

NHS Orkney Board

14 May 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** held **Virtually** on **Thursday 14 May 2020** 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	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 23 and 30 April 2020	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	Committee Membership	Chair	OHB2021-09	To <u>approve</u> the amendments to Governance Committee membership
6.2	COVID-19 Incident Management – Resetting, Recovering & Renewing	Chief Executive Designate	OHB2021-10	To <u>note</u> the update provided
6.3	Key Legislation	Chair	OHB2021-11	To <u>note</u> the legislation issued and amendments to practice
7	COVID 19			
7.1	Coronavirus (COVID-19)	Director of	OHB2021	To <u>note</u> the range of

Item	Topic	Lead Person	Paper Number	Purpose
	Testing	Public Health	-12	testing programmes in place
7.2	Coronavirus (COVID-19) Testing and Monitoring in Care Homes	Director of Public Health	OHB2021 -13	To seek <u>assurance</u> on testing and monitoring in care homes in relation to COVID-19
7.3	Test, Trace and Isolate	Director of Public Health	OHB2021 -14	To <u>note</u> the requirements for a test, trace, isolate and support programme
8	Clinical Governance			
8.1	Children's Services Inspection Report Improvement Plan	Interim Director of Nursing	OHB2021 -15	To <u>note</u> the progress to date
8.2	Chair's Report – Area Clinical Forum	Area Clinical Forum Chair		To <u>note</u> the Committee Chair's Report
9	Finance and Performance			
9.1	Chair's Report – Finance and Performance Committee and minute of meeting held on 20 February 2020	Finance and Performance Committee Chair		To <u>note</u> the Committee Chair's Report and <u>adopt</u> the approved minutes
10	Staff Governance			
	No agenda items this meeting			
11	Audit and Risk			
11.1	Chair's Report – Audit and Risk Committee	Audit Interim Chair		To <u>note</u> the Committee Chair's Report
12	Any other competent business			
13	Committee Evaluation Reflection on meeting	Chair		

By Standing Invitation:

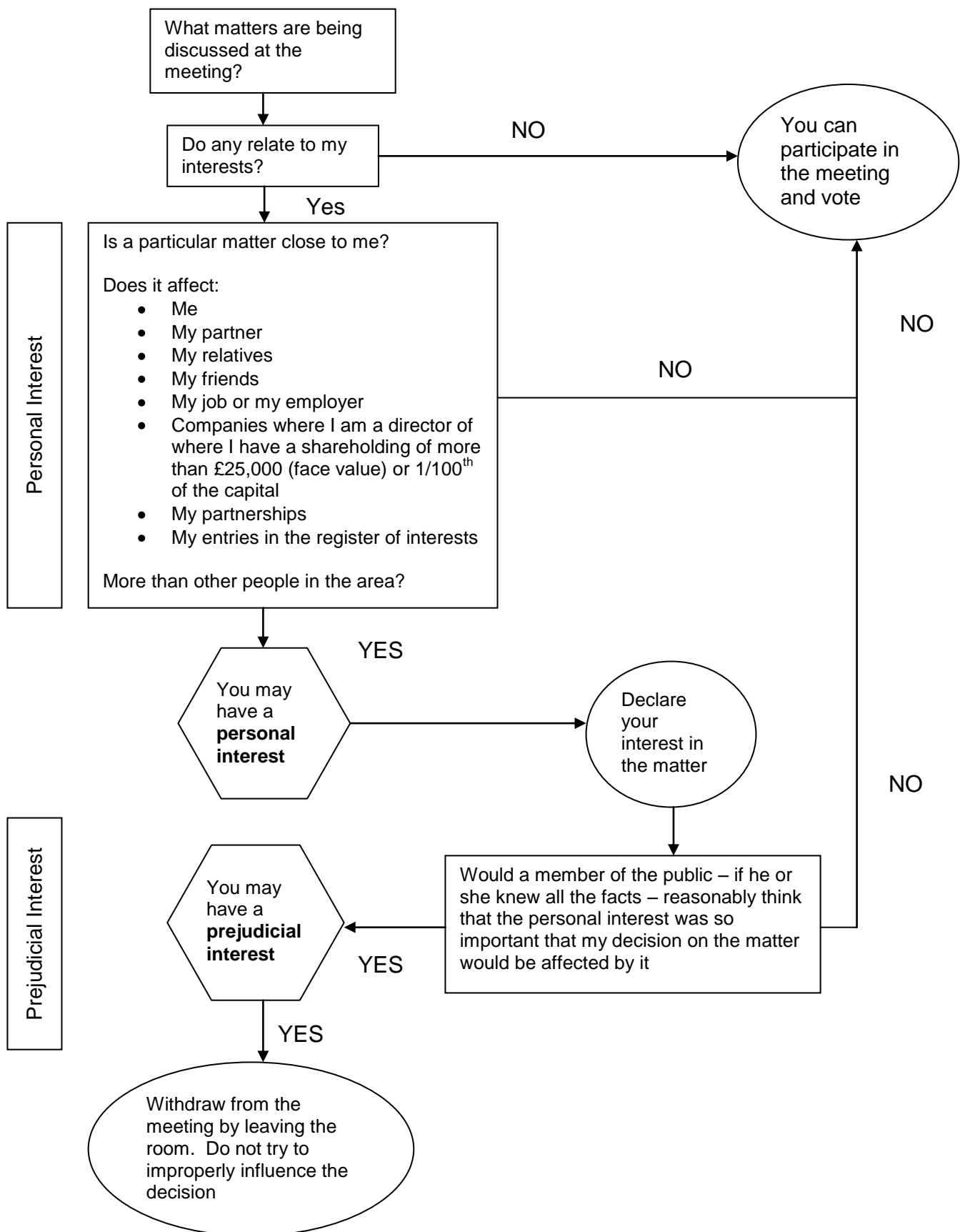
Sally Shaw, Chief Officer

Christina Bichan, Chief Quality Officer

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

Julie Colquhoun, Head of Corporate Services

Declaring interests flowchart – Questions to ask yourself



Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **virtually** on **Thursday 23 April 2020** at **10:45am**

- Present**
- Meghan McEwen, Chair (VC)
 - Davie Campbell, Non Executive Board Member (VC)
 - David Drever, Non Executive Board Member (VC)
 - Caroline Evans, Non Executive Board Member (VC)
 - Issy Grieve, Non Executive Board Member (VC)
 - Steven Johnston, Non Executive Board Member (VC)
 - Fiona MacKellar, Employee Director (VC)
 - Gerry O'Brien, Chief Executive (VC)
 - Marthinus Roos, Medical Director (VC)
 - James Stockan, Non Executive Board Member (VC)
 - Jason Taylor, Non Executive Board Member (VC)
 - Louise Wilson, Director of Public Health (Phone)
- In Attendance**
- Sally Shaw, Chief Officer, Integration Joint Board (VC)
 - Iain Stewart, Chief Executive Designate (VC)
 - Emma West, Corporate Services Manager (minute taker)

The Public meeting of the Board did not take place as scheduled due to technical difficulties and was reconvened for the 30 April 2020.

The below item from the public agenda was discussed in the later in committee meeting due to the need to progress this in a timely manner.

22 **Apologies**

Apologies were noted from M Doyle.

23 **Declarations of interests**

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

Governance

24 **Interim Governance arrangements – OHB2021-03**

The Chief Executive presented the report on the interim governance arrangements noting that the role of the Board remained unchanged but in light of the COVID19 situation it had been agreed to revise the governance approach and standing down the normal committee structure, transacting business in a slightly different way through fortnightly meetings of the Board.

Governance Committees were a fundamental aspect of providing assurance and as such there was a need to consider how this governance would be provided in the short term while recognising the need to streamline processes, decision making and importantly maintaining the principles of social distancing. It was noted that the Area Partnership Forum was also a statutory requirement and a key facet of good governance.

It was agreed that each committee should consider particular aspects of the

current emergency situation and consider the assurance to be provided to the Board over the arrangements in place, arrangements that needed to be put in place, the planning assumptions that underpinned those arrangements and the ability to adapt arrangements as assumptions change.

The Chief Executive stressed that the new normal was going to be significantly different, the Covid 19 pandemic would have long lasting economic and health impacts and these must be assessed and strategies and plans developed to meet the new challenges

The Chair noted that there had been many changes in legislation through Scottish Government circulars and there was a need for these to be sighted through the appropriate governance routes. The Chairs and Lead Executives for each of the Governance Committees would be required to ascertain key items of business in light of Covid priorities and business as usual.

I Grieve agreed with this approach, reinstating committees with a limited agenda focusing on key priority areas, for the Clinical and Care Governance Committee she noted that this would include Mental Health and an update on the Children's Inspection Report.

It was agreed that initial meetings with Chairs and Lead Directors would take place virtually and informally but all meetings would follow current governance arrangements with papers being issued within agreed timescales and meetings formally minuted to capture discussion and approvals.

Decision / Conclusion

The Board approved the revised working arrangements.

Governance Committee Chairs, Lead Directors and the Chief Executive Designate agreed to meet virtually to consider the format, frequency and duration of meetings and the key priority areas to be addressed going forward.

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 30 April 2020** at **10:00am**

Present

- Meghan McEwen, Chair
- Davie Campbell, Non Executive Board Member
- David Drever, Non Executive Board Member
- Caroline Evans, Non Executive Board Member
- Issy Grieve, Non Executive Board Member
- Fiona MacKellar, Employee Director
- David McArthur, Director of Nursing, Midwifery, AHP and Acute Services
- 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

In Attendance

- Mark Doyle, Interim Director of Finance
- Iain Stewart, Chief Executive Designate
- Emma West, Corporate Services Manager (minute taker)
- Brenda Wilson, Interim Director of Nursing

48 **Apologies**

Apologies were noted from S Johnston and S Shaw.

The Chief Executive welcomed Brenda Wilson to her first meeting of the Board; B Wilson had joined NHS Orkney on an interim basis from NHS 24 taking over from D McArthur whilst he was involved with the NHS Louisa Jordan Hospital. B Wilson brought a vast wealth of experience and was warmly welcomed to Orkney and the Board, priorities for the short term had already been discussed and implemented.

49 **Declarations of interests**

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

50 **Minute of previous meeting held on 9 April 2020**

The minute of the meeting held on 9 April 2020 was accepted as an accurate record of the meeting and was approved.

51 **Matters Arising**

Children's Inspection Report

Members were advised that meetings continued with input from Healthcare Improvement Scotland to ensure clarity around the way forward and that work progressed in a timely manner, focusing on priorities areas and significant distinct pieces of work.

A Short Life Working Group had been established, with appropriate representation, to develop and deliver a high-level plan for health that linked with the partnership improvement plan. This would pull together key priorities that had

been highlighted and with the support of the Quality Improvement Team an action plan would be drafted. The Short Life working group would meet weekly on a Monday with clear actions and timelines for progress enabling updates to be provided by the Chief Executive at the Chief Officers Group (COG). Feedback on this approach from Healthcare Improvement Scotland had been positive and it was acknowledged that the most important focus was on the children and young people affected, it was essential that they were at the centre of all improvements.

D Drever assured the Board that this also remained a high in priority of the Integration Joint Board, the lack of referrals had also been raised as a concern.

B Wilson noted that there had been a marked drop in child referrals, the first action taken to address had been to issue more information to health and social care staff around how to raise concerns in the first instance.

I Grieve welcomed the updated which had provided a significant degree of assurance and advised that this would continue to feature on the agenda of the Clinical and Care Governance Committee.

C Evans questioned whether the Short Life Working Group had representatives from the third sector and was advised that the group had the specific task of taking forward changes in the system relating to health, the third sector had representation at partnership level.

The Employee Director welcomed supervision and documentation as key themes as these were important areas to staff.

D McArthur also welcomed the progress made and the actions taken but emphasised that effort and staffing could not be diverted from this important work.

52 **Board Action Log**

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

Governance

53 **Interim Governance arrangements – OHB2021-03**

This item had been taken on the 23 April due to the time restrictions of implementation. The following verbal updates were provided from the Chairs of the Governance Committees.

Clinical and Care Governance

I Grieve advised that the Committee would meet the week commencing the 11 May 2020 to discuss key agenda items.

Audit and Risk

D Drever confirmed that the Audit and Risk Committee would meet on the 5 May 2020 to discuss key priority areas and forward planning. The Committee were aware that there was a number of outstanding Internal Audit reports that required to be progressed along with the Internal Audit plan for 2020/21 and governance around Covid19 risk reporting.

Staff Governance

C Evans advised that key legislation along with other priority areas would be discussed, the next scheduled meeting of the Committee was not until the end of May and consideration was being given to a more urgent meeting.

Finance and Performance

D Campbell advised that the committee would be meeting fortnightly in the interim to discuss 5 key areas. Meetings would be held through a Video Conference bridge to enable attendance until NHS Teams was fully operational.

Board

Members had agreed to review the Interim amendments to Governance arrangements resulting in Board meetings being held fortnightly, it was agreed that these arrangements would be extended until the end of June 2020.

Decision / Conclusion

The Board noted the updates from Governance Committee Chairs and agreed to extending the Temporary Governance Arrangements until the end of June 2020.

54 **Key Legislation – OHB2021-04**

The Chair presented the report for information.

The Employee Director advised that all circulars, pertinent to staff, had been taken to staff side and discussed through the working group to ensure that information was correctly disseminated.

The Interim Director of Finance advised that a letter dated 24 April 2020 advised around mobilisation costs and included a directive that no new costs should be incurred without prior consultation with the Scottish Government. The Chief Executive noted the need for clarity around incurring costs and continuing costs and was advised that this referred to new costs only.

The Chief Executive Designate advised that the only further increase in services would be around ventilation, there were currently 4 ventilated bed, which could be increased to 6 beds but would come at a cost of around £0.25m with the requirement for additional staffing. The use of ventilated beds, since the beginning of the pandemic, had been a total of 2 hours and for patients that were not Covid positive. He advised that he would write to the Scottish Government to advise the high cost implications of increasing ventilated beds, the outcomes of these conversations would be taken to the Clinical and Care Governance Committee.

The Employee Director noted that there would also be ongoing equipment costs, teams had taken a very responsible position of only carrying out what was absolutely necessary. Patients coming out of ventilation or who had been ill for a long period of time would have a long-term acute rehabilitation and there would be equipment costs associated with this.

The Chair asked that these cost implications were discussed through the Finance and Performance Committee with a recommendation and information brought

back to the Board.

Decision / Conclusion

The Board noted the key legislation issued and welcomed reporting through the Governance Committees as noted above.

COVID -19

55 Personal Protective Equipment (PPE) – OHB2021-05

The Chief Executive Designate presented the report advising that a robust PPE group had been formed and was charged with ensuring continuity of supplies. The group had been given a specific remit around ensuring PPE was sourced and distributed in enough quantity across NHS Orkney. All PPE was sourced directly from the National Distribution Centre (NDC) and distributed locally to three distinct areas, the NHS Board, GP Practices and the Health and Social Care Sector.

Currently stocks were healthy, with the only issue in supply being around plastic long sleeve gowns. NHS Orkney currently held 620 in stock and used approximately 100 a week, an alternative supplier had also been found for this product.

Staff were working closely with Orkney Islands Council around the supply of PPE through one system so that it was clear what was available locally and that this could be shared if required.

J Taylor noted that the Chief Officer had been interviewed on Radio Orkney regarding PPE that had been produced locally and questioned the testing of this to meet the relevant standards.

The Chief Executive Designate gave thanks to those people in the community that had given up their time to make items for staff, this was an amazing contribution and the Board were very grateful. He advised that many items did not require universal marks but must adhere to set criteria, for example scrubs only needed to be colour-fast and washable at 60 degrees. Other items of Personal Protective Equipment must meet required standards and accreditation before being confirmed safe for staff to use.

The Chair echoed these thanks to the community for an exceptional effort that was very gratefully received.

The Employee Director noted that the wash bags for uniforms had very gratefully been received by staff.

The Chief Executive Designated noted that Hand Sanitiser had also been donated and a bottle of hand gel given to each member of staff.

Decision / Conclusion

The Board noted the current requirements and availability of Personal Protective Equipment and thanked the community for all their help in producing items.

Clinical Governance**56 Reaffirming roles and responsibilities – OHB2021-06**

The Chief Executive presented the report which reaffirmed the roles of Child Health Commissioner and Corporate Responsibility for Looked After Children.

He stressed that it was important to have visible leadership and Board members needed to be aware of these very important roles within the Board that were additional to the substantive roles of the post holders.

The circulars attached to the paper set out the key roles of each and there was a need to consider the time and space required to fulfil these roles and provide assurance reports through both the Governance Committees and the Integration Joint Board.

D McArthur welcomed the reaffirming of these role as this raised the profile and accountability and made them more visible.

The Director of Public Health noted that the role of Child Health Commissioner was extremely important and the Board must ensure that there were the resources required to deliver around the extensive elements of the role in terms of capacity.

J Stockan questioned whether it would be the role of the Director of Public Health to take Corporate Parenting aspects to the Board. The Chief Executive advised that the Board required to hold a discussion on collective and individual responsibilities as corporate parents as this was not the role of one individual but the role of the Board. This should be a discussion scheduled with partnership colleagues on how all perform this role and bring value into the life of the children that the Board were Corporate Parents for.

Decision / Conclusion

The Board reaffirmed the roles of Child Health Commission as Louise Wilson and Corporate Responsibility for Looked After Children as David McArthur.

Finance and Performance**57 NHS Overview of Services – OHB2021-07**

The Chief Executive presented the report which provided an update on services that had been continued, amended or stopped. He advised that Maternity, paediatrics and urgent cancer referrals were unaffected and there would be a need to consider the recovery phase.

There had been an increase in waiting times generally from the start of March 2020 and ongoing discussions would be held around how to address these going forward.

The Chair advised that there had been concerns raised nationally that the public were not coming forward with non Covid related issues as they were not wanting to overwhelm the health system. There had been a publicity campaign launched to raise awareness of what services were still operating and encourage members of the public to seek help for urgent health care needs.

I Grieve noted that the paper had provided a very useful and comprehensive update which the IJB would also benefit from receiving, even though it was acknowledged that not all the areas covered were commissioned services.

The Interim Director of Finance noted the need to be carefully sighted around the downturn in service provision in the hospital and the diverting of this funding to Covid19 costs.

D Campbell sought further information on the Near me statistics, including how many appointments had been held virtually and how many were not possible. It was agreed that this would be picked up by the Finance and Performance Committee.

D McArthur noted that some of the changes that had been made were working well and should continue when services reverted back to the new normal. He added that many Health Boards were returning specialist nurses back to normal functions and this should be a consideration.

Decision / Conclusion

The Board noted the information provided and welcomed a further update in due course.

Staff Governance

58 Workforce Report – OHB2021-08

The Chief Executive Designate presented the report advising that 83 additional members of staff had joined NHS Orkney from a variety of disciplines. Work continued around training on correct PPE and face fit testing for these additional staff, along with ongoing training on the ventilation and surge units and the community assessment centre.

There was a need to consider de-escalation plans whilst keeping sighted of the possibility of an increase in cases towards the end of May, staff on temporary and short-term contracts would need to be extended or served notice.

D Drever questioned whether there was any potential for permanent recruitment of staff that had joined the Board during this emergency period and was advised that discussions would certainly be held with all relevant individuals.

J Stockan questioned the shielding numbers and was advised that around 17% of the workforce were not at work through sickness absence and shielding combined.

The Employee Director noted that the workforce had greatly increased their skills and knowledge which had instilled much confidence around managing critically ill patients.

The Chief Executive Designate noted that a number of student nurses had also joined the Board from a variety of areas which had provided a good insight and would hopefully lead to future recruitment.

The Chair stated that she had witnessed remarkable steps forward in culture and

behaviours that should be continued and embedded moving forward.

Decision / Conclusion

The Board noted the updates provided.

Audit and Risk

There were no items this meeting.

59 **Any other competent business**

Plans for new Covid normal

Members noted that there was a need for forward planning and living with Covid as Business as Usual, the hospital would need to maintain a Covid state of readiness going forward in a recovery phase and the Chief Executive would continue to link nationally around this.

60 **Evaluation – reflection on meeting**

Members agreed that it had been a positive meeting and that the technology had worked well. The additional time to read and digest papers had also resulted in a smoother meeting.

61 **Public Forum**

It had not been appropriate to convene the meeting in public due to the preventative measures put in place across the country, including social distancing. The Board papers had been published on website in line with current procedures.

NHS Orkney Board Action Log Updated 14 April 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	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 Assigned to the Audit Committee.
02-2019/20					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p>NHS Orkney Board – 14 May 2020</p> <p>Report Number: OHB2021-09</p> <p>This report is for approval</p> <p>Governance Committee Membership</p>	
Lead Director Author	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the reviewed and updated Governance Committee Membership as detailed in Appendix 1
Key Points	<p>As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members.</p> <p>In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements.</p>
Timing	Due to changes in membership of the Board there was a need to review the Committee membership to ensure that meetings remain quorate and functional.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement;

Not Protectively Marked**NHS Orkney Board – 14 May 2020****Governance Committee Membership**

Emma West, Corporate Services Manager

Section 1 Purpose

The purpose of this report is to present the proposed Governance Committee membership, along with appointments to vacant Governance Committee Chair and Vice Chair positions, to the Board for approval.

Section 2 Recommendations

The Board is asked to approve the proposed Governance Committee membership including chairs and vice chairs where there are vacancies.

Section 3 Background

As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members which includes those Non-Executive Members who are members due to the office they hold:

Audit and Risk	Four
Finance and Performance	Four
Clinical and Care Governance	Four
Remuneration	Four
Staff Governance	Four

The voting membership of the Integration Joint Board also requires three Non Executive Directors.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:

- Audit Committee – Chair of the Board together with any Executive Member or Officer.
- Remuneration Committee – any Executive Member or Officer.

The Board shall appoint Chairs and Vice-Chairs of Committees who shall hold office for

two years. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

As a consequence of the personal development appraisal and review process, the Chairman will decide with the relevant Non Executive Members which of the Committees they will serve on as member of as Chair or Vice Chair.

Appendix 1

- Governance Committee Membership

ORKNEY NHS BOARD**Chair:** Meghan McEwen**Vice-Chairperson:** David Drever**STANDING COMMITTEES: Period May 2020 – May 2022****Audit and Risk Committee:****Members:**

David Drever, Chair
 Davie Campbell, Vice Chair
 Jason Taylor
 Fiona MacKellar

In attendance:

Mark Doyle, Interim Director of Finance - LEAD
 Gerry O'Brien, Chief Executive
 Keren Somerville, Head of Finance
 David Eardley, Chief Internal Auditor, Scott Moncrieff
 Matthew Swann, Internal Auditor, Scott Moncrieff
 Claire Gardiner, Senior Audit Manager, Audit Scotland
 Colin Morrison, External Auditor, Audit Scotland
 Gillian Woolman, Audit Director, Audit Scotland
 Christina Bichan, Chief Quality Officer
 Julie Colquhoun, Head of Corporate Services

Finance and Performance Committee:**Members:**

Davie Campbell, Chair
 James Stockan, Vice Chair
 Meghan McEwen
 Caroline Evens
 Gerry O'Brien, Chief Executive
 Mark Doyle, Interim Director of Finance – LEAD

In attendance:

Keren Somerville-, Head of Finance
 David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services
 Marthinus Roos, Medical Director
 Louise Wilson, Director of Public Health
 Sally Shaw, Chief Officer, Integration Joint Board

Integration Joint Board:**Members:**

David Drever, Vice Chair
 Issy Grieve
 Davie Campbell

Deputies:

Caroline Evans
 Meghan McEwen

Clinical and Care Governance Committee:**Members:**

Issy Grieve, Chair
 Steven Johnston, Vice Chair
 David Drever
 Meghan McEwen
 Gerry O'Brien, Chief Executive

In attendance:

Christina Bichan, Chief Quality Officer
 David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services
 Chris Nicolson, Director of Pharmacy

Four elected Orkney Islands Council members

Sharon-Ann Paget, Chief Social Work Officer
Marthinus Roos, Medical Director – LEAD Clinical
Sally Shaw, Chief Officer – LEAD Care
Heather Tait, Public representative
Louise Wilson, Director of Public Health

Staff Governance Committee:

Members:

Caroline Evans, Chair
Fiona MacKellar, vice chair
Jason Taylor
Issy Grieve
Kate Smith, Partnership Representative
Chris Werb, Staff Partnership
Gerry O'Brien, Chief Executive
Julie Colquhoun, Head of Corporate Services

In attendance:

David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services
Local Human Resources Officers as required

Remuneration Committee:

Members:

Meghan McEwen Chair
James Stockan, Vice Chair
Fiona MacKellar
Davie Campbell

In attendance:

Gerry O'Brien, Chief Executive
Julie Colquhoun, Head of Corporate Services - LEAD

OTHER COMMITTEES:

Endowment Fund Sub Committee:

Members:

Meghan McEwen, Chair
Davie Campbell, Vice Chair
Issy Grieve
David McArthur, Director of Nursing, Midwifery and Allied Health Professions
Mark Doyle, Interim Director of Finance - LEAD

Standing Invitation to Attend:

Karina Alexander, Treasurer
Michelle Mackie, Orkney Health and Care Representative
Steven Johnston, Area Clinical Forum Chair
Lynne Spence, Area Clinical Forum representative
Paul Gratton, Support Services representative
Chris Werb, UNISON, Area Partnership Forum representative
<vacant>, Area Partnership Forum representative
<vacant>, Hospital Clinical representative
Gladys Leslie, Public representative
Anne Heddle, Public representative

Pharmacy Practices Committee:

Chair to be appointed as and when required

Partnership Forum:

Gerry O'Brien
Fiona MacKellar

Area Clinical Forum:

Steven Johnston, chair

Orkney Alcohol and Drugs Partnership:

Issy Grieve

Orkney Partnership Board:

Meghan McEwen

Updated May 2020

Not Protectively Marked

NHS Orkney Public Board – 14 May 2020 Report Number: OHB2021-10 This report is for noting. COVID-19 Incident Management – Resetting, Recovering & Renewing	
Lead Director Author	Iain Stewart, Chief Executive Designate Iain Stewart, Chief Executive Designate
Action Required	The Board of NHS Orkney is invited to note the update provided on current COVID-19 Incident Management and plans to reset, recover and renew ensuring that incident management can be remobilised if and when required.
Key Points	<ul style="list-style-type: none"> • Current COVID-19 Incident Management regime • Future Incident Management plans to reset, recover and renew post COVID-19
Timing	To be considered at the meeting of 14 May 2020.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services • Optimise the health gain for the population through the best use of resources • Pioneer innovative ways of working to meet local health needs and reduce inequalities
Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that an appropriate level of access to high quality, safe and effective care is available for the people of Orkney during the Covid-19 pandemic.
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.

Purpose

The purpose of this report is to inform the Board on current COVID-19 Incident Management and plans to reset, recover and renew ensuring that incident management can be remobilised if and when required.

Recommendation

The Board is invited to consider the plans to reset, recover and renew the COVID-19 Incident Management regime.

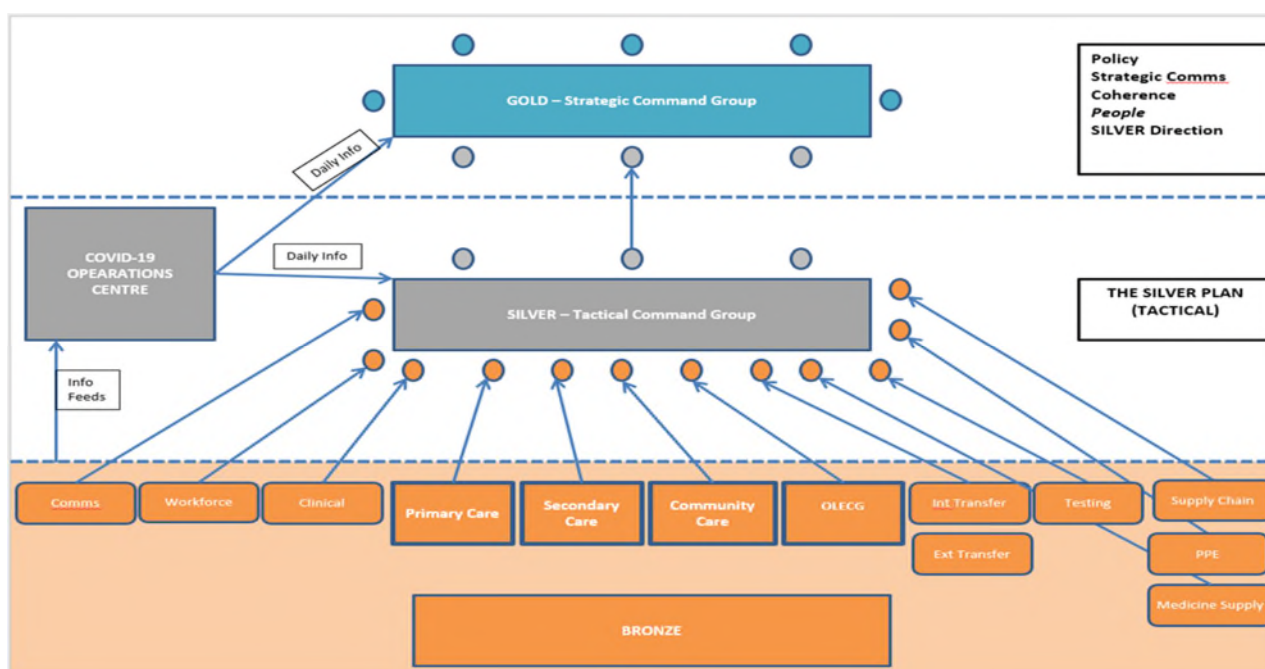
Background

In January 2020 COVID-19 was identified as a coronavirus causing respiratory disease and has spread to many countries causing significant pressures to healthcare systems. NHS Orkney has undertaken a range of actions to prepare for an increase in COVID-19 infection in the population, part of the preparedness was the establishment of an incident management regime.

During March 2020 NHS Orkney activated its incident management plan following the decision by the UK and Scottish Government to declare a pandemic. A typical Bronze, Silver and Gold escalation command structure was established with appropriate representation from NHS Orkney (including Non-Executive representation) and colleagues from Orkney Health and Care. As illustrated in Fig. 1 various subgroups were formed including:

- Testing
- PPE/OLECG/Resilience
- Supply Chain
- Children's Services
- Primary Care
- Secondary Care
- Community Care
- Workforce
- Communications
- Medicine Supply
- Clinical Pathways

Fig. 1: Escalation Command Structure



Reset, Recover & Renew – A framework for post COVID-19 Incident Management

The emergence of the COVID-19 virus is the biggest global challenge that humanity has faced for generations, both in Scotland and internationally. Boards across Scotland, including NHS Orkney were required to amend their modus operandi to ensure steps were taken to contain the virus, these steps were unprecedented and changed life as we knew it, but the defining factor was how people responded to them. The population of Orkney are thanked for diligently following public health advice to stay at home, social distancing and following hand hygiene advice.

NHS Orkney joins the First Minister in expressing gratitude to all sectors of community: health and social care workers, who have mobilised with a world class response; the other public service workers who have continued to provide vital public services and taken on new tasks to protect those most in need; shop workers and our business community, who have found new ways to work and flexed their businesses to respond to new circumstances; food producers and delivery drivers who have ensured that the food and supplies we need is there when we need it; and third sector in supporting the people of Orkney.

Given the uncertainty that surrounds our global understanding of the disease, NHS Orkney and partners will need to continue to work together to ensure that our community is protected from the threat presented by COVID-19.

While it is hoped that scientific advances, such as treatments and a vaccine, will provide solutions in the longer term, in the more immediate future NHS Orkney will need to learn to live with this virus, possibly for some time to come. Our challenge therefore is to work out if and how we can continue to suppress it and minimise its harms, while restoring some semblance of normality to our everyday lives. NHS Orkney will always take a careful approach that seeks to protect life and reduce harm and over the next few weeks will develop a strategy to *reset, recover and renew*.

The first step on that path is to revert to weekly Senior Management Team (SMT) meetings as the strategic oversight group (previously Gold). SMT membership consists of:

- Chief Officer
- Director of Public Health
- Medical Director
- Director of Nursing, Midwifery, AHP and Acute Services
- Interim Director of Finance
- Head of Support Services, Logistics & Contract Management

- Head of Corporate Services
- Chief Quality Officer
- Chief Executive

To ensure good governance and a clear link to the Board, each sub-group has been aligned with a Committee as illustrated in Table 1 below:

Table 1: Sub-group and Committee Alignment

Sub-group	Committee
Children's Services	Clinical & Care Governance
Community Care	
Secondary Care	
Primary Care	
Medicine Supply	
Clinical Pathways	
Testing	Staff Governance
Workforce	
Communication	
OLECG/Resilience/PPE	
Supply Chain	Finance & Performance

To ensure that our community is protected from all future threats presented by COVID-19, the planning and learning over recent months will be retained, ensuring there is the ability to quickly revert to the incident management regime of Gold, Silver and Bronze if needed.

NHS Orkney and partners will also continue with existing groups that operate together to protect the population of Orkney, such as, the Chief Officers Group (COG), NHS Scotland Chief Executive COVID-19 Planning and Preparedness Group and Orkney Local Emergency Coordination Group (OLECG).

Not Protectively Marked

NHS Orkney Board – 14 May 2020 Report number: OHB2021-11 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

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2020)10	17.04.2020	Health and Social Care COVID-19 accelerated recruitment portal: further guidance to NHS Boards
CMO(2020)12	20.04.2020	Provision of the Medical Certificate of Cause of Death (MCCD) to registrars 7 days a week, during the COVID-19 pandemic
DL(2020)12	24.04.2020	Reporting arrangements for notifying any suspected Coronavirus related staff deaths to the Scottish Government
PCA(P)(2020)08	24.04.2020	COVID-19: additional financial support measures for community pharmacy contractors
PCA(M)(2020)05	28.04.2020	General Medical Services Statements of Financial Entitlements for 2020/21
PCA(M)(2020)06	28.04.2020	GP Practices: additional funding: COVID-19
PCA(M)(2020)07	28.04.2020	Childhood Immunisation Scheme (Directed Enhanced Services) (Scotland) Directions 2020
DL(2020)13	28.04.2020	Delivering a whole system response to Covid-19: guidance for the deployment of Health Board staff to community settings
PCA(O)(2020)07	01.05.2020	General Ophthalmic Services (GOS) – COVID-19: further important information for community eye care providers

Not Protectively Marked

NHS Orkney Board Report Number: OHB2021-12 This report is for noting Title of Report: Coronavirus COVID-19 testing	
Lead Director Author	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health
Action Required	The Board is asked to: <ul style="list-style-type: none"> Note the range of testing programmes in place
Key Points	<p>This paper provides a short overview of the range of testing programmes in place in Orkney. This is a rapidly changing area, with frequent expansion of groups to be tested.</p> <p>The requirement for Covid-19 testing has increased over the past weeks as the groups of individuals eligible for testing have increased. The key groups for testing in the NHS are</p> <ol style="list-style-type: none"> 1. Clinical – testing hospital inpatients with clinical symptoms, testing over 70s in patients every 4 days, testing for discharge to care homes, and upcoming test, trace and isolate 2. Care homes – admissions, outbreak and surveillance of care homes 3. Key workers return to work (NHS and Care home staff) 4. Surveillance – contribution to national picture from clinical assessment centre <p>The number of tests that NHS Orkney can perform is around 40 per day with the ability to increase for short periods to around 55 although this impacts on other microbiological services. Lab working hours have been extended.</p> <p>There is a risk that if only one strand of work is considered eg expansion of testing to asymptomatic worker groups the work load may be considered small but this workload not seen in the context of other service demands.</p> <p>Alongside the NHS system is the UK government testing</p>

system which addresses broader key workers.

Group	Description	Relevant keyworker populations
2	Essential workers in critical national infrastructure fundamental for safety and security, and life-line services	<ul style="list-style-type: none"> • Police • Scottish Fire and Rescue Service • Local authorities staff working public safety, security or law and order • Front-line Home Office Staff, including a) those running immigration detention centres, b) Maritime Border Force, c) frontline immigration and customs officers • Essential defence personnel • Essential environmental protection • Essential animal health and welfare • Funeral industry • Staff working for third sector organisations supporting people and children who are vulnerable, including grant aided schools • Essential roles within food supply chain and food processing. • Essential roles within medicines and pharmaceutical supply. • Essential roles in chemicals supply chains • Essential roles in energy and water supply
3	Staff directly involved in delivering other essential services	<ul style="list-style-type: none"> • Staff providing childcare/education in schools for key workers • Public transport workers • Postal services • Financial services • Supermarket workers • Construction and maintenance of essential public services • Court and Crown Office staff • Civil Servants, parliament staff and other critical decision makers in public sector working on the central response to covid-19 • Journalists
4	Staff involved in volunteering, or in nationally or locally significant industry important to economic sustainability and growth	

Recent expansion on 1st May included symptomatic over 65s and symptomatic key workers travelling for work. Due to the physical location of UK government test sites and limitations around mailing of tests NHS Orkney has been

7.1

	<p>working to support the UK government testing system with expansion to testing of category 2,3, and 4 workers being considered at Clinical and Care Governance.</p> <p>The health protection team is working closely with other health boards and PHS to develop the local test, trace, isolate and support programme.</p>
Timing	Board meeting – 14 th May 2020
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities;
Contribution to the 2020 vision for Health and Social Care	<p>Safe: avoiding injuries to patients from healthcare that is intended to help them</p> <p>Effective: providing services based on scientific knowledge</p> <p>Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy</p>
Equality and Diversity	No specific equality impact assessment has been undertaken

Not Protectively Marked

NHS Orkney Board – 14 May 2020	
Report Number: OHB2021-13	
This report is for discussion and agreement	
Title of Report: Coronavirus (COVID-19) Testing and Monitoring in Care Homes	
Lead Director Author	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health
Action Required	The Board is asked to: <ul style="list-style-type: none"> Seek assurance on testing and monitoring in care homes in relation to COVID-19
Key Points	<p>There has been increased concern over the impact of COVID-19 infections in care homes and the number of deaths in care homes. Directors of Public Health (DsPH) were asked to provide additional assurance in relation to this issue. Directors of Nursing have also been asked to provide assurance to the Chief Nursing Officer.</p> <p>National meetings of Directors of Public Health have occurred with Scottish Government and the Care Inspectorate. As a result, a Framework for assurance was developed and implemented across Scotland to allow an initial assessment of care homes against key areas, particularly in relation to personal protective equipment, staffing and training. This initial assessment has been undertaken in Orkney with relation to care homes and an ongoing education programme is being developed. Additional on line educational infection control resources have been shared. Testing of symptomatic care home staff has been in place for several weeks through the key worker testing scheme.</p> <p>A local care group has been set up, with action plan to address the Scottish Government requirements, and this has proved a useful forum. It brings together managers, and public health and infection control, social care and the Care Inspectorate. This group will support the weekly return on care homes which commences 8 May 2020.</p>

	<p>On 1 May 2020 additional requests were made by Scottish Government</p> <p>.....</p> <p>1. “Undertaking enhanced outbreak investigation in all care homes where there are cases of COVID: We now intend to undertake enhanced outbreak investigation in all care homes where there are cases of COVID - this will involve testing, subject to individuals’ consent, all residents and staff, whether or not they have symptoms.</p> <p>2. Comprehensive surveillance testing in care homes where there are no cases: Sampling testing should be started in care homes where there are no cases. By definition this will also include testing residents and staff who are not symptomatic.</p> <p>3. Testing across care home groups: Where a care home with an outbreak is part of a group or chain, and staff may still be moving between homes, we expect urgent testing to be carried out in any linked homes. “</p> <p>Options have been provided to health boards in relation to management of asymptomatic cases, and the Care Inspectorate have stressed the need for decisions to ensure that care homes are not left without staff increasing the risk to care home residents.</p> <p>This is a rapidly evolving situation in light of ongoing outbreaks across Scotland.</p>
Timing	Board meeting – 14 th May 2020
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities;
Contribution to the 2020 vision for Health and Social Care	<p>Safe: avoiding injuries to patients from healthcare that is intended to help them</p> <p>Effective: providing services based on scientific knowledge</p> <p>Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy</p>
Equality and Diversity	No specific equality impact assessment has been undertaken

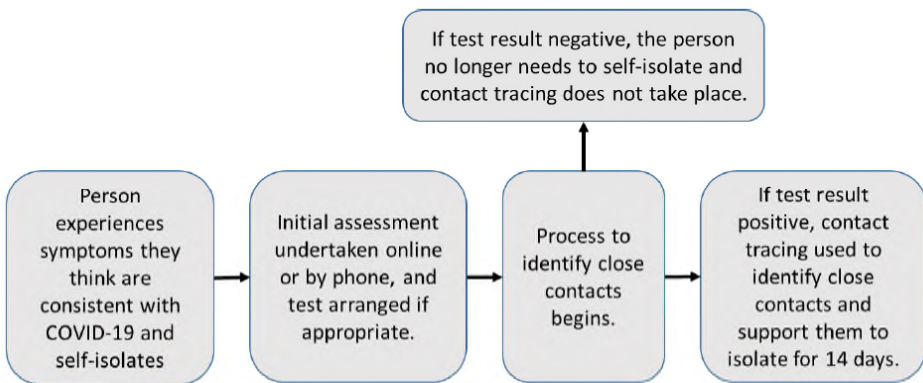
Not Protectively Marked

NHS Orkney Board – 14 May 2020

Report Number: OHB2021-14

This report is for discussion and agreement

Title of report: Test, Trace and Isolate

Lead Director Author	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health
Action Required	The Committee is asked to: <ul style="list-style-type: none"> Note the requirements for a test, trace, isolate and support programme
Key Points	<p>COVID-19 cases have now been identified in multiple countries across the world. The first case in Scotland was confirmed on 1 March 2020 and numbers have been increasing rapidly since. The World Health Organization declared a pandemic on 11 March 2020. On the 12 March Scotland moved from its containment phase with regard to the virus to the delay phase. The first case in Orkney was reported on 30 March. As part of the ongoing response nationally, a test, trace, isolate and support policy is being introduced alongside other public health measures such as hand washing and social distancing. The process is shown in Figure 1</p> <p>Figure 1 Test, trace and isolate actions</p>  <pre> graph LR A[Person experiences symptoms they think are consistent with COVID-19 and self-isolates] --> B[Initial assessment undertaken online or by phone, and test arranged if appropriate.] B --> C[Process to identify close contacts begins.] C --> D[If test result positive, contact tracing used to identify close contacts and support them to isolate for 14 days.] D --> E[If test result negative, the person no longer needs to self-isolate and contact tracing does not take place.] </pre> <p>To enable this approach levels of disease must be low, and Scottish Government have identified 5 steps</p>

	<ol style="list-style-type: none"> 1. Effective disease surveillance 2. Early identification and isolation of cases 3. Early and rapid testing of possible cases 4. Early and effective contact tracing of close contacts of a possible case 5. Early and effective and supported isolation of close contacts. <p>Scottish Government estimates are of 15,500 tests per day required. Testing capacity, both in terms of sample takers and laboratory capacity will need to be considered. The testing capacity currently has to meet the needs of clinical cases in the hospital, care homes, some key workers and surveillance workstreams.</p> <p>Contact tracing is labour intensive and the local health protection team is small. Health improvement staff have received some additional training. The natural expansion is to environmental health officers, but due to capacity they unfortunately are not able to support this programme. Preliminary discussions have taken place with the community assessment centre as staff with experience of interacting with patients would be preferable in initial expansion of the service. National support in Scotland is being developed which will enable web-based reporting, alongside the UK app which will use Bluetooth technology to identify contacts.</p> <p>Local planning is occurring within public health teams and Public Health Scotland. Orkney health protection team has also worked closely with NHS Shetland to learn from their experience.</p> <p>A mechanism for supporting those who are isolating will also be required and this will be highlighted to the Care for People group.</p>
Timing	Board meeting – 14 th May 2020
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities;
Contribution to the 2020 vision for Health and Social Care	<p>Safe: avoiding injuries to patients from healthcare that is intended to help them</p> <p>Effective: providing services based on scientific knowledge</p> <p>Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy</p>
Equality and Diversity	No specific equality impact assessment has been undertaken

Not Protectively Marked

<p>NHS Orkney Public Board – 14 May 2020</p> <p>Report Number: OHB2021-15</p> <p>This report is for noting</p> <p>Children's Services Inspection Report Improvement Plan</p>	
<p>Lead Director Author</p>	<p>Brenda Wilson, Interim Director of Nursing, Midwifery & AHPs Brenda Wilson, Interim Director of Nursing, Midwifery & AHPs</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the progress made with progressing the Improvement Plan 2. Take assurance from the progress evidenced
<p>Key Points</p>	<p>The Report was published in February 2020. An Health and Social Care partnership high level Improvement Plan was developed. A more detailed and clear health plan has now been created which references the overall partnership plan. This will support and expedite the improvements required to bring Children's Services to the required standard, to protect and improve the lives of children and young people in Orkney.</p> <p>The report identified areas of strength and improvement :</p> <p>Strengths</p> <ul style="list-style-type: none"> • The majority of children and young people in need of care and protection and their families benefited from genuine and enduring relationships with a key member of staff or carer. • The majority of care leavers were well supported in their transition to adulthood by staff providing aftercare and others helping them with accommodation, further education and employability. • Together, children's panel members, the children's reporter and social workers went out of their way to make the experience of attending a

	<p>children's hearing as child centred as possible and to provide continuity for those attending review hearings on mainland Scotland.</p> <p>Priority areas for improvement</p> <ul style="list-style-type: none"> • Ensuring key child protection processes including inter-agency referral discussions; risk assessments, case conferences and core groups work effectively to protect children at risk of harm. • Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work. • Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers. • Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services. • Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people. <p><u>Progress</u></p> <p>A multidisciplinary (MDT) Short Life Working Group (SLWG) has been created to progress and monitor the Improvement Plan.</p> <p>The group meets weekly and the high level health plan has been redrafted, discussed and amended internally and with Healthcare Improvement Scotland.</p> <p>The Improvement Plan includes clear time lines and an identified lead officer for each action. The lead officer will be responsible for reporting the action progress at weekly SLWG meeting.</p> <p>Quality improvement (QI) resource and methodology is being utilised to support the progress and administrative</p>
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	<p>input is supporting the processes, scheduling and record keeping of progress, decision making, risks and issues.</p> <p>A biweekly concise progress update will be provided to the Chief Executive following each scheduled weekly meeting.</p> <p>Regular, effective communication will continue with Health Care Improvement Scotland to provide assurance that NHS Orkney is progressing the Improvement Plan in a safe, effective and person centred manner</p>
Timing	<p>This paper is scheduled for the Board's to note on 14th May 2020.</p> <p>Progress updates will be provided to the Board regularly to provide ongoing assurance that progress is continuing at pace.</p>
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to :</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	<p>The Improvement Plan will contribute to the 2020 Vision by facilitating actions to support the highest standards of quality, safe, effective, person centred care. Care will be delivered in a healthcare system where integrated health and social care focuses on prevention, anticipation and supported self-management.</p>
Benefit to Patients	<p>To protect and improve the lives and life chances of children and young people in Orkney.</p>
Equality and Diversity	<p>An Equality Impact Assessment (EQIA) will be carried out when required for specified actions.</p>

Not Protectively Marked

NHS Orkney Board – 14 May 2020 This report is for information Area Clinical Forum – Chair’s Report	
Lead Director Author	Steven Johnston, Area Clinical Forum Chair Steven Johnston, Area Clinical Forum Chair
Action Required	The Board is asked to: <ul style="list-style-type: none"> • <u>Review</u> the information and note the onward reporting
Key Points	<p>An Extraordinary meeting of the Area Clinical Forum was called on 1 May 2020 to discuss a paper detailing methods for reducing the risk of transmission of COVID-19 by peripatetic health care workers to rural areas with low levels of the infection.</p> <p>Robust discussion took place and members provided clinical advice on the recommendations presented in the paper which would be further discussed by the Clinical and Care Governance Committee on the 13 May 2020.</p>
Timing	To be discussed by Clinical and Care Governance Committee on 13 May 2020 before a further update is brought to the Board.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a coordinated clinical and professional perspective and input is provided to the Board when

8.2

	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 – 14 May 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 5 May 2020 and it was agreed that these should be reported to the Board:
Timing	The Finance and Performance Committee highlights key issues to the Board as appropriate.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability.
Benefit to Patients	Delivery of the best possible outcomes for the people of Orkney within available resources.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board – 14 May 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. This paper will highlight the key items for noting.

Section 2 Recommendations

The Board is asked to:

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

Section 3 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting 6 May 2020. It was agreed that this should be reported to the Board.

Section 4 Issues Raised

1. Covid-19 Mobilisation Costs and Plans

The Interim Director of Finance delivered a report explaining that the Board was required to submit a weekly plan to the Scottish Government. The submission details mobilisation costs resulting from the Covid-19 outbreak.

Members noted the update and were assured of progress.

2. Financial Performance Management Report

The Interim Director of Finance delivered the Financial Performance Management Report. This highlighted that subject to audit approval and sign off NHS Orkney had delivered against its financial target for the year ended 31 March 2020 as set out by the Scottish Government.

Members praised the significant effort put in by everyone to achieve these targets.

Members noted the update and were assured of progress.

3. Annual Accounts

The Interim Director of Finance delivered an update on the Annual Accounts for the year ended 31 March 2020 advising that the Covid-19 outbreak and subsequent lockdown had had a significant impact on the preparation of the annual accounts. The normal completion date for the accounts is 30 June 2020 following year end; however, the Scottish Government, Corporate Finance network and Technical Accounting Group have agreed a delayed timeline of 30 September 2020. NHS Orkney plan to have its accounts completed and signed off by the Board no later than 31 July 2020 a

The Chief Executive Designate praised the effort to get the annual accounts finalised ahead of schedule.

Members noted the update and were assured of progress

4. Annual Operational Financial Plans

The Interim Director of Finance delivered the Annual Operational Financial Plan, which builds on the reports previously provided to the committee and to the Board. Despite the ongoing challenges NHS Orkney will continue to work towards the same level of savings as detailed in the plan submitted to the Board in February 2020.

Members noted the update and were assured of progress.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 20 February 2020

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, 20 February 2020** at **09:30**

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

In Attendance: Christina Bichan, Chief Quality Officer
Julie Colquhoun, Head of Corporate Services
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management
David Drever, Interim Board Chair
Maureen Firth, Head of Primary Care
Kenny Low, Value and Sustainability lead
Pat Robinson, Chief Finance Officer
Christy Roy, Committee Support (minute taker)
Keren Somerville, Head of Finance

742 **Apologies**

Apologies were noted from Sally Shaw and Marthinus Roos.

Members of the Area Partnership Forum and Area Clinical Forum were also invited to attend this meeting due to the Annual Operational Plan being discussed.

743 **Declarations of Interests – agenda items**

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

744 **Minutes of Meeting held on 30 January 2020**

The minute of the meeting held on 30 January 2020 was accepted as an accurate record of the meeting and was approved, subject to the following amendment:

- 709, Page 3 -“loser” should read “closer”

745 **Matters Arising**

709 – Annual Operational Plan Update

The Interim Board Chair advised that he had met with the Minister for Mental Health who had queried the lack of figures within the initial submission. The Chief Quality Officer advised that an administrator for the Community Mental Health Team had been working within the Health Intelligence Team to collate the data, allowing for a first draft to be complete by the end of February 2020.

746 **Action Log**

The action log was reviewed and updated as required.

Annual Operational Plan 2020/21

747 **Update Operational Plan – FPC1920-52**

The Chief Quality Officer delivered the Annual Operational Plan update, advising that the second draft would be submitted to the Scottish Government that afternoon.

She reassured members that the overall content and intention of the plan hadn't changed from the original draft, however all previous feedback had been taken into account and amendments had been made, including further defining milestones within key areas and outlining areas of commitment.

The Chief Quality Officer suggested that many issues raised within the feedback had been with regards to missing sections of the plan, which had in fact been submitted to other departments within the Scottish Government. She would raise this with the Scottish Government in the future.

The Chief Quality Officer advised that the second draft would be circulated after it had been submitted. Once further feedback had been received from the Scottish Government, the final submission would be drafted.

The Chief Executive advised that the Board had a significant financial challenge ahead of it, with some areas identified with potential for savings and others where service improvement was required, with mental health provisions being a good example of the latter. He advised that the Cabinet Secretary had taken a very keen interest in mental health and waiting times, meaning that significant funding and attention would be needed to deliver these priorities as a minimum.

Members noted that a significant increase in waiting times for Ophthalmology had been due to the loss of a visiting consultant in the service. The Chief Executive and Interim Board Chair had previously met at Parliament and had impressed upon them the significant impact a lack of substantive consultants had had on the Board.

M McEwen raised concerns regarding the conflict of the need to spend to deliver and the need to save to bring back financial balance. The Chief Quality Officer advised that there were areas where a cultural change was needed, rather than an increase in funding, as well as others where we cannot recruit to the posts which are needed to do the work and increased spending wouldn't alter this.

J Stockan queried whether the Cabinet Secretary's demands were achievable nationally as perhaps if we are unable to meet all targets, other boards might be the same.

The Chief Quality Officer advised that there was a huge amount of capacity through Golden Jubilee and elective care, advising that the position at the end of the 3 year period was likely to be very different. She advised that performance was currently quite good, however it was not where we had planned to be.

The Chief Quality Officer advised members that the final draft of the submission was expected to be signed off by the end of March 2020, depending when it could be

sighted through committees. The Chief Executive advised that the final version should go to the April 2020 Board meeting to be signed off if it is ready.

Decision/Conclusion

The Committee noted the update which would be submitted later that day.

748 Draft Financial Plan – FPC1920-53

The Interim Director of Finance delivered the update on the Draft Financial Plan for 2020/21 - 2022/23. Key points discussed were:

- NHS Orkney was required to set out a breakeven position over the three year planning period. Where this requirement was met, the Board would have flexibility to report under or overspends of up to 1% of Boards' core revenue resource funding.
- Where NHS Orkney cannot deliver a breakeven position over three years it would remain escalated as part of the NHS Board Performance Escalation Framework.
- The current draft of the plan, which was based on a 3% inflationary uplift, details a total recurring deficit over the three years was £2.467m; this represents the current savings requirement of the Board for this period. In addition to this there are non-recurring pressures over the three years totalling £3.392m, mainly in respect of additional locum cover within Medical Staffing and commissioned Mental Health services. Total savings of £5.232m would be required over this three year period.
- A detailed recovery plan had been prepared by the Medical Director and Director of Nursing in conjunction with the Interim Director of Finance; this would be presented to the Board in February for ratification and delivery.
- A 1.5% budget saving would be applied across each directorate.
- Recruitment spend would be closely monitored and all spend on non clinical roles which did not have funding allocated for them would be rejected.
- The predicted 3% uplift might need to be revised in line with the Scottish budget in future.

The Interim Director of Finance stressed the importance of providing significant savings over the next 3 years, advising that if this was not done then the board was predicted to be £11m overspent in 3 years time.

M McEwen raised concerns that the Board might struggle to provide significant savings in the next 3 years when no recurring savings had been made through 2019/20 against a small savings target. The Chief Executive advised that whilst there had been no savings made, the potential was there. If savings options are taken to the Board to consider, then if suitable they would be approved and action taken to provide considerable savings in future.

The Interim Director of Finance advised that the Scottish Government had appointed two Value and Sustainability leads, whom he had been in touch with and advised that it would be helpful if they could come on island to give advice and discuss best practice.

Members were reminded that the capital to revenue transfer this year was a one off and that the Board was only able to do this due to reduced capital spend now that all

new equipment had been purchased for the new build. The Head of Support Services, Logistics and Contracts Management also reminded members of backlog maintenance which was needed for some properties throughout the isles which would need to be factored in to the plans over the next 3 years.

The Interim Board Chair advised that whilst he agreed that in order for significant savings to be made there needs to be a full buy-in throughout the whole organisation, there would also be a challenge to avoid disheartening staff when proposing cost cutting opportunities. He felt that this was another reason to ensure clinical leadership was heavily involved to maintain confidence in staff.

J Stockan queried whether budgets would be increasing with inflation, alongside the 1.5% savings target for each directorate. The Interim Director of Finance advised that there would be inflationary uplifts, with the 1.5% savings target applied. Members agreed that budget holders need to be held continuously accountable for spend and budget management. M McEwen suggested that the budget holders should be supported and educated to improve understanding of their budgets.

Members were reassured that, whilst our location and new hospital do present different financial issues, we aren't alone and many other Boards are under pressure to provide savings.

J Stockan suggested that staff need to be reminded that the way we currently work was not sustainable; the Board cannot keep going without a significant change. He suggested that the public would need to be informed that savings would be made, however this should be done with tact to prevent any adverse reactions from the community.

J Stockan left the meeting at 10.15am

The Head of Primary Care raised concerns regarding the difficulty of planning and undertaking significant change to achieve savings in such a short period of time. The Interim Director of Finance agreed that it would not be an easy challenge; however the Board needs to demonstrate to the Scottish Government that plans are in place over the next 3 years to deliver a break even position. The Chief Executive further stated that the plans need to begin in 2020/21 with significant changes possibly only beginning in 2021/22. He also suggested that if consultation was needed to plan changes, this should be progressed as quickly as possible.

The Interim Director of Finance advised that once the potential savings opportunities had been presented to the Board, these would be taken to the Scottish Government to ensure they were happy for them to go ahead. He believed that if a savings idea with clinical backing was taken to the Board, then it was unlikely that they would reject it without a very good reason.

The Head of Support Services, Logistics and Contracts Management updated members that he and his team were in contact with Robertson's regarding the return of funds relating to the faults in the heating system.

Decision/Conclusion

The Committee approved the draft financial plan to be taken forward to the Board and then submitted to the Scottish Government.

Performance Management**749 Performance Management Report – FPC1920-54**

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:

- Performance with the Emergency Department continues to be good, though there had been a few breaches. Upon investigation, these had correlated with delayed discharges, suggesting that these had had a knock on effect.
- Psychology and a CAMHS locum had meant increased access to Mental Health Services. In future, the data set should be improved for this service allowing for a better view of performance.
- Improvements had been seen within trauma and orthopaedics, with patients being seen within 12 weeks. An increase in access to Golden Jubilee had helped with this, though there were still delays in the system.
- Physiotherapy capacity was being worked on with the team, meaning there should be a notable difference in future.

Members noted that the Attend Anywhere provisions had made a significant impact on performance already. It was highlighted that there was still the need for more consultants in NHS Grampian to be willing to run these clinics in order to increase the scope of their provision.

The Value and Sustainability Lead advised that additional funding would be used to equip practices in the isles, allowing for further virtual clinics to be held and thus eliminating the need for both travel to NHS Grampian and from the outer isles. He advised that it was a slow process, as a big culture shift was required to begin working this way; however the Chief Quality Officer advised that there had been a real commitment to it so far. She further advised that clinical leadership and commitment was needed to further progress with the programme.

Members were assured that the Attend Anywhere service could be built into the NHS Grampian SLA in future, once the service was fully in place.

The Chief Executive queried what the Board was doing to support each area locally, for instance the risk of confidentiality breaches by having VC provisions in isles surgeries. The Head of Corporate Services advised that office 365 would allow for more security on isles; however the software and infrastructure would need to be in place. The Value and Sustainability Lead advised that the GP Sub Committee had been consulted and they had approved the kit being sent out to isles GP surgeries. He had also been to Sanday to test the kit and met with community members to train them and allow them to be able to make use of the provisions. He advised that the infrastructure and software was to be put in place alongside the Windows 10 roll out, to minimise disruption. He thought that the roll out should be complete within the next few weeks.

Members agreed that once the kit was in place then it would need to be promoted to clinicians as an alternative option. The Chief Executive advised that it might be beneficial to consider using community centres and schools to ensure the GP surgery was not a limiting factor in the use.

The Chief Quality Officer advised that having the option for virtual clinics empowers patients to make the decision on how they would like to be seen. She advised that a protocol was being developed to allow a patient to ask why they had to be sent away for an appointment, and to look for an alternative way to be seen if it was clinically appropriate. M McEwen suggested that tracking which types of clinics are asked for from this protocol could allow us to go back to consultants and ask them to deliver clinics in a different way in future.

Decision/Conclusion

Members noted the Performance Report.

Financial Management and Control

750 Financial Management Performance Report for period ended January 2020 – FPC1920-55

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The revenue position for the 10 months to 31 January reflects an overspend of £0.295m, which was 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 had not kept pace with expectations. ***Therefore, it was necessary to highlight that breakeven would only be possible if there was significant acceleration in spend reduction. If this fails to materialise, the Board was likely to be overspent in the region of £200k-£400k.***

The Interim Director of Finance reminded members that a significant amount of work would be needed to breakeven by the end of the year.

The Chief Executive praised that the overspend was reducing, however he agreed that more work was required to continue this to breakeven by the end of the year.

The Chief Quality Officer advised that plans had been in place to improve performance against the treatment times guarantee prior to the year end, however these plans had been pushed back in order to ease the financial burden.

The Chief Executive enquired if the worst case scenario of £200-400k overspent included a potential recharge from NHS Grampian for the lack of Mental Health provision. The Interim Director of Finance advised that this had somewhat been built in but not entirely, so there was some mitigation to bring back the overspend.

J Stockan rejoined the meeting at 11am

Decisions/Conclusion

The Committee noted the update and were assured of progress.

751 **Disposal of the Old Balfour Hospital – FPC1920-56**

The Interim Director of Finance delivered the report on the disposal of the Old Balfour Hospital, advising that he was in discussions with Gerald Eve, the Central Legal Office and the Orkney Islands Council regarding a potential sale. Darren Richardson, on behalf of Orkney Island Council, had expressed an interest in the site. The Interim Director of Finance advised that a complete purchase of the site by Orkney Islands Council was the Board's preferred option.

The Orkney Islands Council had been in discussion with the Scottish Government about the possibility of receiving infrastructure support allied to housing pressures; however the feedback on this had not been as positive as hoped.

The Orkney Islands Council are hoping to have the final valuation by the end of February 2020 and be in a better position to make an informed decision in early March 2020. They had advised that if they were to go ahead they would be hoping to conclude the purchase by the end of March 2020.

The Chief Executive advised that if the sale goes ahead before the end of this financial year, the capital taken from it might cause a problem with the Scottish Government. The Interim Director of Finance advised that he would contact the Scottish government as soon as he heard that the sale could go ahead.

C Evans raised concerns re the depreciation of the site whilst the building was empty, however the Interim Director of Finance advised that the building had been written off, and the land wouldn't depreciate. The Chief Executive had advised that whilst the site was still on our books, the Board had a responsibility to maintain it for health and safety.

J Stockan reminded members that there were issues surrounding other water connections being put in place due to the sites positioning. He wondered if this could be used to highlight the benefit of the sale. The Interim Director of Finance advised that he would pick this up with the Scottish Government and Orkney Islands Council.

Decisions/Conclusion

Members noted the update and awaited a potential update at the next meeting.

752 **Build costs of the Balfour Hospital and Healthcare Facility, migration costs and property disposals – FPC1920-57**

The Interim Director of Finance delivered the report on the build costs of the Balfour Hospital and Healthcare Facility. He advised that this report had gone to the Transformation Implementation Project Board. He advised that the costs of the Balfour Hospital and Healthcare Facility had increased by £0.796m from the initial estimate of £77.43m in November 2016 to a projected outturn £78.226m.

Whilst this was a slight overspend, the Interim Director of Finance suggested that it was a good position, especially with the capital money which had been handed back to the Scottish Government. He also noted that the migration costs had been estimated at £1.3m; however the actual cost had been £600k. The report also touched upon the disposal of the old Balfour site, which had been discussed earlier in the meeting.

J Stockan praised the work done by staff to manage the costs on the project.

Decisions/Conclusion

Members noted the report.

Governance

753 Review of Terms of Reference – FPC1920-58

The Chair advised that he, The interim Director of Finance, Head of Corporate Services, Corporate Services Manager and Committee Support had met to discuss all updates to the terms of reference, risk assurance and controls framework and business cycle. He presented the updated Terms of Reference advising that some small changes had been made which were noted on the report.

The Chair advised that the Board reports its financial figures to the IJB meetings, meaning there was no need for IJB updates at every meeting of the committee

Members were reminded of the importance for them to attend these meetings.

Decisions/Conclusion

Members reviewed and agreed the update.

754 Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances – FPC1920-59

The Chair presented the updated Risks, Controls and Assurance Framework advising that some small changes had been made which were noted on the report.

Decisions/Conclusion

Members reviewed and agreed the update.

755 Review the business cycle – FPC1920-60

The Chair presented the updated business cycle advising that some small changes had been made which were noted on the report.

The Chief Executive advised that the Standing Financial Instructions should be removed from the business cycle as these are governed by the Audit Committee.

Decisions/Conclusion

Members reviewed and agreed the update with the agreed amendment.

756 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

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

Board

- Financial position

758 Any Other Competent Business

There was no other business raised for discussion.

Items for information and noting only

759 Schedule of Meetings 2019/20 and 2020/21

Members noted the schedule of meetings.

760 Record of attendance

Members noted the record of attendance.

761 Committee Evaluation

The Chair praised the level of scrutiny of the Annual Operational Plans and the positive update regarding the financial position.

The meeting closed at 11.14

Not Protectively Marked

NHS Orkney Board – 14 May 2020 This report is for information Audit and Risk Committee – Chair’s Report	
Lead Director Author	David Drever, Audit and Risk Committee Chair David Drever, Audit and Risk Committee Chair
Action Required	The Board is asked to: 1. To <u>note</u> the report 2. <u>Seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Tuesday 5 May 2020.
Timing	The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Audit and Risk Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.
Benefit to Patients	Delivery of the best possible outcomes for the people of Orkney within available resources.

Equality and Diversity	No specific equality and diversity elements to highlight.
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Not Protectively Marked

NHS Orkney Board – 14 May 2020

Subject Audit and Risk Committee Chair's Report

Author David Drever, Audit and Risk Committee Chair

Section 1 Purpose

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 5 May 2020.

Section 2 Recommendations

The Board is asked to:

1. Review the report

Section 3 Background

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday 5 May 2020.

Section 4 Discussion

4.1 Internal Audit Progress Report

Members of the Committee were reassured that progress with outstanding internal audit reports could be recommenced and concluded for the next meeting.

4.2 Information Governance

The Committee received assurance that Information Governance had been continuing as normal, with some projects (such as implementation of Office365 and Microsoft Teams) being completed ahead of schedule to assist with the COVID-19 pandemic. Work in connection with records management at Selbro had progressed extremely well.

4.3 Annual Accounts Timetable

The Committee was notified that the timetable for the production and approval of the annual accounts had been impacted upon by COVID-19, as a result of this the

Scottish Government had granted an extension to the timeline of 30 September 2020. Members were reassured that NHS Orkney would not require that length of time to complete the annual accounts and that currently there was an expected completion date of July 2020. Members thanked the Interim Director of Finance and his Finance Team for all of their hard work, speed and effort to maintain existing deadlines and for the good lines of communication with external auditors.

4.4 Risk and Assurance

Members felt it appropriate and important that the corporate and strategic risk registers be considered by the Committee and that there was certainly appetite for a facilitated risk session to help inform the way forwards.

4.5 Additional meeting of the Audit and Risk Committee

Members agreed that an additional Audit and Risk Committee meeting was required and would take place on Wednesday 20 May 2020.