

## NHS Orkney Board

### 25 June 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 virtual meeting of **Orkney NHS Board** on **Thursday 25 June 2019**  
at **11:30 a.m.**

Meghan McEwen  
Chair

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minutes of previous meetings held on 28 May 2020</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Covid-19</b>			
6.1	Coronavirus (COVID-19) Testing update	Director of Public Health	OHB2021-25	To <u>note</u> the uptake and <u>take assurance</u> around the range of testing programmes in place
6.2	Coronavirus (COVID-19) and Care Homes update	Interim Director of Nursing/ Director of Public Health	OHB2021-26	To <u>note</u> the actions taken around care homes and the use of the social care portal for testing

Item	Topic	Lead Person	Paper Number	Purpose
6.3	NHS Orkney Remobilisation Plan - Update	Chief Executive Designate	OHB2021-27	To <u>note</u> the update provided
<b>7</b>	<b>Governance</b>			
7.1	Governance Committee Annual Reports for 2019-20		OHB2021-28	To <u>provide</u> a summary of the assurance process for 2019/2020 and note the Governance Committee Annual Reports
7.1.1	Audit and Risk Committee Annual Report	Committee Chair		
7.1.2	Finance and Performance Committee Annual Report	Committee Chair		
7.1.3	Clinical and Care Governance Committee Annual Report	Committee Chair		
7.1.4	Staff Governance Committee Annual Report	Committee Chair		
7.1.5	Remuneration Committee Annual Report	Committee Chair		
<b>8</b>	<b>Annual Accounts</b>			
<b><u>Not to be made public until laid before Parliament</u></b>				
8.1	Annual Accounts for year 2019/20			To <u>approve</u> as recommended by Audit Committee
8.2	Annual Audit report			To <u>note</u> the report

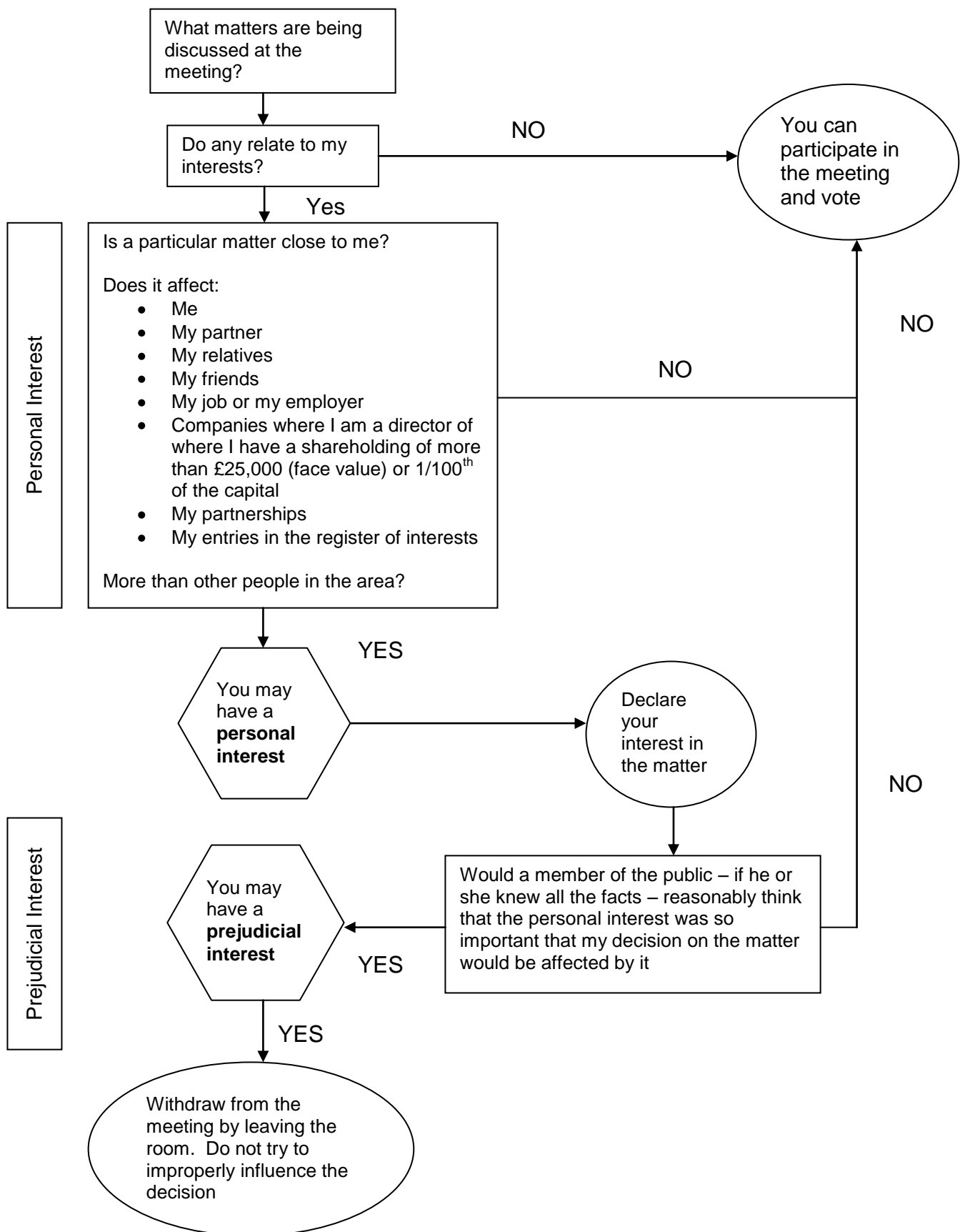
Item	Topic	Lead Person	Paper Number	Purpose
<b>9</b>	<b>Clinical Quality and Safety</b>			
9.1	Clinical and Care Governance Committee Chairs report and minute from meeting held 13 May 2020	Clinical and Care Governance Committee Chair	OHB2021-29	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
9.2	Area Clinical Forum Chairs report and minute from meeting held 4 February and 1 May 2020	Area Clinical Forum Chair	OHB2021-30	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>10</b>	<b>Person Centred</b>			
	No agenda items this month			
<b>11</b>	<b>Workforce</b>			
11.1	Staff Governance Committee Chairs report and minute from meeting held 25 February 2020	Staff Governance Committee chair	OHB2021-31	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>12</b>	<b>Organisational Performance</b>			
12.1	Chair's Report – Finance and Performance Committee and minute of meeting held on 6 May 2020	Finance and Performance Committee Chair	OHB2021-32	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>13</b>	<b>Risk and Assurance</b>			
13.1	Chairs report Audit and Risk Committee and	Audit and Risk Committee Chair	OHB2021-33	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	minutes of meeting held on 20 May 2020			
14	<b>Any other competent business</b>			
15	<b>Items for Information</b>			
15.1	Key Legislation	Chair	OHB2021-34	To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
15.2	Record of Attendance			To <u>note</u> attendance record
15.3	Evaluation	Reflection on meeting – led by 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 28 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  
Iain Stewart, Chief Executive Designate  
Emma West, Corporate Services Manager (minute taker)  
Brenda Wilson, Interim Director of Nursing

218     **Apologies**

Apologies were noted from D McArthur.

219     **Declarations of interests**

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

220     **Minute of previous meeting held on 14 May 2020**

The minute of the meeting held on 14 May 2020 was accepted as an accurate record of the meeting and was approved.

221     **Matters Arising**

No matters arising were raised.

222     **Board Action Log**

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

**Covid-19**

223     **Covid-19 current update – OHB2021-17**

The Chief Executive Designate presented the paper advising that there had been 7 positive cases of Covid-19 within Orkney, the last case was in the week commencing the 20 April 2020 and the last Covid-19 related admission to The Balfour had been the week of the 7 April 2020, there had been no Covid-19 positive patients in the ventilation unit. The following were highlighted:

- The criteria for testing had been extended and a paper would be taken to the next meeting of the Clinical and Care Governance Committee to progress the detail around this.
- Orkney was currently the only health Board in Scotland with no Covid-19 cases in care homes.
- Remobilisation plans had been submitted as required and confirmation received from the Scottish Government that they were content with the planning in place. Plans would continue to be improved and progressed.
- 100% of the NHS Orkney workforce now had access to a Microsoft Teams account and NHS Orkney had the highest usage of this throughout Scotland.

The Chief Executive gave credit to colleagues for all their hard work setting up the technology to make this possible, it was important to take learning from new ways of working and continue with these, where appropriate, going forward.

J Stockan questioned the migration to Office 365 and was advised that this had been accelerated with a proposed date of July 2020 for this work to be complete.

The Chair stressed the need to ensure that Information Governance processes and assurances were in place and appropriate.

#### **Decision / Conclusion**

The Board noted the update provided.

#### **Governance**

#### **224 Key Legislation – OHB2021-18**

The Chair presented the report for information.

#### **Decision / Conclusion**

The Board noted the key legislation issued.

#### **Clinical Governance**

#### **225 Clinical and Care Governance Committee – Chairs report**

I Grieve, Chair of the Clinical and Care Governance Committee presented the report advising that the Committee had met on the 13 May 2020, the meeting had been well attended and focused on key priority areas.

The Committee had discussed the additional staffing requirements in relation to Covid-19 and staff shielding. There had also been discussions around the testing of peripatetic workers and the enhancements to the guidelines, the Committee had approved the extension to testing to include all four categories of essential workers, where capacity existed and would not impact on clinical needs.

#### **Decision / Conclusion**

The Board noted the update provided.



## 226 **Care Homes – update – OHB2021-20**

The Director of Public Health presented the report advising that Board members had already been briefed on the establishment of a Multi-Disciplinary group, there had now also been an oversight group formed, which would meet weekly to address immediate key issues.

The Board were operating a surveillance scheme, ensuring that a number of staff and patients, with consent, would be tested throughout Orkney's care homes. It was acknowledged that this was a rapidly evolving situation and as such would be closely monitored.

I Grieve questioned if procedures would be amended as lockdown started to be lifted, the Director of Public Health advised that anyone who was symptomatic would be tested immediately.

The Chief Executive Designate added that residents and staff were being tested on a weekly basis and this would continue for the foreseeable future.

I Grieve took reassurance around the measures taken by the Board and Orkney Islands Council to protect the elderly and vulnerable within the community, including care home residents and staff.

The Chair noted the excellent working relationship with colleagues in Orkney Islands Council, which was for the best interests of patients, staff and the community.

### **Decision / Conclusion**

The Board noted the action taken around care homes and the formation of a local oversight group. The Board also gave thanks for the exceptional work carried out in this area.

## 227 **Care Homes – Additional Clinical Responsibilities – OHB2021-21**

The Interim Director of Nursing presented the paper advising around the additional responsibilities for Medical Directors and Directors of Nursing. She noted that care homes were at a high risk of transition and as such immediate action was required from Health and Social Care to protect both residents and staff. Further revised guidance had been issued placing direct responsibilities on Medical Directors, Directors of Nursing and Directors of Public Health. Clear criteria and planning had been established locally to provide assurance around this which also considered Infection Control support and resources and identifying any issues for immediate rectification.

Members were advised that all four care homes had been visited, it was acknowledged that Enable was a very different setting to the other establishments and this would be a consideration going forward. There were no immediate concerns in any of the homes visited. A visit would take place to Kalisgarth on Westray when the regular nurse returned from leave, to avoid any unnecessary travel.

D Drever welcomed the enhanced working between the Board and the social care sector and questioned whether this would continue out with the emergency situation. The Interim Director of Nursing advised that Covid-19 had brought many opportunities and it would be remiss of the Board if the benefits of co-operative working were not built upon and developed further.

J Taylor sought further information on the deployment of Health Board bank staff into care homes. The Interim Director of Nursing advised that this would cover all staffing situations, care homes had no registered nurses as standard but a nurse could be deployed if the situation required this.

The Employee Director highlighted that the orientation and induction for these bank staff required to be well managed.

The Chief Executive questioned the requirement for staffing in care homes outside of an emergency situation and who ultimately made these decisions. The Interim Director of Nursing advised that workforce tools for care homes were available and this would be an individual decision, based on urgency and the seriousness of decisions and situations.

### **Decision / Conclusion**

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

### **Finance and Performance**

#### **228 Annual Accounts Timetable – OHB2021-22**

The Interim Director of Finance presented the report which detailed the timetable for the submission of Annual Accounts. Board members were advised that the Scottish Government had granted an extension to the 30 September 2020, but would still accept early submissions, there was also an option to submit a reduced narrative.

NHS Orkney had taken neither the extension nor reduction in reporting and continued to work to the original timetable. The Accounts would be presented to the Audit Committee and Board on 25 June 2020 for approval.

### **Decision / Conclusion**

The Board noted the update provided and gave thanks to the Interim Director of Finance and his team for the work involved with the Annual Accounts submission.

### **Staff Governance**

#### **229 Chairs Report – Staff Governance Committee**

C Evans, Chair of the Staff Governance Committee provided members with a verbal update from the meeting held on the 25 May 2020. She advised that the key areas discussed had been the temporary staff contracts around Covid-19, assurance that action planning was progressing on the recommendations from the Sturrock review, and the good news stories around the high number of face fit tests completed and the excellent uptake of the flu vaccinations within staff groups.

The Chief Executive noted the importance of recognising the significant improvement in the Flu vaccination uptake which exceeded Scottish Government targets. He gave thanks and credit to all staff involved in delivering the programme and also to the staff that chose to be vaccinated.

### **Decision / Conclusion**

The Board noted the verbal update provided.

### **Audit and Risk**

#### **230 Audit and Risk Committee– Chairs report and minutes of meetings held on the 3 March and 5 May 2020**

D Drever, Chair of the Audit and Risk Committee presented the report advising that the Committee had met on the 20 May 2020 where the following items had been discussed and it had been agreed that these should be reported to the Board:

- All but two of the Internal Audit reports for 2019/20 were now finalised, the review of the new hospital had been moved forward to the 2020/21 Audit plan.
- The Committee had received the Annual Reports from the Governance Committees along with work plans and Terms of Reference. It was acknowledged that flexibility would be required in Committee work plans and business cycles due to current circumstances.

### **Decision / Conclusion**

The Board noted the update provided.

#### **231 Internal Audit Timetable – OHB2021-24**

The Interim Director of Finance advised that the six of the nine Audits in the Internal Audit Work Plan for 2019/20 had now been completed, two further Audits from 2019/20 would be presented on the 2 June 2020 and it had been agreed to defer the post implementation review of The Balfour to the 2020/21 internal Audit plan.

### **Decision / Conclusion**

The Board noted the update provided.

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

### **Board meeting schedule**

The Chair propose a move to monthly Board meetings, as Governance Committees had been re-established and were meeting very regularly there was a risk of overburdening key members of staff and hindering the flow of business.

This was unanimously supported by members and it was agreed that a process of realignment should commence.

#### **233 Evaluation – reflection on meeting**

Members agreed that it had been a positive meeting and the technology had worked well.

#### **234 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.

S Sutherland from the Orcadian Newspaper attended the meeting virtually and sought clarity on the below points:

- With regard to care home testing, would this also include those in sheltered housing. The Chief Executive Designate advised that any colleagues working within care at home with Covid symptoms could be tested. Surveillance testing was only being carried out in care homes at present but processes would continue to be updated in line with Scottish Government guidance to keep the population safe and supported.
- Would testing for anyone symptomatic over the age of 5 take place within the assessment centre. The Chief Executive Designate advised that testing for over 5s would be through national testing but he acknowledged that this caused issues due to the geographical limits and the availability of postal testing. The Board were looked at how to provide this service locally to better support the population and communication around this would be issued when finalised.
- Further information on the numbers of face fit tests and flu vaccination uptake would be appreciated.

## NHS Orkney Board Action Log Updated 19 June 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

**NHS Orkney Board – 25 June 2020**

**Report Number: OHB2021-25**

**This report is for noting**

**Coronavirus (COVID-19) Testing update**

<b>Lead Director Authors</b>	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the uptake and take assurance around the range of options for testing</li> </ul>
<b>Key Points</b>	<p>The Test and Protect programme, whereby individuals with symptoms of COVID-19 are asked to book a test, self isolate for 7 days and identify their contacts who will self isolate for 14 days is up and running in NHS Orkney.</p> <p>Nationally work progresses on recruitment of contact tracers and the digital case management system. Local health protection teams will manage all complex cases. Work is being undertaken to further develop the Test and Protect service locally beyond the public health team for issues of sustainability.</p> <p>There are a range of testing programmes now operating in relation to care homes namely testing of any symptomatic care worker or resident through the NHS laboratory, preadmission testing, surveillance testing of staff and residents through the NHS laboratory, and weekly testing of asymptomatic care workers through the social care portal (UK government testing programmed). Should an outbreak occur, testing will occur through the local NHS laboratory with support from NHS Grampian. Additional capacity through the mobile testing units would be requested to support an outbreak.</p> <p>Clinical testing occurs through the NHS laboratory. In addition to individuals being assessed and tested in the Covid Assessment Centre, testing occurs on hospital</p>

	<p>patients with COVID -19 symptoms, regular testing of over 70s, and testing for some elective cases. This demand is variable, and along with test and protect cases will vary weekly.</p> <p>Other groups tested through the NHS laboratory include key workers and peripatetic health and social care workers.</p> <p>Given the variable demand based on clinical requirements, the Test and Protect programme, and the need to have capacity to manage any potential clusters of disease maximising usage of the approximately 250 tests per week is not straightforward. Current lockdown and physical distancing restrictions and hand hygiene measures appear to be reducing the level of the virus in Scotland as measured by hospitalisations and deaths.</p> <p>After publicising Test and Protect, and encouraging as many of the public to come forward to be tested if in the first 5 days of symptoms, use of tests will be through testing asymptomatic individuals who can be cancelled if required as there is no symptomatic indication for testing.</p>
<b>Timing</b>	Board meeting – June 2020
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	<p><b>Safe:</b> avoiding injuries to patients from healthcare that is intended to help them</p> <p><b>Effective:</b> providing services based on scientific knowledge</p> <p><b>Efficient:</b> avoiding waste, including waste of equipment, supplies, ideas, and energy</p>
<b>Equality and Diversity</b>	No specific equality impact assessment has been undertaken

## Not Protectively Marked

**NHS Orkney Board – 25 June 2020**

**Report Number: OHB2021-26**

**This report is for noting**

**Coronavirus (COVID-19) and Care Homes update**

<b>Lead Director Authors</b>	Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health Brenda Wilson, Interim Director of Nursing
<b>Action Required</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the actions taken around care homes and the use of the social care portal for testing</li> </ul>
<b>Key Points</b>	<p>Care homes and their residents remain key areas of focus in relation to the management of the COVID-19 pandemic.</p> <p>The daily oversight group continues to meet, along with a weekly multidisciplinary group including the Care Inspectorate. A return is made to Scottish Government each week highlighting any issues the oversight group has managed over the week.</p> <p>The Social Care Portal, part of the UK Government testing programme, is now active and enables care homes to order COVID-19 tests for their asymptomatic staff. Test samples are couriered to the Lighthouse Laboratories on mainland Scotland. The social care portal will provide a sustainable service moving forward for testing of asymptomatic care workers. Care homes can order directly the number of tests (approximately 300) each week that they require for their employees. Any symptomatic staff or residents are tested through the local NHS laboratory.</p> <p>In addition to this the weekly surveillance programme of six staff and six residents from one of the four adult care homes continues to run. Consideration will be given to whether the surveillance programme is still required nationally given the extensive staff testing through the social care portal.</p>



	<p>Guidance on the management of care homes continues to evolve.</p> <p>The four care homes have now received a follow up support and assurance review. The visits were carried out by the Community Nursing Team who attend the residents daily. This reduces the number of personnel attending the Care Homes. Those on site were supported by Infection Control and Social Work working remotely.</p> <p>Kalisgarth on Westray has also been reviewed and has received positive feedback.</p> <p>There will be further discussion around the frequency and mode of continuous assurance and support in relation to all homes remaining on “Green” status ie without any COVID positive residents or staff.</p> <p>A process is in place for escalation of any concerns relating to staffing or infection control from the Care Homes to the Health Board. Where required support and assistance will be provided.</p> <p>The Lead Nurse for Excellence in Care continues to provide oversight of the Care Homes and the link with Community services. The Senior Nursing team and H&amp;SC partners meet twice a week to discuss the status of each Care Home. This ensures any issues can immediately be highlighted.</p>
<b>Timing</b>	Board meeting – June 2020
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	<p><b>Safe:</b> avoiding injuries to patients from healthcare that is intended to help them</p> <p><b>Effective:</b> providing services based on scientific knowledge</p> <p><b>Efficient:</b> avoiding waste, including waste of equipment, supplies, ideas, and energy</p>
<b>Equality and Diversity</b>	No specific equality impact assessment has been undertaken

## Not Protectively Marked

<b>NHS Orkney Board – 25 June 2020</b>  <b>Report Number: OHB2021-27</b>  <b>This report is for noting.</b>  <b>NHS Orkney Remobilisation Plan Update</b>	
<b>Lead Director Author</b>	Iain Stewart, Chief Executive Designate Christina Bichan, Chief Quality Officer
<b>Action Required</b>	The Board is invited to:  1. To <u>note</u> the update provided
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Remobilisation of paused services is being undertaken in line with national guidance and clinical prioritisation.</li> <li>• Development and implementation of the overall Remobilisation Plan is being facilitated by the Whole System Recovery Group which reports into the Senior Management Team.</li> <li>• Feedback from Scottish Government on the first version of the Plan was positive with no required changes.</li> <li>• Strategy deployment is being used to operationalise the plan and provide a robust mechanism for tracking and reporting progress.</li> <li>• Extension of the planning period to the end of 31<sup>st</sup> March 2021 and beyond is now a priority with a formal ask for 2<sup>nd</sup> draft plans covering this longer time period being expected imminently from Scottish Government.</li> <li>• A summary of the risks relating to remobilisation is provided in Appendix 2.</li> </ul>
<b>Timing</b>	To be considered at the meeting of 25 <sup>th</sup> June 2020
<b>Link to Corporate Objectives</b>	The corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> </ul>

## 6.3

	<ul style="list-style-type: none"><li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li></ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	Delivery of safe and effective care in a way which takes into account the risks associated with Covid-19.
<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.

## 1.0 Introduction

- 1.1 NHS Orkney's developing Remobilisation Plan sits within the context of the national, overarching document "[Re-mobilise, Recover, Re-design: The Framework for the NHS Scotland](#)" for dealing with the immediate and long-term impact of Covid-19.
- 1.2 The Covid-19 pandemic has resulted in unprecedented impact on population health and wellbeing, and the way in which services are delivered at a time of crisis.
- 1.3 As we define and deliver our Remobilisation Plan there is a significant opportunity to capitalise on the increased appetite for change, innovation, new models of delivery and to transform our approach to improving health and wellbeing.

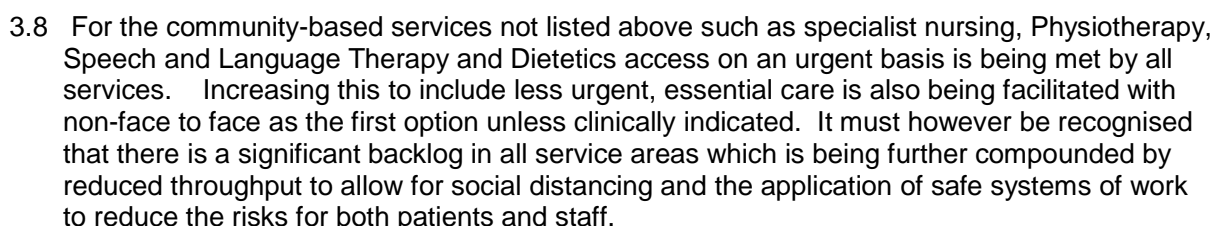
## 2.0 Background

- 2.1 In line with national guidance NHS Orkney is shaping its remobilisation activities around the following principles:
  - System-wide, safe and person centred
  - Clinical prioritisation
  - Agile, flexible and responsive
  - Realistic Care provided locally, regionally, nationally as clinically appropriate
  - Protecting our Workforce
  - Digitally enabled
  - Data enabled
  - Clinically led, managerially facilitated
- 2.2 The first draft of the Remobilisation Plan was submitted to Scottish Government on 25<sup>th</sup> May 2020 and positive feedback was received. The initial planning period was until 31<sup>st</sup> July 2020 however a letter to Board Chief Executive's from John Connaghan, Interim Chief Executive of NHS Scotland on 4<sup>th</sup> June (Appendix 1) outlined the intention for this to be shortly extended to the remainder of the financial year. This is being factored into a revised version of the plan with a particular focus on creating resilience for the winter period. It is expected that the need to align remobilisation plans with draft Annual Operational Plans will be a requirement in the next letter.

## 3.0 Progress Update

- 3.1 The Whole System Recovery Group has been set up to progress the development and implementation of the Remobilisation Plan which sets out a roadmap for remobilisation of healthcare services within Orkney. The Group will work collaboratively to prepare and enable services for moving forward out of the acute phase of the COVID-19 pandemic and focussing on recovery and renewal to ensure we are able to meet the health needs of the population whilst maintaining the ability to respond to COVID-19.

\* Urgent MRI access via NHS Grampian



3.9 To provide a coherent and high-level overview of remobilisation workstreams, milestones and improvement metrics as well as the linkage to the wider corporate objectives of the Board, a strategy deployment matrix is being developed. This will provide a mechanism for tracking and reporting on progress in a collaborative way.

4.1 Central to our remobilisation activities is the assessment and management of risk at an organisational, service and patient level. A summary of the risk analysis undertaken to date is provided in Table 1.

Table 1: Remobilisation Risk Analysis

Current Risk	Desired state
Failure to have adequate planning data will lead to sub optimal planning.	Effective planning of safe and effective services through good use of accurate data.
Failure to adequately plan for and secure workforce to meet future Covid 19 demand and other clinically prioritised care will impact on patient care, patient outcomes and staffing.	Through effective planning and resourcing of requirements, we are prepared for a second surge and can continue to effectively provide essential care that is safe for patients and staff.
Failure to embed new ways of working will lead to compounded access challenges for patients and the safe delivery of care.	Learning from rapid re-design across the system, we embed new ways of working that are sustainable and safe for both patients and staff.
Failure to plan appropriately for increased service provision will mean breaching physical distancing guidelines and lead to unsafe services for patients and staff.	Effective planning considers the limitations of the physical environment and applies safe systems of work to ensure appropriate protection of staff and patients.
Failure to recognise the fragility of the residential care, care at home and community-based services will lead to reduced capacity and delays in hospitals.	Integrated planning enables deployment of resources and redesign that is linked to longer term renewal.
Failure to plan for winter flu and Covid 19 will result in services unable to meet the demands placed upon them.	Preparedness of services through effective and early Winter planning.
Failure to clinically prioritise planned care and manage patient and staff expectation will lead to patient and public frustration about the backlog of care.	Fair and consistent application of national principles for prioritising care which have safety for patients, staff and the public at the heart.
Failure to support staff will lead to higher levels of absence and dissatisfaction.	Staff are safe and supported through robust Health and Safety arrangements and a strong focus on Health and Wellbeing.

## 6.3

Failure to maintain the required levels of PPE will impact on the services delivered and the ability to remobilise and recover.	Effective planning to ensure required levels of PPE are maintained, staff and patients are safe and services can recover.
Failure to effectively communicate with the public on the need to deliver health and care services differently will lead to reputational damage through complaints, concerns and adverse media.	Public conversation is initiated to maintain public confidence and facilitate the cultural shift required to effectively redesign services that are safe and sustainable into the future.
The cost of remobilisation and recovery will lead to financial overspends across health and care.	Robust financial involvement, reporting and management to capture the cost of remobilisation and support effective financial planning.



## Not Protectively Marked

<b>NHS Orkney Board – 25 June 2020</b>  <b>Report Number: OHB2021-28</b>  <b>This report is for assurance</b>  <b>Governance Committee Annual Reports 2019/20</b>	
<b>Lead Director Author</b>	Gerry O'Brien, Chief Executive Gemma Pendlebury, Senior Corporate Services Officer
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Note</b> the Governance Committee Annual Reports for year 2019/20</li> </ol>
<b>Key Points</b>	<p>In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance required that all Standing Committees submit an annual report to the Board for scrutiny and assurance.</p> <p>Furthermore, this is a requirement of the Governance Statement as part of the approval of NHS Orkney's Annual Accounts.</p> <p>This report is submitted in fulfilment of this requirement.</p>
<b>Timing</b>	This report is submitted to the Board on an annual basis, following the end of the financial year.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>

**NHS Orkney Board****Date of Meeting: 25 June 2020****Subject: Audit and Risk Committee Annual Report for year 2019/20****Executive Summary**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

<b>Purpose</b>	To provide the Board with the Audit and Risk Committee Annual Report for year 2019/20 to confirm that it has fulfilled its remit and that adequate and effective governance arrangements were in place through NHS Orkney during the year.
<b>Recommendation</b>	The Board is asked to note the Annual Report for year 2019/20
<b>Executive Sponsor</b>	Interim Director of Finance
<b>Author</b>	David Drever, Chair of Audit and Risk Committee
<b>Contact details</b>	<a href="mailto:david.drever@nhs.net">david.drever@nhs.net</a> c/o 888004
<b>Date</b>	April 2020
<b>Supporting Documents</b>	Audit and Risk Committee Annual Report for year 2019/20

## 1 NHS Orkney Audit and Risk Committee

### 1.1 Committee Chair

- Meghan McEwen, Non-Executive Board Member, until 29 February 2020
- David Drever, Interim Chair from 1 March 2020

### 1.2

#### Committee Members

- Davie Campbell, Non-Executive Board Member, vice chair
- Fiona MacKellar, Employee Director
- James Stockan, Non-Executive Board Member

In order to preserve its independence from operational management, the Audit and Risk Committee does not have executive membership. It is also the only Standing Committee for which the Chair of the Board does not have ex-officio status.

### 1.3

#### Other Attendees

External Audit, Internal Audit, the Chief Executive, Director of Finance and Head of Finance attend routinely.

Other managers or senior members of staff are invited to attend as required by the Committee.

The Audit and Risk Committee Terms of Reference is attached at **Appendix 1**.

## 2 Meetings held during period covered

The Committee has met on six occasions during the period from 1 April 2018 to 31 March 2019:

- 14 May 2019
- 4 June 2019
- 26 June 2019
- 3 September 2019
- 3 December 2019
- 3 March 2020

The attendance schedule is attached as **appendix 2**.

## 3 Business Plan

The Audit and Risk Committee reviews its business cycle on an annual basis and has worked to this cycle throughout the year. The business

cycle 2019/20 is attached as **appendix 3**.

The Committee dealt with sixty items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

Specifically, the Committee has considered the following during 2019/20 as laid down in the approved work plan:

- Approved terms of reference
- Considered and approved work plan for year
- Received internal audit reports and action plans:
  - Nursing, Midwifery and Allied Health Professionals Revalidation
  - Waiting Times
  - Non-Emergency Patient Travel
  - Payroll
  - Procurement
  - Performance Management
  - Budget Management
  - Internal and External Communications
- Considered audit follow up progress reports
- Approve the internal Audit Plan and Annual Report
- Received regular Chairs reports and minutes from the Information Governance Group and approved relevant policies
- Reviewed a number of Audit Scotland publications
- Reviewed the Governance Committee Annual Reports for 2018/19
- Reviewed the Annual Governance Statement
- Reviewed the Annual Accounts (2018/19) prior to submission to Orkney NHS Board
- Reviewed the Orkney Health Board Endowment Fund Annual Accounts prior to submission to the Endowment Trustees
- The Freedom of Information and Caldicott Guardian Annual Reports

The Committee will scrutinise the Annual Accounts (2019/20) at meetings in June 2020 prior to submission to Orkney NHS Board.

The Committee has received and reviewed the Audit Scotland Technical Bulletins as a means of independently keeping abreast of NHS accounting and audit developments. In addition, the Committee has received regular reports on other issues arising from the extended role of the Counter Fraud Services.

The approved minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for noting and adoption.

#### **4 Annual Performance Review / Development Session**

The Audit and Risk Committee Chair, Chief Executive and Corporate Services Manager reviewed its Terms of Reference, Risks, Controls and

Assurance Framework and Programme of Business on 13 February 2019 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee approved these amendments virtually at the meeting on the 5 May 2020.

### **5 Risks and Risks Mitigation**

The Audit and Risk Committee's Risks, Controls and Assurance Framework is attached at **Appendix 5**.

There were no issues raised by the Governance Committees to Audit.

### **6 Issues raised to Board or other Governance Committees**

#### **Board**

- The final annual accounts would be reviewed on the 26 June 2019 with a recommendation of Board approval
- Non-Executives checklist would be forwarded to the Board with a recommendation that this was completed.

### **7 Successes**

The Audit and Risk Committee has been successful in meeting the following achievements during the period covered:

- Agreeing an extensive plan of internal audit of our key risk areas
- Managing process

### **8 Concerns**

The Audit and Risk Committee had no concerns that should be raised to the Board through this report.

### **9 Conclusion**

As Chair of the NHS Orkney Audit and Risk Committee during financial year to 31 March 2020, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee comprises corporately an appropriate skills mix to allow it to carry out its overall function.

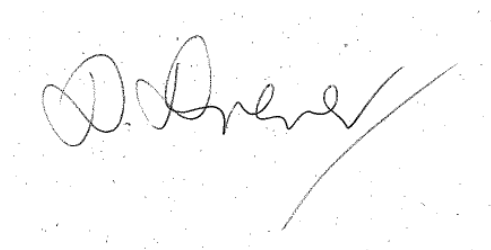
The Audit and Risk Committee had in place adequate arrangements for reviewing Best Value associated with the work of the Committee.

As a result of the work undertaken during the year I can confirm that adequate and effective governance and internal control arrangements were in place through NHS Orkney during the year.

## 7.1.1

I would thank all those members of staff who have prepared reports and attended meetings of the Committee and responded positively to challenge from committee members. I would also pay tribute to the dedication and

commitment of fellow members of the Committee and to all attendees.

A handwritten signature in black ink, appearing to read 'D. Drever', with a long, sweeping diagonal stroke extending from the end of the signature.

David Drever

**Chair**

On behalf of NHS Orkney Audit and Risk Committee

### **Audit and Risk Committee – Terms of Reference 2019/20**

#### **Purpose:**

Orkney NHS Board has established the Audit and Risk Committee as a Committee of the Board to support the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

#### **Composition:**

The Audit and Risk Committee shall consist of four Non-Executive Members including the Employee Director but not the Chair of the Board.

The Chair and Vice Chair of the Committee will be appointed by the NHS Board.

Ordinarily, the Audit and Risk Committee Chair cannot chair any governance committee of the Board but can be a member of other governance committees.

Committee membership will be reviewed annually.

#### **Attendance:**

In addition, the Chief Executive (as Accountable Officer) and the Director of Finance of NHS Orkney shall normally attend meetings of the Committee, together with other Executive Directors and senior staff as required. The External Auditor and the Chief Internal Auditor shall also receive a standing invitation to attend.

#### **Quorum:**

The Committee will be quorate when there are three members present, one of whom must be the chair or vice-chair.

It will be expected that another non-executive Board Member will deputise for a member of the Committee at any meeting when required.

#### **Meetings:**

Meetings shall be held in accordance with the provision of Standing Order Sections 2-3. The Audit and Risk Committee will meet at least four times per annum.

At least once a year, and when deemed necessary by the Chairperson, meetings of the Committee shall be convened and attended exclusively by members of the Committee and/or the External Auditor or Internal Auditor.

Extraordinary meetings may be called by:

- Audit and Risk Committee Chairperson;
- Chief Executive;

- Director of Finance.

The Audit and Risk Committee shall exclude all but Members from extraordinary meetings of the Committee if it so decides.

### **Remit:**

The Audit and Risk Committee will advise the Board and Accountable Officer on:

- the strategic process for risk, control and governance and the Governance Statement
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, and management's letter of representation to the external auditors
- the planned activity and results of both internal and external audit
- the adequacy of management response to issues identified by audit activity, including external audit's management letter / report
- the effectiveness of the internal control environment and risk management arrangements
- assurances relating to the corporate governance requirements for the organisation
- proposals for tendering for internal audit services
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- assurances that structures are in place to undertake activities which underpin safe and effective information governance
- links to Integration Joint Board Audit and Risk Committee around jointly commissioned audits, annual planning etc.

The Audit and Risk Committee will also annually review its own effectiveness and report the results of that review to the Board.

### **Best Value:**

The Committee is responsible for reviewing those aspects of delivering Best Value which are delegated to it from Orkney NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive, as accountable officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas. This assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

### **Authority:**

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, is authorised to seek any information it requires from any employee. All Members and employees are directed to co-operate with any request made by the Committee.

In order to fulfil its remit, the Audit and Risk Committee may obtain whatever



## 7.1.1

professional advice it requires, and require Directors or other officers of NHS Orkney to attend meetings.

The External Auditor and Chief Internal Auditor shall have the right of direct access to the Chair of the Audit and Risk Committee.

The Integration Joint Board will sign off its accounts after the NHS Orkney Board. The Audit and Risk Committee will require a statement from the Integration Joint Board on its governance and the preparedness of the Integration Joint Board accounts to allow NHS Orkney to prepare consolidated accounts.

### **Reporting Arrangements:**

- The Audit and Risk Committee reports to Orkney NHS Board
- Following a meeting of the Audit and Risk Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes.
- The Audit and Risk Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Audit and Risk Committee
- The Audit and Risk Committee will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the committee during the year.

Updated January 2019

# 7.1.1

## Appendix 2

### NHS Orkney - Audit and Risk Committee Attendance Record - Year 1 April 2019 to 31 March 2020:

Name:	Position:	14 May 2019	4 June 2019	26 June 2019	3 September 2019	3 December 2019	3 March 2020
<b>Members:</b>							
M McEwen	Chair	Attending	Attending	Attending	Attending	Attending	
D Drever	Interim Chair						Attending
D Campbell	Vice Chair	Attending	Attending	Apologies	Attending	Apologies	Attending
F MacKellar	Employee Director	Attending	Apologies	Attending	Attending	Attending	Attending
J Stockan	Non-Executive Board Member	Apologies	Apologies	Attending	Attending	Attending	Apologies
<b>In Attendance:</b>							
C Bichan	Head of Transformational Change and Improvement	Attending	Apologies	Attending	Apologies	Apologies	Attending
M Doyle	Interim Director of Finance	Attending	Attending	Attending	Attending	Attending	Attending
D Lonsdale	Head of Finance	Attending	Attending	Attending	Apologies		
K Somerville	Head of Finance						Attending
J Colquhoun	Head of Corporate Services	Apologies	Apologies	Attending	Attending	Attending	Attending
G O'Brien	Chief Executive	Attending	Apologies	Attending	Apologies	Attending	Attending
L Wilson	Director of Public Health	Attending	Attending	Attending	Apologies	Attending	Apologies
Committee Support	Corporate Services	Emma West	Emma West	Emma West	Emma West	Emma West	Emma West
<b>Internal Audit:</b>	<b>Scott-Moncrieff</b>						
David Eardley	Chief Internal Auditor					Attending	Attending
M Swann	Internal Audit Manager	Attending	Attending		Attending		Apologies
P Kelly	Internal Auditor						Attending
<b>External Audit:</b>	<b>Audit Scotland</b>						
G Woolman	Audit Director		Apologies	Attending	C Morrison	Attending	Apologies
P Fraser	Audit Manager	Attending	Attending	Attending			

## 7.1.1

Attending for specific item							
K Alexander	Endowment Fund Treasurer		Attending				
Issy Grieve	Non-Executive Board Member		Deputising	Attending		Deputising	
M Colquhoun				Attending			
S Johnston				Attending			
D McArthur				Attending			
Denotes no requirement to attend							

**Audit and Risk Committee Business Cycle and Work Plan 2019/20**

<b>Month</b>	<b>Content</b>
May	Draft Internal Audit Opinion Draft Executive Directors Report on Internal Control Internal Audit Annual Report 2018/19 Annual Internal Audit Plan 2019/20 – Final for approval Audit and Risk Committee Annual Report 2018/19 Audit and Risk Committee Annual Development Session output Governance Committee Work Plans Governance Committees Annual Reports Service audit reports from National Services Scotland Litigation six monthly report
June	Internal Audit Annual Report 2018/19 – final Draft Directors' Subsidiary Statement on Governance – Final Orkney Health Board Endowment Fund Governance Statement Draft Audit and Risk Committee Governance Statement Draft Annual Audit Assurance Statement Draft NHS Orkney Annual Accounts documentation 2018/19 Orkney Health Board Endowment Fund Annual Accounts 2018/19 Private meeting with Internal and External Auditors Code of Corporate Governance bi-annual review including Governance Committee Terms of Reference
June	NHS Orkney Annual Accounts documentation 2018/19 Annual Audit Report from External Auditor 2018/19
September	Review of compliance with Property Transaction Monitoring Annual Litigation Report
December	Annual SFI Waiver Report External Audit Plan 2019/20
March	Annual Internal Audit Plan 2019/20 – Draft

**Work Plan**

At each meeting of the Committee, the following business shall be transacted:

- Minutes
- Audit and Risk Committee Action Plan
- Internal and External Audit Recommendations Action Plan
- Audit Scotland - Technical Bulletins

## 7.1.1

- Audit Scotland – National Reports
- Internal Audit Reports, Status Reports and Plans
- Chair's Report – Information Governance Group

The Committee shall consider at regular intervals:

- Reports from the Chief Internal Auditor against the Annual Internal Audit Plan
- Progress reports from the appointed External Auditor together with consideration of specific reports
- Specific internal and external audit reports and action plans
- Counter Fraud Services Quarterly Reports
- Fraud Liaison Officer report
- Review of Corporate and Strategic Risks
- Payment Verification Reports

Every six months:

- Review of audit publications relevant to economy, efficiency and effectiveness of services
- Progress and exception reports on Risk Management / Health and Safety
- Litigation monitoring

Annually, the Committee shall consider and make recommendations to the Board where necessary, with regard to:

- Approval of terms of reference and a work plan for all Governance Committee meetings for the forthcoming year;
- Review with the appointed External Auditor, the Audit Planning Memorandum including fees and reporting arrangements;
- Review of Annual Accounts for Exchequer and Patients Funds;
- Review previous year's Report to Members on the audit of NHS Orkney
- Review of NHS Orkney's Losses and Compensation payments
- Review of the effectiveness of co-operation between internal and external audit
- Annual report from the Chief Internal Auditor relating to the previous year and interim report from the External Audit
- Review of annual Internal Audit Statement of Internal Control
- Review of the changes to the Code of Corporate Governance
- Approval of Annual Report of the Audit and Risk Committee
- Approval of Internal Audit Plan
- Review compliance with Property Transaction Monitoring requirements for onward submission to the Scottish Government Health Directorate

Ad Hoc Business:

- Shared Support Services progress
- Risks raised through exception reporting by Governance Committees
- Best Value

## 7.1.1

- Reports on non-compliance with Code of Corporate Governance

Annual Development Session:

- Review Terms of Reference
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of the committee process (including Development Plan, Action Log, self assessment process, minutes and administrative arrangements)
- Get development / input on learning areas identified by training needs assessment

**January 2019**

## Items of Business

Date of Meeting	Paper Number	Title
14/05/2019	AC1920-01	Draft Internal Audit Report 2018/19
	AC1920-02	Draft Internal Audit Plan 2019/20
	AC1920-03	Internal Audit contract for 2019/20 onwards
	AC1920-04	Clinical Governance Review report
	AC1920-05	Waiting Times report
	AC1920-06	Partnership Working – Health and Social Care Integration report
	AC1920-07	ICT Project and Programme Management report
	AC1920-08	Orkney islands IJB – Governance of Compliance with IJB legislation
	AC1920-09	Internal and External Audit recommendations follow-up report
	AC1920-10	Risk and Assurance forward planning
	AC1920-11	Draft Audit and Risk Committee Annual Report
	AC1920-12	Clinical and Care Governance Committee Annual Report
	AC1920-13	Staff Governance Committee Annual Report
	AC1920-14	Remuneration Committee Annual Report
	AC1920-15	Committee Annual Work plans
04/06/2019	AC1920-16	Internal Audit Plan 2019/20
	AC1920-17	Annual Report 2018/19
	AC1920-18	Directors' Subsidiary Statement on Governance
	AC1920-19	Draft Annual Audit Assurance Statement
	AC1920-20	Orkney Health Board Endowment Fund Governance Statement
	AC1920-21	Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division

## 7.1.1

	AC1920-22	NHS Orkney draft Annual Accounts for year ended 31 March 2019
	AC1920-23	Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2019
	AC1920-24	Finance and Performance Committee Annual Report
	AC1920-25	Update on review of SELBRO storage
<b>26/06/2019</b>	AC1920-26	Code of Corporate Governance
	AC1920-27	Representation Letter
	AC1920-28	NHS Orkney Annual Accounts for year ended 31 March 2019
	AC1920-29	2018/19 Annual Audit Report from External Auditor
	AC1920-30	Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division
<b>03/09/2019</b>	AC1920-31	Internal Audit Progress Report
	AC1920-32	Business Continuity Planning
	AC1920-33	Internal and External Audit recommendations follow-up report
	AC1920-34	Information Governance Chairs Report
	AC1920-35	Selbro Records Store
	AC1920-36	Counter Fraud Services (CFS) Annual Report 2018/19
	AC1920-37	IT Service Audit Report
	AC1920-38	Practitioner Services
	AC1920-39	Property Transaction Monitoring
	AC1920-40	Annual Litigation Support
	AC1920-41	Fraud and Irregularity Update 2018/19
	AC1920-42	Technical Bulletin 2019/20
<b>03/12/2019</b>	AC1920-43	External Audit Plan 2019/20
	AC1920-44	Internal Audit Progress Report
	AC1920-45	Information Governance Internal Audit Report



## 7.1.1

	AC1920-46	Internal and External Audit recommendations follow-up report
	AC1920-47	Information Governance Group Chair's Report and minutes of meeting held on 1 August 2019
	AC1920-48	Update on Selbro store and action plan
	AC1920-49	NHS in Scotland 2019
	AC1920-50	Assurance
<b>03/03/2020</b>	AC1920-51	Internal Audit Progress Report
	AC1920-52	Financial Controls Self Assessment
	AC1920-53	Internal and External Audit recommendations follow-up report
	AC1920-54	Information Governance Group Chair's Report
	AC1920-55	Annual Accounts Timetable
	AC1920-56	Interim Audit Work
	AC1920-57	Fraud update
	AC1920-58	National Fraud Initiative 2018/19 update
	AC1920-59	Risk and Assurance
	AC1920-60	Governance Documents

# 7.1.1

## Appendix 5

### NHS Orkney Audit and Risk Committee Risks, Controls and Assurance Framework

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principles' objectives of the Audit and Risk Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Audit and Risk Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.*

Principle Objectives  (What we aim to deliver)	Principle Risks  (What could prevent this objective being achieved)	Key Controls  (What controls and systems do we have in place to assist us in delivering our objective)	Assurance on Controls  (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	Gaps in Controls and Assurance  (Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
Effective internal control and corporate	NHS Orkney fails to have in place a Code of	<ul style="list-style-type: none"> <li>Review changes to the Code of Corporate Governance</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that:	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
<b>governance system is maintained</b>	Corporate Governance, standing orders, scheme of delegation and financial instructions which adhere to relevant guidance and legislation	<ul style="list-style-type: none"> <li>• The Audit and Risk Committee reviews the Standing Orders on a biannual basis</li> <li>• The Audit and Risk Committee receives the Standing Financial Instructions for review and approval on a biannual basis</li> <li>• The Audit and Risk Committee reviews the Scheme of Delegation when changes are made</li> </ul>	<ul style="list-style-type: none"> <li>• The Code of Corporate Governance (including Standing Orders and Standing Financial Instructions) have been reviewed and updated</li> <li>• The Scheme of Delegation has been reviewed and updated</li> <li>• That Governance Committee Terms of Reference have been reviewed and updated</li> <li>• That Governance Committee Annual Reports have been</li> </ul>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
		within the organisation <ul style="list-style-type: none"> <li>• Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions</li> <li>• Receipt of Register of Circulars issued from Scottish Government Health and Social Care Directorate</li> <li>• The Audit and Risk Committee receives Governance Committee Terms of Reference when</li> </ul>	presented <ul style="list-style-type: none"> <li>• That any issues of concern have been raised to the Audit and Risk Committee by the Governance Committee Chair</li> <li>• The Committee reviews reports on local implications and actions required from circulars or other documents listed in Audit Scotland's Technical Bulletins</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		amended for review and approval <ul style="list-style-type: none"> <li>The Audit and Risk Committee receives regular reports from the Governance Committees providing assurance on systems of internal control and raising any issues of concern</li> </ul>		
	NHS Orkney fails to implement an effective Risk Management Strategy and	<ul style="list-style-type: none"> <li>Oversee the operation of risk management strategy, policy and procedures, and provides assurance to the Board on internal controls</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>The Governance Committees are providing</li> </ul>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
	procedures	<ul style="list-style-type: none"> <li>Monitor and review the processes for assessing, reporting and owning business risks and their financial implications</li> </ul>	<p>assurance that the risk process within their remit are operating effectively</p> <ul style="list-style-type: none"> <li>The Governance Committees have raised issues of concern regarding the risk process or any significant risks not being addressed</li> <li>of the committees will Each prepare their annual report to the Audit and Risk Committee including risks raised.</li> </ul>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
	NHS Orkney's Code of Corporate Governance is not well understood or complied with	<ul style="list-style-type: none"> <li>• The Code of Corporate Governance is issued as a controlled document to all managers / budget holders who are required to email confirming receipt of and subscribing to compliance with the document</li> <li>• Receipt of reports on circumstances associated with each occasion when Standing Orders are waived or Standing Financial Instructions not adhered to</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>• The committee has examined circumstances associated with each occasion when there has been significant departure from the Code of Corporate Governance</li> </ul>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
	Insufficient evidence to provide assurance for the Governance Statement	<ul style="list-style-type: none"> <li>• The Audit and Risk Committee receives an Annual Report from the Clinical and Care Governance Committee confirming whether it has fulfilled its remits and whether there are adequate and effective clinical governance arrangements in place</li> <li>• The Audit and Risk Committee receives an Annual Report from the Staff Governance</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>• The Governance Committees have submitted Annual Reports confirming that they have fulfilled their remits and providing assurance that there are adequate and effective internal controls in place throughout the organisation</li> <li>• The Audit and Risk Committee received formal assurance from the</li> </ul>	



## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
		<p>Committee confirming whether it has fulfilled its remit and whether there are adequate and effective Staff Governance arrangements in place</p> <ul style="list-style-type: none"> <li>• The Audit and Risk Committee receives an Annual Report from the Finance and Performance Committee confirming whether it has fulfilled its remit and whether there are adequate and effective Financial Governance</li> </ul>	<p>Executive Directors that there were adequate and effective controls in place and that there have been no breaches of Standing Orders or Standing Financial Instructions</p>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
		arrangements in place <ul style="list-style-type: none"> <li>• The Audit and Risk Committee receives formal assurance from Executive Directors and managers within the organisation who have responsibility for the development and maintenance of the internal control framework and risk management arrangements, that adequate and effective controls have been in place within their area of</li> </ul>		

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		responsibility, and that there have been no breaches of Standing Orders of Standing Financial Instructions, nor failures of Internal Control		
	NHS Orkney fails to make effective and efficient use of Internal Audit service	<ul style="list-style-type: none"> <li>• Review of Internal Audit Strategy and Work Plan</li> <li>• Assess effectiveness of internal Audit</li> <li>• Receipt and review of Internal Audit progress reports</li> <li>• Monitoring progress of</li> </ul>	<p>The minutes of the Audit and Risk Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>• The committee has reviewed and approved the Internal Audit Strategy and Work Plan</li> <li>• The committee has assessed the effectiveness</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		action on internal audit recommendations <ul style="list-style-type: none"> <li>• Reviewing Internal Audit Annual Report</li> <li>• Holding discussions with the Chief Internal Auditor without Executive Directors present</li> </ul>	of Internal Audit <ul style="list-style-type: none"> <li>• Internal Audit progress reports are scrutinised</li> <li>• Implementation of audit (internal and external) recommendations are monitored routinely</li> <li>• The committee has reviewed an Internal Audit Report</li> <li>• That discussions have taken place in private with the Chief Internal Auditor</li> </ul>	
<b>Effective Internal Audit</b>	NHS Orkney fails to oversee	<ul style="list-style-type: none"> <li>• Review of External Audit Strategy and Work Plan</li> </ul>	The minutes of the Audit and Risk Committee meetings would	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
<b>Service</b>	effective independent relations with external audit	<ul style="list-style-type: none"> <li>• Review External Audit Management Letters</li> <li>• Monitoring progress of action on external audit recommendations</li> <li>• Assess effectiveness of External Audit</li> <li>• Holding discussions with the Chief External Auditor without Executive Directors present</li> </ul>	provide evidence that: <ul style="list-style-type: none"> <li>• The committee has reviewed and approved the External Audit Strategy and Work Plan</li> <li>• The committee has reviewed external audit management letters</li> <li>• The committee has assessed the effectiveness of External Audit</li> <li>• Implementation of audit (internal and external) recommendations are</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
			monitored routinely <ul style="list-style-type: none"> <li>That discussions have taken place in private with the Chief External Auditor</li> </ul>	
<b>Reinforce the importance and Independence of External Audit Service</b>	NHS Orkney fails to complete the Annual Accounts process	<ul style="list-style-type: none"> <li>Receives timetable for annual accounts process</li> <li>Receives updates on any changes to process for completion</li> <li>Reviews draft Annual Accounts</li> <li>Receives Governance Committee Annual Reports</li> <li>Receives other Statement</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>The committee has received and considered the timetable for annual accounts process</li> <li>The committee has received and reviewed the draft Annual Accounts</li> <li>The committee has received</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		of Internal Control assurances <ul style="list-style-type: none"> <li>Reviews and Approves changes to accounting policies</li> </ul>	the Governance Committee Annual Reports <ul style="list-style-type: none"> <li>The committee has received Statement of Internal Control assurances</li> </ul>	
<b>Produce compliant Annual Accounts</b>	NHS Orkney fails to identify fraud or inappropriate behaviour	<ul style="list-style-type: none"> <li>Reviews NHS Orkney Fraud Policy</li> <li>Receives quarterly reports on fraud activity and action taken</li> <li>Receives reports when Standing Financial Instructions not followed</li> </ul>	The minutes of the Audit and Risk Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>The committee has reviewed the Fraud Policy</li> <li>The committee has received quarterly reports from the Fraud Officer</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		<ul style="list-style-type: none"> <li>Aware of all referrals submitted to Counter Fraud Services (CFS)</li> </ul>	<ul style="list-style-type: none"> <li>The committee has received reports when the Standing Financial Instructions have been contravened</li> <li>The Board has appointed a Counter Fraud Champion</li> </ul>	
<b>Reduce the risks of illegal of improper acts</b>	NHS Orkney fails to keep up to date with legislation	<ul style="list-style-type: none"> <li>Receives updates from Director of Finance on any topical issue</li> <li>Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions</li> <li>Information Governance</li> </ul>	<p>The minute of the Audit and Risk Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has received updates on changes in legislation</li> <li>The Information Governance Committee provides</li> </ul>	



## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		Committee receives Register of Circulars issued from Scottish Government Health and Social Care Directorate	assurance through the Chairs Report	
<b>Keep aware of topical legal and regulatory issues</b>	NHS Orkney fails to secure Best Value	<ul style="list-style-type: none"> <li>Receives assurance from Governance Committees that there are systems and processes in place to secure best value in areas delegated to each Committee by the Board.</li> </ul>	<p>The minute of the Audit and Risk Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has received assurance from the Governance Committees as part of the governance committee mid-year and annual reports</li> </ul>	

## 7.1.1

<b>Principle Objectives</b>  <i>(What we aim to deliver)</i>	<b>Principle Risks</b>  <b>(What could prevent this objective being achieved)</b>	<b>Key Controls</b>  <b>(What controls and systems do we have in place to assist us in delivering our objective)</b>	<b>Assurance on Controls</b>  <b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b>	<b>Gaps in Controls and Assurance</b>  <b>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</b>
<b>Best Value</b>	The Committee does not provide adequate challenge and scrutiny when reviewing the reliability of integrity of assurances provided	<ul style="list-style-type: none"> <li>• Annual training needs assessment conducted with members.</li> <li>• Core document set made available to each member and updated as guidance changes.</li> <li>• Business cycle and minimum information requirements used to ensure all areas of assurance are covered within an annual cycle.</li> <li>• Annual development</li> </ul>	<ul style="list-style-type: none"> <li>• Committee performance evaluation at end of each meeting</li> <li>• Completed training needs assessment</li> <li>• Business cycle exists and is used.</li> <li>• Annual development sessions take place.</li> <li>• All members have copy of Core Document Set</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		session conducted to review performance, review annual report and risks, controls and assurance framework.		
<b>The Audit and Risk Committee operates effectively</b>	The Committee operates sub optimally because it fails to identify gaps in its performance.	<ul style="list-style-type: none"> <li>The Committee holds an annual development event where it assesses its performance, reviews the risks, controls and assurance framework, addresses development needs identified through the training needs assessment and agrees</li> </ul>	<ul style="list-style-type: none"> <li>Outcome from Development Session presented to Committee and included in final version of Annual Report</li> </ul>	

## 7.1.1

Principle Objectives <i>(What we aim to deliver)</i>	Principle Risks <i>(What could prevent this objective being achieved)</i>	Key Controls <i>(What controls and systems do we have in place to assist us in delivering our objective)</i>	Assurance on Controls <i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>	Gaps in Controls and Assurance <i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i>
		the development plan for the coming year.		

Updated February 2019

**NHS Orkney Board****Date of Meeting: 25 June 2020****Subject: Audit and Risk Committee Annual Report for year 2019/20****Executive Summary**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

<b>Purpose</b>	To provide the Board with the Finance and Performance Committee Annual Report for year 2019/20 to confirm that it has fulfilled its remit and that adequate and effective governance arrangements were in place through NHS Orkney during the year.
<b>Recommendation</b>	The Board is asked to note the Annual Report for year 2019/20
<b>Executive Sponsor</b>	Interim Director of Finance
<b>Author</b>	Davie Campbell, Chair of Finance and Performance Committee
<b>Contact details</b>	<a href="mailto:david.campbell15@nhs.net">david.campbell15@nhs.net</a> c/o 888004
<b>Date</b>	April 2020
<b>Supporting Documents</b>	Finance and Performance Committee Annual Report for year 2019/20

## **1 NHS Orkney Finance and Performance Committee**

### **1.1 Committee Chair**

Davie Campbell

### **1.2 Committee Members**

James Stockan, Vice Chair

Mark Doyle, Interim Director of Finance

David Drever, Interim NHS Orkney Board Chair (from 1 December 2019)

Caroline Evans, Non-Executive Board member

Ian Kinniburgh, NHS Orkney Chair (until 30 November 2019)

Meghan McEwen, Non-Executive Board member

Gerry O'Brien, Chief Executive

### **1.3 Officer Attendees**

Christina Bichan, Chief Quality Officer

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

Derek Lonsdale, Head of Finance (until 4 November 2019)

Kenny Low, Value and Sustainability Lead (from 5 November 2019 until 2 February 2020)

Fiona MacKellar, Employee Director

David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services

Pat Robinson, Chief Finance Officer, Integration Joint Board

Marthinus Roos, Medical Director

Sally Shaw, Chief Officer, Integration Joint Board

Keren Somerville, Head of Finance (from 3 February 2020)

Louise Wilson, Director of Public Health

Where relevant to the subject matter, other officers attend meetings of the Committee. During the year seven officers attended meetings.

All Board members have the right to attend and are routinely sent copies of agenda and papers.

The Finance and Performance Committee Terms of Reference is attached at **Appendix 1**.

## **2. Meetings held during period covered**

The Finance and Performance Committee has met on nine occasions during the period 1 April 2019 to 31 March 2020.

22 May 2019  
25 July 2019  
17 October 2019  
28 November 2019  
30 January 2020  
20 February 2020  
26 March 2020

The attendance schedule is attached as **appendix 2**.

### **3. Business Plan**

The Finance and Performance Committee has worked to this cycle throughout the year. The business cycle 2019/2020 is attached as **appendix 3**.

The Committee dealt with sixty items of business within the financial year. Details of the business items of the Committee are attached at **appendix 4**.

The Value and Sustainability Delivery Group reported through the Finance and Performance Committee from October 2019 due to the increased focus on this area.

The minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for its information.

### **4. Annual Performance Review / Development Session**

The Finance and Performance Committee Chair, Interim Director of Finance, Head of Corporate Services, Corporate Services manager and Committee Support reviewed the Terms of Reference, Business and Risks, Controls and Assurance Framework and the Committee approved these on 20 February 2020 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee also reviewed its performance over the year to identify any areas of improvement on 26 March 2020.

### **5. Action Plan and Progress**

The Finance and Performance Committee Action Plan is included as a standing agenda item and progress is monitored at each meeting of the Committee.

### **6. Risks and Risk Mitigation**

The Committee agrees any issues to be escalated to the Board or the Audit Committee.

## 7.1.2

The Committee Risks, Controls and Assurance Framework is attached at Appendix 5.

### 7. Issues raised to Board or other Governance Committees

#### Board:

- Year End Position
- Savings Plan – Off Island Travel / SLA
- Unidentified Savings Report
- Performance Management Report
- Savings Plan
- eHealth and IT Update
- Annual Operational Plan Delivery Update
- Current Financial Position
- Management of the NPD contract – The Balfour
- Annual Operational Plan updates
- Financial position
- Annual Operational Planning Process

#### Clinical and Care Governance Committee:

- Staff available to undertake scope procedures
- Point of Care Testing
- Mental Health Waiting Times

### 8. Issues raised from Governance Committees / Cross Committee Assurance

No reports received

### 9. Successes

The Finance and Performance Committee has been successful in meeting the following achievements during the period covered:

- Creating a Focused Agenda.
- Adding Savings Plans as a standing item.
- Help shape redesign of Performance Report.
- Continue to provide high level of Scrutiny within a financial challenging landscape.
- Revise membership to create better scrutiny and discussion.

### 10. Concerns

The main concerns of the Finance and Performance Committee were around:



- The pace of delivery regarding savings.
- Level of Recurring savings not being achieved.
- Organisational level of savings that need to happen in the three-year plan
- Balancing improving access to meet performance targets and achieving financial balance.

### 11. Conclusion

NHS Orkney have had an extremely challenging financial year in 2019/2020 combined with the completion of the new facility. It is testament to all the staff that we are still in a position to achieve financial balance. The level of recurring savings is the main concern for the finance & performance committee and is at the forefront of our discussions and plans.

We have challenging times ahead; ambitious but achievable savings plans that we need to continue to work on collectively with difficult decisions attached to them. The Finance & Performance Committee will have a crucial part in the process going forward in scrutinising and adding reassurance to the Board.

I would like add my personal thanks to the staff, executives and non-executives who have all contributed to a successful year.



Davie Campbell

**Chair**

On behalf of the NHS Orkney Finance and Performance Committee

### **Finance and Performance Committee – Terms of Reference**

#### **Purpose:**

The purpose of the Finance and Performance Committee is to review the financial and non-financial performance of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively. The committee will provide cross committee assurance to the Integration Joint Board in relation to performance on delegated functions.

#### **Composition**

The membership of the Committee shall consist of:

- Non-Executive Board Member Chair
- Local Authority Nominated Non-Executive Board Member
- Two other Non-Executive Board Members NHS Orkney Chief Executive
- NHS Orkney Director of Finance – Executive Lead and support to Finance and Performance Committee

One Non-Executive Board Member should also be a member of the Integration Joint Board

Where possible, at least one non-executive Board Member should have a qualification or demonstrable experience in the fields of finance or performance management.

#### **Attendance:**

In addition, there will be in attendance:

- Chief Officer (or nominated deputy)
- Head of Finance
- Head of Hospital and Support Services
- Head of Transformational Change and Improvement

All Board members shall have the right of attendance and will routinely be sent copies of agenda and papers.

The Committee shall invite others to attend, as required, for specific agenda items.

#### **Quorum:**

Members of the Committee shall be quorate when there are three members present including at least two non-executive Board Members, one of whom must

## 7.1.2

be chair or vice-chair, and one executive member.

It will be expected that another non-executive Board Member will deputise for a member of the Committee at any meeting when required.

### **Meetings:**

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

- The Finance and Performance Committee Chairperson
- NHS Orkney Chief Executive
- NHS Orkney Director of Finance

### **Remit:**

The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:

- Such financial and performance monitoring and reporting arrangements as may be specified;
- Compliance with statutory financial requirements and achievement of financial targets;
- The impact of planned, known or foreseeable future developments on the financial and non-financial performance of the Board and wider health planning agenda

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans;
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities;
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required;
- The oversight of the Board's Capital Programme and the review of the Property Strategy which includes asset management (including the acquisition and disposal of property);
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value; The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report;
- responsible for reviewing those aspects of the Best Value which are delegated to it from Orkney NHS Board;
- To provide assurance to the Board that NHS Orkney is compliant with Audit Scotland's Best Value Initiatives;

## 7.1.2

- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken;
- To ensure better reporting links between services and financial inputs, to allow the Board to demonstrate that it provides value for money to the public;
- To continually review the value for money and efficiency that the Board is achieving in service delivery and how it compares with other Boards across the UK;
- To ensure adequate risk management is employed in all areas within the remit of the Committee;
- Review performance, effectiveness and Terms of Reference of the Committee on an annual basis;
- To develop an annual cycle of business;
- To ensure robust arrangements are in place in relation to Information Governance and enabling technology providing assurance to the Board in this regard;
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

### **Best Value**

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Orkney NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

### **Authority:**

The committee is authorised by the Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney to attend whole or part of any meetings.

### **Reporting Arrangements:**

- The Finance and Performance Committee reports to Orkney NHS Board;
- Following a meeting of the Finance and Performance Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes.
- The Finance and Performance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Committee;
- The Finance and Performance Committee will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide assurance to the

## 7.1.2

Board that the Committee has met its remit during the year.

Updated March 2019

# 7.1.2

Appendix 2

## NHS Orkney - Finance and Performance Committee Attendance Record - Year 1 April 2019 to 31 March 2020:

Name:	Position:	22 May 2019	25 July 2019	17 Oct 2019	28 Nov 2019	30 Jan 2020	20 Feb 2020 (ODP)	26 March 2020
<b>Members:</b>								
D Campbell	Chair	Attended	Attended	Attended	Attended	Attended	Attended	CANCELLED
J Stockan	Vice Chair	Attended	Attended	Attended	Attended	Attended	Attended	CANCELLED
G O'Brien	Chief Executive	Attended	Attended	Attended	Attended	Attended	Attended	CANCELLED
M Doyle	Interim Director of Finance	Attended	Attended	Attended	Attended	Attended	Attended	CANCELLED
I Kinniburgh (to 28 Nov 2019)	Chair, NHS Orkney	Attended	Attended	Attended	Attended			
D Drever (from 29 Nov 2019)	Interim Board Chair					Attended	Attended	CANCELLED
C Evans	Non-Executive Director	Apologies	Attended	Attended	Apologies	Attended	Attended	CANCELLED
M McEwen	Non-Executive Director	Attended	Attended	Attended	Attended	Attended	Attended	CANCELLED
<b>In Attendance:</b>								CANCELLED
C Bichan	Head of Transformational Change and Improvement	Attended	Attended	Apologies	Attended	Attended	Attended	CANCELLED
M Colquhoun	Head of Hospital and Support Services	Attended	Apologies	Attended	Attended	Attended	Attended	CANCELLED
D Lonsdale	Head of Finance	Attended	Attended	Attended				
F MacKellar	Employee Director	Absent	Apologies	Apologies	Absent	Absent	Absent	CANCELLED
D McArthur	Director of NMAHP	Absent	Apologies	Attended	Apologies	Apologies	Absent	CANCELLED
P Robinson	Chief Finance Officer, Integration Joint Board	Attended	Apologies	Attended	Apologies	Attended	Attended	CANCELLED
M Roos	Medical Director	Absent	Apologies	Apologies	Apologies	Absent	Apologies	CANCELLED
S Shaw	Chief Officer	Apologies	Attended	Absent	Apologies	Absent	Apologies	CANCELLED
K Somerville	Head of Finance						Attended	CANCELLED
L Wilson	Director of Public Health	Attended	Attended	Attended	Attended	Apologies	Absent	CANCELLED
C Roy	Committee Support	L. Johnstone	Attended	Attended	Attended	Attended	Attended	CANCELLED
E West	Corporate Services Manager		Attended					
L Johnstone	Committee Support			Attended				

## 7.1.2

Name:	Position:	22 May 2019	25 July 2019	17 Oct 2019	28 Nov 2019	30 Jan 2020	20 Feb 2020 (ODP)	26 March 2020
<b>Standing Invitation –</b>	<b>all Board Members:</b>							
<b>Attending for specific agenda item</b>								
Eddie Graham	Resilience Officer	Attended		Attended	Attended	Attended		
Kenny Low	Value and Sustainability Lead	Attended	Attended	Attended	Attended		Attended	
Eamonn Keyes	Laboratory Manager			Attended				
Julie Colquhoun	Head of Corporate Services			Attended		Attended	Attended	
Katie Spence	ADP Co-ordinator				Attended			
Debs Crohn	Head of Digital Transformation and IT					Attended		
Maureen Firth	Head of Primary Care						Attended	

## NHS Orkney Finance and Performance Committee Business Cycle 2019/20

Month	Agenda Item
May	<ul style="list-style-type: none"> <li>Integrated Emergency Planning update</li> </ul>
July	<ul style="list-style-type: none"> <li>Capital Plan</li> <li>Cost Reduction Framework</li> <li>Property and Asset Management Strategy Update</li> </ul>
September	<ul style="list-style-type: none"> <li>Laboratories – Annual update on service including workload and testing</li> <li>eHealth update</li> <li>Future financial planning</li> </ul>
November	<ul style="list-style-type: none"> <li>Integrated Emergency Planning update</li> <li>Sign off the Operational Plan development process and timetable</li> <li>Financial Plan review and Assumptions going forward</li> <li>Regional Delivery Plan</li> <li>Update against Workforce Projections</li> </ul>
January	<ul style="list-style-type: none"> <li>Feedback from Operational Plan launch (i.e. any new measures or significant changes to the system)</li> </ul>
February	<p><b>Special meeting</b> to review:</p> <ul style="list-style-type: none"> <li>draft Regional Delivery Plan</li> <li>draft Operational Plan, and its various elements,</li> <li>draft Financial Plan for coming financial year</li> <li>draft Integration Joint Board Strategic Commissioning Plan (with input from Board members, Area Partnership Forum and Area Clinical Forum members)</li> </ul>
March	<ul style="list-style-type: none"> <li>Final Operational Plan and sign off letter from Scottish Government</li> <li>Sign off Financial Plan</li> <li>Sign off delegated budget - Integration Joint Board</li> <li>Finance and Performance Committee Annual Report</li> </ul> <p>Committee Annual Review</p> <ul style="list-style-type: none"> <li>Review of Terms of Reference</li> <li>Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances</li> <li>Review the business cycle</li> </ul>

### Standing Items

- Action Log
- Financial Management Performance Report
- Savings Report
- Integration Joint Board Expenditure and Revenue Report
- Performance Management Report
- Risk Register

### Quarterly Reports:

- Chair's Report - Enabling Technology Programme Board and minutes



## 7.1.2

- Chair's Report - NHS Orkney's Resilience Planning Group and minutes

### **Six monthly reports**

- Update on the 5-year financial plan

### **Ad Hoc Matters**

- Strategies prior to Board approval
- Policies
- Business cases
- Capital Grants
- Banking arrangements
- Tenders
- Property Disposal
- Commissioning
- Audit Scotland Reports – when relevant
- Major Incident Plan

### **Set Agenda Items for Annual Development Session**

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self assessment process, minutes and administration arrangements)
- Agree Development Plan for future year

**Updated March 2019**

## Finance and Performance Committee - Record of Business 2019/2020

Date	Paper Number	Title
<b>22 May 2019</b>	FPC1920-01	Performance Management Report
	FPC1920-02	Financial Management Performance Report for period ended March 2019
	FPC1920-03	Recruitment – Medical Staffing Update
	FPC1920-04	Savings Plan – Off Island Travel / SLA
	FPC1920-05	Unidentified Savings
	FPC1920-06	New Health and Care Facility
	FPC1920-07	Finance and Performance Committee Annual Report
<b>25 July 2019</b>	FPC1920-08	Performance Management Report
	FPC1920-09	The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2019
	FPC1920-10	Financial Management Performance Report for period ended 30 <sup>th</sup> June 2019
	FPC1920-11	Savings Plan – Off Island Travel / SLA
	FPC1920-12	Capital Plan 2019/2020
	FPC1920-13	State of NHS Scotland's Infrastructure (SAFR)
	FPC1920-14	ISD Publication of AHP MSK Waiting Times – Pre-Release Access
	FPC1920-15	Fraud and Irregularity Update 2018/19
<b>17 October 2019</b>	FPC1920-16	Performance Management Report
	FPC1920-17	Laboratories – Annual update on service including workload and testing
	FPC1920-18	Financial Performance Management Report for period ended 31 <sup>st</sup> August 2019
	FPC1920-19	Integration Joint Board Expenditure and Revenue Report
	FPC1920-20	Savings Plan – SLA/Travel Project
	FPC1920-21	Capital Plan 2019/2020 – Update
	FPC1920-	Cost Reduction Framework

## 7.1.2

Date	Paper Number	Title
	22	
	FPC1920-23	Future Financial Planning
	FPC1920-24	eHealth and IT Update
	FPC1920-25	Chairs Report – Resilience Planning Group and Minutes
	FPC1920-26	Balfour Hospital Contract Performance
	FPC1920-27	Patient Travel Policy
	FPC1920-28	Hospital Records Quarterly Report August 2019
	FPC1920-29	Capital Delegated Limits 2019-20
	FPC1920-30	AOP 2020-21 SGHD Performance and Delivery Team update
	FPC1920-31	Circular – DL (2019) 4 – Partnership Agreement Between NHS Scotland Counter Fraud Services and NHS Boards and National Health Boards
<b>28 November 2019</b>	FPC1920-32	Performance Management Report
	FPC1920-33	Annual Operational Plan update
	FPC1920-35	Financial Performance Management Report for period ended 31 October 2019
	FPC1920-36	Integration Joint Board Expenditure and Revenue Report
	FPC1920-37	Chairs Report - Value and Sustainability Delivery Group and Minute
	FPC1920-38	Annual Operational Planning Process including assumption.
	FPC1920-39	Consultant Recruitment in the Balfour Hospital update
	FPC1920-40	Policy Document Business Continuity Management
	FPC1920-41	Orkney ADP Annual Report 2018-19
	FPC1920-42	Banking Arrangements
<b>30 January 2020</b>	FPC1920-43	Performance Management Report
	FPC1920-44	Annual Operational Plan Update
	FPC1920-45	Financial Management Performance Report for period ended 31 December 2019
	FPC1920-	Integration Joint Board Expenditure and Revenue Report

## 7.1.2

Date	Paper Number	Title
	46	
	FPC1920-47	Technology Enabled Care Programme update – January 2020
	FPC1920-48	Technology Enabled Care Programme Board (TECPB) Terms of Reference Refresh – December 2019
	FPC1920-49	Chairs Report Resilience Group
	FPC1920-50	Response and Action Plan for NHS Orkney Self Assessment 2018
	FPC1920-51	Regional Asset Management Plan
<b>20 February 2020</b>	FPC1920-52	Update Operational Plan
	FPC1920-53	Draft Financial Plan
	FPC1920-54	Performance Management Report
	FPC1920-55	Financial Management Performance Report for period ended 31 January 2020
	FPC1920-56	Disposal of the Old Balfour Hospital
	FPC1920-57	Build costs of the Balfour Hospital and Healthcare Facility, migration costs and property disposals
	FPC1920-58	Review of Terms of Reference
	FPC1920-59	Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
	FPC1920-60	Review the business cycle

## Appendix 5

The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principle's objectives of the Finance and Performance Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.

<b>Principle Objectives</b> (What we aim to deliver)	<b>Principle Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b>
<b>The Board proactively drives performance improvement at all levels</b>	Failure to develop, implement and monitor an organisational performance framework.	Continued development and implementation of an organisational performance framework.	<ul style="list-style-type: none"> <li>Committee receives performance framework that identifies performance targets for Local Operational Plan and Corporate Objectives for next financial year in February.</li> <li>Committee signs off the final version of the performance framework prior to submission to the April Board.</li> <li>Receives performance reports against the framework at each meeting.</li> <li>Committee reviews the effectiveness of the organisational performance frameworks every 6 months.</li> </ul>	
	Failure to ensure that baseline data is accurate and reliable.	Continued review of data and information sources to support performance framework by Health Intelligence Team	<ul style="list-style-type: none"> <li>Committee receives a report every year upon completion of an Operational Plan to identify where the information to</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
		supported by external expertise	support targets is obtained and any gaps in data.	
<b>Operational Plan targets are met</b>	Inadequate planning to enable the delivery of the targets.	The production of a well thought through an Operational Plan that triangulates the targets, with the resources required to deliver the targets and the costs of meeting the targets.	<ul style="list-style-type: none"> <li>• Committee is briefed on the key outcomes from the annual Operational Plan launch meeting</li> <li>• The Committee has visibility of key assumptions at an appropriate stage</li> <li>• Sign off the Operational Plan development process in January each year ahead of it being presented to the February Board</li> <li>• Review the draft Operational Plan submission ahead of the February Finance and Performance Committee meeting / Board Development workshop</li> <li>• Review the final submission prior to it being submitted to Scottish Government and presented to the April Board.</li> </ul>	
	Failure to monitor performance and therefore correct adverse performance.	Production of timely high-quality reports on organisational performance.	<ul style="list-style-type: none"> <li>• Committee receives reports against the performance framework at each meeting.</li> <li>• Committee receives evidence that action taken on adverse performance is having the desired result.</li> </ul>	
	Failure to identify and	The identification of key risks	<ul style="list-style-type: none"> <li>• Review of risks incorporated into the draft submission.</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <u><b>(What could prevent this objective being achieved)</b></u>	<b>Key Controls</b> <u><b>(What controls and systems do we have in place to assist us in delivering our objective)</b></u>	<b>Assurance on Controls</b> <u><b>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</b></u>	<b>Gaps in Controls and Assurance</b>
	manage risks.	as part of the Operational Plan production process.	<ul style="list-style-type: none"> <li>Exception reporting of the main risks at all meetings.</li> </ul>	
	Inaccurate trajectories are set at the start of the year making effective monitoring difficult.	Detailed scrutiny of the planned trajectories as part of the sign off process.	<ul style="list-style-type: none"> <li>Committee receives evidence to support the setting of the trajectories at the planned level.</li> <li>Accuracy of the trajectories is reviewed throughout the year.</li> </ul>	
	Failure to reflect on learning from performance and take opportunities to improve performance and culture in future years.	Ongoing review of performance against targets	<ul style="list-style-type: none"> <li>Committee receives and considers a review of performance at its meetings.</li> </ul>	
<b>Waiting Times performance is within nationally agreed targets</b>	Inadequate planning to enable the targets to be met.	Development and implementation of a waiting times delivery approach.	<ul style="list-style-type: none"> <li>Waiting times performance data is presented at each meeting.</li> </ul>	
<b>The Board drives Sustainability and Value agenda</b>	The Board fails to participate in national benchmarking and therefore does not understand how its efficiency compares to other boards.	Developing and delivering the Board action plan in response to the national Efficiency and Productivity Programme.	<ul style="list-style-type: none"> <li>Committee scrutinises Board's local efficiency and productivity plan at January meeting.</li> </ul>	
	Board fails to apply or act on the results of national best practice toolkits.	Where possible use benchmarking tools to identify efficiencies within activity and cost.	<ul style="list-style-type: none"> <li>Committee receives reports against the performance framework benchmarked against other areas</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
<b>The Board secures best value</b>	The Board fails to achieve best value from the resources provided by the Scottish Government to provide healthcare to the population of Orkney	Where possible use benchmarking tools to identify efficiencies within activity and cost.	<ul style="list-style-type: none"> <li>• Committee scrutinises reports that include a section on best value</li> </ul>	
<b>Workforce costs are controlled effectively</b>	The Board fails to develop a strategic workforce plan which enables a cost-effective staffing model.	Measured performance against agreed Workforce Plan and Projections	<ul style="list-style-type: none"> <li>• The development and the delivery of the workforce plan is currently governed by the Staff Governance Committee with assurance provided through Staff Governance Committee Chair's report directly to Board</li> <li>• The Committee would be alerted to any issues through cross committee governance reports</li> <li>• The Committee will monitor against the agreed workforce plan and projections</li> </ul>	
<b>The Boards delivers its statutory financial targets</b>	The Board fails to make adequate one-year plans.	The development of a robust financial plan within the annual Operational Plan.	<ul style="list-style-type: none"> <li>• The Committee receives the draft financial plan for the coming year as part of the draft Operational Plan submission ahead of the February Finance and Performance Committee Meeting / Board Development workshop</li> <li>• The Committee receives that final financial plan prior to it</li> </ul>	



<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
			being submitted to Scottish Government and presented to the April Board	
	The Board fails to robustly test its financial planning assumptions	The development of a robust financial plan within the annual Operational Plan	<ul style="list-style-type: none"> <li>The financial planning assumptions and risks are presented as part of the above process.</li> </ul>	
	The Board fails to deliver against the one-year plans.	Bi monthly finance report to Finance and Performance Committee and the Board.	<ul style="list-style-type: none"> <li>The Committee receives a finance report at each meeting that clearly sets out the current financial position and predicted year end position.</li> <li>The Committee is made aware of significant risks which might impact on delivery</li> <li>The committee monitors corrective action and holds the Executive Team to account for delivery</li> </ul>	
	The Board fails to deliver against its longer-term financial plan and recovery plan	The development and monitoring of a robust 5-year financial strategy and recovery plan	<ul style="list-style-type: none"> <li>The Committee receives monitoring reports against the 5-year financial plan at each meeting.</li> <li>The Committee is made aware of significant risks which might impact on delivery</li> <li>The Committee monitors corrective action and holds the Executive Team to account for delivery.</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
	The Board fails to embed behaviours that lead to good financial management.	The development and monitoring of a robust financial plan as part of the Operational Plan through engagement, empowerment and delegation of responsibility to service leads and budget managers	<ul style="list-style-type: none"> <li>• The Committee receives monitoring reports against the financial plan at each meeting.</li> <li>• The Committee is made aware of significant risks which might impact on delivery</li> <li>• Executive Team hold the service managers and budget holders to account for delivery</li> <li>• Budget holder in attendance as required to provide assurance that budgets are being managed effectively and there are no barriers to this</li> </ul>	
<b>The Board delivers its statutory capital targets</b>	The Board Fails to deliver to its capital allocation.	Development of a robust 5-year capital plan to support the Operational Plan.	<ul style="list-style-type: none"> <li>• Capital report to Committee at least quarterly.</li> </ul>	
<b>The Committee effectively reviews business cases to ensure that they fit with strategy and have clear Recommendations ahead of them being approved or going to Board.</b>	The Board fails to implement and operate an effective business case decision making process which results in resources not being directed at high priority areas	<ul style="list-style-type: none"> <li>• Standard business case template and process for decision making</li> <li>• Clearly defined authority levels setting out where decisions are made</li> <li>• Clear process for prioritising business cases / developments based on strategy</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee on behalf of the Board reviews business cases with a value of greater than the delegated authority of the Chief Executive</li> <li>• At least annually the Committee reviews the business case process to ensure that it is robust and fit for purpose.</li> <li>• The Committee on behalf of the Board reviews the Capital Plan at the start of each year and the spend at year end</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
<b>The Board delivers its Enabling Technologies agenda including the eHealth Strategy</b>	The Board fails to implement the priorities as set out in the Strategy	<ul style="list-style-type: none"> <li>Enabling Technologies Programme Board established to review and oversee the eHealth Strategy and ensure that it is consistent with developments in the local clinical and national eHealth strategies</li> <li>establish and review priorities for implementation</li> </ul>	<ul style="list-style-type: none"> <li>The Committee receives assurance from the Enabling Technologies Programme Board that the Board's responsibilities are being met through regular Chair's reports on business and minutes of meetings</li> </ul>	
<b>The Board embeds Integrated Emergency Management to ensure a co-ordinated response to an emergency in partnership with other organisations</b>	Inadequate Emergency Plan developed in partnership by all organisations in place	<p>The development and monitoring of:</p> <ul style="list-style-type: none"> <li>Major Incident Plan</li> <li>Departmental Business Continuity Plans to deal with all types of incidents and disruptions to services</li> </ul>	<ul style="list-style-type: none"> <li>Committee receives reports from the Director of Public Health (Resilience Officer) providing assurance on the development of the Emergency Plan; outcome from testing; monitoring and reviews;</li> <li>Committee receives reports from the Director of Public Health on the development of Business Continuity Plans.</li> </ul>	
<b>The Finance and Performance Committee operates effectively leading to improved organisational</b>	The Committee is not properly constituted.	The Committee is constituted in line with its Terms of Reference. It is appointed by the full Board	<ul style="list-style-type: none"> <li>The existence of up to date terms of reference which have been approved by the Audit Committee and Board.</li> <li>Evidence that the terms of reference were reviewed as part</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
<b>performance.</b>			of the annual development session.	
	The Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities.	<ul style="list-style-type: none"> <li>• Risk, Controls and Assurance framework that identifies the assurance that the Committee needs and therefore the business cycle of the committee.</li> <li>• Agreed business cycle that stipulates the nature and frequency of reports.</li> </ul>	<ul style="list-style-type: none"> <li>• The existence of the Risk, Controls and Assurance framework</li> <li>• The existence of a business cycle</li> <li>• The existence of agreed templates.</li> </ul>	
	The Committee does not provide adequate challenge and scrutiny.	<ul style="list-style-type: none"> <li>• Annual training needs assessment conducted.</li> <li>• Core data set identified and made available to each member.</li> <li>• Business cycle used to ensure all areas of assurance are covered.</li> </ul>	<ul style="list-style-type: none"> <li>• Completed training needs assessment and delivery of this</li> <li>• Each member has a core data set</li> <li>• Business cycle exists and is used.</li> <li>• Annual development sessions take place.</li> </ul>	
	The Committee's arrangements and performance are not adequately scrutinised by the Board	<ul style="list-style-type: none"> <li>• Minutes and / or report submitted each Board meeting.</li> <li>• Annual work plan submitted to the Board for approval.</li> <li>• Annual report submitted to Audit Committee and Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Board minutes show that Finance and Performance Committee Minutes have been submitted and noted.</li> </ul>	

<b>Principle Objectives</b> <i>(What we aim to deliver)</i>	<b>Principle Risks</b> <b><u>(What could prevent this objective being achieved)</u></b>	<b>Key Controls</b> <b><u>(What controls and systems do we have in place to assist us in delivering our objective)</u></b>	<b>Assurance on Controls</b> <b><u>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</u></b>	<b>Gaps in Controls and Assurance</b>
	The Committee operates sub optimally because it fails to identify gaps in its performance	The Committee holds an annual development event where it assess its performance, receives the annual report, reviews the assurance framework, addresses development and agrees the plan for the coming year.	<ul style="list-style-type: none"> <li>• Outcome from development event included in minute and Annual Report</li> </ul>	
	The Committee fails to keep a clear record of decisions taken.	<ul style="list-style-type: none"> <li>• Agreed standard of minute.</li> <li>• Central electronic file of all papers and minutes held by Corporate Services. Draft minutes agreed by Chair of Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual External Audit report</li> </ul>	
	Decisions are not followed through.	<ul style="list-style-type: none"> <li>• The Committee uses a short-term action log to record and monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of an up to date action log and assurance that actions have been completed in a timely manner</li> </ul>	

Updated March 2019

## NHS Orkney Board - 25 June 2020

**Subject:** Clinical and Care Governance Committee Annual Report for year 2019/20

### Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

<b>Purpose</b>	To seek approval of the Clinical and Care Governance Committee Annual Report for year 2019/20
<b>Recommendation</b>	The Board is asked to review, propose changes to and approve the Annual Report for year 2019/20
<b>Executive Sponsor</b>	Medical Director
<b>Author</b>	Issy Grieve Chair – Clinical and Care Governance Committee
<b>Contact details</b>	Issy.grieve@nhs.net c/o 888228
<b>Date</b>	Virtual Approval 26 May 2020
<b>Supporting Documents</b>	Clinical and Care Governance Committee Annual Report for year 2019/20

## **1 Committee Membership**

During the financial year ending 31 March 2020, membership of the NHS Orkney Clinical and Care Governance Committee comprised:

### **Committee Chair**

Issy Grieve, Chair

### **Committee members**

Steven Johnston, Non Executive Director - Chair of Area Clinical Forum – Vice-Chair

David Drever, Non Executive Director

Meghan McEwen, Non Executive Director

Gerry O'Brien, Chief Executive

### **Four Elected Orkney Islands Council members:**

Rachael King, Integration Joint Board Vice Chair

Steve Sankey

John Richards

Stephen Clackson - deputy

David Dawson – deputy

Kevin Woodbridge – deputy

### **In Attendance**

Marthinus Roos, Medical Director (Executive Lead)

Sally Shaw, Chief Officer (Care Lead)

Christina Bichan, Head of Transformational Change and Improvement

Scott Hunter, Head of Service, Children and Families, Criminal Justice and Chief Social Work Officer

David McArthur, Director of Nursing, Midwifery and Allied Health Professions and Acute Services

Chris Nicolson, Director of Pharmacy

Heather Tait, Public representative

Dr Louise Wilson, Director of Public Health

The terms of reference are attached as **Appendix 1**.

## **2 Meetings**

The Committee met on four occasions from 1 April 2019 to 31 March 2020:

10 April 2019

10 July 2019

09 October 2019

29 January 2020

The detailed attendance schedule is attached at **Appendix 2** which also shows occasional observers and presenters of individual reports.

### **3 Business Plan**

The Committee dealt with 65 items of business within the financial year. The business cycle, record of business considered and work plan for 2019/20 are attached as **Appendices 3 and 4**.

The minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board, to Board of Orkney Health and Care (Integration Joint Board) and to the Orkney Health and Care Committee.

### **4 Governance Review**

The Clinical and Care Governance Committee has a number of functions that serve both the NHS Board and the Integration Joint Board. In regard to NHS Orkney, it provides assurance in respect of clinical quality and patient safety, effectiveness and experience through robust performance monitoring and reporting. The governance structure was reviewed following the establishment of the Quality Improvement Hub and the Quality and Safety Group, which is responsible for providing assurance to the Clinical and Care Governance Committee.

The Quality and Safety Group's overarching aim is to eliminate preventable deaths, seek out and reduce harm, improve patient outcomes, demonstrate delivery of high quality reliable care based on what matters most to patients, their families and carers.

The Chair and/or Vice Chair of the Clinical and Care Governance Committee have an open invitation to observe the working of the Quality and Safety Group.

### **5 Annual Performance Review / Development Session**

The Clinical and Care Governance Committee reviewed its performance, terms of reference, business cycle and work plan at its meeting on Monday, 24 February 2020.

### **6 Risks and Risk Mitigation**

The Clinical and Care Governance Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Board or the Audit Committee.

There were no risks to be escalated to the Board or the Audit Committee



during 2019/20.

## **7 Issues raised to Board or other Governance Committees**

### **Board**

- SAE Report and the subsequent recommendation of a board development session topic exploring how learning from clinical incidents was demonstrated and communicated
- The financial implications for the board of the approval of the NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications
- The assurance that NHS Orkney patients were being treated appropriately following the Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report 2019
- The Financial implications of the Primary Care Improvement Plan
- Major Incident/Major Emergency Plan
- Person Centred Visiting Policy
- Winter plan
- Primary Care Improvement Plan
- SAS issues update

## **8 Issues raised by other Committees**

### **Audit Committee**

- Internal Audit reports for information

### **Finance and Performance Committee**

- Cross Committee Assurance Report highlighting:
  - Scope waiting list

### **Area Clinical Forum**

- Cross Committee Assurance Report highlighting:
  - Concerns around missing or inaccessible records on c-Cube
  - Issue with the dissemination of patient safety alerts to frontline clinical staff

## **9 Cross Committee Assurance**

- Amended reporting procedure submitted to Quality and Safety Group for implementation

## **10 Successes**

The most significant success of the committee has been the **drafting** of a new Clinical strategy (CS). Although the aim is to provide a CS which will

guide the departmental strategies and work plans, the opportunity for the clinical voice to be heard and to influence has been valuable. Views had previously been expressed that professional groups have felt ignored and may not have been sufficiently consulted or valued, in relation to clinical strategy. As part of the Clinical Engagement process it appears to have been immensely valuable. It is imperative that the clinical voice is not only influential but is seen to be influential and valued. The committee has been kept abreast of progress of the consultations and expect to have a completed strategy for presentation to the board of NHSO in May 2020.

## **11 Concerns**

The Clinical and Care Governance Committee's concerns during the year were:

- All matters of concern were raised either directly with the Board of NHS Orkney, or referred to a relevant committee. ( see items 7, 8 and 9 )

## **12 Best Value**

The Committee is responsible for reviewing those aspects of the Best Value delegated to it from Orkney NHS Board.

## **13 Action Plan and Progress**

The Clinical and Care Governance Committee Action Plan is included as a standing agenda item and progress is monitored at each meeting of the Committee.

## **14 Conclusion**

Throughout the past year the Clinical and Care Governance Committee has continued to apply itself to relevant scrutiny, whilst seeking assurance in a rigorous manner. There continues to be an increase in member's engagement with the agenda and this is well evidenced in the healthy debate and professional discussion in which the committee members engage. The committee is one of the few integrated committees within the Integration Joint Board (IJB), and the opportunity to refresh the risk assurance framework, terms of reference and supporting documentation is now a priority. I look forward to the further empowerment of this committee and its members, in ensuring that this committee informs the IJB of the health and social care scrutiny of our joint services, in a cohesive partnership lead approach. I also express my heartfelt thanks to all committee members who have engaged so openly in our robust and frank dialogue during the last twelve months.

Signed *Issy Grieve* 

Chair NHS Orkney Clinical and Care Governance Committee

### Terms of Reference 2019/20

#### **NHS Orkney and Orkney Integration Joint Board Clinical and Care Governance Committee**

##### **Purpose:**

The Clinical and Care Governance Committee fulfils a number of purposes as follows:

It provides the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.

It fulfils the function of providing the Orkney Health and Care Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.

It provides the Orkney Health and Care Committee, a Committee of Orkney Islands Council, which has oversight of the operational delivery of the services that the Integration Joint Board commissions from Orkney Islands Council, with assurance that robust controls and management systems are in place and effective for social work and social care service delivery.

##### **Composition:**

Four Non Executive Members of NHS Orkney including Area Clinical Forum Chair.

Four Orkney Islands Council Elected Members who are members of the Integration Joint Board and/or the Orkney Health and Care Committee.

Medical Director (lead officer for clinical governance)

Director of Public Health

Chief Executive NHS Orkney

Chief Officer Integration Joint Board (lead officer for care governance)

Director of Nursing, Midwifery and Allied Health Professions

Director of Pharmacy

Chief Social Work Officer

Public Representative

**In Attendance:**

Head of Transformational Change and Improvement

**Quorum:**

Meetings of the Committee will be quorate when at least five members are present and at least three of whom should be non executive members, one of whom must be the chair or vice-chair, one Orkney Islands Council Elected Member who is a member of the Integration Joint Board and/or the Orkney Health and Care Committee, and one executive member of NHS Orkney.

Any non-executive NHS Board member may deputise for a member of the Committee at any meeting.

**Meetings:**

The Committee will meet at least quarterly.

**Remit:****Person Centred:**

To provide assurance regarding participation, patient and service users' rights and feedback:

- to provide assurance that there are effective systems and processes in place across NHS Orkney and in the functions delegated to the Orkney Health & Care Joint Board to support participation with patients and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign;
- to monitor complaints response performance on behalf of the Board of NHS Orkney and the Board of Orkney Health and Care for functions delegated, and promote positive complaints handling including learning from complaints and feedback;
- To provide assurance that there are effective system and governance processes for:
  - Equality and Diversity
  - Spiritual care
  - Volunteering
- To monitor performance of all services commissioned by / or with direct links to NHS Orkney and the Board of Orkney Health and Care
  - Patient Advisory and Support Service
  - Advocacy Services
  - Carers
  - Veterans

**Safe (Clinical Governance and Risk Management)**

To provide assurance in respect of clinical and care governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Board of Orkney Health and Care;
- Incident management and reporting is in place and lessons are learned from adverse events and near misses;
- Complaints are handled in accordance with national guidance and lessons are learned from their investigation and resolution including reports of the Social Work Complaints Review Committee, the Scottish Public Services Ombudsman and Mental Welfare Commission;
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and any other efficiency programmes of the Board of Orkney Health and Care.

#### **Effective (Clinical and Care Performance and Public Health Performance and Evaluation):**

To provide assurance that clinical and care effectiveness and quality improvement arrangements are in place.

- To ensure that recommendations from any inspections have appropriate action plans developed and are monitored and reported through an appropriate Committee;
- Where performance improvement is necessary within NHS Orkney or the functions delegated to the Board of Orkney Health and Care, the Committee will seek assurance regarding the reliability of the improvement intervention;
- Clinical dashboards and other data and measurement systems underpin the delivery of care;
- To ensure that the healthcare provided is informed by evidence based clinical practice guidelines;
- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical and care governance mechanisms and effective training and development is in place for all staff.

#### **Population Health:**

To provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health-related activities incorporate the key components of population health governance, namely:

- Quality and clinical effectiveness
- Public information and involvement
- Population health research

- Risk management

### **Social Work and Social Care Advisory Committees and Chief Social Work Officer's Report and Updates**

To provide assurance in respect of social work and social care governance by seeking assurance that there are adequate systems and processes in place to ensure:

- Promotion of values and standards of professional practice, including all relevant National Standards and Guidance, and ensure local adherence with the Codes of Practice issued by the Scottish Social Services Council (SSSC) for social services workers and employers.
- Ensuring that all social service workers practice in line with the SSSC's Code of Practice and that all registered workers meet the requirements of their regulatory body;
- Maintenance and development of high standards of practice and supervision in line with relevant guidance;
- Effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards;
- The promotion of continuous improvement and the identification of areas for professional development, workforce planning and quality assurance of services;
- Consideration of requirements for significant case reviews and/or serious incident reviews to be undertaken into critical incidents either resulting in – or which may have resulted in – death or serious harm;
- That only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance; and
- The application of evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support.

### **Best Value**

The Committee is responsible for reviewing those aspects of the Best Value delegated to it from Orkney NHS Board, the Board of Orkney Health and Care and/or the Orkney Health and Care Committee. The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney, the Board of Orkney Health and Care and the Orkney Health and Care Committee has systems and processes in place to secure best

value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

### **Authority:**

The committee is authorised by the Board of NHS Orkney, the Board of Orkney Health and Care and the Orkney Health and Care Committee to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee through appropriate staff governance standards / policies held by NHSO and OIC.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney, the Chief Officer of the Board of Orkney Health and Care or Orkney Islands Council (in terms of the functions that are delegated by Orkney Islands Council to the Board of Orkney Health and Care) to attend whole or part of any meetings.

The External Auditor and Chief Internal Auditor shall have the right of direct access to the Chair of the Clinical and Care Governance Group.

### **Reporting Arrangements:**

- The Clinical and Care Governance Committee reports to Orkney NHS Board, to Board of Orkney Health and Care and to the Orkney Health and Care Committee.
- Following a meeting of the Clinical and Care Governance Committee the minute of that meeting should be presented at the next Orkney NHS Board meeting, the next Board of Orkney Health and Care, and the next meeting of the Orkney Health and Care Committee.
- The Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Clinical and Care Governance Committee
- The Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board, the Board of Orkney Health and Care and the Orkney Health and Care Committee. The Annual Report will describe the outcomes from the committee during the year and provide an assurance to the Audit Committee of both Boards, and the Orkney Health and Care Committee, that the Committee has met its remit during the year.

Reviewed and updated May 2018

## Appendix 2

### NHS Orkney – Clinical and Care Governance - Attendance Record – Year 1 April 2019 to 31 March 2020:

Name:	Position:	10 April 2019	10 July 2019	09 October 2019	29 January 2020
<b>Members:</b>					
I Grieve	Chair	Attended	Attended	Attended	Attended
S Johnston	Vice Chair	Attended	Attended	Attended	Attended
G O'Brien	Chief Executive	Attended	Attended	Attended	Attended
D Drever	Non Executive Board Member	Apologies	Attended	Attended	Attended
R King	Integration Joint Board Vice Chair	Apologies	Attended	Attended	Attended
M McEwen	Non Executive Board Member	Attended	Apologies	Attended	Attended
J Richards	Elected Orkney Islands Council Member	Attended	Attended	Attended	Apologies
S Sankey	Elected Orkney Islands Council Member	Apologies	Apologies	Apologies	Attended
<b>In Attendance:</b>					
M Roos	Lead Officer and Medical Director	Attended	Attended	Attended	Attended
C Bichan	Head of Transformational Change and Improvement	Apologies	Attended	J Trainor Deputising	Attended
Malcolm Colquhoun	Head of Hospital and Support Services			Apologies	
S Hunter	Chief Social Work Officer	Attended	Apologies	Attended	Attended
D McArthur	Director of Nursing, Midwifery and AHP	Attended	Attended	Apologies	Apologies
C Nicolson	Director of Pharmacy	Attended	Apologies	Apologies	Apologies
S Shaw	Chief Officer	L Bradford deputising	M Swannie deputising	Apologies	Attended
H Tait	Public Representative	Attended	Attended	Attended	Attended
L Wilson	Director of Public Health	Attended	Attended	Apologies	Attended
Minute taker	Corporate Services	Attended	Attended	Attended	Attended



Name:	Position:	10 April 2019	10 July 2019	09 October 2019	29 January 2020
<b>Attending for specific agenda item</b>					
Julie Nicol	Head of Corporate Services	For item 6.6			
Ann McCarlie	Project Director, New Hospital & Healthcare Facility	For item 6.9			
Rhoda Walker	Project Manager, New Hospital & Healthcare Facility	For item 6.9			
Malcolm Colquhoun	Head of Hospital and Support Services	For item 6.9			
Jackie Gratton	Clinical Project Manager	For item 6.9			
Lynda Bradford	Interim Head of Health and Community Care		For item 8.10		
Maureen Firth	Head of Primary Care		For item 8.11		
Sara Lewis	Consultant in Public Health		For item 11.2	For Item 5	
Christy Roy	Committee Support (new)		Observing		
Eddie Graham	Resilience Officer			For Item 6.1	
Becky Wilson	NHS Grampian/NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor			For Item 7.4	
Nigel Firth	Equality and Diversity Manager			For Item 7.5	
Linda Merriman	Interim Nurse Manager			For Item 7.9.1	
Julie Tait	Patient Experience Officer			For Item 9.1	
	Denotes attendance not required				

## Appendix 3

### Record of Business

Date of Meeting	Paper Number	Title
10/04/2019	CCGC1920-01	Quality and Safety Chair's Report
	CCGC1920-02	15 Steps Update Report
	CCGC1920-03	Significant Adverse Event Report
	CCGC1920-04	Elective Care Access Improvement Plan 2018/19 Update
	CCGC1920-05	Safe Staffing Bill Update Report
	CCGC1920-06	Equality and Diversity Annual Report
	CCGC1920-07	Regional Clinical Services Update Report
	CCGC1920-08	Queen Elizabeth University Hospital HIS Report Update
	CCGC1920-09	NHS Grampian, Orkney and Shetland policy for requesting non formulary licenced medicines, for licensed indications
	CCGC1920-10	Patient Experience Quarterly Report
	CCGC1920-11	Chief Social Work Officers Quarterly Report
	CCGC1920-12	Clinical and Care Governance Committee Annual Review
	CCGC1920-13	Clinical and Care Governance Committee Annual Report
10/07/2019	CCGC1920-14	Clinical and Care Governance Committee Terms of Reference
	CCGC1920-15	Orkney Health and Care's Draft Strategic Plan
	CCGC1920-16	Quality and Safety Group Chair's report
	CCGC1920-17	Quality and Safety Group Annual Report
	CCGC1920-18	Duty of Candour Annual Report
	CCGC1920-19	Six monthly Report on Adults with Incapacity
	CCGC1920-20	Learning from Significant Adverse Event Report
	CCGC1920-21	Elective Care Access Update

	CCGC1920-22	ISD Publication of AHP MSK Waiting Times
	CCGC1920-23	The Patients Rights (TTG) (Scotland) Directions 2019
	CCGC1920-24	Safe Staffing Bill Update Report
	CCGC1920-25	Status Report Mental Health Strategy and Service Delivery Plan
	CCGC1920-26	Primary Care Improvement Plan Implementation Update Report
	CCGC1920-27	Clinical Governance Internal Audit Scope
	CCGC1920-28	HIS Clinical Management of Breast Cancer in NHS Tayside Report April 2019
	CCGC1920-29	Patient Feedback Annual Report
	CCGC1920-30	Update on Public Health Reform
	CCGC1920-31	Public Health, Leading and delivering change: vaccinations and screening
	CCGC1920-32	Chief Social Work Officer's Quarterly Report
	CCGC1920-33	Update Report on Community Led Support
	CCGC1920-34	Risk Register Report
<b>09/10/2019</b>	CCGC1920-35	Major Incident/Major Emergency Plan The Balfour
	CCGC1920-36	Quality and Safety Group Chair's report
	CCGC1920-37	Significant Adverse Event Update
	CCGC1920-38	Elective Care Access Update
	CCGC1920-39	Infection Control Annual Report
	CCGC1920-40	Equality and Diversity Annual Report
	CCGC1920-41	HSMR Update
	CCGC1920-42	ISD Publication of National Audit Report Scottish Stroke Improvement Programme
	CCGC1920-43	Sharing Intelligence for Health and Care Groups Annual Report 2018-19
	CCGC1920-44	Person Centred Visiting Policy
	CCGC1920-45	Pharmacy Annual Report
	CCGC1920-46	Complaints Performance Report June 19

	CCGC1920-47	Winter Plan
	CCGC1920-48	Chief Social Work Officer's Annual Report
	CCGC1920-49	Orkney Community Justice Partnership Annual Report
<b>29/01/2020</b>	CCGC1920-50	Clinical and Care Governance Committee Terms of Reference
	CCGC1920-51	Clinical and Care Governance Committee Risks Controls and Assurance Framework
	CCGC1920-52	Clinical Strategy
	CCGC1920-53	Quality and Safety Group Chair's Report
	CCGC1920-54	Significant Adverse Event Update
	CCGC1920-55	Elective Care Access Update
	CCGC1920-56	Six monthly Report on Adults with Incapacity
	CCGC1920-57	Healthcare Staffing Programme
	CCGC1920-58	Mental Health Update
	CCGC1920-59	SAS Issues Update
	CCGC1920-60	Radiation Incidents Update
	CCGC1920-61	Complaints and Feedback Performance Report Quarter 2 - December 2019
	CCGC1920-62	Scottish Public Services Annual Letter
	CCGC1920-63	Detect Cancer Early
	CCGC1920-64	Chief Social Work Officer's Quarterly Report
	CCGC1920-65	Children's Services Inspection Report

## Appendix 4

### Clinical and Care Governance Committee Business Cycle / Work Plan 2019/20

Month	Agenda Item	Lead Officer
April	Committee Annual Report  Quality and Safety Group Annual Report  Annual Development Session – review: <ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Business cycle / work plan</li> <li>• Committee Self Assessment</li> </ul> Orkney Community Justice Partnership  Dementia Diagnosis Rates six monthly report	Chair  Quality and Safety Group Chair  Chair  Chief Social Work Officer  Chief Officer
July	Patient Feedback Annual Report  Fitness to Practice Annual Report – assurance from Staff Governance Committee Six monthly report on Adults with Incapacity Learning from Clinical Incidents Annual Report Duty of Candour Annual Report	Head of Transformational Change and Improvement Staff Governance Committee Chair  Director of Nursing, Midwifery & AHP Medical Director  Director of Nursing, Midwifery & AHP
October	Infection Control Annual Report Equality and Diversity Annual Report  Winter Plan  Pharmacy Annual Report Chief Social Workers Annual Report Corporate Parenting Plan Review Dementia Diagnosis Rates six monthly report	Medical Director Equality & Diversity Manager NHS Grampian Head of Transformational Change and Improvement Director of Pharmacy Chief Social Worker Chief Officer Chief Officer
January	15 Steps report  Six monthly report on Adults with Incapacity	Head of Transformational Change and Improvement Director of Nursing, Midwifery & AHP

## **Clinical and Care Governance Committee Standing Agenda Items**

- Minutes
- Action Log
- Policy
- Quality and Safety Group Chair's exception report and minutes of meetings
- Area Drugs and Therapeutics Committee Chair's report and minutes
- eHealth Group Chair's Report and Minutes
- Medicines Management
- Elective Care Access
- Quality of Care Measurement and monitoring report
- Chief Social Work Officer's Quarterly Report and minutes of meetings of:
  - The Social Work & Social Care Governance Group
- Corporate Risk Register
- Adults with Incapacity – Quarterly Audit Reports
- Patient Experience Quarterly Reports
- Significant Adverse Event Report
- Risks to be escalated to Audit Committee
- Emerging Issues
- Committee Evaluation

## **Ad Hoc Matters**

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- Ombudsman Reports
- Quality Improvement Hub Strategy Deployment Matrix – exception reports
- Significant event reports from other NHS employers
- High level reporting on significant service changes which have patient implications
- Approving changes to the operational arrangements for sub groups that feed into the committee e.g. terms of reference for the Steering Group, operational clinical governance groups
- In times of active flu pandemic the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

## **Set Agenda Items For Annual Development Sessions**

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self assessment process, minutes and administration arrangements)

- Agree development plan for future

**April 2019**

## NHS Orkney Board

**Date of Meeting:** 25 June 2020

**Subject:** Staff Governance Committee Annual Report for year 2019/2020

### Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

<b>Purpose</b>	To seek approval of the Staff Governance Committee Annual Report for year 2019/2020
<b>Recommendation</b>	The Committee is asked to review, propose changes to and approve the Annual Report for year 2019/2020
<b>Executive Sponsor</b>	Chief Executive
<b>Author</b>	Caroline Evans Chair – Staff Governance Committee
<b>Contact details</b>	<a href="mailto:caroline.evans25@nhs.net">caroline.evans25@nhs.net</a> 888031
<b>Date</b>	26 February 2020
<b>Supporting Documents</b>	Staff Governance Committee Annual Report for year 2019/2020



### 1 NHS Orkney Staff Governance Committee

#### Background

##### 1.1 Staff Governance is defined as

**“a system of corporate accountability for the fair and effective management of all staff”**

##### 1.2 The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. NHS Orkney recognises the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with both their job, their team, and their organisation. Not only will achieving such an outcome have a positive impact on organisational performance, and therefore on quality of service provision, but it is also an important component of providing all employees with dignity at work.

The Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained and developed;
- involved in decisions which affect them;
- treated fairly and consistently with dignity and respect, in an environment where diversity is valued; and
- provided with an improved and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;
- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

##### 1.3 In the performance year 2019/2020, NHS Orkney’s Staff Governance Committee continued its monitoring activities related to corporate objectives and themes. The Committee members recognised their obligations to support a culture within NHS Orkney where the delivery of the highest possible standard of staff management is understood to be the

## 7.1.4

responsibility of everyone working within the organisation and is built on the principles of partnership.

The Staff Governance Committee has ensured that it is kept up to date on changes being implemented throughout the organisation affecting staff through service redesign, through Partnership Forum minutes and through the opportunity at each meeting for partnership representatives to make the Committee aware of any significant staff governance issues emerging.

### 1.4 Membership of the Staff Governance Committee is as follows:

#### **Committee Chair**

Caroline Evans

#### **Committee Members**

Fiona MacKellar, Vice chair – Employee Director  
Gerry O'Brien, Chief Executive  
Annie Ingram, Director of Workforce – LEAD  
Issy Grieve, Non Executive Director  
Kate Smith, Partnership Representative  
Chris Werb, Staff Representative (up to 31 August 2019)  
David Drever Non Executive Director  
David McArthur, Director of Nursing, Midwifery, Allied Health Professions and Acute Services

#### **Deputies**

None noted.

#### **Officer Attendees**

Ashley Catto, Human Resources Manager  
Julie Colquhoun, Head of Corporate Services

Other Officers of the Board including the Medical Director will also be invited to attend for specific agenda items as required

The Staff Governance Committee Terms of Reference is attached as **Appendix 1** and attendance list at **Appendix 2**.

## **2. Meetings held during period covered**

29 May 2019  
28 August 2019  
27 November 2019  
26 February 2020

- 2.1 The work of the Committee was set around key elements of the Staff Governance Standards. The Committee Risks Controls and Assurance Framework is attached as **Appendix 3**. The annual business cycle is key to the efficient working of the Committee and is attached as **Appendix 4** – the detail of business items is attached as **Appendix 5**.

### **3 Business Plan**

The Business Plan / Work Plan for 2019/2020 is attached as **Appendix 6**. Assurance that Partnership Forum operates within its terms of reference is provided through receiving the minutes of all Partnership Forum meetings and, although a substantive Governance Committee of the Board, the Remuneration Committee provides its Annual Report, for information, to enable the Committee to provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

### **4 Action Plan and Progress**

The Staff Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

### **5 Annual Performance Review / Development Session**

The Staff Governance Committee reviewed its Terms of Reference, Business Plan and Risks, Controls and Assurance Framework at the meeting on 22 January 2020 to ensure that all areas within the Committee remit were being reported on appropriately. The Committee also reviewed its performance over the year to identify any areas for improvement.

### **6 Risks and Risk Mitigation**

The Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed, and agrees any issues to be escalated to the Audit Committee or Board.

### **7 Successes Overseen by Committee**

The Staff Governance Committee has been successful in meeting the following achievements during the period covered:

- Good progress made towards strengthening and clarifying Staff Governance Committee function and providing active leadership
- Acknowledgement on the positive work of HR and OD in the success of the staff conference and the ongoing work to support staff around

enabling a respectful workplace in line with the Staff Governance Standards

- Raising to the Board the impact of vacancies to staff, with staff standing up to cover vacancies by working extra hours and duties, resulting in staff working over and above normal requirements across all areas
- Scrutiny of staff issues being raised by the Area Partnership Forum

### 8 Concerns

The main concerns of the Committee were around:

- Not having a HR Director available to attend Staff Governance Committee meetings, due to unforeseen circumstances, to advise on director level HR activities throughout the year.
- The ongoing problems in ability to recruit to vacant positions and the associated issues with the extra demand on staff health and welfare to cover vacancies
- Lower response rate to imatter survey than expected. However, it had been anticipated that there would be an earlier entry date into the new facility, which would have avoided the dates for the two clashing. Early entry did not occur resulting in the timings coinciding.

### 9 Issues raised to Board and Governance Committees

#### Board

- Submission of the Staff Governance Committee Monitoring Return
- Equal Pay Report
- Action requested from the Staff Governance Committee in raising awareness on harassment and bullying
- Staff Governance Standards – review of assurance reporting
- iMatter Report
- Once for Scotland Policy updates
- Quarterly Workforce reports

The Committee receives feedback at each meeting on issues that have been raised to the Board.

### 10 Cross Committee Assurance

None noted.

### 11 Best Value


The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board. The Committee has taken a systematic approach to self evaluation and continuous improvement in performance and outcomes.

### 12 Conclusion

As chair of the Staff Governance Committee during the period covered, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at the meetings of the Committee has allowed us to fulfil our remit as far as possible as detailed in the Code of Corporate Governance.

As a result of this work I can confirm that adequate and effective Staff Governance arrangements were in place throughout NHS Orkney during the year.

My thanks to all members, attendees and administrative support staff for their contributions to the work of the Committee over the past year.



Caroline Evans, Chair  
On behalf of the NHS Orkney Staff Governance Committee

### **Staff Governance Committee**

#### **Purpose**

The NHS Reform (Scotland) Act 2004 requires the Board to put, and keep, in place arrangements for the purpose of —

- (a) Improving the management of the officers employed by it;
- (b) Monitoring such management; and
- (c) Workforce planning.”

It further requires all NHS Scotland employers to ensure the fair and effective management of staff.

NHS Scotland recognises the importance of Staff Governance as a feature of high performance which ensures that all staff have a positive employment experience. Standards have been agreed and set down for NHS organisations which state that staff should be:

- Well informed
- Appropriately trained and developed
- Involved in decisions that affect them
- Treated fairly and consistently
- Provided with a safe and improved working environment

The role of the Staff Governance Committee is to advise the Board on these responsibilities by:

- Ensuring scrutiny of performance against the individual elements of the Staff Governance Standards
- Ensuring effective workforce planning arrangements are in place
- Reviewing and signing off data collected during annual Staff Governance monitoring
- Reviewing and monitoring Staff Experience Engagement Index Data and improvement plans.
- Seeking assurance from data and information provided in reports to the Committee.

#### **Composition**

Four Non-Executive Members including Employee Director plus two lay representatives from trade unions and professional organisations nominated by the Partnership Forum

Chief Executive

Director of Workforce, or Deputy – Lead for Committee

## 7.1.4

Director of Nursing, Midwifery, Allied Health Professions and Acute Services

### **Attendance:**

In addition, there will be in attendance:

- Head of Corporate Services
- Local Human Resources Staff as required for specific agenda items

Other Officers of the Board including the Medical Director will also be invited to attend for specific agenda items as required.

### **Quorum:**

Meetings of the Committee will be quorate when two non-executive Board members, one executive member and one lay representative from union and/or professional body or deputy are present.

It will be expected that another non-executive Board Member or lay representative will deputise for a member of the Committee at any meeting when required.

### **Meetings:**

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

### **Responsibilities**

The Staff Governance Committee shall have accountability to the Board for:

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard is being achieved;
- Monitoring and evaluating strategies and implementation plans relating to people management;
- Support policy amendment, funding or resource submissions to achieve the Staff Governance Standards;
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum;
- Review and approve workforce plans, thereby ensuring capability and capacity to deliver services;
- Monitor the progress of the Area Partnership Forum through joint Chair reports to each Committee and an annual Report to the Board;
- Seek assurance on the timely submission of all Staff Governance information required for providing national monitoring arrangements;

## 7.1.4

- Provide Staff Governance information for the governance statement through the Staff Governance Committee Annual Report:
- Review corporate risks relating to staff and workforce issues; and seek assurance that risks are minimised/mitigated;
- Whistle blowing – Seek assurance that a framework is in place to ensure that staff can safely raise concerns where they are witness to risk, malpractice or wrongdoing that affects others and review its implementation;
- Review performance, effectiveness and Terms of Reference of the Committee on an annual basis.

### **Best Value**

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Orkney NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive, as accountable officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

### **Authority**

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, is authorised to seek any information it requires from any employee.

In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney to attend meetings.

The External Auditor and Chief Internal Auditor shall have the right of direct access to the Chair of the Staff Governance Committee.

### **Reporting Arrangements:**

- The Staff Governance Committee reports to Orkney NHS Board
- Approved minutes of the Staff Governance Committee will be presented to the NHS Orkney Board
- The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Committee
- The Staff Governance Committee will produce an annual report for presentation to the Audit Committee and Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Audit Committee that the committee has met its remit during the year.
- The Staff Governance Committee will receive the Remuneration Committee Annual Report for information, while remaining a substantive standing Committee of the Board itself, to enable the Committee to



## 7.1.4

provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

**Updated April 2019**

# 7.1.4

## Appendix 2

### NHS Orkney - Staff Governance Committee Attendance Record - Year 1 April 2019 to 31 March 2020:

Name:	Position:	29 May 2019	28 August 2019	27 November 2019	26 February 2020
<b>Members:</b>					
C Evans	Chair	Attending	Attending	Apologies	Attending
F MacKellar	Vice Chair	Attending	Attending	Attending	Attending
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending
A Ingram	Director of Workforce (NHS Grampian)	Apologies			
C Werb	Staff Representative	Attending	Apologies		
K Smith	Partnership Representative	Attending	Attending	Attending	Attending
D McArthur	Director of Nursing, Midwifery and AHPs	Attending	Attending	Apologies	Attending
I Grieve	Non Executive Board Member	Apologies	Apologies	Attending	Attending
D Drever	Non Executive board Member	Apologies	Attending	Attending	Attending
<b>In Attendance:</b>					
A Catto	Human Resources Manager	Apologies	Attending	Attending	Attending
J Colquhoun	Head of Corporate Services	Apologies	Attending	Attending	Attending
<b>Deputising:</b>					
	Denotes no Attendance Required				
<b>Attending for specific agenda item</b>		S Coull N Firth			M Roos J Taylor

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## Appendix 3

### NHS Orkney Staff Governance Committee Risk, Controls and Assurance Framework

#### A system of corporate accountability for the fair and effective management of all staff

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. Key elements of corporate governance relate to the management of organisation performance, including financial performance. In NHS Orkney some aspects of Corporate Governance are delivered through the Staff Governance Committee. The Staff Governance Committee is responsible for oversight of staff governance within NHS Orkney and for assuring the Board that the necessary systems and structures are in place and working. This document aims to set out the principal objectives of the Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Committee's controls and assurances that will be closed through actions within the Committee's annual business cycle/work plan.*

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
<b>Well Informed</b> Ensuring that staff have access to the information required to deliver safe services.	Failure to provide all staff with access to accurate, consistent and timely information about NHS Orkney and Orkney Health and Care	<ul style="list-style-type: none"> <li>Communication and Engagement Strategy</li> <li>Adhering to the Staff Governance Standards as measured by iMatter and the Staff Governance annual return.</li> </ul>	Annual assurance provided to SGC of adherence to Staff Governance Standards.  Monitoring staff policy reviews to ensure that policies have been updated in accordance with Once for Scotland direction and are fit for purpose.  iMatter Board Report and feedback	
	Failure to provide two-way communication flows results in staff	<ul style="list-style-type: none"> <li>Communication and Engagement Strategy</li> </ul>		

## 7.1.4

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
	concerns not being heard.	<ul style="list-style-type: none"> <li>Adhering to the Staff Governance Standards as measured by iMatter and the Staff Governance annual return.</li> </ul>	Annual assurance provided to SGC of adherence to Staff Governance Standards.  iMatter Board Report and feedback	
	Communications systems are not available to all staff resulting in some people being excluded from communication.	<ul style="list-style-type: none"> <li>Communication and Engagement Strategy.</li> <li>Adhering to the Staff Governance Standards as measured by iMatter and the Staff Governance annual return.</li> </ul>	Annual assurance provided to SGC of adherence to Staff Governance Standards.  iMatter Board Report and feedback	
	Failure to ensure all staff have access to a range of communication mechanisms	<ul style="list-style-type: none"> <li>Access to IT systems</li> <li>Appropriate training</li> </ul>	Annual assurance provided to SGC of adherence to Staff Governance Standards.  iMatter Board Report and feedback	
<b>Appropriately Trained and Developed</b>  Ensuring that our staff have equal access to learning, education and development opportunities to enable them to deliver safe services	Failure to provide appropriate training, development and education resulting in failure to meet patient safe and effective care.	<ul style="list-style-type: none"> <li>Learning and Development Strategy</li> <li>Annual Learning and Development plan</li> <li>Organisational Development Plan</li> </ul>	That the Learning and Development strategy is being implemented and that the annual Learning and Development plan is delivered. Demonstrated by: - <ul style="list-style-type: none"> <li>Sign off of the Corporate Learning and Education Plan</li> <li>6 monthly updates on progress on Learning and Education Plan.</li> </ul>	
	Failure to provide all staff with a regular, effective Personal Development Plan (PDP) and review discussion, in order to appraise past performance and identify any necessary learning and development opportunities via TURAS	<ul style="list-style-type: none"> <li>Six monthly updates on implementation.</li> </ul>	Annual audit of staff who have received a performance review and have a personal development plan. Results reported to SGC as part of Turas reporting	

## 7.1.4

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
	Failure to provide all staff with equity of access to training, irrespective of working arrangements or profession, and without discrimination on any other grounds	<ul style="list-style-type: none"> <li>Quarterly update to APF</li> <li>Equality monitoring of those attending training</li> <li>iMatter questionnaire</li> </ul>	Annual report to SGC of the Learning Equality data  iMatter Board Report	
	Failure to offer adequate induction results in staff working unsafely	<ul style="list-style-type: none"> <li>Provision of Corporate and departmental Induction programme</li> <li>Evaluation of Corporate and departmental Induction</li> </ul>	6 monthly reporting on corporate induction "best start" compliance.	
	Failure to implement national learning, education and development strategies results in NHSO not exploiting nationally developed opportunities	<ul style="list-style-type: none"> <li>O D and Learning to identify national learning, education and development strategies and monitor progress</li> </ul>	SGC to receive regular updates on the key national strategies.  Reviewing service provision from NHS NES	
<b>Involved in Decisions</b>	The Partnership structure is not well embedded resulting in failure to involve staff in decisions that affect them.	<ul style="list-style-type: none"> <li>Active Area Partnership Forum</li> </ul>	Review of minutes of Area Partnership Forum	
	Service redesign and organisational change is not developed in partnership resulting in staff having no sense of ownership for changes.	<ul style="list-style-type: none"> <li>APF being updated on key changes and developments that need staff engagement and obtaining regular updates from the Lead Officers on the impact of the changes.</li> <li>Organisational policies and procedures being followed.</li> </ul>	Demonstrated by updates to the SGC outlining partnership involvement through Partnership Forum minutes.	
	Failure to properly engage staff results in a demotivated workforce	<ul style="list-style-type: none"> <li>Continued Implementation of i-matter including action planning</li> </ul>	iMatter Board Report	

## 7.1.4

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
	and turnover.	and delivery of agreed actions.		
	Failure to develop and deliver a workforce plan results in NHSO being unable to deliver services.	<ul style="list-style-type: none"> <li>Development of annual workforce plan and action plan</li> <li>Contributing to the Regional Workforce plan</li> </ul>	<p>That NHSO is planning its future workforce requirements demonstrated by: -</p> <ul style="list-style-type: none"> <li>SGC reviewing and signing off the workforce plan.</li> <li>SGC receiving regular updates on progress with implementing the action plan.</li> </ul>	
<b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where diversity is valued</b>	Failure to implement Once for Scotland and PIN guidelines results in employment arrangements in NHSO being less favourable to NHS Scotland resulting in potentially demotivated staff and turnover.	<ul style="list-style-type: none"> <li>Notification of Once for Scotland and PINs is received through Scottish Government circulars, these will be circulated to the APF for comment and implemented in accordance with national agreements.</li> </ul>	<p>That all Once for Scotland and PIN Guidelines are fully implemented in NHSO demonstrated by: -</p> <ul style="list-style-type: none"> <li>Evidence of Once for Scotland and PIN Guideline documents being discussed at APF and brought to the SG.</li> <li>NHSO policies arising from Once for Scotland and PIN Guidelines being noted/approved on behalf of the Board by the SGC</li> <li>Annual report on Once for Scotland and PIN Guideline implementation including pre and post employment checks policies and procedures are working resulting in staff possessing and maintaining qualifications, registration and accreditation required</li> </ul>	
	Failure to put in place adequate HR policies results in staff being treated unfairly and exposes NHSO to legal challenge.	<ul style="list-style-type: none"> <li>Implementation of Once for Scotland Policies and PIN Guidelines in accordance with national direction.</li> </ul>	<ul style="list-style-type: none"> <li>NHSO policies arising from Once for Scotland and PIN Guidelines being noted/approved on behalf of the Board by the SGC</li> </ul>	

## 7.1.4

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
		<ul style="list-style-type: none"> <li>Monitoring changes to employment law</li> </ul>		
	Failure to manage organisational change well results in perceived lack of security of employment.	APF being consulted on key changes and developments that need careful management and requesting regular updates from the Lead Officers on the impact of the changes.	<ul style="list-style-type: none"> <li>. Demonstrated by updates to the SGC outlining partnership involvement through Partnership Forum minutes</li> <li>Quarterly Workforce Report shows redeployment activity</li> </ul>	
	Pay and terms and conditions are not applied fairly or equitably resulting in staff feeling demotivated and NHSO being exposed to legal challenge.	<ul style="list-style-type: none"> <li>Integrated Agenda for Change matching process embedded</li> <li>Agenda for Change or Hospital Medical and Dental Terms and Conditions implemented.</li> <li>GMS and GDS contracts follow national guidelines</li> <li>All pay awards adhered to as per CEL</li> </ul>	<ul style="list-style-type: none"> <li>Annual audit of Executive Cohort reported to Remuneration Committee.</li> <li>Any Terms and Conditions out with AFC, Hospital Medical and Dental, GMS or GDS to be exceptionally approved in accordance with NHS Orkney's Standing Financial instructions.</li> </ul>	
<b>Provided with a continuously Improving and Safe Working Environment, promoting the health and wellbeing of staff, patients and the wider community</b>	Failure to put adequate Occupational Health and Safety arrangements in place results in higher levels of sickness absence.	<ul style="list-style-type: none"> <li>Monthly Departmental review of sickness absence data</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly reporting on Sickness absence via quarterly Workforce Report.</li> </ul>	
	Failure to ensure staff feel it is safe and acceptable to speak up without wrongdoing or malpractice within the organisation	<ul style="list-style-type: none"> <li>Whistle Blowing Policy including <ul style="list-style-type: none"> <li>Whistle blowing Champion</li> <li>National Whistle Blowing helpline</li> <li>Confidential Contacts</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Monitoring staff policy review cycle to ensure that policies have been updated and are fit for purpose</li> <li>Quarterly report on use of policies (including Whistle Blowing Policy) in Workforce Report</li> <li>Quarterly report on staff profile including policy usage in Workforce Report</li> </ul>	
	Failure to proactively inform and support staff to manage and	<ul style="list-style-type: none"> <li>Staff Health and Wellbeing Strategy</li> </ul>	<ul style="list-style-type: none"> <li>6 monthly report on progress of implementation</li> </ul>	

## 7.1.4

<b>Principal Objectives</b> (What we aim to deliver)	<b>Principal Risks</b> (What could prevent this objective being achieved)	<b>Key Controls</b> (What controls and systems do we have in place to assist us in delivering our objective)	<b>Assurance on Controls</b> (Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)	<b>Gaps in Controls and Assurance</b> (Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)
	maintain their health, and to manage ill health		<ul style="list-style-type: none"> <li>HWL Gold Award and attainment of the HWL Mental Health commendation award</li> </ul>	
	Failure to implement national health and safety arrangements results in NHSO staff experiencing a less safe working environment than their colleagues in NHS Scotland.	<ul style="list-style-type: none"> <li>Exception reports from Health and Safety Committee if there are any staff incidents</li> </ul>	<ul style="list-style-type: none"> <li>SGC receive exception reports from Health and Safety if there are any staff incidents.</li> </ul>	



## 2019/20 Staff Governance Committee Work Plan

Area of Committee Remit	Specific Actions that the Committee will take	Lead Officer	Date
<b>Well Informed:</b> Ensuring that staff have access to the information required to deliver safe services.	Monitor the effectiveness of the Communication Strategy through iMatter Board Report and feedback.	Head of Organisational Development and Learning	February
	Annual assurance provided of adherence to Staff Governance Standards through annual return.	Human Resources Manager	May
<b>Appropriately Trained and Developed:</b> Ensuring that all staff have equal access to learning and development opportunities.	Monitor the effectiveness of Educational Steering Group as a means of prioritising and coordinating learning and education activity by signing off the 2019 / 2020 Corporate Learning Plan and being provided with six monthly updates on progress on the Learning and Education Plan.	Head of Organisational Development and Learning	May November
	Annual audit of staff that have received a performance review and have a personal development plan. Reported as part of Turas reporting	Head of Organisational Development and Learning	May
	Ensure that the Board is complying with staff related equality and diversity legislation by receiving an audit of the ethnic backgrounds of job applicants at the application, short listing and successful stage, the ethnic breakdown of disciplinary and grievance cases and the ethnic breakdown of promotions.	Human Resources Manager	August
	Six monthly reporting on corporate induction "best start" compliance.	Head of Organisational Development	August

## 7.1.4

Area of Committee Remit	Specific Actions that the Committee will take	Lead Officer	Date
		and Learning	
	Regular updates on key national learning, development and education strategies.	Head of Organisational Development and Learning	May August November February
<b>Involved in Decisions</b>	Review of minutes of Area Partnership Forum	Employee Director	May August November February
	Review of iMatter Board Report	Head of Organisational Development and Learning	August
	Signing off the Workforce Plan and receiving regular updates on progress with implementing the action plan	Head of Organisational Development and Learning	May August November February
<b>Treated Fairly and Consistently</b>	Review of minutes of Area Partnership Forum to ensure discussion re Once for Scotland and PIN Guidelines has taken place.	Employee Director	May August November February
	Noting/approving Once for Scotland and other workforce policies and receiving an annual report on implementation and adherence.	Human Resources Manager	May August November February
<b>Improving and safe working environment:</b> Ensuring that all staff have access to a safe working	Monitor the effectiveness of the Board's Promoting Attendance at Work Policy and ultimately, it's Once for Scotland successor by reporting sickness absence levels and	Human Resources Manager	May August November

## 7.1.4

Area of Committee Remit	Specific Actions that the Committee will take	Lead Officer	Date
environment and that factors that may contribute to safety are addressed.	causes to each meeting through the quarterly Workforce Report.		February
	Staff Health and Wellbeing - 6 monthly reports on progress of implementation	Head of Organisational Development and Learning	May November
	Ensure that follow through action is taken on all staff related incidents recorded on the incident recording system by receiving exception reports to include staff incidents, learning and action taken.	Head of Organisational Development and Learning	As appropriate May August November February
<b>Workforce Planning</b>	Ensure that the Board has robust workforce planning arrangements in place by overseeing the development of the Board's workforce plan.	Director of Workforce / Head of Organisational Development and Learning	November
<b>Other governance and assurance processes</b>	Review the effectiveness of the Committee by undertaking an annual self-assessment review and development event.	Chair	May
	Provide assurance to the NHS Orkney Board through the development and agreement of an annual report of the Committee's activities.	Chair	June
	Ensure compliance with the Scottish Government Health Directorate Staff Governance self-assessment and audit processes by receiving regular updates on requirements.	Director of Workforce	February May November

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## Appendix 5

### Staff Governance Committee - Record of Business 2019/2020

Date	Paper Number	Title
<b>29 May 2019</b>	SGC1920-01	Remuneration Committee Annual Report 2018/19
	SGC1920-02	Area Partnership Forum Annual Report 2018/19
	SGC1920-03	Staff Governance Standard Monitoring Framework 2018/19
	SGC1920-04	Committee Annual Review Documentation
	SGC1920-05	Annual Nursing Revalidation Report
	SGC1920-06	NHS Orkney Equal Pay Monitoring Report
	SGC1920-07	Report on status of Once for Scotland Policies
<b>28 August 2019</b>	SGC1920-08	Workforce Report
	SGC1920-09	Annual Audit of Compliance with Locum Appointment Arrangements
	SGC1920-10	Partnership Forum Chairs Report
	SGC1920-11	Annual Report on Workforce Equality Measures
	SGC1920-12	Report on status of Once for Scotland Policies
	SGC1920-13	Board iMatter Report
	SGC1920-14	Sturrock Report
	SGC1920-15	Staff Governance Standards
<b>27 November 2019</b>	SGC1920-16	Annual Report on Corporate Training, previous years Learning and Development activity; Organisational Development
	SGC1920-17	Occupational Health and Safety Constitution
	SGC1920-18	iMatter Report
	SGC1920-19	Well Informed
	SGC1920-20	Appropriately Trained and Developed
	SGC1920-21	Partnership Forum Chairs Report
	SGC1920-22	Report on status of Once for Scotland Policies
	SGC1920-23	Occupational Health and Safety Chairs Report
	SGC1920-24	Information Governance Chairs Report
	SGC1920-25	Workforce Report
<b>26 February 2019</b>	SGC1920-26	Draft Staff Governance Committee Annual Report 2019/20
	SGC1920-27	Staff Governance Monitoring Return 2018/19
	SGC1920-28	Communication Strategy
	SGC1920-29	HRD Update
	SGC1920-30	Human Resources / Occupation Health Services at NHS Orkney
	SGC1920-31	EU Withdrawal Update
	SGC1920-32	Medical Appraisal Revalidation QA Report 2019
	SGC1920-33	Partnership Forum Chairs Report
	SGC1920-34	'Once for Scotland' Policies and report on status of PINs and Progress against Human Resources Policy Timetable
	SGC1920-35	National Whistleblowing Standards

## 7.1.4

Date	Paper Number	Title
	SCG1920-36	Health and Social Care Staff Experience Report
	SCG1920-37	Occupational Health and Safety Report
	SCG1920-38	Information Governance Chairs Report
	SCG1920-39	Integrated Health and Social Care – Workforce Planning for Scotland: Guidance
	SCG1920-40	Staff Governance Risk Report
	SGC1920-41	Committee Annual Review

### **NHS Orkney Board**

**Date of Meeting:** 25 June 2020

**Subject:** Remuneration Committee Annual Report for year 2019/20

### **Executive Summary**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts. The Remuneration Committee's Annual Report provided to the Board is part of this process.

<b>Purpose</b>	To seek approval of the Remuneration Committee Annual Report for year 2019/20
<b>Recommendation</b>	The Committee is asked to review, propose changes to and approve the Annual Report for year 2019/20
<b>Executive Sponsor</b>	Chief Executive
<b>Author</b>	David Drever Interim Chair
<b>Contact details</b>	<a href="mailto:david.drever@nhs.net">david.drever@nhs.net</a> c/o 888004
<b>Date</b>	Date of meetings to be added
<b>Supporting Documents</b>	Remuneration Committee Annual Report for year 2019/20

## 1 NHS Orkney Remuneration Committee

### 1.1 Composition

During the financial year 1 April 2019 to 31 March 2020 membership of the Remuneration Committee comprised of:

- 3 Non Executive Directors – one being the Employee Director

#### Committee Chair

Ian Kinniburgh, Chair (until 30 November 2019)  
David Drever, Interim Chair (from 1 December 2019)

#### Committee Members

James Stockan, Vice Chair  
Davie Campbell, Non Executive Board Member, from 1 March 2020  
Meghan McEwen, Non Executive Board Member, until 29 February 2020  
Fiona MacKellar, Employee Director

#### Officer Attendees

Annie Ingram, Director of Workforce – Lead, until 31 March 2020  
Gerry O'Brien, Chief Executive  
Ashley Catto, Human Resources Manager, until 31 March 2020

The Remuneration Committee Terms of Reference is attached as **Appendix 1**.

## 2 Meetings held during period covered

The Committee has met on four occasions during the period 1 April 2019 to 31 March 2020, on the undernoted dates:

4 July 2019  
25 July 2019  
19 November 2019  
23 January 2020

The Attendance List is attached as **Appendix 2**

## 3 Business Plan

All business of the Committee has been conducted in private session.

The Remuneration Committee has an agreed business cycle and work plan and has worked to this cycle throughout the year. This has helped to structure the meetings to include the relevant work at the right time and ensure that all business scheduled for the year has been completed. The

## 7.1.5

business cycle and workplan for 2019/20 and record of business considered are attached as **Appendices 3 and 4**.

### **4 Action Plan and Progress**

The Remuneration Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee. There are currently no outstanding actions.

### **5 Risks and Risk Mitigation**

The Committee has a Risks, Controls and Assurance Framework, attached as **Appendix 5**, which is reviewed annually.

### **6 Successes**

The Remuneration Committee has been successful in addressing the historical backlog in Consultant Discretionary Point allocations (to 2018/19) and putting in place a robust mechanism for ensuring applications from 2019/20 are dealt with appropriately.

The performance appraisal process for Executive Directors has been concluded successfully and signed off by the National Performance Management Committee for approval by the Cabinet Secretary.

The objective setting process has continued to evolve to more closely match individual objectives to Corporate and National priorities.

A training session for Members was completed during the year to ensure Non-Executives were sighted on all the technical issues associated with the work of the Committee.

### **7 Concerns**

The Committee had no issues of concern during the year.

### **8 Annual Performance Review / Development Session**

The Chair, Human Resources Manager, Head of Organisational Development and Learning and Corporate Services Manager reviewed the Committee Terms of Reference, Business Plan and Risks, Controls and Assurance Framework on the 21 January 2019 to ensure that all areas within the Committee remit were being reported on appropriately. The amended documents were then circulated to all committee members for approval.

A Committee effectiveness self evaluation questionnaire will also be issued and the outcomes reported to the next meeting.

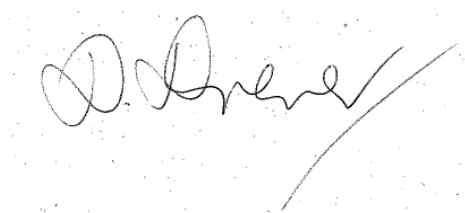


### 9 Conclusion

As Chair of the Committee during the period covered, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, ensuring best value, and the range of attendees at the meetings of the Committee has allowed us to fulfil our remit as far as possible as detailed in the Code of Corporate Governance.

As a result of the work undertaken during the period this report covers, I can confirm that adequate and effective scrutiny and monitoring arrangements were in place throughout NHS Orkney.

Signed

A handwritten signature in black ink, appearing to read 'D. Drever', with a long, sweeping horizontal stroke extending to the right.

David Drever, Interim Chair  
On behalf of the NHS Orkney Remuneration Committee  
19 May 2020

### **Remuneration Committee – Terms of Reference**

#### **Purpose:**

NHS Orkney is required to have a Remuneration Committee (herein referred to as the Committee) whose main function is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government.

In this regard, the Committee is a standing committee of the Board and will act with full authority in relation to the matters set out in its Role and Remit (detailed below). It will be required to provide assurance to the Board Staff Governance Committee (see separate constitution) that systems and procedures are in place to do so, enabling the overarching staff governance responsibilities to be effectively discharged.

#### **Composition:**

The Remuneration Committee shall consist of:

- The Chair of the Board (who will be the chair);
- Three other Non Executive Members, one of whom should, in normal circumstances, be the Employee Director.

Non Executive Members cannot be members of this Committee if they are independent primary care contractors.

#### **Attendance:**

In addition, there will be in attendance:

- Chief Executive
- Director of Workforce, or deputy, as advisor to the Committee

At the request of the Committee, other Senior Officers also may be invited to attend.

All members of the Remuneration Committee will require to be appropriately trained to carry out their role on the Committee.

No employee of the Board shall be present when any issue relating to their employment is being discussed.

#### **Quorum:**

Meeting of the Remuneration Committee will be quorate when two non-executive members are present, one of whom must be the chair or vice-chair.

Any non-executive Board member, except if they are independent primary care

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contractors, with the agreement of the Chair may deputise for a member of the Committee at any meeting.

### **Meetings:**

The Committee will normally meet at least twice a year, with such other meetings as necessary to conduct the business of the Committee.

Remuneration issues may arise between meetings and will be brought to the attention of the Chair of the Remuneration Committee by the Chief Executive or the Director of Workforce. The Chair may call a special meeting of the Remuneration Committee to address the issue or these may be considered virtually if appropriate.

### **Remit:**

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors of the Board and also to discharge specific responsibilities on behalf of the Board as an employing organisation.

Ensure that arrangements are in place to comply with NHS Orkney Performance Assessment Agreement with Scottish Government direction and guidance for determining the employment, remuneration, terms and conditions of employment for Executive Directors, in particular:

- Approving the personal objectives of all Executive Directors in the context of NHS Orkney's Annual Operational Plan, Corporate Objectives and other local, regional and national policy;
- Receiving formal reports on the operation of remuneration arrangements and the outcomes of the annual assessment of performance and remuneration for each of the Executive Directors.

Undertake reviews of aspects of remuneration and employment policy for Executive Directors (for example Relocation Policy) and, where necessary, other senior managers, for example special remuneration, when requested by NHS Orkney.

When appropriate, in accordance with procedures, consider any redundancy, early retiral or termination arrangement, including Employment Tribunal Settlements (approved by Scottish Government) in respect of NHS Orkney Executive Directors and, after due scrutiny, obtain a separate individual direction to make the actual payment. By exception, other challenging cases, not involving Executive Directors, may be discussed by the Committee, with the approval of the Chair.

In accordance with procedures, approve payment of Discretionary Points to locally employed consultant staff as recommended by the Discretionary Points Committee based upon professional advice and in accordance with current guidance issued by the Scottish Government Health and Social Care Directorates.

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The Remuneration Committee will act as the Discretionary Points committee as required, and may call an additional meeting for this purpose.

### **Confidentiality and Committee Decisions:**

Decisions reached by the Committee will be by agreement and with all members agreeing to abide by such decisions (to the extent that they are in accordance with the constitution of the Committee). All Members will treat the business of the Committee as confidential. The Committee may in certain circumstances decide a voting approach is required with the Chair having a second and casting vote.

### **Minutes and Reports**

The minutes will record a clear summary of the discussions, demonstrating challenge where relevant, and decisions reached by the Committee. The full minutes will be circulated to Committee members and an Annual Report on Committee business will be submitted to the Board.

Cross Committee assurance will be provided/sought if required, through the Chair. This will **not** include the detail of confidential employment issues: these can only be considered by Non-Executive Board Members.

### **Best Value**

The Committee is responsible for reviewing those aspects of Best Value which are delegated to it from NHS Orkney Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value for these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

### **Authority**

The Remuneration Committee is authorised by the Board to investigate any activity within its terms of reference, and in doing so, is authorised to seek any information it requires about any employee.

In order to fulfil its remit, the Remuneration Committee may seek additional professional advice, and it may require Directors or other officers of NHS Orkney to attend meetings, as necessary.

### **Reporting Arrangements**

The Remuneration Committee is required to provide assurance that systems and procedures are in place to manage the responsibilities contained within its remit.

It will do this by providing an annual report of its work to the Board-describing the outcomes from Remuneration Committee during the year and providing an annual assurance that systems and procedures are in place to manage the pay

## 7.1.5

arrangements for all Executive Directors and others under the Executive Cohort pay system so that overarching Staff Governance responsibilities can be discharged.

The Annual Report will be prepared as close as possible to the end of the financial year but in enough time to allow it to be considered by the Board. This is to ensure that the Board is in a position in its Annual Report to provide the annual assurance that systems and procedures are in place to manage the pay arrangements for all staff employed in NHS Orkney.

The annual report will also be provided to the Staff Governance Committee for information.

Approved - January 2019

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## Appendix 2

### NHS Orkney - Remuneration Committee Attendance Record - Year 1 April 2019 to 31 March 2020:

Name:	Position:	4 July 2019	25 July 2019	19 November 2019	23 January 2020
<b>Members:</b>					
I Kinniburgh	Chair	Attending	Attending	Attending	
D Drever	Interim Chair				Attending
J Stockan	Vice Chair	Apologies	Attending	Attending	Apologies
F MacKellar	Employee Director	Apologies	Apologies	Attending	Attending
M McEwen	Non Executive Board Member	Attending	Attending	Apologies	Attending
<b>In Attendance:</b>					
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending
A Catto	Human Resources Manager	Attending	Apologies	Attending	
E West	Corporate Services Manager	Attending	Attending	Attending	Attending
<b>Attending for specific item(s):</b>					
M Roos	Medical Director	Attending			
C Siderfin	Area Medical Committee rep	Observing			
S Coull	Interim Operational Director of Workforce, NHS Grampian				Attending
S Johnston	Non Executive Board Member				Observing
C Evans	Non Executive Board Member				Observing
Deputy	Non Executive Director		D Campbell	I Grieve	D Campbell
<b>Denotes no Attendance Required</b>					

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## Appendix 3

### NHS Orkney Remuneration Committee Business Cycle 2019/20

Month	Agenda Item	Lead Officer
January/ February	<b>Annual Development Session</b>	
	Review the effectiveness of the Committee by undertaking an annual self-assessment review and development event.	Chair
	Produce Remuneration Committee Annual Report to the Board	Chair
	Approve work-plan for future year	Chair
April	Remuneration Committee to act as the Discretionary Points Committee to determine which applicants should receive discretionary points each year in line with NHS Circular PCS(DD)1995/6 (Appendix I) as amended by the SEHD in its letter to Trusts dated 12 January 2000 (Appendix II).	Director of Workforce, or deputy
July	Review formal reports on outcomes of the 2018/2019 annual assessment of performance of the Executive Directors and seek assurance that the process has been carried out robustly for other members of the senior manager cohort.	Chief Executive/Chair
	Report to National Performance Management Committee	Director of Workforce, or deputy
	Review and approve final 2019/ 2020 performance objectives for the Executive Directors with clear evidence that the objectives will deliver the Board's corporate objectives and corporate plan.	Chief Executive/Chair
	Receive and scrutinise report setting out severance payments made during the year to ensure that they are in line with national guidance and receive assurance that no severance payments are being made to Executive Directors without approval	Director of Workforce, or deputy
December	Receive recommendations of the allocation of discretionary points for consultant staff and timetable for progressing	Director of Workforce, or deputy

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Month	Agenda Item	Lead Officer
	Review and approve implementation of the 2018/19 performance related pay (on receipt of NPMC letter) and Discretionary Points for Medical Director.	Chair/ Director of Workforce, or deputy
	Seek assurance that the performance of Executive Directors and senior managers is being actively managed by reviewing reports from the Chair and Chief Executive and seeking assurance that the mid review process has been carried out robustly for other members of the senior manager cohort.	Chief Executive/Chair

### **Standing Items**

- Matters Arising
- Action Log

### **Ad Hoc Matters**

- Executive Director appointment arrangements, job descriptions, starting salaries
- Scottish Government Health Workforce and Performance Directorate guidance and circulars
- Participate in national Remuneration Committee member development workshops.

### Set Agenda Items for Annual Development Session

- Performance self evaluation
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review of Terms of Reference
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Log, self assessment process, minutes and administration arrangements)
- Get development / input on learning areas identified

**Updated and approved January 2019**



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### Appendix 4

#### Record of Business considered during 2019/20

Date of Meeting	Reference	Agenda Item
4 July 2019	RC1920-03	Consultants Discretionary Points 2016/17 and 2017/18
25 July 2019	RC1920-01	2018/19 Executive Directors – Year End Performance Reviews
	RC1920-02	2019/20 Executive Directors – Draft Objectives
	RC1920-04	Severance Payments and Settlement Agreements Report 2018/19
19 November 2019	RC1920-05	2019/20 Executive Directors – Mid Year Performance Reviews
	RC1920-06	Executive Managers Performance Achievement Scores 2018/19
	RC1920-07	Discretionary Point Agreement 2018/19
	RC1920-08	Discretionary Points Timetable 2018/19
23 January 2020	RC1920-09	Remuneration and Provision of Travel and Accommodation of Chief Executive Designate

### NHS Orkney Remuneration Committee Risks, Controls and Assurance Framework

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principles objectives of the Remuneration Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Remuneration Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.*

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
<b>Executive and senior managers are paid fairly and appropriately</b>	NHS Orkney fails to implement a fair and transparent job evaluation system for executive and senior managers.	<ul style="list-style-type: none"> <li>Remuneration Committee members are kept up to date with SGHSCD job evaluation arrangements and guidance contained in HDL(2006)23 and HDL(2006) 59 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager job evaluation arrangements.</li> <li>The Remuneration Committee approves all new and revised executive and senior manager job descriptions.</li> </ul>	<p>NEC outcome letters are on file for all executive and senior managers.</p> <p>The minutes of the Remuneration Committee would provide evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee has received copies of SGHSCD guidance on the national job evaluation system HDL(2006)23 and HDL(2006) 59 and clear reports summarising content and local impact.</li> <li>Committee has received new and revised job descriptions</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<ul style="list-style-type: none"> <li>All new and revised executive and senior manager job descriptions are submitted to the National Evaluation Committee for grading (NEC).</li> <li>The Remuneration Committee receives reports from Director of Workforce on the outcomes from NEC and any pay implications arising from new and revised evaluations.</li> </ul>	<p>for approval.</p> <ul style="list-style-type: none"> <li>Committee has received reports from Director of Workforce showing outcome of gradings and agreed salary implications.</li> <li>Committee has received an annual report listing all executive and senior manager posts, the NEC scores and lettered grading, the pay range, actual salaries and explanations of any variance. Where possible this should be backed up with the Auditors report.</li> </ul>	
	Acting up payments are applied without reference to appropriate guidance or without adequate authorisation.	<ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with SGHSCD guidance on executive and senior manager acting up arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and</li> </ul>	<p>The minutes of the Remuneration Committee would provide evidence that the: -</p> <ul style="list-style-type: none"> <li>Committee received copies of SGHSCD guidance on acting up arrangements and clear reports summarising content and local impact.</li> <li>Committee received report from Director of Workforce on acting up payment</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>senior manager acting up proposals.</p> <ul style="list-style-type: none"> <li>• Remuneration Committee approves all executive and senior managers acting up payments before payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee.</li> </ul>	<p>proposals affecting executive or senior managers and authorised any payments.</p>	
	<p>Start salaries are set without reference to appropriate guidance or without adequate authorisation.</p>	<ul style="list-style-type: none"> <li>• Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on starting salary arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager starting salary arrangements.</li> <li>• Remuneration Committee</li> </ul>	<p>The minutes of the Remuneration Committee would provide evidence that: -</p> <ul style="list-style-type: none"> <li>• The Committee received copies of SGHSCD guidance on start salary arrangements and clear reports summarising content and impact.</li> <li>• The Committee received report from Director of Workforce containing proposal for start salaries</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>approves all new executive and senior manager start salaries before payment.</p> <ul style="list-style-type: none"> <li>Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee.</li> </ul>	and authorised any salaries.	
	<p>Pay increases and non consolidated performance payments are applied without reference to appropriate guidance or without adequate authorisation.</p>	<ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on pay increases and non consolidated payments contained in HDL(2006)23, CEL(2007)4 and CEL(2007)22 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager performance arrangements.</li> <li>Remuneration Committee approves the application or any pay increases or non</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee received copies of SGHSCD guidance on executive and senior manager pay increases and non consolidated performance arrangements and a clear report summarising the content and local impact.</li> <li>The Committee received a report setting out the annual pay increases for executive and senior managers and authorised any increases.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>consolidated payments before payment.</p> <ul style="list-style-type: none"> <li>Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee.</li> </ul>		
	Executive and senior manager relocation expense packages are not adequately controlled.	<ul style="list-style-type: none"> <li>NHS Orkney has a clear relocation expenses policy.</li> <li>Remuneration Committee members are kept up to date with the policy.</li> <li>The Remuneration Committee receives reports on executive and senior manager expense claims that are within policy (i.e. up to £8,000).</li> <li>The Remuneration Committee agrees in advance any relocation expenses packages for executive and senior managers that are greater than £8,000.</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>Any relocation expense packages for executive and senior manager were explicitly identified in the start salary report presented by the Director of Workforce.</li> <li>The Committee received reports on executive and senior manager removal expense claims.</li> <li>The Committee received an annual report setting out the relocation expense packages agreed for</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
			executive and senior managers compared to the actual amount paid.	
	Executive and senior managers' expenses are not adequately controlled.	<ul style="list-style-type: none"> <li>NHS Orkney has a clear policy on expenses that complies with Agenda for Change Handbook.</li> </ul>	<ul style="list-style-type: none"> <li>Payroll control processes are in place to prevent unauthorised payments being processed and if issues raised Committee would be alerted and investigated by Internal Audit as part of work plan</li> </ul>	
Executive and Senior Management recruitment follows Board policies and procedures.	Executive and senior manager recruitment arrangements fail to meet the Board's policies and procedures	<ul style="list-style-type: none"> <li>NHS Orkney has clear policies and procedures on recruitment.</li> <li>Remuneration Committee members are kept up to date with the Board's recruitment policy and procedures and sections of the Code of Corporate Governance that set out recruitment arrangements.</li> <li>Remuneration Committee receives reports from Director of Workforce on all planned executive manager recruitment covering background to vacancy,</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee received recruitment reports for all executive manager vacancies and approved the plans ahead of advertising.</li> <li>The Committee received reports on the costs associated with long-term secondments.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>evidence that post has been evaluated at advertised level, relevant guidance from policy or Code of Corporate Governance, selection tools and interview panel arrangements and proposed advertising method. Committee approve the report prior to advertising.</p> <ul style="list-style-type: none"> <li>Where the Board is proposing to use long term secondments to cover an executive or senior manager vacancy the accommodation and travel costs are identified and reported to the Committee.</li> </ul>		
Any decision to use public money to fund premature retirements severance or redundancy payments stands up to public	NHS ORKNEY agrees severance payments to Executive Directors without reference to appropriate guidance or without adequate	<ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on severance payments set out in Section 16 of Agenda for Change Handbook so that they can provide effective challenge and</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>Remuneration Committee received Agenda for Change Handbook – Section 16 – Redundancy pay</li> <li>Annual audit of severance</li> </ul>	



Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
scrutiny	authorisation or makes unlawful payments	<p>scrutiny to any proposals bought before them.</p> <ul style="list-style-type: none"> <li>• Remuneration Committee receives reports from Director of Workforce on any proposed redundancy or severance settlement to Executive Directors. The reports contain costed options that include all elements of costs e.g. notice.</li> <li>• Committee approval is granted before any payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed.</li> </ul>	<p>payments was conducted.</p> <ul style="list-style-type: none"> <li>• Director of Workforce prepared and presented an annual report for the committee summarising all severance payments that have been made, whether they were approved and whether the amount agreed by the Committee corresponds with the amount paid out.</li> </ul>	
	NHS Orkney oversees, approves and scrutinises severance scheme payments to employees when managing organisational	<ul style="list-style-type: none"> <li>• Remuneration Committee receives reports from Director of Workforce during period of managing organisational change on any proposed redundancy or severance scheme settlements to employees . The reports contain costed options that include all</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>• Remuneration Committee received and approved a Voluntary Severance Scheme.</li> <li>• Remuneration Committee</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	change	<p>elements of costs e.g. notice.</p> <ul style="list-style-type: none"> <li>• Committee approval is granted before any payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed.</li> </ul>	<p>received reports on requests for redundancy, severance and tribunal payments and authorised or rejected payments.</p> <ul style="list-style-type: none"> <li>• Annual audit of severance payments was conducted.</li> </ul>	
	NHS Orkney scrutinises severance payments (premature retirements, severance or redundancy) to employees	<ul style="list-style-type: none"> <li>• Remuneration Committee receives reports from Director of Workforce on any severance payments made to employees, including costs, providing assurance that Agenda for Change terms and conditions have been followed.</li> </ul>	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> <li>• Remuneration Committee received and scrutinised report on annual audit of severance payments.</li> <li>• Annual audit of severance payments was conducted.</li> </ul>	
Executive and senior manager performance is managed in an effective, fair and transparent way	The Chair and Chief Executive fail to identify specific, measurable, attainable, realistic and timely	<ul style="list-style-type: none"> <li>• The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance management arrangements. The guidance complies with</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>• The Remuneration Committee received and approved a document outlining NHS Orkney's</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	performance objectives for their direct reports.	<p>‘Performance Management Good Practice Guide’, PCS(ESM)2013/1.</p> <ul style="list-style-type: none"> <li>• The Board implements and communicates a clear performance management timetable.</li> <li>• The Chair and CEO are trained on the performance management arrangements and system.</li> <li>• The Chair and CEO agree the CEO’s performance objectives for the current performance year by the end of April each year. The CEO and executive team members agree their objectives for the current performance year by the end of April each year.</li> </ul>	<p>approach to implementing the NHS Scotland executive and senior manager performance arrangements.</p> <ul style="list-style-type: none"> <li>• The Remuneration Committee received and approved a performance management timetable.</li> <li>• The Remuneration Committee received assurance that the Chair and CEO had received training on the NHS Scotland executive and senior Manager performance management arrangements and were competent to apply them.</li> <li>• The Remuneration Committee received, challenged and approved the objectives for the CEO and executive managers by the end of July each year.</li> </ul>	
	Executive and senior managers do not buy into the performance management framework.	<ul style="list-style-type: none"> <li>• The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>• The Remuneration Committee received and</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1.</p> <ul style="list-style-type: none"> <li>• The Board implements and communicates a clear performance management timetable.</li> <li>• Executive and senior managers are familiar with the performance management arrangements and system.</li> <li>• The Remuneration Committee challenges, scrutinises and approves the performance objectives for executive managers.</li> </ul>	<p>approved a document outlining NHS Orkney's approach to implementing the NHS Scotland executive and senior manager performance arrangements.</p> <ul style="list-style-type: none"> <li>• The Remuneration Committee received and approved a performance management timetable.</li> <li>• The Remuneration Committee received assurance that the executive managers had received training on the NHS Scotland executive and senior manager performance management arrangements and were competent to apply them.</li> </ul>	
	The executive and senior managers' objectives are not aligned with the Local Delivery Plan, HEAT targets or corporate	<ul style="list-style-type: none"> <li>• The Strategic and Operational Plans and corporate objectives are signed off by April each year to enable the targets to be cascaded to individual's performance objectives by the start of the financial year.</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>• The Committee received a report or presentation from the CEO demonstrating how the strategic and Operational Plans and corporate</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	objectives.	<ul style="list-style-type: none"> <li>The Senior Management Team conducts a mapping session to ensure that all the targets and objectives are captured appropriately within their own and their teams' performance plans.</li> </ul>	objectives were covered within the executive team's performance plan.	
	The Chair and Chief Executive fail to adequately manage their direct reports performance by failing to conduct mid year and annual performance reviews.	<ul style="list-style-type: none"> <li>The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1.</li> <li>The Board implements and communicates a clear performance management timetable.</li> <li>The Chair conducts an interim performance review with the CEO by no later than the end of November each year.</li> <li>The CEO conducts interim</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Chair presented a copy of the CEO's mid-year performance review documentation in December and final appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that it was robust, evidenced and auditable.</li> <li>The CEO presented copies of the executive teams interim performance review documentation in December and final</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>performance reviews with the executive managers by no later than the end of November each year.</p> <ul style="list-style-type: none"> <li>• The Chair conducts an annual performance review with the CEO no later the end of May each year.</li> <li>• The CEO conducts annual performance reviews with the executive managers by no later than the end of May each year.</li> </ul>	<p>appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that they were robust, evidenced and auditable.</p>	
	<p>Performance scores in NHS Orkney are more generous or harsher than other Boards in NHS Scotland.</p>	<ul style="list-style-type: none"> <li>• The Board has clear guidance in place on implementing the Scottish Government executive and senior Manager performance management arrangements. In particular the guidance creates a common understanding of performance category indicators.</li> <li>• Members of the Remuneration Committee provide effective challenge and scrutiny of the assessments provided by</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>• The Committee received a summary of the final performance scores awarded to each objective for the CEO and executive managers.</li> <li>• The Committee received a copy of the data submitted to the National Performance Management Committee.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>the Chair and CEO.</p> <ul style="list-style-type: none"> <li>• The Chair signs off the performance scores as a true record of the position agreed by the Remuneration Committee.</li> <li>• The Board submits its performance scores for review by the National Performance Management Committee.</li> <li>• Remuneration Committee members participate in national and regional workshops provided by the National Performance Management Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee received a copy of any correspondence between the Chair and the National Performance Management Committee.</li> </ul>	
	The Remuneration Committee fails to put in place effective arrangements to provide challenge and scrutiny to the performance management arrangements.	<ul style="list-style-type: none"> <li>• Remuneration Committee members are trained on the Scottish Government executive and senior Manager performance management arrangements.</li> <li>• Remuneration Committee members are kept up to date with SGHWPD guidance on performance by the Director of Workforce</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>• The Committee received copies of SGHSCD guidance on performance management.</li> <li>• Members of the Committee received training on the performance management arrangements.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		circulating revised guidance and providing a report summarising the guidance and the implications.	<ul style="list-style-type: none"> <li>Members attended national and regional workshops and agreed and documented lessons learnt.</li> </ul>	
Disciplinary	The Board fails to manage executive or senior manager disciplinary matters in a fair or effective way.	<ul style="list-style-type: none"> <li>NHS Orkney has a Management of Employee Conduct Policy for dealing with disciplinary matters of all staff</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee was made aware of any disciplinary matter and provided with assurance that this was dealt with in a fair or effective manner.</li> </ul>	
Consultant Discretionary points are allocated in a fair and transparent way	The process for awarding points is flawed and / or unfair.	<ul style="list-style-type: none"> <li>NHS Orkney has a clear process in place for awarding consultant discretionary points.</li> <li>The process complies with national guidance PCS (DD)1995 6</li> <li>Remuneration Committee members are trained on the process.</li> <li>NHS Grampian scores the applications on behalf of NHS Orkney and presents to the Remuneration</li> </ul>	<p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee was made aware of national guidance on the application of consultant discretionary points.</li> <li>The Committee received and approved a process for awarding points that complied with the national guidance.</li> </ul>	



Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		Committee - the decision making body with regard to the allocation of points	<ul style="list-style-type: none"> <li>The Committee received reports from NHS Grampian setting out the scoring of the applications to consider and allocate as appropriate</li> </ul>	
The Remuneration Committee operates effectively	The Remuneration Committee is not properly constituted.	<ul style="list-style-type: none"> <li>NHS Orkney's Remuneration Committee is constituted in line with Annex 3 of MEL (1993) 114</li> <li>It is appointed by the full Board</li> <li>It has agreed terms of reference that comply with the MEL</li> </ul>	<ul style="list-style-type: none"> <li>The existence of up to date terms of reference which have been approved by the Audit Committee and Board.</li> <li>Evidence that the terms of reference were reviewed as part of the annual development session.</li> </ul>	
	The Remuneration Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities.	<ul style="list-style-type: none"> <li>Risk, Controls and Assurance framework that identifies the assurance that the Committee needs and therefore the business cycle of the committee.</li> <li>Agreed business cycle that stipulates the nature and frequency of reports.</li> <li>Agreed templates for summary, job descriptions, NEC outcome, mid-year and annual performance</li> </ul>	<ul style="list-style-type: none"> <li>The existence of the Risk, Controls and Assurance framework</li> <li>The existence of a business cycle</li> <li>The existence of agreed templates.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		review, objectives, relocation expenses, severance and redundancy reports.		
	The Remuneration Committee fails to keep a clear record of decisions taken.	<ul style="list-style-type: none"> <li>• Agreed standard of minute taking</li> <li>• Central electronic copies of all papers and minutes held by Corporate Services</li> <li>• Draft minutes agreed by Chair of Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Annual External Audit report</li> </ul>	
	Decisions are not followed through.	<ul style="list-style-type: none"> <li>• The Committee uses a short-term action log to record and monitor progress against actions.</li> <li>• The Committee explicitly identifies how it will assure itself that decisions have been implemented as part of the self-assessment process.</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of an up to date action log.</li> <li>• Verbal evaluation carried out after each meeting led by Chair.</li> </ul>	
	The Remuneration Committee does not provide adequate	<ul style="list-style-type: none"> <li>• Annual training needs assessment conducted with members.</li> <li>• Core data set outlined in Self Assessment guide</li> </ul>	<ul style="list-style-type: none"> <li>• Completed training needs assessment</li> <li>• Business cycle exists and is used.</li> <li>• Annual development</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	challenge and scrutiny.	<p>made available to each member and updated as guidance changes.</p> <ul style="list-style-type: none"> <li>• Business cycle used to ensure all areas of assurance are covered within an annual cycle.</li> <li>• Annual development session conducted to review performance, review annual report and risks, controls and assurance framework.</li> </ul>	<p>sessions take place.</p> <ul style="list-style-type: none"> <li>• All members have copy of Core Document Set</li> </ul>	
	The Committee's arrangements and performance are not adequately scrutinised by the Board	<ul style="list-style-type: none"> <li>• Full minutes produced and available to Committee members</li> <li>• Annual Report submitted to Board, for assurance and Staff Governance Committee for information.</li> <li>• Annual report providing assurance on all executive pay, grading and recruitment arrangements, severance payments, executive and senior managers expenses and consultant discretionary</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Report to Board for assurance and Staff Governance Committee for information.</li> </ul>	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		points submitted to Board		
	The Committee operates sub optimally because it fails to identify gaps in its performance.	<ul style="list-style-type: none"> <li>The Committee holds an annual development event where it assesses its performance, reviews the risks, controls and assurance framework, addresses development needs identified through the training needs assessment and agrees the development plan for the coming year.</li> </ul>	<ul style="list-style-type: none"> <li>Outcome from Development Session presented to Committee and included in final version of Annual Report</li> </ul>	

Reviewed and approved January 2019

**Not Protectively Marked**

## NHS Orkney Board – 25 June 2020

**Report Number: OHB2021-29**

**This report is for noting**

### **Clinical and Care Governance Committee Chair's Report**

<b>Lead Director Author</b>	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
<b>Action Required</b>	The Board is asked to: 1. <b>Note</b> the report and <b>seek assurance</b> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 4 June 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:
<b>Timing</b>	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.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## **Not Protectively Marked**

**NHS Orkney Board – 25 June 2020**

### **Clinical and Care Governance Committee Chair's Report**

**Author**      Issy Grieve, Chair  
Clinical and Care Governance Committee

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#### **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 4 June 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 4 June 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

#### **Section 4                      Issues Raised**

##### **1. Recovery Plan**

The Chief Quality Officer presented the Committee with a high level summary around remobilisation, noting that many routine services had been stood down in March with a focus on emergency and urgent, the report focused on how services would now be re-established moving forward whilst also taking learning into account.

The initial first draft of the plan, to cover services to the 31 July 2020, had been submitted to the Scottish Government as requested, there was also a need to look forward to the whole of the financial year. The silver tactical group had been refocused to form a whole system recovery group and would continue to meet and develop the next iteration of the plan.

##### **2. Children's Services Inspection plan**

Members received updates from the Chief Social Work Officer and Interim Director of Nursing on progress with the recommendations raised in the Inspection report, from

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both a Social Care and Health perspective.

Concern was raised over the formatting of the report, which was a working document and regularly evolving in line with progress, which could make it difficult to understand the key improvements. This feedback was taken on board and a more streamlined document would be provided to future meetings.

The Committee took assurance from the progress made and welcomed further updates, it was also agreed that a development style session would be useful to discuss the recommendations and progress of these in more detail.

## **Cross Committee Assurance**

There were no issues to be escalated.

## **Appendices**

- Approved minute from the Clinical and Care Governance Committee meeting held on 13 May 2020.

## NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of Orkney NHS Board on **Wednesday 13 May 2020 at 13.00**

- Present** Issy Grieve, Non Executive Board Member (Chair)  
 Steven Johnston, Non Executive Board Member (Vice Chair)  
 David Drever, Non Executive Board Member  
 Rachel King, Integrated Joint Board, Chair  
 Meghan McEwen, NHS Orkney Chair  
 Gerry O'Brien, Interim Chief Executive  
 Steve Sankey, Integration Joint Board Member  
 Iain Stewart, Chief Executive Designate  
 John Richards, Integration Joint Board Member
- In Attendance** Christina Bichan, Chief Quality Officer (*left at 14.30*)  
 Wendy Lycett, Deputy Director of Pharmacy  
 Sharon Ann Paget, Interim Head of Children and Families, Criminal Justice and Chief Social Work Officer (*left at 14.30*)  
 Marthinus Roos, Medical Director  
 Sally Shaw, Chief Officer  
 Heather Tait, Public Representative  
 Brenda Wilson Interim Director of Nursing, Midwifery, AHP and Acute Services  
 Louise Wilson, Director of Public Health  
 Julie Colquhoun (for item 3.1)  
 Dawn Moody  
 Sara Lewis (*joined at 13:17*)  
 Heidi Walls, Committee Support

### 131 **Apologies**

The Chair welcomed members to the virtual meeting and before starting business wished to acknowledge the highly valued contribution made to NHS Orkney, Orkney Council and this committee, by the late Councillor Kevin Woodbridge.

Apologies had been received from, D McArthur.

### 132 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

### **COVID 19**

### 133 **Workforce - CCGC 2021-01**

The Head of Corporate Service presented an update on the workforce response to COVID 19 in relation to the temporary staffing situation. She explained the rationale adopted and highlighted the steps taken, since early March 2020, to increase capacity.



She advised members that in line with other boards, additional staff had been offered temporary contracts until the end of May 2020 and noted that at a recent Gold Command meeting, the need for a decision on the next steps was highlighted, as notice would need to be served if the additional staff recruited were no longer required.

The Head of Corporate Services advised members that the issue was being presented to the committee as the decision was more complex than a straight renewal of contracts. She explained how it involved not only the requirement to ensure an ongoing response to the Coronavirus outbreak, but the workforce implications of staff shielding, vent and assessment centre staffing, the return to electives and the pending track, trace and isolate programme.

It was noted that a task and finish group had been established to focus on this work and a Red Amber Green (RAG) risk assessment 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.

The NHS Orkney Chair asked if a clinical risk assessment for the range of options had been completed and The Head of Corporate Services confirmed the risk was recorded on the COVID 19 risk register and a RAG assessment had been applied to each individual identified.

S Sankey asked if all bona fide Coronavirus costs would be covered by the Scottish Government and the Chief Executive Designate confirmed that they were. He explained that costs were being tracked and any costs over £100,000 required special approval.

### **Decision / Conclusion**

The Committee noted the update, the options and the complexity of the issues highlighted and 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.

134

### **Testing – Peripatetic Workers - CCGC 2021-02**

The Medical Director presented a report which advised members of the identified risk of transmission of COVID 19 by peripatetic Health Care Workers and outlined the options for enhancing the existing Health Protection Scotland mitigation guidelines.

He noted that Orkney had been fortunate in the low rate of COVID19 infections to date and explained the desire to maintain this by responding to the concerns raised about the highlighted risk. He emphasised the potential for poor patient, political and confidence issues if options to mitigate the risk were not explored and where viable implemented.

The Medical Director provided members with peripatetic Health Care Worker examples and explored some of the mitigation options considered. He advised members that discussions had been extensive and at time challenging, but the Area Clinical Forum (ACF) had held an extraordinary meeting to consider the issue and had concluded with unified support for testing.

The Chair of the ACF confirmed that a meeting had been held on 1 May. He explained that to ensure appropriate balance of discussion the invite had been extended across staff groups as the time constraints had meant they were unable to progress through the usual advisory group governance structure. He advised members that, whilst not popular, other options such as staff staying on islands or isolating had been considered and that the agreement to test was not unanimous, but had been strongly supported.

He highlighted that the recommendation made was an extension to the guidelines already in place and not an alternative and emphasised that testing would be on a voluntary basis.

The Chair of the ACF advised members that there was growing evidence that Health and Social Care Workers were a significant risk factor for transmission and that asymptomatic testing was of value.

In response to questions the following points of clarity were noted. Testing would be for staff travelling between Orkney and the mainland not inter isles travel and would cover health and social care staff.

It was agreed that any decisions made would be a measured response in relation to the overall context and that further work with Human Resources was required with regard to terms and conditions issues for staff testing positive.

The Chair of the ACF clarified that the recommendation in the paper to link a study in collaboration with the Scottish Research Council to the introduction of testing had been dropped.

### **Decision / Conclusion**

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

### **135 Testing – Essential Workers- CCGC 2021-03**

The Chief Executive Designate presented the report and advised members that currently NHS Orkney, in accordance with NHS Scotland guidance, undertakes COVID 19 testing of the 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.

He described the challenges of the current provision for testing of groups two, three and four and highlighted that as NHS Orkney was currently working at about 25% of its testing capacity, it could work with colleagues and offer local testing via the COVID 19 assessment centre (CAC) and the Balfour Microbiology Service. He advised members that the Orkney Local Emergency Coordination Group (OLECG) had already prepared a process which could be implemented if agreed.

Members confirmed their support of the report presented noting the integral role of staff across the categories in supporting the stay at home message, but highlighted the importance of a process to ensure laboratory capacity prioritisation, workforce implications for the CAC and an appropriate communications message.

The Chief Executive Designate agreed the importance of the communications message and confirmed that a draft press release had already been prepared with a focus on maintaining the consistent message. He also advised members that OLECG had, in addition to the categories noted in the paper, developed a prioritisation criteria and that a process to ensure available stock levels did not drop below an agreed threshold would be in place.

The Chair of the ACF highlighted recent work at the CAC to clarify testing priorities and off island batch testing options, which would help with a move to this next stage.

It was noted that whilst a clear communication message would be issued the UK testing scheme would still be an option that individuals could choose to access.

In response to concerns regarding a potentially overwhelming number of requests the Chief Executive Designate thought this was unlikely as the process was for essential workers only and he confirmed that support from the army would be available, if required.

### **Decision / Conclusion**

The committee 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.

### **Governance**

#### **136 Ethical Support - CCGC 2021-04**

The Medical Director presented the report and highlighted the new ethical challenges faced by clinicians since the COVID 19 outbreak. He described the local work undertaken in response to government guidance regarding the implementation of appropriate support systems to provide ethical guidance to clinicians on a 24 hour basis. A requirement for group membership to include clinicians and lay members rather than senior managers was noted.

The Medical Director also described his own experience of membership of the Grampian Ethical Support Group, noting the wide ranging membership which offered a breadth and depth of expertise. From that group, a rota of three people provided urgent advice 24/7. He noted that the requirement for urgent middle of the night support was minimal and often of a practical nature.

The Chief Executive Designate confirmed that the governance reporting route for this group would be to board via the Clinical and Care Governance Committee and advised that only the main paper regarding the Ethical Advice and Support Group was presented for a decision. The addendum regarding the out of hours element would be deferred.

The Integrated Board Chair enquired about the role of lay members on the Grampian group and queried their inclusion in the local group.

The Medical Director confirmed they were active contributors asking valuable

lay member perspective questions.

The Chief Executive Designate confirmed that the local group would be small at this stage and advised that the governance reporting route noted earlier would provide non executive representation.

## **Decision / Conclusion**

The Committee approved the main paper presented regarding the Ethical Advice and Support group but a decision on the out of hours addendum was deferred.

## **Safe and Effective Care**

### **137 Utilisation of PPE in settings/sustained transmission- CCGC 2021-05**

The Director of Public Health presented the report and highlighted that the paper did not obviate the need for local risk assessment in relation to particular situations or for employers to protect staff and noted that a change in the pattern of cases or current lockdown restrictions could change the current position.

It was explained that the level of Personal Protective Equipment (PPE) during sustained transmission varied across settings, but a concern that there was a potential for high usage of gowns and visors where other equipment providing appropriate levels of protection could be used was highlighted.

It was further confirmed that to keep both members of staff and patients safe, Health Care Workers would undertake situational risk assessments to ensure the appropriate level of PPE was worn.

Ensuring that appropriate support for such decision making was available for staff in care homes was highlighted and the Interim Director of Nursing, Midwifery, AHPs and Acute Services confirmed input from the NHS Orkney Infection Control Manager would be sought.

It was confirmed that the Consultant Microbiologist and Infection, Prevention and Control Doctor had taken a lead in the advice provided.

## **Decision / Conclusion**

The committee noted and approved the recommendations presented.

## **Social Work and Social Care**

### **138 Children's Services Inspection Report - Improvement Plan Action Plan CCGC 2021-05**

The interim Director of Nursing, Midwifery, AHPs & Acute Services and Chief Officer provided members with a verbal update.

The interim Director of Nursing, Midwifery, AHPs & Acute Services confirmed that she was leading on the health elements of the action plan and a short life

working group had been meeting weekly and had identified a number of key themes. Regular meetings were also held with Health Improvement Scotland and good progress had been made.

The Chief Officer confirmed that the improvement plan had just been approved at the Chief Officers Group meeting on the understanding that it was a dynamic and evolving area of work and summarised key actions taken.

It was confirmed that the re advertised post for a named Lead Nurse for Public Protection was due to close on 28 May 2020.

In response to a query regarding plans for the improvement of communication with looked after children and the inclusion of mental health issues, it was confirmed that this would need to weave through every action. Members were advised that Quality Improvement support and guidance would be sought to ensure processes were effectively implemented and demonstrable progress made. A planned review of mental health services was also highlighted and the need to ensure close links and a crossover for the mental health of both children and parents/guardians was noted.

The importance of collective ownership across the partner agencies was highlighted and members were advised that this issue was being addressed and some shared vision work would be led by the Interim Chair of the Public Protection Committee.

### **Decision / Conclusion**

The Committee noted the comprehensive verbal update provided on the actions taken against the improvement plan and members were reassured and looked forward to sight of an updated plan at the next meeting.

#### **139 Emerging Issues**

No emerging issues were noted

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

The Chair highlighted ongoing work to update and refresh the Clinical and Care Governance Committee Terms of Reference and the Risks and Controls Assurance Framework and noted that further discussions regarding committee membership would be held to ensure balanced health and social care representation.

The Chief Executive Designate clarified the following points regarding the testing of essential workers at item 3.3

1. We cannot insist that colleagues returning to Orkney are tested
2. Returning colleagues should be tested before travelling by a national testing centre
3. After testing, contact with COVID-19 patients should be avoided if possible
4. If there was an exceptional reason why colleagues couldn't be tested before travel and believed they were in contact with the virus, a test can be undertaken on Orkney

### 141 **Agree items to be brought to Board or Governance Committees attention**

It was agreed that the following issues would be highlighted to the Board through the Chair's Report:

- COVID Workforce plan
- COVID Testing of Peripatetic Workers
- COVID Testing of Essential Workers

## Not Protectively Marked

**NHS Orkney Board – 25 June 2020**

**Report number: OHB2021-30**

**This report is for noting**

### **Area Clinical Forum Chair's Report**

<b>Author</b>	Steven Johnston, Chair Area Clinical Forum
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	<p>This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 2 June 2020 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> <li>• Confirm that the ACF was meeting again and that there were plans to restart the professional advisory groups meetings</li> <li>• Highlight that the ACF were keen to engage and help drive the shaping of plans to reset, recover and renew which would in time include a refresh of the draft Clinical Strategy.</li> </ul>
<b>Timing</b>	The Area Clinical Forum highlights key issues to the Board following each meeting.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.

## 9.2

<b>Benefit to Patients</b>	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.



## **Not Protectively Marked**

### **NHS Orkney Board**

### **Area Clinical Forum Chair's Report**

### **Steven Johnston, Area Clinical Forum Chair**

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#### **Section 1 Purpose**

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

#### **Section 2 Recommendations**

The Board is asked to:

1. Review the report and note the issues raised

#### **Section 3 Background**

This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 2 June 2020 and it was agreed that these should be reported to the NHS Orkney Board.

#### **Section 4 Issues Raised**

##### **Meetings of the Area Clinical Forum and Professional Advisory Committees**

The Area Clinical Forum had restarted formal meetings and were meeting monthly in the Interim, the Professional Advisory Committees had also re-established with initial agendas considering the key priority areas for focus moving forward. All meetings were being held virtually through Microsoft Teams.

##### **Resetting, Recovering and Renewing**

Members wished to highlight to the Board that the Area Clinical Forum were keen to engage and help drive the shaping of plans to reset, recover and renew which would in time include a refresh of the draft Clinical Strategy.

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## Appendices

- Approved minute from the Area Clinical Forum meeting held on 4 February 2020
- Approved minute from the Area Clinical Forum meeting held on 1 May 2020

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held in the **Brodgar Room, The Balfour** on **Tuesday 4 February 2020** at **12.15pm**.

**Present:** Steven Johnston, Chair (ADC)  
Nigel Pendrey (ADC)  
Kate Smith, (TRADAC)  
Lynne Spence (TRADAC)

**In Attendance:** Meghan McEwen, Non Executive Board Members  
Marthinus Roos, Medical Director  
Simon Tarry, Transforming Psychological Trauma implementation coordinator (item 112)  
Emma West, Corporate Services Manager (minute taker)  
Louise Wilson, Director of Public Health

### 105 **Apologies**

Apologies were received from H Clouston, M Flett, D McArthur and S Tomison.

### 106 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

### 107 **Minute of meeting held 6 December 2019**

The minute from the meeting held on the 6 December 2019 was accepted as an accurate record of the meeting, subject to the amendments noted below and was approved on the motion of K Smith and seconded by N Pendrey.

- Page 4, TRADAC, 4<sup>th</sup> paragraph amend 'quality of scanned records' to 'quality of the original paper documentation'
- Page 5, Enabling Technology Board – amend first sentence to read 'The Chair reported that a number of clinicians would need to be involved in this, but as the board were currently only seeking one representative he would fulfil this role in the interim'
- Page 6, Quality and Safety Group amend 'concluded' to 'reconfigured'

### 108 **Matters Arising**

No matters arising were raised that were not already on the agenda.

### 109 **Area Clinical Forum Action Log/ Recurring Agenda Items for Area Clinical Forum**

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

### 110 **Chairman's report from the:**

#### **Board**

The Chair advised that the following had been discussed at the December meeting of the Board.

## 9.2.1

- Members had received a very informative presentation on AHP services
- The final Winter Plan had been approved
- The Board had received the Public Health annual report
- The Corporate Parenting Plan had been discussed
- The Clinical Engagement paper had been well received and there would be a further update taken to the February meeting of the Board

### 111 **Advisory Committee Reports**

#### **ADC**

Members had received the minute from the 1 October 2019, the ADC had also met on the 14 January where the following issues had been discussed:

- Discussions were ongoing nationally around the new dental contract and the implications of this for both dentists and patients.
- The possibility of a new X-ray scanner had been discussed, along with the possibility of utilising the machine owned by a private practice.
- An issue had been raised around possible inequality as some children from the isles were not attending dental appointments due to the travel costs involved. It was noted that the dental travel expenses scheme had ceased in 2015 but that scheme had only covered the northern isles. M McEwen suggested that there were other ways to address this through community councils and development trusts. The Director of Public Health added that the Childsmile programme was offered to all children in all areas of Orkney and not just those in deprived areas. There was also a need to ensure that families were encouraged and supported to take up all benefits that they were entitled to and access charitable funding if this was applicable. Dentists were also sympathetic in offering appointment when families were visiting Kirkwall for other reasons. All isles children received an annual dental examination and the Childsmile programme was very active on the isles. The Director of Public Health advised that staff could signpost to other funding and services where appropriate, this was currently being piloted for maternity and infant pathways and it could be considered for dental.

#### **AMC**

It was noted that there was a proposal being presented to the Hospital Sub and GP Sub Committee for business to be delegated to these groups from the Area Medical Committee, with reporting through the Area Clinical Forum to Board.

#### **APC**

There had been no recent meetings.

#### **GP Sub Committee**

Members had received the Chair's report highlighting the following issues raised from the last meeting:

## 9.2.1

- There had been a lack of progress in implementing the Community Treatment and Care work stream
- There had been a lack of progress in progressing the mental health nurse post

### **Hospital Sub Committee**

Members had received the minute of the meeting on the 5 December 2019 for information.

### **NAMAC**

There had been no recent meetings of the Committee

### **TRADAC**

Members had received the minute from the meeting on the 31 October 2019; there had also been a recent meeting on the 27 January 2020. The committee had discussed work experience requirements including the need to balance consistency in approach to give real benefit to the students without over burdening staff. The current processes were being reviewed in line with university requirements to provide clarity around what the Health Board could offer whilst making the best use of clinical time. These plans would be formalised in a paper to TRADAC.

Members were also advised that a new Radiographer and Occupational Therapist were in post.

## 112 **Development Sessions**

### **Topic for Future Development Session**

Members discussed options for the next Development Session of the Area Clinical Forum and agreed that D Crohn, Head of Digital Transformation and IT and R McLaughlin, eHealth Facilitator, would be invited to the session to provide an update on C Cube and Technology enabled care.

### **Trauma Informed Practice**

S Tarry, Transforming Psychological Trauma implementation coordinator joined the meeting to provide members with an update on Trauma informed practice.

He advised that NES had launched a Transforming Psychological Traumas framework and his role within the organisation was to inform staff and ensure that departments were more 'trauma informed' it was included in the patients' charter that it was a statutory obligation for NHS to follow these standards.

There were 4 levels of training, with an aim for all areas of all workforces to be trauma informed ranging from everyone in the Scottish Workforce to those in specialist practice. The National Trauma Training Plan was available to help workplaces to address this and support staff wellbeing.

Local implementation would include meetings and presentations to raise awareness followed by training programmes with leads and service managers. There would also be an increasing use of NES resources and online training available.

## 9.2.1

The Chair questioned how the training demands would be met alongside those already required as statutory and mandatory for staff. S Tarry advised that he was very conscious of this and would link joint resources where possible and also consider a presentation at induction for all staff as a first approach.

### **Decision/Conclusion:**

Members noted the update provided and welcomed further information being circulated virtually following the meeting.

*M Roos joined the meeting*

### 113 **Clinical Engagement Update**

The Chair advised that a paper had been presented to the Board around this with a number of recommendations.

A staff newsletter had been produced which gave information on the structure, roles and functions of the Area Clinical Forum and Professional Advisory Committees, this would be the first edition, future editions would focus on current topics and areas of interest. The following had also been discussed:

- The role of office bearer needed to be assessed along with the time commitment to ensure that this role was properly resourced.
- The Hospital Sub Committee was operational and secretarial support was in place with a proposal for the Area Medical Committee to delegate work to this Sub Committee and the GP Sub Committee being presented to the groups for approval.
- Consideration would be given to utilising existing clinical meetings to ensure business was not being duplicated and best use of clinical time.
- A sponsor would be assigned to each professional advisory committee.
- More innovative ways of communication were being considered including Microsoft Teams within Office 365, which provides a space for documentation and discussion between meetings.

There would be a progress update taken to the February meeting of the Board.

### **Decision/Conclusion:**

Members noted the update and welcomed sight of the newsletter for comment before the final version was issued.

It was noted that an update on progress would be taken to the Board meeting in February.

### 114 **Clinical Strategy Update**

The Chair advised that this had been discussed at the meeting of the Clinical and Care Governance Committee and welcomed the Professional Advisory Committee involvement and comment. Comments would be reviewed and incorporated where appropriate before public consultation commenced; final approval would take place at the May meeting of the Board.

### **Decision/conclusion:**

Members noted the update provided and welcomed sight of the final document before

approval.

### 115 **Governance**

No agenda items this meeting.

### 116 **For information and noting**

#### 116.1 **Key legislation issued**

Members noted the key legislation issued since the last meeting.

#### 116.2 **Correspondence**

No correspondence had been received.

#### 116.3 **Area Partnership Forum minutes**

Members noted the minutes from the 19 November and 17 December 2019.

#### 116.4 **Infection Control Report**

Members noted the Infection Control report and agreed that there was no requirement for this to become a standing agenda item as issues and exceptions would be reported to the ACF and the full report was provided to each meeting of the Board.

### 117 **Agree any items for onward reporting:**

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

Clinical and Care Governance Committee

- C Cube paper already being provided.

The Board

- Discussions around travel to dental appointments for Children on the Isles
- The positive engagement around the Clinical Strategy
- The Trauma Informed Practice presentation

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

#### 2019 Corona Virus

Members were advised that the virus was spreading and there had been 2 confirmed cases in the UK with ongoing testing.

The NHS Orkney Incident Management team were meeting weekly and also working in conjunction with other Health Boards and national leads. Updates and assurance were being sought around departmental preparedness along with scenario based training taking place.

The Health Protection Scotland website was updated with the latest guidance and staff were

## 9.2.1

being signposted to this due to the rapidly changing nature of the information available.

### Area Clinical Forum representation on the Endowment Fund Sub Committee

L Spence agreed to fill the vacant role of ACF representative on the EFSC.

#### 119 **Schedule of Meetings 2019/20**

Members noted the schedule of meetings for 2019/20.

#### 120 **Record of Attendance**

Members noted the record of attendance.

#### 121 **Committee Evaluation**

No comments were made.



## Orkney NHS Board

Minute of the Extraordinary meeting of **Area Clinical Forum of Orkney NHS Board**  
held in the **Brodgar Room, The Balfour** on **Friday, 1 May 2020** at **15:30**

**Present:** Steven Johnston, Chair (ADC)  
Helen Clouston, Senior Community Nurse (NAMAC)  
Nigel Pendrey, Senior Dental Officer (ADC)  
Lynne Spence, Lead AHP (TRADAC)  
Sylvia Tomison, Senior Community Nurse (NAMAC)  
Jenny Fraser, Consultant Anaesthetist (Hospital sub)  
Kirsty Cole, GP (GP Sub-Group)

**In Attendance:** Roelf Dijkhuizen, Clinical Quality Advisor  
Charlie Siderfin, General Practitioner  
Mike Beach, Radiology Manager  
Delia Connolly, Advanced Nurse Practitioner (Shapinsay)  
Ollie Cooper, Locum General Practitioner (Stronsay)  
Paul Cooper, Consultant Anaesthesiologist  
Maureen Firth, Head of Primary Care  
Rosalind Fisher, General Practitioner (Stronsay)  
Kevin Fox, Consultant Physician / Cardiologist  
Pamela Halliday, Senior Midwife  
Eammon Keyes, Laboratory Manager  
Dawn Moody, Clinical Director General Practice  
Nigel Leary, Consultant Anaesthetist  
Stuart Martin, Health Visitor  
Ian McConachie, Consultant Anaesthetist  
Hilary McPherson, Consultant Gynaecologist  
Jutta Meiwald, General Practitioner  
Alistair Miller, Consultant Physician  
Werner Muller, Consultant Gynaecologist  
Simon Rudland, General Practitioner  
Tauras Valevicius, Consultant Orthopaedic Surgeon  
John Webster, Consultant Physician  
Jay Wragg, Clinical Dental Director  
Fiona MacKellar, Employee Director  
Marthinus Roos, Medical Director  
Iain Stewart, Chief Executive Designate  
Brenda Wilson, Interim Director of Nursing, Midwifery, AHPs and  
Acute Services  
Dr Louise Wilson, Director of Public Health  
Gemma Pendlebury (Committee support)

## 1 Welcome

The Chair welcomed all members to the extraordinary meeting of the Area Clinical Forum and apologised for the short notice with which the meeting was called. There had not been sufficient time to pass the following issue through each of the individual

## 9.2.2

professional advisory committees and therefore an ACF meeting with an extended invitation was arranged. This was to enable key discussion to take place in advance of and for clinical advice to be provided to the Clinical and Care Governance Committee meeting. It was noted that further input would be required from Public Health and others prior to CCGC.

The Chair acknowledged that this had been a challenging topic so far and asked members to remain professional and respectful. NHSO are treading through territory which we have never been in before and we have to figure some of this out in advance of good quality scientific evidence which may come in time.

### 2 **Apologies**

There were no apologies for noting.

### 3 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

### 4 **Minute of meeting held 6 December 2019**

The minute of the previous meeting would be discussed at the next ordinary meeting of the Area Clinical Forum.

### 5 **Matters arising**

No matters arising additional to the one agenda item would be discussed at this meeting.

### 6 **Action log**

The action log would be reviewed and discussed at the next ordinary meeting of the Area Clinical Forum.

### 7 **Reducing the risk of transmission of COVID-19 by peripatetic healthcare workers**

Members of the Area Clinical Forum received the paper co-written by R Dijkhuizen and C Siderfin, detailing methods for reducing the risk of transmission of COVID-19 by peripatetic healthcare workers to rural areas with low levels of the infection.

R Dijkhuizen gave a summary of the paper. The impetus for the paper had been Orkney's unique geographical issues and staffing model across both mainland and the isles. A significant portion of staff across that staffing model had no residence upon Orkney and were required to travel back and forth from mainland UK and areas where COVID-19 was potentially more prevalent. It is considered, from a number of sources of information, that the prevalence of COVID-19 in Orkney is low including care homes, the Isles and The Balfour. There was a concern amongst the public, patients, as well as staff that peripatetic health care workers could open Orkney to a potential risk.

## 9.2.2

The report posed the question to members as to whether HPS guidelines (which had no provision for the testing of asymptomatic staff) provided sufficient reassurance for Orkney's unique circumstance or whether one of three/or a combination of mitigations detailed in the paper be adopted to help manage the concerns of the community. The suggested mitigations were as follows:

- A period of 14 day quarantine on arrival
- Introduce travel restrictions with the result that the workforce cannot travel to areas with a higher prevalence of COVID-19
- Introduce a testing regime in asymptomatic peripatetic healthcare workers.

With regards to the latter point it was acknowledged that testing does not provide full protection against the risk but will provide a degree of reassurance. It was further emphasised that staff cannot take any false reassurance from the test and should continue using appropriate PPE etc.

C Siderfin added that the rationale for suggesting 2 tests, one before leaving home and one on arrival was to reduce the risk of a false negative. However, much of the known evidence around false negatives was based on symptomatic individuals. Consideration was being given to creating a study and initial scoping work has been conducted with the Scottish Rural Medicines Collaborative.

Robust discussion took place and members provided clinical advice on the recommendations presented in the paper.

M Roos acknowledged that even with the difficulties faced with this issue so far everyone involved was well intended. Although there may be a proposal to test, options to extend period of stay on island should still be considered where possible. The lack of a testing option in National guidance and scientific evidence makes this a challenging issue to progress. A risk assessment has been completed and shared shortly before this meeting. The public are very worried about this and staff feel pressure to respond. Eligibility for testing is changing regularly and may soon encompass travelling workers.

S Rudland advised that there was support for testing from Isles Network of Care and the first two options would be difficult to implement. Staffing levels are critical to delivering care normally. It was also noted that healthcare workers who have covid are going back to work after 7 days, may have a positive swab for a month but may not present a risk. R Dijkhuizen advised that appropriate guidance would be followed.

W Muller explained that the third option seems to make logical sense but consideration should also be given to being flexible with schedules where possible. No single thing can eliminate the risk so taking several measures worthwhile. It was not clear how someone coming from abroad might be able to arrange a pre-travel test.

K Fox raised concern that a downside of testing could be that people might be blasé if they get tested and the importance of PPE should be stressed. He was strongly in support of option 3 as it will give some reassurance.

## 9.2.2

It was acknowledged that it would not necessarily have to involve a single option but rather a blended option with testing available as people already trying to avoid unnecessary travel.

A question was raised around where a staff member declines to take the test, what would happen? Members agree that staff have the right to decline a test and it would then need to be looked at on a case by case basis.

J Fraser queried if a locum needs some assurance of income in the event of a positive test result. A Miller suggested that a locum should be paid for what they were scheduled to do.

F Mackellar highlighted that some trade unions coming out with positions on staff testing and some were advocating routine testing for staff treating covid patients. Additionally there were conversations about locum workforce testing positive and remuneration which can be circulated as it becomes available. Care needs to be taken to ensure proposals aren't asking staff to change their terms of employment suggesting that these would need to be discussed at staff governance.

K Cole raised the need for wider testing and consideration of sustained community transition which dictates the appropriate PPE. Additionally, concern was raised that testing asymptomatic individuals provides false reassurance. The capacity of the NHSO laboratory to test needs to be considered and reassurance given that symptomatic staff would be prioritised ahead of asymptomatic individuals. Finally, clarity was required around coordinating testing out with Orkney.

R Dijkhuizen responded that with continuing positivity of testing appropriate guidance will be followed and clarified that this proposal was not going against any existing guidelines but further measures *in addition* to guidelines were proposed. Individual staff members need to have an awareness of the risk they may carry. No guidelines with respect to PPE would change because of a test(s). This is an extra measure to protect patients, staff and vulnerable people.

A Miller raised that there appeared to be little appetite for options a and b. Testing of high prevalence groups have been done elsewhere but he brought into question the need for a second test.

H Macpherson disclosed that as a travelling healthcare worker she would much prefer to be screened but suggested the details of the testing regime be worked out.

R Fisher asked what provision was in place if they test positive and also advised that the community are very suspicious of new arrivals incoming. R Dijkhuizen replied that if they test negative they will be able to travel to the island for work and in any case they are bound to take action if symptoms developed. In the case of a positive test they would be referred to advice from Public Health, likely to result in period of self isolation so you wouldn't infect others. Clear pathways for negative and positive result need to be considered and support would be required for those with a positive result.

There was some discussion about the rationale for 2 tests which did not line up with other testing regimes such as the over 70s and those being discharged to a care home.

## 9.2.2

W Muller suggested we are doing this to protect the population we're working with and don't want to bring it in and people come to harm. People need their income protected, but this discussion needs to be about the patients.

E Keyes responded on the matter of laboratory capacity and although sympathetic towards the cause it must be acknowledged that what we have locally is testing in acute situation rather than a screening tool. Clarity is needed on the testing regime as self test kits being posted to The Balfour would be challenging to manage.

A majority of members were in agreement that the third and final recommendation of introducing a testing regime for travelling staff was the preferred method of mitigation, with details of the testing regime to be worked through and further input from public health and others necessary before CCGC.

However, there was further discussion that took place regarding the following:

- **The necessity for two tests**

Members felt that two tests posed a number of issues, namely continuing of positivity after an individual has recovered from COVID-19, as well as testing asymptomatic individuals being false reassurance as a positive result may not show up

- **Potential loss of earnings**

Members were very concerned that a positive test would result in the loss of earnings for anyone who had tested positive for COVID-19 either prior to traveling to Orkney or whilst taking the second test upon arrival. Members of the Group were keen to gain assurance that remuneration be received for the length of assignment that the individual would have worked had they tested negative.

- **Blended approach to mitigating risk**

Members were in agreement that wherever practicable the length of assignment on island should be increased in length to minimise the necessity for more frequent travel by itinerant workers.

### **Decision / Conclusion**

Members agreed that the third of the three options detailed in the report should be pursued with the proviso that the specifics (i.e. number of tests, timing of those tests being taken) were worked through with relevant colleagues in public health, microbiology, and laboratories in order to establish that it is a viable and safe mitigation.

*Post meeting note: The video conferencing bridge ended before the meeting was fully brought to a conclusion and therefore the Chair emailed each of these attendees to ensure that the conclusion was a true reflection of the discussion of the meeting. There was general agreement in addition to a comment of concern about ability to hear the discussion in the room fully.*

## 9.2.2

No comments were made.

*Meeting closed at 16:34*

## Not Protectively Marked

### NHS Orkney Board Meeting – 25 June 2020

**Report number: OHB2021-31**

**This report is for noting**

### Staff Governance Committee Chair's Report

<b>Lead Director Author</b>	Julie Colquhoun, Head of Corporate Services Caroline Evans, Chair Staff Governance Committee
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 25 May 2020 and it was agreed that these should be reported to the NHS Orkney Board: <ul style="list-style-type: none"> <li>• Staff Compliance – Fire Training</li> <li>• Data Protection and use of spreadsheets</li> </ul>
<b>Timing</b>	The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to Improve the delivery of safe, effective patient centred care and our services; <ul style="list-style-type: none"> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public.

<b>Benefit to Patients</b>	Active engagement of all parties with the principles of good staff governance is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.



**Not Protectively Marked**

**NHS Orkney Board**

**Staff Governance Committee Chair's Report**

**Author** Caroline Evans, Staff Governance Committee Chair

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## **Section 1 Purpose**

The purpose of this paper is to provide the minute of the meetings of the Staff Governance Committee and to highlight the key items for noting from the discussions held.

## **Section 2 Recommendations**

The Board is asked to:

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

## **Section 3 Background**

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 25 May 2020 and it was agreed that these should be reported to the NHS Orkney Board.

## **Section 4 Issues Raised**

### **1. Staff Compliance – Fire Training**

The issue of staff not completing statutory and mandatory training was raised with discussion particularly around the fire training. Ways to encourage the uptake of training was discussed and a report went to the Board meeting on the 28<sup>th</sup> May 2020 detailing the number of statutory and mandatory subject areas and the training completed by staff grouping. Managers will be reminded that staff must complete the training modules and that staff also have a duty to make sure their training is up to date.

### **2. Data Protection – use of spreadsheets**

The recent data breach was discussed and ways to ensure this does not happen again. The use of password protected documents and files is to be mandatory where information

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can not be stored in a secure database. Once all documents can be stored and accessed via a single database the creation of separate files will not be necessary.

## **Cross Committee Assurance**

The Committee had no items requiring cross committee assurance.

## **Appendices**

- Approved minute of meeting held on 25 February 2020.

## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Wednesday 26 February 2020** at **10.30 am**.

### Present:

Caroline Evans, Chair  
 Fiona MacKellar, Vice Chair  
 Issy Grieve, Non Executive Board Member  
 David McArthur, Director of Nursing, Midwifery, AHPs and Acute Services  
 Gerry O'Brien, Chief Executive  
 Kate Smith, Partnership Representative

### In Attendance:

Ashley Catto, HR Manager  
 Julie Colquhoun, Head of Corporate Services  
 David Drever, Non Executive Board Member  
 Lauren Johnstone, Committee Support (Minute taker)  
 Marthinus Roos, Medical Director (item 9.1)  
 Jason Taylor, Whistleblowing Champion, Non Executive Board Member

### 762 Apologies

No apologies were noted.

The Chair welcomed Jason Taylor to his first meeting of the Staff Governance Committee, informing members that Jason had been appointed to Non Executive Whistle Blowing Champion from the 1 February 2020 and would be a member of the Staff governance Committee as part of his Non Executive Role.

### 763 Declaration of Interests – Agenda Items

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

### 764 Minute of meeting held on 27 November 2019

The minute of the Staff Governance Committee meeting held on 27 November 2019 was accepted as an accurate record and approved, subject to the following amendments:

- Page 1 - David Drever to be added as committee member
- C Werb and A Ingram to be removed from attendance list
- Page 3, training, noted that the impact of staff time related to Nursing Students
- Page 3, second paragraph, amend 'allocated two peers' to '1:2 model of supervision'
- Item 542 – chorsy should read quoracy

### 765 Matters Arising

543 – iMatter report

Members were advised that a breakdown by directorate was being reviewed to establish whether this could be provided without affecting the anonymity of the results.

## 766 **Action Log**

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

## 767 **Chairman's Report from the Board**

The Chair highlighted the areas that had been discussed at the Board meeting on the 19 December 2019

- Members had received the Public Health Annual Report which raised concerns that life expectancy in Scotland had stalled, this was being explored further at a national level.
- The Financial Position had been reported noting that fundamental changes would be required to achieve financial balance both in year and moving forward.
- Lynne Spence, Lead AHP gave an excellent presentation around the service which was well received. Members suggested that it would be useful to roll this out further to such groups as the Integration Joint Board and Area Clinical Forum.

### **Decision / Conclusion**

The Committee noted the Chairs reported highlights from the Board meeting.

### **Governance**

## 768 **Draft Staff Governance Committee Annual Report 2019/20 – SG1920-26**

The Chair delivered the draft Staff Governance Annual Report for review and approval, the following were noted:

- A challenge for the Committee was membership and continuing support, this would be added with the Chair to provide wording.
- Clarity was required on whether the Medical Director was a member or in attendance
- The success relating to the Staff Conference should be amended to read 'support the fit 2 group' with a suggestion that in future the bid to Endowments was supported by the Staff Governance Committee.
- A concern and success should be noted over the recruiting challenges and the positive way staff have stepped up and assisting in covering these gaps.
- The iMatter survey point should be reworded to state that the timing of the survey coincided with the opening of the new hospital and healthcare facility which had a huge impact on staff capacity

### **Decision / Conclusion**

Members approved the annual report with the above amendments

## 769 **Staff Governance Standard Monitoring Return 2018/19 - SG1920-27**

The Human Resources Manager presented the Staff Governance Monitoring Return 2018/19 to the Committee for information and completeness. This provided a response to a letter received from the Scottish Government on 29 November 2019 regarding Staff Experience and Staff Engagement.

The response highlighted the following:

- Most teams were involved directly or indirectly in the hospital move;
- Regular staff briefing sessions and workshops were held in partnership regarding the move, with great levels of engagement from all teams;
- Teams were given the opportunity to pilot new processes prior to the move;
- Processes were subject to continuous review post-migration;
- A people management development programme would be delivered alongside the launch of once for Scotland Policies and the 2020 iMatter run;
- All apprenticeship, with the exception of 3 Foundation Apprentices, had substantive posts in the organisation;
- NHS Orkney would roll out its eESS Self Service Portal in early 2020;
- NHS Orkney was bringing its Occupational Health Service in house (currently outsourced) and with KPIs and due to closer working with managers it was hoped there would be a reduction in absence across the board.

### **Decision / Conclusion**

Members noted the Scottish Government return.

### **Well Informed**

## 770 **Communication Strategy –SG1920-28**

The Head of Corporate Services provided a progress update to members advising that NHS Orkney had agreed to adopt The Orkney Partnership Strategy for Communication and Community Engagement and in doing so was developing an implementation approach.

It was anticipated that the draft document would become available for consultation and comment towards the end of February 2020. There would be engagement with community, teams and partners in order to gain feedback where communication could be improved. The first draft of the strategy would be brought to the May meeting of the Staff Governance Committee.

D Drever sought clarity on the strategy linking with the partnership and noted that the paper did not inform around this. The Chief Executive advised that in previous discussions the structure was focused around community engagement, but NHS Orkney would incorporate staff engagement which would differ slightly.

The Head of Corporate Services stressed the important of the document being

understandable and ensuring that staff communication was not lost.

The Employee Director noted that it was essential for the communication strategy to involve partner agencies but from a Staff Governance perspective internal communications were paramount.

## Decision / Conclusion

Members noted the update on the Communications strategy.

### 771 Human Resources Directors Forum Update – SG1920-29

The Head of Corporate Services provided members with an update highlighting the following key items which had been discussed nationally:

- Whistleblowing Standards have been made available to Boards with a proposed go live in July 2020. The HRDs received a presentation from the SPSO who will have an ongoing relationship with the Whistleblowing Champions.
- A number of documents have been made available to Boards following PCS(PP)2019/1 issued in November around Pension REC (recycling of Employer Contribution) colleagues in NHS Grampian are assisting with this work locally
- A presentation from the eESS Programme Lead, Neil Warbrick, set out progress to date and the remaining programme scope. Proposals on a new business as usual governance structure were presented given the current Implementation Programme is due to end in September 2020. Discussions continued around building the structure between eESS and iMatter.
- Work around national recruitment continued with NHS Orkney staff participating in the workshops

I Grieve questioned whether the national changes in Human resources had impacted on local recruitment and was advised that there were currently a number of vacancies and changes in staff at all levels which were affecting services nationally and locally.

## Decision / Conclusion

Members noted the update on matters being progressed by the HRD Forum.

### 772 Progress report on the Transition of Human Resources and Occupational Health Services – SG1920-30

The Head of Corporate Services delivered the update on the progress of the transition of Human Resources and Occupational Health Services from NHS Grampian to NHS Orkney, adding that good progress was being made. The committee were asked to note the following:

- All job evaluation would be brought back in house with effect from 1 March 2020.
- Training had been identified for those undertaking the roll of analyst
- Mock job evaluations would be completed to provide further training along

- with continuing to up skill staff in this area
- Close working relationships were maintained with Occupational Health Services in NHS Grampian
- All staff had been sent a letter advising them of the transfer of records.
- Systems had been reconfigured to allow for better reporting around Key Performance Indicators
- Interviews for the Human Resources Manager and Medical Staffing post were scheduled.

The Employee Director advised that there had been robust discussion at the Area Partnership Forum with staff side highlighting concerns around staff not being in post by the 1 April 2020. The Head of Corporate Services gave assurance that this was not a requirement and a short term solution would be implemented.

## **Decision / Conclusion**

Members note the move of job evaluation back in house with effect from 1 March 2020 and the proposed dates for Occupational Health Service provision.

### **773 EU Withdrawal Update – SG1920-31**

The Head of Corporate Services informed members of the letter received from the Scottish Government on the 15 January 2020 advising that Boards could stand down the necessary reporting arrangements and preparations in house for a potential “no deal”. The letter

A further letter had been received on 31 January 2020 from the Cabinet Secretary asking Boards to continue to support EU members and promote the EU Settlement Scheme.

It was noted that locally the Brexit steering group had been stood down but the Board would continue to promote the stay in Scotland campaign.

## **Decision / Conclusion**

Members noted the update provided.

## **Appropriately Trained**

### **774 Medical Appraisal and Revalidation Quality Assurance Review 2019 – SG1920-32**

The Medical Director attended the meeting to present the report highlighting the key points:

- The proportion of secondary care doctors completing appraisal fell during 2018/19.
- Lack of administrative support had been a significant factor.
- A small number of doctors who no longer work for NHS Orkney had retained NHSO as their designated health board, this had been addressed
- There were also 4 doctors (primary & secondary care) who persistently delayed appraisal. This issue has been addressed.

Members were informed that doctors had responsibility for their own appraisal and revalidation, supported by NHS Orkney. There were challenges due to short term contracts, locums and part time staff as each had a different responsible officer. Locums had responsible officers but sometimes these are carried out by NHS Orkney due to long staying locums.

Administration support had not been consistent but this had been addressed going forward.

The Employee Director queried if the mobile nature of the workforce had an impact on the figures and was advised that this wasn't the case, if locums were with a Health Board for longer than 3 months it was the responsibility of the Health Board to ensure that appraisal and revalidation was carried out by the responsible officer.

The Employee Director raised concerns that doctors may have capacity issues that were affecting their ability to engage with the process, it was suggested that a formal timetable could be established.

Members were advised that there was process in place for anyone who refused to be appraised but this was not an issue in NHS Orkney. There were also performance management tools that could be used if required.

The Head of Corporate Services queried if completion of statutory and mandatory training formed part of the revalidation or appraisal process and was advised that it did not.

G O'Brien requested that a list of those who had missed the deadline was compiled and the date when the appraisal was carried out.

## **Decision / Conclusion**

Members noted the report.

*Post meeting note: Committee Support had contacted H MacPherson requesting information regarding missed appraisals. No response had been received as yet.*

## **Involved in Decisions that Affect them**

### **775 Partnership Forum Chair's Report**

The Employee Director presented the Chairs Report from the Area Partnership Forum meetings held on the 19 November 2019, 17 December 2019 and 21 January 2020.

The Chief Executive advised that members of the Area Partnership Forum had raised concerns around culture and behaviour and he felt that it had been courageous that this had been brought to the attention of the chair. It had been agreed to hold a development session to address this issue.

I Grieve queried if this should be considered as a concern within other committees and was advised that although nothing had been formally raised it should always be a consideration.

## **Decision / Conclusion**



Members noted the report.

776 **Meetings of Partnership Forum meetings held on 19 November 2019, 17 December 2019 and 21 January 2020**

Members noted the minutes provided.

## **Treated Fairly and Consistently**

777 **Policies and Procedures**

No policies had been submitted to the meeting for approval.

778 **‘Once for Scotland’ Policies and report on status of PINs and progress against Human Resources policy timetable – SG1920-34**

The Human Resources Manager advised that from 1 March 2020, staff across NHS Scotland are set to benefit from a comprehensive refresh of workforce policies which means no matter what NHS Board you are in, the policies will be the same, and easily accessible on any device.

Until now, Boards have operated with different local policies based on the minimum standards outlined in the national ‘PIN’ policies and enhanced at local level. This has meant that staff working across different Boards have been subject to different approaches and personal experience.

Over the past year, NHS Scotland employers, trade unions and the Scottish Government have worked together to agree a core set of modernised workforce policies and associated supporting documents.

The first set of policies to be published on 1 March 2020 is:

- Conduct
- Capability
- Bullying and Harassment
- Grievance
- Attendance
- Workforce Policies Investigation Process.

These would be taken forward in partnership with Human Resources Teams and staff side colleagues who had reviewed the policies and identified the differences. There was a need to ensure that this is communicated throughout the staff and awareness raising session would be held to support the roll out.

It was noted that some policies would remain as NHS Orkney policies if they were not part of Phase 1 or 2.

The Chief Executive sought assurance that the policies were suitable for all including those with visual impairments and it was agreed that this would be checked.

D Drever questioned the process for when policies required to be updated and was advised that this would be a national process with consultation process if the review had significant material changes.

*The Director of Nursing, Midwifery, AHP and Acute services withdrew from the meeting.*

## Decision / Conclusion

Members noted the update.

*Post meeting note: A Catto advised that;  
The NHSScotland Workforce Policies website was launched on 1 March 2020. We plan to make the website fully accessible in line with [new legislation](#) by the end of March 2020. At the moment (as of 1 March 2020) it is partially compliant. This website is improved on a regular basis in an Agile way and we want to be clear and transparent with regards to what we are doing to improve accessibility for the users of this software.  
This website is run by [NHS Education for Scotland](#). We want as many people as possible to be able to use this website. For example, that means you should be able to:*

- *zoom in up to 300% without the text spilling off the screen*
- *navigate most of the website using just a keyboard*
- *navigate most of the website using speech recognition software*
- *skip to content links at the top of the page*

*[AbilityNet](#) has advice on making your device easier to use if you have a disability*

## 779 National Whistleblowing Standards

The Head of Corporate Services delivered the recommendations on the National Whistleblowing Standards. She advised that the Area Partnership forum had suggested establishing a Short Life Working Group to drive the implementation of the standards locally.

Members were in agreement that work was required to ensure that there was consistency and clarity throughout the process. There was also a need to increase the number of confidential contacts as this had reduced due to staff turnover.

There would be close working with Jason Taylor, the new Non Executive Whistle Blowing Champion to implement the standards

Members were advised that the standards were extensive and wider reaching than the processes currently in place and included the Voluntary Sector, GPs and education.

J Taylor noted his agreement with the recommendations made, there was a national event being held for all newly appointed Whistle Blowing Champions and Board Chairs to provide more information and clarity around the role and how this related to the implementation of the standards.

The Employee Director noted that the Area Partnership Forum should drive the implementation of the standards. She agreed with the need to ensure that there

were more confidential contacts and that they were appropriately trained. There was also a need to ensure that the reporting structure was correct.

I Grieve noted that there was a need for clarity when communicating the role of the Whistle Blowing Champion and reinforcing to staff the correct reporting structures that were in place, she also felt that it would be useful to link this with the recommendations from the Sturrock review.

The Employee Director noted that negative press over the years around whistle blowing had resulted in people becoming very wary about using this method. It was noted that appropriate communication with anyone raising a grievance was essential.

It was agreed that the correct governance route for reporting should be Area Partnership Forum to Staff Governance to Board. With a suggestion that any Short Life Working Group reports to the Staff governance Committee.

## **Decision / Conclusion**

Members noted the standards and agreed to the establishment of a Short Life Working Group to drive the implementation of the Standards locally.

780

## **Health and Social Care Staff Experience Report 2019 – SGC1920-36**

The Head of Corporate Services delivered the report to members advising that there were 4 Key Performance Indicators for Boards in relation to iMatter:

- Response rate - NHS Orkney's response rate reduced from 83% in 2018 to 66% in 2019, higher than the national response rate of 62%, and among the highest response rates of the territorial boards.
- No Report - NHS Orkney had an increase in the number of "no reports" in 2019 – 30% of the teams did not receive the required 60% response rate to receive a report
- Employee Engagement Index – NHS Orkney's EEI score has dropped slightly from 76 in 2018. The current score being 75.
- Action Plans Agreed – only 70% of teams completed an improvement action plan, a significant drop in number from the previous year.

The Chief Executive noted that for the organisation to improve there was a need to further understand the responses.

The Head of Corporate Services agreed and advised that staff also needed to take some responsibility to find information out as well as ensuring that managers were communicating with their teams.

The Employee Director noted that Social Care staff would be completing the report for the first time in 2020 and this gave potential for significant changes in the results. The Head of Corporate Services advised that Social Care staff would be a separate report but would feed into the overall survey outcomes.

It was agreed that there may be some resilience in the first year for Social Care staff but once changes were implemented from the results it would encourage staff

to engage in future years.

## **Decision / Conclusion**

Members noted the National Health and Social Care Staff Experience Report 2019.

## **Provided with a Safe Working Environment**

### **781 Occupational Health and Safety Chairs Report**

The Head of Corporate Services presented the Chairs Report from the recent Occupational Health and Safety meetings

Key pointes highlighted were:

- The Flu Vaccination campaign had been a success, as at 30 January 2020 the Board have reported a total of 62.1% of staff immunised against the 60% standard. Compared to last year 45-46% this was a positive increase and the team involved were commended on this work.
- The Committee had approved the Water Safety Policy
- The Committee received the Fire Risk Assessment for The Balfour and Graham House which highlighted a number of housekeeping issued which would be addressed. There had also been issues with certain staff groups not attending fire training.
- There remained issues with staff continuing to park in patient parking spaces. Fleet parking had also been challenging for staff finding the cars.

Members raised concerns that staff were not attending statutory and mandatory training, noting that once eESS was live for booking training data around staff who did not attend training would be much easier to capture.

## **Decision / Conclusion**

The Committee noted the report and requested a report on compliance with training once the eESS system had been live for 6 months.

### **782 Information Governance Chairs Report**

The Head of Corporate Services delivered the Chairs Report from the recent meetings of the Information Governance Group highlighting the following:

- There had been a agreement reached on retention period of Dental GP17 Forms
- The group had approved the Memorandum of Understanding for the provision of Data Protection advice to GP Practices.
- The updated Records Management Plan approved for submission to Keeper of the Records
- Assurance had been provided around disaster recovery arrangements
- The audit findings on the use of VPN tokens had been reported
- USB port locking had been discussed along with the need to share this information with staff.

## Decision / Conclusion

The Committee noted the report and the assurance provided.

### 783 Workforce planning guidance – SCG1920-39

The Head of Corporate Services presented the report advising that the new guidance supports a partnership approach to workforce plans and replaced CEL 32(2011).

She advised that NHS Orkney and Integrated Authorities (IA) through their Health and Social Care Partnership were required to publish its first 3 year workforce plans by 31st March 2021. All Boards would continue to submit workforce projections by 30 June each year with an annual reporting process to be developed for completion in the intervening years between 3 year plans.

It was a requirement for NHS Boards and IAs to identify and nominate responsible officers to ensure the publication of the 3 year plans and reporting templates.

The Chief Executive noted that the IJB workforce planning would be at a high level. The IJB had been sent the information and guidance and the Chief Officer tasked with ensuring that this was taken forward.

*I Grieve left the meeting*

## Decision / Conclusion

The Committee noted the new guidance and changes it contained.

## Risks

### 784 Staff Governance Risk Report

The Head of Corporate Services highlighted the risks that were currently assigned under staff Governance.

There are currently 3 risks logged as Staff Governance Risks, one was being managed through the Technology Enabled Care Board, one was an operation risk in relation to staffing and failure to meet targets and one related to the transition of OHS and HR services being managed through the Transition Group

## Decision / Conclusion

Members noted the report

## Committee Annual Report

### 785 Terms of Reference

Members had been provided with the updated Terms of reference for review and approval.

## Decision / Conclusion:

The Committee approved the Terms of Reference.

## 786 **Committee Risks, Controls and Assurance Framework**

Members had been provided with the updated Committee Risks, Controls and Assurance Framework for review and approval.

### **Decision / Conclusion**

The Committee approved the Committee Risks, Controls and Assurance Framework

## 787 **Work Plan**

Members approved the new Business Cycle and agreed to remove the previous year's work plan.

## 788 **Business Cycle**

Members had been provided with the updated Business Cycle for review and approval.

### **Decision / Conclusion**

The Committee approved the Business Cycle

## 789 **Issues Raised from Governance Committees**

There had been no reports from the Chairs of the Governance Committees regarding cross committee assurance.

## 790 **Agree any issues to be raised to Board/ Governance Committees**

The Committee agreed that the following items should be reported to the:

### **Board**

- The appointment of the Whistle Blowing Champion and implementation of the Standards
- To highlight the concern around the figures for Medical Appraisal and revalidations

## 791 **Any Other Competent Business**

### Peedie Breeks

Members noted that Peedie Breeks nursery would be closing in the summer and that the impact on staff should continue to be monitored.

### Human Resources Manager

Members noted that this would be A Catto's last meeting of the Staff governance

committee and give thanks for her valuable input and contribution over her time on the Committee.

792 **Schedule of meetings**

The schedule of meetings for 2020/21 was noted.

793 **Record of Attendance**

The record of attendance was noted.

794 **Committee Evaluation**

Members noted that it had been a long meeting but this had enabled valuable discussion and debate to be carried out on important agenda items.

## Not Protectively Marked

### NHS Orkney Board – 25 June 2020

**Report number – OHB2021-32**

**This report is for noting**

### Finance and Performance Committee – Chair’s Report

<b>Lead Director Author</b>	Mark Doyle, Interim Director of Finance Davie Campbell, Finance and Performance Committee Chair
<b>Action Required</b>	The NHS Orkney Board is asked to:  1. <u>Review</u> the report and note the issues raised
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 28 May 2020 and 17 June 2020 and it was agreed that these should be reported to the Board:
<b>Timing</b>	The Finance and Performance Committee highlights key issues to the Board as appropriate.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability.
<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.



<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.
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**Not Protectively Marked****NHS Orkney Board – 25 June 2020****Finance and Performance Committee – Chair's Report****Davie Campbell, Finance and Performance Committee Chair****Section 1 Purpose**

The purpose of this paper is to provide the minutes of the meetings of the Finance and Performance Committee. This paper will highlight the key items for noting.

**Section 2 Recommendations**

The Board is asked to:

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

**Section 3 Background**

This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 28 May 2020 and 17 June 2020. It was agreed that this should be reported to the Board.

**Section 4 Issues Raised****1. Performance Management Report**

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

- Performance in the Emergency Department remained positive
- Access to services had reduced in the last reporting period as a result of the scaling back of elective services to support the Covid-19 pandemic response.
- Urgent access had been maintained in line with national guidance and incrementally restarting service provision was being taken forward as part of remobilisation, guided by clinical prioritisation.

**2. Near Me Update**

The Chief Quality Officer presented the Near Me Update which provided an update on the rollout of Near Me across services. Key points included:

- The Near Me project was in place before Covid-19, however since the pandemic it had been rolled out much quicker and on a much wider scale.
- Members agreed that the rapid rollout of Near Me had been extremely positive., with many services embracing it as fully as possible.
- NHS Orkney was in discussion with third sector partners regarding extending Near me use to their services.

The Committee agreed that NHS Orkney should celebrate this success and promote it as a positive step forward to embed in future practice for clinicians and build community confidence.

### **3. New Balfour Hospital NPD Project Semi-Annual Operations Review**

D Cunningham and D Anderson, Currie & Brown presented the New Balfour Hospital NPD Project Semi-Annual Operations Review. Members were taken through the review in detail and were assured of findings. The Chair praised members for the high level of scrutiny of the report and commended the good working relationship had between Currie & Brown and NHS Orkney. The next review was due to take place in June 2020.

### **4. Technology Enable Care Strategy 2020-2023**

The Head of Digital Transformation and IT presented the Technology Enabled Care Strategy 2020 – 2023. Key points highlighted included:

- The Near Me rollout had been a large part of the strategy
- There had been an eHealth strategy in place from 2015, which had been refreshed to reflect the need to support both health and care sides of NHS Orkney services.
- The strategy had gone out for consultation across the workforce and NHS Orkney partners.
- Digital transformation had massively supported the Covid-19 response both within NHS Orkney and across Scotland and links into both the Corporate strategy and workforce planning.

Members fully supported and endorsed the intent and content of the strategy; however, concerns were raised surrounding risk, finance and clinical support and it was felt that these should be attached before the Board should approve the strategy.

### **5. Financial Performance Management Report**

The Interim Director of Finance delivered the Financial Performance Management Report advising that:

- NHS Orkney was yet to receive its allocation from the Scottish Government, meaning that neither month 1 or 2 reports had been completed. It was believed that these allocations would be received soon.
- NHS Orkney met all three targets set out by Scottish Government Health & Social Care:
  - Revenue Resource Limit (RRL)
  - Capital Resource Limit (CRL)
  - Contain its spending and Cash requirement

- The Integration Joint Board delivered a breakeven position.

## **6. Covid-19 – Local Mobilisation Plan Weekly Finance**

The Interim Director of Finance delivered the Covid-19 – Local Mobilisation Plan update, highlighting anticipated additional COVID 19 Health Board costs, anticipated Health and Social Care Partnership COVID 19 costs, anticipated Health Board under achievement savings for 2020-21 and anticipated Health and Social Care Partnership Board under achievement savings for 2020-21.

The next update to the Scottish Government was due on the 22/6/2020

## **7. Annual Accounts / Audit Update**

The Interim Director of Finance delivered an update on the Annual Accounts for the year ended 31 March 2020 advising the documents were being finalised alongside the auditors and would be brought to the Audit and Risk Committee and NHS Orkney Board meetings on 25 June 2020. He advised that the auditors had not recommended any significant changes to the original draft and that he would report to the Board that NHS Orkney had delivered against its three financial targets.

## **Appendices**

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 06 May 2020 and 28 May 2020

## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Wednesday, 06 May 2020 at 10:00**

- Present:** Davie Campbell, Non Executive Director (Chair)  
Mark Doyle, Interim Director of Finance  
Caroline Evans, Non Executive Director  
Meghan McEwen, Non Executive Director  
Gerry O'Brien, Chief Executive
- In Attendance:** Christina Bichan, Chief Quality Officer  
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management  
David Drever, Non Executive Director (deputy for James Stockan)  
Kenny Low, Value and Sustainability  
Fiona MacKellar, Employee Director  
Pat Robinson, Chief Finance Officer  
Iain Stewart, Chief Executive Designate  
Louise Wilson, Director of Public Health  
Christy Drever, Committee Support (minute taker)

### 97 **Apologies**

Apologies were noted from David McArthur, Marthinus Roos, Sally Shaw, Keren Somerville and James Stockan

### 98 **Declarations of Interests – agenda items**

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

### 99 **Minutes of Meeting held on 20 February 2020**

The minute of the meeting held on 20 February 2020 was accepted as an accurate record of the meeting and was approved.

### 100 **Matters Arising**

#### 709 – Annual Operational Plan Update

D Drever enquired whether this had been progressed any further. The Chief Quality Officer advised that all figures for Mental Health had been submitted, however a lack of capacity with the team presented concerns for the data being submitted in future. The Chief Quality Officer and her team would continue to work closely with the Mental Health team to ensure the data continues to be submitted on time.

#### 748 – Draft Financial Plan

The Board Chair raised that she felt the “detailed recovery plan” should be progressed further and required more work to enable educated decisions to be made. The Interim Director of Finance advised that this had been discussed at the Board meeting in February and members had agreed that The Medical Director and Director of Nursing, Midwifery and Allied Health professionals could take this report

forward. Members were advised that the paper would be split between the Interim Director of Finance, Chief Quality Officer, Medical Director and Director of Nursing, Midwifery and Allied health Professionals for progression within different areas. The Chief Quality Office advised that she would be covering acute services and had been looking at a recovery plan for a medical and nursing perspective and would meet with the Interim Director of Finance to discuss this. It was agreed that an update would be brought to the next Board meeting with more information including risks and clinical comments.

## 101 **Action Log**

The action log was reviewed and updated as required.

### **Performance Management**

## 102 **Performance Management Report – FPC2021-**

The Chief Quality Officer presented the Performance Report which provided an update on performance with regards to the Local Delivery Plan standards. She highlighted that this was an abbreviated report, with only key highlights to update members including:

- Accident and Emergency numbers remained positive. This had been due to reduced attendance for a period due to the Covid-19 lockdown rules. This had been the same throughout Scotland, however a recent national campaign had caused a significant increase in activity, back to a more 'normal' level.
- Outpatients work had been scaled down in preparation for Covid-19. Near-me provisions were being utilised and had received a positive response with many specialties embracing virtual consultations. This and a slightly lower referral rate from primary care had allowed waiting lists to be managed
- Ophthalmic services had been maintained throughout, due to the need for monthly and bimonthly injections.
- The Treatment Times Guarantee had slightly worsened as services weren't running as normal. Urgent diagnostic scopes for the suspected cancer pathway were still running as normal, however there had been delays in accessing treatment due to restricted access to NHS Grampian services at present. Members were advised that NHS Orkney was working closely with the National and NHS Grampian cancer teams regarding this, including reporting to the Scottish Government on a weekly basis.
- There had been a focus on keeping delayed discharges at zero, and it had been noted that the opening of the new care home had helped towards this and would hopefully continue to do so.

The Chief Quality Officer noted that the new way of working throughout the pandemic had been a very beneficial learning experience, which could prove useful when the time comes that NHS Orkney returns to business as usual.

The Board Chair queried whether we were making use of services available to us from Golden Jubilee, where NHS Grampian were struggling. The Chief Quality Officer advised that we rely on NHS Grampian consultants to engage the pathway to Golden Jubilee and that they had been trying to utilise this where possible.

The Chief Executive Designate highlighted that the report didn't provide the full detail

of performance targets and how we compare to these. The Chief Quality Officer advised that the full report normal would, showing where we had deviated from the projected targets and how it was planned to rectify this.

The Chief Executive Designate suggested that overall the performance in Mental Health targets was very good, better than the Scottish average. However, we are still below the Scottish target, which should be shown in the report in future.

The Chair queried whether there had been any deviation in the returns requested by the Scottish Government during the Covid-19 outbreak, however the Chief Quality Officer advised that all returns were still required and there had been additional reporting required during the outbreak.

The Chief Executive informed members that G Woolman, Audit Scotland had strongly reminded Boards that the Covid-19 outbreak would not be accepted as an adequate excuse as for the majority of 2019/20 we had been working as normal before the pandemic began.

## **Decision/Conclusion**

Members noted the update and were assured of progress.

## **Financial Management and Control**

### **103 Covid-19 – Local Mobilisation Plan Weekly Finance Return – FPC2021-02**

The Interim Director of Finance delivered the report explaining that the Board was required to submit a weekly plan to the Scottish Government detailing mobilisation costs as a resulting from the Covid-19 outbreak. Key points highlighted from the return were:

- Costs to the end of March 2020 were in the region of £300-400k and it was hoped that an allocation would come from the Scottish Government for this.
- Additional Covid-19 costs were anticipated to be £9.8m.
- Anticipated unachieved savings for 2020/21 of £4.6m.
- The Scottish Governments potential costs for Covid-19 were significantly higher than the available budget, meaning potential issues regarding how this would be allocated for 2020/21.
- Retrospective approval from the Scottish Government was required for expenditure in excess of £100k

The Interim Director of Finance advised that he would be meeting with the Head of Corporate Services to discuss additional staffing costs in the near future.

David Williams had advised that recurring savings of £800k for the Integration Joint Board (IJB) should be anticipated as undelivered for 2020/21, however the Interim Director of Finance was keen to continue working towards achieving these and other recurring savings across the Board.

The Chief Executive Designate advised that the introduction of Testing, Tracing, Isolating and Supporting (TTIS) from the Scottish Government could generate extra costs. He highlighted that it was important to monitor whether the staff who are self-isolating or shielded would be able to work in any form from there, which could potentially include contact tracing. He noted that five staff members were currently

## 12.1.1

trained in contact tracing, and it had been estimated that a further 5 staff should be trained.

The Chief Executive Designate advised that he would be meeting with the Chief Officer of the IJB soon and he anticipated that recurring savings would be discussed, so he would update the Interim Director of Finance as required.

The Chief Executive Designate advised that he was in discussions with John Connaghan regarding the cost of two new ventilators for NHS Orkney as these would cost approximately £250k per month on top of our current costs. At present there are four ventilators, with a further two of the same kind and four which could be operated out with the ventilation unit ordered, so we are in a good position.

The Chief Finance Officer advised that if the IJB provided recurring savings for the Board, they would need to ensure they provide savings for the local authority. She advised that a meeting had been held with members of both sides of the partnership present, to discuss how to provide savings. As a result of this, workshops had been set up to drive forward savings and efficiencies, however these had been put on hold during the Covid-19 outbreak.

The Board Chair sought clarification that retrospective approval had been received for the previous Covid-19 expenditure and was advised by the Interim Director of Finance that whilst we had not had approval, Richard McCallum had taken responsibility at a recent Directors of Finance meeting to seek assurance from the Scottish Government.

The Chief Executive queried how the anticipated £4.6m unachieved savings had been calculated and suggested that a revision of the anticipated costs would be required, as the anticipated £9.8m had been based on previous scenarios and strategies which had since been updated. This would also allow for a better understanding of the current plan across the Board. The Interim Director of Finance agreed that these figures should be updated and he would bring a revised report to the next meeting in order to provide clarity to members and the Board. He advised that whilst he had planned for a worst-case scenario with the anticipated unachieved savings, he intended to continue towards delivering those savings.

The Chair queried whether the staff absence rate had increased during the outbreak, noting that it tended to be roughly 5%. The Chief Quality advised that the current average was 19%, with the peak week being around 22-23%. It was noted that this was less than had been projected, however the more challenging element of the absence was the shielding element, as we had not planned for this, and it might go on for longer than the anticipated 12-week period. Members were advised that the Head of Corporate Services was monitoring the situation and the Chief Quality Officer agreed to bring staff absence into future performance reports.

The Employee Director added that while NHS Orkney hadn't seen significant numbers of Covid-19 patients, there might be a peak in patients and there would be significant ongoing rehabilitation and care needs for these individuals, and this expenditure would need to be recognised with the plans. The Interim Director of Finance agreed that these ongoing costs were being factored into the plans.

### **Decisions/Conclusion**

Members noted the update and were assured of progress.



## 104 Financial Performance Management Report – FPC2021-03

The Interim Director of Finance delivered the Financial Performance Management Report, highlighting that:

- Subject to audit approval and sign off of the annual accounts by NHS Orkney Board, the Board had achieved its financial targets for the year ended 31 March 2020
- The Board would report an underspend to the Scottish Government of £55k on its RRL and an underspend of £1k on its CRL to 31 March 2020

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

The Chief Executive enquired whether there were any year end accruals or assumptions which the Board should be concerned with. The Interim Director of Finance advised that he had expressed concerns regarding the charges for the NHS Grampian SLA, in particular within Mental Health where there had been a dispute regarding costs of a locum Psychiatrist. However he expressed confidence that the accounts would stand up to scrutiny otherwise. The only other concern would be the Covid-19 costs; however, a month 13 allocation would be provided by the Scottish Government for this.

The Chief Executive Designate suggested that other aspects of the SLA with NHS Grampian needed to be reviewed and closely monitored. The Interim Director of Finance advised that he would be reviewing the SLA closely to ensure the accounts would stand up to scrutiny by the auditors.

### Decisions/Conclusion

Members noted the update and were assured of progress.

## 105 NHS Orkney Annual Accounts for year ended 31 March 2020 – FPC2021-04

The Interim Director of Finance delivered an update on the Annual Accounts for the year ended 31 March 2020 advising that:

- the Covid-19 outbreak and subsequent lockdown had had a significant impact on the preparation of the annual accounts
- the normal completion date would be 13 June 2020; however, the Scottish Government and Technical Accounting Group had agreed a delayed deadline of 30 September 2020, and had agreed that a slimmed down version of the accounts could be provided.
- NHS Orkney would work towards a deadline of 31 July 2020 and planned to submit the full accounts as normal, with a template being provided in the coming days, and a full narrative the following week. These would be passed on to the Chief Executive for review and comment.

The Chair queried how it would affect our return if the Boards which NHS Orkney had an SLA with, utilised the full extension offered. The Interim Director of Finance advised that he had been in discussion with Richard McCallum regarding this and had been advised that normally if a discrepancy in the accounts was over £100k then this would need to be reviewed and resolved, however this year that figure had been revised to £500k. It was likely that our figures would differ to those from NHS Grampian, and this would be discussed with the auditors, however due to the existence of previous disputes the Interim Director of Finance believed that this

would not cause a significant issue.

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

## **Decisions/Conclusion**

Members noted the update and were assured of progress

### **106 Annual Operational Financial Plan 2020/21 – 2022/23 – FPC2021-05**

The Interim Director of Finance delivered the Annual Operational Financial Plan, which builds on the reports previously provided to the committee and to the Board. He highlighted that £5.232m in recurring savings would be required over the 3-year period, noting that in the past the Board had more often brought itself into balance with non-recurring savings.

The Interim Director of Finance advised that he and the Chief Quality Officer planned to review each area of the plan and plan how to return to 'business as usual' as soon as possible to ensure we meet the targets this year.

The Board Chair raised concerns that the paper wasn't detailed enough to provide assurance that the Board would be able to find the £5.2m savings. The Chief Executive Designate suggested that whilst 60% recurring savings would be great, more would be fantastic and set the Board up well for the future.

The Interim Director of Finance advised that he would refine the report for the Board meeting 28 May 2020 to provide a higher level of assurance regarding the work to be done to achieve savings.

The Chief Executive queried that when the plan was initially drafted, we were confident we would receive a capital to revenue transfer, however that confidence had been reduced as the Scottish Government capital funds had been transferred for Covid-19 costs. The Interim Director of Finance advised that he would raise these concerns with Alan Morrison later in May. He also advised that whilst this should not be placed on the risk register, it should go in the next updated version of the Plan.

## **Decisions/Conclusion**

Members noted the update and were assured of progress.

### **107 NHS Orkney 2020/21 Budget Setting – FPC2021-06**

The Interim Director of Finance delivered the report on 2020/21 budget setting for NHS Orkney advising that budget setting would follow the completion of the Annual Operational Plans. He highlighted that under normal circumstances the Annual Operational Plans would normally have been signed off by the Board and Scottish Government by this time in the year, however due to the Covid-19 outbreak the process had been delayed. He advised that as soon as the sign off was complete set budgets would be allocated to each budget manager for 2020/21.

## **Decisions/Conclusion**

Members noted the report.

108 **Banking Arrangements – FPC2021-07**

The Interim Director of Finance delivered the updated banking arrangements report highlighting that Keren Somerville, Head of Finance had been added as an authorised signatory.

**Decisions/Conclusion**

Members approved the updated banking arrangements.

**Governance**

109 **Finance and Performance Annual Report – FPC2021-08**

The Chair presented the Finance and Performance committee Annual Report which had been circulated virtually for comment by members and amended accordingly.

The Chair agreed to talk to the Vice Chair and review the current position.

Post Meeting Note: The Chair has had a discussion with the vice chair and agreed to keep the current arrangement in place and review in August 2020.

**Decisions/Conclusions**

Members approved the Annual Report.

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

No issues had been raised.

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

**Board**

- Annual accounts including an agreed timetable for completion and sign off
- Revised Annual Operational Financial Plans
- Mobilisation Costs and Plans
- Financial Performance Management Report

**Staff Governance Committee**

- Long-term staff absence due to Covid-19
- Transformational change required to provide recurring savings

112 **Any Other Competent Business**

There was no other business raised for discussion

## Items for information and noting only

113    **Next meeting**

Members noted that the next meeting would be held virtually on 20 March 2020

114    **Record of attendance**

Members noted the record of attendance.

115    **Committee Evaluation**

The Chair praised the good level of scrutiny of reports. Members agreed that the current level of information within papers enables effective scrutiny and that reports should be kept at this quality or increased in future.

*The meeting closed at 11.15*

## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Wednesday, 28 May 2020 at 14:00**

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

**In Attendance:** Christina Bichan, Chief Quality Officer  
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts Management (for item 254)  
Fiona MacKellar, Employee Director  
Keren Somerville, Head of Finance  
Iain Stewart, Chief Executive Designate  
Jason Taylor, Non Executive Director  
Brenda Wilson, Interim Director of Nursing  
Louise Wilson, Director of Public Health  
Christy Drever, Committee Support (minute taker)  
Derek Anderson, Currie & Brown (for item 254)  
David Cunningham, Currie & Brown (for item 254)

### 248 **Apologies**

Apologies were noted from David McArthur, Marthinus Roos and Sally Shaw

### 249 **Declarations of Interests – agenda items**

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

### 250 **Minutes of Meeting held on 06 May 2020**

The minute of the meeting held on 06 May 2020 was accepted as an accurate record of the meeting and was approved.

### 251 **Matters Arising**

#### 100 – Annual Operational Plan

The Board Chair queried whether the process for submission of Mental Health figures had been streamlined and they were continuing to be submitted on time. The Chief Quality Officer advised that the most recent submission had been submitted on time, and that her team would work closely with the Mental Health team to ensure they continued to be submitted on time.

#### 106 – Annual Operational Financial Plan

The Chair enquired whether the meeting between the Interim Director of Finance and Alan Morrison had taken place, and was informed that it had not taken place, due to Covid-19.

The Board Chair enquired whether there was an update on the retrospective approval for previous Covid-19 expenditure, however the Interim Director of Finance advised that Richard McCallum was looking into this on behalf of the Directors of Finance meeting.

### 252 **Action Log**

The action log was reviewed and updated as required.

### **Performance Management**

### 253 **Performance Management Report – FPC2021-09**

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

- Performance in the Emergency Department continues to be good. It was noted that there had been reduced numbers presenting in the Emergency Department during the Covid-19 pandemic, however these were beginning to increase at times.
- Elective work or had been scaled back to allow for the Covid-19 response, meaning referrals and outpatients procedures had reduced significantly. Concerns were raised by members that there might be a surge in referrals from primary care when we return to business as normal, however the Chief Quality Officer advised that she believed referrals would build up slowly, as services would be reopened gradually. She advised that some services had remained throughout the pandemic, in line with national guidance, whilst other priority services had resumed in the past few weeks.
- Part of the covid-19 response include the rollout of Near-Me. All services areas were making use of this in some way, and some had even moved to almost entirely virtual consulting. Members recognised that this facility had ensured that those patients who needed advice could receive it in a safe way.

The Chief Executive suggested that, given the significant pressure across all services, the numbers reflected well and credit should go to those maintaining services and utilising new ways of working as much as possible. However, he also suggested that perhaps the way numbers were reported for the Emergency Department did not always provide a true reflection. At present many patients were being treated within the department, rather than moving on, meaning they might show as a breach when in fact it was down to new protocols.

The Board Chair praised the level of detail within the report however she highlighted that there were some inconsistencies in how data was presented which the Chief Quality Officer advised she would rectify in future.

J Stockan queried how NHS Orkney compared to other Scottish Boards and the Chief Quality Officer advised that NHS Orkney were in a good position compared to other boards due to the low numbers of positive cases in Orkney. She advised that the uptake of Near Me provisions by NHS Orkney services had been a great benefit to us and allowed us to continue to provide a high level of service.

Members praised the drive from clinicians to ensure that patients were seen in some way, or could be managed safely at home in the interim. J Stockan queried whether

## 12.1.2

there were any areas which could be improved. The Chief Quality Officer advised that there had been variable uptake within Primary Care, with some practices using Near Me well and others who find using the telephone more suitable. She advised that one practice had suggested they were seeing more patients per clinical session via Near Me than they had in their usual face-to-face consults.

The Chair advised that a detailed report on Near Me would be brought to the next meeting.

F MacKellar queried the reduction in the waiting list for rheumatology, noting that whilst this had reduced, the breaches in this area had increased. The Chief Quality Officer advised that this was likely to be due to a clinic being run, however the patients who were seen would not always be those who had been waiting longest, as they were taken in order of clinical priority, as had been agreed with the Scottish Government. She stressed that it had been important for clinicians to balance which services could and could not be done safely in the current environment, whilst ensuring patients were seen in some way,

The Chief Quality Officer advised that NHS Grampian had given notice that they wish to remove the visiting rheumatology service in three months. The Chief Quality Officer was in negotiation regarding this and would ensure provisions were in place throughout these negotiations and going forward. She advised that the rheumatology clinicians had been redeployed in Aberdeen Royal Infirmary wards due to Covid-19, so this might present difficulties for NHS Orkney resuming to “business as usual”.

The Chief Executive Designate praised the positive results within Ophthalmology, with a reduction from over 160 patients on 7 April, to just over 100 on 11 May.

The Board Chair acknowledged that there would be some GP practices or clinicians who would perhaps wish to make use of Near Me, however were unable to due to digital connectivity issues. The Board Chair had spoken to the Value and Sustainability Lead, and this would be evaluated and would be discussed with the report at next month’s meeting.

J Taylor praised the very informative performance report, stressing that there would always be some patients who were not capable of using technology to connect for a variety of reasons and that face to face would always be the best option for some consultations, meaning it would be difficult to reach 100% usage. The Chief Quality Officer acknowledged this, noting that if a proportion of the services convert to using Near Me, it would free up space within outpatients, allowing those who do need to be seen face-to-face to do so in a safer environment whilst adhering to social distancing.

The Chair praised the report, whilst querying how we could capture the areas for improvement. The Chief Executive Designate and Chief Quality Officer advised that this had been raised at SMT and they would be working together on this going forward.

F MacKellar queried whether sickness absence rates on the next report should be split between Covid-19 related and other absence reasons as the overall absence levels would be significantly higher. The Board Chair raised concerns that this might present a confidentiality issue, depending on the numbers, however F MacKellar thought that this would not be the case. The Chief Quality Officer advised that she would add this to the next report.

## Decision/Conclusion

Members noted the update and were assured of progress.

### 254 **New Balfour Hospital NPD Project Semi-Annual Operations Review – FPC2021-10**

This item was taken at the beginning of the meeting to allow the Head of Support Services, Logistics and Contracts Management, D Cunningham and D Anderson to be present for the report.

The Head of Support Services, Logistics and Contracts highlighted that this report was produced completely independently from his team by Currie & Brown who work on behalf of NHS Orkney so their advisors were in attendance to present the report and provide scrutiny.

D Cunningham and D Anderson, Currie & Brown presented the New Balfour Hospital NPD Project Semi-Annual Operations Review. Key points highlighted included:

- The report had been delayed by the Covid-19 outbreak and subsequent lockdown
- Currie & Brown were appointed as the Authority Technical Advisors for the project providing independent reviews of the project to confirm that parties were operating correctly and complying with the agreement. Site visits were arranged twice each year to review the site and facilities and meet with key parties to discuss progress.
- This was the first report for the project, covering the period to the end of January 2020, meaning that it was historic, and did not reflect the impact of the Covid-19 pandemic.
- The report found that the project had been operating and complying with the agreement. There had been significant concerns, including high level reductions made regarding the performance of contractors, with a warning notice issued. Deductions had been made for availability and performance failure events including the long-standing issues surrounding Renal and CDU causing unavailability within those areas.
- Reductions had been incurred as a result of the time taken to resolve problems when reported to Robertson's FM.
- Better communication between parties had been encouraged during the site visit in January 2020 and was noted to have improved since then.
- NHS Orkney Estates Team had needed to assist the contractors more than would be expected at this stage of the project.
- Robertson's FM's performance was adequate, however there had been some difficulties with the supply chain which had impacted overall performance. The Advisors hoped that this would be greatly improved when the next site visit and report take place.

The Chief Executive Designate thanked the advisors for the report, praising the good working relationship had between Currie & Brown and NHS Orkney.

The Board Chair noted that the maintenance reserve account was stated to have had a shortfall and enquired whether this was still the case. She was advised that the cash flow forecast should detail this and was updated on a monthly basis. This could be explained further by Robertson's within the monthly operational meetings.



The Head of Support Services, Logistics and Contracts Management advised that a number of defects had been carried over when Robertson's Construction handed over to Robertson's FM, and that NHS Orkney had received the biggest payment returned in Scotland, suggesting that this would be due to how the contract had been managed. He further advised that the Chief Executive had scrutinised all figures and, upon his retirement the Interim Director of Finance and Head of Finance would continue this level of scrutiny.

The Head of Support Services, Logistics and Contracts Management advised that members were working with Project Co to ensure all monies owed came back to NHS Orkney, advising that these would come back in the form of revenue. The Chief Executive advised that £978k was held by Project Co on our behalf.

The Chief Executive suggested that at the Board meetings regarding the contract, there had been discussions surrounding the downturn in the construction industry due to the Covid-19 pandemic which might present a cash flow issue for Robertson's in future.

Members were reminded that NHS Orkney was in a 25-year partnership with Robertson's.

The Chair enquired whether there had been any issues since January 2020 which would not be covered in this report which the advisors thought members should be made aware of and was advised that there was not and that this would be covered in the next report. The Head of Support Services, Logistics and Contracts Management advised that this report goes back to when the building first began to be used by NHS Orkney. He advised that discussions had taken place throughout the development of the contract and that NHS Orkney had suggested that it might be challenging at times due to the Boards location. National advisors and lawyers had scrutinised the contract carefully which had allowed for reductions to take place.

The Chair praised members for the high level of scrutiny and thanked the Head of Support Services, Logistics and Contracts Management, D Cunningham and D Anderson for their report.

*The Head of Support Services, Logistics and Contracts Management, D Cunningham and D Anderson left the meeting.*

### **Decision/Conclusion**

Members noted the update and were assured of progress.

### **Financial Management and Control**

#### **255 Covid-19 – Local Mobilisation Plan Weekly Finance Return – FPC2021-11**

The Interim Director of Finance delivered the Covid-19 – Local Mobilisation Plan update advising that this paper had been reviewed at the Board meeting earlier that day and had been discussed by members at length.

The Board Chair raised concerns over the use of multiple terms throughout reports to describe the Integration Joint Board, including the Health and Social Care Partnership. She stressed that it would be helpful if both sides of the partnership,

and those within it, used the same terms to allow us to discuss important matters. Members agreed that in order to deliver savings as a partnership, it was important to use the correct dialogue and begin having meaningful conversations.

## **Decisions/Conclusion**

Members noted the update and were assured of progress.

### **256 NHS Orkney Annual Accounts for year ended 31 March 2020 – FPC2021-12**

The Interim Director of Finance delivered an update on the Annual Accounts for the year ended 31 March 2020 advising that this paper had been reviewed at the Board meeting earlier that day and had been discussed by members at length.

## **Decisions/Conclusion**

Members noted the update and were assured of progress

## **Governance**

### **257 Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

#### **Board**

- Positive Performance Management Report including use of Near Me facilities by services
- Detailed review of Balfour Contract

### **259 Any Other Competent Business**

There was no other business raised for discussion

## **Items for information and noting only**

### **260 Next meeting**

Members noted that the next meeting would be held virtually on 18 June 2020

### **261 Record of attendance**

Members noted the record of attendance.

### **262 Committee Evaluation**

The Chair praised the discussion of two big subjects, noting that some items on the agenda had already been reviewed at the NHS Orkney Board meeting earlier that same day, meaning minimal discussion had been needed.

Members discussed the potential for continuing the more frequent meeting schedule,

## 12.1.2

allowing for shorter, more focused meetings each time. However, it was agreed that this might be problematic as the burden for providing reports might fall on the same people each time, which might prove difficult with shorter turnaround times. J Stockan also noted that more frequent meetings might make it more difficult for members to attend all meetings.

*The meeting closed at 15:05*

## Not Protectively Marked

### NHS Orkney Board – 25 June 2020

**Report Number: OHB2021-33**

**This report is for assurance, comment and approval**

### Audit and Risk Committee – Chair’s Report

<b>Lead Director Author</b>	Mark Doyle, Interim Director of Finance David Drever, Audit and Risk Committee Chair
<b>Action Required</b>	The Board is asked to: <ol style="list-style-type: none"> <li>1. To <b><u>note</u></b> the report</li> <li>2. <b><u>Seek assurance</u></b> on performance</li> </ol>
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Tuesday, 2 June 2020.
<b>Timing</b>	The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.

<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.
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## **Not Protectively Marked**

### **NHS Orkney Board**

**Subject**     Audit and Risk Committee Chair's Report

**Author**     David Drever, Audit and Risk Committee Chair

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#### **Section 1            Purpose**

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 2 June 2020.

#### **Section 2            Recommendations**

The Board is asked to:

1. **Review** the report

#### **Section 3            Background**

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday, 2 June 2020.

#### **Section 4            Discussion**

##### **4.1    Equalities External Audit Report**

Members were presented with the findings of the external audit report regarding equalities, which concluded that there were arrangements in place within NHS Orkney to demonstrate compliance with the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

##### **4.2    Internal Audit Progress Report**

This report highlighted to members of the Committee that progress with the revised 2019/20 plan (as had been discussed and agreed at previous Audit and Risk Committee meetings) was on track for completion by Friday, 12 June 2020.

##### **4.3    Workforce Strategy Internal Audit Report**

A positive report was received regarding Workforce Strategy within NHS Orkney. From this report, there were many examples of good practice which could be taken, specifically:

- The strategic approach to the identification of training needs prioritised within

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each clinical area;

- Service Area Plans considering local and national initiatives, future priorities and workforce established in each clinical area; and
- A Transition Group managing the process of bringing HR and Occupational Health services back within NHS Orkney, with a clear project plan in mind.

There was one area for improvement noted within the report around staff appraisal engagement and uptake.

#### **4.4 Draft Annual Accounts 2019/20**

The Audit and Risk Committee received the draft Annual Accounts for 2019/20 for review and comment. It was noted that the final version would be taken to the Audit and Risk Committee meeting on Thursday, 25 June 2020, seeking a recommendation of Board approval.

#### **4.5 Virtual Meetings**

Committee members felt it important to note that a one-hour virtual meeting was proving to be more succinct and focused than a two-hour meeting face-to-face. All members agreed that conducting the Committee via virtual means sharpened focus, intensity and quality of the meetings and that this should be kept in mind for future reference.

## **Appendices**

**Appendix 1**      Approved minute from Wednesday, 20 May 2020

## Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Wednesday, 20 May 2020** at **12:30**

**Present:** David Drever, Chair  
Davie Campbell, Vice Chair  
Fiona MacKellar, Employee Director (joining from 12:40)  
Jason Taylor, Non-Executive Director

**In Attendance:** Mark Doyle, Interim Director of Finance  
David Eardley, Chief Internal Auditor, Scott Moncrieff  
Claire Gardiner, Senior Audit Manager  
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

166 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

167 **Apologies**

Apologies were received from C Bichan and J Colquhoun.

168 **Declarations of Interest**

No interests were declared.

169 **Minutes of previous meeting held on 3 March 2020 and 5 May 2020**

The minute of the Audit and Risk Committee meeting held on Tuesday, 3 March 2020 and Tuesday, 5 May 2020 were received by the Committee and approved as a true and accurate record of the meeting, subject to the below amendments:

- 5 May 2020 minutes – D Drever should be recorded as 'Interim Chair' and J Taylor noted as 'in attendance' at the meeting as Board approval had not been confirmed for those appointments to office at the time of the meeting.

170 **Matters Arising**

There were no matters arising additional to the agenda.

171 **Action Log**

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

172 **External Audit**

G Woolman provided a verbal update to the Committee regarding external audit.



Firstly, C Gardiner, was welcomed to the Committee as the new Senior Audit Manager for NHS Orkney. She would be supporting G Woolman in all aspects of external audit work relating to NHS Orkney, Orkney Island Council and Orkney Health and Care.

Secondly, there had been discussion at the previous meeting regarding the conclusion of audit work taking place in July, however, work had progressed faster than had been anticipated at the 5 May 2020 meeting and the original deadline of the 25 June 2020 Board meeting was once more looking achievable.

*[F MacKellar joined the meeting at 12:40]*

## **Internal Audit**

### **173 Internal Audit Progress Report**

D Eardley delivered the progress report on internal audit works, highlighting to members that there were five pieces of work to be concluded in order to allow the compilation of the audit opinion. Of these pieces of work, three internal audits would be presented at today's meeting. The penultimate report on Workforce Strategy had been issued, with management response anticipated by close of play today. The final report on Digital Strategy was expected during the first week of June and would be presented to the late June meeting of the Audit and Risk Committee.

The Interim Director of Finance reminded members that the sixth internal audit report for Post Implementation Review had been deferred into the 2020/21 schedule of work.

## **Decision / Conclusion**

The Audit and Risk Committee were assured of the progress being made with internal audit and noted the hard work that was being undertaken by all to ensure all deadlines were met.

### **174 Internal Audit Plan 2020/21**

The Interim Director of Finance advised members that this item would be considered once the internal audit work for 2019/20 had been concluded.

## **Internal Audit Reports**

### **175 Risk Management Internal Audit Report – ARC2021-04**

The Audit and Risk Committee received the internal audit report on NHS Orkney's Risk Management. D Eardley presented the findings to members, highlighting that the report was a positive one denoting that the risk strategy was fit for purpose, though there were some minor, low-end risks that could be amended to further strengthen controls.

NHS Orkney's Risk Management Forum had made a good start with regard to risk registers and clear assignment of ownership to those risks. One suggestion that had come from the report was to standardise the format of risk register articulation to allow for consistency across the organisation.

M Swann also highlighted that the journey undertaken by the management team and Chief Quality Officer with regards to risk management, recording and appetite within the organisation was to be recognised and had been key to driving work forward.

Members of the Committee welcomed the positive report, noting that it provided a clear pathway and a range of opportunities for moving forward, specifically a standardised approach to the recording and updating of risks within DATIX.

## **Decision / Conclusion**

The Audit and Risk Committee noted the Risk Management internal audit report and were sighted on recognised opportunities for further innovation and improvement.

### **176 Clinical Governance Internal Audit Report – ARC2021-05**

The Audit and Risk Committee received the Clinical Governance internal audit report, presented by D Eardley.

Members noted that it was a balanced report which highlighted good practice and that the controls in place regarding the management of adverse events were working well.

There were areas for improvement relating to DATIX, training and some aspects of policy and procedure, however this did not nullify the fact that processes were generally fit for purpose.

## **Decision / Conclusion**

The Audit and Risk Committee received the internal audit report for Clinical Governance and were sighted on areas requiring improvement.

### **177 Waiting Times Internal Audit Report – ARC2021-06**

The Audit and Risk Committee received the internal audit report for Waiting Times, presented by M Swann.

The positive report noted that NHS Orkney has a generally sound system of controls to support effective monitoring and reporting of patient waiting times in the areas reviewed, with reasonable and proportionate steps being taken to ensure compliance with policies, procedures and practices. There was one area for improvement noted regarding the reporting into performance statistic. M Swann highlighted that with regard to that area for improvement, it was key to recognise that NHS Orkney were not misreporting to the organisations benefit and that resolving this minor issue would only improve NHS Orkney performance statistics.

## **Decision / Conclusion**

The Audit and Risk Committee received the internal audit report for Waiting Times and were sighted on the one area for improvement.

## **Risks**

## 178 **Risks Escalated from Governance Committees**

No risks had been escalated from other Governance Committees.

### **Governance**

#### **Governance Committee Annual Reports 2019/20**

## 179 **Finance and Performance Committee Annual Report 2019/20 – ARC2021-07**

The Committee received the Finance and Performance Committee Annual Report for 2019/20.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Annual Report.

## 180 **Staff Governance Committee Annual Report 2019/20 – ARC2021-08**

The Committee received the Staff Governance Committee Annual Report for 2019/20.

### **Decision / Conclusion**

The Audit and Risk Committee approved the Annual Report.

#### **Governance Committee Workplans 2020/21**

The Chair introduced the Governance Committee Workplans to members of the Committee, noting that following discussion with the Chair of the Board it was acknowledged that there would be a degree of reprioritising of the schedule of works for each of the Governance Committees throughout the year due to the situation presented by COVID-19. To accommodate this fluidity, the Audit and Risk Committee noted the provided workplans as outlines, with the proviso that they may be subject to change at each of the Governance Committees' discretion.

## 181 **Finance and Performance Committee Workplan 2020/21 – ARC2021-09**

The Committee received the Finance and Performance Committee Workplan for 2020/21.

### **Decision / Conclusion**

The Audit and Risk Committee noted the Workplan.

## 182 **Remuneration Committee Workplan 2020/21 – ARC2021-10**

The Committee received the Remuneration Committee Workplan for 2020/21.

### **Decision / Conclusion**

The Audit and Risk Committee noted the Workplan.

## 183 **Staff Governance Committee Workplan 2020/21 – ARC2021-11**

The Committee received the Staff Governance Committee Workplan for 2020/21.

## **Decision / Conclusion**

The Audit and Risk Committee noted the Workplan.

## **Governance Committee Terms of Reference 2020/21**

### **184 Finance and Performance Committee Terms of Reference 2020/21 – ARC2021-12**

The Committee received the Finance and Performance Committee Terms of Reference for 2020/21.

## **Decision / Conclusion**

The Audit and Risk Committee approved the Terms of Reference.

### **185 Remuneration Committee Terms of Reference 2020/21 – ARC2021-13**

The Committee received the Remuneration Committee Terms of Reference for 2020/21.

## **Decision / Conclusion**

The Audit and Risk Committee approved the Terms of Reference.

### **186 Staff Governance Committee Terms of Reference 2020/21 – ARC2021-14**

The Committee received the Staff Governance Committee Terms of Reference for 2020/21.

## **Decision / Conclusion**

The Audit and Risk Committee approved the Terms of Reference.

### **187 Agreed items to be brought to the attention of Board or other Governance Committees**

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

### **188 Any Other Competent Business**

No other competent business was raised.

## **Items for Information and Noting only**

### **189 Audit Scotland Reports**

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

- COVID-19 Impact on Public Audit briefing paper

### **190 Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

191 **Record of Attendance**

The Committee noted the record of attendance.

192 **Committee Evaluation**

Committee members agreed that the meeting had progressed well, that it was short and focused with good, in depth reports received. Needed answers to key questions were received to enable the planning for the way forward.

Members felt that three internal audits per agenda were an optimal amount, allowing for the correct level of discussion and deliberation.

*Meeting closed at 13:23*

## Not Protectively Marked

**NHS Orkney Board – 25 June 2020**

**Report number: OHB2021-34**

**This report is for noting**

### Key Legislation

<b>Lead Director Author</b>	Gerry O'Brien, Chief Executive Emma West, Corporate Services Manager
<b>Action Required</b>	The Board is asked to:  1. <u>Note</u> the list of key documentation issued as attached at Appendix 1
<b>Key Points</b>	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.
<b>Timing</b>	The list of key documentation is presented to the Board at each meeting.

## Key Documentation issued by Scottish Government Health and Social Care Directorates

### Circulars

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

Reference:	Date of Issue:	Subject:
<b>PCA(M)(2020)09</b>	20.05.2020	GP practices: additional funding: COVID-19 update and clarification
<b>PCA(P)(2020)10</b>	20.05.2020	Pharmaceutical services: amendments to the drug tariff part 11 discount clawback scale
<b>PCA(O)(2020)08</b>	21.05.2020	General Ophthalmic Services COVID-19: further important information for community eye care providers
<b>PCA(P)(2020)11</b>	05.06.2020	Implementation of Near me in community pharmacy
<b>CDO(2020) 06 update</b>	08.06.2020	Remobilisation of NHS Dental Services in Scotland: preparations to step up into phase 2
<b>DL(2020) 16</b>	10.06.2020	Further guidance re annual leave and public holidays during the COVID-19 pandemic
<b>PCA(P)(2020)12</b>	10.06.2020	Medicines collection service for shielding individuals
<b>PCA(D)(2020)09</b>	15.06.2020	Remobilisation of NHS Dental Services
<b>PCA(O)(2020)09</b>	17.06.2020	General Ophthalmic Services: COVID-19 recovery planning: practice self-declaration form; PPE requirements and supply arrangements
<b>CDO(2020)07</b>	18.06.2020	NHS Dental Services Phase 2 remobilisation

## NHS Orkney - Board - Attendance Record - Year 1 April 2020 to 31 March 2021:

Name:	Position:	9 April 2020	23 April 2020	30 April 2020	14 May 2020	28 May 2020		
<b>Members:</b>								
	<b>Non-Executive Board Members:</b>							
M McEwen	Chair	Attending	Attending	Attending	Attending	Attending		
D Drever	Vice Chair	Attending	Attending	Attending	Attending	Attending		
D Campbell	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
C Evans	Non Executive board member	Attending	Attending	Attending	Attending	Attending		
I Grieve	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
S Johnston	Area Clinical Forum Chair	Attending	Attending	Apologies	Attending	Attending		
F MacKellar	Employee Director	Attending	Attending	Attending	Attending	Attending		
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
J Taylor	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
	<b>Executive Board Members:</b>							
G O'Brien	Chief Executive	Attending	Attending	Attending	Attending	Attending		
I Stewart	Chief Executive Designate	Attending	Attending	Attending	Attending	Attending		
D McArthur	Director of Nursing, Midwifery and AHP	Apologies	Apologies	Attending	Apologies	Apologies		
M Roos	Medical Director	Attending	Attending	Attending	Attending	Attending		
L Wilson	Director of Public Health	Attending	Attending	Attending	Attending	Attending		
	<b>In Attendance:</b>							
M Doyle	Interim Director of Finance	Attending	Attending	Attending	Attending	Attending		
S Shaw	Chief Officer - IJB	Attending	Attending	Apologies	Attending			
E West	Corporate Services Manager	Attending	Attending	Attending	Attending	Attending		



# 15.2

<b>Attending</b>								
J Colquhoun	Head of Corporate Services	Attending						
D Crohn	Head of Digital Transformation and Information Technology	Attending						
B Wilson	Interim Director of Nursing			Attending	Attending	Attending		