

NHS Orkney Board

28 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** in virtually on **Thursday 28 May 2020** at **10:00 a.m.**

Meghan McEwen
Chair

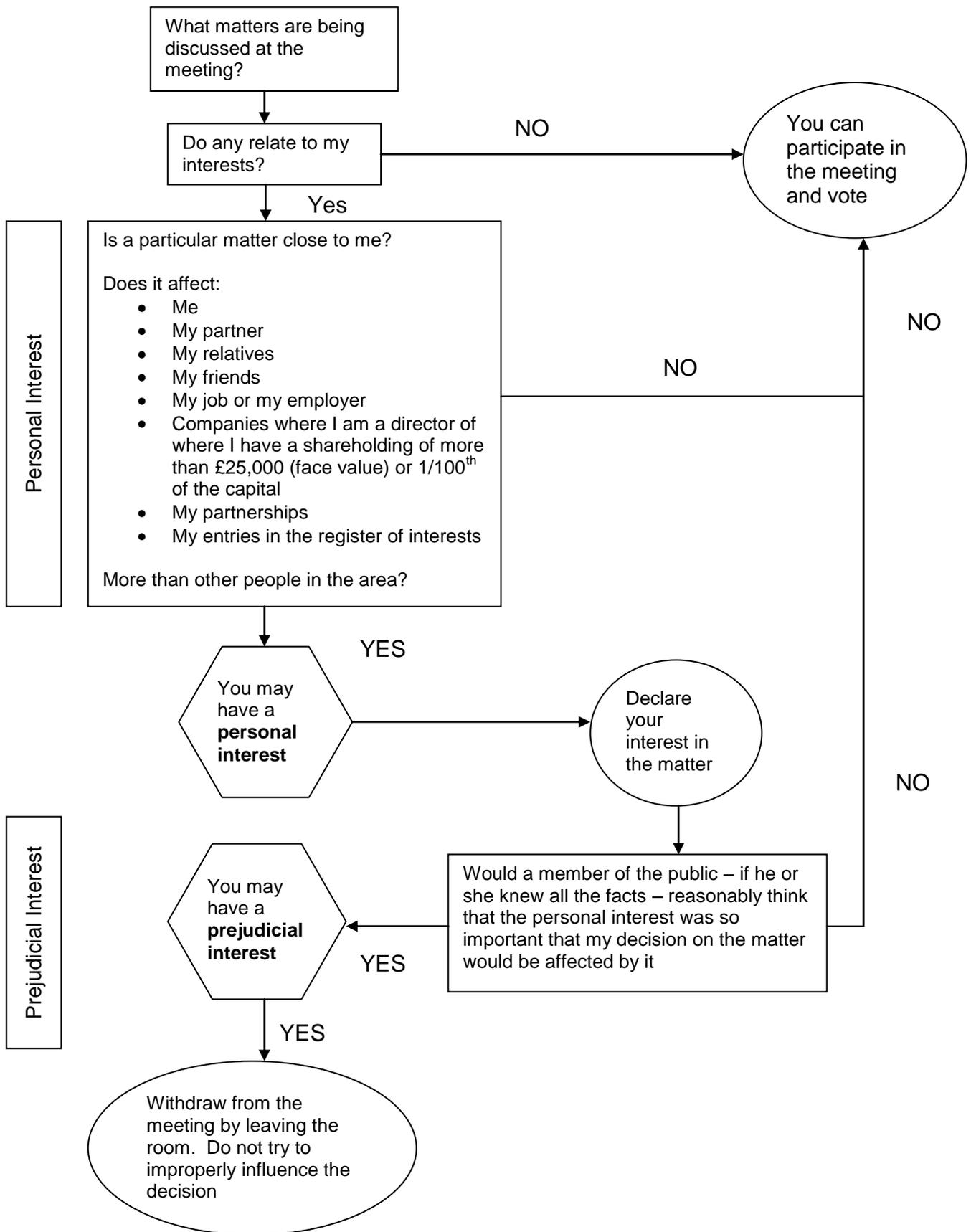
<i>Item</i>	<i>Topic</i>	<i>Lead Person</i>	<i>Paper Number</i>	<i>Purpose</i>
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 14 May 2020	Chair		To check 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	COVID-19			
6.1	Covid-19 - current update	Chief Executive Designate	OHB20 21-17 <i>Paper to follow</i>	To <u>note</u> the update provided
7	Governance			
7.1	Key Legislation	Chair	OHB20 21-18	To <u>note</u> the legislation issued and amendments to practice
8	Clinical Governance			
8.1	Chair's Report – Clinical and Care Governance	Chair Clinical and	OHB20 21-19	To <u>note</u> the Committee Chair's Report

Item	Topic	Lead Person	Paper Number	Purpose
	Committee	Care Governance Committee		
8.2	Care Homes – update	Director of Public Health	OHB20 21-20	To <u>note</u> the actions taken and the formation of a local oversight group
8.3	Care Homes - Additional Clinical Responsibilities	Interim Director of Nursing	OHB20 21-21	To <u>discuss</u> the direction and <u>seek assurance</u> on planning
9	Finance and Performance			
9.1	Annual Accounts Timetable	Interim Director of Finance	OHB20 21-22	To <u>note</u> the update provided
10	Staff Governance			
10.1	Chair’s Report – Staff Governance Committee	Chair – Staff Governance Committee	Verbal	To <u>note</u> the verbal update from the meeting held on the 25 May 2020
11	Audit and Risk			
11.1	Chair’s Report – Audit and Risk Committee and minute of meeting held on 3 March and 5 May 2020	Chair – Audit and Risk Committee	OHB20 21-23	To <u>note</u> the Committee Chair’s Report and <u>adopt</u> the approved minutes
11.2	Internal Audit timetable	Interim Director of Finance	OHB20 21-24	To <u>note</u> the timetable for completion of delayed 2019/20 Internal Audits
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 14 May 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
 - Steven Johnston, Non Executive Board Member
 - Fiona MacKellar, Employee Director
 - 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
 - Sally Shaw, Chief Officer
 - Iain Stewart, Chief Executive Designate
 - Emma West, Corporate Services Manager (minute taker)
 - Brenda Wilson, Interim Director of Nursing

Apologies

Apologies were noted from D McArthur.

Declarations of interests

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

Minute of previous meeting held on 23 and 30 April 2020

The minute of the meeting held on 23 April 2020 was accepted as an accurate record of the meeting and was approved.

The minute of the meeting held on 30 April 2020 was accepted as an accurate record of the meeting and was approved.

Matters Arising

23 April 2020

No matters arising were raised.

30 April 2020

The following two points of clarity were provided:

- The alternative supplier of long sleeve gowns had been confirmed, but would only be used as a backup if supplies ran low, there were currently no issues with supply.
- Increasing to 8 ventilated beds would be at a cost of £0.25m per month.

Board Action Log

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

D Drever advised that the Audit Committee had been tasked with taking forward a Board Development Session on appetite risk, the Chief Quality Officer was in discussions with external providers to consider how this could be provided virtually.

Governance

Committee Membership – OHB2021-09

The Chair presented the report seeking approval of the reviewed and updated Governance Committee Membership. The following points were raised.

- The Non-Executive Board member on the Orkney Alcohol and Drugs Partnership would be reviewed in line with changes to membership of Integration Joint Board Commitments going forward to ensure an even distribution of workload
- C Werb to be removed from the Staff Governance Committee as Partnership Representative as this position was currently vacant
- F MacKellar noted that she attended the Integration Joint Board as part of her Staff Side role.

Decision / Conclusion

The Board approved the amendments to the Governance Committee membership subject to the above minor amendments.

Covid-19 Incident Management – Resetting, Recovering and Renewing – OHB2021-10

The Chief Executive Designate presented the report updating the Board around the current Covid-19 incident management and plans to reset, recover and renew, ensuring that incident management could be remobilised if and when required. He thanked all sectors of the community for their support and preparations for Covid-19.

Members were advised of the proposal to stand down the current Gold, Silver and Bronze command structure and move to weekly meetings of the Senior Management Team. To ensure good governance and a clear link to the Board each sub group would be aligned with a Governance Committee as detailed in the paper. Other joint discussion forums and planning groups such as the Orkney Local Emergency Coordination Group (OLECG) and Chief Officers Group (COG) would continue.

J Stockan questioned the situation in other Health Boards, The Chair noted that all Board were responding slightly differently due to individual situations but most were moving in general towards a recovery phase. The Chief Executive Designate agreed that all of Scotland were looking to move forward with reset, recover and renew.

J Taylor noted that learning must be retained for benefit wherever possible and managers needed to ensure that this was as wide as possible.

The Chief Officer advised that the Senior Incident Management Group, Orkney Islands Council, had raised concerns around the stepping down of the incident management structure. Learning opportunities would be also be sought across the senior management teams and their representatives.

The Chief Executive Designate reiterated that OLECG and COG would both continue along with the other established hierarchies, nothing was being stopped but discussions were being moved more in line with business as usual and existing governance structures.

Th Chief Executive agreed that this was not a reduction but placed discussion in the context of reset, recover and renew and facilitated a move forwards toward the new normal. He reiterated that this was still an emergency situation and the response would be as such, but the Gold, Silver and Bronze structure was a short term regime. The nature of the emergency was now changing and needed to be captured within business as usual and standard governance arrangements.

D Drever questioned if the Board could revert back to the Gold, Silver and Bronze Structure if required and how this decision would be taken. The Chief Executive Designate advised that this could be reinstated at pace if required and the decision would be made by Chief Executive.

Decision / Conclusion

The Board approved the amended structure and noted the update provided.

Key Legislation – OHB2021-11

The Chair presented the report for information.

Decision / Conclusion

The Board noted the key legislation issued.

COVID -19

Coronavirus (COVID-19) Testing – OHB2021-12

The Director of Public Health presented the report which provided a short overview of the range of testing programmes in place in Orkney, she noted that this was a rapidly changing area and there was a need to take a holistic approach whilst acknowledging capacity.

Decision / Conclusion

The Board noted the range of testing programmes in place and the clarity that the paper provided around these.

Coronavirus (COVID-19) Testing and Monitoring in Care Homes– OHB2021-13

The Director of Public Health presented the report, advising that there had been increased concern over the impact of Covid-19 infections in care homes, Directors of Public Health had been requested to provide additional assurance along with Directors of Nursing through the Chief Nursing Officer. She continued to meet nationally with the Scottish Government and Care Inspectorate to develop a framework of assurance to be implemented across Scotland. A local care group had also been established to address the requirements and provide a weekly report back to the Scottish Government, Infection prevention and control had been well managed locally.

J Stockan questioned whether the the statistics were meaningful enough for Orkney or whether there was a need to test higher numbers to give a better sense of understanding around the situation.

The Director of Public Health advised that there were ongoing discussions nationally and locally around a framework for sampling care homes with no outbreaks and agreed that there was a need to ensure that the data was meaningful locally.

The Chief Executive noted the point around testing across care home groups, and questioned as all Care Homes in Orkney were Orkney Islands Council would these be considered as individual settings or a group for outbreak purposes. The Director of Public Health advised that they would be considered as a group, partly due to staffing and the movement of staff across settings.

J Taylor noted that there was a potential for distress and anxiety in care home residents when carrying out surveillance testing and asked how this would be mitigated. The Director of Public Health advised that this was well recognised and all testing would be completed with full consent. S Johnston advised the Mental Welfare Commission had issued guidance on testing people with dementia, care home sampling would take individual circumstances into account with a full explanation and expectations being provided.

The Chief Officer reiterated that the Mental Welfare Commission guidance issued had been very welcomed, she clarified that Kalisgarth on Westray would be treated as an individual home rather than a group due to the separate staffing model.

Decision / Conclusion

The Board took assurance on testing and monitoring in care homes in relation to Covid-19.

Test, Trace and Isolate– OHB2021-14

The Director of Public Health presented the report advising that as part of the ongoing response nationally a Test, Trace and Isolate support policy was being introduced alongside other public health measures such as hand washing and social distancing. Local staffing to support this was being progressed alongside the national input and support to Boards.

I Grieve questioned the timeframe for moving towards this as was advised that

Boards had been asked to be ready as soon as possible so that the policy could commence from Monday 11 May 2020, national support would be available later in the month.

J Stockan noted that this was a positive move for the Board and questioned the training implications in the immediate and longer term. The Director of Public Health advised that this would vary dependent on the role, Boards had been asked to plan for a 18 month to 2 year period and there would possibly be the need to recruit permanent staff.

S Johnston questioned the testing numbers that would be involved locally and was advised that the absolute numbers were unknown but it was estimated that there would be between 4 and 14 contacts per case.

The Interim Director of Finance questioned where the funding for this additional staffing was being provided and was advised that although there was no explicit funding for the Test, Trace and Isolate strategy this had been flagged to the Scottish Government.

J Taylor questioned the staffing levels required for contact tracing as this could be very time consuming, he noted that the paper mentioned the use of environmental health officers and the limited capacity in this area. He questioned whether the police be used in cases where individuals were hard to find. The Director of Public Health advised that Public Health Teams were used to contact tracing and health related resources would be used.

The Interim Director of Nursing advised that the Scottish Government were recruiting nationally to test, trace and isolate staffing and the Board would be able to use this national resource.

The Chief Executive Designate noted that the Test, Trace and Isolate process was just starting and the Scottish Government had been asked for advice around recruitment, staffing, capacity and finances.

Decision / Conclusion

The Board noted the requirements for a test, trace and isolate and support programme.

Clinical Governance

Children's Services Inspection Report Improvement Plan – OHB2021-15

The Interim Director of Nursing presented the report updating members on the progress and improvement planning since the last update to the Board on the 30 April 2020.

Members were advised that the Short Life Working Group continued to meet on a weekly basis to progress and monitor the Improvement Plan. There had been ongoing contact with NHS Grampian in relation to the interim support and advice.

The Chief Officer advised that a full report on all improvement actions would be presented to the Clinical and Care Governance Committee, Chief Officers Group and Integration Joint Board.

The Interim Director of Nursing confirmed that the action plan linked directly to the partnership plan and the final format of this would also be provided to committee or Board as required.

Decision / Conclusion

The Board noted the update and took assurance from the positive progress being made.

Area Clinical Forum – Chairs report

S Johnston, Chair of the Area Clinical Forum presented the report advising that the Forum had held an extraordinary meeting on the 1 May 2020, with a wider extended invite to members of the Professional Advisory Committees. The paper discussed methods for reducing the risk of transmission of COVID-19 by peripatetic health care workers to rural areas with low levels of the infection.

This had also been reported through the Clinical and Care Governance Committee meeting on the 13 May 2020, where it had been well supported.

Decision / Conclusion

The Board noted the update provided.

Finance and Performance

Finance and Performance Committee – Chairs report and minute of meeting held on the 20 February 2020

D Campbell, Chair of the Finance and Performance Committee updated members from the meeting held on the 6 May 2020, he highlighted the following:

- Covid-19 mobilisation costs and plans were discussed with a weekly submission to the Scottish Government being provided.
- Subject to audit approval and sign off, the Board had delivered against its financial targets for 2019/20
- The deadline for submission of the Annual Accounts had been extended to the 30 September 2020, the Board were working towards a completed set of accounts by the 31 July 2020
- The Annual Operation Plan was discussed noting that the original targets agreed were still being worked towards.
- The Committee would continue to meet one every three weeks in the interim period, to enable progression of key priority areas whilst still allowing time to produce and scrutinise papers.
- There would be an update on the position and progress of the 'Near Me' roll out provided at all future meetings.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes.

Staff Governance

No agenda items this meeting.

Audit and Risk

Audit and Risk Committee– Chairs report

D Drever, Chair of the Audit and Risk Committee presented the report advising that the Committee had met on the 5 May 2020 where the following items had been discussed and it had been agreed that these should be reported to the Board:

- Progress around outstanding Internal Audit reports continued.
- Assurance was provided around the early implementation of projects such as Office 365 and Microsoft Teams to assist with amended ways of work in response to the Covid-19 pandemic
- The Committee had been advised around the timetable for the production, submission and sign off of the Annual Accounts and gave thanks to the Finance Team for their hard work
- Members noted that there was an appetite for a facilitated Risk and Assurance session and how this could be provided virtual way was being progressed.

The Chair questioned progress with the 2020/21 Internal Audit plan and was advised that this would be discussed by the Committee at the next meeting once the 2019/20 Audits were finalised.

Decision / Conclusion

The Board noted the update provided.

Any other competent business

No other competent was raised.

Evaluation – reflection on meeting

Members agreed that it had been a positive and focused meeting and had worked well virtually. The reinstating of reporting through the governance committees as business as usual was also welcomed.

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 22 May 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
01-2020/21					

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p>NHS Orkney Board – 28 May 2020</p> <p>Report number: OHB2021-18</p> <p>This report is for noting</p> <p>Key Legislation</p>	
<p>Lead Director Author</p>	<p>Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
<p>Key Points</p>	<p>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.</p>
<p>Timing</p>	<p>The list of key documentation is presented to the Board at each meeting.</p>

Key Documentation issued by Scottish Government Health and Social Care Directorates

Consultations, Legislation and other publications affecting the NHS in Scotland

Topic	Summary
<p>Misuse of Drugs (Coronavirus) (Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.) Regulations 2020 (SI 2020/468)</p> <p>Misuse of Drugs (Coronavirus) (Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.) Regulations 2020 (SI 2020/468)</p>	<p>These Regulations amend the Misuse of Drugs Regulations 2001 in relation to pharmacists prescribing powers during a pandemic.</p>
<p>Gender Representation on Public Boards (Scotland) Act 2018 (Reports) Regulations 2020 (SSI 2020/120)</p> <p>Gender Representation on Public Boards (Scotland) Act 2018 (Reports) Regulations 2020 (SSI 2020/120)</p>	<p>These Regulations make provision for reports to be published, and laid before the Scottish Parliament, under the Gender Representation on Public Boards (Scotland) Act 2018 s.8.</p>
<p>Gender Representation on Public Boards (Scotland) Act 2018 (Commencement No. 2) Regulations 2020 (SSI 2020/119 (C. 12))</p> <p>Gender Representation on Public Boards (Scotland) Act 2018 (Commencement No. 2) Regulations 2020 (SSI 2020/119 (C. 12))</p>	<p>These Regulations bring into force ss.1, 3-6 and 9-11 and Sch.2 of the Gender Representation on Public Boards (Scotland) Act 2018.</p>
<p>Coronavirus (Scotland) Act 2020 (asp 7)</p> <p>Coronavirus (Scotland) Act 2020 (asp 7)</p>	<p>An Act of the Scottish Parliament to make provision in connection with coronavirus; and for connected purposes.</p>
<p>Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (SSI 2020/103)</p>	<p>These Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in Sch.1 Pt 2, to protect against the risks to public health arising from</p>

Topic	Summary
Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (SSI 2020/103)	<p>coronavirus, except in some cases. The closure lasts until a direction is given by the Scottish Ministers or the expiry of these Regulations in accordance with reg.11. The Scottish Ministers are required to keep the need for these restrictions under review. The Regulations also prohibit anyone leaving the place where they live without reasonable excuse, and ban public gatherings of more than two people. The need for the restrictions in these Regulations must be reviewed by the Scottish Ministers every 21 days, with the first review being required to take place by 16 April 2020.</p>
<p>Health Protection (Coronavirus) (Restrictions) (Scotland) Amendment (No.2) Regulations 2020 (SSI 2020/126) Health Protection (Coronavirus) (Restrictions) (Scotland) Amendment (No.2) Regulations 2020 (SSI 2020/126)</p>	<p>These Regulations are made in response to the serious and imminent threat to public health which is posed by the incidence and spread of coronavirus in Scotland. These Regulations amend the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 reg.4 and Sch.1. Reg.4 makes provision relating to further restrictions and closures during the emergency period. Amendments are made to reg.4(1), the effect of those amendments being to extend social distancing requirements to all businesses which remain open during the emergency period. Amendments are made to reg.4(5) to provide that the providers of holiday accommodation, which are subject to the requirement to cease carrying on their business under reg.4(4), can continue to provide information or services online, by telephone or by post. Minor amendments are made as regards reg.4(9) (including a new related (9A)) and Sch.1 of the Principal Regulations, to provide clarification that burial grounds and livestock markets and auctions may remain open.</p>

Circulars

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

Reference:	Date of Issue:	Subject:
PCA(M)(2020)08	07.05.2020	Model Terms and conditions of service for a salaried general practitioner employed by a NHS Scotland Health board or Special Health Board during the COVID-19 Pandemic
PCA(P)(2020)09	13.05.2020	Smoking Cessation service during COVID-19
DL(2020)14	14.05.2020	NHS Scotland: coronavirus life assurance scheme 2020
CMO(2020)13	14.05.2020	Re: GP data extracts during COVID-19
CMO(2020)14	18.05.2020	Change to Clinical Case Definition
DL(2020)15	20.05.2020	Guidance on the employment of bank workers during the COVID-19 pandemic

Not Protectively Marked

NHS Orkney Public Board

Report Number: OHB2021-17

This report is for noting.

COVID-19 Situation Report

**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 the current COVID-19 situation.

Key Points

The situation report provides a summary of:

- Current COVID-19 cases in Orkney
- Testing criteria and arrangements
- Care Homes
- Remobilisation Planning
- Use of Teams technology during COVID-19

Current COVID-19 cases in Orkney

Since the outbreak of the pandemic there have been seven positive cases in Orkney. The last positive result was identified on week commencing 20 April and the last positive case to be admitted to The Balfour was on week commencing 6 April 2020. No COVID-19 positive patients have been treated in the Ventilation Unit.

Testing criteria and arrangements

NHS Orkney now undertakes testing of the following patient and staff cohorts:

- Enhanced outbreak investigation in all care homes where there are cases of COVID; this involves testing, subject to individuals' consent, all residents and staff, whether or not they are symptomatic.
- Comprehensive surveillance testing with consent in care homes where there are no cases
- Testing across care home groups, where a care home with an outbreak is part of a group or chain, and staff may be moving between care homes, urgent testing is to be carried out in any linked homes.
- Symptomatic health and social care workers' (Group 1) or household members of these workers only to limit absence/exclusion from work.

- Symptomatic contacts of confirmed symptomatic case
- Acute hospital admissions with symptoms
- Symptomatic contacts of a probable symptomatic case admitted to hospital HDU
- Hospital inpatients aged 70 years and over
- Symptomatic contacts of an asymptomatic laboratory confirmed COVID-19 positive case
- Anyone who is a symptomatic key worker (groups 2, 3 &4) or household member of these key workers to limit absence/exclusion from work.
- Travelling peripatetic workers in certain groups
- Pre-Op cataract testing

The aforementioned testing list provided by NHS Orkney goes beyond the cohort tested in most other Boards. The following cohorts may be tested via a national testing centre, but NHS Orkney is currently looking into the possibility of testing locally:

- Anyone symptomatic who is not a key worker, but who has to leave home to go to work
- All those over the age of 5 years with symptoms and their households

To ensure the testing of cohorts by national testing centres, NHS Orkney colleagues are corresponding with National Services Scotland and it is anticipated the logistics to be able to implement the postal component of the UK Government testing scheme will be in place soon with a solution being worked through with Royal Mail and the Lighthouse laboratory.

Care Homes

Throughout Scotland around 35% of positive COVID-19 cases have been identified in care homes with around 50% of COVID-19 deaths being care home residents. Although there have been no positive cases or COVID-19 related death in care home in Orkney, this is a key area of focus in relation to the management of the COVID-19 pandemic in the County.

Where there are cases of COVID-19 NHS Orkney will undertake enhanced outbreak investigation in all care homes involving testing, subject to individuals' consent, all residents and staff, whether they have symptoms or not.

From week commencing 25 May NHS Orkney will commence comprehensive surveillance testing in care homes where there are no cases, this will include testing residents and staff who are not symptomatic; NHS Orkney will be one of the first Boards to undertake the surveillance testing with tests being processed via The Balfour laboratory rather than a national testing centre thereby achieving more timely results.

NHS Orkney is now providing additional input from Directors of Nursing, Public Health Director and Medical Director to collaborate with the Chief Officer and Chief Social Worker in forming an oversight group with Director of Public Health reporting

	<p>any concerns to the Chief Executives of the Health Board and OIC.</p> <p>Visits to care homes in Orkney took place on week commencing 18 May, final reports are awaited however initial reports are very positive with only a few minor actions required and no issues that would require immediate intervention.</p> <p>Remobilisation Planning</p> <p>NHS Scotland has asked Boards to submit draft mobilisation plans by 25 May for the next phase, covering the period to the end of July. Boards are expected to maintain a significant COVID-19 response in line with modelling assumptions alongside revised plans on which services can be re-introduced safely and on what timescale, whilst maintaining appropriate capacity to respond to COVID-19.</p> <p>From 1 June and until further notice, NHS Boards should ensure that COVID-19 provision is at least the number of confirmed cases in acute hospital beds and ICU plus an immediately deployable contingency of an additional 50% available beds and retain capability to reinstate the original re-purposed beds and ICU surge capacity within 7 days.</p> <p>The plans will continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks. The services suggested by the Scottish Government's Interim Chief Medical Officer and National Clinical Director for prioritisation are:</p> <ul style="list-style-type: none"> • cancer • non-cancer urgent inpatients and outpatients • outpatient therapies where delay will mean clinical risk increasing • mental health • treatment room services (MSK, B12 injections, monitoring bloods, etc.). <p>This is not an exhaustive list and NHS Orkney has flexibility to respond based on local clinical priorities. Given the nature of the pandemic the plan is subject to frequent change, the Board will be kept up to date on revised plans.</p> <p>Use of Teams technology during COVID-19</p> <p>The NHS and many other organisations have rolled out MS Teams as a tool to facilitate social distancing. NHS Orkney has rolled out MS Teams to 100% of the workforce with 61% of colleagues active on teams in the past 30 days. Early analysis has shown that NHSO has the highest usage of teams across all Health and Territorial Boards in Scotland which is a great achievement and confirms how the workforce has embraced the use of technology to support service delivery during these times.</p>
Timing	To be considered at the meeting of 28 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>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.</p>
Benefit to Patients	<p>Enabling of safe, effective and person-centred care.</p>
Equality and Diversity	<p>There are no Equality and Diversity implications identified with this item.</p>

Not Protectively Marked

NHS Orkney Board – 28 May 2020	
Report Number: OHB2021-19	
This report is for noting	
Clinical and Care Governance Committee Chair’s Report	
Lead Director Author	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 13 May 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:
Timing	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.
Benefit to Patients	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board – 28 May 2020

Clinical and Care Governance Committee Chair's Report

Author Issy Grieve, Chair
Clinical and Care Governance Committee

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from the discussions held at the meeting on the 13 May 2020.

Section 2 Recommendations

The Board is asked to:

1. Review the report and note the issues raised.

Section 3 Background

This report highlights key agenda items that were discussed at the virtual Clinical and Care Governance Committee meeting on 13 May 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Issues Raised

1. COVID 19 Workforce

The Committee noted the update and discussed the options presented. The complexity of the issue, which was dependent not just on ensuring an ongoing response to the Corona virus outbreak, but the workforce implications of shielding, vent and assessment centre staffing, the return to electives and the pending track, trace and isolate programme was highlighted.

It was noted that a task and finish group had been established to focus on this work and a Red Amber Green (RAG) approach was being used to support the decision making process. It was agreed that a more detailed breakdown would be submitted to the Staff Governance Committee and a recommendation provided to the next Board meeting for a decision.

2. Testing

Peripatetic Workers

Members were advised of the identified risk of transmission of COVID 19 by peripatetic Health Care Workers and reviewed a paper which presented options for enhancing the existing Health Protection Scotland mitigation guidelines.

Members approved the recommendation to introduce the screening of Health and Social Care professionals who travel between Orkney and the mainland.

Essential Workers

Members were advised that currently NHS Orkney, in accordance with NHS Scotland guidance, undertakes COVID 19 testing of group 1 patient cohort only, but that a request to expand its testing to include essential workers in categories two, three and four had been received.

Members reviewed and discussed the options presented and approved the recommendation to expand testing of key workers to all four categories, where capacity exists and does not impact on testing for clinical needs.

Cross Committee Assurance

There were no issues to be escalated.

Not Protectively Marked

<p>NHS Orkney Board – 28 May 2020</p> <p>Report Number: OHB2021-20</p> <p>This report is for noting</p> <p>Coronavirus (COVID-19) and Care Homes update</p>	
<p>Lead Director Author</p>	<p>Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the actions taken around care homes • Note the formation of a local oversight group
<p>Key Points</p>	<p>Care homes and their residents remain key areas of focus in relation to the management of the COVID-19 pandemic.</p> <p>On 17 May 2020 Scottish Government asked for additional input from Directors of Nursing and Medical Directors, with the formation of an oversight group including Chief Officers and Chief Social Workers. Directors of Public Health report any concerns to the Chief Executives of their Health Board and Local Authority and Scottish Government. Locally work has been taken forward to provide information from daily care home huddles to the local oversight group.</p> <p>National meetings of Directors of Public Health have occurred twice a week with Scottish Government representatives and the Care Inspectorate. Locally a multidisciplinary care homes meeting occurs weekly which includes the Care Inspectorate. Weekly reports have continued from NHS Orkney to the Scottish Government, with additional information from the oversight group included.</p> <p>Testing of symptomatic care home staff has been in place for several weeks through the key worker testing scheme. Working closely with the care home managers, an agreement on surveillance testing with the consent of individual care home staff and residents has been reached. On 18 May 2020 the First Minister announced a programme offering testing to asymptomatic care home</p>

	<p>staff, with this to be implemented alongside the surveillance programme of care homes without an outbreak. Work is ongoing to take this forward.</p> <p>Guidance is in place nationally for the management of asymptomatic care home staff and additional supporting guidance on clinical care support was issued by the Chief Medical Officer on the 20 May 2020.</p> <p>This is a rapidly evolving situation in light of ongoing outbreaks across Scotland.</p> <p>.....</p>
Timing	Board meeting 28 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 – 28 May 2020</p> <p>Report Number: OHB2021-21</p> <p>This report is for noting</p> <p>Care Homes - Additional Clinical Responsibilities</p>	
<p>Lead Director Author</p>	<p>David McArthur, Executive Director of Nursing, Midwifery, AHPs and Acute Services Brenda Wilson, Interim Director of Nursing, Midwifery & AHPs</p>
<p>Action Required</p>	<p>The Board is asked to note the update on Coronavirus (COVID 19): Enhanced Professional Clinical and Care Oversight of Care Homes and Amendments to the Coronavirus Bill</p>
<p>Key Points</p>	<ul style="list-style-type: none"> • Care home environment is high risk for Coronavirus transmission this has resulted in significant mortality in Scotland. • A need for immediate Health and Social Care support has been identified by the Scottish Government (SG) to ensure the safety of vulnerable residents and staff. • Additional support will be deployed from SG, Local Authorities (LAs), Health Boards (HBs), and the regulatory and improvement bodies e.g. Care Inspectorate (CI) and Healthcare Improvement Scotland (HiS). • Revised guidance for care homes has been issued • Nurse and Medical Directors are to take direct responsibility for clinical support required for care homes in the Board area in collaboration with Directors of Public Health (DPH).
<p>Timing</p>	<p>The additional responsibilities, guidance and changes to the Coronavirus Act came into force on 18 May 2020</p>
<p>Link to Corporate Objectives</p>	<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;

	<ul style="list-style-type: none"> • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The collaboration between Health and Social Care, Primary, secondary and community care reflects the commitment within the SG 2020 Vision for everyone able to live longer, healthier lives at home, or in a homely setting and for there to be a healthcare system in which health and social care is integrated with a focus on prevention, anticipation and supported self management.
Benefit to Patients	The new guidance, roles, responsibilities and accountability will enhance the process already in place to ensure that residents in care homes are cared for in a safe, effective and person centred manner
Equality and Diversity	An Equality Impact Assessment (EQIA) will be carried out when required for specified actions.

Not protectively marked

NHS Orkney Board- 28 May 2020

Insert Subject Care Homes - Additional Clinical Responsibilities

Insert Author Brenda Wilson

Section 1 Purpose

To update the Board on Coronavirus (COVID 19): Enhanced Professional Clinical and Care Oversight of Care Homes and Amendments to the Coronavirus Bill

Section 2 Recommendations

The Board is asked to note the content of this paper and the proposed plan to gain assurance of the quality and safety of resident care and for the provision of support to care homes within the board area if required.

Section 3 Background

Adults living in care homes frequently have complex health and care needs. Currently in Orkney there are four registered Care homes. The availability of beds and associated occupancy as of 20 May 2020:

Table 1

Care Home	Number of beds	Respite beds available	Rehabilitation beds available	Beds Currently Occupied	Occupancy percentage	Total staff headcount
St Rognvald House	44	4	N/A	42	95%	114
Smiddybrae House	32	2	N/A	28	88%	85
Hamnavoe House	40	2	10	30	75%	69
Enable	4	N/A	N/A	2	50%	40

Adults living in care homes are often frail, elderly and have multiple co morbidities which may require clinical and care interventions delivered by care home staff and visiting healthcare professionals. A significant number of residents will be at a higher risk of a

suboptimal outcome should they contract COVID-19.

It has been demonstrated that the care home environment is high risk for Coronavirus and this has resulted in significant mortality in areas of Scotland. This has highlighted the need for immediate Health and Social Care support to ensure the safety of vulnerable residents and staff. This additional support will come from the SG, LAs, HBs, and regulatory and improvement bodies e.g. Care Inspectorate (CI) and Healthcare Improvement Scotland (HiS).

Revised guidance for care homes has been issued which details the following:

- Care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.
- Decisions about care and treatment for residents should be on an individual basis, based on the person's best interests and in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their Anticipatory Care Plan
- The range of factors and provisions that must be taken into account in the admission of any person into a care home; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

Amendments to the Coronavirus Bill have been made to support the revised guidance :

- Measures and powers to provide assurance to care home sector residents, their families and staff that should a significant risk be identified or the provider is unable to continue to deliver care due to failure that Scottish Ministers and public bodies have the power to intervene.
- There is a clear statement on expectations providing enhanced clinical and care professional oversight during Covid-19
- The expected new and additional responsibilities on clinical and professional leads in every local authority and Health Board that will provide daily support and oversight of the care provided in care homes in their area including testing and Infection Prevention Control arrangements with particular reference to PPE

Section 4 Discussion

The SG document details the arrangements that must be deployed to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take

direct responsibility for clinical support that may be required for each care home.

In a letter dated 17 May 2020 to the Executive Nurse Directors, the Cabinet Secretary for Health and Sport detailed a variation to the roles and responsibilities of the Executive Nurse Directors, advising they would be accountable for the provision of :

- Nursing leadership
- Support and guidance within the Care Home and care at home sectors
- A requirement to support the Director of Public Health to review the data submitted to them by the care homes.

Professional roles in each HB, HSCP and LA must establish a multi-disciplinary team(MDT) comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

The HB and LA will provide support to the Care Home Clinical and Care Professional Oversight team and will in partnership with the healthcare associated infection (HAI) lead, hold a daily meeting regarding the quality of care in each care home in the area, with a focus on infection prevention and control. Where required they will provide expert clinical support for residents who have Coronavirus. The meeting agenda will include a review of :

- Care needs of individual residents
- Infection prevention and control measures, including PPE and cleaning requirements
- Staffing requirements including workforce training and deployment
- Testing arrangements for outbreak management and ongoing surveillance

The MDT will have responsibility and accountability for professional oversight, review of issues as and when they arise and for developing and implementing safe, effective, person centred solutions to ensure care homes can maintain and sustain services during the pandemic. They will also ensure expert advice is readily available regarding infection prevention and control measures and provide clinical support.

Specific responsibilities health professionals will require to deliver to address Covid-19 in social care settings are :

- Nurse and Medical Directors will take direct responsibility for the clinical support required for each care home in the board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads will provide practical expert advice and guidance on infection prevention and control

In the event the MDT identifies a significant risk or issue which cannot be resolved this will

be escalated to the Director of Public Health, who will inform the Chief Executives of the HB and the LA as well as the CI and SG.

Section 5

NHS Orkney Four Phase Plan of Assurance and Support

Table 2

	Phase 1	Phase 2	Phase 3	Phase 4	Dates for initial visit	Outcomes
Care Homes	✓				21/05/20 22/05/20	
Care at Home		✓			TBC	
Other supported residential facilities			✓		TBC	
Other services				✓	TBC	

The amendments to the roles, responsibilities and accountabilities of the MDT were deployed from Monday 18 May 2020. In response the group met to discuss the way forward and daily meetings are now scheduled at 08.00hrs.

Prior to these amendments the Interim Director of Nursing, Midwifery and AHPs had identified a need to review the care homes and related community nursing input. The Lead Nurse for Excellence in Care was tasked with liaising with Health and Social Care colleagues to take forward a process of review and assurance (Appendix 1). This earlier preparation provided a foundation on which to build an assurance and support process for care homes along with established monitoring process by the Director of Public Health.

In response to the new requirements the Interim Director of Nursing convened a meeting of the Senior Nursing Team and the Four Phase Plan (Table 2) was discussed and agreed. A meeting of the Executive Nurse Directors (SEND) took place on Monday 18th May 2020 and this further informed the plan which will at Phase 1 consist of initial assurance and support visits to each of the four registered care homes in Orkney during Thursday 21 and Friday 22 May 2020. The visiting teams will consist of a Senior Nurse and/or AHP, a Senior Infection Prevention Nurse and a Senior Social Worker. The Team will review the care home against the set of measures detailed in the Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes document.

Each visiting team will report back following the visit to the care home and further detailed discussion will take place at the scheduled senior nurse care home review meetings each Monday and Friday. Areas requiring support will be discussed and a plan will be put in

place.

If in the event a serious safety or care issue is identified during the assurance and support visit, the visiting team will identify this to the care home manager and the escalation process detailed in Section 4 will be instigated i.e. the MDT will be informed and the DPH will escalate the issue to the CEO.

Simultaneously the required support will be deployed into the care home; this could include resources such as staff or infection control support. The MDT has agreed that the HB and HSCP escalation pathways will be linked and in the event of an out of hours issue, Standard Operating Plan/flow map for on call senior managers will be available to enable the deployment of resources.

The HB Human Resources department are in the process of contacting all HB bank staff to ascertain if they would be willing to work in the care home setting and if they would consent to be called at short notice and in the out of hours period .

Appendices

- 1) Review of Community Nursing and Care Home clinical support during COVID-19 Pandemic

Review of Community Nursing and Care Home clinical support during COVID-19 Pandemic

1. Introduction

The COVID-19 pandemic presents a range of staffing and workload challenges in these unprecedented times. The Interim Director of Nursing, Midwifery and AHP's has a need to have oversight of community and primary care adult nursing services and to the clinical support to Care Homes in line with national guidance¹²³⁴. On the 17th May further amendment was made to the Coronavirus Bill and of the expectations of Executive Nurse Directors who are now accountable for providing enhanced clinical and professional oversight to care homes⁵. As community nursing services provide all nursing care and support to care homes in Orkney, a review is required of the current landscape

2. Purpose

The purpose of the review is to assimilate the information that has been undertaken so far as part of COVID-19 planning, along with any new information, across mainland and the 10 islands with nursing input. It will aim to provide a situational awareness of the nursing service and recommendations for recovery planning. The review will encompass the progress to date and any synergies in the areas interlinking in the diagram below.

There will be a particular focus on the elements highlighted for district nursing which links to Care Homes as part of their caseload in the national guidance for Nursing and AHP Community Health Staff including recovery planning:

- Increase Anticipatory Care Planning /E-KIS
- Plan for increased palliative care
- Plan for increased demand in urgent care
- Plan for 24/7 cover
- COVID recovery planning⁶

3. Summary

Community Nurses, working alongside care homes, the wider community and primary care teams are critical to the community resilience response to this pandemic and they are also fundamental in reducing the impact on acute services. To support effective care within our communities it is essential to maximise the knowledge and skills of the nursing workforce within the context of integrated teams, to include the interface with Acute Services, rehabilitation for reducing unnecessary admission, delayed discharge and prevention of re-admission.

This will consist of two phases:

- Phase 1 – Review of Care Home COVID-19 safety – ongoing through Care Home Group
- Phase 2 – Recommendations of service improvement in COVID recovery – 22/06/20 (to be reviewed)

The overall focus will be to demonstrate and build on existing good practice and use improvement methodology in line with Excellence in Care⁷ and the Health & Care Staffing⁸ where highlighted to provide assurance of high standards and continuous improvement whilst delivering, safe and effective person centred healthcare.

¹ [National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic V1.3](#)

² [Coronavirus \(COVID-19\): clinical and practice guidance for adult care homes](#)

³ [SUPPORTING PEOPLE WITH COVID-19 RELATED ILLNESS IN THE COMMUNITY SETTING: CLINICAL MANAGEMENT OF THOSE WITH MODERATE TO SEVERE ILLNESS](#)

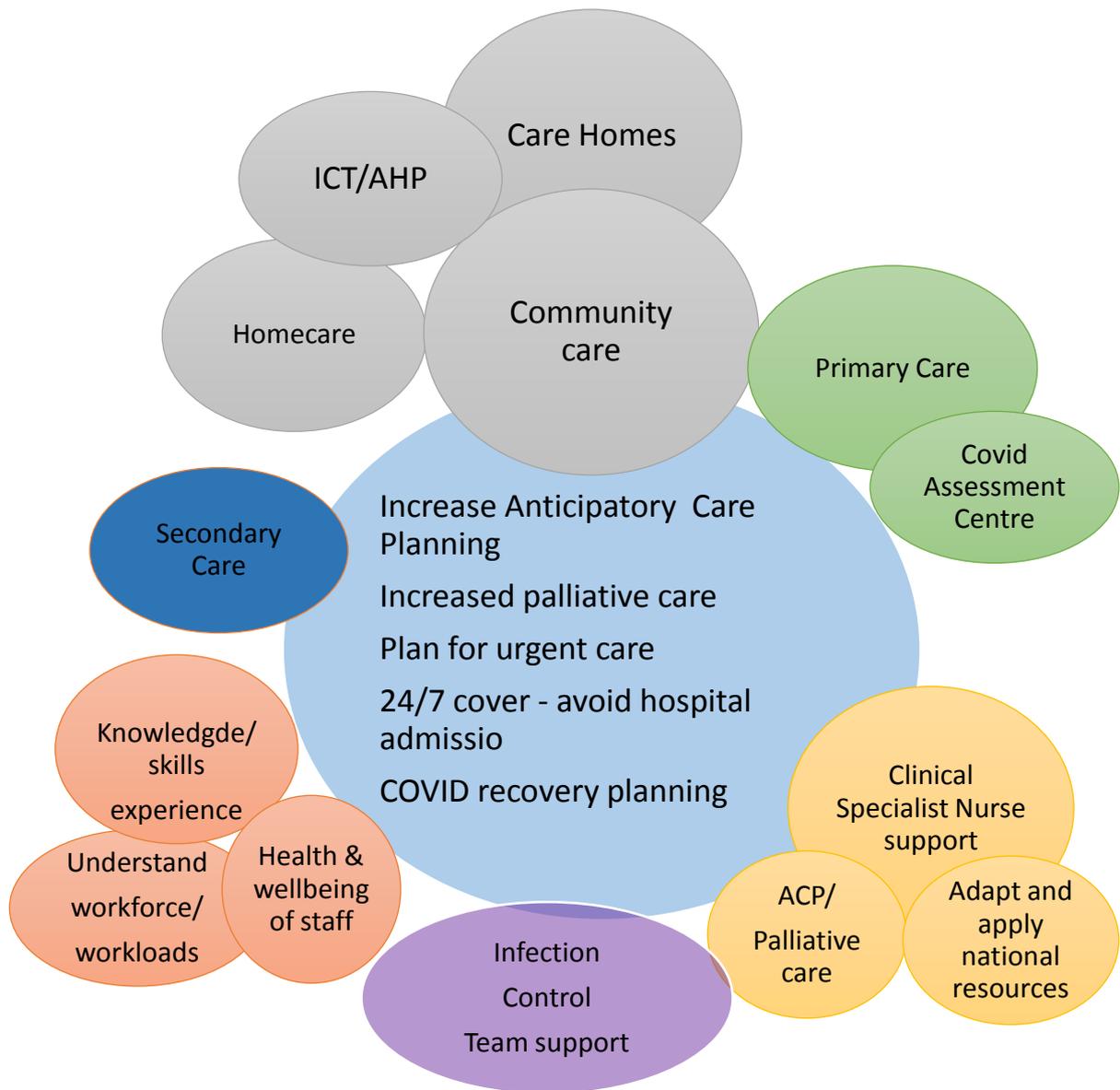
⁴ [COVID19 Guidance: Clinical Advice](#)

⁵ [Strengthened clinical oversight for care homes](#)

⁶ [Hospital@Home –virtual/community, Red/Green teams, post Covid illnesses/disease etc](#)

⁷ [Excellence In Care - Scotland's National Approach to Assuring Nursing and Midwifery Care](#)

⁸ [Health and Care Staffing \(Scotland\) Bill](#)



Framework of Community Nursing and Care Home clinical support during COVID-19 Pandemic

Anticipatory Care Planning	<ul style="list-style-type: none">• Understand current landscape – in particular Care Homes• Education, Training and clinical support requirements
Palliative Care	<ul style="list-style-type: none">• Plan for increased demand – ensure enough equipment /staffing• Understand pathways and support mechanisms from specialists/GP's
Urgent Care	<ul style="list-style-type: none">• Understand capacity and demand – COVID planning and ongoing recovery• Review Data - hospital prevention/admissions/discharges/readmissions
24/7 Cover	<ul style="list-style-type: none">• Understand capacity and demand - COVID planning and ongoing recovery• Understand community nursing and wider MDT staffing model to support 24/7
Care Home clinical support/assurance	<ul style="list-style-type: none">• Plan for increased clinical support in line with guidance – implications and impact• Understand current processes /develop partnership working

Not Protectively Marked

<p>NHS Orkney Board – 28 May 2020</p> <p>Report Number: OHB2021-22</p> <p>This report is for noting</p> <p>NHS Orkney Annual Accounts for year ended 31 March 2020</p>	
<p>Lead Director Author</p>	<p>Mark Doyle, Interim Director of Finance Keren Somerville, Head of Finance</p>
<p>Action Required</p>	<p>Members are invited to:</p> <ul style="list-style-type: none"> • <u>Note</u> the update
<p>Key Points</p>	<p>NHS Orkney's annual accounts will be prepared in accordance with the NHS Accounts Manual, this incorporates the Scottish Government's guidance on the application of the Financial Reporting Manual (FRoM). FRoM provides the technical accounting guidance for the handling of public funds which is to be followed in preparing Annual Accounts.</p> <p>In light of the COVID 19 pandemic and following discussion with the Scottish Government and Audit Scotland, it has been agreed that the annual accounts production timetable can be delayed by up to 3 months (30 September 2020). Despite the extension granted by the Scottish Government NHS Orkney plans to have its accounts signed off to the original deadline by the Board and Audit Committee on the 25 June 2020. We continue to receive regular feedback with no issues raised to date and Audit Scotland continue to make good progress.</p> <p>The annual accounts will be reviewed by the Audit Committee on 2 June 2020 with the Clearance meeting due to take place on 5 June 2020.</p>
<p>Timing</p>	<p>NHS Boards are required to have their audited accounts and Annual Accounts template submitted to the Scottish Government Health and Social Care Directorate no later than 30 September following the year-end.</p>

9.1

Link to Corporate Objectives	The Audit Committee provides assurances to the Board and supports the Boards commitment to continuous improvement and delivery of its corporate objectives.
Contribution to the 2020 vision for Health and Social Care	Efficient and Effective use of resources is important in enabling the delivery of change in service delivery to meet aspiration of the 2020 vision.
Benefit to Patients	The efficient and effective use of resources provides the best level of safe and effective care to patients as it can with the resources available.
Equality and Diversity	Adherence to legislation including Equalities Act 2010 is evident in Board papers and where appropriate Equality Impact Assessment is completed.

Not Protectively Marked

<p>NHS Orkney Board – 28 May 2020</p> <p>Report Number: OHB2021-23</p> <p>This report is for assurance, comment and approval</p> <p>Audit and Risk Committee – Chair’s Report</p>	
<p>Lead Director Author</p>	<p>Mark Doyle, Interim Director of Finance David Drever, Audit and Risk Committee Chair</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. To <u>note</u> the report 2. <u>Seek assurance</u> on performance
<p>Key Points</p>	<p>This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Wednesday, 20 May 2020.</p>
<p>Timing</p>	<p>The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.</p>
<p>Link to Corporate Objectives</p>	<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.
<p>Contribution to the 2020 vision for Health and Social Care</p>	<p>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.</p>

11.1

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

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 Wednesday, 20 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 Wednesday, 20 May 2020.

Section 4 Discussion

4.1 External Audit update

Members of the Committee were reassured that progress with external audit was progressing faster than originally anticipated at the meeting held on 5 May 2020. A pragmatic solution of focusing on the completion of the 2019/20 Annual Accounts by 25 June 2020, with a wider annual audit report following once they had been concluded, was agreed instead of the original deadline of the end of July 2020. Members felt this was an excellent outcome.

4.2 Internal Audit Progress Report

The Committee received three of the five outstanding internal audit reports at the meeting, with the final two reports due for completion by the first week in June. Progress was being made according to plan and as such a draft of the internal audit annual report could be compiled. The outstanding reports would be

presented to the Audit and Risk Committee meeting held on Thursday, 25 June 2020.

4.3 Governance Committee Annual Reports 2019/20

The Committee received and approved the annual reports for the following Governance Committees:

- Finance and Performance Committee
- Staff Governance Committee

4.4 Governance Committee Workplans 2020/21

The Committee received the workplans for 2020/21 for the following Governance Committees:

- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

The Chair of the Audit and Risk Committee had been in discussion with the Chair of the Board regarding the impact of COVID-19 on the workplans of the Governance Committees and the need for the schedule of works to be fluid. Members were content to receive the workplans as outlines, subject to change if required as would be decided by each of the Governance Committees.

4.5 Governance Committee Terms of Reference 2020/21

The Committee received and approved the terms of reference for the following Governance Committees:

- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

4.6 Draft Annual Accounts 2019/20

Members agreed that the draft of the Annual Accounts for 2019/20 would be scrutinised at the next Audit and Risk Committee meeting scheduled for Tuesday 2 June 2020.

Appendices

Appendix 1 Approved minute from Tuesday, 3 March 2020

Appendix 2 Approved minute from Tuesday, 5 May 2020

Orkney NHS Board

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday 3 March 2020** at **11:30 am**

Present: David Drever, Interim Chair
Davie Campbell, Vice Chair
Fiona MacKellar, Employee Director

In Attendance: Christina Bichan, Chief Quality Officer
Julie Colquhoun, Head of Corporate Services
Mark Doyle, Interim Director of Finance
Paul Kelly, Internal Auditor, Scott Moncrieff
Gerry O'Brien, Chief Executive
David Eardley, Chief Internal Auditor, Scott Moncrieff
Keren Somerville, Head of Finance
Iain Stewart, Chief Executive Designate
Emma West, Corporate Services Manager (minute taker)

Apologies

Apologies had been received from G Woolman, C Morrison, L Wilson and D McArthur

D Drever had been appointed by the Board as Interim Chair, due to M McEwen being taking on the role of Chair of NHS Orkney.

Declarations of Interest

No interests were declared.

Minutes of previous meeting held on 3 December 2019

The minute of the Audit Committee meeting held on 3 December 2019 was accepted as an accurate record of the meeting, subject to the below amendments and were approved.

- Davie Campbell to be added to apologies

Matters Arising

593 – Selbro, Records Store

Members were advised that work continued in line with the Records Management Policy, there had been good engagement from the record owners and work to ensure that all inappropriately labeled records were reviewed. The facility was also being fitted with new shelving which would enable the removal of dental moulds currently being stored in King Street so that this property could be disposed of.

Action Log

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

External Audit

No agenda items this meeting.

Internal Audit

Internal Audit Progress Report – AC1920-51

D Eardley, Audit Director, Scott Moncrieff, presented the report which advised of progress against the 2019/20 Internal Audit Plan. Members were drawn to the appendices which included the timescales for progress and the amendments to the original reporting for audits, as discussed previously at committee meetings.

Members were advised that all outstanding Audits would be presented to the May 2020 meeting of the Audit Committee.

D Campbell questioned whether the plan was on target with regard to days and budget and was advised that there were currently no concerns around this, if this changed there would be detailed discussions with management.

The Chief Executive sought assurance that the outstanding reports would meet the May meeting of the Audit Committee and would not have a significant impact on the assurance statement. He asked that a draft version of the Assurance Statement be provided to the May meeting so that any issues could be addressed with Audit colleagues in good time.

D Eardley provided assurance that timescales would be met and the draft assurance statement would be provided to the May meeting as requested.

Members raised significant concerns over the number of Audit reports being presented to the May meeting as the agreed 2019/20 timescales had been amended. It was agreed that the May meeting would be extended by 1 hour to accommodate these additional reports.

The Head of Corporate Services advised that the Digital Strategy Audit had been originally planned for 2018/19 but due to the vacant posts with the department and reduced capacity it had been agreed to postpone the audit to allow for the new Head of Digital Transformation and Information Technology to take up post and gain an understanding of the role. The workforce planning audit had been delayed due to the transition of the service between Grampian and Orkney and the additional work that this had created.

The Chief Quality Officer advised that the Risk, Clinical Governance and Waiting Times Audits had been delayed due to compounded annual leave following the move to the new hospital and healthcare facility. All the audits had now been undertaken; the findings were as expected and covered issues that were already known. It was noted that agreement on the Clinical Governance

Audit needed to be smarted in 2020/21 to allow this to be progressed earlier.

The Chief Executive noted the need to be more aware of issues when planning audits as there had been similar issues in previous years. He agreed that the opening of the new hospital and healthcare facility had significantly affected staff and capacity which should have been better anticipated.

D Eardley noted that it would be his personal objective and responsibility to address the timelines for 2020/21, with a view to schedule some audits for the September meetings to fit with data requirements and business needs.

Decision / Conclusion

The Audit Committee noted the Internal Audit progress report and stressed the requirements for more manageable timetables going forward

Internal Audit Reports

Financial Controls Self Assessment – AC1920-52

D Eardley, Scott Moncrieff presented the report advising that the review concluded that NHS Orkney had effective controls over the key processes tested for income and receivables, funding requirements, VAT, Payroll, noncurrent assets and management information and reporting.

The report had highlighted two minor issues; one around running exception reports to identify duplicate payments and the other around documented procedures for levels of authority to write off balances. Management comments to address these had been provided and accepted.

D Campbell questioned whether issues around duplicate payments had been noted in a previous audit, D Eardley advised that this could be checked but gave assurance that no recommendations around this were outstanding.

Decision / Conclusion

The Audit Committee noted the report and the recommendations and responses which would be monitored through the Committee.

Digital Strategy - Verbal

P Kelly, Scott Moncrieff gave a verbal update reflecting the current status of the Digital Strategy Audit given the staffing changes with the department.

Members were advised that an assignment plan had been agreed and a draft strategy was already in place. Annual operating plans were being developed and assurance was taken from the progress made whilst recognising the complexities.

A key part of review considered engagement with stakeholders and prioritisation of links with national work and strategies against the Boards own priorities and strategy. There was also a need to consider financial planning and affordability with links to operational planning and governance around the approval of the

strategy and monitoring of delivery. Work would continue with key clinical stakeholders as part of the Audit work.

The Chair noted that the department had laid out some very ambitious plans and questioned if the Board had the time, capacity and finances to progress all of these. The Head of Corporate Services advised that many of the workstreams were dictated nationally and these needed to be managed along with local priorities within the limited capacity.

The Employee Director noted that the use of digital champions was very positive and encouraged staff engagement but cautioned that there was a need to be careful around capacity when asking staff to do additional work on top of their standard duties. The Head of Corporate Services advised that all digital champions sessions that staff attended were accredited as CPD and as such formed part of personal development plans.

D Campbell questioned whether there was a timetable for the national work and if there was a risk of not achieving this. The Head of Corporate Services advised that capacity was limited and the risk of not meeting the timelines was high within the current resources.

Decision / Conclusion

The Audit Committee noted the update provided and welcomed the full report to the May meeting of the Committee.

Internal and External Audit Recommendations follow up report– AC1920-53

The Interim Director of Finance presented the report on internal and external audit recommendations. He advised that 4 recommendations were brought forward following the last report, three remained outstanding and one was requested to be closed. The following were requested

- Item 159 – Assessment of services provided by NHS Grampian had now been carried out and the recommendation should be closed
- Item 152 - Strategic work with the Board continues and engagement on the new strategy had commenced, the full strategy would be presented to the Board for approval on 21st May 2020 and as such an extension to the timescale to the 31 May 2020 was requested.

The Chief Executive questioned the target completion dates for actions 162 and 163 and was advised that Scottish Government input was required to progress these.

Decision / Conclusion

The Committee noted the report and agreed the amended timescale and closure.

Information Governance

Information Governance Chair's report – AC1920-54

The Head of Corporate Services presented the chairs report advising that the Group had discussed key items relating to the:

- Agreement on retention period of Dental GP17 Forms
- Approval of the Memorandum of Understanding for the provision of Data Protection advice to GP Practices.
- Updated Records Management Plan approved for submission to Keeper of the Records
- Assurance around disaster recovery arrangements
- Audit findings on use of VPN tokens
- Update on USB port locking and need to share this information with staff.
- Update on National and Information Systems Regulations audit

The Chair noted that the February meeting of the Information Governance Group had not been quorate, The Head of Corporate Services suggested that the meetings were not always seen as a priority by all the members due to a lack of understanding of their roles in relation to Information Governance. The Group had revisited the Terms of Reference, Risk Control and Assurance Framework and the Business Cycle to make these more relevant and members more accountable.

The Employee Director questioned capacity to attend and was advised that this was an issue for all staff and there needed to be prioritisation of the manager as part of their role.

The Chief Executive noted the letter from Information Commissioners Office around the handling of Freedom of Information requests and performance against standards and welcomed an update at the next meeting. The Chief Quality Officer advised that internal processes including amendments to sign off had been improved to limit delays.

Decision / Conclusion

The Committee noted the report including the progress of the Group and the ongoing amendments to the focus of the group and the prioritisation of this with managers.

Annual Accounts

Annual Accounts Timetable – AC1920-55

The Head of Finance presented the Annual Accounts timetable for information.

Decision / Conclusion

The Committee noted the report.

Interim Audit Work – AC1920-56

The Head of Finance advised members on the interim external audit work carried out to date by Audit Scotland. No issues had been raised to date and the interim report was awaited.

Decision / Conclusion

The Committee noted the report.

Fraud

Fraud update – AC1920-57

The Interim Director of Finance presented the paper advising that there had been no new cases of alleged fraud reported to Counter Fraud Services and there were no ongoing fraud investigations to report on.

Members were advised that NHS Orkney had a requirement to inform Counter Fraud Services (CFS) of any instances of suspected fraudulent activity.

Decision / Conclusion

The Committee noted the update provided.

National Fraud Initiative 2018/19 - AC1920-58

The Interim Director of Finance presented the report which detailed the exercise that matched electronic data within public and private sector bodies to prevent and detect fraud. There were no instances of fraud or duplication identified from the returned matches for 2018/19

Decision / Conclusion

The Committee noted the outcomes of the National Fraud Initiative 2018/19 exercise.

Risks

Risk and Assurance – AC1920-59

The Chief Quality Officer presented the report to provide assurance and implementation of the refreshed approach to risk management advising that interventions across the system as a whole were being reviewed.

She advised that a self assessment against the Audit Committee handbook had been drafted and was attached with areas of further development built into the risk management improvement plan.

There were currently 37 active risks on risk register, engagement in assessing, reviewing and updating risks within the risk register was currently positive. Furthermore, employee engagement in undertaking risk training was currently

very good with 668 members of staff having completed the online module in the last 3 years.

The newly formed risk management form, had met to consider its role and purpose and to identify where current systems and processes could be further developed to add value to the risk management approach. There was enthusiasm for the group which had been well attended with members looking practically at how the strategic framework would support them and their service areas.

D Campbell questioned the self assessment and how this would be progressed, monitored and reported, The Chief Quality Officer advised that outcomes of the audit report would be awaited and then an action plan developed following this dependent on the recommendations. Risk reporting would be through the relevant Governance Committees.

The Chief Executive noted that some of risks should be removed as they had been addressed and mitigated.

Decision / Conclusion

The Committee noted the report and took assurance on the refreshed procedures and direction of travel.

Risks Escalated from Governance Committees

No risks had been escalated from the governance committees.

Governance

Terms of Reference

The Corporate Services Manager advised that the Terms of Reference had been reviewed and amended and were brought to the Committee for approval. The main amendment was the change of the committee title to the Audit and Risk Committee.

D Eardley clarified that the Chair of the Board could attend a meeting of the Audit committee if invited to do so but could not be a member of the committee. This was different to what was stated in the Blueprint for Good Governance but was not always seen as good practice as long as checks and balance were put in place.

Members agreed that the current practice within NHS Orkney of allowing the Chair of the Board to attend in an observer capacity around specific agenda items or meetings was sufficient and would continue.

Decision / Conclusion

The Committee approved the amendments to the Terms of Reference noting that the accounting policies should be approved by the Board.

Programme of Business/Work plan

The Corporate Service Manager advised that the work plan had been amended to further reflect the additional focus on risk and also to bring the Information Governance reporting in line with assurance requirements.

The Chief Executive noted that the March meeting should include the draft Internal Audit plan for 2021/22.

Decision / Conclusion

The Committee approved the work plan subject to the above amendment.

Committee Risks, Controls and Assurance Framework

The Corporate Services Manager presented the Committee Risks, Controls and Assurance Framework advising that the framework had been amended to include Information Governance which had previously been the remit of the Finance and Performance Committee.

Decision / Conclusion

The Committee approved the amendments to the Committee Risks, Controls and Assurance Framework.

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

Board

- There was a heavy dependence on Internal Audit reports being received at the May meeting and these were crucial in closing the year end accounts.
- The National Fraud Initiative exercise had highlighted no recoveries to be made by the Board.

Any Other Competent Business

No other competent business was raised.

Items for Information and Noting only

Counter Fraud Services

The following CFS report had been provided for information and noting:

- Intelligence Alerts.

Audit Scotland Reports

The following Audit Scotland report had been provided for information and noting:

- Technical Bulletin 2019/04

Schedule of Meetings 2020/21

Members noted the schedule of meetings for 2020/21

Record of Attendance

Members noted the record of attendance.

Committee Evaluation

Members agreed that the meeting had been positive and constructive.

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Video Conference Weblink** on **Tuesday, 5 May 2020** at **11:30**

Present: David Drever, Chair
Davie Campbell, Vice Chair
Fiona MacKellar, Employee Director
James Stockan, Non-Executive Director
Jason Taylor, Non-Executive Director

In Attendance: Christina Bichan, Chief Quality Officer
Julie Colquhoun, Head of Corporate Services
Mark Doyle, Interim Director of Finance
David Eardley, Chief Internal Auditor, Scott Moncrieff
Gerry O'Brien, Chief Executive
Keren Somerville, Head of Finance
Iain Stewart, Chief Executive Designate
Matthew Swann, Internal Auditor, Scott Moncrieff
Gillian Woolman, Audit Director, Audit Scotland
Gemma Pendlebury, Committee Support (minute taker)

49 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting and made them aware that J Taylor, Non-Executive Director, would be joining the group subject to Board approval.

50 **Apologies**

No apologies were received for the meeting.

51 **Declarations of Interest**

No interests were declared.

52 **Minutes of previous meeting held on 3 March 2020**

The minute of the Audit and Risk Committee meeting held on Tuesday, 3 March 2020 would be received at the following meeting.

Members of the Committee were happy to approve this.

53 **Matters Arising**

There were no matters arising additional to the agenda.

54 **Action Log**

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

External Audit

- 55 While there were no formal agenda items regarding External Audit, G Woolman update that Audit Scotland had released a publication that morning regarding COVID-19 and the impact on public audit. She advised that the content of that publication would supersede the information in the attached technical bulletin.

Internal Audit

56 Internal Audit Progress Report

D Eardley, Audit Director (Scott Moncrieff) updated members that work had been progressing well with internal audit prior to the COVID-19 pandemic and that the 2019/20 Annual Report scope would be impacted due to this. Reassurance was given that Scott Moncrieff were still on track to give an opinion, albeit with slightly different agreed and formally signed off audit reports. There were six outstanding internal audit reports and it was crucial that more of these were completed before a meaningful annual assurance statement could be produced. Any reports unable to be completed would be rolled forwards into the scope for 2020/21 and efforts had been made to ensure that key colleagues were sighted on the impact of this.

The Committee did acknowledge that the key members of staff required for the six outstanding audit reports were very actively involved in ongoing work around COVID-19 and as such agreed that completion of four of those internal audit reports was an appropriate goal.

Decision / Conclusion

The Audit and Risk Committee acknowledged a delay to the internal audit process for 2019/20 due to the COVID-19 pandemic, however they were assured that progress could be made on four of the remaining six internal audit reports and that an internal audit opinion could realistically be offered.

57 Internal Audit Plan 2020/21

The Interim Director of Finance made Committee members aware that there was a plan in place for 2020/21, however it required further discussion and it was felt more appropriate to focus on completion of the outstanding 2019/20 internal audit reports and annual accounts process before would commenced on the 2020/21 plan.

Decision / Conclusion

The Audit and Risk Committee acknowledged and agreed that it was an appropriate way forward to revisit the internal audit plan for 2020/21 once work had been completed on outstanding internal audit reports and annual accounts process for 2019/20.

Internal Audit Reports

58 Outstanding Internal Audit Reports

11.1.2

M Swann, Audit Senior Manager (Scott Moncrieff) further updated the Committee on the outstanding internal audit reports which had partially been discussed in the previous sections. The outstanding reports were:

- Risk Management
- Clinical Governance
- Waiting Times
- Workforce Strategy
- Digital Strategy
- Post Implementation Review

As had been discussed and agreed, four of the reports would be concluded in time to give a meaningful opinion for the 2019/20 audit year.

Post meeting note: The Risk Management, Clinical Governance and Waiting Times reports would be presented at the additional meeting on Wednesday, 20 May 2020.

Further discussion took place regarding the final two reports; Digital Strategy and Post Implementation Review. Members agreed that the Post Implementation Review should be transferred to the 2020/21 internal audit plan where it was felt that the report would sit much more cohesively.

There had been a great deal of work already undertaken in relation to the Digital Strategy, which had been paused in light of key members of that team being heavily involved with COVID-19. The Head of Corporate Services was keen to progress this report once the team had reached a stage when they could consider working on 'business as usual' projects.

Decision / Conclusion

The Audit and Risk Committee noted the wider context in relation to the delayed internal audit reports and were aware of continuing demands on key colleagues due to COVID-19. Members were encouraged to hear that progress was being made despite pressures.

59 Internal and External Audit recommendations

There were no further internal and external audit recommendations to be discussed at this meeting.

Information Governance

60 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. The Head of Corporate Services reported that work was being done to revitalize the Information Governance Group, gaining ownership of information governance within the organisation and ensuring that governance was a key function. The Terms of Reference would be provided for approval at a future Audit and Risk Committee meeting.

She also advised that Orkney Island Council would be withdrawing their Information

11.1.2

Governance Officer support very shortly, with no budget to seek an NHS Orkney replacement. As yet there was no clear notion of how much risk this would pose and members were reassured that Data Protection Officer support would continue as normal.

Work in connection with records management at Selbro had progressed extremely well, with only a few outstanding matters left to follow up. Both A McOmish and the Estates Team been instrumental in the reorganisation, arranging the facility in a much more structured way, as well as having cleared outstanding dental records which had been stored in King Street.

The Committee also received an update in connection with an outstanding action from the Information Commissioners Office regarding the reconstruction of mental health records. Good progress had been made prior to COVID-19, with a huge amount of work and time being investigating whether patients were still current and whether they were still residents on Orkney. The Head of Corporate Services advised that she was planning to contact the Information Commissioners Office to request an amendment to their initial action to instead order the reconstruction of those mental health records which are requested.

The Employee Director requested that clinical teams be included communication to the Information Commissioners Office regarding the reconstruction of mental health records to ensure that any reconstruction work going ahead would not negatively impact their practice.

Decision / Conclusion

The Committee noted the Information Governance Committee report, were made aware of issues surround the withdrawal of Information Governance Officer support and were assured of progress with records management and Selbro. They also supported the decision to contact the ICO to request an amendment to their action for the reconstruction of mental health records.

Annual Accounts

61 **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.

Decision / Conclusion

The Committee received the update regarding the annual accounts timeline and the impact of COVID-19 on that. They were reassured that NHS Orkney would not require the full extension of time, but would reach completion by the end of July 2020.

Fraud

62 **Fraud update**

Members were informed by the Interim Director of Finance that no frauds had been reported by Counter Fraud Services at the time of this meeting.

Risks

63 **Risk and Assurance**

This item had been covered in the action log.

Additionally, members felt it appropriate and important that the corporate and strategic risk registers be considered by the Committee. Members were also keen to utilise the good risk practice and management being followed during the COVID-19 pandemic to inform decision making once a state of 'business as usual' was returned to.

Decision / Conclusion

The Committee noted the verbal update and took assurance on the refreshed procedures.

64 **Risks Escalated from Governance Committees**

No risks had been escalated from other Governance Committees.

Governance

65 **Terms of Reference**

The Committee received the updated Audit and Risk Committee Terms of Reference for approval.

Decision / Conclusion

The Terms of Reference were approved.

66 **Programme of Business/Work plan**

The Committee received the updated Audit and Risk Committee Programme of Business / Workplan for approval.

The Chief Executive drew attention to the fact that some dates noted within the workplan were subject to fluidity due to the COVID-19 pandemic.

Decision / Conclusion

The Committee approved the workplan with the knowledge that some dates may differ due to COVID-19.

67 **Committee Risks, Controls and Assurance Framework**

The Committee received the updated Audit and Risk Committee Risks, Controls

and Assurance Framework for approval.

Decision / Conclusion

The Committee approved the framework.

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

There were no items to be escalated to the Board or other Governance Committees.

69 Any Other Competent Business

No other competent business was raised.

Items for Information and Noting only

70 Counter Fraud Services

There were no fraud alerts to be reported.

71 Audit Scotland Reports

The following Audit Scotland report had been provided for information and noting:

- Technical Bulletin 2020/01

Post meeting note: As mentioned by G Woolman, this technical bulletin had been superseded by the Audit Scotland COVID-19 brief released on 5 May 2020. It was agreed that the bulletin would be included on the next agenda as an item for information and noting.

72 Schedule of Meetings 2020/21

Members noted the schedule of meetings for 2020/21.

Discussion took place regarding the requirement for an additional meeting of the Audit and Risk Committee and the consensus was that this should take place toward the end of May 2020.

Post meeting note: The additional meeting of the Audit and Risk Committee was scheduled for Wednesday, 20 May 2020.

73 Record of Attendance

The Committee noted the record of attendance.

74 Committee Evaluation

Committee members agreed that the meeting had progressed well, receiving needed answers to key questions to plan and proceed with the way forward.

11.1.2

Additionally, the Chair noted that despite it being the first entirely virtual meeting of the Audit and Risk Committee, attendees had spoken crisply and clearly and systems had worked well for external participants. He commented that it was valuable to know that the Committee could have contact so immediately and easily obtained.

Meeting closed at 12:57

Not Protectively Marked

<p>NHS Orkney Board – 28 May 2020</p> <p>Report Number: OHB2021-24</p> <p>This report is for noting</p> <p>Internal Audit Timetable</p>	
<p>Lead Director Author</p>	<p>Mark Doyle, Interim Director of Finance Keren Somerville, Head of Finance</p>
<p>Action Required</p>	<p>Members are invited to:</p> <ul style="list-style-type: none"> • <u>Note</u> the update
<p>Key Points</p>	<p>To date 6 of the 9 Internal Audit reports for 2019/20 have been approved by the Audit Committee. Two further reports will be presented on 2 June 2020:</p> <p>B4 - Workforce Strategy D2 – Digital Strategy</p> <p>Due to COVID 19 a decision was taken to postpone the Post Implementation Review of the new Balfour (C11) until 2020/21.</p>
<p>Timing</p>	<p>There are no timing constraints</p>
<p>Link to Corporate Objectives</p>	<p>The Audit Committee provides assurances to the Board and supports the Boards commitment to continuous improvement and delivery of its corporate objectives.</p>
<p>Contribution to the 2020 vision for Health and Social Care</p>	<p>Efficient and Effective use of resources is important in enabling the delivery of change in service delivery to meet aspiration of the 2020 vision.</p>
<p>Benefit to Patients</p>	<p>The efficient and effective use of resources provides the best level of safe and effective care to patients as it can with the resources available.</p>
<p>Equality and Diversity</p>	<p>Adherence to legislation including Equalities Act 2010 is evident in Board papers and where appropriate Equality Impact Assessment is completed.</p>