendations; work had already commenced on specific areas of improvement and would be promptly developed further. Improvement plans and actions were being put in place to

address the recommendations and challenges around the required change in culture. The Chief Officers group would agree, monitor and implement the improvement plan which would be sighted through the appropriate governance structures.

The Chief Officer advised that her focus since the publication of the report had been to spend time with the teams affected and mentioned in the report. This was an opportunity to sit and listen to how staff were feeling to allow the change in thinking to motivate and enable staff once the action plan had been ratified. There were some difficult conversations but in the main this had been viewed as an excellent opportunity to make positive changes. A presentation would be provided to the Board and elected members to give a deeper understanding of the issues and actions.

I Grieve noted that there had been mention of additional external support, the Chief Executive advised that there were several avenues for the provision of this. The Chief Social Work Officer post had been filled on an interim basis and the Chief Nursing Officer was providing immediate additional support, the approach taken by other Boards to similar reports was also being reviewed.

M McEwen encouraged third sector involvement at all stages and was advised that Voluntary Action Orkney would be involved with improvement planning and commissioning.

The Employee Director stressed the need to openly support the health and wellbeing of staff affected to ensure that they had the confidence to carry on providing services.

The Chair summarised that the Board accept details of report and would give an immediate but thoughtful response to this. Internal resources would be used but also external support where required and there would be work to support staff at this difficult time including providing the training required to make improvements.

#### Mid Term Review

The Chief Executive and Chair had met with the Cabinet Secretary for Health and Sport, Jeane Freeman for the mid-term review. This had been a useful and constructive meeting, covering 2019/20 and the outlook for 2020/21. Performance against delivery targets was noted and the work around the redesign of dermatology services was viewed positive. The Scottish Governments intent to improve waiting times by March 2021 was clearly reiterated with a view to deliver in advance of this where possible.

Concerns were raised that sustainable solutions needed to be developed rather than short term fixed and there had been excellent discussion around the challenges of recruitment and cost of maintaining a 24/7 emergency service.

#### **Board Action Log**

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

## **Governance**

### **DL(2019)24 - Model Standing Orders – OHB1920-45**

The Head of Corporate Services presented the Model Standing Orders for adoption by the Board. 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 had been the production of Model Standing Orders which reflected best practice.

#### **Decision / Conclusion**

The Board formally adopted the Model Standing Orders from the 1 March 2020.

### **Board Appointments and Audit Chair – OHB1920-46**

The Head of Corporate Services presented the report advising of the appointments made by the Public Appointments Team to the roles of NHS Orkney Board Chair and Whistleblowing Champion and seeking Board approval of the appointment of David Drever as Interim Chair of the Audit Committee.

It was noted that I Stewart would take on the role of Chief Executive from the 1 July 2020 and Gerry O'Brien would remain accountable officer until this time.

#### **Decision / Conclusion**

The Board noted the appointments made and approved D Drever as Interim Chair of the Audit Committee.

### **Technology Enabled Care Programme update – OHB1920-47**

The Head of Digital Transformation and IT gave a presentation on recent developments in the Technology Enabled Care Programme. She advised that the Technology Enables Care Board had been reinstated and the Strategy was being refreshed.

Members were advised on the priorities, challenges and risks noted in the delivery plan. It was noted that many of the challenges could be seen as opportunities to resolve issues and improve services. There were opportunities for engagement and streamlining processes and also workforce development through digital champions and a review of the Service Level Agreement currently held with NHS Grampian.

The Chief Officer made members aware of the Government Pathfinder Programme where £50,000 of funding had been made available to employ someone to support the Boards work in this area; this was ring fenced funding and would be attached to a list of deliverables.

The Director of Public Health questioned how the Board was ensuring the developments met the clinical needs of the population and supported the clinical strategy. The Head of Digital Transformation and IT advised that there was clinical representation on the Programme Board and many of the digital champions were also clinicians to ensure that developments were being driven by clinical business.

The Director of Nursing, Midwifery, AHP and Acute Services agreed that all developments needed to have a practical application.

The Employee Director cautioned that clinical staff were often struggling with capacity and their day job would need to take priority; as such those that were digital champions would need to be supported to fulfil their role. The Head of Digital Transformation and IT advised that this was fully acknowledged and that this would form part of the CPD for clinical staff.

### **Decision / Conclusion**

The Board noted the update provided.

### **Strategy**

#### **Regional Asset Management Plan – OHB1920-48**

The Head of Support Services, Logistics and Contracts Management presented the report which superseded the Property Asset Management Strategy. He advised that all Boards were mandated to have an asset report and the information had been continually changing with the move to the new build. Data had been captured as best possible to meet the deadline but it was acknowledged that the old estate was referenced in the plan.

Work continued around sustainability and the environment included carbon reduction and vehicle use, with nine electric cars procured, at no cost to the Board. The report also described medical equipment and how this would be reflected further in future reports.

S Johnston noted that the report lacked detail at a local level and questioned how this ownership would be provided.

The Chief Executive noted that the report was written at a time of major transformation and migration to the new build, the document sought Board commitment to the direction of travel and strategic intent rather than details of each property.

### **Decision / Conclusion**

The Board approved the Regional Asset Management Plan.

### **Clinical Quality and Safety**

#### **Infection Prevention and Control Report - OHB1920-49**

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

- Orkney's validated Clostridium Difficile infection cases to date was 1
- MRSA screening uptake remained good.
- There had been no hospital bay or ward outbreaks Norovirus since February 2012.
- NHS Orkney's validated SABs cases were 6 at the time of reporting which was out with the LDP target, these cases were being investigated and learning



taken to prevent any further avoidable cases if possible and promote and positives.

- Hand Hygiene had not been included in the report as a percentage figure, due to the Corona Virus, Infection Control had been focusing on education, training and information with a very active emphasis on hand hygiene.

J Taylor noted that there was no hand sanitiser in the main reception for patients and members of the public to use and suggested that availability in public areas be increased. The Director of Nursing, Midwifery, AHP's and Acute Services advised that hand sanitiser was widely available in all clinical areas and but he would take these comments on board and look to install more in public areas.

The Director of Public Health gave an update on the national position with Corona Virus, Covid19. She advised that there were now over 82,000 cases worldwide and those seeking further information should visit NHS inform website for reliable accurate and up to date information. If members of the public were unwell and had passed through areas noted to have the virus they should telephone for advice and not come into public areas.

Covid19 had been added to the list of notifiable diseases in Scotland and NHS Orkney were well linked into national for plans across NHS Scotland and the rest of the UK.

S Johnston welcomed the communication to staff around Covid19 which had been excellent including the daily updates as information changed so rapidly.

### **Decision / Conclusion**

The Board noted the Infection Prevention and Control Report.

### **Clinical Engagement in NHS Orkney – OHB1920-50**

S Johnston presented the report advising of the progress made since the previous report to the Board on the 19 December 2019. He highlighted the following:

- Discussions were still ongoing around the Quality and Safety group and avoiding duplication of work.
- Work also continued in supporting office bearers to review the time allocation required and consider rostering this as protected time to prepare and also attend meetings
- The Hospital Sub Group was now operational and a proposal to delegate work of the AMC to this group and the GP Sub Committee had been written for approval.
- Advisory committee chairs had been asked to complete a piece of work looking at service level meeting structures to ensure that there was no duplication of work.
- Further work would be required around assigning sponsors.
- There had been good engagement around the Clinical Strategy
- An Area Clinical Forum Newsletter had been produced

The Director of Public Health thanked S Johnston for his work on this and promoting the professional advisory committees.

The Employee Director noted that from Partnership perspective Trade Union

representatives had the benefit of an agreement and this often made it easier to approach management for this protected time. She welcomed recognition that the role was valued and should be resourced to allow capacity to attend.

### **Decision / Conclusion**

The Board noted the update provided.

### **Chair's Report – Clinical and Care Governance Committee and minute of meeting held on 24 October 2019**

I Grieve, Chair of the Clinical and Care Governance Committee presented the report for Board members information, highlighting that:

- There had been complaints received around the increased demand to provide cover for the Scottish Ambulance Service, work was underway to address the concerns. A weekly meeting had been established including NHS Orkney, Scottish Ambulance Service, GPs and Hospital Based services to review and produce a plan on how services were to be provided. Paramedic support was being provided from off island to fill any gaps in provision. The Chief Executive advised that there had been increased dialogue with the Area Service Manager around levels of coverage on mainland Orkney. There was further work required to address the solution on the Isles as currently Health Board Staff were being deployed as an emergency service.

### **Decision / Conclusion**

The Board noted the Clinical and Care Governance Committee Chair's report and minute of the meeting held on the 24 October 2019.

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

S Johnston, Chair of the Area Clinical Forum, presented the report for Board members information, highlighting the following:

- The Area Dental Committee had reported that some families on the isles with young children were finding it difficult to attend dental appointments due to cost pressures. Discussions were held around how this could be addressed and accommodated and the positive aspects of dental services on the isles through the Childsmile programme.
- The Clinical Strategy was discussed, welcoming the approach taken including the facilitated sessions held to allow positive clinical engagement
- There had been a very informative update around Transforming Psychological Trauma and further information on the educational work taking place around this.

### **Decision / Conclusion**

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

## **Workforce**

### **Chair's Report – Staff Governance Committee**

C Evans, Chair of the Staff Governance Committee gave a verbal update from the meeting highlighting the following which had been discussed:

- The Committee had welcomed J Taylor, Whistleblowing Champion, Non Executive Board Member, to his first meeting and received an update around the national Whistleblowing Standards and implementation of these locally.
- The successes and challenges that the committee had faced over the previous 12 months were discussed as part of the annual review of the Committee and its documentation.
- iMatter results from 2019 had been lower than expected and it was hoped that there would be an increase in the 2020 results.

### **Decision / Conclusion**

The Board noted the Staff Governance Committee verbal Chair's report

## **Organisational Performance**

### **Financial Management Performance Report – OHB1920-51**

The Interim Director of Finance presented the report advising the financial position for the period to the 31 January 2020. Members were advised of the reported overspend of £295,000 and a commitment to deliver a forecast breakeven position on Health Board budgets by year end.

Members were advised that overspend comprised of £280,000 attributable to the Health Board and £15,000 for services commissioned by the Integration Joint Board. Reduction in spend was not keeping pace with expectations and this would need to be addressed by reviewing spend patterns and eliminating all non essential spend across both the new facility and old site.

It was anticipated that the Board would deliver £580,000 of the £750,000 savings target, it should also be noted that this had mainly been delivered on a non recurring basis. There had been success in recruitment to some vacant posts but there was still reliance on locum cover in many areas. Conversations were being held with Scottish Government regarding this and also around a technical accounting adjustment regarding the new facility.

The Chief Executive noted that although the Board would break even at year end this would be on a non recurring basis and would feature in the Auditor General's report to this effect, there would be a significant challenge delivering recurring savings moving forward.

The Employee Director stressed the pressure on staff in services that were carrying long standing vacancies.

### **Decision / Conclusion**

The Board noted the reported overspend of £295,000 for the period to the 31

January 2020 and the commitment to work towards delivery of breakeven position at year end.

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

The Chief Quality Officer presented the report providing members with published data on current performance against the Local Delivery Plan targets. The following were highlighted:

- Performance in the Emergency Department was exceeding the 95% standard on most days, but the area was seeing continued increased activity.
- Access to mental health services was improving due to the Board making investments to fill vacancies and further understand the data to better manage waiting times.
- Treatment Times Guarantee performance was below targets in some areas, especially ophthalmology and this would result in a breach position at year end. A sustainable model for Ophthalmology would be reinstated once the issues with the visiting service were resolved.
- There were delays in physiotherapy with an 8 week additional locum capacity agreed in the short term period while longer term solutions were reviewed.
- An increase in delayed discharges had impacted on patient flow.

The Director of Nursing, Midwifery, AHP's and Acute Services acknowledged that there were pressures across services and all staff were making efforts to achieve targets.

The Chief Executive noted the need to consider the new elective care centres including the opportunities that these presented regionally and how to maximise resources across the North of Scotland in this area.

Members were advised around the global citizenship post which consisted of 32 weeks a year with a Health Board and 10 weeks in other countries. There was evidence that this type of post could attract clinicians back into the service.

S Johnston noted that there were currently some GP and dentists with special interests and questioned whether this could be widened to other pressure areas; the Chief Quality Officer advised that this was already being considered with a specialist GP in Rheumatology included in the Annual Operational Plan submission.

The Employee Director noted the number of 'Did Not Attends' and questioned how this could be addressed. The Head of Corporate Services advised that a business case was being worked up around giving patients more ownership of booking appointments and a text message reminder service would be implemented.

### **Decision / Conclusion**

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

## **Chair's Report – Finance and Performance Committee and minute of meeting held on 28 November 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 and the continued commitment to reach a break even position by year end
- The Regional Asset Management Plan had been recommended for Board approval.

### **Decision / Conclusion**

The Board noted the Finance and Performance Committee Chair's report and adopted the minutes of the meetings held on the 28 November 2019.

### **Risk and Assurance**

#### **Risk reporting**

The Chief Quality Officer provided an update on progress with the refreshed approach to risk management across NHS Orkney. She advised that the Risk Management Strategy was approved in 2018 providing strategic direction and work had been ongoing with the Chair of the Audit Committee to further clarify the approach within NHS Orkney. A review of the NHS Orkney position against the NHS Scotland Audit and Assurance Committee Handbook had also been undertaken.

Members were advised that there were currently 20 active risks on the risk register including 5 high level risks.

There had been a recent Internal Audit around risk management and the initial findings were in already known areas of weakness, providing a real opportunity to excel when a further developing structures and processes.

The first meeting of the Risk Management Forum had taken place, this had been a dynamic and positive meeting with a clear view on how this area of business would move forward.

M McEwen noted that there was key work to complete at Board level around risk articulation which would give staff the confidence to come forward with ideas and make decisions.

### **Decision / Conclusion**

The Board noted the update provided.

#### **Any other competent business**

No other competent business was raised.

### **Items for Information**

#### **Key Legislation**

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

**Orkney Partnership Board minute of meeting on the 4 December 2019 and 30 January 2020**

The Board noted the minutes of the Orkney Partnership Board meetings.

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

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

**Record of Attendance**

The record of attendance was noted.

**Evaluation – reflection on meeting**

The Chair noted that it had been a positive meeting with useful debate and discussion around difficult items of importance to the Board.

The Chief Executive recorded his thanks to D Drever for carrying out the role of Interim Chair, during which time he had chaired two Board meetings and dealt with challenging areas of business.

**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	<u>Blueprint for Good Governance</u> A re-assessment of the Board's approach to risk management clearly identifying the Board's Strategic Risks and introducing a closer alignment between key risks and the Board's governance structure.	Meeting 25 April 2019	<b>Board Development Session</b>  <b>19 September 2019</b>	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**

<p><b>NHS Orkney Public Board</b></p> <p><b>Report Number: OHB2021-01</b></p> <p><b>This report is for approval</b></p> <p><b>Temporary revised approach to Corporate Governance Arrangements</b></p>	
<b>Lead Director</b>	Chief Executive
<b>Authors</b>	Meghan McEwen, Chair Emma West, Corporate Services Manager
<b>Action Required</b>	<p>The Board is asked to approve the temporary revised approach to corporate governance arrangements while the organisation is dealing with the COVID-19 pandemic, specifically to approve:</p> <ul style="list-style-type: none"> <li>• That the Board will not convene its Board meetings in public while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.</li> <li>• All Board meetings will be carried out in a manner which does not require the members and staff to physically meet.</li> <li>• The Board meeting cycle will be amended to allow meetings of the Board taking place fortnightly</li> <li>• The Governance Committees of the Board will be stood down; all essential committee business will be transacted by the Board</li> </ul>
<b>Key Points</b>	<p>This report sets out proposals to revise the Board's approach to governance while the organisation is dealing with the COVID-19 pandemic. The aims of this are:</p> <ul style="list-style-type: none"> <li>• The organisation can effectively respond to COVID-19, and discharge its governance responsibilities.</li> <li>• The organisation maximises the time available for management and operational staff to deal with COVID-19.</li> <li>• The organisation minimises the need for people to travel to and physically attend meetings.</li> </ul>



<b>Timing</b>	<p>This temporary revision to the Board governance arrangements will be reviewed at each meeting for their efficiency and appropriateness to the circumstances that NHS Orkney faces at any given time.</p> <p>Arrangements will be formally reviewed at 4 weekly intervals and consider a return to business as usual when appropriate.</p>
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to (please delete not relevant):</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>

## **Not Protectively Marked**

### **NHS Orkney Board**

#### **Temporary revised approach to Corporate Governance Arrangements**

**Megan McEwen, Chair**

**Emma West, Corporate Services Manager**

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### **Introduction**

The NHS and Social Care services face unprecedented demand as it responds to the Covid-19 Pandemic. Scotland, the wider UK and most international communities are facing prolonged stress to normal systems of work, socialisation and a major threat to economic wellbeing

The challenges faced by the NHS, Social care and the wider partnership systems requires the Board to establish temporary and appropriate governance arrangements that respond to support the organisation in the coming months.

The following changes to the Governance Framework for the Board will be reviewed on a four weekly basis so that a return to the more established arrangements can be achieved at the earliest opportunity.

### **Executive Summary**

The challenges faced by the services requires the Board to recognise that front line staff, senior officers and the Executive team must be allowed to deal with the Covid-19 Pandemic with as little distraction as possible.

However, The Board requires that the organisation continues to operate within an appropriate legal framework, acts in the best interests of the population, is efficient in the use of resources and puts the safety of staff and patients at the forefront of its efforts.

The management and clinical community will need to deploy its resources where they can have best effect. Normal working conditions, team structures and bases of work may need to be amended to facilitate support to the front line effort. These changes shall be temporary; staff involvement in service redesign is a key principle of NHS Orkney staff governance.

The Board will need to ensure it provides support, and where appropriate, challenge to the planning assumptions being made, in order to ensure the organisation maximises its resilience to the challenges it faces.

The Board needs to ensure it recognises the difficult decisions that will be made regarding provision of care, deployment of services and the reaction to the control planning arrangements that will work under the Gold, Silver and Bronze command structure.

The Board will also need to record such decisions as best as possible in order to provide support to the staff making these difficult decisions. The Board must act to free the staff (working to specialist guidance, and Government directive) to adapt plans quickly to meet the changes in requirement that are likely to occur on a daily, if not more frequent basis.

Non executives Board members should also be freed up to assist in leadership to the organisation and to people of Orkney.

## **Recommendations**

The Board is asked to approve the temporary revised approach to corporate governance arrangements while the organisation is dealing with the COVID-19 pandemic, specifically to approve:

- That the Board will not convene its Board meetings in public while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.
- All Board meetings will be carried out in a manner which does not require the members and staff to physically meet.
- The Board meeting cycle will be amended with meetings of the Board taking place fortnightly.
- The Governance Committees of the Board will be temporarily stood down; all essential committee business will be transacted by the Board.

## **Proposed Revised Governance Arrangements**

### Public Attendance

The Public Bodies (Admissions to Meetings) Act 1960 requires NHS Board meetings to be held in public. However Section 1(2) of that Act states:

'A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.

NHS Boards also have other legal duties to protect public health. In light of the preventative measures put in place across the country, including social distancing, it is not appropriate to convene public meetings. The Board can still publish its meeting papers on its website as it currently does.

It is also necessary to stop convening meetings in the traditional way, and use other options. Attendance will be facilitated via VC, Telephone, Microsoft Teams or other options where attendance in person is considered difficult or un-safe.

The Board's Standing Orders include the following provisions:

'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.'

The Boards Sub Committees will be suspended with immediate effect and it is proposed that the Board meets as a full body on a fortnightly basis.

The revised Board will develop an agenda that focuses on the response of the NHS, Social Care and Partners to the Covid-19 Pandemic. The Board will be provided with all appropriate formal guidance received from the Scottish Government, specific to areas of governance and Board responsibilities.

The Agenda will incorporate the necessary legislative or regulatory aspects of business previously referred to the standing committees.

The Board will remain mindful to seek assurance that the organisation is:

- acting in the best interests of the long-term wellbeing of the Population;
- acting to promote and work within a strong partnership framework
- protecting the public, patients, staff and contractors as best as is possible
- maintaining a culture of openness and transparency in decision making – encouraging involvement
- recording (logging of) key decisions made at service, patient level so that the appropriate support can be provided to staff who are having to make very difficult decisions regarding deployment of resources and access to services

## **How the Board should function**

The Board will function in accordance with the current agreed Model Standing Orders other than for the frequency of the meeting, Quoracy and Submission of Papers as referenced below

### Calling of Board Meetings (Frequency)

Meetings of the Board shall be held fortnightly on Thursday mornings at 10:00am. The Chair may call an extra-ordinary meeting of the Board at any time.

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

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that are available at that point.

With regard to calculating clear days for the purpose of notice this 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.

The Board will accept verbal up-dates at the discretion of the Chair, but it acknowledged that a briefing paper should be provided where possible. It will record in writing the key issues raised. The Board will seek formal written responses to verbal reports where necessary and agreed by the Board.

### Quorum

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.'

The above measures give the Board flexibility and the ability to convene a meeting even if many members cannot attend by prolonged sickness or absence as a result of the Covid-19 Virus.

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. This decision must be noted within the minute prior to the first agenda item being discussed.

If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board, the Chair, subject to the business to be conducted, will determine if the meeting should continue and any decision ratified thereafter.

If during any meeting of the Board a Member or Members are called away and the Chair finds that the meeting is no longer quorate, it would be the decision of the Chair as to whether the meeting is suspended or will continue to run, noting within the minute that it is not quorate, giving the timings.

If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or re-schedule. Any decisions that are required to be made by the members while the meeting is not quorate will be verified when the meeting becomes quorate or at the next meeting, if it is decided to adjourn the meeting.

### Submission of Papers

In order to free up officers to deal with the demands of the Covid-19 challenges, the Board will revert to accepting briefing notes in lieu of formal reports, where appropriate, as a matter of routine on legal or regulatory matters.

The Board discussions will be correctly and accurately recorded as a minute, where necessary the Board reserves the right to seek a specific written report on any matters

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that may arise from discussions that require such a record to be presented.

### Timescale for Arrangements

This temporary revision to the Board governance arrangements will be reviewed at each meeting for their efficiency and appropriateness to the circumstances that NHS Orkney faces at any given time.

Arrangements will be formally reviewed at 4 weekly intervals and consider a return to business as usual when appropriate.

## Not Protectively Marked

<b>NHS Orkney Public Board</b>  <b>Report Number: OHB2021-02</b>  <b>This report is for information</b>  <b>Video Conferencing/ Teleconferencing protocol</b>	
<b>Lead</b>	Meghan McEwen, Chair
<b>Action Required</b>	The Board is asked to note the protocol
<b>Key Points</b>	<p>Prior to the call the following should be shared with participants:</p> <ul style="list-style-type: none"> <li>• Dial in instructions</li> <li>• Agenda and any papers</li> </ul> <p>Participants should aim to dial in at the scheduled time, especially where there are a large number of participants and to enable the meeting to start promptly.</p> <p>When initially dialling in, participants should give their name when prompted.</p> <p>At the start of the call, the Chair will introduce themselves, confirm who is participating in the call and set out the ground rules for the meeting</p> <ul style="list-style-type: none"> <li>• The Chair should state the meeting objectives and clarify appropriate expected input from other participants and the expected duration of the meeting.</li> <li>• Participants should mute phones when not talking.</li> <li>• Participants should switch off alerts / endeavour to ensure that there are no interruptions.</li> <li>• Only one person should speak at any time. Participants should not interrupt others and should clearly state their name if they wish to speak.</li> <li>• Participants should only contribute when invited to by the Chair once they have intimated that they wish to speak.</li> <li>• Before moving onto the next agenda item, the Chair should check if there are any other participants who</li> </ul>

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	<p>want to speak and sum up any actions/decisions taken.</p> <ul style="list-style-type: none"><li>• There should be no side conversations.</li><li>• Participants should be clear and concise.</li><li>• The Corporate Services Manager will take a formal minute of the discussions, decisions and actions.</li></ul>
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