

# NHS Orkney Board

## 27 August 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 27 August 2020** at **10:00 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 16 July 2020</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Governance</b>			
6.1	Corporate Governance arrangements	Chair/Interim Chief Executive	OHB2021-45	To <u>approve</u> the amendments to the previous temporary governance arrangements
7	<b>Clinical Quality and Safety</b>			
7.1	Infection Prevention and Control Report	Director of Nursing, Midwifery, AHP	OHB2021-46	To <u>review</u> and <u>seek assurance</u> on performance

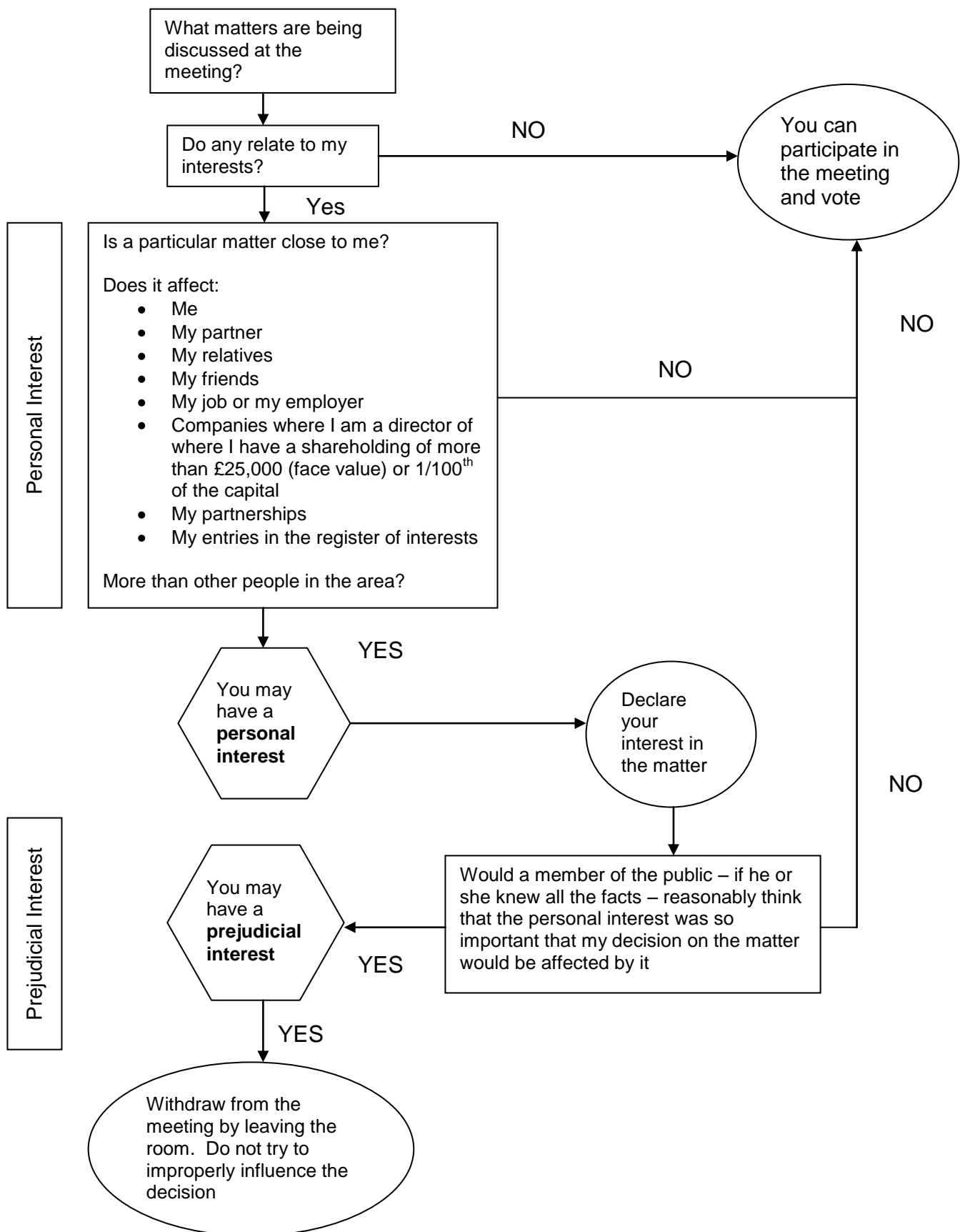
Item	Topic	Lead Person	Paper Number	Purpose
		and Acute Services		
7.2	Duty of Candour Annual Report	Director of Nursing, Midwifery, AHP and Acute Services	OHB2021-47	To <u>review</u> the report and seek assurance on performance
7.3	Clinical and Care Governance Committee Chairs report and minute from meeting held 26 June 2020	Clinical and Care Governance Committee Chair	OHB2021-48	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
7.4	Area Clinical Forum Chairs report and minute from meeting held 30 June 2020	Area Clinical Forum Chair	OHB2021-49	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>8</b>	<b>Workforce</b>			
8.1	iMatter/Everyone Matters Pulse Survey	Head of Corporate Services	OHB2021-50	To <u>note</u> the update provided
8.2	Staff Governance Committee Chairs report	Staff Governance Committee Chair	Verbal	To <u>note</u> the verbal update provided
<b>9</b>	<b>Organisational Performance</b>			
9.1	Financial Management Performance Report	Interim Director of Finance	OHB2021-51	To <u>review</u> the in year financial position and <u>note</u> the year to date position
9.2	Performance Management Report	Chief Quality Officer	OHB2021-52	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
9.3	Chair's Report – Finance and Performance	Finance and Performance Committee Chair	OHB2021-53	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	Committee and minute of meeting held on 17 June 2020			
10	<b>Risk and Assurance</b>			
	No agenda items this meeting			
11	<b>Any other competent business</b>			
12	<b>Items for Information</b>			
12.1	Key Legislation	Chair	OHB2021-54	To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
12.2	Active Governance – letter to NHS Chairs	Chair		To <u>note</u> the letter issued
12.3	Orkney Partnership Board minute 12 March 2020			To <u>note</u> the minute
12.4	Record of Attendance			To <u>note</u> attendance record
12.5	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 16 July 2020** at  
**10:00 am**

**Present**

Meghan McEwen, Chair  
David Drever, Vice Chair  
Davie Campbell, Non Executive Board Member  
Caroline Evans, Non Executive Board Member  
Issy Grieve, Non Executive Board Member  
Steven Johnston, Non Executive Board Member  
Fiona MacKellar, Employee Director  
David McArthur, Director of Nursing, Midwifery, AHP and Acute Services  
Marthinus Roos, Medical Director  
James Stockan, Non Executive Board Member  
Jason Taylor, Non Executive Board Member  
Louise Wilson, Director of Public Health

**In Attendance**

Christina Bichan, Chief Quality Officer  
Julie Colquhoun, Head of Corporate Services  
Mark Doyle, Interim Director of Finance  
Emma West, Corporate Services Manager (minute taker)

481     **Apologies**

Apologies were noted from Sally Shaw and Michael Dickson.

482     **Declarations of interests**

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

483     **Minute of previous meeting held on 25 June 2020**

The minute of the meeting held on 25 June 2020 was accepted as an accurate record of the meeting and was approved.

484     **Matters Arising**

Communications

J Stockan noted the need for clear communication around testing and community transmission as the population required reassurance on the preparedness of the Board as lock down eased.

485     **Board Action Log**

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

**Covid-19**

486     **NHS Orkney Remobilisation Plan update – OHB2021-35**

The Chief Quality Officer presented the report advising that a letter to Chief Executives from Christine McLaughlin, Director of Planning, Scottish Government on 3 July 2020

set out the requirements for first draft remobilisation plans to be built upon and extended to cover the period to the 31 March 2021, with a focus on the 3 priorities of Remobilise, Recover and Redesign. Work was progressing to deliver the next iteration of the plan, in line with the guidance provided, ahead of the deadline of the 31 July 2020. Engagement with staff had been very positive and teams had been working collaboratively around this.

D Drever questioned the planning in place with respect to the partnership with the Integration Joint Board (IJB) and was advised that there were specific issues within the delivery plans that would require IJB involvement, work would continue to ensure that directions and commissioning arrangements were in place.

J Taylor welcomed the engagement with the Area Partnership Forum and workforce as a whole to maximise learning. He questioned whether there would be resources from Scottish Government to help with the roll out of near me. Members were advised that the Head of Digital Transformation and IT was involved with the national team and would ensure that all opportunities for maximising support around digital aspects were explored.

D Campbell noted the communication, engagement and involvement including the third sector and sought further information around the Patient Public Reference Group (PPRG). The Chief Quality Officer advised that the group had been established as part of the planning group for the new Balfour, the group met quarterly chaired by the Director of Nursing with representatives from community councils and the wider public. She noted that establishing a group that was truly representative of public views was challenging. Work continued around how to capture the views of population as a whole and build on virtual engagement to help shape the communication plans around remobilisation and recovery.

The Employee Director acknowledged the drive for digital first and that this was excellent when appropriate but issues had been raised by staff that there was the potential of introducing unintentional delays and that traditional models of care were still very valuable in some situations. Space was also a challenge with The Balfour and this needed to be considered when restarting services. Staff Health and Wellbeing was paramount with a need to be cognisant and thoughtful around the concerns of staff and managing expectations.

The Chair questioned whether there was a communications strategy around remobilisation and was advised that this was being developed in conjunction with the PPRG, Area Clinical Forum and Area Partnership Forum. Templates were being used to consider broadening of plans based on the previous Annual Operational Plan including the impact on budgetary position and performance. She reiterated that the timescales were very challenging but it was essential to gain a full picture of what the Board could be expected to deliver.

The Director of Nursing, Midwifery, AHP and Acute Services supported this approach, which tested what would be deliverable and amended and readjusted targets as required; he also supported the views on staff welfare and the need for fast implementation of support structures.

### **Decision / Conclusion**

The Board noted the update provided, acknowledged the challenging timescales for submission and commended the hard work of staff to achieve these.

### **Clinical Quality and Safety**

#### **487 Infection Prevention and Control Annual Report – OHB2021-36**

The Director of Nursing, Midwifery, AHPs and Acute Services presented the Infection and Prevention Annual report for noting.

He highlighted the success with Catheter Associated Urinary Tract Infection (CAUTI) statistics, departments were actively assessing the patients' needs for urinary catheter before insertion and daily, with a total of three infections being identified within the year which was an outstanding achievement in terms of patient safety. This gave significant confidence in the care being received and was a tribute to Nursing, AHP and Social Care staff in both Primary, Secondary and Social Care.

The team had also managed to meet or exceed most targets, with the exception of Staphylococcus Aureus Bacteraemia (SABs), throughout the Covid period to date and had worked tirelessly to achieve a high level of understanding with staff and services, this was a success that should be congratulated.

The Chair echoed and amplified the comments made noting that the Infection Control Team had been phenomenal throughout the Covid period.

I Grieve noted the very positive report and questioned whether the outstanding results were associated to the move to the new Balfour. The Director of Nursing, Midwifery, AHP and Acute Services advised that the CAUTI and Norovirus results had been equally as impressive in both sites, the new hospital had both positives and challenges and it was through the reinforcement of Infection Control Standards that targets would continue to be met and exceeded.

D Campbell commended staff for adapting so quickly to the new ways of working, he noted that hand hygiene had now changed to peer review and staff should be supported to have the confidence and empowerment to implement this.

S Johnston gave thanks to the team for their work before and throughout Covid and asked that this be directly fed back, he noted that the antimicrobial stewardship work focused on the hospital and questioned whether there was equivalent work in primary care. Members were advised that there was, especially in NHS Orkney practices, the independent practices produced their own data around this.

### **Decision / Conclusion**

The Board noted the report and asked that the gratitude of the Board for the delivery of services was fed back to the Infection Control Team.



#### 488 **Infection Prevention and Control Report – OHB2021-37**

The Director of Nursing, Midwifery, AHPs and Acute Services presented the report highlighting the below key points:

- NHS Orkney's validated SABs cases was zero at the time of reporting for the first quarter.
- NHS Orkney's validated Clostridium Difficile infection cases was zero at the time of reporting for the first quarter.
- 105 Hand hygiene observations had been undertaken in the first 2 weeks of June 2020, an overall score of 96% was achieved for both opportunity and technique
- NHS Scotland National cleaning services audit results were 95% for domestics and 99% for Estates in May 2020
- No Hospital bay or ward outbreaks of Norovirus had been reported since 2012
- The results for the MRSA Screening Clinical Risk Assessment for quarter one was 86%, the lowest compliance for some time and had not met the national target of 90%, work would be completed to ensure that this increased, small numbers could affect the target by narrow margins.

#### **Decision / Conclusion**

The Board noted the report including the performance for surveillance undertaken and the detailed activity in support of the prevention and control of Healthcare Associated Infection.

#### 489 **Clinical and Care Governance Committee Chairs report and minute from meeting held on 4 June 2020 – OHB2021-38**

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report advising that the committee had met on the 26 June and highlighting the following:

- Members had discussed the progress around the Children's Inspection Improvement plan, with external attendance at the meeting from agencies involved, this had given a higher degree of assurance and would continue to be monitored.
- Members had received an update around Mental Health, including the task and finish group, consideration to the way Mental Health Services were delivered in Orkney and the work around the Mental Health Strategy.

The Director of Nursing, Midwifery, AHP and Acute Services noted that he had been very impressed with the progress made, he advised that a Public Protection lead nurse had now been appointed and would be in post by October, it was proposed that B Wilson would remain with the Board for a further timescale and this was being considered in terms of work planning and funding.

The Chair welcomed the progress made around both issues but noted that it was essential that there was an exit strategy and a plan on how to bring accountability back within the existing structure. It was stated that the exit strategy formed part of the considerations of the Senior Management Team.

### Decision / Conclusion

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

#### 490 **Area Clinical Forum Chairs report and minute from meeting held on 2 June 2020 – OHB2021-39**

Steven Johnston, Chair of the Area Clinical Forum presented the report for information and assurance. He highlighted the following:

- Members had been provided with a summary of the development session around Technology Enabled Care and C Cube, this had been a very useful session hosted by the Head of Digital Transformation and IT and included discussion round priorities and challenges.
- The ACF had approved amendment to their Terms of Reference to include the Chair of the GP Sub and Hospital Sub Committees as members, due to the Area Medical Committee currently not functioning. It was stressed that this was only a temporary solution to ensure medical input as the AMC was an important committee and a solution to its reformation would continue to be sought.
- Members had discussed R Dijkhuizen's resignation letter and were seeking assurance that the issues raised were being progressed by the Board.

### Decision / Conclusion

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

### Person Centred

#### 491 **Patient Feedback Annual Report 2019/20 - OHB2021-40**

The Chief Quality Officer presented the Patient Feedback Annual Report seeking Board approval for submission to the Scottish Government by the 30 September 2020, members were advised that the deadline had been extended nationally due to Covid-19.

It was noted that there was an inaccuracy on the first page of the report as there had been an increase rather than a decrease in activity. During the year there had been 73 Early Resolution Complaints of which 89% had been responded to within the 5 day timescale, and 46 Investigation Complaints of which 39% were responded to within the 20 day timescale. This was the second year since the introduction of the new Complaints Handling Procedure and the process was now starting to embed, work would continue to capture information, especially within non-clinical services.

It was noted that the 39% response rate would look to be improved but noted that these complaints often involved more complex issues that needed further investigation, and the figure of 39% related to complaints being fully concluded within the timescale.

The main themes noted in year had been related to waiting times and the quality and experience of patient care, the majority of complaints were recorded within acute services but it was noted that Independent Primary Care providers dealt with their own complaints and were not included in the reporting figures.

There had been an increase in patients contacting their MSP to make a complaint on their behalf, this seemed to be a change in practice.

Staff uptake of statutory and mandatory training continue to be very good and compared positively to other board areas.

### **Decision / Conclusion**

The Board approved the report for submission to the Scottish Government by the deadline of the 30 September 2020.

### **Workforce**

#### **492 Staff Health and Wellbeing – OHB2021-41**

The Head of Corporate Services presented the report noting that NHS Orkney, like all employers, had a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work, as set out in the Health and Safety Strategy and Wellbeing Strategy. The paper provided an update on the response to the Scottish Government Circular DL(2020)8 around staff health and wellbeing during Covid-19 and the strategic framework that would inform a refresh of the Staff Health and Wellbeing Strategy.

Members were advised that there would be a national one off survey to measure staff experience during the Covid period as the national iMatter work has been paused and was unlikely to restart, in addition to the national work a bespoke survey had been tested across Corporate Services.

Covid trees had been established to capture experiences throughout the Covid period, this was an interactive piece of work to provoke thinking and gather experience of the workforce, consideration was being given around how to involve community-based services in a similar way.

*Post meeting note: The Chair requested that making these available to all staff, not only those working in The Balfour, should be progressed.*

The Chair noted the importance of asking staff how they were and ensuring that support was available and easy to access.

The Interim Director of Finance questioned the timeline for the completion of the Staff Health and Wellbeing strategy, The Head of Corporate Services advised that the consultation work had begun in 2019, the working group had now been reinstated with a planned timescale of October 2020 for completion.

C Evans noted that the action around staff being able to raise concerns to their line managers had been categorised as a key priority and sought further information. The Head of Corporate Services advised that these were the actions set out that Boards needed to respond to, there was not adequate assurance that the mechanisms were in place, it was not that this was not happening but that further assurance was required around this area.

The Employee Director welcomed discussions nationally around health and wellbeing for staff being kept as a priority; managers should be asking how their staff were on a regular basis and as part of daily practice. It was noted that as many staff were working

remotely this could be difficult to pick up and so it was essential that staff were asked directly.

The Chair noted that the Board needed to do a better job of ensuring that answers were tracked and issues raised were appropriately responded to.

S Johnston noted the pausing of iMatter and questioned whether any information would be provided to allow a comparison against previous years. The Head of Corporate Services advised that NHS Orkney was very fortunate to have iMatter results and she was keen to understand from a Board perspective how these should be progressed.

The Director of Nursing, Midwifery, AHPs and Acute services noted the Board had a duty of care to staff to ensure that there were mechanisms in place to support their wellbeing and to listen more strategically to staff.

### **Decision / Conclusion**

The Board noted the update provided and requested a paper to next Board containing further options around progress with the iMatter results and the one off national survey.

### **Risk and Assurance**

#### **493      Audit and Risk Committee– Chairs report and minute of meeting held on the 2 and 25 June 2020**

D Drever, Chair of the Audit and Risk Committee presented the report advising that the Committee had met on the 25 June and 2 July 2020, he highlighted the following:

- The Committee had received the Digital Strategy Internal Audit report, this had been largely positive and reflected good practice but some areas for further work had been recommended and this would be monitored for progress.
- The NHS Orkney Annual Accounts had been approved by Board and submitted to the Scottish Government
- There had been in depth discussions around Information Governance including the data breaches and systemic issues which were to be discussed and reviewed further by the Board
- Concerns had been raised around the commitment and engagement with the Information Governance Committee and it was imperative that steps were taken to ensure managers were taking more accountability for compliance with Information Governance processes and procedures.

### **Decision / Conclusion**

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

#### **494      Summary from the Sharing Intelligence for Health and Care Group – OHB2021-43**

The Chair presented the report noting that this was a cross assurance group and the outcomes and recommendations would be monitored moving forward.

### **Decision / Conclusion**

The Board noted the update provided.

495 **Any other competent business**

No other competent business was raised.

**Items for noting**

496 **Key Legislation – OHB2021-44**

Members noted the key legislation issued.

497 **Record of attendance**

Members noted the record of attendance.

498 **Evaluation – reflection on meeting**

Members agreed that it had been a positive meeting.

499 **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.

Sarah Sutherland from the Orcadian Newspaper attended the meeting virtually and raised the below questions:

- Was there a current timeline for the review into data handling and the concerns raised by R Dijkhuizen? The Chair advised that the review was being developed and further information would be provided in due course, the issues raised by R Dijkhuizen were being reviewed as an improvement piece of work and would be shared once plans were in place.
- Had any other staff or clinical concerns been highlighted to the Board through it's Committees? The Chair advised that the Board had followed up the patient safety concerns and were assured that internal systems were good, a wider listening piece was taking place and the responses from this would be collated into common themes, the Board would then review how these were analysed and addressed
- Communication had been raised as an issue, how important did the Board feel there was a need to improve communication with both staff and the community? The Chair noted that communication was essential and the Board were committed to improving communication wherever possible.

## NHS Orkney Board Action Log Updated 12 August 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	<u>Staff Health and Wellbeing Strategy</u> Refresh of Strategy to be approved by Board	Meeting 16 July 2020	<b>October 2020</b>	Head of Corporate Services	Not due
02-2020/21	<u>iMatter/staff survey</u> Update to be provided around iMatter and the national survey	Meeting 16 July 2020	<b>August 2020</b>	Head of Corporate Services	On agenda

Completed actions deleted after being noted at following meeting

## Not Protectively Marked

### NHS Orkney Public Board – 27 August 2020

**Report Number: OHB2021-45**

**This report is for approval**

### Corporate Governance Arrangements

<b>Lead Director</b>	Michael Dickson, Interim Chief Executive
<b>Authors</b>	Meghan McEwen, Chair Emma West, Corporate Services Manager
<b>Action Required</b>	<p>The Board is asked to approve the return to corporate governance arrangements following a period of temporary arrangements while the organisation was dealing with the COVID-19 pandemic, specifically to approve:</p> <ul style="list-style-type: none"> <li>• That the Board will continue to convene its Board meetings virtually while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.</li> <li>• All Board meetings will be carried out in a manner which does not require the members and staff to physically meet.</li> <li>• The Board meeting cycle will return to the original schedule of bi-monthly meetings</li> <li>• The Governance Committees of the Board will following the standard reporting and meeting schedules agreed</li> </ul>
<b>Key Points</b>	This report sets out proposals to return to the Board's standard approach to governance with immediate effect.
<b>Timing</b>	<p>It was agreed that the temporary revision to the Board's governance arrangements would be reviewed at each meeting for their efficiency and appropriateness to the circumstances that NHS Orkney faces at any given time.</p> <p>Arrangements will be formally reviewed in the future if required.</p>

<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>
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## **Not Protectively Marked**

### **NHS Orkney Board**

### **Corporate Governance Arrangements**

**Megan McEwen, Chair**

**Emma West, Corporate Services Manager**

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## **Introduction**

At the meeting on the 9 April 2020 the Board agreed a number of temporary amendments to Corporate Governance Arrangements in response to the Covid-19 pandemic, these were:

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

It was agreed that arrangements would be formally reviewed at 4 weekly intervals and consider a return to business as usual when appropriate.

The paper seeks Board approval to re-establish the former Corporate Governance Arrangements with immediate effect.

## **Recommendations**

The Board is asked to approve the return to Corporate Governance Arrangements, while acknowledging that due to the ongoing nature of the Covid-19 pandemic and requirement for physical distancing some amendments will remain in place.

The Board is asked specifically to approve:

- That the Board and Governance Committees will continue to convene meetings virtually while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and

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wellbeing of anyone who would have otherwise attended the meeting.

- All Board and Governance Committee meetings will be carried out in a manner which does not require the members to physically meet.
- The Board meeting cycle will return to the original schedule of bi-monthly meetings
- The Governance Committees of the Board will follow the standard reporting and meeting schedules as approved

## **Proposed Revised Governance Arrangements**

### Public Attendance

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

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

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

The Board’s Standing Orders include the following provisions:

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

## **How the Board should function**

The Board will return to functioning in accordance with the current agreed Model Standing Orders.

### Calling of Board Meetings (Frequency)

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

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

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

## Quorum

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

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

The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside. This decision must be noted within the minute prior to the first agenda item being discussed.

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

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

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

## Submission of Papers

The Board will return to formal meeting papers for all items and papers will be submitted by the agreed deadline of 14 days before the meeting is to be held. Any exceptions to this will be through direct approval by the Chief Executive and Chair.

The Board discussions will be correctly and accurately recorded as a minute, where necessary the Board reserves the right to seek a specific written report on any matters that may arise from discussions that require such a record to be presented.

## Not Protectively Marked

### NHS Orkney Board Meeting – 27 August 2020

Report Number: OHB2021-46

This report is for discussion and noting

#### Title of report: Infection Prevention and Control Report

Lead Director Author	David McArthur, Director of Nursing, Midwifery, Allied Health Professionals and Acute Services (HAI Executive Lead) Rosemary Wood, Infection Control Manager
Action Required	The Board is asked to: <ul style="list-style-type: none"> <li>Note the HAIRT report</li> <li>Note the performance for surveillance undertaken</li> <li>Note the detailed activity in support of the prevention and control of Healthcare Associated Infection</li> </ul>
Key Points	<ul style="list-style-type: none"> <li>NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 1 provisional case at time of report for Q2 (Jul–Sept) and is currently being investigated. There is no indication it was linked to any invasive device. NHS Orkney is within its LDP for 2020-2021. (RAG Status <b>GREEN</b>)</li> <li>NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) 0 cases to date at time of report Q2 (Jul –Sept 2020). NHS Orkney is within its LDP for 2020-2021. (RAG Status <b>GREEN</b>)</li> <li>MDRO Screening Clinical Risk Assessment – is currently below target with 87% for both MRSA and CPE (<b>Amber</b>)</li> <li>82 hand hygiene observations were undertaken during the first and second weeks of July/Aug 2020. An overall of 95% for both opportunity and technique. (<b>GREEN</b>)</li> <li>NHS Scotland National Cleaning Services Domestic 96% and Estates 99% for month of July 2020. (<b>GREEN</b>)</li> <li>Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status <b>GREEN</b>)</li> <li>Education/guidance updates continues by the IPC team at the request of departments, the main topic being Transmission Based Precautions.</li> </ul>

<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Create an environment of service excellence and continuous improvement</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work and information referred to in this report supports the organisation in its contribution to the 2020 vision for Health and Social Care in relation to Safe and Effective Care.
<b>Benefit to Patients</b>	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).
<b>Equality and Diversity</b>	Infection Control policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Health Protection Scotland (HPS) and Healthcare Improvement Scotland (HIS) conduct equality impact assessment on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 1 – Board Wide Issues

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

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

#### LDP Standard 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 for *Staphylococcus aureus* bacteraemia (SAB)

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

NHS Orkney's *Staphylococcus aureus* bacteraemia (SAB) for LDP Q2 (Jul -Sept) 2020 is 1 provisional cases at time of this report and initial investigation can confirm it is not device related therefore not a preventable case.

LDP Standard 1 <sup>st</sup> April 2020 -31 <sup>st</sup> March 2021 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	Zero
Quarter 2	July - September	1 provision result to be confirmed by HPS
Quarter 3	October - December	
Quarter 4	January - March	

#### *Clostridium difficile*

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

NHS Orkney *Clostridium difficile* infection (CDI) for LDP Q2 (Jul-Sep 2020) is 0 cases at time of this report.

LDP Standard 1 <sup>st</sup> April 2020 - 31 <sup>st</sup> March 2021 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	Zero
Quarter 2	July-September	Zero at time of report
Quarter 3	October-December	
Quarter 4	January- March	

## Multi Drug Resistant Organism Screening (MDRO)-

An uptake of **90%** with application of the MDRO Screening Clinical Risk Assessment is expected to ensure that the national policy for MDRO screening is as effective as possible and therefore a safer patient environment. Following the lower result achieved for last quarter teams have been encouraged and monitored at the daily clinical huddle to remember to follow the CRA screening and ensure timely swabbing where required. The NHS Orkney CRA result remains higher than the Scottish average.

Below is current data for the 4 most recent quarters within your board, and for Scotland:

MRSA Uptake	2019_20 Q2	2019_20 Q3	2019_20 Q4	2020_21 Q1
Orkney	94%	94%	100%	<b>87%</b>
Scotland	88%	88%	87%	84%

CPE Uptake	2019_20 Q2	2019_20 Q3	2019_20 Q4	2020_21 Q1
Orkney	88%	91%	100%	<b>87%</b>
Scotland	86%	85%	85%	80%

## Hand Hygiene

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

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

Hand hygiene audit July/August 2020 had 82 observations. Opportunity taken was 95% and technique was 94%.

## Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results for July 2020 Domestic 96% and Estates 99%

## IP&C audits – update

The Infection Prevention & Control (IPC) team continue to undertake the Quality Assurance audits. The IPCT continue to offer advice, facilitate with any adjustments throughout the organisation as remodelling of services develops.

The IPCT are also involved in the remobilisation of services ensuring there are established patient pathways for both COVID -19 and non COVID-19, supported by staffing teams. Ensuring that hygiene facilities (IPC measures) and messaging are available for all patients, staff and visitors to minimise COVID-19 transmission such as;

- Hand hygiene facilities with hand hygiene posters with instruction on how to wash or use alcohol based hand rub.
- Good cough/respiratory etiquette and posters for staff, patients and visitors.
- Signage with messages to maintain physical distancing of 2m at all times and applying the correct personal protective clothing where this is to possible.

- Ensuring patient care equipment and the patient environment is frequently cleaned and decontaminated when required.
- Providing clear advice on use of face coverings and facemasks by patients, visitors and by staff as appropriate to delivery of care.
- Where possible and clinically appropriate to encourage remote consultations for patients rather than face to face.

## **COVID-19 update**

Additional screening in line with Scottish Government COVID patient testing has been applied throughout the organisation.

As per news updates from the interim Chief Executive for NHS Orkney, local teams have been working closely with our advisory stakeholders, Health Protection Scotland for the recent number of positive cases here in Orkney.

The IPC team have been working with teams in refresh training for any potential suspected or confirmed COVID-19 admissions into our healthcare facility. These facilities have all been tried and tested and staff training delivered in preparedness for a 2<sup>nd</sup> or 3<sup>rd</sup> wave of this virus.

## **Outbreaks/Exceptions**

(Reported are those that are assessed as AMBER or RED using the HPS Hospital Infection Incident Assessment Tool (HIIAT))

There is an ongoing Incident Management team involving Public Health team around the recent COVID cases as per ongoing press release.

## **Norovirus**

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

## **NHS Orkney Surgical Site Infection (SSI) Surveillance**

NHS Orkney participates in a national infection surveillance programme relating to specific surgical procedures such as Caesarean sections, hip fractures and large bowel surgery. This is coordinated by Health Protection Scotland (HPS) using national definitions and methodology which allows comparison with overall NHS Scotland infection rates. These results are now being fed through NSS Discovery for Boards to view.

## **Education update**

Good news story: Following a further education plan supported by the Board, Catherine Edwards, Infection Control Nurse, has recently successfully completed the BSc (Honours) degree in Nursing Practice, First-class honours. Plans are now underway to undertake further study in infection prevention and control specific modules.

The IPCT have offered further training sessions in preparedness for winter pressures for both primary and secondary care. Teams continue to complete the standard infection prevention & control education pathways (SIPCEPs) based on the standard infection prevention & control standards.



## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition there is a single report card which covers all non acute hospitals [which do not have individual cards] and a report card which covers *Clostridium difficile* specimens identified from non hospital locations e.g. GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). The national reports are official statistics which undergo rigorous validation which means final national figures may differ from those reported here. However these reports aim to provide more detailed and up-to-date information on healthcare associated infection activities at local level than is possible to provide through the national statistics.

### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month.

#### □ Healthcare associated cases

For each hospital the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e. reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.

#### □ Community associated cases

For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

#### ***Clostridium difficile*:**

<http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx?subjectid=79>

#### ***Staphylococcus aureus* Bacteraemia**

<http://www.hps.scot.nhs.uk/haic/sshaip/mrsabacteraemiasurveillance.aspx?subjectid=D>

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The Board report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/haic>

# NHS ORKNEY REPORT CARD

## *Staphylococcus aureus* bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

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

## *Clostridium difficile* infection monthly case numbers

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

## New Balfour Cleaning Compliance (%) Domestic

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

## New Balfour Estates Monitoring Compliance (%)

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

## Not Protectively Marked

<b>NHS Orkney Board – 27 August 2020</b>  <b>Report Number: OHB2021-47</b>  <b>This report is for noting.</b>  <b>Duty of Candour Annual Report 2019/20</b>	
<b>Executive Lead</b>	David McArthur, Director of Nursing, Midwifery, Allied Health Professionals and Acute Services
<b>Action Required</b>	The Board is invited to: <ul style="list-style-type: none"> <li>• To <u>review</u> report and</li> <li>• <u>Seek</u> assurances on performance.</li> </ul>
<b>Key Points</b>	<p>Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexpected events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.</p> <p>An important part of this duty is that we provide an annual report to show adoption and implementation of Duty of Candour in our services. In the following report, we outline how Duty of Candour has operated in NHS Orkney between the 1st April 2019 and the 31st March 2020.</p>
<b>Timing</b>	To be considered at the July 2020 meeting of the Clinical and Care Governance Committee and August 2020 meeting of the Board.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Be trusted at every level of engagement.</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>	Improved experience and quality of care.

<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.
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## **NHS Orkney Duty of Candour Report: 2019-20**

Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexpected events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

An important part of this duty is that we provide an annual report to show adoption and implementation of Duty of Candour in our services. In the following report, we outline how Duty of Candour has operated in NHS Orkney between the 1<sup>st</sup> April 2019 and the 31<sup>st</sup> March 2020.

### **1. About NHS Orkney**

NHS Orkney serves a small community of islands with a combined population of 22,190 people over a collection of 20 inhabited islands. Geographically we have unique challenges with the main transport links to the main island, where the hospital is situated, being via ferry or flight. The area can almost be considered entirely as rural with the largest town being Kirkwall, which has a population of 9,293 people. Our goal is to be the best remote and rural care provider in the UK.

### **2. How many incidents happened to which Duty of Candour applies?**

The Duty of Candour applies to incidents which are intended or unexpected, that resulted in death or harm as defined by the act, and are not the result of the natural course of someone's illness or underlying conditions. Between the 1<sup>st</sup> April 2019 and the 31<sup>st</sup> March 2020 there were 2 events where the Duty of Candour applied.

NHS Orkney identified these incidents through the clinical incident management process as per our Learning from Clinical Incidents policy. Both events were reviewed using the Significant Adverse Event review process.

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 <sup>st</sup> April 2019 and 31 <sup>st</sup> March 2020)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	1
The structure of a person's body changed	0
A person's life expectancy shortened	1
A person's sensory, motor or intellectual functions were impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them from dying	0
A person needed health treatment in order to prevent other injuries as listed above	0
<b>Total events Duty of Candour was applied</b>	<b>2</b>

### 3. To what extent did NHS Orkney follow the Duty of Candour procedure?

In 1 of the 2 cases (Incident reference: W-8123), it was recognised immediately after the event happened that the Duty of Candour requirements were met. The other case (Incident reference: W-8437/W-8440) came to light more than 5 months after the initial incident at the end stage of a diagnostic process and was escalated immediately upon identification. The report from this SAE is in the final stages of completion at the time of writing this annual report.

From the moment the events were recognised, the Duty of Candour requirements were followed in both cases. The people affected were contacted, apologies offered to them, and meetings to discuss the details of the event were arranged.

The patient and families where appropriate were asked how they wished to be involved in the review of the case and how they wished information to be shared with them.

### 4. Information about our policies and procedures

According to NHS Orkney's Learning from Clinical Incidents: Morbidity and Mortality Meetings and Management of Significant Adverse Events Policy, all clinical incidents are reported to the line manager and recorded on the Datix incident reporting system. The policy includes NHS Orkney's local Duty of Candour Procedure as an appendix.

The clinical risk and the level of review required of each incident is assessed by the Weekly Incident Review Group which includes the following individuals:

- Medical Director (or nominated deputy)
- Director of Nursing, Midwifery, AHPs & Acute Services (or nominated deputy)
- Clinical Quality Improvement Lead
- Acute Services Representative
- Chief Officer (or nominated Integrated Head of Service deputy)
- Chief Quality Officer
- Head of Clinical Governance & Quality Improvement
- Clinical Governance Facilitator
- Patient Experience Officer

The statutory requirement to refer to an external agency and compliance with the Duty of Candour is considered as part of this assessment. Furthermore, a clinical risk assessment takes place for all new complaints and litigation cases at the Weekly Incident Review Group.

Each Significant Adverse Event is reviewed to understand what happened and how care provided in the future can be improved. The level of review allocated by the Weekly Incident Review Group is dependent on the severity of the event as well as the potential for learning.

The implementation of recommendations from the Significant Adverse Event review is monitored by the Quality Improvement Hub and reported to the Quality and Safety Group.

NHS Orkney recognises that the Significant Adverse Event review process can be very distressing and emotionally trying for all staff involved as well as the patients receiving the care. Support is available to staff through line management structures as well as through the Occupational Health Service. This allows staff to contact the relevant individuals confidentially so support mechanisms can be developed to help them.

### **5. What has changed as a result?**

- Fluid balance monitoring within inpatient areas has been enhanced.
- Increased focus on standards of record keeping for nursing staff.
- The findings and improvement actions relating to the second SAE are still under development.

## 6. Other information

This is the second year of the Duty of Candour being in operation and it has been a year of learning and refining our existing Significant Adverse Event processes to include the Duty of Candour outcomes to help prevent a repeat of the outcomes and improve healthcare within NHS Orkney for the future.

As required, we have submitted this report to Scottish Ministers and we have also placed it on our website.

If you would like more information about this report, please contact us using these details: [directorof.nursing@nhs.net](mailto:directorof.nursing@nhs.net)



## Not Protectively Marked

### NHS Orkney Board – 27 August 2020

**Report Number: OHB2021-48**

**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: <ul style="list-style-type: none"> <li>• <u>Note</u> the report and <u>seek assurance</u> on performance</li> </ul>
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 14 July 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.
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## **Not Protectively Marked**

### **NHS Orkney Board – 27 August 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 16 July 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 14 July 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Members should note that a verbal update on these items was provided at the Board meeting on the 16 July 2020 due to the timing of the meetings.

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

##### **4.1 Children's Inspection Improvement Plan**

Members had discussed the progress around the Children's Inspection Improvement plan, with external attendance at the meeting from agencies involved, this had given a higher degree of assurance and would continue to be monitored.

##### **4.2 Mental Health Update**

Members had received an update around Mental Health, including the task and finish group, consideration to the way Mental Health Services were delivered in Orkney and the work around the Mental Health Strategy.

## **Cross Committee Assurance**

There were no issues to be escalated.

## **Appendices**

- Approved minute from the Clinical and Care Governance Committee meeting held on 26 June 2020.

## NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** on **Thursday 26 June 2020 at 14.00**

**Present**

Issy Grieve, Non Executive Board Member (Chair)  
 Steven Johnston, Non Executive Board Member (Vice Chair & Chair of Area Clinical Forum - ACF)  
 David Drever, Non Executive Board Member  
 Rachael King, Integrated Joint Board, (IJB) Chair  
 Meghan McEwen, NHS Orkney Chair  
 Steve Sankey, Integration Joint Board Member  
 John Richards, Integration Joint Board Member

**In Attendance**

Christina Bichan, Chief Quality Officer  
 Lynda Bradford (*Left at 15.15*)  
 Dawn Moody, Clinical Director of Primary Care  
 Sharon Ann Paget, Interim Chief Social Work Officer  
 Marthinus Roos, Medical Director  
 Heather Tait, Public Representative  
 Brenda Wilson Interim Director of Nursing  
 Louise Wilson, Director of Public Health  
 Heidi Walls, Committee Support

### 388 **Apologies**

Apologies had been received from, D McArthur, G O'Brien, Iain Stewart and Sally Shaw

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

No interests were declared in relation to agenda items.

### 390 **Minute of meeting held 4 June**

The minute of the Clinical and Care Governance Committee meeting held on 4 June 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendment, on the motion of David Drever and seconded by Steven Johnston.

- Page 6, penultimate paragraph, final sentence – the word 'assurance' amended to 'governance'

### 391 **Matters Arising**

#### **Roelf Dijkhuizen Resignation**

The Chair acknowledged the above letter circulated to staff and published in the Orcadian and reassured members that the senior team was listening to the issues raised. She highlighted the ongoing work to reform the Clinical and Care Governance Committee that had been started prior to receipt of the letter and confirmed that due diligence regarding the quality and safety of patient care was

in place.

The Chair further advised members that a request to inform staff more directly about the work of this committee, the Quality and Safety Group and the Clinical Strategy had been submitted to the NHS Orkney chair and new Chief Executive and the suggestion had been welcomed. An update for inclusion in the staff newsletter would be drafted and submitted as soon as possible.

### **Agenda Distribution List**

It was noted that only three elected Orkney Island Council members were listed on the agenda distribution list and it was confirmed that it should be four and that a replacement for the vacant position would be sought.

### **Improvement Plan – Recruitment of Lead Nurse**

The Interim Director of Nursing confirmed that a preferred candidate had been selected, but a follow up meeting to finalise arrangements was pending. It was hoped that a positive update would be provided at the next meeting.

### **Care Homes – Additional Clinical Responsibilities - CCGC 2021-08**

The Chair of the ACF advised that he would seek an update on the noted concerns of clinicians regarding difficulties in the escalation of highlighted issues.

### **Recovery Plan - CCGC 2021-11**

The chair noted that a verbal update on the remobilisation of care services would be provided at item 6.2.

### **Mental Health Update (Verbal)**

The chair noted that a paper providing additional details had been included with the meeting papers at item 10.2.

### **Children Protection Improvement Plan Register - CCGC 2021-12**

The Chair noted that although a request for a development session had been agreed at the last meeting, a lead for this piece of work had not been identified. In light of the current absence of the Chief Officer she asked if the chair of the IJB could provide an update on how key areas of work would be taken forward.

The Chair of the IJB advised members that at a recent meeting it had been agreed that a request under the appointment legislation had been made for a deputy Chief Officer and the outcome was pending. To further support interim arrangements she wondered if key areas of outstanding work could be highlighted to both health and social care chief executives and the Chief Officers Group. The NHS Orkney Chair agreed to take this forward.

S Sankey noted the importance of a development day and requested its addition to the action log to ensure members remained sighted on this item.

The Interim Director of Nursing noted that cross agency workshop with the

Orkney Public Protection Committee (OPPC) and Chief Officers Group (COG) group had been held earlier in the week and suggested that the write up of the outcome may help inform the arrangements and content of the proposed development session.

It was agreed that any further discussions regarding the proposed development session would be captured after the update to be provided at 10.1

### 392 **Action Log**

The Committee reviewed and updated the action log. (See action log for details)

### **COVID 19**

### 393 **Mobilisation Update - CCGC 2021 - 16**

The Chief Quality Officer presented the report to update members on the progress with the remobilisation of services paused due to the COVID 19 pandemic. She noted that the paper had been presented at the NHS Orkney Board meeting and highlighted the following:

The initial planning period was till the end of July 2020, but further developments to cover the period till the end of March 2021, with a particular focus on creating resilience for the winter period, were being prepared.

The whole system recovery group, set up to progress the development and implementation of the remobilisation plan, continued to meet weekly and work collaboratively on the operational challenges faced. It was noted that there was still a lot to do to ensure that all work was progressed and completed in a safe manner.

In response to feedback at the last meeting it was noted that the Employee Director and Chair of the Area Clinical Forum has joined the whole system recovery group, which strengthened staff side representation.

Although there were currently no visiting services, any patients that required urgent consultations or treatment were either accessing virtual appointments or travelling off island.

The timely resolution of a patient travel issue was highlighted as a positive example of successful partnership working.

The chair noted robust discussion at the board meeting regarding the remobilisation plans and highlighted the request for the Clinical and Care Governance Committee to seek an update on the impact of waiting lists at the next meeting.

The Chair of the IJB welcomed the assurance around ferry travel for patients, but sought reassurance on the arrangements for safe patient transfer by air.

The Medical Director confirmed that currently shielded patients were being transferred by air ambulance, unless a patient's consultant confirmed that transfer via a commercial flight would be acceptable. However, he noted that

this was not within the normal remit of the air ambulance service and would be an unsustainable solution going forward as demand on restarted services increased. He confirmed that other island boards were using ferries and cabins, so there were other options to be explored and alternative solutions were being sought.

It was noted that any patient journey carried risk and the level of risk would link to the distance and complexity of the journey and the number of contacts with others, however all staff strived to implement mitigation measures when travel was deemed necessary. It was agreed the Medical Director would update members on the outcome of planned discussion with Shetland as the next meeting.

### **Decision / Conclusion**

The Committee noted the update provided and took assurance that the appropriate arrangements remained in place and would continue to be reviewed.

### **394 Social Care Remobilisation Update**

The Head of Community Care provided a verbal update and advised that many of the social and care services had not been paused, but had adapted as appropriate so that they could continue to operate through the pandemic.

Care home delivery had continued, but planned respite care and friends and family visiting had been suspended and strict physical distancing and Personal Protective Equipment (PPE) measures had been implemented.

Remobilisation guidance had just been received regarding the gradual reintroduction of visiting within care home and was due to be implemented from 3 July. The tight timescale was noted as a challenge, particularly as there were elements of the proposals that would need very detailed consideration. Orkney weather and the number of bed bound residents were highlighted as two examples of local challenges for the implementation of the outdoor visiting proposals.

It was anticipated that care homes would remain closed to planned respite, but emergency cases had been accepted.

Regular admissions had already begun to remobilise, but all activities were bound by the need to isolate individuals. Direct admission into rooms was an option for some patients, but arrangements for those with dementia were more challenging. In the short term an alternative building was being used and patients were transferred after fourteen days.

The help provided by the Infection and Prevention Control and Public Health teams, which had enabled other services to also continue to deliver was gratefully acknowledged. In particular support with the implementation of appropriate PPE had enabled safe delivery of care at home and helped implement communal living adaptations within supported accommodation settings.

Day services were highlighted as a significant service area, which remained closed. The importance of the socialisation and rehabilitation opportunities



offered by these services was acknowledged and options for the use of technology as an alternative were being explored, but it remained an outstanding challenge.

Further work, with NHS Orkney Chief Quality Officer, on future iterations of the remobilisation plan was scheduled and included the discussion of arrangements for wing four in Hamnavoe House.

D Drever asked if a finalised Orkney plan for care home visiting would be implemented by the 3 July date. The Head of Community care advised that everyone was keen to restart care home visiting, further described some of the very prescriptive elements, but confirmed that they were aiming to meet the deadline. A caveat that the easing of visiting restrictions would be revoked if any COVID symptoms were confirmed was highlighted.

The Chair of the IJB noted the value of respite care, as highlighted by comments after a recent presentation of the dementia strategy and asked if there was a sense of the impact of lockdown on Orkney carers.

The Head of Community Care agreed that it was a concern and advised that additional support packages had been an option explored in some service areas. However, the feedback was that carers had refused the offers and opted instead to continue with current levels of support, so that external footfall and contact was limited. She also noted that increased reports of carers struggling had not been recorded, with only one emergency respite issue raised. She assured members that regular contact with patient and carer representatives ensured communication channels were open and that increased demand as restrictions eased was anticipated.

S Sankey thanked all for the cooperation that was evident from the varied descriptions in meeting papers and verbal updates of NHS Orkney and Orkney Island Council working closely together and asked if transport arrangements would be a significant issue when day care services were remobilised.

The Head of Community Care confirmed it would be a challenge and advised that to comply with physical distancing requirements there would need to be more trips, so individual service access would be compressed into shorter periods of time. One alternative that would be explored would be for those with friends or families in a position to help, to pick up some of the transport commitment.

The chair thanked the Head of Community Care for the verbal update, noted that the guidance had only recently been received, but highlighted that a written update to capture further details would be very helpful.

### **Decision / Conclusion**

The Committee noted the verbal update and took assurance that the appropriate arrangements remained in place and would continue to be reviewed.

### **395 Peripatetic Workers and COVID Transmission Risk CCGC 2021-17**

The Vice Chair presented the report and noted that the protocol and SBAR included in papers would also be presented at the next staff governance

committee. He advised members that the issue was not straight forward and wished to highlight that there had been differences of opinion and that debate about the right course of action was ongoing until recently.

He confirmed that a meeting with appropriate representation to review the current position had been held on 24<sup>th</sup> June. He noted new information regarding the false negative rate which influenced the decision not to adopt a 2 test process, the implications highlighted by the BMA of positive tests on life insurance for clinical staff and the further development of public messages around face coverings.

It was also noted that although testing of peripatetic Health and Social Care Workers (PHSCWs) was not within national policy, it was felt that a voluntary test, in addition to all other measures, may provide some additional assurance. However, it was emphasised that care needed to be taken to ensure that false assurance wasn't taken from a test and that other measures were not relaxed.

The appended information leaflet was highlighted as an important aspect of the protocol, as was the provision of information to the public, to ensure staff were supported and protected from stigmatisation. It was noted that PHSCWs might see the most vulnerable people in our community and should have the ability to individually risk assess situations and ensure the appropriate PPE was worn.

Concern regarding the diagnostic rather than the screening nature of laboratory equipment was highlighted, but it was noted that other asymptomatic testing was being carried out already, such as for care homes, although they could access the social care portal. It was acknowledged that further work to ensure consistency on red and green segregation was required, but out with the scope of this piece of work.

It was noted that since the process had been implemented in May there had been issues around the availability of pre travel tests for inbound staff and timing issues for testing on arrival, but it was hoped that the protocol would provide additional detail and help address some of the issues identified.

The Director of Public Health recognised the work on the process described, but noted that the approach was not supported nationally by Health Protection Scotland or Public Health locally and that Occupational Health were providing local support. She confirmed that asymptomatic testing was being explored nationally, but the focus was to test and protect.

The Chair recognised the work of all those involved with this issue and acknowledged the challenges of the screening and testing balance.

In response to further discussion regarding testing the Vice Chair warned against a narrow focus on testing, noting that the protocol included lots of other information. He acknowledged that the testing element was the weak link, but gave assurance that he would work with the Medical Director or relevant others to resolve the issues identified.

The chair noted that as the current situation continued to evolve and government guidance changed it was unclear how long the protocol would be in place, but a decision on the current position and the information presented could be made.

The Medical Director confirmed that although challenging the process had been an interesting one and noted that the perfect shouldn't stand in the way of the good.

### **Decision / Conclusion**

The committee reviewed the report and approved the protocol with a majority decision.

#### **396 Testing Update Covid19 - CCGC 2021-18**

The Director of Public Health presented the report advising that it was short update to assure members that the Test and Protect programme was up and running with a balance of the work between national and local teams. It was noted that the local health protection team would manage all complex cases.

In the event of an outbreak testing would be carried out locally with support from Grampian if required and it was highlighted that if symptoms were noticed people should come forward for testing as there was capacity.

### **Decision / Conclusion**

The committee noted the update and took assurance for the information provided.

#### **397 Care Home Testing Update - CCGC 2021-19**

The Director of Public Health presented the report and provided members with assurance that oversight of Care Home actions and testing was in place.

The interim Director of Nursing noted the comprehensive report and only wished to add that the cross agency partnership working had again proved really positive and the progress made had allowed meetings to be stepped back to an exception reporting status.

### **Decision / Conclusion**

The committee noted the update and took assurance for the information provided.

### **Governance**

#### **398 Annual Committee Review- CCGC 2021-14**

The chair presented the updated Clinical and Care Governance committee Terms of Reference and Business Cycle for 2020-21. It was confirmed that a virtual process to ensure annual governance deadlines were met had approved both documents and they were presented to the committee for approval ratification.

Members discussed the areas of further work that would be required for both documents going forward but acknowledged the need to ensure progress made to date was captured within current reporting timescales. It was hoped that

concerns noted would be addressed by December 2020

### **Decision / Conclusion**

The committee ratified the approved Clinical and Care Governance Committee Terms of Reference and Business Cycle for 2020-21 by majority, whilst noting the concerns of IJB members.

#### **399 Clinical and Care Governance Committee Annual Report - CCGC 2021-15**

The chair presented the updated Clinical and Care Governance Annual Report for approval ratification

### **Decision / Conclusion**

The committee ratified the approved Clinical and Care Governance Committee Annual Report.

### **Person Centred Care**

#### **400 Complaints Performance Report April 2020 - CCGC 2021-20**

The Chief Quality Officer presented the report noting the attached papers as standard updates for quarters three and four, which had been delayed due to the COVID and highlighted that the full picture for the year was due to be submitted at the July meeting.

Members welcomed the report and particularly highlighted the impressive ongoing achievement of stage 1 complaint resolution.

### **Decision / Conclusion**

The committee noted the update and were assured on recent performance regarding NHS Orkney complaints and feedback. It was hoped that the inclusion of a similar update for social services would soon be included in reports going forward.

### **Social Work and Social Care**

#### **401 Children's Services Inspection Report Improvement Plan- CCGC 2021-21**

The Interim Director of Nursing presented the report noting the progress made against the Children's Services Improvement Plan and that as a dynamic document it presented information as at a fixed point in time, but confirmed that there were fortnightly scheduled updates.

It was confirmed that there was one overall plan and the attached report related to the health sub section.

The meetings of the short life working group had been reduced to fortnightly to allow more time for operational teams to carry out actions and care for patients and the bi weekly meeting with Health Care Improvement Scotland had been stepped down to monthly. The Interim Director of Nursing continued to attend Chief Officer's Group fortnightly to provide health progress updates and noted the success of the workshop earlier in the week held virtually on Teams.

## 7.3.1

A description of the wider communication work and an ongoing discussion regarding a new system for record keeping was provided and the Interim Director Nursing assured members that she was encouraged by and comfortable with the progress made.

The Interim Chief Social Work Officer summarised the briefing note included with papers and confirmed that although there were still areas for further work, such as record keeping, she was confident that children were safe.

The Chair welcomed the updates and was impressed with what had been achieved in three weeks.

It was noted that the 12 August had been identified as a date for the reopening of schools and members sought an update on whether a plan to inform staff was in place.

The Interim Chief Social Work Officer advised members that she was unable to provide assurance regarding arrangements for schools but noted that a new Interim Chief Social Work Officer, J Lyon, had just started in post and would be attending future meetings.

Further reassurance regarding the timescales for completion of improvement actions as noted at Appendix 2, item 5.2.2 was sought. It was noted that it was difficult for members to see the evidence for the assurance provided in the papers and members queried whether any of the external agencies involved in the process had expressed any concerns.

The NHS Orkney Chair responded that she took assurance from the update regarding the regular meetings with the Care Inspectorate, Strategic Inspector.

The interim Director of Nursing provided further assurance explaining that each action within the health elements of the update had a further folder of information behind it which could be provided if required. She also advised that Health Care Improvement Scotland had expressed initial concerns regarding progress, but that since April they had been pleased with actions taken hence the move to step down the frequency of support meetings.

The Interim Chief Social Work Officer added that the plan was RAG rated and dated and that not many areas had fallen behind. She confirmed that any that had were identified and that the Strategic Inspector liaised with various agencies and no concerns had been raised at their weekly meetings as some delays due to COVID 19 had been expected.

Concerns about the structure and reporting arrangements of the COG were also raised and discussed. It was noted that the OPCC reported to COG, but the arrangements for the oversight and scrutiny of the latter were unclear and as leadership issues had been highlighted in the past it was essential that measures were in place to ensure appropriate future membership and governance.

Members welcomed the narrative and spreadsheet data provided and acknowledged the valuable progress made in three weeks. It was explained that revised iterations of such updates could not be seen often enough at meetings,

as they helped to demonstrate progress. Inclusive partnership working, which allowed fresh perspectives and new ideas to be considered and incorporated, was warmly welcomed and was followed by the call from some members for the development session discussed under matters arising to be arranged as soon as possible. It was felt this would provide a further opportunity to seek full assurance with more detailed exploration of the issues raised.

The NHS Orkney Chair noted that it was only three weeks until the next meeting of the committee and was concerned that adding a further session to current workloads could hamper current progress.

It was agreed that the requirement to ensure appropriate governance without impeding operational progress was a difficult balance, but the discussions were concluded with agreement to the proposal to invite the Strategic Inspector and Chair of the Public Protection Committee to the next meeting, so that an external perspective on Orkney's progress could be sought as an interim measure.

It was agreed the NHS Orkney Chair would take this action forward.

### **Decision / Conclusion**

The Committee noted the progress made against the improvement plan, took some assurance from the evidence provided but looked forward to opportunities for further oversight and scrutiny.

#### **402 Mental Health Update - CCGC 2021-22**

The Interim Director of Nursing presented the Mental Health Report noting it as formal follow up to the verbal update provided at the last meeting, which advised members of the establishment of a multi-disciplinary, cross section and cross agency task and finish Group to review and propose service redesign for mental health services in Orkney.

It was noted that although continuous improvement would be an ongoing aim, the task and finish group were looking for an end point of parity between mental and physical health and care services.

The Interim Director of Nursing advised members that the group continued to meet every two weeks and noted that there was a real opportunity for innovation and new ways of working. She also noted that the membership of the group had broadened to include third sector partners with representation from Age Scotland and the Blide Trust.

Areas identified as priorities for improvements were highlighted as clinical leadership, documentation, record keeping and information sharing, particularly for our of hours services which impacted on acute and urgent care pathways.

The Clinical Director of Primary Care updated members with a personal anecdote of the positive impact simple changes could make at an operational level. She explained how information gleaned at a weekly huddle had enabled her to confidently assess and plan the care for an urgent and complex out of hours mental health presentation that previously would have been a daunting and worrying contact. She was in possession of background information, knew

who was on call and was able to seek swift and concise support which enabled a patient outcome at first point of contact. She also highlighted feedback on a similar and more recent experience from a new locum out of hours clinician.

The chair welcomed the update and noted the links to the issues raised in the ACF paper at item 12.1. The chair of the ACF summarised the issues outlined in his paper, confirmed that the issues raised remained a concern for GPs, but noted that immediately after the meeting papers were shared he received a response from both the Medical Director and Interim Director of Nursing on actions to tackle the issues.

The Interim Director of Nursing advised members that she had hoped to join the GP Sub Committee meeting to listen directly to the concerns of GPs, but had been unable to attend. She noted that it was helpful to have the additional details to support and inform the ongoing work and confirmed that the Clinical Director for Primary Care, as well as two GPs, attended the task and finish group meeting which would help ensure that the concerns raised would be addressed. She also advised that if there were any urgent issues they should be addressed immediately and out with the group.

The Medical Director agreed that patient safety issues were a real concern and a key driver of the work undertaken and described by the Interim Director of Nursing. He noted that continuity of care had been improved with the recruitment of a locum consultant who had been in place for the last nine months, but noted that reliance on locum provision always carried a high level of risk and a substantive appointment would be the aspiration.

The Chair of the IJB asked how the task and finish group outcomes would inform the commissioning decisions of the IJB and also noted her concerns around the impact of service design implications on the recently completed Mental Health Strategy consultation.

The Interim Director of Nursing agreed that partners would need to ensure appropriate updates to the strategy were included in the final version. She acknowledged that there may be some administrative challenges around the consultation process, but highlighted the inclusive membership of the task and finish group and confirmed colleagues would work together to resolve any concerns.

A plea for the inclusion of a whole treatment centre approach in any development discussions was noted and supported by a further anecdotal example from the Clinical Director of Primary Care.

### **Decision / Conclusion**

The Committee noted the update and progress made.

### **Risk**

#### **403 Risk Register Report - CCGC 2021-23**

The Chief Quality Officer presented the update on active risks assigned to the Clinical and Care Governance Committee and noted that the committee had inherited a number of risks from the COVID 19 silver command structure.

Appendix 1 provided a summary of all the active risks and members were advised that all the risks were being reviewed as part of the return to business as usual and a change should be noted at the next meeting.

The Chair of the IJB highlighted her concerns regarding the cruise liner risk and queried the level of conversation with the harbor authority regarding the issue noted.

The Director of Public Health advised that NHS Orkney worked very closely with environmental and port health to ensure very strong processes were in place, but described a couple of scenario examples that demonstrated why, despite mitigation measures, an element of risk would remain.

The Interim Director of Nursing highlighted that the senior nursing team had noted that Healthcare Improvement Scotland were restarting inspections, as it was quite common for new hospitals to receive a visit.

## **Decision / Conclusion**

The Committee reviewed the report and noted the assurances provided.

### 404 **Internal Audit Report Clinical Governance Adverse Event Management - CCGC 2021-24**

The Chief Quality Officer presented the report which highlighted areas of good practice and actions for improvement.

S Sankey highlighted the control assessments review as particularly good, but queried the lack of public involvement in the review, especially noticeable in light of the recent issues with public communication.

The Chief Quality Officer welcomed the feedback and agreed that more work was needed to ensure effective feedback and patient experience mechanisms were in place, but noted an external facing event had not been held because the scope of the audit was to test internal processes.

## **Decision / Conclusion**

The Committee noted the audit report and took assurance that the recommendations were being progressed.

## **Chairs reports from Governance Committee**

### 405 **Area Clinical Forum- Complex Cases update - CCGC 2021-24**

The Chair of the ACF noted that the concerns and issues noted in the report had been discussed earlier as part of agenda item 10.2.

## **Decision / Conclusion**

The Committee noted the concerns and took assurance that the issues raised were being addressed.



406     **Emerging Issues**

The Director of Public Health noted that as part of remobilisation screening process were moving forward and a limited start in July was anticipated.

407     **Any other competent business**

No other business was noted

408     **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:

- Mental Health Update
- Children's Inspection Report

## Not Protectively Marked

### NHS Orkney Board – 27 August 2020

Report number: OHB2021-49

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>	This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 7 August 2020 and it was agreed that these should be reported to the NHS Orkney Board:  <ul style="list-style-type: none"> <li>• Flu Vaccination Programme</li> <li>• Remobilisation Plan</li> </ul>
<b>Timing</b>	The Area Clinical Forum highlights key issues to the Board 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 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.
<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.

**Equality and Diversity**

No specific equality and diversity elements to highlight.

## **Not Protectively Marked**

**NHS Orkney Board – 27 August 2020**

## **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 7 August 2020 and it was agreed that these should be reported to the NHS Orkney Board.

### **Section 4 Issues Raised**

#### **Area Clinical Forum involvement in Flu Vaccination Programme**

The Area Clinical Forum have expressed a desire to have involvement in the development of the flu vaccination programme, as it will potentially involve multiple departments/specialties. It is expected that more vaccinations will be delivered this year due to Covid-19. Alongside the regular flu programme, planning Covid-19 antigen and antibody testing and a possible Covid-19 vaccine may benefit from input from the Area Clinical Forum.

#### **Remobilisation Plan**

Members of the Area Clinical Forum wanted to highlight their willingness to be involved in the remobilisation work. A development session on the topic was being planned and the Chair of the ACF is now invited to sit on the Whole System Recovery Group. As further iterations of the plan are developed, the ACF would welcome continued engagement with our clinicians.

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## Appendices

- Approved minute from the Area Clinical Forum meeting held on 30 June 2020

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Tuesday 30 June 2020** at **12.15pm**.

**Present:** Steven Johnston – ADC, Chair  
Nigel Pendrey – ADC, Secretary  
Helen Clouston – NAMAC  
Lindsey Kolthammer – TRADAC  
Kate Smith – TRADAC  
Sylvia Tomison, NAMAC

**In Attendance:** Christina Bichan, Chief Quality Officer  
Dawn Moody, Clinical Director  
Jason Taylor, Non Executive Board Member  
Emma West, Corporate Services Manager (minute taker)  
Brenda Wilson, Deputy Director of Nursing NHS24 (on secondment)

24 **Apologies**

Apologies were received from D McArthur, L Spence and L Wilson.

25 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

26 **Minute of meeting held on 2 June 2020**

The minute from the meeting held on the 2 June 2020 was accepted as an accurate record of the meeting, and was approved on the motion K Smith and seconded by L Kolthammer.

27 **Matters Arising**

No matters arising were raised.

28 **Area Clinical Forum Action Log**

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

29 **Development Session output**

Technology Enabled Care and C Cube – 3 March 2020

Members noted the update from the Development Session. The Chair advised that the Medical Records Team were creating a catalogue to help with use of the system, once this was complete it would be shared with staff.

K Smith raised concerns around the capacity of the IT team in general as her department had a number of outstanding IT issues waiting to be progressed, some of these were an issue prior to Covid-19 and were ongoing.

B Wilson advised members that the Board were considering MORSE and were in discussion with partners around this, the system looked to be a positive solution and would also support Community Mental Health Teams, Community Nursing and Children's Services.

### **Governance**

#### **30 Terms of Reference**

The Chair presented the paper seeking approval of the amendments to the Terms of Reference, the main amendments were to include representation from the GP Sub and Hospital Sub Committees to ensure representation in light of the Area Medical Committee currently not functioning.

Other minor amendments had been made, in line with other committees of the Board.

#### **Decision/Conclusion:**

The Area Clinical Forum approved the amendments to the Terms of Reference.

### **Covid-19**

#### **31 NHS Orkney Re-mobilisation Plan update**

The Chief Quality Officer, provided an update advising that work continued following Scottish Government direction, the current plan covered the remobilisation of services up to the 31 July 2020. There was a phased and coordinated approach to the restart of services as the lockdown restrictions were lifted and the Board awaited further guidance on the planning period up until the 31 March 2021.

It was expected that the Board would be asked to revisit the Annual Operational Plan and Financial Planning, along with clear information on the Covid response, guidance around the limits of social distancing, test and protect and also Brexit planning. Staff were rising positively to the challenge faced and responding to those that were clinically most urgent first.

Clarity was awaited on visiting services from NHS Grampian and other Boards.

#### **Decision/Conclusion:**

Members noted the update provided.

#### **32 Peripatetic Health and Social Care Workers and the risk of Covid-19**

The Chair noted that this had been discussed at an Extraordinary meeting of the ACF on the 1 May 2020, the process was that any Health or Social Care worker was encouraged to get tested before travelling, if this was not possible the worker would be tested on arrival in Orkney.

There were issues to be finalised around terms and conditions of employment and governance, along with ensuring that staff received the correct information to get tested in a timely manner. The final protocol would be agreed at the Staff Governance Committee.

### **Decision/Conclusion:**

Members noted the update provided.

### 33 **Outpatient rooms**

C Bichan provided members with an update on the use of outpatient rooms, noting that there were also challenges for the use of rooms within primary care and Covid restrictions had further compounded issues with prioritisation of space a constant challenge. Members were advised that P Walker was keeping an oversight of the space available with current planning until the end of July 2020. It was noted that the old Heilendi Practice building was being utilised by the Mental Health Team, but that this was not a long term solution.

L Kolthammer noted that rooms were at a premium prior to Covid-19 and now with additional distancing requirements it was difficult to consider how services would be restarted. It was noted that GPs didn't always support the use of rooms for secondary care services and this could cause issues for both clinicians and patients, rooms could be booked when required but it would be useful to see patients in GP practices if the space was available. She stressed that there was a need to use clinical judgement and put patient care first rather than who owned the rooms

H Clouston noted that this was also an issue with community nursing being unable to use rooms in GP practices to see patients.

The Chair noted that a person centered approach needed to be taken but that he acknowledged the challenges of this for GPs.

The Chief Quality Officer advised that independent practices were private contractors but there was a need to be pragmatic, if a patient could be seen for all their needs in one room this was a better solution for the patient and there was a need to work together where possible rather than a strict division between primary and secondary care. Further discussions would be held acknowledging patients' needs and the requirements for flexibility.

The Chief Quality Officer noted that as part of the return to business as usual services would be asked to complete a template on their service needs and space utilisation before progressing. Further guidance was awaited before progressing with this as a service planning template.

K Smith noted that on occasion, if patients would have been seen physically rather than virtually they would have been diagnosed and on the right treatment sooner. The Chief Quality Officer noted that the starting point of the national strategy was digital by default and this would continue, she stressed that if this caused a delay in care or instances of misdiagnosis these should be recorded in DATIX to understand and capture the scale of the issues.

B Wilson echoed this as there was a need to eliminate patient risk where possible.

### **Decision/Conclusion:**

Members noted the update provided.



34 **Professional Advisory Committee Updates****Area Dental Committee (ADC)**

S Johnston confirmed that the ADC had not met since the last meeting of the ACF, dentistry was moving forward and was currently open for emergency treatment, moving towards full dentistry in time.

**Area Pharmaceutical Committee (APC)**

There was no update available for this item

**GP Sub Committee**

There was no update available for this item

**Hospital Sub Committee**

There was no update available for this item

**Nursing and Midwifery Advisory Committee (NAMAC)**

It was noted that there had been an agenda setting and review meeting held on the 24 June 2020 where the following had been discussed:

- Improvement around engagement and attendance at meetings including ensuring representation from all services.
- The use of electronic patient notes and the proposal to use the MORSE system
- The End of Life policy had been discussed along with policy development in general including version control and live documents including the importance of ensuring that the most up to date guidance was available.
- The resignation letter from Roelf Dijkhuizen had been discussed and members had been asked to submit concerns so that a NAMAC response could be collated, the role of the Whistle Blowing Champion and access to raise any specific concerns had also been raised.
- It was noted that not all clinical staff had access to Teams but that this was progressing and staff were getting more used to attending meetings virtually.
- Frequency of meetings was being review with consideration of a move to monthly meetings, it was acknowledged that this would be part of clinical engagement discussions across all committees.

**Therapy, Rehabilitation, Assessment and Diagnostic Advisory Committee (TRADAC)**

It was noted that TRADAC had met on the 25 June the key issues discussed had been:

- Electronic patient records
- Waiting list and capacity
- COVID-19 measures such as bubble working and the clinical engagement around this
- Recurring issue around clinical staff and the understanding of the lines of responsibility.
- Issues with communication, especially through the management structure

- Roelf Dijkhuizen resignation letter and the process for engaging with clinical staff around these issues going forward

It was noted that bubble working would have an impact on services and that this was being considered through the all system recovery group taking account of advice from infection control and looking to what other Boards were doing to maintain flexibility while there was not sustained community transmission within Orkney.

### 35 **Resignation letter – R Dijkhuizen**

The Chair presented the item including an update from the discussions held at the GP Sub Committee. A review of clinical governance procedures would be taken in response to the letter and the availability of the Whistle Blowing Champion had been made aware to all staff to enable them to raise any urgent clinical and patient safety issues. The Area Clinical Forum would be involved in the action planning and staff were being encouraged to use the Professional Advisory Committee and Area Clinical Forum to raise issues.

There was an immediate real commitment to encourage dialogue, and the Chair stressed that he was keen to open to discussions and move forward constructively.

J Taylor advised that his role was primarily around the national standards, but that full implementation of these had been delayed due to Covid-19. He was available as a point of contact for all staff, for any issues they wished to raise or anything that they wanted to feed into the process. He added that his email was absolutely private with no additional access and any issues raised or highlighted would not be shared without consent, specific issues would be kept anonymous with discussion around the best ways forward.

K Smith noted that TRADAC would appreciate a more open process for raising concerns and staff should be encouraged openly do this with the practical resources and support available to make positive changes.

B Wilson questioned how clinical issues would be identified and escalated whilst keeping confidentiality if there was a need to address immediately, J Taylor advised that the initial point would be a conversation with the individual to ensure that the reporting routes were appropriate, if an issue was immediately critical it would be escalated as appropriate but there was a need to ensure that staff could speak up without suffering detriment.

The Chair stressed that the Board were taking the content of the letter very seriously and also noted the praise to clinical staff that had been included.

#### **Decision/Conclusion:**

Members noted the update provided and how this would be taken forward through the organisation as a whole and the role of the Area Clinical Forum within this process.

### 36 **Mental Health Services – Concerns from GP Sub Committee**

The Chair advised that following discussion at the GP Sub Committee he had taken a paper regarding the concerns to the Clinical and Care Governance Committee for discussion. It was noted that a review of mental health services had been requested by the Chief Executive, Brenda Wilson was leading this with a mental health task and finish group established.

## 7.4.1

B Wilson advised that some initial changes had already been made and other identified, there were currently three GPs on the task and finish group but she would welcome attending the GP Sub Committee to widen discussion further.

She asked for permission to take the paper being discussed at ACF to the task and finish group for a wider multidisciplinary approach, and to ensure that the right representation was on the group.

### **Decision/Conclusion:**

It was agreed that B Wilson would attend the July meeting of the GP Sub Committee and a full update would be brought to the Area Clinical Forum in October.

### **For information and noting**

#### 37 **Key legislation issued**

Members noted the key legislation issued since the last meeting

#### 38 **Correspondence**

No correspondence had been received.

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

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

The Board

- Development session update – Technology Enabled Care and C Cube
- Amendment to the Terms of Reference

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

No other competent business was raised.

#### 41 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

#### 42 **Record of Attendance**

Members noted the record of attendance.

#### 43 **Committee Evaluation**

The Chair noted the meeting had overrun the allocated time but had this had enabled robust discussions to take place on key agenda items.

## Not protectively marked

<p><b>NHS Orkney Board – 27 August 2020</b></p> <p><b>Report Number: OHB2021-50</b></p> <p><b>This report is for noting</b></p> <p><b>iMatter/Everyone Matters Pulse Survey</b></p>	
<b>Author</b>	Julie Colquhoun, Head of Corporate Services
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report</li> </ul>
<b>Key Points</b>	<p>The National iMatter Staff Experience programme was paused in recognition of COVID-19.</p> <p>The Everyone Matters Pulse Survey will go live for NHS Orkney on Tuesday 1<sup>st</sup> September 2020 at 9am, NHS Orkney will have Directorate level reports by the 26<sup>th</sup> of October 2020.</p>
<b>Timing</b>	Quarterly Report
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to are:</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>	Workforce 2020
<b>Benefit to Patients</b>	Improved staff experience, improved staff health and wellbeing contributes to better patient care

**Not Protectively Marked**

**NHS Orkney Board**

**Insert Subject** iMatter/Everyone Matters Pulse Survey

**Insert Author** Julie Colquhoun

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## **Section 1 Purpose**

This paper provides the Board with an update on the National position in respect of iMatter National Staff Experience programme and the Everyone Matters Pulse Survey.

## **Section 2 Executive Summary**

The National iMatter Staff Experience programme was paused in recognition of COVID-19.

The Everyone Matters Pulse Survey will go live for NHS Orkney on Tuesday 1<sup>st</sup> September 2020 at 9am, NHS Orkney will have Directorate level reports by the 26<sup>th</sup> of October 2020.

## **Section 3 Recommendations**

- **Note** the position and timeline.

## **Section 4 Background**

A letter was issued to all Boards on 17<sup>th</sup> March 2020 confirming the pause of the National iMatter Staff Experience Continuous Improvement Programme in recognition of the change in priorities due to the COVID-19 pandemic.

After some discussion and engagement with Boards a partnership a decision was taken to introduce a National Everyone Matters Pulse Survey as the staff experience measure for 2020.

Intended outcomes from this survey align closely to those of the iMatter survey in that the pulse survey gives all staff the opportunity to express their views in relation to staff experience, health and wellbeing, culture, dignity at work and equalities, diversity and inclusion.

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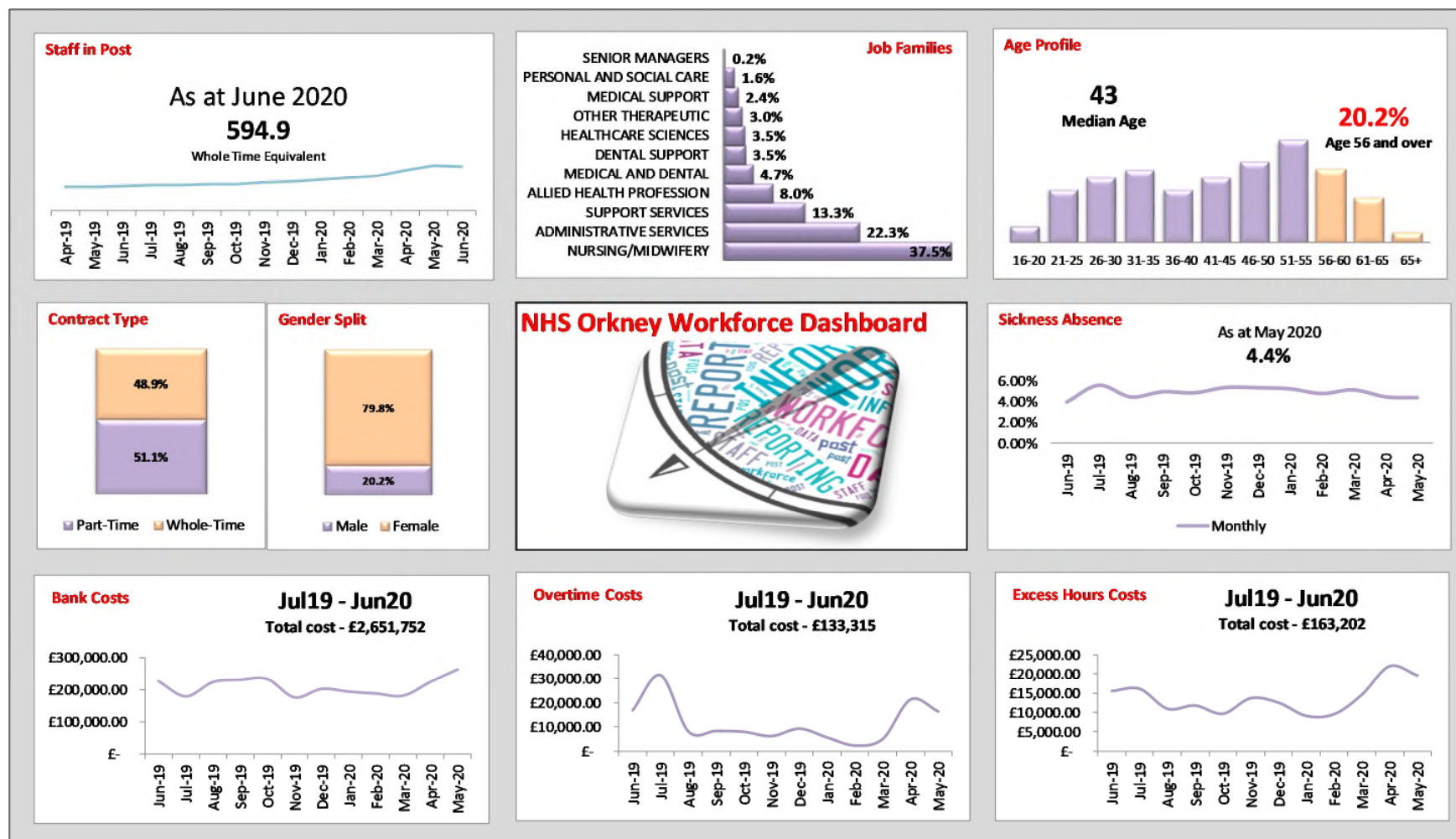
It is proposed that the full iMatter programme will be re-introduced for the annual run, which begins in February 2021 for NHS Orkney.

## **Section 5                      The Process**

Everyone Matter Pulse Survey uses the same process as iMatter and has been designed to minimise the work of the manager as far as possible.

The questionnaire will be distributed via the iMatter portal, the significant difference is that reports will be by Directorate, not down to direct team level.

The National Report is scheduled to be produced by the 20<sup>th</sup> of November with local level reports available by 26<sup>th</sup> of October at the latest



## Not Protectively Marked

<b>NHS Orkney Board – 27 August 2020</b>  <b>Report Number: OHB2021-51</b>  <b>This report is for discussion</b>  <b>Financial Performance Management Report</b>	
<b>Lead Director Author</b>	Mark Doyle, Interim Director of Finance Keren Somerville, Head of Finance
<b>Action Required</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Note the reported overspend of £502k for the 3 months to 30 June 2020</li> <li>• Note the updated narrative to the year end assumptions and outturn.</li> </ul>
<b>Key Points</b>	The report provides analysis of the financial position for the period up to 30 June 2020. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £502k.
<b>Timing</b>	August 2020
<b>Link to Corporate Objectives</b>	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
<b>Contribution to the 2020 vision for Health and Social Care</b>	Value and financial sustainability – effective use of resources.
<b>Benefit to Patients</b>	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
<b>Equality and Diversity</b>	No assessment required.



**Not protectively marked**

**NHS Orkney Board – 25 August 2020**

**Finance FPR Narrative**

**Mark Doyle, Interim Director of Finance**

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## **Section 1      Purpose**

The purpose of this report is to inform the Board of the financial position for the period 1 April 2020 to 30 June 2020.

## **Section 2      Recommendations**

The Board is asked to:

- note the reported overspend of £0.502m to 30 June 2020
- note the narrative to the year-end assumptions and outturn

## **Section 3      Background**

The revenue position for the 3 months to 30 June reflects an overspend of £502k. It is important to note that we are at very early stages in the reporting cycle and the numbers are heavily caveated and based on a number of assumptions. The assumptions leading to the reported position are as follows:

- Funding for year to date and ongoing mobilisation costs will be met in full by the Scottish Government, this includes underachievement of efficiency savings targets as set out in the Board's Annual Operating Plans of £5.5m for 2020-21 and estimated loss of income in the year of £634k.
- Waiting Times Initiatives funding will be received to match costs for the year.
- Prescribing costs will reduce from the current high unit cost and activity will level out so the overspent position at month 3 is brought back in line with budget at year end.
- Currently, there is an underspend on travel expenditure for patients to attend appointments off island. It is assumed activity will increase over the remainder of the year.

# 9.1

- At this point, the year to date Covid 19 costs for the mobilisation plans are still being refined and whilst the position highlighted above will not change as a result, the year to date expenditure and budgets will be amended to reflect full mobilisation costs. This is to allow full Quarter 1 costs to be reported to the Scottish Government on 14<sup>th</sup> August 2020.
- It is anticipated that per the Annual Operating Plans, the £750k Capital Allocation returned to the SG in 2019-20 will be reinstated in 2020-21.

At this early stage in the process the Board is reflecting a breakeven position at year end which is heavily reliant on the assumptions outlined above. We continue to review spend patterns and plans to ensure updates are reflected.

We continue to anticipate achievement of £1.1m of the £6.6m spend reduction/savings targets identified in the Annual Operational Plans will be met during the remainder of the year.

The main areas contributing to the overspend position are:

- Prescribing costs to date - £334k overspend
- Mental Health Services - £71k overspend
- Estates and Facilities - £312k overspend
- IT Services - £39k overspend
- HR - £45k overspend
- Hospital Services - £80k overspend

There are some offsetting underspends to date which include:

- OD & Learning - £40k
- External Commissioning - £378k

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the senior management team, Finance and Performance Committee and the Board ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

## Section 4 Discussion

### Capital Programme

The total anticipated Capital Resource Limit (CRL) for 2020/21 is £1.728m, made up of our recurring allocation of £0.978m and £0.750m of funding returned in 2019/20.

The current capital plan show the commitments for the recurring capital allocation of

- **Estates and Primary Care - £200k**

This will be used for backlog maintenance and primary care priorities.

➤ **IT - £200k**

Firewall replacement	£25,000
VPN Modification	£5,000
DR systems Offsite	£110,000
System Monitoring	£25,000
MDM solution	£15,000
Backup resilience	£20,000

➤ **Medical Equipment £215k**

Spending priorities will be decided by the Medical Equipment Group.

➤ **Spend committed to date £110k**

Artwork	£25,000
Eday Works	£29,000
Telephone	£31,000
Medical Equipment	£25,000

➤ **Capital to Revenue Transfer £250k**

## Financial Allocations

### Revenue Resource Limit (RRL)

On 12 May 2020, NHS Orkney received confirmation of core revenue allocation. The core revenue resource limit (RRL) has been confirmed at £52.591m.

### Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 3, per Appendix 1.

### Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.673m is detailed in Appendix 2.

Changes in the month are listed below:-

# 9.1

Description	Earmarked Recurring £	Non Recurring £	Total £
Scottish Living Wage Uplift		16,413	16,413
Covid-19 Prescribing Pressure		(66,000)	(66,000)
NHS Board Contribution to PASS		(2,796)	(2,796)
Child Healthy Weight		47,000	47,000
	<b>0</b>	<b>(5,383)</b>	<b>(5,383)</b>

## Summary Position

Previous Month Variance M2		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
<b>£000</b>	<b>Core RRL</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>	<b>£000</b>
(275)	Hospital Services	11,907	2,966	3,047	(80)	(2.71)	(482)
30	Pharmacy & Drug costs	2,573	643	646	(3)	(0.39)	(205)
(542)	Orkney Health and Care - IJB	25,168	6,343	6,824	(480)	(7.57)	(387)
280	External Commissioning	11,334	2,749	2,372	377	13.72	407
(370)	Estates and Facilities	7,876	3,240	3,552	(312)	(9.62)	(786)
(173)	Support Services	8,138	1,730	1,734	(4)	(0.24)	433
767	Reserves	8,386	0	0	0	n/a	1,021
0	Savings Targets	(2,993)	0	0	0	n/a	0
<b>(283)</b>	<b>Total Core RRL</b>	<b>72,387</b>	<b>17,673</b>	<b>18,174</b>	<b>(502)</b>	<b>(2.84)</b>	<b>0</b>
0	<b>Non Cash Limited</b>						
0	Ophthalmic Services NCL	298	76	76	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,464	445	445	(0)	(0.00)	0
0	<b>Non-Core</b>						
0	Annually Managed Expenditure	255	0	0	0	(0.00)	0
0	Depreciation	2,418	826	826	(0)	(0.00)	0
0	<b>Total Non-Core</b>	<b>2,673</b>	<b>826</b>	<b>826</b>	<b>(0)</b>	<b>(0.00)</b>	<b>0</b>
<b>(283)</b>	<b>Total for Board</b>	<b>76,822</b>	<b>19,019</b>	<b>19,521</b>	<b>(502)</b>	<b>(2.64)</b>	<b>0</b>

At the end of June, NHS Orkney reports an in-year overspend of £502k against the Revenue Resource Limit. The table below provides a summary of the position across

## 9.1

the constituent parts of the system. An overspend of £22k is attributable to Health Board budgets, with an overspend of £480k attributable to the health budgets delegated to the Integrated Joint Board.

Operational Financial Performance for the year to date includes a number of over and under spending areas and is broken down as follows:-

### **Hospital Services**

- Ward and Theatres, £51k overspend

During the period to the end of June, Ward and Theatre staff have been deployed to various areas to ensure appropriate cover during the Covid-19 pandemic, there remains a number of agency staff being utilised to cover staffing shortages. Overall wards and theatre areas forecasting a combined overspend position.

- Radiology, £26k overspend

Radiology is overspending due to use of locums to cover vacancies in ultrasound and CT, ensuring the on-call rota is maintained in addition to the waiting times.

- Laboratories, £23k overspend

Laboratories are overspending due to use of agency to cover vacancies within Biomed Services.

### **Pharmacy and drugs**

Pharmacy services and drugs are currently overspent by £3k.

### **Internal Commissioning - IJB**

- The Internally Commissioned health budgets report a net overspend of £480k with a forecast outturn of £387k overspend explained by the following:-
  - The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
  - Children's Therapy Services and Women's Health are both currently overspending, with the most significant overspend of £27k being recorded within speech and language therapy through the use of agency staff.
  - Forecast underspend within Primary Care, dental and specialist nurses is mainly due to vacancies in community dental services and additional PMS funding contribution from PMS allocation.

# 9.1

- Health and Community Care areas are significantly overspent due to the cost pressure of the locum psychiatrist within Mental Health.
- Pharmacy services overspend is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been high resulting in a significant over spend to month 3 of £332k. It is anticipated that activity will level out over the remainder of the year and prices back in line with anticipated costs. On this basis, breakeven position is forecast for year end.

The table below provides a breakdown by area:-

Previous Month Variance M2	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(17)	Integration Joint Board	3,798	600	630	(31)	(99)
(34)	Children's Services & Women's					
	Health	2,238	557	590	(33)	(124)
7	Primary Care, Dental &					
	Specialist Nurses	10,826	2,995	3,015	(21)	157
(44)	Health & Community Care	4,157	1,157	1,221	(64)	(348)
(453)	Pharmacy Services	4,149	1,035	1,367	(332)	27
(542)	<b>Total IJB</b>	<b>25,168</b>	<b>6,343</b>	<b>6,824</b>	<b>(480)</b>	<b>(387)</b>

## External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.7m. All SLAs with other Health Boards will remain under review given the potential impact of Covid 19 on the activity for this financial year. Costs are accrued on previous year information plus 3% inflationary uplift.

## Estates and Facilities

This Directorate is reporting an overspend of £311k to date, there is a significant cost pressure with the energy spend for the new hospital. This is currently under review with the expectation an element will be recoverable from the contractor.

## Support Services

Support Services is currently reporting an overspend of £5k to date..

## Unallocated Funds

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial

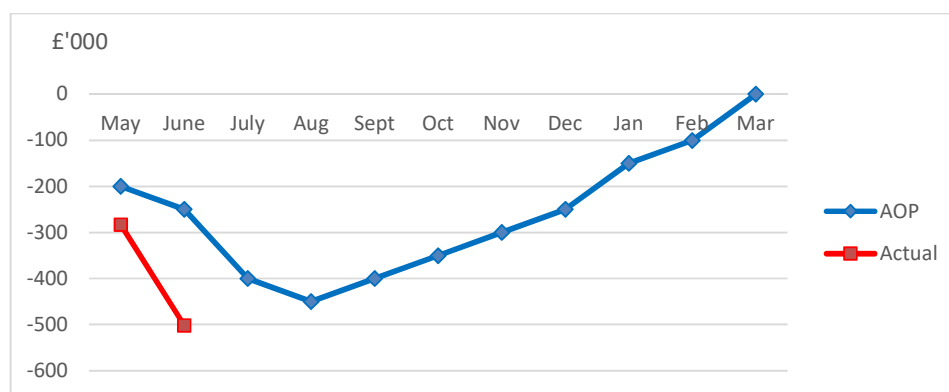
## 9.1

year, and therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

### Financial Trajectory

The graph below shows the actual spend against the Annual Operational Plan trajectory for 2020/21 and assumes that anticipated allocations will be received.



### Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review each month.

### Annual Operational Plan/ Mobilisation Plan/ Remobilisation Plan

The Annual Operating Plans were presented to the Board in February 2020, since then the Scottish Government have paused the monthly reporting cycle which will recommence with Quarter 1 Reporting due on 14<sup>th</sup> August 2020. It is anticipated that the reporting mechanisms for the remainder of 2020-21 will be a mix of Mobilisation Plans, Re-mobilisation Plans and Financial Performance Returns.

## Cost Reductions

The Financial Plan has been updated in light of the Covid 19 pandemic and at this stage there is a requirement to deliver £1.1m of cash efficiency savings on the assumption that the balance of savings which have been highlighted in the mobilisation plans are fully funded by the Scottish Government in 2020-21. With immediate effect the organisation must review and action the achieving financial balance paper which was approved by the Board to enable achievement savings targets.

## Forecast Position

As outlined above, the Board is forecasting a breakeven position and will be monitored as updated information becomes available.

## Key Messages / Risks

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

## Appendices

### Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 30/06/20 £	Variance £	Outstanding £
<b>Allocations Received</b>				
Initial Baseline	52,592,105	52,590,512	(1,593)	
PASS Board Costs	(2,917)	(2,796)	121	
<b>Allocations Awaited</b>				
Primary Medical Services - provision and support	5,315,827			5,315,827
Salaried GDS	1,747,299			1,747,299
Balfour Unitary Charge	1,002,000			1,002,000
Outcomes Framework	439,144			439,144
New Medicines Fund	382,858			382,858
Mental Health Outcomes Framework	265,122			265,122
Primary Care Improvement Fund 2019/20 Tranche 1	80,032			80,032
Mental Health Strategy Action 15 Workforce - First Tranche	57,620			57,620
Adjustment to Allocation 620 PMS - GP Pensions	45,000			45,000
Alcohol & Drug Partnership - Local Improvement Fund	34,029			34,029
Community Pharmacy Practitioner Champions	5,000			5,000
Discovery Top Slice	(2,866)			(2,866)
Pre-Registration Pharmacist Scheme	(11,762)			(11,762)
Tariff reduction to global sum	(148,227)			(148,227)
eHealth Strategic Fund	222,301			222,301
Open University Nursing Students 1st & 2nd Quarter Patments	45,000			45,000
Open University	45,000			45,000
Forensics Service	44,183			44,183
Integrated Primary and Community Care (IPACC) Fund	33,600			33,600
Realistic Medicines Lead	30,000			30,000
GP Out of Hours (OOH) Fund	24,210			24,210



# 9.1

Increase Provision of Insulin Pumps for Adults and CGMs	10,447		10,447
MenC	(869)		(869)
Therapeutic Drug Monitoring - Top Slice	(1,284)		(1,284)
Tayside Hosted MoHS Skin Cancer Service	(2,094)		(2,094)
Contribution to Pharmacy Global Sum	(13,998)		(13,998)
ScotSTAR 2019/20	(24,700)		(24,700)
SLA Children's Hospice Across Scotland	(29,052)		(29,052)
NDC top slicing	(34,537)		(34,537)
Positron Emission Tomography (PET Scans - Adjustment	(40,476)		(40,476)
NSD Topslice	(227,717)		(227,717)
Non-Core expenditure - Depreciation	(1,228,000)		(1,228,000)
	<u>60,652,278</u>	<u>52,587,716</u>	<u>(1,472)</u>
			<u>8,063,090</u>

## Appendix 1 – Core Revenue Resource Limit (new allocations)

New RRL allocations		
	Recurring £	Non- recurring £
Covid-19 Integration Authority Funding		277,000
Scottish Living Wage Uplift		16,413
Covid-19 Prescribing Cost Pressure		(66,000)
Child Healthy Weight		47,000
		<u>274,413</u>

## Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations				
	Included in LDP £	Received in RRL to 30/06/20 £	Variance £	Outstanding £
Standard Depreciation	2,418,000			2,418,000
AME Impairment	250,000			250,000
AME provisions	5,000			
	<u>2,673,000</u>			<u>2,668,000</u>

## Not Protectively Marked

<b>NHS Orkney Board – 27 August 2020</b>  <b>Report Number: OHB2021-52</b>  <b>This report is for information.</b>  <b>Performance Report</b>	
<b>SMT Lead Author</b>	Christina Bichan, Chief Quality Officer Louise Anderson, Waiting Times Co-ordinator
<b>Action Required</b>	The Board of NHS Orkney is invited to: <ul style="list-style-type: none"> <li>• <u>note</u> the report</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Performance in ED continues to be good and in line with the 95% standard.</li> <li>• Waiting times for elective services have been adversely affected in recent months however recovery plans are in place as part of the remobilisation planning. Data showing the impact of these recovery plans on performance levels in elective services has been submitted in draft to Scottish Government.</li> <li>• Access to up to date published information has also been adversely affected by the COVID-19 pandemic with some scheduled publications delayed. The most recent information available has been utilised.</li> <li>• Unpublished information on the key performance measures continues to be provided to Board members via the weekly circulation of the summary management information to increase oversight of performance on a more frequent basis.</li> </ul>
<b>Timing</b>	For consideration at the August 2020 meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to are: <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>

## 9.2

<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 timely access to high quality, safe and effective care is available for the people of Orkney.
<b>Benefit to Patients</b>	More timely access to care and services.
<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.

## NHS Orkney Board

### Performance Report

**Author** Louise Anderson, Waiting Times Co-ordinator

### Section 1 - Purpose

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

### Section 2 - Recommendations

The Board of NHS Orkney is invited to:

- note the report

### Section 3 - Discussion

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

The information provided is as up to date as the most recently published national data source and has been taken from the NSS Discovery LDP Dashboard.

Circulation of Board level management data on a weekly basis is now well embedded to support Board members in being better informed in relation to operational performance.

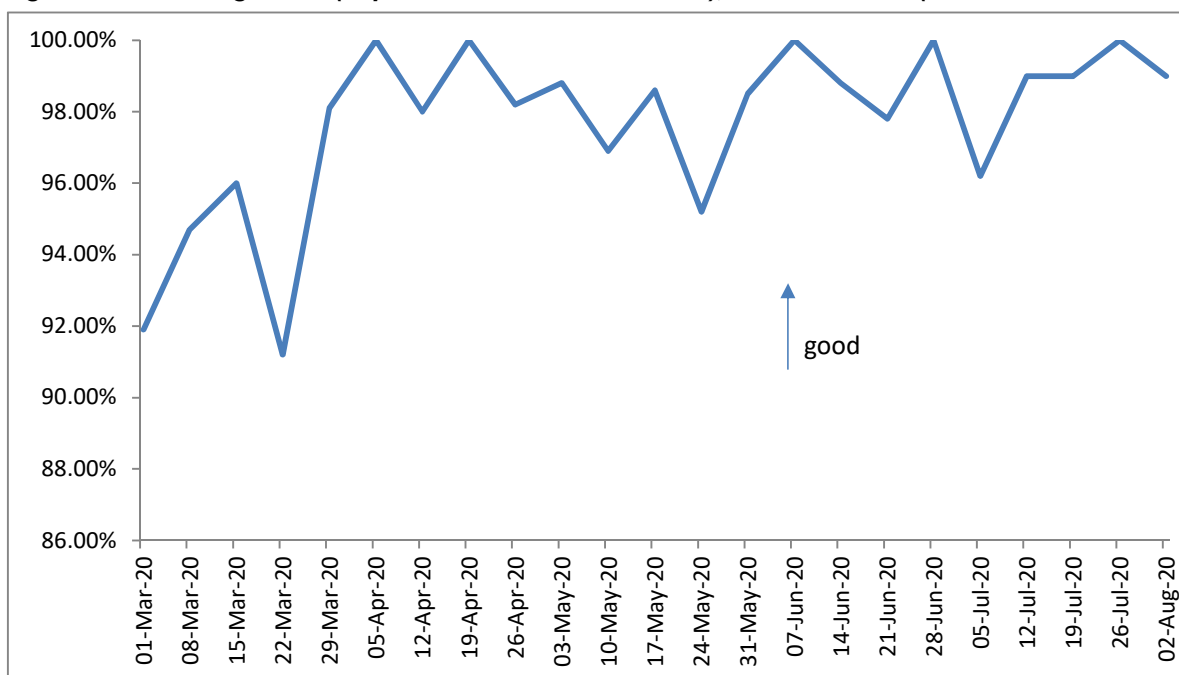
#### 1. Emergency Department Performance

**Standard** - 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%.

Update – As at 2<sup>nd</sup> August 2020, the number of patients waiting less than 4 hours from arrival to admission, discharge or transfer for A&E treatment is currently at 99%. This continues to be exceptionally high.

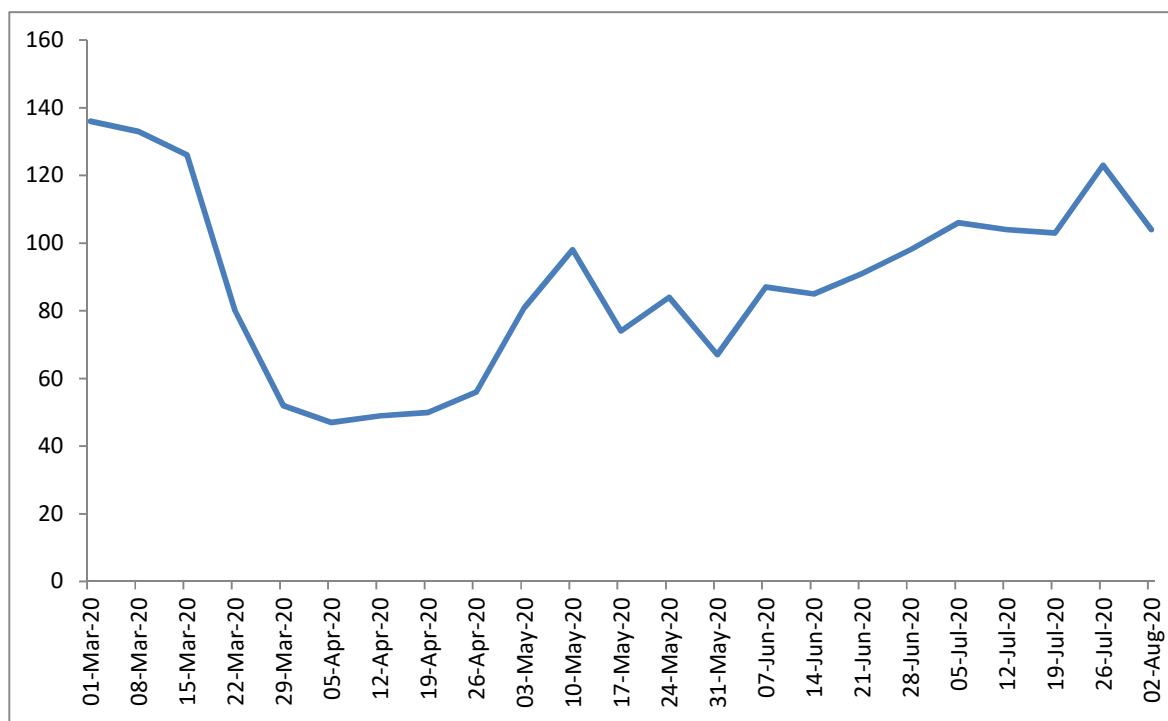
Performance in regards to the 4 hour A&E target is good as shown in Figure 1. The data remains fairly consistent with performance only dropping to 95% one week during the last quarter. This is in line with our expected trajectories for this target.

**Figure 1: ED Waiting Times (% patients seen within 4 hours), 2020/21 to date (Source: NHS Performs)**



ED attendances for the 2020/21 financial year are provided in Figure 2. As can be seen this dropped during the COVID-19 response phase, a situation which was mirrored across Scotland. Looking ahead to winter redesigning our urgent care and respiratory pathways are priorities to ensure our unscheduled care system can meet the demands of COVID-19 and winter related ill health.

**Figure 2: ED Attendances, 2020/21 to date (Source: NHS Performs)**

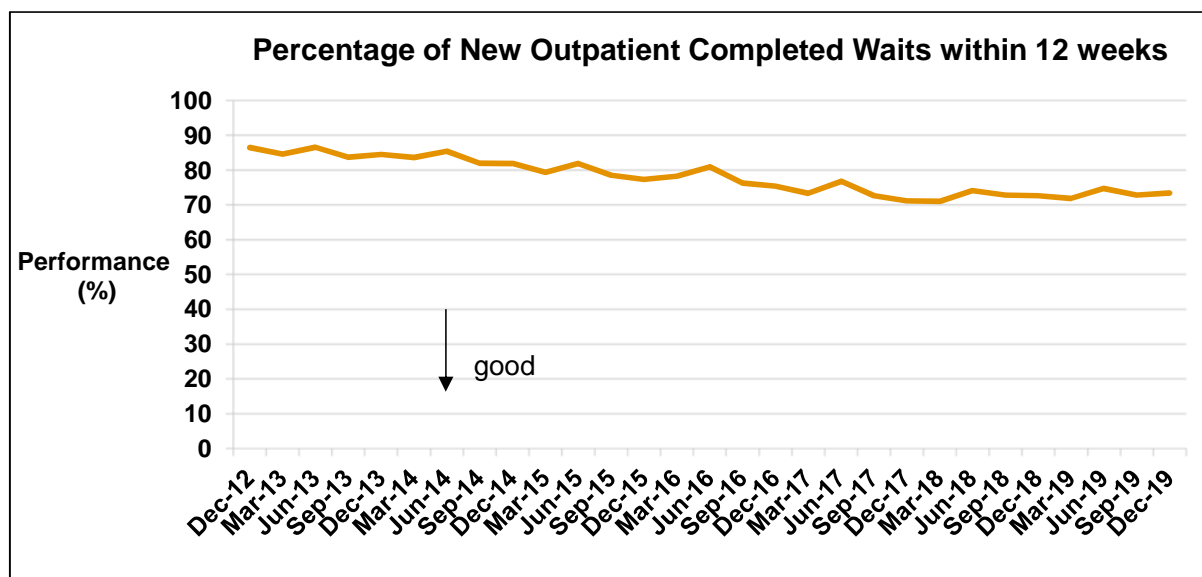


## 2. Outpatients

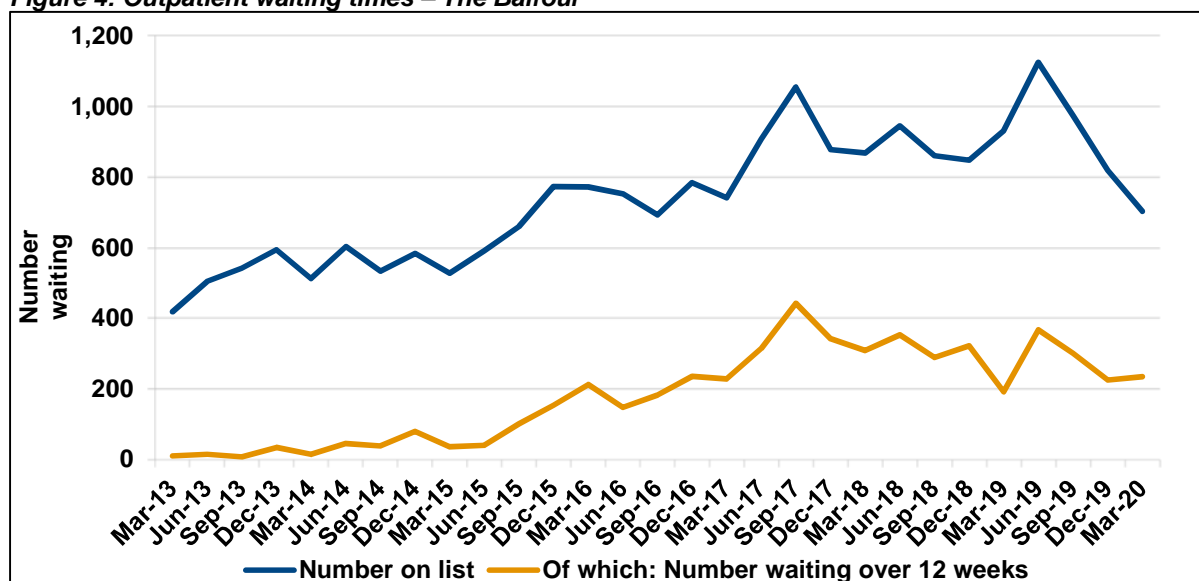
**Standard** - 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%

**Update** – At 31st March 2020, there were 703 patients waiting for a new outpatient appointment. Of these 233 (33%) had been waiting over 12 weeks. This is the most recent published data available and waiting times have continued to increase as expected since the start of the COVID-19 pandemic. The accelerated roll out of NHS Near Me has facilitated many patients to be seen and therefore the backlog has been kept to a minimum. A critical part of the Board's Remobilisation Plan is to support recovery in this area and ensure access to service is based on clinical prioritisation. Performance trajectories set out in the AOP have been revisited in light of the very different operating environment and submitted in draft to Scottish Government as part of our Remobilisation Plan submission.

**Figure 3: Performance in outpatients – The Balfour, 2012 - 2019**



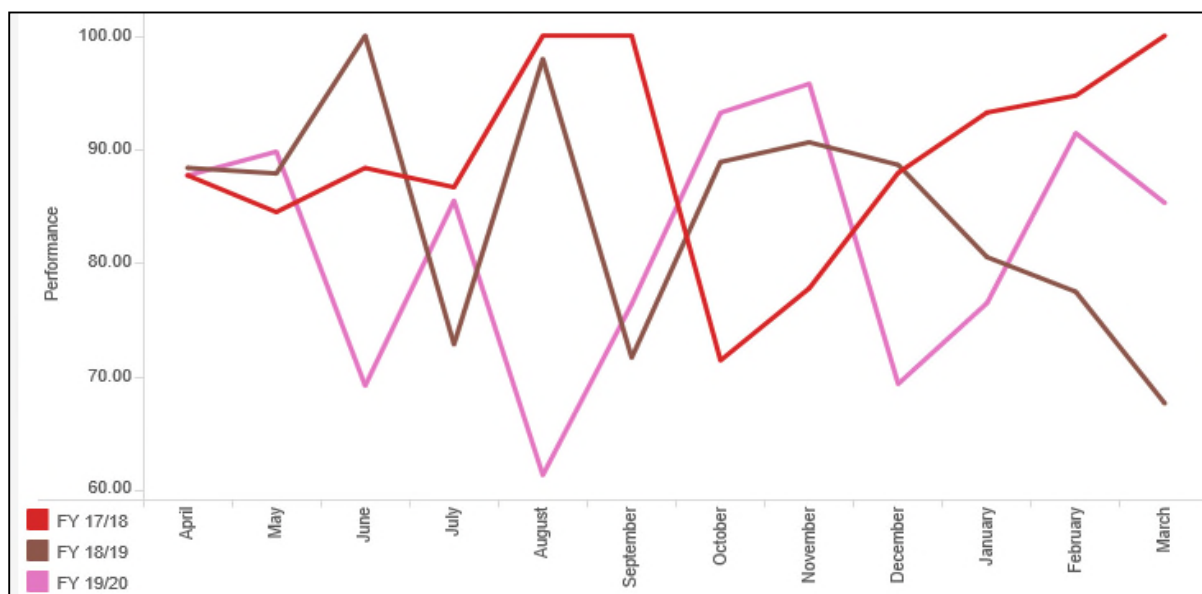
**Figure 4: Outpatient waiting times – The Balfour**



**Standard** - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

**Update** – Most recent published data shows that 85.29% of patients wait less than 12 weeks from referral to treatment. Performance in comparison to previous financial years is shown in Figure 5. Waiting times for inpatient and day case procedures have been adversely affected by the COVID-19 pandemic. The areas most adversely affected are in Dental Services and the Ear, Nose and Throat Specialty. Recovery plans for other areas such as General Surgery and Trauma and Orthopaedics are in development with partner Boards where appropriate as part of Remobilisation.

**Figure 5: Current performance (comparison to other financial years)**



#### 4. 18 Week Referrals

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

**Update** – At the end of May 2020, 80.9% of patients were reported as commencing treatment within 18 weeks. The average for Scotland is 80.7%.

#### 5. 48 hour Access GP

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

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

## 6. Antenatal

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

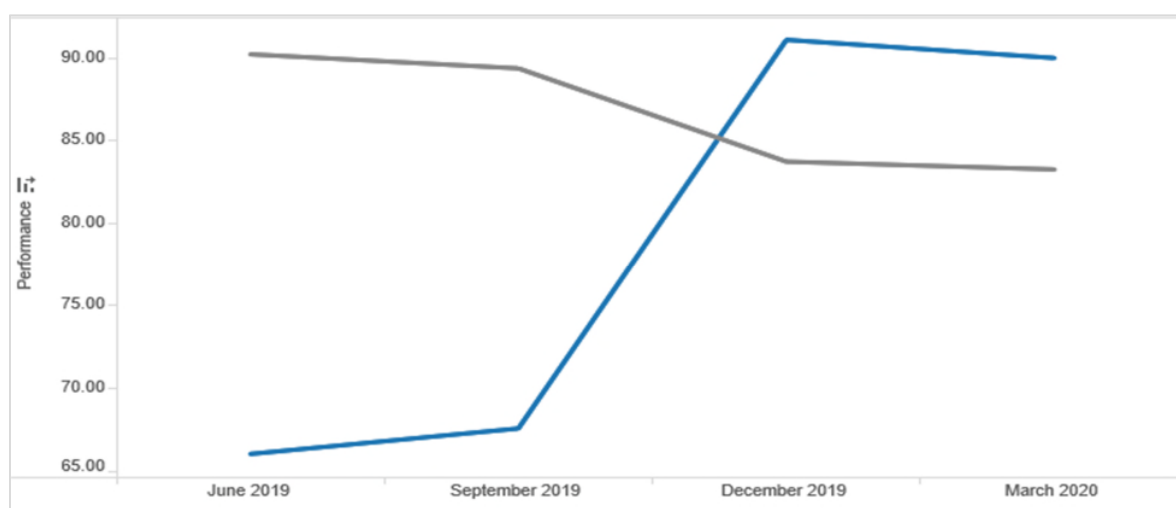
Update – At the end of September 2019, 75% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12<sup>th</sup> week of gestation.

## 7. Alcohol Brief Interventions (ABIs)

**Standard** - NHS Boards to sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal and to broaden delivery in wider settings

Update – At the end of March 2020, NHS Orkney's performance for this standard was 89.96%.

**Figure 6: ABIs delivered against LDP standard, NHS Orkney (blue) & Scotland (grey)**



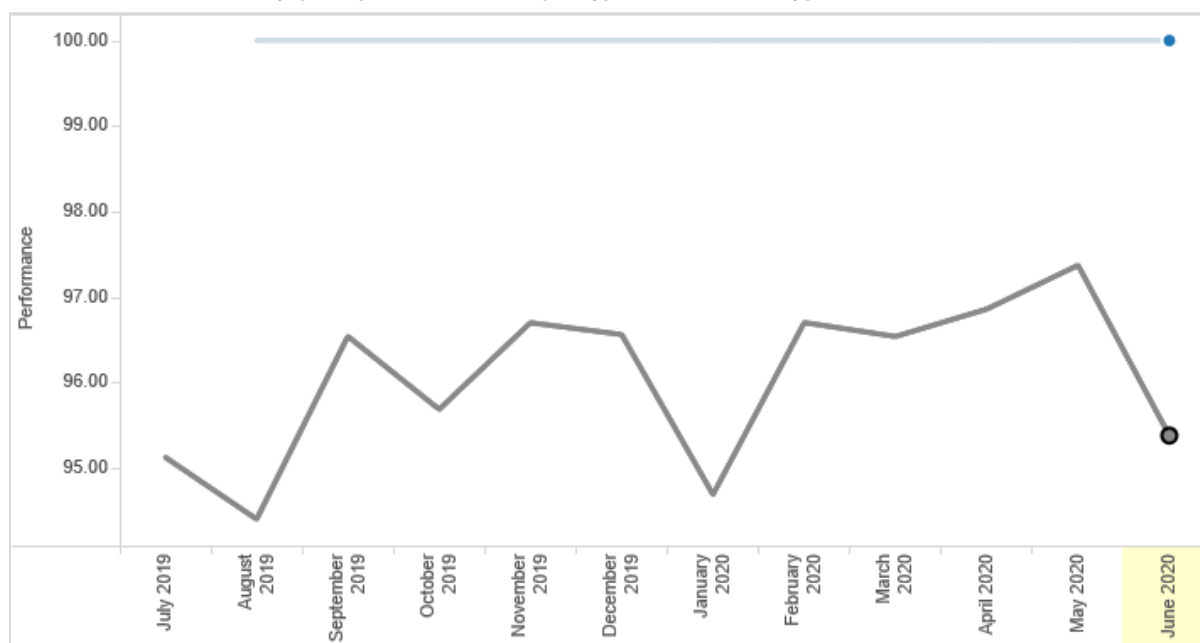
## 8. Cancer

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

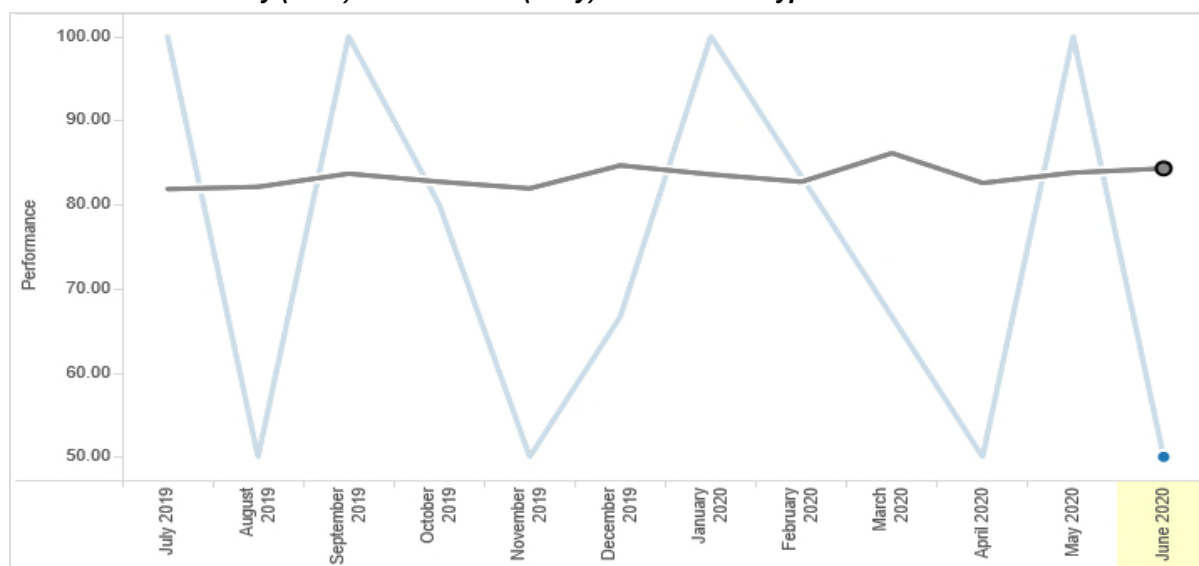
Update - Recently released data (from June 2020) shows 100% of patients started treatment within the 31-day standard. 50% of patients started treatment within the 62-day standard. Figure 7 compares NHS Orkney to the Scotland performance on the 31-day standard. Figure 8 compares NHS Orkney to the Scotland performance on the 62-day standard. Priority access has been maintained for cancer patients and urgent suspected cancer referrals throughout the pandemic period working partnership with NHS Grampian who provide Orkney patients with access to off island treatment in this area.



**Figure 7: Performance against the 31-day standard from date decision to treat to first cancer treatment NHS Orkney (Blue) and Scotland (Grey) for all cancer types recorded**



**Figure 8: Performance against the 62-day standard from date decision to treat to first cancer treatment NHS Orkney (Blue) and Scotland (Grey) for all cancer types recorded**

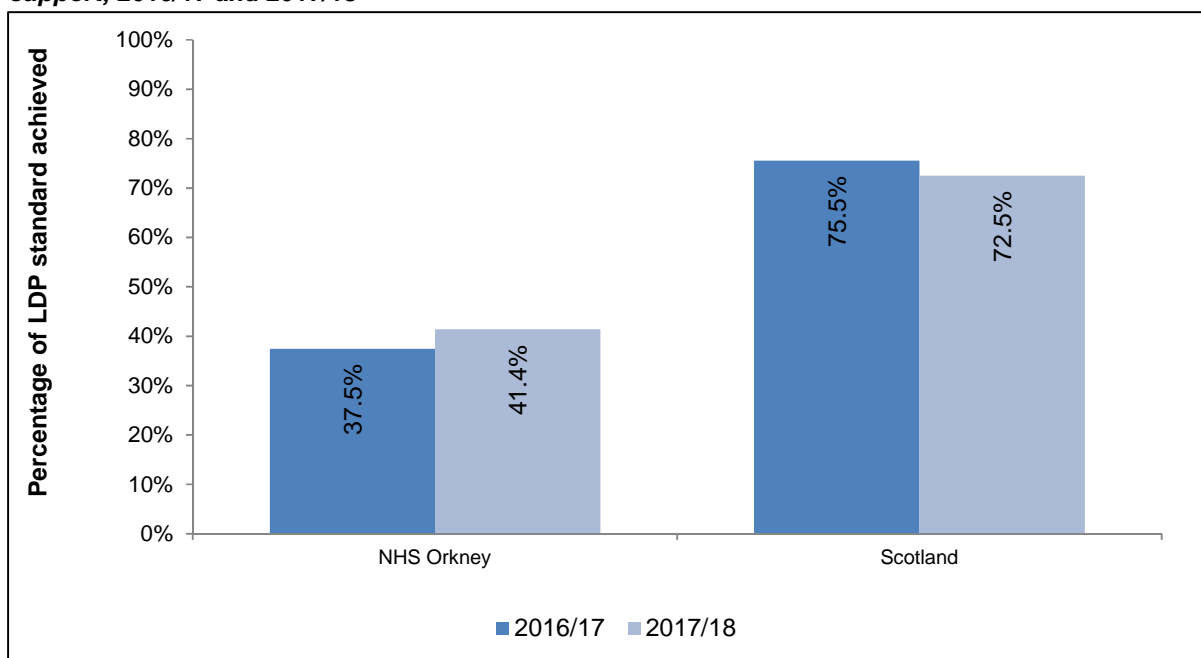


## 9. Dementia

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

Update - 29 people were referred for dementia post-diagnostic support in 2017/18 in Orkney. This equates to 33% of people estimated to be newly diagnosed with dementia within that year. Of those referred to dementia post-diagnostic support in 2017/18, 41.4% received one year's support as proposed in the LDP standard.

**Figure 9: Percentage of referrals achieving the LDP standard of 12 months dementia post-diagnostic support; 2016/17 and 2017/18**



## 10. Detect Cancer early

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

**Update** - Data provided in December 2018 showed that 28.6% of patients were diagnosed and treated in the first stage of breast, colorectal and lung cancer. An update on these figures is due to be released in August 2020.

## 11. Drug and Alcohol Referral

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

**Update** - The latest figures (May 2020) show 100% of people who started their first drug or alcohol treatment waited three weeks or less.

## 12. Mental Health

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

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

**Update** – In the quarter ending March 2020, 95.9% of children and young people commenced treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral. During the same quarter 49.5% of patients commenced Psychological Therapy based treatment within 18 weeks. Please note that these figures combine NHS Shetland, NHS Orkney and NHS Western Isles.

### **13. IVF Treatment**

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

**Update** - At the end of December 2019, 100% of eligible patients who were referred, commenced IVF treatment within 12 months of referral. Please note that due to the small numbers within Orkney for this standard, the figures have been combined with Shetland and the Western Isles to give the performance total.

### **14. Smoking Cessation**

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

**Update** – During 2019/20 there were 32 quits (target was 31), of which 13 are in the most deprived areas giving an achievement of 41.9%.

In addition to the above there are several areas of focus which do not sit within LDP standards but are areas of priority for Board delivery as stated by Scottish Government in their LDP guidance. Examples of this are reducing the number of people who are waiting to move from hospital wards to a more appropriate care setting (Delayed Discharges) and AHP Musculoskeletal Services whereby the maximum wait for from referral to first clinical out-patient appointment should be 4 weeks (for 90% of patients).

### **15. Cancelled Operations**

In Orkney, performance in regards to operations cancelled has significantly decreased (2.7%). The Scottish average for June is 6.7%.

The total number of planned operations across NHS Orkney during June 2020 was 183, an increase from 124 during May 2020. 5 operations were cancelled in June 2020. This compares to 7 in June 2019 and 5 in May 2020. 3 operations were cancelled by the hospital due to capacity or non-clinical reasons. 2 were cancelled by the patient.

### **16. Diagnostics**

At the end of March 2020 there were 128 patients on the waiting list for a key diagnostic test. Of these, 9.38% had been waiting greater than 4 weeks and 2.34% had been waiting greater than 6 weeks. This compares with 7.14% waiting over 6 weeks at the end of January 2020.

### **17. Access to MSK Services**

In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2. Due to the COVID-19 pandemic there have been delays to a number of national reports and a more up to date publication is currently awaited.

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

	Total number of patients waiting	Number of patients waiting within 0-4 weeks	Median (Weeks)	90th Percentile (Weeks)
<b>As at December 2018</b>	603	87 (14.4%)	20	43
<b>As at December 2019</b>	568	90 (15.9%)	16	42

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

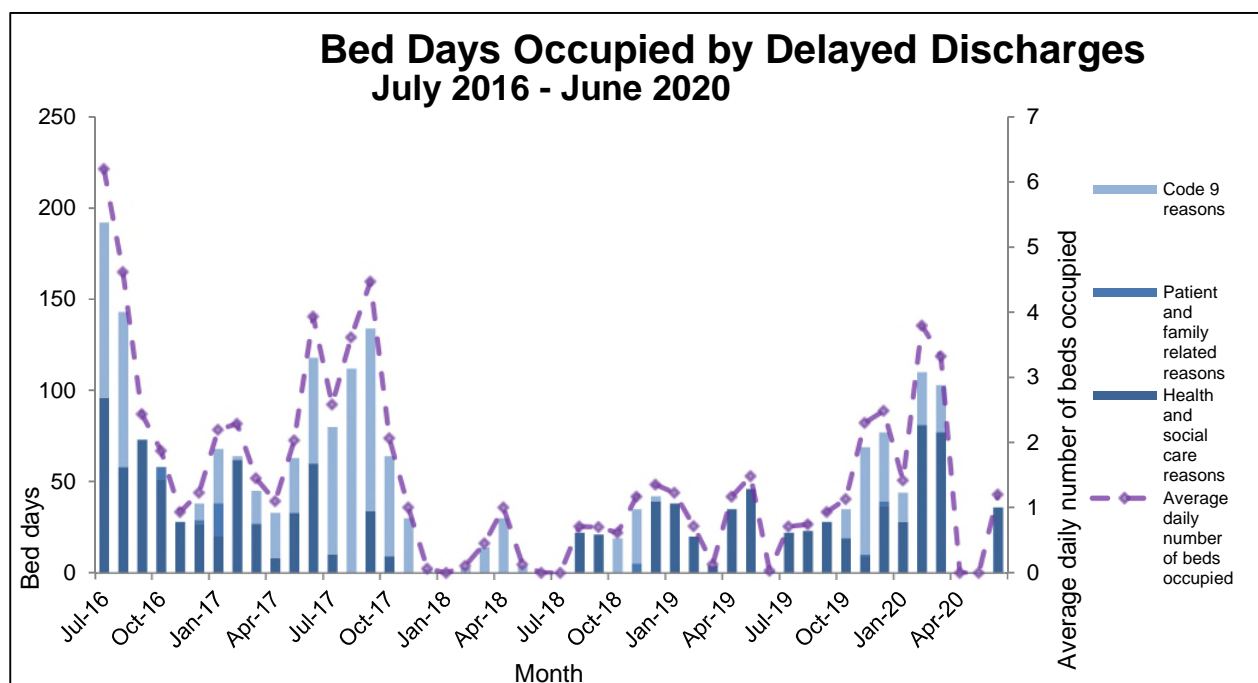
	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
<b>As at December 2018</b>	364	181 (49.7%)
<b>As at December 2019</b>	351	190 (54.1%)

## 18. Delayed Discharges

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

At census day during June 2020 there was 1 delayed discharge due to health and social care reasons (awaiting completion of care arrangements). There were 36 bed days occupied by delayed discharges; all due to health and social care reasons. Figure 10 shows the number of bed days occupied by delayed discharges. With the reduced inpatient bed base for non COVID-19 admissions this is a significant area of focus in our developing Winter Plan.

**Figure 10: Bed days occupied by Delayed Discharges July 2016 – June 2020**



**Appendices - None**

**Not Protectively Marked**

**NHS Orkney Board – 27 August 2020**

**Report number: OHB2021-53**

**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: <ul style="list-style-type: none"> <li>• <u>Review</u> the report and note the issues raised</li> </ul>
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 23 July 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.

## **Not Protectively Marked**

### **NHS Orkney Board – 27 August 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 27 July 2020. It was agreed that this should be reported to the Board.

### **Section 4 Issues Raised**

#### **1. Workforce Report**

The Head of Corporate Services presented the Workforce Report highlighting that sickness absence had reduced slightly, in line with the annual average, however bank, overtime and excess hours associated with the COVID-19 response continued.

As the workforce report had not been brought to the committee for some time, the report received was an initial draft and clarity was sought as to what information members would like to be included in future to allow effective scrutiny and assurance. It was agreed that at a minimum it would be beneficial for the committee to receive:

- Vacancy and recruitment statistics
- Comparisons with other Boards
- Measures taken to control costs
- Succession planning

## **2. 41 Standards of Organisational Resilience**

The Resilience Officer presented the submission which was due to be returned by 31 July 2020. The submission had been brought to the committee for noting and information, prior to sign off by the Chief Executive.

## **3. Financial Performance Management Report**

The Interim Director of Finance delivered the Financial Performance Management Report advising that:

- There had been a reported overspend of £502k for the 3 months to 30 June 2020
- In reporting a breakeven position, various assumptions had been made including that funding for the year to date and ongoing mobilisation costs would be met in full by the Scottish Government.
- The Board was reflecting a breakeven position at year end if these assumptions are met.

Members noted the report and were assured of progress.

## **4. Covid-19 – Local Mobilisation Plan Weekly Finance Return**

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.

Members noted the update and were assured of progress.

## **Appendices**

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 17 June 2020

## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Wednesday, 17 June 2020 at 10:00**

**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

**In Attendance:** Christina Bichan, Chief Quality Officer  
Julie Colquhoun, Head of Corporate Services  
Debs Crohn, Head of Digital Transformation and IT  
Fiona MacKellar, Employee Director  
Iain Stewart, Chief Executive Designate  
Jason Taylor, Non Executive Director (observing)  
Kim Wilson, Deputy Director of Nursing (for item 338)  
Louise Wilson, Director of Public Health  
Christy Drever, Committee Support (minute taker)

### 329 **Apologies**

Apologies were noted from David McArthur, Gerry O'Brien, Marthinus Roos, Sally Shaw and Keren Somerville.

### 330 **Declarations of Interests – agenda items**

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

### 331 **Minutes of Meeting held on 28 May 2020**

The minute of the meeting held on 28 May 2020 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 253, Page 2, 1<sup>st</sup> bullet point – “presenting” should read “presented”
- 253, Page 2, 2<sup>nd</sup> bullet point – “Elective work or had been scaled back” should read “Elective work had been scaled back”
- 253, Page 2, 2<sup>nd</sup> bullet point – “advised that’s some services” should read “advised that some services”

### 332 **Matters Arising**

There were no matters arising.

### 333 **Action Log**

The action log was reviewed and updated as required.

### **Performance Management**

### 334 **Performance Management Report – FPC2021-13**

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.

The Chair queried the steady decline in performance against New Outpatient Standard (12 weeks) over the past 7 years. The Chief Quality Officer advised the demand for services had regrown significantly within the time period. She explained that they were largely visiting services so there had been difficulties in keeping up with demand. She further explained that data which falls under Outpatients had also changed, previous reports had included local services, where recent data reports on consultant led services. With local services being stripped out of the report the data shows a more accurate picture of performance.

The Board Chair sought clarity surrounding the data for Cancer as there appeared to be conflicting statistics, with the report stating that “100% of patients started treatment within the 31-day standard. 75% of patients also started treatment within the 62-day standard”. The Chief Quality Officer advised that there were different principles against each standard which meant that though this data appears to conflict, in fact it did not.

J Stockan queried if the impact of those patients who were not coming forward for services when they should have been due to Covid-19, had been recorded in any way. He raised concerns over the need to change perceptions, as there was a greater health risk to those who do not come forward. The Chief Quality Officer advised that there were patients who had presented themselves to services much later than would be expected under normal circumstances. She noted that these had been recorded in Datix, with the intention of building a fuller picture of the delays to accessing treatment. She advised that many Primary Care practices had suggested they were busier at present than they had been before the Covid-19 pandemic began, and suggested that members of the public might have changed their mindset and were beginning to access services again. She reminded members that national communications were being shared by both NHS Orkney and local media on social media platforms. The Employee Director suggested that there continued to be a delay in patients seeking treatment from some services and that the communications should cover these too. The Chief Quality Officer agreed to ensure this was picked up within communications in future.

### **Decision/Conclusion**

Members noted the update and were assured of progress.

335

### **Near Me Update – FPC2021-14**

The Chief Quality Officer presented the Near Me Update which provided an update on the rollout of Near Me across services. Key points highlighted 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.

## 9.3.1

- More data would be provided in future, with the initial report showing uptake rates and overall growth.

The Chief Quality Officer clarified that the need to utilise Near Me for clinics during the pandemic had increased use by visiting consultants as virtual consultations were the preferred option for patient and staff safety, with face-to-face now being a last option where possible. The Chief Quality Officer advised that there were still some small issues with the Near Me service, which were being worked through.

The Chief Quality Officer advised that the Rheumatology clinician, who could not travel to the island for clinics as normal, had been able to continue consultations either via Near Me or telephone call. She advised that while many clinicians would prefer face-to-face consults, this was not an option for visiting consultants at present, and the Project Manager in NHS Grampian had embraced working with NHS Orkney and Near Me, allowing good insight and conversations to be had to arrange services.

The Head of Corporate Services praised this as a success story for NHS Orkney, allowing increased capability in the use of digital tools across the organisation and encouraging staff to embrace the use of technology. The Board Chair reiterated the praise and queried whether the service could be rolled out farther, possibly to the third sector, including mental health services. The Chief Quality Officer confirmed that her team had been in positive conversation with Women's Aid Orkney, and were keen to embrace the use of the services with other partners. The Board Chair agreed to bring the topic to the next Third Sector Forum Meeting in the hope to progress the use of Near Me and to embed its use farther within the community.

The Interim Director of Finance sought clarity surrounding the costs and potential savings incurred within the Service Level Agreement with NHS Grampian. The Chief Quality Officer confirmed that the cost for a consultation remained the same, regardless of whether it took place virtually or in person. However, there was an opportunity to make savings within travel costs for patients and escorts whilst the patient benefit remains the same, and also increase value by providing increased consultations per session as the consultant no longer needs to take time out for travel.

The Employee Director raised that all teams should be made aware of the availability of Near Me clinics, as many remained unsure of which consultants were working virtually. The Chief Quality Officer advised that the services were still emergent, meaning that normal referral pathways remained in place. When a patient need was identified from a referral, NHS Orkney then contact the consultant secretary to enquire if the clinic could take place virtually. This ensured that each referral was patient centred and arranged on an individual basis.

J Taylor queried how many clinics were thought to be able to move to virtual in the future, and what level of saving could be made on travel because of this. The Chief Quality Officer proposed that around 30% of outpatient's appointments off island were review appointments, which it was expected could largely take place virtually as standard. She stressed that due to the Covid-19 pandemic, it was unlikely that normal services would fully resume for some months, with urgent treatments only and increased emphasis on capturing which services could be provided on island.

J Stockan stressed the need to promote the successful uptake of Near Me as a positive step forward to embed in future practice for clinicians and build community confidence.

### **Decision/Conclusion**

Members noted the update and were assured of progress.

336

### **Workforce Update – Verbal**

The Chair advised that he had been working alongside the Head of Corporate Services to bring a complete workforce report to the Committee meeting on 23 July 2020. He advised that this report would be structured in a similar way to the Performance Report and would include bank staffing, overtime and families of staff.

The Head of Corporate Services added in that she had been developing a workforce dashboard which would cover various Governance Committee's needs. She noted that key areas of interest for the Committee on the dashboard would include sickness absence, overtime excess hours and bank staffing, to allow the Committee to see a fuller picture of the workforce, rather than independent figures.

The Chair suggested that this would make a good starting point for the workforce report, with any additional information added if required.

The Chief Executive Designate advised that he had been in discussion with the Senior Management Team to bring all information together in one dashboard to allow a whole picture of the organisation. This would include performance, workforce, finance and quality. The Chief Quality Officer advised that she had been in discussion with the IT department regarding setting this up.

### **Decision/Conclusion**

Members noted that a full report would be brought to the Committee on 23 July 2020.

337

### **Technology Enabled Care Strategy 2020 – 2023– FPC2021-15**

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
- All Health Boards were required to put in place a local implementation plan for driving forward digital transformation and the Covid-19 outbreak had brought this need forward
- The Community Mental Health Team in particular were doing a great deal of consults using Near Me and found it to be of great benefit for both the team and the patients.
- 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.
- The responsibility for funding digital transformation falls on NHS Orkney.

## 9.3.1

- 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.
- There were three main priorities for the programme: Office 365 roll out, Hospital Electronic Prescribing Medicines Administration (HEPMA) and the need for a Community Electronic Patient Records System.

The Head of Digital Transformation and IT stressed that she believed the uptake of virtual clinics during the Covid-19 outbreak showed the NHS Orkney workforce would embrace digital transformation and clinicians would drive this forward

The Head of Digital Transformation and IT advised that there were no digital record systems which would tie in with the systems used by Orkney Islands Council. She had been in discussion with the Chief Officer and other IJB colleagues and it had been decided that all Orkney care homes would be given NHS email addresses to allow records to be shared safely. She acknowledged that the recent increased use of Microsoft Teams had aided partnership working significantly, allowing easier collaboration and communication.

J Stockan advised that he would be contacting Scottish Government and UK Government offices to push the need to rectify digital inequalities for island communities. He also stressed that we should be promoting NHS Orkneys leadership in use of digital technology and how we are helping tackle the climate emergency by doing so. The Head of Digital Transformation and IT advised that she had been in discussion with Liam McArthur regarding how he could help take digital inequalities forward and had also been contacted regarding potential drone trials within the isles. J Stockan advised that it was best to copy in the Isles Minister to all correspondence with Liam McArthur. The Board Chair stressed that if new technology trials were to take place within the isles, it was important to communicate this correctly, with the public opinion being sought before any project was progressed.

The Chief Executive Designate advised that to ensure the strategy was solid, there needed to be assurance on finance, capacity and capability. The Head of Digital Transformation and IT advised that the finances had been built into the annual plan with funding being built into this year's budget. She acknowledged that the team was small and it had been raised previously that there were large skill gaps within. She advised that there had been discussions regarding the use of Orkney Islands Council staff as trainers for NHS Orkney staff, to increase capability. The Head of Digital Transformation and IT acknowledged that there was a risk surrounding, finance, capacity and capability, and that this was on her risk register and was monitored weekly.

The Interim Director of Finance advised that until the capital allocation was received from the Scottish Government and the Annual Operational Plans were approved, funding could not be approved for IT services. The Head of Digital Transformation and IT stressed that it was difficult for her team to be able to provide the corporate service and supply support to teams, until they were aware of their allocation of resources. She advised that Near Me had a funding allocation, however other services were difficult to plan, presenting risks to the organisation. The Interim Director of Finance advised that once the allocations were approved he would advise the Head of Digital Transformation and IT to allow her to plan more accurately.

The Head of Corporate Services suggested that the pandemic had provided an opportunity to promote the use of digital technology. She stressed that this project was being driven forward and part funded nationally and agreed that while there were significant skills gaps within the team which would need to be addressed, the increased use of digital technology presented a huge opportunity.

The Employee Director advised that she felt the statement in section 5.2 should be more general to support management of waiting lists in various areas.

Members noted that the increased use of electronic learning would decrease the need for staff to travel off island, however it would not completely cease.

The Chief Executive Designate advised that he agreed with the strategy, however he had reservations regarding bringing it to the Boards attention for sign off, without finances in place. The Chair agreed that while he endorsed the strategy in principle, he did not believe the Committee could endorse it fully until the finances had been allocated.

The Chief Quality Officer suggested that the Committee should approve the aspiration and strategic intent, advising that her concern would be with the program delivery timelines, and that business elements would need to be reviewed on an individual basis. The Head of Digital Transformation and IT advised that some timelines would need to be adhered to, however some would potentially be flexible.

The Board Chair stressed the need to clearly articulate the risks associated with this strategy, including the potential need for a training program.

### **Decision/Conclusion**

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.

338

### **Community Electronic Patient Record (EPR) – FPC2021-16**

The Head of Digital Transformation and IT presented the report on the Community Electronic Patient Record (EPR). Key points highlighted included:

- The need for a Community EPR within the community teams was a priority within the digital strategy, as some teams were still using paper records and scanning, which presented an information governance risk. This had been highlighted as a clinical need, which would allow continuity of care and security of patient records.
- An options appraisal had taken place, including discussions with Orkney Islands Council.
- A paper had been taken to the Technology Enabled Care Board in February, where a business case had been recommended. This had been delayed due to Covid-19.
- The MORSE Community EPR system had been offered to the Board with the first 6 months at no cost, after which the subscription costs were £55k per annum, with no restriction to the number of licences.
- Many efficiencies had been noted including financial savings, by working in new ways and providing clinical and organisational benefits.

## 9.3.1

The Deputy Director of Nursing suggested that the Community EPR would reduce travel for staff between patients as they would not need to return to the hospital to input patient notes. The Employee Director agreed that the current way of working was inefficient, incurring travel and overtime costs as well as the risk of patient data being lost. The Head of Digital Transformation and IT agreed that the Community EPR would transform the way community teams worked in future.

The Chair enquired whether £55k per annum included all costs, and The Head of Digital Transformation and IT advised that all staff already had all equipment and the software was cloud based. The Interim Director of Finance advised that a full business case would be needed detailing the potential savings and costs.

The Chief Quality Officer stressed that the current systems were inappropriate and while she understood the need to have had finances in place, she was pleased that there was now a plan in place for a Community EPR going forward.

The Board Chair suggested that the business case should be taken to the Senior Management Team rather than brought back to the Committee. The Chief Executive Designate agreed and queried whether the funding should be sought from the Orkney Health and Care budget or NHS Orkney as it was for shared services.

The Chief Executive Designate advised that he had asked B Wilson to review mental health services and the Head of Digital Transformation and IT advised that she had been involved in demonstrations for the MORSE Community EPR. The Employee Director advised that staff had been very pleased with the demonstration of MORSE and reiterated that it was important to action this quickly as allowing staff to use the current unsafe working systems went against professional standards.

The Interim Director of Finance queried whether other suppliers had been considered, the Head of Digital Transformation and IT advised that an options appraisal had been undertaken, however no other system could provide what was required by our teams.

### **Decision/Conclusion**

Members approved the significant need for a Community EPR, however it was agreed that a full business case was required before it could go ahead, and that this should be taken to the next Senior Management Team meeting. The Chair stressed that this should be undertaken at a fast pace as there was a clinical need for the system.

### **Financial Management and Control**

#### **339 Financial Performance Management Report – FPC2021-17**

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 core RRL was set at £64.272m, against which there was an underspend of £59k. The comparative underspend in 2018/19 was £27k. The CRL was £3.206m for the year, net of receipts, against which there was net investment of £3.205m.
- The Board delivered against its savings target of £750k (£756k achieved in year), of which £118k was delivered as recurring savings, with the remaining balance achieved on a non-recurring basis through various areas of underspends, including vacancies.
- The Integration Joint Board delivered a breakeven position.
- Reports detailing this would go through both the Audit and Risk Committee and NHS Orkney Board meetings.

### Decisions/Conclusion

Members noted the update and were assured of progress.

340

### **Covid-19 – Local Mobilisation Plan Weekly Finance Return – FPC2021-18**

The Interim Director of Finance delivered the Covid-19 – Local Mobilisation Plan update, highlighting:

- anticipated additional COVID 19 Health Board costs of £4.5m
- anticipated Health and Social Care Partnership COVID 19 costs of £1.9m
- anticipated Health Board under achievement savings for 2020-21 of £3.8m
- anticipated Health and Social Care Partnership Board under achievement savings for 2020-21 of £1.2m

The Interim Director of Finance advised that there was no guarantee that the Scottish Government would provide funding to meet unachieved savings. He also advised that Richard McCallum had informed all Directors of Finance that retrospective approval had been granted for Covid-19 related costs.

The next update to the Scottish Government was due on the 22/6/2020

The Board Chair sought clarity regarding the use of abbreviations as both IJB and H&SCP appeared to be being used to describe the same group. The Interim Director of Finance agreed that this was the case and agreed that there was a need to use correct language in future.

### Decisions/Conclusion

Members noted the update and were assured of progress.

341

### **Annual Accounts / Audit Update - Verbal**

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.

### **Decisions/Conclusion**

Members noted the update and were assured of progress

### **Governance**

#### 342 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

##### **Board**

- Near me Update
- Technology Enable Care Strategy 2020-2023
- Financial Performance Management Report
- Covid-19 – Local Mobilisation Plan Weekly Finance
- Annual Accounts / Audit Update

##### **Clinical and Care Governance Committee**

- Community Electronic Patient Record (EPR) – to be raised at the Senior Management Team meeting next week, then brought back to both the Finance and Performance Committee and the Clinical and Care Governance Committee

#### 344 **Any Other Competent Business**

There was no other business raised for discussion

### **Items for information and noting only**

#### 345 **Next meeting**

Members noted that the next meeting would bring the Committee back into the normal cycle of meetings and would be held virtually at 9.30am on 23 July 2020.

#### 346 **Record of attendance**

Members noted the record of attendance.

#### 347 **Committee Evaluation**

The Chair praised the encouraging update on Near Me usage, the high level of scrutiny of the Technology Enabled Care Strategy and good discussion surrounding the Community Electronic Patient Record (EPR) report.

The Board Chair reiterated that there had been robust discussion and challenge around some topics raised, which showed good governance and scrutiny from the Committee.



## 9.3.1

*The meeting closed at 11.45*

## Not Protectively Marked

### NHS Orkney Board – 27 August 2020

**Report number: OHB2021-56**

**This report is for noting**

#### Key Legislation

<b>Author</b>	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

Topic	Summary
<b>Supply and demand for medicines</b>  <a href="https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2020/6/30/Supply-anddemand-for-medicines/HSS052020R6.pdf">https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2020/6/30/Supply-anddemand-for-medicines/HSS052020R6.pdf</a>  <a href="https://digitalpublications.parliament.scot/Committees/Report/HS/2020/6/30/">https://digitalpublications.parliament.scot/Committees/Report/HS/2020/6/30/</a>	A Health and Sport Committee inquiry into the supply and demand for medicines.
<b>Working with the Adults with Incapacity Act –for people working in adult care settings</b>  <a href="https://www.mwcscot.org.uk/publications?type=39">https://www.mwcscot.org.uk/publications?type=39</a>	A Mental Welfare Commission for Scotland revised publication provides guidance for anyone employed in caring for an individual who, because that person is not capable of making key decisions about his or her own health and welfare, has become subject to the Adults with Incapacity (Scotland) Act 2000. This includes support managers and staff working in registered services for people with mental illness, learning disability, dementia or related conditions in Scotland.
<b>Care Homes Emergency Intervention Orders (Coronavirus) (Scotland) Regulations 2020 (SSI 2020/201)</b>  <a href="#">Care Homes Emergency Intervention Orders (Coronavirus) (Scotland) Regulations 2020 (SSI 2020/201)</a>	These Regulations make provision in connection with emergency intervention orders under the Public Services Reform (Scotland) Act 2010 s.65A.

## Circulars

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

Reference:	Date of Issue:	Subject:
<b>CDO(2020)09</b>	09.07.2020	NHS Dental Services; phase 3 remobilisation
<b>PCA(O)(2020)11</b>	09.07.2020	General Ophthalmic Services (GOS: Covid-19 recovery planning: phase 3 details
<b>PCA(D)(2020)10</b>	10.07.2020	Remobilisation of NHS Dental Services: phase 3
<b>PCA(M)(2020)10</b>	13.07.2020	Covid-19: Further guidance on planning and responding to Primary Care GP practice capacity challenges
<b>PCA(M)(2020)11</b>	14.07.2020	NHS Pharmacy First Scotland: information for GP practices
<b>DL (2020)20</b>	14.07.2020	Quarantine (self-isolation) for NHS Scotland staff returning to the UK
<b>DL (2020)21</b>	17.07.2020	Primary Care Representation on NHS
<b>DL (2020)22</b>	17.07.2020	Annual Leave in 2020-21
<b>PCA(P)(2020)14</b>	21.07.2020	Implementation of NHS Near Me in community pharmacy; guidance
<b>DL(2020)23</b>	21.07.2020	Remuneration Increase 2020-21: Chairs and Non Executive Members
<b>DL(2020)24</b>	27.07.2020	Publication of Covid-19 occupational risk assessment guidance
<b>CDO(2020)10</b>	27.07.2020	Examinations: phase 3 remobilisation
<b>PCA(M)(2020)12</b>	28.07.2020	GP Practices; additional funding; Covid-19; update
<b>CDO(2020)11</b>	30.07.2020	NHS Dental Services; non-aerosol generating procedures
<b>PCA(O)(2020)12</b>	30.07.2020	General Ophthalmic Services (GOS): COVID-19 recovery: resumption of routine eye care in practice premises and patients' own homes; patient and patient representative signatures; practice inspections
<b>PCA(P)(2020)15</b>	04.08.2020	Pharmaceutical Services: amendments to the drug tariff in respect of remuneration arrangements and part 7 discount clawback arrangements from 1 April 2020
<b>PCA(D)(2020)11</b>	07.08.2020	Remobilisation of NHS dental services: Aerosol Generating Procedures (AGPs)
<b>CMO(2020)19</b>	07.08.2020	Adult flu immunisation programme 2020/21
<b>CMO(2020)18</b>	07.08.2020	Enhanced surveillance of covid-19 in Scotland: continuation of the community surveillance programme

## 12.1

Reference:	Date of Issue:	Subject:
<b>PCA(P)(2020)16</b>	11.08.2020	Community pharmacy – national career pathway and introduction of a common clinical conditions independent prescribing service (NHS pharmacy first plus)
<b>CMO(2020)20</b>	13.08.2020	Important changes to the Scottish pregnancy screening programme



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NHS Board Chairs

cc NHS Board Chief Executives  
cc Corporate Governance Steering Group

via email

17<sup>th</sup> July, 2020

Dear Colleague

## Active Governance

Further to recent discussions at the NHS Board Chairs and Chief Executives Groups (respectively), we are writing to inform you of the work now formally underway to develop 'active governance' in NHS Boards in Scotland. The Cabinet Secretary has made clear that she expects this work to proceed with pace. She asked that it be led from the NHS Scotland Corporate Governance Steering Group. In doing this work, we want to link to the broader work currently underway to re-commence full governance arrangements following the recent need to run lighter governance structures in support of our response to Covid.

The work on Active Governance will comprise two substantive and linked components. Firstly, the development of an assurance information system which was described at paragraphs 5.2 to 5.4 in the NHS Scotland Blueprint for Good Governance issued under DL(2019)02 on 1 February 2019. Such an approach is described as ensuring NHS Boards have the necessary information to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans and that it is possible to measure the organisation's performance by benchmarking results against those of similar organisations.

Secondly, to design and deliver a development programme for Board members to ensure that they can engage with the information, make informed assessments for assurance purposes and anticipate and identify substantive issues which could detrimentally affect the organisation's culture, performance and reputation. This requires NHS Boards to have not only a clear and accurate picture of what is happening within the organisation at a given point in time, but also have regard to the wider strategic and policy context in which the Board operates. A key driver behind this approach is that Boards are able to develop earlier and more acute awareness and understanding of information from a range of sources such that Boards can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.



Accordingly, this work should be seen as part of the implementation of the NHS Scotland Blueprint for Good Governance and in complete alignment with the expectations of DL(2019)02 rather than work which is separate or additional to that. On this basis it is appropriate that it is overseen by the Corporate Governance Steering Group and planned and delivered by a small project board and delivery team comprising colleagues from HIS, NES and ISD and led by a project manager.

It is our intention to now lead Boards to a “Once for Scotland” governance model that will deliver a consistent, coherent and cohesive approach on governance across all Boards, an approach which was endorsed in the recent letter on Re-mobilisation which was sent to Boards by Christine McLaughlin. This will cover areas such as procedures, templates and committee structures. Much of that work has already been carried out, or is underway, by the Corporate Governance Steering Group.

It is expected that NHS Boards recognise the imperative which comes from the Cabinet Secretary for an ‘active governance’ approach and the importance of incorporating this into work to align governance structures and processes across NHS Scotland. Further information is provided in the Project Initiation Document which will be agreed by the Corporate Governance Steering Group at its meeting on 10<sup>th</sup> July.


Yours sincerely



**Richard McCallum**

Co-Chair, Corporate Governance Steering Group

Interim Director, Health Finance and Governance, Health and Social Care Directorates



**John Brown**

Co-Chair, Corporate Governance Steering Group

Chair, NHS Greater Glasgow and Clyde



## Orkney Partnership Board

### Minute of the meeting of the Orkney Partnership Board held at 10:00 on 12 March 2020 in the Council Chamber, Kirkwall

Present:	James Stockan Meghan McEwen Stuart Allison Gail Anderson  Alan Dundas Rachael King Thomas Knowles Leslie Manson Paul Maxton Gillian Morrison John W Mundell Graham Neville Gerry O'Brien  Mark Shiner Marcus Shearer Sally Shaw  Marcus Shearer Graham Sinclair Craig Spence Iain Stewart Matt Webb Craig Spence Anna Whelan	Orkney Islands Council ( <i>Chair</i> ) NHS Orkney ( <i>Vice Chair</i> ) Vibrant Economy Delivery Group Voluntary Action Orkney and Strong Communities Delivery Group SEPA Integration Joint Board Historic Environment Scotland Orkney Islands Council Scottish Government (Islands Team) OIC, Corporate Services OIC, Chief Executive Scottish Natural Heritage NHS Orkney and Living Well Delivery Group Orkney College / UHI Scottish Ambulance Service Integration Joint Board and Orkney Community Justice Partnership Scottish Ambulance Service HITRANS Orkney Housing Association Limited NHS Orkney Police Scotland ( <i>arrived 11.35, item 17</i> ) Orkney Housing Association Limited OIC, Corporate Services ( <i>Secretary</i> )
By invitation:	James Wylie Jo Kirby	OIC, Edn, Leisure & Housing ( <i>for items 20-23</i> ) The Northern Alliance ( <i>for items 20-23</i> )
In attendance:	Andrew Kemp Marie Love	The Orkney Partnership The Orkney Partnership

#### Item

<b>1</b>	<b>Apologies</b>	
	Edward Abbott-Halpin Dougie Campbell Seonag Campbell Cheryl Chapman David Drever Andy Fuller Alan Johnston Garry Reid Graeme Harrison	Orkney College / UHI Scottish Fire and Rescue Service Skills Development Scotland VisitScotland NHS Orkney Scottish Ambulance Service Scottish Government Scottish Sports Council Highlands and Islands Enterprise



	Bob Walker	Scottish Fire and Rescue Service	
Item	Topic	Lead	Purpose
1.1	The Chair welcomed Meghan McEwen to her new role as Vice Chair of the partnership and thanked Marie Love on her retirement from the role of Community Planning Business Manager.		
2	<b>Draft minute of the meeting of the Board on 4 December 2020</b>	Chair	To amend as necessary and agree the minutes
2.1	The minutes were agreed.		
3	<b>Matters arising</b>	Chair	To consider matters arising from the minute
3.1	The Chair noted his action at item 3.3 and confirmed that his meeting had been cancelled but will follow this up shortly		
4	<b>Draft minute of the special meeting of the Board on 30 January 2020</b>	Chair	To amend as necessary and agree the minutes
4.1	The minutes were agreed.		
5	<b>Matters arising</b>	Chair	To consider matters arising from the minute
All items included on the agenda today. No further matters arising.			
6	<b>Executive Group</b>		
	6.1 Update from the Group	John W Mundell	
	6.2 Development Plan update	Marie Love	
6.1	John presented the Executive Group report: <ul style="list-style-type: none"><li>• Army Reserve has offered support and should be invited to present at future meeting of the Board.</li><li>• Skills Development Scotland (SDS) had offered assistance to the Executive Group and it was agreed that they be co-opted for meetings when workforce planning was included on the agenda.</li></ul>		
6.2	Marie presented the updates on the development plan highlighting: <ul style="list-style-type: none"><li>• 06. Annual delivery group conference had been added.</li><li>• 15. Conduct Place Standard exercise<ul style="list-style-type: none"><li>○ It was discussed that timescales may need to be considered and it was agreed that one year would be suitable.</li><li>○ Gail reported that she had secured funding for two years for a community development delivery worker who could potentially assist with the Place Standard exercise.</li></ul></li></ul>		

- 6.3 It was noted that a self assessment workshop had been booked to follow the next Board meeting on the 10<sup>th</sup> June. The importance of this was highlighted along with the complexity of landscape that the partnership has to deal with.

<b>7</b>	<b>CONTEST/PREVENT</b>	Gillian Morrison	To report progress
7.1	Gillian presented an update and noted current threat level had been raised to “severe” meaning an attack was likely. It was highlighted that Prevent training sessions had been carried out face-to-face previously but that going forward the Home Office had updated only its online support materials. Scottish Government had been asked to raise with the Home Office the need for continuing support for face to face sessions.		
<b>8</b>	<b>The Islands Deal</b>	Chair	To review progress
8.1	The Chair presented the update. It was reported that the Islands Deal was not included in the recent UK budget. Scottish Government have previously matched UK gov funding for other Deals, so the UK gov has to declare first. The Islands will be the last area to secure a Deal but have been assured they will have the highest per capita funding of any Deal. Funding is expected to be split equally between the three islands areas.		
<b>9</b>	<b>Single Authority Model</b>	Gillian Morrison	To receive an update and report progress
It was agreed to move this item to the end of the meeting.			
<b>10</b>	<b>Locality Plan actions</b>	Anna Whelan	To review progress
10.1	Anna presented the plan actions highlighting that for item 15 (Your Islands Your Choice 2) VAO will be reporting on this later in the year. Gail confirmed that VAO are working through the projects and a report will be forthcoming.		
<b>11</b>	<b>Living Well Delivery Group</b>	Gerry O’Brien	To review progress towards delivery of strategic priority
11.1	Gerry presented the delivery group plan. He highlighted mental health and planned to explore the new Mental Health Strategy 2019-24 at the next Delivery Group meeting. There was discussion of delivering on the plans of each group and remembering the objectives.		
11.2	It was highlighted that communities are willing to do things themselves and we should support them in doing so.		
<b>12</b>	<b>Strong Communities Delivery Group</b>	Gail Anderson	To review progress towards delivery of strategic priority
12.1	Gail presented an update confirmed that activities are progressing well. It was highlighted that the academic evaluation is in progress and also that a further two years of funding had been secured to support the project listed at C1 in the delivery plan (to plan and facilitate consultations with a focus on engaging with		

	those who are 'seldom heard'). It was agreed that it would be beneficial to spend some time to reflect on plans going forward.		
12.2	There was some discussion about academic evaluation and Gail would like to explore with fellow Chairs the option to evaluate collectively across the delivery groups and look for opportunities for student research projects to be based in Orkney.		
12.3	It was noted that there was a need for collective understanding of the cumulative impact of decision making across organisations and the potential for unintended consequences for the community, notably depopulation.		
<b>13</b>	<b>Vibrant Economy Delivery Group</b>	Stuart Allison	To review progress towards delivery of strategic priority
13.1	Stuart (Vice Chair of the group) presented an update and confirmed that the plan is progressing well. He highlighted A1/2 (digital connectivity) and A4 (skills investment plan) and noted that the latter was expected to be completed by June. Noted that A6 (talent attraction) and B6 (islands deal) were progressing well and the Islands Deal was due to be workshopped at the Scottish Government later in the week.		
13.2	There was some discussion around decentralisation of jobs and remote working, which had been highlighted by the coronavirus and which HIE colleagues were doing at present. SDS had been reviewing off-isles working for their new Charter, which they would bring to the Board shortly.		
13.3	The Chair highlighted the 5G test bed trial which was to run over a 2 year period. Orkney was demanding a target of 100% for 5G coverage. Historically, anything less than 100% always saw Orkney in the area not covered. 5G would be essential to support robust home working.		
<b>14</b>	<b>Climate Emergency</b>	Graham Neville	To receive update on work of Short Life Working Group
14.1	Graham presented an update from the new group which met for the first time on 26 February with 12 attendees. The group had clarified its scope and identified threats and focus areas, with the main priorities being transport, heating, housing and the environment, both land and marine. The group was exploring targets, joint leadership and adaptation planning. and were looking to moved forward with suggesting targets specific to Orkney. It was planned to meet again in May to consider recommendations and a possible workshop with the delivery groups, with a view to presenting recommendations at the June Board.		
14.2	It was noted that HIE wished to be involved and Graham will follow this up with Graeme Harrison. <b><u>Action: GN</u></b>		
14.3	It was proposed that the group seek out more like-for-like comparison of Orkney's carbon footprint c.f. other parts of the UK. Orkney's geography gave us the highest carbon footring in the country and it was difficult to achieve a level playing field with aircraft and ferry emissions skewing the results. It was confirmed that the group was likely to recommend a joint target for net zero for		

Orkney's public sector with a date to be agreed. Graham noted that we did not yet have an aggregated baseline and might need to commission a piece of work to determine this. It was likely that step changes would occur in time e.g. ferry replacement with hydrogen powered vessels.

- 14.4 It was noted that shared facilities could be difficult e.g. grant structures limited the allowable users of electric vehicle charging points, which didn't make sense on an island. Meghan noted that some island communities had found ways round the rules e.g. on Rousay becoming a member of the Development Trust gave you access. Graham confirmed that shared facilities were firmly on the radar of the new group. There was agreement that decisions should be evidence based and reflect local rather than national priorities.

<b>15</b>	<b>Horizon-scanning exercise results mapping</b>	Anna Whelan Marie Love	To consider results of exercise
15.1	Marie introduced the exercise that was undertaken, which included identifying emerging issues and mapping these to existing priorities. She highlighted the items suggested for discussion, which were not currently included in the Community Plan (aka the Local Outcomes Improvement Plan, or LOIP). However, Marie confirmed that engagement with Orkney Opinions on the Community Plan showed that all responders agreed with the current three strategic priorities.		
15.2	Anna went through the results of the mapping exercise including where these were already being addressed. There was no obligation to add any of the new items to the LOIP but it was agreed that a community planning response to some items, e.g. the children's services inspection report, would be necessary.		
15.3	There was discussion of priorities and a caution to not become overly burdened by adding further items when capacity was limited. It was proposed that the criteria for accepting new priorities should be (i) collective responsibilities where TOP had a leadership role, and (ii) issues whose resolution would contribute towards improved equality and fairness.		
15.4	Caution was requested regarding changing the existing priorities and delivery groups, and the need to ensure others aren't already working on the same items. It was agreed that the Community Planning Working Group (comprising the Delivery Group Chairs) should be reconvened to discuss the new list, and present its recommendations to the Board in June. <b><u>Action: AFW/AK</u></b>		

<b>16</b>	<b>Risk Register</b>	Gillian Morrison	To consider update
16.1	Gillian presented the risk register and highlighted the recommended changes.		
16.2	There was some discussion regarding the proposed updates to item 1 (Lack of capacity to deliver) and the particular issues for island communities. The updates were agreed and it was agreed to increase the risk score from B3 to A3.		
16.3	Paul Maxton gave a brief update from a Scottish Government perspective and noted that guidance on island communities impact assessment (ICIA) was in		

preparation and should be available shortly. Paul confirmed that he would be the Board's point of contact with the SG going forward.

<b>17</b>	<b>Streamlining multi-agency groups</b>	Anna Whelan	To consider report
17.1	<p>Anna presented a report proposing a review of Orkney's multi-agency groups (including those which were not part of The Orkney Partnership, with a view to reducing their number and the consequent demand on individuals' time in attending meetings. Board members were invited to consider:</p> <ul style="list-style-type: none"> <li>• Whether they wish to streamline Orkney's multi-agency groups along the lines indicated in paragraph 4.1 of the report.</li> <li>• If so, whether this work should be undertaken by a partner agency or commissioned from an independent contractor.</li> <li>• In either case, how the work should be resourced.</li> </ul>		
17.2	<p>The following observations were made in discussion:</p> <ul style="list-style-type: none"> <li>• There was universal support for the proposed review.</li> <li>• The landscape was cluttered and we were fighting on too many fronts.</li> <li>• It might be an advantage for the review to be conducted by someone without prior knowledge of Orkney.</li> <li>• The Orkney Partnership Board could take on other roles e.g. the board proposed to take forward the Corporate Parenting Plan.</li> <li>• Many third sector bodies were independent of the public sector, but public provision could be better aligned to avoid duplication.</li> <li>• SDS had observed a of of overlap in roles and responsibilities when conducting their skills audit.</li> <li>• The reviewer would need an understanding of statutory responsibilities notably in areas like child protection and support.</li> <li>• Target outcomes would need to be defined i.e. whether the aim was to save money, time and/or information.</li> </ul>		
17.3	<p>It was agreed in principle to take the proposal forward with an external contractor and to consider funding under item 18 (Joint resourcing).</p> <p style="text-align: right;"><b><u>Action: AFW/AK</u></b></p>		
<b>18</b>	<b>Joint Resourcing</b>	Anna Whelan	To consider
	18.1 Draft Joint Resourcing Plan		
	18.2 Community Planning Business Manager		
18.1	<p>Anna presented the joint resourcing plan. It was noted that the first part of the JRP, setting out the resources available to the Partnership, was becoming increasingly difficult to compile as revenue budgets for some partner organisations were regionalised and not broken down to individual CPP level. This was a problem for all CPPs and was being addressed nationally.</p>		
18.2	<p>The second joint resourcing report confirmed the budget required to fund the Community Planning Business Manager post (and supporting services) for</p>		

2020-21. Given the difficulty in obtaining up to date revenue budget figures from some of the facilitating partners, it was agreed to use the same ratios to apportion the cost as in previous years. The total cost was lower than in 2019-20 because of the change in postholder with effect from 1 April 2020, which took the salary back to the first scale point on the relevant grade.

- 18.3 In order to create a small reserve to put towards funding the review agreed previously (item 17.3) it was agreed to increase all contributions by 3% over the total cost in 2019-20. This would generate a reserve of approximately £4,500 which would be allocated to non-staff costs. The total sums invoiced to facilitating partners will therefore be:

<u>Facilitating partner</u>	<u>Apportioned cost in 2020-21</u>
Orkney Islands Council	34,460
NHS Orkney	22,364
Police Scotland*	748
Scottish Fire & Rescue Service	133
Highlands & Islands Enterprise	249
<b>Total</b>	<b>57,954</b>

**Action: AFW**

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## **19 Any other business**

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None raised.

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## **20 Child Poverty Action Plan**

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- 20.1 James introduced Jo Kirby from The Northern Alliance and both jointly presented this item. James reported that due to lack of capacity, support had been sought from The Northern Alliance's child poverty team. Jo had been commissioned to lead a short life working group with a view to establishing a plan.
- 20.2 Jo reported that Orkney had already commissioned a report to fill information gaps on the impact of child poverty in Orkney. The draft plan focused on poverty and disadvantage e.g. the proportion of children living in poverty, families in receipt of income related benefits etc. Contributing factors in Orkney included low paid and insecure employment, multiple jobs, lack of public transport or means to run a car in rural areas, and a significant gender pay gap. Food bank usage was in line with national trends but uptake of free school meals was lower. Teachers were increasingly reporting pupils being hungry in school or inappropriately dressed for the weather. Actions proposed in the draft plan addressed all of these issues together with the generic issues of raising awareness, reducing stigma and income maximisation.
- 20.3 James noted that the plan had still to be submitted to Scottish Government but significant work had been carried out and some of the actions were already under way. He thanked Jo and the SLWG.
- 20.4 It was agreed that discussion would continue after the meeting as the plan was required in advance of the next Board meeting on 10 June. The speakers were invited to report progress back to that meeting.

**Action: AK**

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## 21 Corporate Parenting Plan

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21.1 Sally reported that the draft plan needed to be revised in light of the recent joint inspection of services for children and young people in need of care and protection. There were three main areas to be strengthened:

- children's understand of their rights and entitlements
- the range of housing services for care leavers and disability
- improving accessibility to health services, including specialist services relating to abuse and neglect.

Sally will look at the governance of the Orkney Partnership in light of suggestions that the Orkney Partnership Board should be the body with responsibility for the plan, rather than a new Board.

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21.2 In discussion, it was suggested that the plan needed to identify all corporate parents, and have more to say from the viewpoint of service users rather than providers.

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21.3 Sally noted that there were three pieces of statutory guidance relating to corporate parenting plans, including how to put it into practice, which would all be followed. She will report back to the Board in June. **Action: SS**

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## 22 Childcare – Nursery and Early Years Provision

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22.1 [Gerry and Ian left the meeting during this item.]

James introduced the item and explained that it was a complex issue. Following notification by Peedie Breeks of their intended closure, the Council's Policy and Resources Committee had established a Member/Officer Working Group to explore options. To date they had reviewed need, potential business models and capacity. Options would be submitted to P&R for consideration.

James noted that the Council could accommodate statutory provision within available capacity. The MOWG had engaged with people who had expressed an interest in providing 0-3 childcare, after school care and/or wraparound provision. At present there was nobody who could do everything. There was no suitable space available at present but the MOWG was continuing to look for premises.

22.2 In discussion a number of points were made:

- The impact of uncertainty was already being felt as staff were leaving PB and capacity reducing.
- 0-3 provision was not a statutory duty on the Council but was a partnership issue. Orkney already had NHS Orkney had locum and agency staff cover but other employers did not and would potentially lose two additional years of staff cover on top of one year of statutory maternity leave.
- Orkney could not attract incoming families without available childcare.
- Coronavirus was likely to exacerbate an already critical issue.
- VAO was exploring potential community and social enterprise solutions in discussion with HIE and would bring these back to the Board.

- The situation was evidence of market failure and inevitably where the private sector had failed, other potential providers would be nervous about taking it on.
- Both short and long term solutions were required, as it would take a minimum of two months to set up a company, even if a provider came forward.
- There was public expectation that the Council would step in and do something.
- There was scope for the Orkney Partnership to establish emergency provision and for the Council to be the provider on its behalf, but a funding source would be needed.
- The Council was in close discussion with the Care Inspectorate about the structure of childcare in Orkney.
- Maree Todd MSP, Minister for Children and Young People, had pledged that Scotland would not be short of childcare staff by August 2020.

- 22.3 It was agreed that the Chair would write to Maree Todd MSP asking for financial support for the Orkney Partnership to provide a stopgap service, to be delivered by the Council, in order to avoid any break in provision. **Action: JS**
- 22.4 It was further agreed that Paul Maxton would refer the problem to relevant colleagues at the Scottish Government who had previously offered support, and report back to the Board. Paul would also report to Scottish Government colleagues on agenda items 20 and 21. **Action: PM**

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## **23 Joint inspection of services for children and young people in need of care and protection**

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- 23.1 Sally briefed the Board on the recent joint inspection which was done between 26 August and 4 October 2019. The report was framed around 5 questions. It had identified three key strengths, which were:
1. The majority of children and young people in need of care and protection and their families benefited from genuine and enduring relationships with a key member of staff or carer.
  2. The majority of care leavers were well supported in their transition to adulthood by staff providing aftercare and others helping them with accommodation, further education and employability.
  3. Together, children's panel members, the children's reporter and social workers went out of their way to make the experience of attending a children's hearing as child centred as possible and to provide continuity for those attending review hearings on mainland Scotland.

Priority areas for improvement were identified as:

1. Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.
2. Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.
3. Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.



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4. Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.
  5. Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

23.2 Sally noted that she was preparing a presentation on the report to take to partner agencies, and an improvement plan was also in draft. **Action: SS**

23.3 Board members regretted that there had not been time for proper discussion of this item, which merited their full attention.

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## **24 Single Authority Model**

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24.1 [This item was moved from item 9.]

Gillian introduced a report on the Local Governance Review, which proposed the submission to the Scottish Government by 27 March 2020 of a proposal for Orkney to consult on the option of a Single Authority Model as a 'test of change' site under the auspices of the Local Governance Review.

24.2 Following discussion, it was agreed that further meetings would need to take place with NHS Orkney before the deadline for submission, with other partners supporting the proposal in principle.

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<b>25</b>	<b>Date of next meeting</b>	Chair
	10 June 2020 at 10:00	

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The meeting closed at 13.45.

AFW/AK  
12.03.2020

**NHS Orkney - Board - Attendance Record - Year 1 April 2020 to 31 March 2021:**

[illegible]

# 12.4

<b>Attending</b>								
C Bichan	Chief Quality Officer						Attending	Attending
J Colquhoun	Head of Corporate Services	Attending						Attending
D Crohn	Head of Digital Transformation and Information Technology	Attending						
C Gardiner	Senior Audit Manager, Audit Scotland						Attending	
B Wilson	Interim Director of Nursing			Attending	Attending	Attending		
G Woolman	Audit Director, Audit Scotland						Attending	