

NHS Orkney Board 22 October 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 22 October 2020** at **10:00 a.m.**

Meghan McEwen
Chair

Agenda

Near me presentation – Kenny Low, Value and Sustainability Lead

| Item | Topic | Lead Person | Paper Number | Purpose |
|------|--|-----------------------|--------------|--|
| 1 | Apologies | Chair | | To <u>note</u> apologies |
| 2 | Declaration of interests | Chair | | To <u>update</u> the Board on new general or specific declarations of interest |
| 3 | Minutes of previous meetings held on 27 August 2020 | Chair | | To check for accuracy, <u>approve</u> and <u>signature</u> by Chair |
| 4 | Matters arising | Chair | | To <u>seek assurance</u> that actions from the previous meeting have been progressed |
| 5 | Board action log | Chief Executive | | To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required |
| 6 | Governance | | | |
| 6.1 | Schedule of meeting dates 2021/22 | Chair | OHB1920-55 | To <u>approve</u> the schedule of dates |
| 7 | Strategy | | | |
| 7.1 | Orkney Winter Plan 2020/21 Approval Method Options | Chief Quality Officer | OHB2021-56 | To <u>approve</u> the Winter Plan |

| Item | Topic | Lead Person | Paper Number | Purpose |
|-----------|--|--|--------------|--|
| | Report | | | |
| 7.2 | Review of Integration Scheme | Interim Chief Officer | OHB2021-57 | To <u>approve</u> |
| 8 | Clinical Quality and Safety | | | |
| 8.1 | Infection Prevention and Control Report | Director of Nursing, Midwifery, AHP and Acute Services | OHB2021-58 | To <u>review</u> and <u>seek assurance</u> on performance |
| 8.2 | Integration Joint Board – Annual Performance Report | Interim Chief Officer | OHB2021-59 | To <u>note</u> the report |
| 8.3 | Care Homes – Covid-19 Testing | Director of Public Health | OHB2021-60 | To <u>seek assurance</u> on current testing within care homes |
| 8.4 | Joint Inspection of Children and Young People Update Report | Interim Chief Officer | OHB2021-61 | To <u>note</u> the report and <u>seek assurance</u> on progress |
| 8.5 | Area Clinical Forum Chairs report and minute from meeting held on 7 August 2020 | Area Clinical Forum Chair | OHB2021-62 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 9 | Workforce | | | |
| 9.1 | Staff Governance Committee Chairs report and minute from meeting held 25 May and 9 July 2020 | Staff Governance Committee Chair | OHB2021-63 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 10 | Organisational Performance | | | |
| 10.1 | Financial | Director of | OHB2021- | To <u>review</u> the in year |

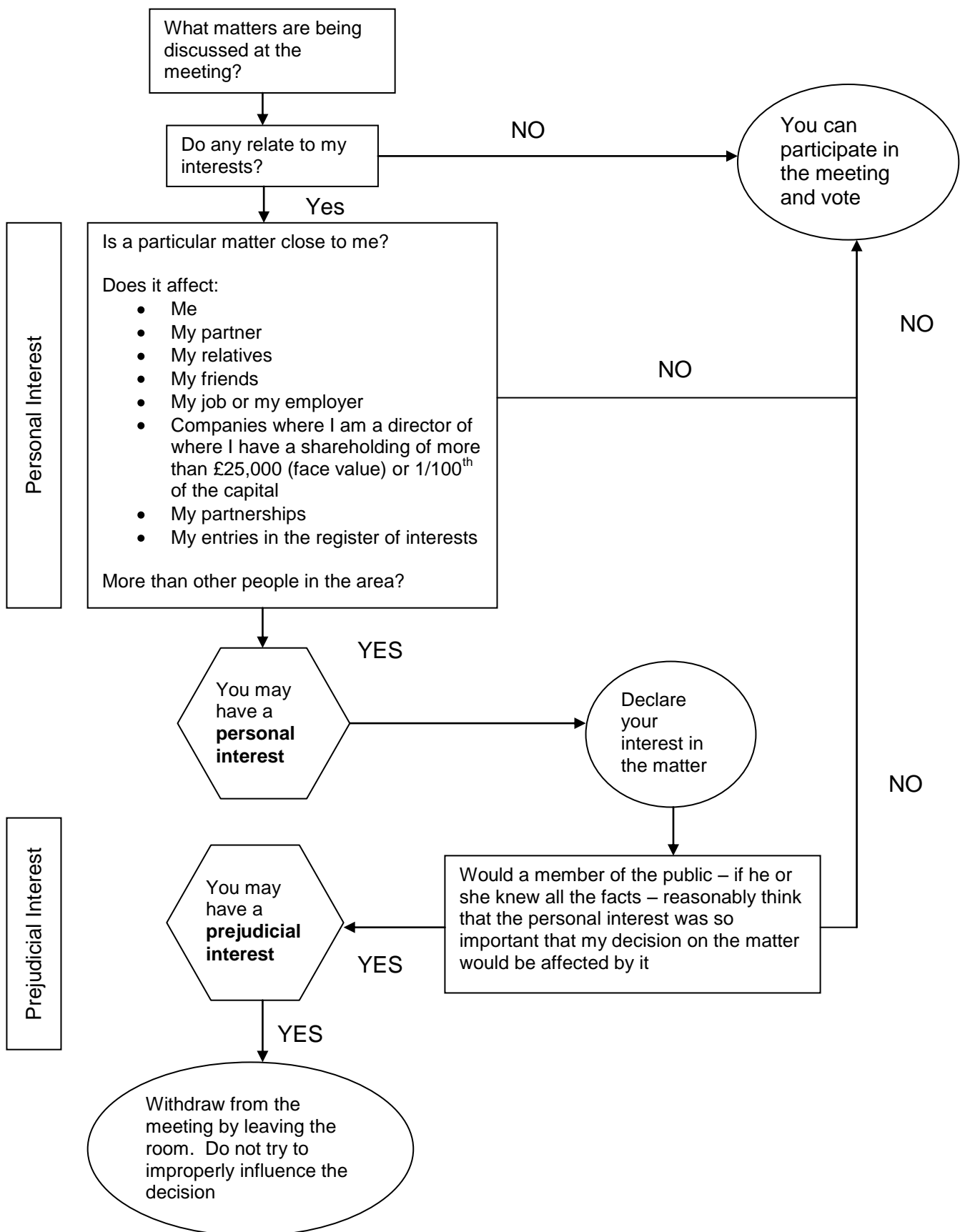
| Item | Topic | Lead Person | Paper Number | Purpose |
|-----------|---|---|--------------|---|
| | Management Performance Report | Finance | 64 | financial position and <u>note</u> the year to date position |
| 10.2 | Performance Management Report | Chief Quality Officer | OHB2021-65 | To <u>scrutinise</u> the report and <u>seek assurance</u> on performance |
| 10.3 | Chair's Report – Finance and Performance Committee and minute of meeting held on 23 July 2020 | Finance and Performance Committee Chair | OHB2021-66 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 11 | Risk and Assurance | | | |
| 11.1 | Corporate Risk Register reporting to Board | Interim Chief Executive | OHB2021-67 | To <u>approve</u> the recommendations for future reporting |
| 11.2 | Chair's Report – Audit and Risk Committee and minute of meeting held on 25 June and 7 July 2020 | Audit and Risk Committee Chair | OHB2021-68 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 12 | Any other competent business | | | |
| 13 | Items for Information | | | |
| 13.1 | Key Legislation | Chair | OHB2021-69 | To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action |
| 13.2 | Orkney Partnership Board minute 10 June 2020 | | | To <u>note</u> the minute |

| Item | Topic | Lead Person | Paper Number | Purpose |
|------|--------------------------------------|--------------------------------------|--------------|-----------------------------------|
| 13.3 | Board Reporting Timetable 2021/21 | | | To note the timetable for 2020/21 |
| 13.4 | Record of Attendance | | | To <u>note</u> attendance record |
| 13.5 | Evaluation | Reflection on meeting – led by Chair | | |

By Standing Invitation:

Christina Bichan, Chief Quality Officer
Julie Colquhoun, Head of Corporate Services
Malcolm Colquhoun, Head of Support Services, Logistics and Contracts
Management
Gillian Morrison, Interim Chief Officer

Declaring interests flowchart – Questions to ask yourself



Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 27 August 2020** at
10:00 am

Present

Meghan McEwen, Chair
 David Drever, Vice Chair
 Davie Campbell, Non Executive Board Member
 Michael Dickson, Interim Chief Executive
 Mark Doyle, Director of Finance
 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
 Emma West, Corporate Services Manager (minute taker)

576 Apologies

Apologies were noted from Julie Colquhoun.

577 Declarations of interests

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

578 Minute of previous meeting held on 16 July 2020

The minute of the meeting held on 16 July 2020 was accepted as an accurate record of the meeting, subject to a minor typographical error and was approved.

579 Matters Arising

Improvement work

The Interim Chief Executive advised that serious steps were being taken to approach the concerns raised in R Dijkhuizen's letter and previously in the Gibbins report. He had engaged with the Digital Health and Care Institute who would act as an independent body to listen to staff and understand rationale. A number of enabled workshops had been proposed to facilitate this, with the outcomes then being used to build an action and improvement plan, this work was scheduled to be concluded by the end of 2020.

Following this there would be a need for fundamental cultural change within the organisation and a need to ensure that this was embedded before moving forward. It was noted that there was often the desire to move quickly for rapid change but this rarely worked as there was a need to fully understand problems and build on structures to support change.

Members were advised that the design draft would be shared with the Board and Staff Side representatives.

S Johnston noted the importance of acknowledging that the rate of change may not be what some staff desired and effective communication with staff was vital so that their views were not lost or forgotten.

Staff Wellbeing - Covid trees

S Johnston welcomed a progress update and noted the need to listen to those staff outside the Balfour and those working from home, he asked for this to be addressed through Area Partnership Forum and Staff Governance Committee. The Employee Director agreed that the Area Partnership Forum would be a facilitator forum for this work.

580 **Board Action Log**

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

Governance

581 **Corporate Governance arrangements – OHB2021-45**

The Chair presented the report seeking Board approval to return to standard corporate governance following a period of temporary arrangements while the organisation was dealing with the COVID-19 pandemic, this included the re-establishing of Board Development Sessions.

The Interim Chief Executive noted that the Board meeting on a monthly basis was too tight a timescale to demonstrate meaningful discussion and learning should be taken from this moving forward. Until the Board had a clear picture from the Scottish Governance around active governance and what changes this would entail he recommended that the Board should remain within normal timetabling.

Members welcomed the return to development sessions to allow training and support to take place along with honest and robust conversations.

D Drever agreed that training was an important ongoing issue for all Board Members, there was also the need for Board Members to have the time to challenge behaviour and consider in detail the work around staff health and wellbeing. He noted that there had been very limited opportunity for informal discussion in recent months and sharing thoughts and ideas in this forum would be welcomed. He also noted the importance of continuing to invite the media to Board meetings for their perspectives and role in promoting public health in Orkney, using this as an opportunity to build stronger links especially moving into winter period.

The Director of Nursing, Midwifery, AHP and Acute Services echoed these sentiments and also welcomed the opportunity to proactively engagement with the media.

The Chair asked that risk appetite be considered at a development session as a priority.

Decision / Conclusion

The Board approved the amendments to the Corporate Governance arrangements and welcomed the inclusion of development sessions within Board timetabling.

Clinical Quality and Safety

582 Infection Prevention and Control Report – OHB2021-46

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

- NHS Orkney's validated Staphylococcus aureus bacteraemia (SAB) cases were 1 provisional case at the time of reporting, which was currently being investigated.
- NHS Orkney's validated Clostridium Difficile infection cases was zero at the time of reporting for the first quarter.
- 82 hand hygiene observations had been undertaken during the first and second weeks of July and August 2020. An overall score of 95% had been recorded for both opportunity and technique
- NHS Scotland National Cleaning Services audits were undertaken with the following results for July 2020 - Domestic 96% and Estates 99%
- There had been no Hospital outbreaks of Norovirus reported since 2012
- Education and guidance updates continued to be delivered by the Infection Prevention and Control team at the request of departments, the main topic being Transmission Based Precautions
- Thanks were given to Dr Becky Wilson for her continued excellent work within the team.

The Chair questioned how the additional work, requirements and reporting due to Covid could be integrated into the report going forward in order to acknowledge the required change in focus within the team and allow additional assurances to be taken.

The Director of Nursing, Midwifery, AHP and Acute Services advised that reporting around Covid was provided centrally to the Scottish Government and could be added as an appendix to the report.

Steven Johnston also gave thanks to the communications teams for their work around the promotion of symptom vigilance and social distancing guidelines and the importance of keeping this message going throughout the winter

The Employee Director questioned whether there was a way to capture, from all departments, additional information around the response to Covid, especially with regard to the Staff Governance Standards.

J Stockan noted that the issue of community transmission was very important as this element could cause fear within the community, the public message required to be to accurate and clear to ensure that the population fully understood all information.

The Director of Public Health noted that due to the incubation period for Covid it was not always possible to accurately pin point where an individual caught the disease and there was a requirement to follow the guidelines and principals as a whole community at all times.

The Chair welcomed the clear consistent messages from Public Health team and the requirement for this to continue.

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. Members welcomed the inclusion of Covid data in future reporting and gave thanks to the team for their continued excellent work and support.

583 Duty of Candour Annual Report – OHB2021-47

The Director of Nursing, Midwifery, AHPs and Acute Services presented the report highlighting that Duty of Candour was 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, understand what had happened and receive an apology from the care provider.

An important part of this duty was to provide an annual report to show adoption and implementation of Duty of Candour within services. The report outlined how Duty of Candour had operated in NHS Orkney between the 1 April 2019 and the 31 March 2020.

The Employee Director welcomed the report but questioned the evidence of learning for the organisation, including evidence that change was being embedded and that staff were being supported in a none blame culture.

The Director of Nursing, Midwifery, AHP and Acute Services advised that reporting was in the form of a prescribed template but agreed that an audit piece to consider these points would be useful.

The Medical Director added that the situations that ended up as Duty of Candour would also be reviewed as Significant Adverse Events and as such were thoroughly investigated with recommendations that were fed back to clinicians and Senior Managers for wide discussion around the issues.

Decision / Conclusion

The Board noted the report and took assurance around the implementation of Duty of Candour.

584 Clinical and Care Governance Committee Chairs report and minute from meeting held on 26 June 2020 – OHB2021-48

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report advising that the committee had not met again since the last meeting of the Board but the report provided was a written update of the verbal information provided at the last meeting.

Decision / Conclusion

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

585 Area Clinical Forum Chairs report and minute from meeting held on 30 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 discussed involvement with the Influenza Vaccination Programme for 2020/21, as it would potentially involve multiple departments and specialties. It was expected that more vaccinations would be delivered this year due to Covid-19.
- Members of the Area Clinical Forum had highlighted their willingness to be involved in the remobilisation work. A development session on the topic was to be held on the 4 September 2020 to take this forward.

D Drever questioned the concept of bubble working and was advised that this when staff members worked in specific pairs or teams, such as one dentist and one nurse always working together. This was not enforced but considered good practice when used in conjunction with other measures such as PPE, distancing and hygiene, it was noted that this was not always possible or practical for small teams.

Decision / Conclusion

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

Workforce

586 iMatter/Everyone Matters Pulse Survey – OHB2021-50

The Interim Chief Executive presented the report advising that the National iMatter Staff Experience programme had been paused in recognition of COVID-19. The Everyone Matters Pulse Survey would go live for NHS Orkney on Tuesday 1 September 2020, with Directorate level reports being available by the 26 October 2020.

Members were advised that the reporting dashboard that accompanied the report was a proof of concept and as such was still a work in progress.

The Chair, whilst acknowledging the importance of confidentiality, raised concerns that very serious questions were being asked about Staff Health and Wellbeing and the Board would have no way of knowing which staff were struggling to be able to offer support.

C Evans echoed these concerns and requested that a message was provided to staff advising of the options if they wished to discuss these matters further and the support available.

In relation to questioning around Orkney Health and Care Staff the Interim Chief Executive advised that all those on an NHS contract would be sent the survey and encouraged to take part.

The Employee Director advised that there had been Staff Side involvement in the development of the survey and there was a need to remember that many employees had felt depressed, low, anxious and scared within the Covid period. It was acknowledged that although this was not ideal for individuals it was a way to capture data from NHS Scotland as a whole. The Organisation and Managers had a duty of care and if staff were feeling worried, anxious or upset they should always be directed to the available resources.

The Chair highlighted the role of the Spiritual Care Lead, Gordon Jones, who was very active and was available to all staff regardless of faith or belief. Members suggested that the work of the Spiritual Care lead could be captured through a report to the Staff Governance Committee and gave appreciation to G Jones for the work he carried out.

Decision / Conclusion

The Board noted the update provided and welcomed the additional work to make this a meaningful survey for NHS Orkney Staff.

587 Staff Governance Committee Chairs Report

C Evans, Chair of the Staff Governance Committee, advised that the August meeting had unfortunately been rescheduled to the 18 September 2020 and as such no current update was available.

Members were advised that at the May meeting, Helen Freeman, Director of Medical Education had attended and presented a paper around Medical Education within NHS Orkney which was well received by the committee with a recommendation to support the proposal of expanding undergraduate and post graduate education. The Committee did however raise concerns around the suitability and availability of student accommodation.

The Chair agreed that Student Accommodation was a wider issue that would be taken through the Community Planning Partnership with a view to resolve this collectively as it affected a number of organisations and required a multi-agency approach. It was noted that there were funding stream available for this which could be explored further.

The Committee received a presentation around 'attend anywhere' giving an overview of the huge amount of work undertaken and the success Orkney has achieved.

Organisational Performance

588 Financial Management Performance Report – OHB2021-51

The Director of Finance presented the report which provided analysis of the financial position for the period up to 30 June 2020. Information was provided relating to resource limits, actual expenditure and variance against plan. NHS Orkney was currently over spent by £502k, a break-even position at year end was being reported but this could change when further financial data became available. It was noted that the numbers were heavily caveated and based on a number of assumptions including the additional mobilisation costs being met by the Scottish Government, waiting times initiatives funding being received and prescribing costs reducing. It was also noted that the current underspend in travel expenditure for patients to attend appointments off island would not be maintained as services resumed.

The Chair asked the likelihood of the additional Covid-19 cost being met by the Scottish Government, the Director of Finance advised that there were active discussions nationally around local mobilisation costs which were still ongoing. The Board had submitted plans and this would allow funding for the first quarter to be advised but it was envisaged that this would be lower than anticipated.

The Interim Chief Executive advised that it was likely that the Board would receive some funding from the Scottish Government but that this would not be unlimited, there would be significant and profound impacts for funding in years to come and real challenges and justification around decisions going forward. There was a requirement to be prudent in all decisions going forward and look at real opportunities to reduce spend.

The Chair requested an update around the additional staff cohort the Board had

employed with regard to Covid-19 and was advised that this would be picked up in the remobilisation work, there was a need to make radical decisions without affecting patient safety or quality of care.

D Campbell questioned the lack of recurring savings and what assurance could be taken that the Board were making changes now to impact positively on the follow years finances. The Director of Finance advised that conversations were being held around this as NHS Orkney had performed worse than other Boards on recurring savings in the last 3 years. A workshop had been held to begin early discussions around themes and priorities with further workshops planned and Executive Directors accountable for bringing the Board back into financial balance over a 3 year programme.

The Employee Director requested that any decisions involving change and redesign be completed in a supportive way, following correct process as the Board had a duty of care to staff as well as patients, The Director of Finance agreed that there was a requirement to working together in partnership to achieve financial balance.

C Evans noted that this was an opportunity to involve other improvement work, to ensure that staff were being listened to and engaged with at all times.

The Director of Nursing, Midwifery, AHP and Acute Services noted that there was also a need to engage with patients and potential patients around services with any redesign work to be clinically led.

The Interim Chief Executive noted that staff didn't always fully understand structures and roles and this could lead to limited accountability. Fundamentally current structures were far too complex for an organisation the size of NHS Orkney, as accountability increased there would be a need to ask questions around the disproportionately high banded workforce in a number of key areas and simplify processes and procedures wherever possible.

J Taylor noted that a large number of the contacts he had received over the past few months had mentioned structure and accountability as key area to be addressed.

D Drever questioned how this work would be taken forward, what follow up there would be to the workshops and if the outcomes would be reported through the Board. The Director of Finance advised that the sessions allowed for open discussion and ideas for change, the themes from these would be collated and issued for review. Sessions were also being arranged to enable managers to better understand their budgets. Assurance was given that the Executive cohort would feed back to the Board around all financial discussions and decisions including elements of quality and risk.

The Chair noted that there was a huge degree of change within the organisation and staff were currently tired for the additional pressure of Covid, there was a need for patience and grace and to be professional and respectful with those managing more than just their NHS commitments.

Decision / Conclusion

The Board noted the reported overspend of £0.502m as at 30 June 2020 and the narrative around the year end assumptions and outturn.

589 Performance Management Report – OHB2021-52

The Chief Quality Officer presented the report, highlighting the following

- Performance in the Emergency Department continued to be good and in line with the 95% standard.
- Waiting times for elective services had been adversely affected in recent months however recovery plans were in place as part of remobilisation planning. Data showing the impact of these recovery plans on performance levels in elective services had been submitted in draft to the Scottish Government.
- Access to up to date published information had been adversely affected by the COVID-19 pandemic with some scheduled publications delayed. The most recent information available had been utilised.
- Unpublished information on the key performance measures continued 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.

Decision / Conclusion

The Board noted the report.

590 Chairs Report Finance and Performance Committee and minute of meeting held on the 17 June 2020

D Campbell, Chair of the Finance and Performance Committee, presented the report, highlighting the following:

- Members had received the workforce report noting that sickness absence had reduced slightly however bank, overtime and excess hours associated with the Covid-19 response continued. Discussions were held around the format and content of future reports to allow effective scrutiny and assurance.
- The Resilience Officer had presented the submission on the Standards of Organisational Resilience
- The Committee received the Financial Performance Management Report
- The Director of Finance presented the Covid-19 – Local Mobilisation Plan update highlighting anticipated additional costs.

Decision / Conclusion

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

591 Any other competent business

No other competent business was raised.

Items for noting

592 Key Legislation – OHB2021-54

Members noted the key legislation issued.

593 Active Governance – Letter to NHS Chairs

Members noted the letter issued and that updates would be provided as this work progressed.

594 **Orkney Partnership Board – minute of meeting held on the 12 March 2020**

Members noted the minute from the meeting on the 12 March 2020.

The Board were keen to reinvigorate involvement in these meeting including the shaping of the agenda, information flows, language used in papers and the membership of the Board.

595 **Record of attendance**

Members noted the record of attendance.

596 **Evaluation – reflection on meeting**

Members agreed that it had been a very positive meeting and business had been conducted in an effective way virtually.

597 **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 physical 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 comments and questions:

- She gave thanks for the consideration given to local media involvement and the positive improvement in communication. The current situation with regards to Covid had shown how much the community cared for each other and the Health Service. There had been a considerable increase in press releases around positive staff stories and the community and staff appreciate these along with answering questions openly which built on trust.
- Clarity was sought on the financial position around the additional Covid costs and whether these would be met by the Scottish Government. The Director or Finance advised that updated information was awaited and the Board were currently working on best forecasts.
- A number of specialities had been paused and waiting times had increased, what was the estimation of getting these services back on track. The Chief Quality Officer advised that this would vary dependent on the service and the guidance issued around clinical prioritisation. The Board had a responsibility to ensure that those who need care first had access. She highlighted that patients were getting access to the level of care that they required and even whilst services were paused patients that required clinical care had received it.
- What were the processes and timelines for a substantive Chief Executive recruitment taking place. The Chair advised that NHS Orkney had recently undergone a significant amount of change and there was a need for further changes to be carried out safely. She acknowledged that there was a requirement to ensure that M Dickson, as an individual, was able to manage his increased workload as he would continue in the position for the foreseeable future. With the current challenges of Covid, Brexit and Winter planning it was felt that now was not the most advantageous time to go out to advert, but this decision would be with the Chairs of both organisations.

NHS Orkney Board Action Log Updated 24 September 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 | October 2020 February 2020 | Head of Corporate Services | Strategy delayed until early 2021 to allow output from both the Everyone Matters Pulse Survey and DHI Improvement piece as these are both excellent engagement opportunities and will allow a strategy that reflects the needs of the staff. |
| 02-2020/21 | <u>iMatter/staff survey</u> Update to be provided around iMatter and the national survey | Meeting 16 July 2020 | August 2020 | Head of Corporate Services | COMPLETE |
| 03-2020/21 | | | | | |

Completed actions deleted after being noted at following meeting

Not Protectively Marked

| | |
|---|--|
| <p>NHS Orkney Board – 22 October 2020</p> <p>Report Number: OHB2021-55</p> <p>This report is for approval</p> <p>Schedule of meetings for period 1 April 2021 - 31 March 2022</p> | |
| Lead Director Author | Michael Dickson, Interim Chief Executive Emma West, Corporate Services Manager |
| Action Required | <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the schedule of meetings dates for the next financial year 1 April 2021 to 31 March 2022 |
| Key Points | <p>The schedule of meetings of the Board and Governance Committees for the period 1 April 2021 to 31 March 2022 has been drawn up for consideration by Board members.</p> <p>The pattern of frequency has followed current committee Terms of Reference with Audit, Staff Governance and Clinical and Care Governance Committees meeting quarterly, Remuneration Committee twice and Finance and Performance Committee bimonthly to meet the requirement that the Board's financial position is reported on a monthly basis to the Board.</p> <p>Dates of Orkney Islands Council meetings have been taken into account when compiling these dates.</p> |
| Timing | There is a requirement to set meeting dates from 1 April 2021 onwards. |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement; • Be trusted at every level of engagement |

Future Dates for Meetings 2021/22:

Board: (10.00 am)

22 April 2021
24 June 2021 (Annual Accounts)
26 August 2021
21 October 2021
16 December 2021
24 February 2022

Audit Committee: (11.30 am)

4 May 2021
1 June 2021
24 June 2021 (Annual Accounts)
7 September 2021
7 December 2021
1 March 2022

Clinical & Care Governance Committee: 1:00pm

13 April 2021
13 July 2021
5 October 2021
25 January 2022

Finance and Performance Committee (9.30 am)

27 May 2021
22 July 2021
23 September 2021
25 November 2021
27 January 2022
17 February 2022 – Annual Operational Plan
24 March 2022

Staff Governance Committee: (10.30 am)

26 May 2021
24 August 2021 (Tuesday)
24 November 2021
23 February 2022

Remuneration Committee: (11.00 am)

14 July 2021
15 December 2021
(others as required)

Board seminars (9.30 until 12.30) –

20 May 2021
15 July 2021
16 September 2021
18 November 2021
20 January 2022
17 March 2022

Endowment Fund Sub Committee: (9.30 am)

5 May 2021
4 August 2021
3 November 2021
2 February 2022

Endowment Trustees:

3 June 2021
9 December 2021

Integration Joint Board: (9:30am)

28 April 2021
30 June 2021
25 August 2021
27 October 2021
22 December 2021

Integration Joint Board – Audit Committee: (11:30am)

23 June 2021
25 August 2021 (2:00pm)
17 November 2021

Not Protectively Marked

| | |
|---|---|
| <p>NHS Orkney Board - 22 October 2020</p> <p>Report Number: OHB2021-56</p> <p>This report is seeking a decision</p> <p>Title of report : Winter Plan 2020/21 Approval Method Options Report</p> | |
| Author | Christina Bichan, Chief Quality Officer |
| Action Required | <p>The Board of NHS Orkney is invited to:</p> <ol style="list-style-type: none"> 1. To agree the sign off method for the 20/21 Winter Plan |
| Situation | <p>Due to a delay in the release of the national winter planning checklist and funding confirmation the final draft Winter Plan for 2020/21 has not yet been completed.</p> <p>Board members are therefore asked to consider and agree the sign-off method for this document given it has not been able to be tabled in its usual position on the October Board meeting agenda.</p> |
| Background | <p>NHS Orkney, in common with other Boards, is expected to ensure adequate planning for the winter period has been undertaken, in partnership based on national guidance and from lessons learned from other areas and previous years.</p> <p>Each year a Winter Plan is drafted which aims to create a set of conditions which improve resilience by building capability to absorb, respond to and recover from disruptive challenges. Winter disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness; increased numbers of falls and trips; and wards closed to admission due to higher levels of norovirus.</p> <p>Given the ongoing emergency footing and the COVID-19 pandemic planning for this winter where there is a high likelihood of concurrent events is critical in ensuring services are best placed to meet the demands which are likely to be placed on them.</p> |

| | |
|---|---|
| | The 2020/21 Winter Plan is in first draft and was scheduled to be tabled at this meeting for approval however a delay in release of the national self-assessment guidance and funding letter has meant the progression to final draft form has not yet been possible. |
| Assessment | <p>Receipt of the winter planning guidance is expected imminently and therefore finalisation of the plan should be achievable before the end of October. Approval of the Plan at NHS Board, and IJB, level are important steps in the governance process. There are therefore four options available to Board members at this stage:</p> <ol style="list-style-type: none"> 1) A tabled paper at the next meeting of the Board 2) A dedicated out of committee review 3) Electronic review 4) Delegated authority for approval via Clinical and Care Governance Committee |
| Recommendation | It is recommended that Board members consider the 4 options presented and agree on the preferred method of approval of this year's Winter Plan. |
| Timing | For consideration at the October 2020 meeting. |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person-centred care and our services |
| Contribution to the 2020 vision for Health and Social Care | 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. |
| Benefit to Patients | More timely access to care and services. |
| Equality and Diversity | There are no Equality and Diversity implications identified with this item. |

Not protectively marked

| | |
|---|---|
| <p>NHS Orkney Board – 22 October 2020</p> <p>Report Number: OHB2021-57</p> <p>This report is for noting</p> <p>Review of Integration Scheme</p> | |
| Authors | <p>Michael Dickson, Interim Chief Executive, NHS Orkney.</p> <p>John Mundell, Interim Chief Executive, Orkney Islands Council.</p> <p>Gillian Morrison, Interim Chief Officer, Integration Joint Board.</p> |
| Action Required | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Consider the information in this report and the letter from the Chief Executives of NHS Orkney and Orkney Islands Council with regard to the statutory process of reviewing Orkney's Integration Scheme 2. Note the outcome of the 2020 review undertaken in line with Scottish Government guidance due to the impact of COVID-19 3. Note, that if following the detailed review, NHS Orkney or Orkney Islands Council seek to change the current Integration Scheme the Interim Chief Officer and the Chief Executives of NHS Orkney and Orkney Islands Council will work with the Joint Discussion Forum, a group of relevant chairs and senior officers which can be stood up at any time, to agree a common approach and consult formally with the public, following which NHS Orkney and Orkney Islands Council must decide whether any changes to the Integration Scheme are necessary or desirable |
| Key Points | <p>To note the Integration Scheme review carried out in the summer of 2020 and to agree the process required to undertake a more fundamental review of the Integration Scheme in early 2021.</p> |
| Timing | <p>It is recommended that a more detailed review of the Integration Scheme be commenced by March 2021.</p> |

| | |
|-------------------------------------|--|
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none">• Improve the delivery of safe, effective patient centred care and our services;• Optimise the health gain for the population through the best use of resources;• Pioneer innovative ways of working to meet local health needs and reduce inequalities;• Create an environment of service excellence and continuous improvement; and• Be trusted at every level of engagement. |
|-------------------------------------|--|

JM/MD/SJ/01

25 August 2020

Councillor Rachael King
Integration Joint Board - Chair
c/o Orkney Health and Care
School Place
Kirkwall
Orkney
KW15 1NY

Dear Cllr King,

Re: Review of Integration Scheme

As part of the work for establishing local arrangements for integration, the Public Bodies (Joint Working) (Scotland) Act 2014 required each Health Board and corresponding Local Authority to jointly prepare an Integration Scheme that set out which integration model was to apply, the functions to be delegated, and the financial arrangements and payments for the functions.

The legislation also requires the Local Authority and Health Board to review the Integration Scheme before the expiry date, which is five years after the scheme was approved in parliament. This means that many Integration Schemes were due for review by June 2020.

Given the current work across local health and social care systems to plan their response to Covid-19, and in view of announcements made by the First Minister and the Cabinet Secretary for Health and Sport on the stringent new measures now in force throughout the UK to slow the impact of the virus, we were advised by Scottish Government, in March 2020, that they did not expect you us to continue work on developing successor schemes.

We were advised that:

'For absolute clarity, the Act does not require the Health Board and Local Authority to produce a successor scheme, it requires a review. You should therefore ensure that you jointly carry out the minimum requirement of a review, which most of you have already undertaken, and that this is acknowledged jointly and formally. This review can note anything that requires further work between the partners and set out plans for the completion of that

Orkney Islands Council | Council Offices | School Place | Kirkwall | Orkney | KW15 1NY
Tel: (01856) 873535 extension 2206 | Email: john.mundell@orkney.gov.uk

NHS Orkney | The Balfour | Forelands Road | Kirkwall | Orkney | KW15 1NZ
Tel: (01856) 888271 | Email: michael.dickson6@nhs.net

work at a later date, once the current very challenging situation passes, including the production of a successor scheme. Meantime, the current Integration Scheme will remain in force.'

In light of the above statement, a rudimentary review and follow up discussion took place, both amongst ourselves and with the Senior Management Team of Orkney Health and Care, and it has been agreed that there are currently no areas requiring immediate attention, and as such it has been decided that the Integration Scheme is acceptable as is.

It has further been agreed that a more detailed review will commence by March 2021, which will include options appraisals of all services, and will be circulated for stakeholder engagement. Once approved by both NHS Orkney and Orkney Islands Council, new directions, from the Integration Joint Board, will be issued to all services formally delegated.

Kind Regards,



**John W Mundell OBE
Interim Chief Executive
Orkney Islands Council**



**Michael Dickson
Interim Chief Executive
NHS Orkney**

Not protectively marked

NHS Orkney Board – 22 October 2020

Insert Subject: Review of Integration Scheme

Insert Author:

Michael Dickson, Interim Chief Executive, NHS Orkney.
John Mundell, Interim Chief Executive, Orkney Islands Council.
Gillian Morrison, Interim Chief Officer, Integration Joint Board.

Section 1 Purpose

1.1 To note the Integration Scheme review carried out in the summer of 2020 and to agree the process required to undertake a more fundamental review of the Integration Scheme in early 2021.

Section 2 Summary

2.1. The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5 (1) of the Act.

2.2. The legislation also requires the Local Authority and Health Board to review the Integration Scheme before the expiry date, which is five years after the scheme was approved in parliament. This means that many Integration Schemes were due for review by June 2020.

Section 3 Recommendations

3.1. Consider the information in this report and the letter from the Chief Executives of NHS Orkney and Orkney Islands Council attached to this report with regard to the statutory process of reviewing Orkney's Integration Scheme.

3.2. Note the outcome of the 2020 review undertaken in line with Scottish Government guidance due to the impact of COVID-19, noted in section 5 of this report.

3.3. Note, that if following the detailed review, NHS Orkney or Orkney Islands Council seek to change the current Integration Scheme the Interim Chief Officer and the Chief Executives of NHS Orkney and Orkney Islands Council will work with the Joint Discussion Forum, a group of relevant chairs and senior officers which can be stood up at any time, to agree a common approach and consult formally with the public, following which NHS

Orkney and Orkney Islands Council must decide whether any changes to the Integration Scheme are necessary or desirable.

It is recommended:

3.4. That a more detailed review of the Integration Scheme be commenced by March 2021.

Section 4 High Level Summary

4.1. Orkney's Integration Joint Board (IJB) was formally constituted under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 on 6 February 2016. This means that the Health Board and Local Authority have delegated the responsibility for planning and resourcing service provision for adult and children's health and social care functions to the IJB, a separate legal entity.

4.2. There is in place a range of groups to support the IJB. One such group is the Joint Discussion Forum, which provides an opportunity for the most senior representatives of each of the partners to come together to resolve issues and create a culture of working together to improve outcomes. At a meeting of the Joint Discussion Forum on 25 June 2019 it was agreed, "to begin preparations for the formal review of the Integration Scheme, which will include stakeholder and public consultation".

4.3. The overall purpose of the legislation and supporting arrangements is to improve the health and wellbeing outcomes for the people of Orkney by working in an integrated way across the spectrum of health and care services. The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The aim is to have in place seamless services, wrapped around the needs of individuals, their families and communities, which are not restricted by organisational or professional boundaries. Where possible, a 'one stop shop' approach to health and care should be delivered.

4.4. The IJB assumed responsibility for the functions delegated to it by NHS Orkney Board and Orkney Islands Council as set out in the Integration Scheme for Orkney's Health and Social Care Partnership on 24 March 2016, when it approved and adopted the Strategic Commissioning Plan for 2016/17.

4.5. The underpinning document for the operation of the IJB is the Integration Scheme. In March 2015, NHS Orkney and Orkney Islands Council respectively approved the Orkney Islands Health and Social Care Partnership Integration Scheme 2015. The Integration Scheme sets out the detail as to how NHS Orkney Board and Orkney Islands Council integrate services. It is a comprehensive document that covers all aspects of the Community Health and Social Care Partnership's ways of working, including the detailed governance arrangements for the IJB.

4.6. Section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires the local authority and the Health Board to carry out a review of the scheme within a five year period for the purpose of identifying whether any changes to the scheme are necessary or desirable.

4.7. The Integration Joint Board is a legal entity, created by Parliamentary Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Orkney Integration Joint Board was established as a Body Corporate by order of Scottish Ministers with effect from 6 February 2016 on approval of the Integration Scheme. The process of review involves engagement with a range of stakeholders.

Section 5 Scottish Government COVID-19 advice

5.1. Given the work across local health and social care systems to respond to COVID-19, and in view of announcements made by the First Minister and the Cabinet Secretary for Health and Sport on the stringent new measures which were put in force throughout Scotland to slow the impact of the virus, the Scottish Government advised in March 2020 that there was not an expectation at present that Integration Joint Boards and the relevant Health Boards and Councils should continue work on developing successor schemes.

5.2. An email sent from Christina Naismith, Head of Integration Implementation, Scottish Government, to all Chief Officers, Local Authority Chief Executives and NHS Board Chief Executives on 17 March 2019, advised that:

‘For absolute clarity, the Act does not require the Health Board and Local Authority to produce a successor scheme, it requires a review. You should therefore ensure that you jointly carry out the minimum requirement of a review, which most of you have already undertaken, and that this is acknowledged jointly and formally. This review can note anything that requires further work between the partners and set out plans for the completion of that work at a later date, once the current very challenging situation passes, including the production of a successor scheme. Meantime, the current Integration Scheme will remain in force.’

5.3. In light of the above statement, a review and follow up discussion took place, both between the two Interim Chief Executives and with the Senior Management Team of Orkney Health and Care, and it has been agreed that there are currently no areas requiring immediate attention. As such it is considered that the Integration Scheme is acceptable as is.

5.4. It has further been agreed that a more detailed review by NHS Orkney, Orkney Islands Council and the Integration Joint Board will commence by March 2021, which will include option appraisals of all functions, and will be circulated for stakeholder engagement. Once approved by both NHS Orkney and Orkney Islands Council, new directions, from the Integration Joint Board will be issued to all services formally delegated.

Section 6. Key Issues

6.1. The Council and Health Board have a well-established history of joint working and joint appointments, going back over the last twenty years. The Orkney Health and Care Partnership is able to secure good performance, across a range of key performance measures. On a day to day basis, staff are able to work together to provide effective care

for people with health and care needs. There are, however, some systemic operational issues which exist which make 'seamless' joint working challenging, such as: a lack of shared data systems and documentation; an inability to effectively pool budgets; and joint posts having to operate to two sets of policies and procedures. Whilst some of these are operational in nature, having strong shared governance and leadership arrangements can support managers to implement a shared approach.

6.2. There is a legislative requirement for the Health Board and Local Authority to review the Integration Scheme within 5 years of the Scheme being approved and the review must be undertaken by all three partners. The Joint Discussion Forum is supportive of an open and inclusive approach to reviewing the Integration Scheme, both in terms of the scope of services included in the Integration Scheme and in relation to governance and accountability.

6.3 Under the Act, the Chief Executives of NHS Orkney and Orkney Islands Council will work with the Interim Chief Officer, in consultation with the Joint Discussion Forum, to agree a common approach, and, should there be any substantive changes, there will be a need to consult formally with the public. Following this, the local authority and the Health Board must decide whether any changes to the scheme are necessary or desirable.

Section 7. Next Steps

7.1. A review will commence by March 2021, involving an options appraisal for all services currently delegated and not delegated to ensure the most efficient planning and delivery of services.

7.2. It is planned that an open and inclusive consultation and engagement process will be carried out to find out what those directly and indirectly affected by the application of the Integration Scheme, who wish to have a say, think about the arrangements. It is difficult to separate the Integration Scheme from the Strategic Plan, as the latter is based on the former, and therefore a concurrent engagement exercise will take place, which will inform the review of both key documents – the Strategic Plan and the Integration Scheme.

7.3. The process will be aligned with the IJB's Communication and Engagement Strategy and will take account of the Scottish Government's Chief Executive's Letter to each Health Board CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services.

7.4. The timescale is set to enable a refreshed Integration Scheme for consideration at the June 2021 agenda cycle.

7.5. A Project Team will be established for the review reporting to the Joint Discussion Forum, which will act as a sounding board, and must include officers from the Council and the Health Board.

Section 8 Resource Implications and identified source of funding

8.1. Staff consultation and engagement on the review of the Integration Scheme will be facilitated through the Joint Staff Forum, Council Trade Union and Area Partnership

Forum.

8.2. The costs of undertaking the consultation and engagement exercises are predominantly staff time and will be accommodated within the existing approved budget for 2021-22.

Section 9 Risk and Equality assessment

9.1. The Integration Joint Board is a body corporate, established by Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.

9.2. Section 44 Review of Integration Scheme requires, “The Local Authority and the Health Board must carry out a review of the scheme before the expiry of the relevant period [5 years] for the purpose of identifying whether any changes to the scheme are necessary or desirable”.

9.3. There is a legal obligation to review the Integration Scheme so the risk of not proceeding with the review will be concerned with non-compliance with legislation.

9.4. NHS Orkney

9.4.1. The NHS Board holds the responsibility for reviewing strategic documents and there is no Committee within which this remit would fall. The report is therefore presented directly to the NHS Board for consideration.

9.5. Orkney Islands Council

9.5.1. Strategic overview of social care and social work functions relating to developing the Council as an organisation, its processes, procedures and staff, policy development and the planning and performance management framework is referred to the Orkney Health and Care Committee. The Committee is responsible for receiving reports on any matters relating to functions which are not delegated to the IJB that require to be reported to the Council. , As this report concerns a statutory review process led by the Council and the NHS Board, the matter is reserved to the Policy and Resources Committee followed by formal ratification by the Council at a General Meeting. Any subsequent recommended changes to the Scheme itself as a result of the review will also require approval of the Council

9.6. IJB

9.6.1. It is the given responsibility of the IJB to implement and adhere to the Integration Scheme. The IJB and any Groups and Sub-committees which support the IJB will be consulted through the engagement process.

Appendices

Appendix 1: Joint Letter from Chief Executives.

Not Protectively Marked

| | |
|---|---|
| NHS Orkney Board Meeting – 22 October 2020 Report Number: OHB2021-58 This report is for discussion and noting Healthcare Associated Infection Prevention & Control Reporting Template for Assurance. | |
| Lead Director Author | David McArthur DoNMAHP HAI Executive Lead Rosemary Wood, Infection Control Manager |
| Action Required | <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the HAIRT report • Note the performance for surveillance undertaken • Note the detailed activity in support of the prevention and control of Healthcare Associated Infection |
| Key Points | <ul style="list-style-type: none"> • NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 2 cases at time of report for Q2 (Jul–Sept) this is still to be confirmed by Health Protection Scotland. There is no indication these were linked to any invasive device. NHS Orkney is within its LDP for 2020-2021. (RAG Status GREEN) • NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) 2 cases to date at time of report Q2 (Jul –Sept 2020). NHS Orkney is within its LDP for 2020-2021. (RAG Status GREEN) • MDRO Screening Clinical Risk Assessment – is currently below target with 87% for both MRSA and CPE (Amber) • 96 hand hygiene observations were undertaken during October 2020. An overall of 96% for both opportunity and technique. (GREEN) • NHS Scotland National Cleaning Services Domestic 96% and Estates 99% for month of July 2020. (GREEN) • Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status GREEN) • Education/guidance updates continues by the IPC team at the request of departments, the main topic being Transmission Based Precautions. |
| Timing | This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template. |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Create an environment of service excellence and continuous improvement • Improve the delivery of safe, effective and person centred |

| | |
|---|---|
| | care and our services |
| Contribution to the 2020 vision for Health and Social Care | 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. |
| Benefit to Patients | Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI). |
| Equality and Diversity | 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

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Orkney of activity and performance against Healthcare Associated Infection Standards and performance measures.

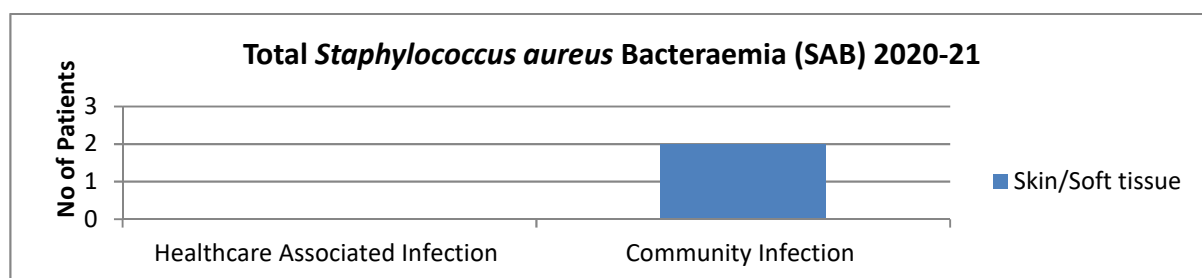
This section of the report focuses on NHSO Board wide prevention and control activity and actions

LDP Standard 1st April 2020 to 31st 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 2 cases at time of this report and through investigation can confirm they are not device related, therefore not preventable cases.

| LDP Standard 1 st April 2020 -31 st 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 | 2 cases |
| 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 2 cases at time of this report. Both cases received treatment for their underlying illness and subsequently required drug therapy for their *c.difficile* infection.

| LDP Standard 1 st April 2020 - 31 st March 2021 <i>Clostridium difficile</i> infection (CDI) | | |
|--|------------------|------|
| Quarter 1. | April-June | Zero |
| Quarter 2 | July-September | 2 |
| 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% | 87% |
| Scotland | 88% | 88% | 87% | 84% |

| CPE Uptake | 2019_20 Q2 | 2019_20 Q3 | 2019_20 Q4 | 2020_21 Q1 |
|------------|------------|------------|------------|------------|
| Orkney | 88% | 91% | 100% | 87% |
| Scotland | 86% | 85% | 85% | 80% |

Quarter 2 update will be available for the December HAIRT report.

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.

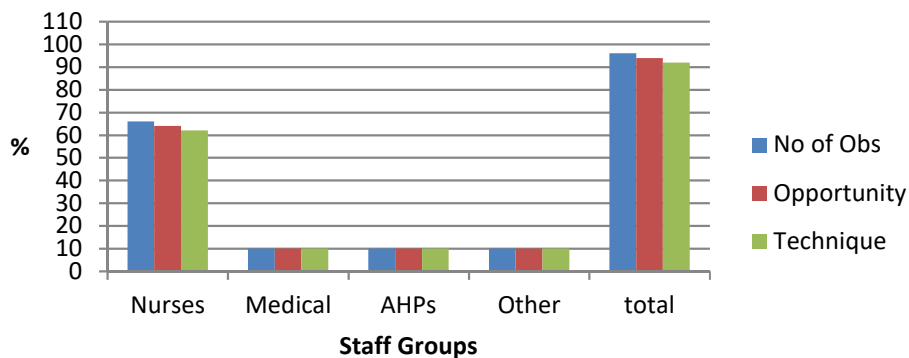
In patient areas are frequently audited to ensure there is alcohol based hand rub available either in corridor or in each patient room or clinical space.

Hand hygiene audit October 2020 with 96 observations across clinical areas. Opportunity taken was 98% and technique was 96%. Overall compliance for both opportunity and compliance is 96%.

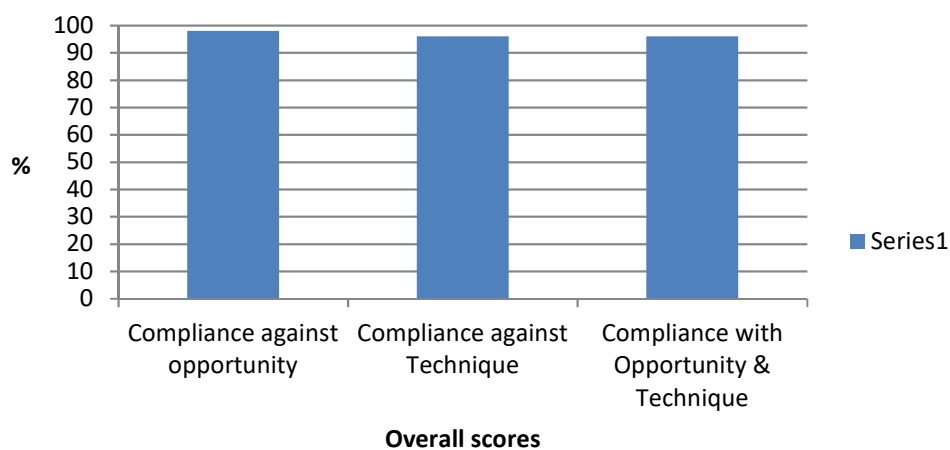
| | Observations | Opportunity | technique |
|---------|--------------|-------------|-----------|
| Nurses | 66 | 64 | 62 |
| Medical | 10 | 10 | 10 |
| AHPs | 10 | 10 | 10 |
| Others | 10 | 10 | 10 |
| Total | 96 | 94 | 92 |

| | |
|---|-----|
| Compliance against opportunity | 98% |
| Compliance against Technique | 96% |
| Compliance with Opportunity & Technique | 96% |

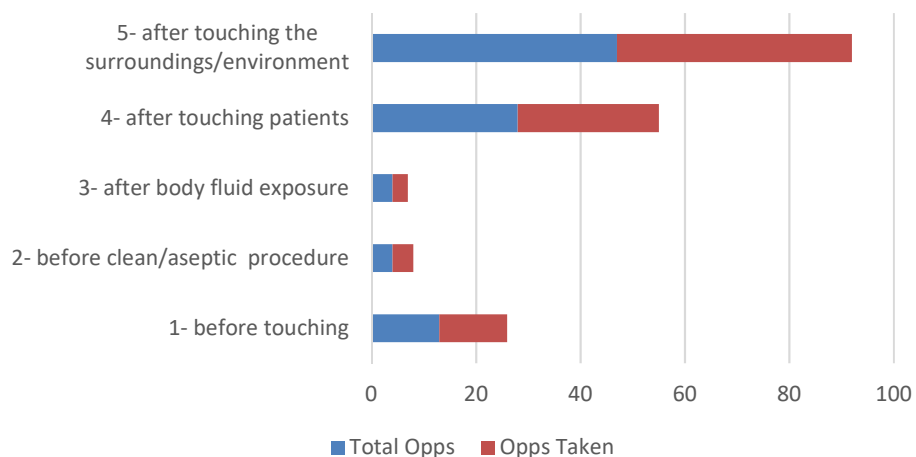
Breakdown of hand hygiene opportunity and technique across staff groups.



Hand Hygiene Overall Scores



Moments Opportunities



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 September 2020 Domestic 95% and Estates 99%. Enhanced cleaning is in place and in line with guidance to meet the cleaning specification for Covid and non Covid patient areas.

Staff are encouraged to ensure they clean their workstations on arriving and leaving their workplace and if they move across different sites within NHSO.

IP&C audits – update

The Infection Prevention & Control (IPC) team continue to undertake the Quality Assurance audits, as far much as possible, given the additional workload. The IPCT continue to offer advice, facilitate with any adjustments throughout the organisation as remodelling of services develops as per any new guidance released from Health Protection Scotland.

More recent emphasis has been on the use of PPE and cleaning regimes for the implementation of the additional pathways of green, amber and red or low/med/high risk areas.

The IPCT are continuing to provide answers to all questions from services across both primary and secondary care, resulting from all updating of guidance. Frequently asked questions (FAQs) are being updated for teams

COVID-19 update

CNO letter 21st August 2020, the COVID-19 Guidance for the remobilisation of services within health and care settings, Infection prevention and control (IPC) recommendations which supersedes the COVID-19 UK IPC guidance (18 June 2020) NHS Boards have been tasked with implementing the COVID-19 risk pathways by 7th September 2020.

The main changes to the guidance

1. Local and national prevalence and incidence data will be used to guide returning services as advised by country specific/public health organisations.
2. Patients/individuals to be managed in 3 COVID-19 pathways, high, medium and low risk or Red/Amber/Green
3. Sessional use of single use PPE items has been minimised and only applies to extended use of facemasks for healthcare workers.
4. The use of facemasks (for staff) and face coverings (if tolerated by the individual) is recommended in England and Scotland in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce transmission risk.
5. Physical distancing of 2 metres is considered standard practice in all health and care settings.
6. Patients/individuals on a low risk pathway require Standard Infection Prevention & Control Precautions for surgery or procedures

Local interpretation of guidance:

Following discussions held with Executive HAI Lead, Clinicians, Public Health, Health & Safety, Infection Prevention & Control, Dental, Hospital Management and service leads an agreement has

been reached to adopt the High/Med/Low (green/amber/red) COVID-19 risk pathways as per guidance.

In terms of new IPC guidance it is about creating a safe pathway for efficient use of surgical teams and theatres for planned /elective care. This has been achieved by creating a low risk group who have to fulfil very strict criteria (i.e. patients require a negative COVID-19 (SARs CoV-2) PCR test and have been self isolating since this negative test).

This has increased work for all services and several risk assessments undertaken to support the requirements of the CNO letter. At present it is work in progress, with all changes being implemented and supported by teams.

CNO CMO NDC letter 22/09/2020 Guidance for physical distancing requirements in the NHS - this is being taken forward through the Health & Safety team. Risk assessments provided to SMT for information and agreement with current risks identified.

Over the past 6 weeks there have been no COVID-19 inpatient cases. NHSO applies strict movement of staff across both primary and secondary care with where possible no crossover into Care Homes other than supporting community nursing teams.

Reporting of Covid-19 Scottish Government

The total number of positive cases attributed to Orkney is 23 as of 29th September 2020. Not all cases have been positive in Orkney as some have been on mainland but their place of residence is Orkney therefore attribute to our local numbers.

The over 70's screening pilot has been continuing for all patients being admitted as a precautionary measure as the elderly did not always present with the typical COVID-19 symptoms. However, a CNO letter dated 07/10/2020 was issued to Boards removing the requirements for ongoing serial testing.

“serially testing patients age 70 years or more every four days during their inpatient stay should stop with immediate effect. Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.”

Outbreaks/Exceptions

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

A HIIORT (Red) has been submitted to Health Protection Scotland and there is ongoing investigation through the Incident Management Team. This is routine for when meeting a certain criteria as per definitions of Healthcare Infection Incident, Outbreak and Data Exceedance. Chapter 3, National Infection Prevention & Control Manual (NIPCM)

<http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

A healthcare associated infection outbreak

- Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period.

Or

- A higher than expected number of cases of HAI in a given healthcare area over a specified time period

All infection prevention and control measures are in place and lessons learned will be shared with teams following further and ongoing investigation of transmission of infection.

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

The IPCT have carried out additional training around the importance of clinical risk assessment for inpatients for MRSA and CPE and other multidrug organisms to ensure business as usual is maintained and not overlooked with ongoing COVID-19 related work. Awareness raising session's in line with seasonal illnesses and winter planning have begun; e.g. influenza and winter vomiting.

The IPCT provided education and training around COVID-19, hand hygiene and donning & doffing for around 20 staff at Lifestyles Services. This was well received by the staff and was they were grateful for the update.

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.

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

Clostridium difficile infection monthly case numbers

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

New Balfour Cleaning Compliance (%) Domestic

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

New Balfour Estates Monitoring Compliance (%)

| | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 | Sep 20 | |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| Board Totals | 99% | 99% | 99% | 99% | 100% | 100% | 99% | 100% | 99% | 100% | 99% | 95% | 95% | |

Not protectively marked

| | |
|---|--|
| NHS Orkney Board – 22 October 2020 Report Number: OHB2021-59 This report is for noting Integration Joint Board's Annual Performance Report | |
| Authors | Gillian Morrison, Interim Chief Officer, Integration Joint Board. |
| Action Required | <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Integration Joint Board Annual Performance Report 2019/20 |
| Key Points | <p>Under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority. This report must be published, and a copy provided to both NHS Orkney and Orkney Islands Council.</p> |
| Timing | <p>To advise Members of the performance of the Integration Joint Board in planning and carrying out the integration functions for Orkney for the reporting period 1 April 2019 to 31 March 2020.</p> <p>This performance report will also be submitted to Scottish Government in October 2020</p> |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |

Insert Protective Marking

NHS Orkney Board

Insert Subject Integration Joint Board's Annual Performance Report

Insert Author Gillian Morrison, Interim Chief Officer.

Section 1 Purpose

1.1. To advise Members of the performance of the Integration Joint Board in planning and carrying out the integration functions for Orkney for the reporting period 1 April 2019 to 31 March 2020.

Section 2 Summary

2.1. Under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority. This report must be published, and a copy provided to both NHS Orkney and Orkney Islands Council. This performance report will also be submitted to Scottish Government in October 2020.

Section 3 Recommendations

3.1. To note the Annual Performance Report 2019/20, attached as Appendix 1 to this report.

Section 4 Background

4.1. The performance report is based on national information collected by Public Health Scotland to highlight the performance of Orkney Health and Care in respect of both the National Suite of Indicators and the MSG Indicators. Performance information relating to these indicators has been helpfully provided by the Public Health Scotland Local Intelligence Support Team.

4.2. Orkney Health and Care needs to develop local measures to further understand its effectiveness in delivering the Strategic Plan and to plan future services. Development of further local measures will start following recruitment to the vacant post of Planning and Performance Officer.

4.3. Following the impact of COVID-19, the Scottish Government allowed Integration Authorities to postpone the deadline for completion of Annual Performance Reports, which

was agreed by the IJB from the end of June to the end of October 2020.

4.4. Information relating to national indicators 1-9 for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report. These indicators will be updated when the data becomes available later this year.

Section 5 Summary of Performance Report

5.1. Orkney Health and Care's performance in respect of the core suite of indicators is generally positive.

5.2. In the performance reporting we are compared to our 6 'peer group' areas and the other partnerships in Scotland.

5.3. Our peer group includes:

- Aberdeenshire.
- Argyll and Bute.
- Highland.
- Moray.
- Na h-Eileanan Siar.
- Shetland Islands.

5.4. The emergency admission rate across Orkney decreased marginally by 3.5% in 2019 to 10,340 admissions per 100,000 population. This followed a consistent year on year rise over the past three financial years. 2019 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). In contrast however, while Orkney reported a decline this year the Peer Group and national emergency admission rate continued to rise.

5.5. While there was a decrease in emergency admissions, the number of patients attending A and E increased for a fifth consecutive year in Orkney (MSG Indicator 3.a). Taking both measures together, despite an increase in A and E presentations less people were admitted to hospital. This is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2019 96% of people attending A and E were seen within 4 hours (MSG Indicator 3.b).

5.6. The emergency readmission rate within 28 days per 1,000 discharges decreased by 18% in 2019. This represented the steepest decline over the past four years and contrasts to the higher and unchanging Peer Group and National rates. What is more, Orkney represented the lowest readmission rate within 28 days across Scotland during 2019. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney West recorded the most acute decrease of 35% while Isles decreased the least by 12%. Orkney East recorded the highest level of emergency readmissions within 28 days at 70 admissions per 1,000 discharges.

5.7. For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission remained unchanged in Orkney during 2019. Despite this across Orkney the falls rate declined year on year between 2015/16 and 2018/19. The 2019 Orkney fall rate was the third lowest across Scotland and represented the third year in a row where the falls rate was lower than the Peer Group and the National rate. Orkney East represented the highest level in the population of falls for those aged 65+. Continually, the two mainland localities, Orkney East and West, reported an increase in 2019 compared to the Isles which reported a decrease of 50%.

5.8. On the whole, this is positive news and is reflected in the relatively low percentage of health and care resource spent on emergency admissions to hospital over the past three years. Orkney spent the seventh lowest proportion of resource on emergency admissions in 2019. This was on par with the Peer group proportion of 20.8%.

5.9. This report will be submitted to Orkney Islands Council and NHS Orkney, as required by statute, and sent to the Scottish Government in October 2020.

5.10. Due to the importance of the improvement work being done to date in regard to children and young people, it has been agreed to provide progress to date, rather than until March 2020.

Section 6 Risk and Equality Assessment

6.1. Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires an Integration Authority to publish, within four months of the end of the reporting period, a performance report, and to provide a copy of that report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

6.2. There are no equality implications directly arising from this report.

Appendix

Appendix 1: Annual Performance Report 2019/20.



Annual Performance Report

Orkney Health and Care
Integration Joint Board
2019/2020



For Further information

Visit: www.orkney.gov.uk/Service-Directory/S/orkney-health-and-care.htm

Telephone: 01856873535 extension 2611

E-mail: OHACfeedback@orkney.gov.uk

Mail: Orkney Health and Care, School Place, Kirkwall
Orkney, KW15 1NY

Care Opinion: www.careopinion.org.uk

This document is also available in large print and other formats and languages upon request. Please contact: [**OHACfeedback@orkney.gov.uk**](mailto:OHACfeedback@orkney.gov.uk)

Contents

| | |
|---|----|
| Executive Summary..... | 4 |
| Key Achievements..... | 9 |
| Key Challenges | 12 |
| Orkney Health and Care Localities | 13 |
| Approaches to Service | 15 |
| A year in the life of Orkney Health and Care | 17 |
| Orkney Health and Care 'Plan on a Page' | 18 |
| Orkney Health and Care Strategic Priorities | 20 |
| Priority Area 1: Support to Children and Young People | 21 |
| Priority Area 2: Develop Community Hubs..... | 25 |
| Priority Area 3: Mental Health | 26 |
| Priority Area 4: Value and Support Unpaid Carers | 28 |
| Priority Area 5: Improve Primary Care | 29 |
| Priority Area 6: Promoting Self-Management..... | 30 |
| Priority Area 7: Revisit Models of Care | 30 |
| Financial Performance..... | 37 |
| Performance | 41 |

Annual Performance Report

This is the fourth report from Orkney Integration Joint Board. It sets out how we have delivered on our visions and commitments over 2019/20. We review our performance against agreed local and national performance indicators and against the commitments set out in our second Strategic Plan, covering the period 2019/22.

The main elements of this report set out:

1. The current strategic approach.
2. How we have been working to deliver strategic priorities over the period.
3. The financial performance.
4. Key work areas we will be focusing on as we move forward.

Executive Summary



Councillor Rachael King.

CHAIR

Welcome to the fourth Annual Performance Report for the Orkney Integration Joint Board.

We are the body responsible and accountable for the design, commissioning and oversight of the delivery of integrated community-based health and care services and unplanned hospital admissions through our statutory partners, Orkney Islands Council and NHS Orkney known locally as 'Orkney Health and Care'. We undertake this in partnership with our Third Sector colleagues, people who use our services, their carers and the community as a whole. The breadth of this remit is to ensure that services in the community both seek to prevent the need for admission to hospital but also to facilitate early discharge from hospital so that people can remain with family and friends and importantly within their own communities and homes.

Our homes are important to us all, but when our needs mean that we must leave that familiar place we want to know that wherever we are accessing services, the environment is as welcoming as it can be. This year has seen the opening of the new Balfour Hospital in Kirkwall,



Gillian Morrison.

INTERIM CHIEF OFFICER

In the last year, Orkney Health and Care has experienced several staffing changes, with key staff moving on, including the former Chief Social Work Officer and the former Chief Executive of both Orkney Islands Council and NHS Orkney. A major change for Orkney was saying goodbye to the old Balfour Hospital, when services moved across to the new hospital, The Balfour, including some Orkney Health and Care services, in June 2019. The residents from the former St Peter's House also enjoyed moving into their new home, Hamnavoe House, which looks out over the sea in Stromness (pictures below).

Our first priority in 2019/2020 has been developing and driving forward our Orkney Partnership Children's and Young People's Inspection Improvement Plan, which followed a joint inspection report published in February 2020.

where we commission a range of services, and Hamnavoe House in Stromness. Hamnavoe House is evidence of the collaboration of not only designers and engineers, but staff, patients, residents, carers and the community to ensure seamless support for our residents.

This collaborative approach has been echoed across our work over the past 12 months.

We have seen a significant change to the way in which Orkney Health and Care seeks to engage with and seek contributions from the community. Instead of expecting the public to come to us, we have travelled to where the community chooses to naturally gather. Senior staff attended each of the agricultural shows, Stromness Shopping Week, met people for a day in the foyer of a local supermarket as well as attending Community Councils to engage directly on strategic plans to commission services. Staff also ensured that the voices of our younger community members were heard, and actively involved them in discussions surrounding the design of services in particular mental health, early intervention and services for young people in need of care. As a board, we hope that we have also demonstrated the value that we place on the immense contribution and role that unpaid carers play in supporting the health and care needs of their families, friends and neighbours.

We have strengthened our commitment to work with voluntary and independent colleagues as equal partners through the inclusion of representatives identified by the Third Sector Forum to not only join but also to share the strategic leadership of our new Programme Boards. These integrated forums have been tasked with taking forward our exploration of how emerging technology and the strengths of our communities can influence and shape the commissioning of improved and sustainable services for the future.

Whilst we can achieve so much locally to address the challenges which we face, as a board we also recognise that we need to look beyond our own community to influence national forums across Scotland to ensure that the needs of our island communities contribute to the direction of health and social care in Scotland.

The close of this year saw the COVID-19 pandemic reach our shores and whilst the full impact and

There has been significant engagement with our communities to take account of their views in the development of various key documents such as the Strategic Plan, Learning Disability Strategy, the draft Mental Health Strategy and the draft Dementia Strategy. In recognising the critical importance of community engagement, Orkney Health and Care found new ways to engage with stakeholders, consulting with Community Councils, having a stall at each of the Agricultural Shows, meeting with children and young people, and inviting a Community Choir to launch the Learning Disability Strategy. Through these, and other methods of engagement such as a more embedded relationship with Orkney Opinions, we have endeavoured to ensure that our strategies reflect the views of the Orkney community to ensure Orkney Health and Care, along with all its partners, is **Getting it right for Orkney**.

This year also saw significant progress on our approach to Community Led Support, which aims to help individuals work with stakeholders to build on their own skills and strengths to improve their own quality of life. This has included a carers' workshop which aimed to think about how CLS could help support their needs. More information can be found on page 16.

The biggest challenge in 2019/2020 arrived towards the end of this period, with growing certainty that we were about to experience the Coronavirus pandemic, which had, and still has, the potential to significantly affect the lives of the most vulnerable people in Orkney. The staff within Orkney Health and Care, working alongside Council, Health Board and third sector colleagues, have worked tirelessly to

implications of this global event are as yet unfolding, we must take assurance from the knowledge that we have a strong community which continues to demonstrate that its strength lies in its ability to work together.

So my thanks on behalf of the Integration Joint Board for all the hard work that not only the Orkney Health and Care staff do, but to colleagues in all departments of Orkney Islands Council and NHS Orkney who support our work and to the voluntary and independent organisations without whom we would not have the richness and depth of provision in all corners of our islands. Last but by no means least, a particular 'thank you' to those who have first-hand experience of using services, their families, friends and carers, who have supported the Integration Joint Board over the last year to continue to ensure that the services we provide are the best that they can be.

provide the best quality care, support and protection possible within the resources we have in these uncertain times.

The Integration Joint Board

Orkney Integration Joint Board (IJB) is responsible for all social work, social care and community health services in Orkney. These include Mental Health services, Primary Care services, Children's Health services, Children and Young People's Social Work and Criminal Justice Social Work.

The IJB Voting Members

Councillor Rachael King, Elected Member and IJB Chair.

David Drever, NHS Non Executive Director and IJB Vice Chair.

Councillor John Richards, Elected Member.

Issy Grieve, NHS Non Executive Director.

Councillor Steve Sankey, Elected Member.

Davie Campbell, NHS Non Executive Director.

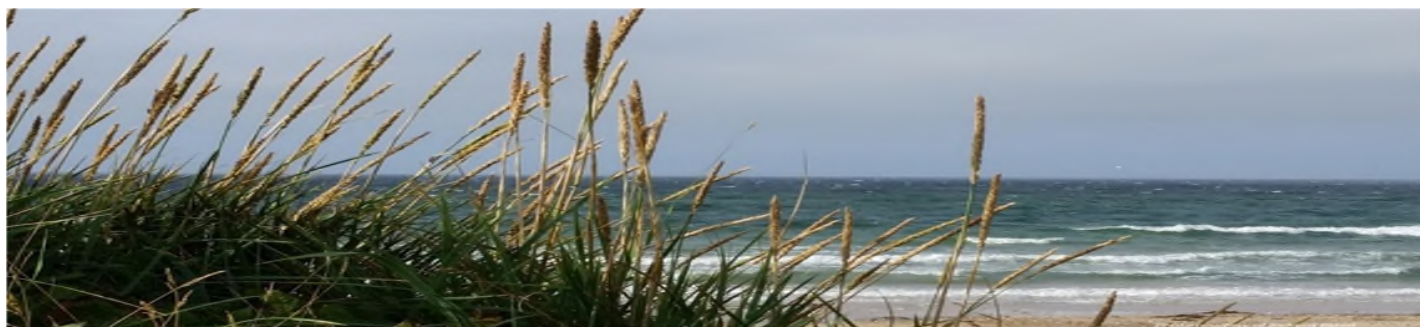
Other people involved in the IJB

In addition to the voting members, the IJB also has a range of professional advisors and stakeholder representatives of health and care services, and other relevant services such as housing, third sector, service user, carer and staff side representatives.

In this period, we have had a few changes in membership. On 13 May 2019 the period of chairing, as agreed, reverted back to an Elected Member with Councillor Rachael King taking up the position of Chair on 14 May 2020 and David Drever the Vice Chair.

Other changes include Scott Hunter, Chief Social Work Officer, leaving his position on 20 February 2020, with interim/acting up measures put in place from 21 February. The Council staff side representative and carer representative left their positions on 11 December 2019 and work is ongoing to appoint new representatives.

Full membership can be found [here](#).





The National Health and Wellbeing Framework

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations require Partnerships to assess their performance in relation to the nine National Health and Wellbeing Outcomes, as detailed above. These outcomes provide a strategic framework for the planning and delivery of our health and social care services. The focus is on the experience and quality of services for patients, services users, carers and their families

Key Achievements



Opening of Hamnavoe House

After many years of planning, the new Stromness Care Facility, Hamnavoe House was completed in 2019. To involve the families and local community and partners, an open day was held on 24 January 2020, which saw over 700 people attending. There were many positive comments and people were in awe of the facility and the quality workmanship by Orkney Builders.

A huge amount of planning and effort was put in by the whole team over many months, alongside the other residential unit managers. Various staff supported the move to enable a smooth transition. The move to Hamnavoe House took place on the 29 January 2020.

Opening of The Balfour

Following two years of construction, NHS Orkney's new hospital and healthcare facility was completed and many OHAC services moved to this new building. NHS Orkney offered patients and the public the opportunity to visit the new facility and tour around the departments.

Over the course of the public open days, held between 24 and 27 May 2019, 2,128 people visited the new facility. Staff tours took place over March, April and May 2019.



Development of Key Documents

- Strategic Plan.
- Medium Term Financial Plan.
- Learning Disabilities Strategy.
- Draft Mental Health Strategy.
- Draft Dementia Strategy.
- Primary Care Improvement Plan.

Some staff gave up their weekend to ensure the resident's rooms were prepared and welcoming by moving personal items prior to the removal day so that when the residents arrived their rooms looked homely and welcoming. All residents moved from St Peter's in 3.5 hours which was a fantastic achievement by all. The building is designed to provide 'group living' accommodation for 10 residents living in each wing. The unit promotes a reablement/enablement ethos and the residents have embraced the facility and the opportunities to remain as independent as possible. Some residents have been making cups of tea, washing up, baking and supported with making their own tea which was not possible at St Peter's house due the lay out and facilities. People appear very happy with their new home and have all settled well into their new environment and all residents appear to embrace the new facility. Individual wings have provided a homely environment and a great deal of consideration went into the move to identify the allocation of rooms in consultation with the residents. One of the main aims was to ensure those who are friends could



maintain relationships. The residents appear happy and motivated and the external views towards Stromness and the harbour have proved to be meaningful and stimulate conversation particularly for those who have an interest in the sea and boats.

The state-of-the-art building and the lay out has provided an enhanced working environment and the staff team appear happy and are enjoying working as a team at Hamnavoe House and take pride in it.



Key Challenges

Children and Young People

The priority challenge is the implementation of the Joint Children and Young People's Inspection Report Improvement Plan following publication of the Inspection Report in February 2020.

The Coronavirus Pandemic

The Coronavirus pandemic lockdown began in March 2020 although planning for a potential pandemic started within the IJB earlier in 2020.

Recruitment

There have been significant challenges in recruitment to key posts in OHAC due to very low unemployment in Orkney. Another challenge has been the lack of available affordable housing.

Performance Monitoring

At present we don't have our own local integrated performance framework due to staffing vacancies. Our aspiration over the year ahead is to develop an insightful performance framework tailored for Orkney.

Financial Pressure

A contribution was required from Orkney Islands Council (OIC) for £165,700 from the Outwith Orkney Placement Fund to achieve a breakeven position. An efficiencies target of £130k was applied at year end by NHS Orkney (NHSO) for financial year 2019/20 and is represented in the accounts. However, NHSO has agreed that additional budget of £130k will be reinstated in the budget for financial year 2020/21.

2020/21 Aspirations

In 2020/21, the main aspirations are:

- Implementing the Joint Children and Young People's Inspection Report Improvement Plan.
- Agreeing the model for the Kirkwall Care Home.
- Approving the Mental Health Strategy.
- Approving the Dementia Strategy.
- Developing the Strategic Commissioning Implementation Plan.
- Streamlining governance.
- Scoping the budget savings plan
- Starting the statutory review of the Integration Scheme.

Orkney Health and Care Localities



Locality Planning

Presently, Orkney has two localities: the isles and the Mainland, with the Mainland split between the East and West Mainland. The IJB is also a key partner in the Orkney Partnership Board's planning arrangements, taking responsibility for community level governance and setting priorities for their areas.

The legislation requires that in addition to establishing an IJB we are also required to establish at least two 'localities' for the purpose of planning services at a local level. OHAC agreed that Orkney should have two localities: The Mainland, which will be subdivided into the West and East Mainland, and the Isles. Given that the Community Planning Partnership had identified its priority locality as the Isles, it was anticipated that this geographical match would foster a co-ordinated planning approach to address health inequalities in the Isles.

Localities should play a key role in the strategic planning process and our local GPs and other health and care professionals, along with people who use services and people who are unpaid carers will, through the Strategic Planning Group, have the opportunity to have an influential voice in determining how the Board plans and commissions services that deliver improvements in the nine health and wellbeing outcomes set by Scottish Government.

One of the areas of work for the remainder of the life of the Strategic Plan will be to develop a Localities Plan.

Approaches to Service

Community Led Support



Community Led Support is an approach that encourages communities and local organisations, such as churches and local voluntary organisations, to run and manage local services designed around the needs of local communities. These organisations work alongside the people who use the services to be responsive and relevant to the needs of the local community. This can be through providing church run lunch clubs, local transport solutions, or simply places to meet to reduce isolation and loneliness. The key element is that the people using services have a say in how they are run and managed. This approach builds on the strong foundation within local community areas.

The IJB commissioned the National Development Team for Inclusion (NDTi) in January 2019 to facilitate an 18-month Community Led Support (CLS) programme, with match funding from the Scottish Government. At that time Orkney was one of five Scottish sites embarking on the process, with this increasing to nine Scottish sites during the following year.

The first half of 2019 saw a number of community engagement sessions take place, across Orkney. 123 people attended 'taster sessions' to hear about CLS and over 100 people came to 'Getting Started' workshops, where people gathered to connect and continue the good conversations that were being had. Over 20 face to face opportunities allowed us to develop ideas from colleagues across many professions and included third sector, carers and members of the public. The Orkney community voted and determined how CLS will operate locally, with Blethers being set up in various locations, as trials.

Following a further voting process it was agreed in February 2020 that the THAW building in Kirkwall would be the first 'fixed' Blether venue, along with Blethers in Sanday and St Margaret's Hope. Unfortunately, Covid and the national wide lockdown, forced us to pause progress on the programme. However, the Orkney Coronavirus Community Support Hub that opened on 30 March 2020, to support the people who were shielding, was an excellent example of a Blether in practice. We had a variety of colleagues redeployed from across NHS Orkney, OIC and the third sector, who worked together to make contact and provide support to over 700 people.

Nationally, the Orkney CLS 'model' is gaining attention, due to us having a real mix of professionals involved, as well as the great response we have had from the public. The team involved in CLS have attended various national events to present 'the Orkney way' and showcase how we listened and responded to what the Orkney public told us.

Moving forward, the learning from COVID-19 from the statutory bodies, carers and communities is helping to shape how CLS is delivered locally. Regular national meetings with other areas have been identified as a positive step to improve services/information known to enhance individual's experience. It has been identified that more in-depth good conversation training with individuals who would be keen to become trainers would be beneficial as well as a joint seminar for Elected Members, NHS Board Members and IJB Members to ensure 'buy-in' and to show the benefits of CLS.



Technology Enabled Care



Following being accepted as a Named Person to East Ayrshire's pathfinder, an ask was made to Scottish Government for some additional money to assist with funding a temporary post to support progress in developing Orkney's Tech Enabled Care action plan, to do research and link with various stakeholders including NHSO, OIC and East

Ayrshire. This was approved in December 2019 and it is anticipated that this post will be held within the third sector community to strengthen relationships and knowledge. Work was undertaken to complete a Job Description and Person Specification for this post, however due to pre COVID-19 work, this was delayed. The Job Description and Person Specification has been amended to include the learning and experience from the pandemic.

Following the award of Named Partner status in the National TEC Programme, (joining East Ayrshire their "Think TEC First" project), Alex Clarke of the Improvement Hub, and Margot White of the National Pathfinder Programme, both of whom are involved in the TEC programme, came to Orkney in October 2019 to deliver a TEC Discovery and a Define workshop to ensure continued discussion between relevant stakeholders and to ensure 'buy in' from the statutory bodies. Statutory and third sector partners from throughout Orkney attended the day long workshop, held at the Town Hall in Kirkwall, where they learned about the contribution that TEC can make to transforming local systems, particularly 'upstream', towards prevention and supported self-management.

The IJB's Tech First Programme Board has met to identify ways where technology can support carers and enhance wellbeing of individuals. There have been ongoing discussions with NHSO's Tech Programme Board to merge the two groups to reduce meetings and resources and to enhance partnership working. This was agreed, although due to capacity issues during the pandemic this has been delayed.

A year in the life of Orkney Health and Care

181 births in
2019

7,497 people
visited the
Emergency
Department at
The Balfour

481
individuals
attended the
Selbro Open
Afternoon

331 people
attended
Speech and
Language
Therapy, **51** to
inpatients

149,720 care
at home
(OHAC) staff
visits providing
care for **275**
people aged 65

110 CAMHs
referrals and
928 CMHT
referrals

82 Minor
Adaption Direct
jobs were
completed
(cost <£250)

4,550 page visits
to the OHAC
webpages (hosted
on OIC), **3,441**
unique page views

74 children and
young people
that we are the
Corporate
Parent for

19,313
Community
Nurses home
visits (mainland
only)

750 Community
Care Alarms were
in use

72 People
organised their
own care and
support with a
direct payment

6,376 hours
unpaid work
(Compulsory
Payback Orders)
carried out--

Orkney Health and Care 'Plan on a Page'



Strategic Plan 2019/20



The first Strategic Commissioning Plan covered the period from 2016-19. Following comments and feedback received it was agreed that a more concise document would be beneficial and more user friendly.

During the development of the draft Strategic Plan, it was decided to have a 'plan on a page' which detailed at a glance what the vision, values, approach and key measures for the Strategic Plan are.

In March 2019 a draft Strategic Plan was presented to the IJB for approval to go out to consultation. In May 2019 the draft Strategic Plan was put out for public consultation. Copies of the draft were circulated to various stakeholders including third sector partners; OIC, NHSO and IJB, trade unions; OHAC staff; and Community Councils.

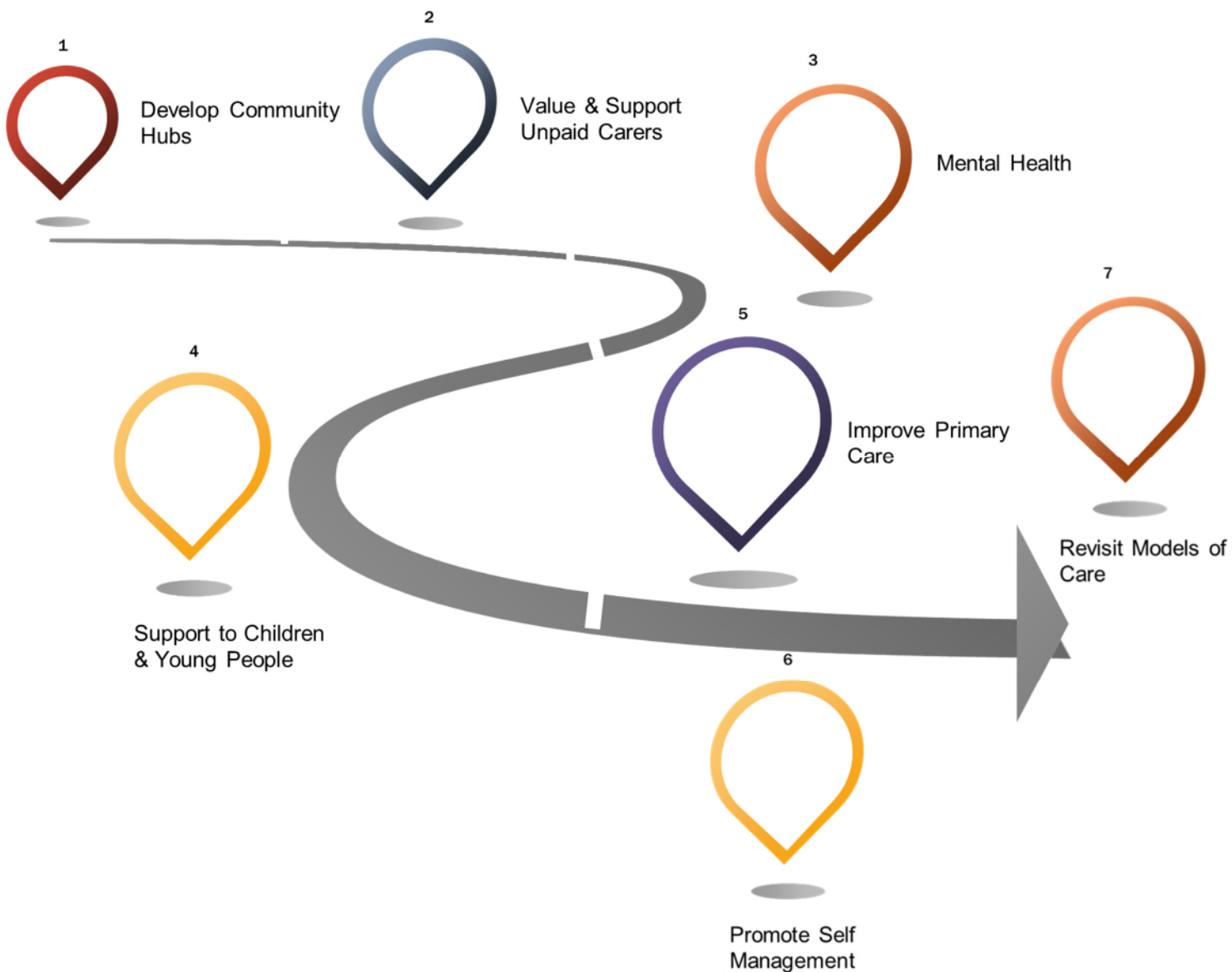


The Chief Officer attended various Community Council meetings to discuss the Plan and answer questions. The OHAC Senior Management Team had a stand at each of the local Agricultural Shows where they could speak to the public about OHAC Services and the Strategic Plan to gain people's views. As well as this, we were able to attend one day at Stromness Shopping Week and a day in the foyer at Tesco.

Following the end of the consultation period the comments were collated and a session was arranged with key officers to review the feedback and make the necessary changes.



Orkney Health and Care Strategic Priorities



On 3 October 2019, the IJB approved the new three-year Strategic Plan which outlines the visions, values and priorities.

The new Strategic Plan takes account of national strategies and legislation, regional planning, OIC Council Plan 2018-23, Orkney Partnership Board's Plan 2019-22 and NHSO's Annual Operational Plan 2019/20.

The Section below outlines some key developments in priority areas as set out in the Strategic Plan.

Priority Area 1: Support to Children and Young People

Joint Inspection of Services for Children and Young People in Need of Care and Protection in Orkney

Throughout the summer of 2019 the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney. The report can be found [here](#).

More detail can be found on page 45.

Looked After Child Review

On 25 June 2019, the IJB approved the recommendations contained within the Looked After Child (LAC) review, which can be found [here](#). The key thematic areas are highlighted below. Due to the importance of this work, it has been agreed to present what has been completed to date rather than to end March 2020 only.

Early Intervention

Key Issue 1: The Social Work duty service is provided in an ad hoc way resulting in varying approaches to referral from partner agencies.

- We have tightened the process of Duty to ensure there is a named Duty Social Worker responding to all enquiries, calls and referrals linked with the Administrative Support Team to ensure adherence to the Customer Charter. All Duty referrals are now overseen by the Duty Operational Manager. We have clarified roles and responsibilities of Social Workers in receiving and responding to Child Protection concerns and referrals, as well as Operational Managers for ensuring managerial oversight of the Duty system to review and ensure appropriate and proportionate action is taken, in a timely manner in relation to our duty to protect children.
- All documents are stored in the child's electronic file – detailing the outcome, and Named Persons are informed and feedback provided timeously.
- Inter-agency Referral Discussions, when held, are recorded.
- We have issued Interim Inter-agency Child Protection Guidelines (easily accessible on computer desktops) which provide clear step by step actions for referring agencies and for appropriate responses from Social Work, the Police and NHS Orkney. Training and reflective discussions have been held with all staff on the new Guidelines, which is also referred to when discussions are being held with partner agencies.
- Within the Improvement Plan Delivery Group it has also been made clear that referring agencies are entitled to feedback and where for any reason this has not been provided, they should escalate the matter as required.
- Within the Interim Inter-agency Child Protection Guidelines we have strengthened the section on Inter-agency Referral Discussions and we have a

“Draft Inter-agency Referral Discussion Procedure” under review for agreement and implementation.

Key Issue 2: Skilled family support workers are being used to carry out tasks that do not make full use of their skills but are still statutory duties.

- We are extending the contracts of 3 additional Family Support Workers in recognition of the valuable work they undertake directly with children, families and young people. Their important roles have been highlighted to managers in a paper from the CSWO and there is a review of the process for their engagement with families as requested by allocated Social Workers.
- The Family Support Team provides additional support to our most vulnerable children, young people and families and they are an integral part of the Children and Families Social Work Service. As such, there will be no requirement for Social Workers to “make a referral” for their services. Instead there will be planned meetings to discuss the specific roles and joint working requirements to ensure maximum support. This will clarify roles and responsibilities to ensure their skills, engagement abilities, relationship building qualities and practical support will be fully recognised.
- There will continue to be times when their flexibility and responsiveness to social need will be required, meaning their roles may be extended, with appropriate support and supervision, to meet need in times of particular challenge or crisis. The team has demonstrated, particularly during times of critical staff absences in the Children and Families Team, their willingness and ability to act up into such roles.

Edge of Care, including Looked After at Home Children

Key Issue 1: Intensive support services are not designed to offer flexible crisis care within an evidence-based approach.

- We have awarded a contract for early support and assistance (intervention) to Action for Children and are finalising arrangements for location and operations. This will not be a solution in itself but will be part of an early support and diversion approach which will be developed through the review of our GIRFEC Guidelines. This will include strengthening the Team around the Child approach and introduction of the Whole Systems Approach (which is evidenced-based) which requires further partnership work and understanding.
- The CSWO has met with the Chief Executive of Voluntary Action Orkney to explore greater connectivity and joint working arrangements with Third Sector partners to support children and families. There is potential for the Enhancing Wellbeing in our Island Communities project to be extended to include children, young people and families with news that funding for the project has been continued for a further two years. The project deploys Coordinator’s whose role is distinctive from other kinds of support worker or link worker roles in Orkney, in its dual focus on one to one support and advice for individuals in the islands, and a focus on the development and support of services in the islands to meet the needs of residents.

Looked After and Accommodated Children and Young People

Key Issue 2: The capacity of the fostering service is insufficient to meet placement demands.

- There is a national shortage of foster carers particularly for; older children, large sibling groups, children who display aggressive and sexualized behavior and children with disabilities.
- Rural and island communities are particularly impacted and it has been challenging to recruit the number of carers for our need. For example, our Intensive Fostering Service (IFS) is funded for 5 carers and we have managed to recruit 3.
- Recruitment activity has been continuing with new materials developed using a media recruitment agency. The team was present at local shows to provide first-hand information and answer questions. COVID has restricted face to face work and created new challenges and there are currently discussions with the Council Communications Team to increase our media presence on various social media platforms.
- A particular success has been the development of the Orkney Fostering Facebook pages - this shares articles and allows questions directly to members of the team.

Key Issue 3: There is a limited range of mental health support services available to meet both the specialist and general mental health and wellbeing agenda of looked after children.

- The Child and Adolescent Mental Health Service (CAMHS) has a positive working relationship with the Children's House and is regularly invited to team meetings to discuss mental health and wellbeing and individual support for young people.
- Third Sector counselling services staff have been invited to team meetings and young people have been referred to services e.g. Y People Counselling.
- Orkney Rape Crisis has provided a number of informal sessions for young people on issues of sexual health and they have built positive relationships with young people.

Key Issue 4: There is no independent oversight of looked after children placements. Such oversight is critical to ensure outcomes are being met and where outcomes are not being met corrective action is taken in good time.

- We have employed a temporary Independent Reviewing Officer to address this action.

Continuing Care

Key Issue 1: There is a gap in service provision of supported tenancies that can effectively bridge the gap between leaving care and independence. This is the delivery of statutory supports to the young person's 26th birthday.

- Y People supported accommodation is available but this generally does not meet the needs of care experienced young people who need increased support packages. Supported Tenancies with a continuation of support being provided by the children's house would be beneficial and could be tailored to the young person's needs which will be explored with Housing Services.

Key Issue 2: There is a gap in service provision of consistent support to care experienced young people at points of crisis. This is the delivery of statutory supports to the young person's 26th birthday.

- Support to care experienced young people is provided predominantly by the Youth Services post which is 28 hours.
- The current requirement for throughcare and aftercare is 41 young people who are entitled to receive support to age 26 years. This varies from intensive social work support to practical help. Social Care Workers are allocated as Pathways Supporters and their priority is young people in the Children's Houses.
- Social Care Workers, who cover 24 hours over 7 days per week, provide vital emergency support and know the young people well although their capacity is limited by way of providing more regular planned support.
- We have a Draft Continuing Care policy which addresses the implications of the Children and Young People (Scotland) Act 2014 and our responsibilities for providing Continuing Care for young people and the financial implications. In addition the policy will address the key transitions to Continuing Care from Foster Care, Kinship Care and Residential Care.
- We have also developed a Draft Financial Policy for Throughcare and Aftercare which sets out the principles for the provision of Financial Support, Leaving Care Grant and associated housing costs, living costs for 16 and 17 year olds, additional grants and allowances, and the payment procedure.

Learning and Development.

- **Key Issue 1:** Investment in the practice framework is key in maintaining skills and knowledge and in developing a child centred culture of service delivery that can deliver the outcomes of this review.
- Following this an IJB development session was held on 28 January 2020, to look into the progress on Children Services and to share ideas. It was recognised that the more work that is done in early intervention will prevent children and young people from becoming Looked After Children. For early intervention to work there needs to be collaboration with young people and partnership with third sector, education, Police etc. It was highlighted that not one service has the solution/answer, but solutions are to be found across the range of services.

Following this an IJB development session was held on 28 January 2020, to look into the progress on Children Service's and to share ideas. It was stated that the more work that is done in early intervention will prevent children and young people from becoming Looked After Children. For early intervention to work there needs to be collaboration with young people and partnership with third sector, education, Police etc. It was highlighted that not one service has the solution/answer, but across a range of ones.

Priority Area 2: Develop Community Hubs

In the Strategic Plan we outlined that we want to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering staff and a true partnership with local people.

The Blethers, spoken about under the Community Led Support section, are our first step towards developing Community Hubs. As described, we worked closely with communities to determine what the hubs should look like, as well as what we should call them – and this is where the ‘Blether’ name came from. To date we have hosted Blethers in three venues in Kirkwall, one venue in St Margaret’s Hope and one planned in Sanday that had to be postponed due to weather, not long before lockdown happened.

As part of preparing our staff teams for this culture change, we provided ‘good conversation’ training, so that we always start our conversations with you around ‘what is going well?’ and ‘what matters to you?’. In the first round of training we had almost 100 people come along and we plan to continue to offer this to all colleagues.

Priority Area 3: Mental Health

Mental Health Strategy

The national Mental Health Strategy for Scotland was published in 2017 to run over a 10-year period. It was recognised that a local strategy required to be developed. OIC and NHSO staff, along with stakeholders from the third sector, were invited to a Mental Health Strategy Development Session, at the Town Hall, Kirkwall, in June 2019. More than 40 participants provided invaluable input that helped to inform the draft iteration of the strategy, which was subsequently the subject of a wider public consultation.

On 3 October 2019, the IJB approved the draft Mental Health Strategy going out for consultation pending changes discussed at the meeting. The draft Mental Health strategy was launched for consultation in November 2019. Following discussion with a third sector stakeholder it was agreed to extend the consultation period to the 29 February 2020, a further four weeks, to take into account the festive period. In the Strategic Plan 2019/22, Mental Health is identified as one of the main priorities for the IJB.

Mental Health Consultation

A member of OHAC Senior Management Team met with some young people to get their feedback from the strategy and the strategy was circulated to a range of stakeholders including third sector organisations, Area Partnership Forum, Orkney Partnership Board, IJB's Joint Staff Forum. Due to the wealth of consultation material received, superimposed by implications of preparing for COVID-19, the key officer session to look at the feedback received from the consultation had to be postponed until July 2020. Once this is approved an action plan will be developed.



National Mental Health Event

On 27 November 2019, delegates from across OHAC and NHSO attended the Mental Health Strategy Annual Forum 2019. Feedback from the event included:

“The day was very interesting, and showed how all the services working together, could make such a difference, to the patient’s journey, and for the benefit of services resources. It was great to see how enthusiastic all the members of the different services were about it. I met some really nice people from statutory services, and third sector agencies. The workshops in the afternoon were informative, and made me reflect on my own service, and practice.”

Recruitment and Training

The national Mental Health Strategy recommended 40 identified actions for improvement, with some actions having financial resources attached to them. All of the Action 15 funding, received to date, has been utilised as detailed in the plan agreed by Scottish Government, which saw the appointment of two adult Clinical Associate in Applied Psychology (CAAP) workers and an administrative post to increase clinical capacity.

In September 2019, a Social Worker successfully completed the Mental Health Officer (MHO) training. With two other Social Workers commencing their MHO training, which is due to be completed in September 2020. This will help build capacity into the team.

Due to personnel change mid-year, Grampian was unable to replace the Consultant Psychiatrist and NHSO agreed to fund a fulltime locum in this respect. Future aspiration is to recruit to a permanent Adult Consultant Psychiatrist post. In addition, due to the increase in waiting list caused by the Consultant gap, NHS Orkney funded two agency Community Mental Health Nurses to help address the length of waiting times.

Increased Patient Transfers

During 2019/20 there were 33 supported transfers to Royal Cornhill Hospital a 32% increase from the previous year, this created additional capacity issues within the team as some day to day activity had to be postponed.

Dementia

On 9 May 2019, The Pickaquoy Centre in Kirkwall was the venue for a day-long conference highlighting the issues faced by those suffering from dementia, their families, carers and friends. More than 100 delegates were in attendance, with more folk streaming the event via the live feed. The conference, organised by The Life Changes Trust, saw contributions from OIC, NHSO and Age Scotland Orkney, as well as other third-sector partners and, most movingly, contributions from those who care for dementia sufferers.

The keynote speech was delivered by OHAC's Chief Officer. The afternoon session centred upon a round-table discussion where delegates were given the opportunity to discuss the challenges that they face, along with ways that these might be addressed. The final session featured the launch of a fund, open to third sector organisations, to assist in the development of services for those with dementia, and their carers. This generated the basis for a grass roots priority led Orkney Dementia Strategy (draft) alongside other extensive consultation to finalise a draft strategy which the IJB agreed consultation for. This is now going forward to request adoption in September.

Further to this, £45k funding has been secured to evaluate the Strategy. A Post Diagnostic Support Worker – Dementia has been commissioned through Age Scotland Orkney. There have been discussions with Alzheimer Scotland, who have agreed to fund a 25 hour post. As well as this, the collaborative working has managed to secure funding to support continuation of the Hub.

We started to roll out a programme of Essentials training to care homes and extra care housing. Life Changes Trust have supported community group funding which will provide a range of dementia specific activity in our communities.

Priority Area 4: Value and Support Unpaid Carers

What Matters to Carers? Workshop

2019 was the year of Community Led Support, with fantastic support received from staff, service providers, the third sector and, significantly, the Orkney public. One of the highlights of the enormous number of engagements, training and information workshops held throughout the year was a session specifically designed for those at the forefront of care delivery: the carers themselves.

The session was hosted by Cally Ward, from the NDTi team. As the mother of a 38-year-old man with learning disabilities, Cally had an excellent understanding of the challenges faced by carers and how Community Led Support could help communities to deliver better lives for carers and their loved ones.

The workshop, entitled “What Matters to Carers?” was held at the Pickaquoy Centre, Kirkwall, in September and was attended by 21 people. Feedback from the event was excellent, with carers commenting that they really felt empowered and able to contribute to the positive development of Community Led Support

The success of the workshop was highlighted by Cally at the NDTI-hosted Community Led Support National Virtual Festival, in June of 2020, when Cally fondly recalled her experience in Orkney, specifically commenting upon the engagement in Community Led Support by carers, in Orkney. She even had the opportunity to renew her acquaintance with an Orkney carer, who was able to attend the event!



OHAC Carers Strategy

The Carers Strategy was approved by in Spring 2019. The strategy identified key themes which are:

- I am supported to identify as a carer and am able to access the information I need
- I am supported as a carer to manage my caring role.
- I am respected, listened to and involved in planning the services and support I need both I and the person I care for receive
- I am supported to have a life along with caring, if I choose to do so.

Support to unpaid carers has been identified as a priority needing developed in 2020 and will be taken forward by the Care Strategy Group.

During 2019 work was done to develop and publish information for both adult and carers on the OHAC webpages.

There has been an increase in the number of carer assessments completed and submitted to the Allocation of Resource Committee (ARC).

Priority Area 5: Improve Primary Care

Scottish Government Visit

We were delighted to welcome four members of the Scottish Government Primary Care Team to visit our islands, as well as the mainland of Orkney, to allow them to experience first-hand some of the challenges we have in providing care. We invited the team to extend their visit to ensure they had the opportunity to meet with IJB Members, NHS Board members and GP Practices on the mainland as well as visits to Rousay and Hoy.

We received positive feedback from the meeting and the team remarked that the decision to stay longer and visit more areas allowed them a greater understanding and appreciation of the geography and challenges of providing care across an island setting. In particular, the island visits highlighted the experience of travelling on boats and the impact of caring for patients in such remote settings, when the weather can make transportation difficult and also raised awareness of the need to ensure we have adequate clinical cover in place.

We took the opportunity to discuss the NHSScotland Resource Allocation Committee (NRAC) formula and how this appeared to be detrimental to a small Board who is required to deliver the same level of care as a Practice in central Scotland. We likewise discussed the Primary Care Improvement Plan and the additional workload this put on small Boards with a smaller workforce to deliver a change programme with no additional funding as regards project management. They listened and appreciated the concerns and within two weeks of their visit all the Island Boards received additional monies to allow a two year post to be funded to lead on the Primary Care Improvement Planning.

The meeting has likewise allowed increased peer support and understanding which has ensured the Islands are regularly mentioned at Primary Care Scottish Government updates and now policy changes refer to the need for Remote and Rural areas to be allowed a degree of flexibility in recognition of our geographical situation.

Primary Care Improvement Plan

We continued to work towards implementation of the Primary Care Improvement Plan. The Community Treatment Room and Urgent Care aspects were hampered somewhat by the lack of clinical leadership in post.

Vaccination Transformation Programme

Objective: Reduce workload for GPs by shifting Vaccinations to other parts of the system allowing GPs to focus as expert medical generals.

Public Health has taken the lead with this and produced an options paper. Agreement has been reached to remove all aspects of vaccination delivery apart from the national Flu programme. Further discussion around agreeing funding streams to ensure we can support removing of all aspects will take place during 2020/21.

Pharmacology Services

Objective: Develop sustainable pharmacology service for practices.

We have employed two Pharmacists to date. A further options paper has been developed which articulates the additional funding and personnel required to provide all aspects as set out within the memorandum of understanding. Further agreement and discussion about future spend will take place in 2020/21.

Community Treatment and Care Service.

Objective: Transfer services from GPs to Community based services.

The Memorandum of Understanding articulates a requirement to remove service provision from Practices. An options appraisal is required that articulates how to deliver a board service that provides, Phlebotomy, dressings, Ear syringing and Suture removal. We failed to deliver an options appraisal due to lack of clinical lead nursing in post during this financial year. We fully anticipate this will be rectified during 2020/21.

Urgent Care

Objective: To explore alternatives to Urgent Unscheduled Care in order to free up GP time for scheduled care.

We have had discussions via the GP cluster around this issue but as yet have not managed to formulate a clear vision around this area. Further discussion will continue as we progress through 2020/21.

Additional Professional Services

Overall Objective: To ensure Services for patients with needs delivered by clinicians other than GPs (focus on: Physiotherapy and Musculoskeletal (MSK), Community Mental Health, Community Link Workers).

Options papers have been developed for all the above services. To date funding for two Physiotherapists, two Community Mental Health Nurses and 1.5 Community Link Workers has been approved. We will have further discussions and agree any future investment in these areas as 2020/21 progresses.

Priority Area 6: Promoting Self-Management

Throughout the year, training in relation to Stress Control; Mental Wellbeing and Resilience; and Trauma Informed was made available to all Orkney Health and Care staff.

We will progress this priority through year 2 and 3 of the Strategic Plan.

Priority Area 7: Revisit Models of Care

We will progress this priority through year 2 and 3 of the Strategic Plan.

Let's Talk About Co-Production

OHAC has developed a strong relationship with Healthcare Improvement Scotland's iHub, over the last few years, looking at ways that collaborative commissioning can help to develop quality services, in Orkney. With this in mind, the two organisations co-hosted a workshop, held at the Town Hall, Kirkwall, in June 2019, entitled "Let's Talk About Co-Production?"

Looking to build upon the excellent response to the launch of CLS in Orkney, the workshop asked how we ensure communities are supported to find solutions to meet their needs and how do service providers overcome barriers within their own systems?

The event was attended by more than 40 people from across the statutory and third sectors, all of whom were keen to work together to achieve a vision of sustainable, community led health, care and wellbeing in Orkney.

Red Rules / Blue Rules Workshop

One of the major findings of the co-production workshop in June of 2019 was that rules often prevent organisations from doing what they think is best for their clients and service users. In response to this, the iHub and Orkney Health and Care's CLS team hosted a follow-up workshop, held again at the Town Hall, in Kirkwall, in November 2019.

Entitled "Red Rules / Blue Rules", the workshop examined what the Red Rules ("it's the law") and Blue Rules ("it's the way we do things, here") are, and how service providers, agencies and third-sector providers can overcome those Blue Rules that get in the way of delivering services that are better placed to serve people in Orkney.

Response to the COVID-19 Pandemic

The Orkney Coronavirus Community Support Hub

As a result of the COVID-19 Virus on 22 March 2020, the Government announced that individuals with specific health conditions that made them more vulnerable to serious illness if they were to contract the virus, were to isolate indoors and have no contact with anyone outside their household. This group were referred to as 'shielded'. In effect they became vulnerable by virtue of their inability to source basic necessities to live day to day.

Local authorities throughout the UK were instructed to set up Humanitarian Assistance Centres (HAC) under emergency planning legislation. In the initial stages the clear remit of the HAC was to provide a point of contact for the Shielded community to facilitate requests for food, medicine and any other related issues. In line with other Local Authorities the HAC was renamed The Orkney Coronavirus Community Support Hub (HUB).

A suitable premise was sourced (the Pickaquoy Centre) that was capable of facilitating call handling and that was large enough to ensure staff were able to work with a distance of 2 meters between each workstation. (social distancing). It was also important that the premise had enough room to deal with the large-scale storage and distribution of food, as at this stage the responsibility for supplying food was unclear.

All Councils were to have a functioning HUB by 30 March 2020 which was achieved. A pool of staff was swiftly recruited, through the redeployment of those staff who were not essential for other purposes, and who had experience of dealing with the public either face to face or by telephone. 20 Staff, in general from Customer Services, Libraries and Democratic Services were identified and on 27 March 2020 a fully functioning HUB facility was complete, ready to support our shielding community. In addition, an Adult Social worker and a physiotherapist were identified to provide support to call handlers at the Hub, utilising their knowledge and experience in care and welfare support services.

Volunteers were sourced through Voluntary Action Orkney (VAO) to assist with the delivery of prescriptions and the supply of food in emergency circumstances.

Brinkies Wing

At the start of the COVID-19 pandemic, the Scottish Government requested that, wherever possible, patients should be discharged from hospital to ensure bed space for COVID patients and capacity for service redesign. A safe and appropriate alternative to the Balfour Hospital was explored. The agreed model of care, by NHS Orkney and Orkney Islands Council, was an Allied Health Professionals-led Rehabilitation inpatient service in Hamnavoe House, using a vacant wing. This provided a facility for patients who did not require 24hour Medical and Nursing care but who still required assessment and rehabilitation prior to discharge to their own home or to a social care facility. By introducing this "step down" model of care inpatient beds were released to assist in the reprofiling which was required to implement separate COVID-19 and non COVID-19 flows within the Balfour. Staffing to support the new

facility was provided via redeployment of those available following the pausing of some services as well as through bank arrangements.

Preparation for Brinkies wing to open for the first patients, on 1 April 2020, occurred throughout March 2020.

Service Updates



All Age Learning Disabilities

The 2019-2022 Strategic Plan identifies the Learning Disability Strategy as a key component to the delivery of services. In the spirit of co-production, the first draft of the strategy was developed with input from service users, their families, carers, service providers and other stakeholders, through development sessions and surveys.

July 2019 saw the launch of the strategy at an event held in the St. Magnus Centre, Kirkwall, and was preceded by one of the most memorable occasions of the year: a performance by a choir made up of service users, families and service providers, performing several songs on the steps of Kirkwall's iconic St. Magnus Cathedral. A large crowd of locals and tourists gathered to hear the performance, as did local media, providing the perfect platform to launch the service's Learning Disability Strategy.

Aurrida House

Aurrida House turned 20 in 2019 and a party was held on Sunday 9 June 2019 to celebrate with staff, service users and families – both past and present. There were games, stalls, refreshments and face painting which were enjoyed by all.

Universal and Target Offerings and National KIDS website

The Paediatric Occupational Therapy team were busy redesigning service provision to link in with the national drive to deliver 'Universal, Targeted and Specialist' provision. This meant that more children benefited from their advice in their everyday lives rather than having to have therapy appointments or to fit referral criteria. The occupational therapists can signpost parents and teachers to websites, which offer suggestions on a variety of everyday issues. If you are working with children or young people take a look at this website for ideas on the 'resources' tab, <https://www.nhsggc.org.uk/KIDS>.

Foetal Alcohol Spectrum Disorder (FASD)

We had four members of staff who attended training on Foetal Alcohol Spectrum Disorder, and are participating in a local Short Life Working Group to raise awareness of the condition and develop appropriate local pathways for assessment. A very successful and thought provoking event was held in the Pickaquoy Centre in February, with multi-agency attendance. More training is planned. Three Child Health staff were trained in the use of the Bayley Scales, which is a standardised developmental assessment used in the diagnostic assessment, and this helps bring us in line with other areas of Scotland.

Move and Improve Project and Pathways

The Paediatric OTs 'Move and Improve' project (in which we screened all Primary 1 pupils for their gross motor skills) is now mainstreamed, so that PE teachers are noticing pupils who may not be achieving their milestones, and we are happy to receive good quality referrals as a result. We are also participating in numerous pathway development groups locally and nationally, in order to ensure that local children and young people receive quality services in a timely way.

Criminal and Community Justice

Over 2019/20 Justice Social Work Services witnessed a number of staff changes including the retirement of the Manager in May 2019 and the departure of the Community Justice Co-Ordinator in August 2019. Despite this depletion in staff membership Justice Services continued to ensure an equitable service was delivered and following the recruitment process a Manager and Community Justice Co-Ordinator

Unscheduled Care Site Visit

On 27 September 2019 Christina Bichan, Head of Transformational Change and Improvement for NHSO, led the Balfour programme including a presentation outlining local improvement activity.

Feedback received from the event included

- "It was incredibly useful to meet with colleagues from SG and other Health Boards. I think the very fact that the timetable changed as we went proved testament to the level and breadth of discussion that was taking place."
- "A really valuable visit where we were able to recognise similar challenges with different locality based solutions. The visit provided great conversations and opportunities to discuss similar challenges and good practice."
- "Visitors very much appreciated the opportunity to hear from Orkney on their challenges and successes. The openness and sharing was appreciated and extremely valuable."
- "Really valuable visit providing lots of ideas of our own new build. Enjoyed and learned from the Orkney experience of building (including planning) of new build. Lovely newness to the departments."
- "It would be very beneficial to build a remote and rural network to explore ideas and opportunities for shared models/joint working."

Further information and actions resulting from the visit can be found [here](#).

Near Me Trailblazer

The Speech and Language Team were trailblazer's in the adoption and use of

were appointed in October 2019 and January 2020, respectively.

Community Payback Orders offer real opportunities to achieve positive outcomes for both those who are involved in offending behaviour and communities. As such, although assisting with the grass cutting at a number of residential settings remains a consistent focus, Justice Services have also been involved in a considerable number of community based projects. These include the painting of the frontage of a local charity shop, repairing the seating at various local beauty spots and repairing the access/walkway of public footpaths. Efforts to support both the community and the environment via recycling always remain high on the agenda. Hence, over the reporting year firewood and kindling were cut, bagged and regularly sent to the Elderly inhabitants on an outer island where solid fuel is still a common heat source with kindling in short supply.

NearMe in offering appointments in Orkney.

Collaborative Training

Dietetics and Occupational Therapy collaborated to deliver ward training for the new Healthcare Support Workers with a focus on eating, drinking, and nutrition.

Practice Education

Practice Education supported a Physiotherapist who successfully Returned to Practice and has provided maternity cover.

Financial Performance

This section aims to demonstrate our efficient and effective use of resources. The Annual Accounts 2019/20 is our statutory financial report for the year. Revenue and Expenditure Monitoring Reports (REMRs) are provided to the IJB regularly and can be found [here](#).

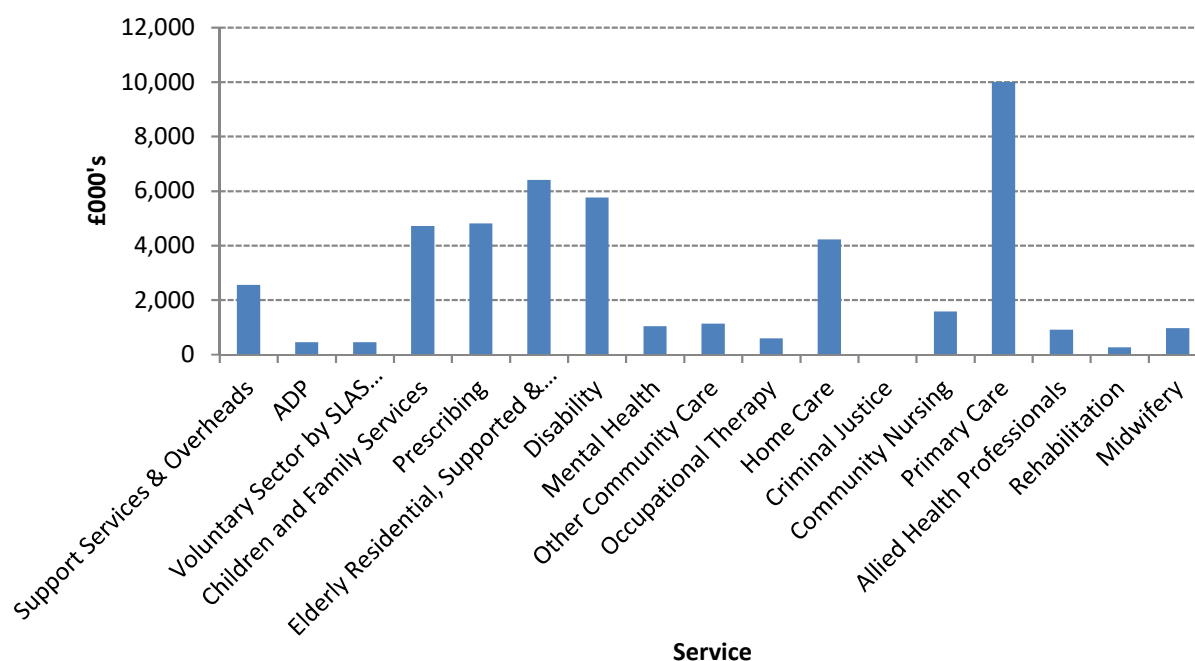
Summary of Financial Position

The year end over/underspend within each partner body was as follows:

| | Indicative Budget | Additional Allocations | Reduction in Funding | Full Year Budget | Full Year Spend | Variance |
|----------------|-------------------|------------------------|----------------------|------------------|-----------------|--------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Council | 19,552 | 388 | 0 | 19,940 | 19,940 | 0 |
| NHS | 24,927 | 10,087 | (130) | 34,884 | 34,542 | (342) |
| Total. | 44,479 | 10,475 | (130) | 54,824 | 54,482 | (342) |

The unscheduled care budget of £.617 million was not formally delegated to the Orkney IJB and is part of the additional allocations of £10.087 million noted above. A reduction in funding of £130k was applied at year end by NHSO for financial year 2019/20 and is represented in the accounts. However, NHSO has agreed that additional budget of £130k will be reinstated in the budget for financial year 2020/21. The outturn position showed an overall underspend of £342k at the financial year end. The net funds excluding unscheduled care provided the following services:

Expenditure On Commissioned Services £000's



The main financial issues reported throughout the year were:

Children and Families

There have been various underspends within the service due to not having a full complement of intensive foster carers. The requirement for throughcare/ aftercare services was also less than anticipated but, as this is a demand led service, this can fluctuate depending on the young people receiving these payments. The Children and Adolescent Mental Health Service (CAMHS) also had a vacancy which contributed to the service having an overall underspend.

Elderly

Significant staff absences have resulted in double running costs and the reliance on agency staff to ensure that the service remains within staffing levels as agreed with the Care Inspectorate. However due to a reduction in the requirement of high cost packages of care this has enabled this area to stay within balance.

Disability

There continues to be overspends within this service due to placements out with Orkney, with increased supporting living rates.

Mental Health

There have been additional costs in regard to employing a locum consultant psychiatrist locally as well as agency nursing being required to cover vacancies.

Home Care

Introduction of Self-Directed Support was to enable choice and flexibility in how people receive their care and should not incur additional costs. However, there is an inability to reduce the current, limited, in-house service provision. An internal audit report was presented to the Orkney IJB Audit Committee on 19 November 2019 which highlighted 8 recommendations which will strengthen policies and procedures. Work to progress this was superseded by preparation for the pandemic and will be taken forward in the next financial year. In addition, the demand continues to grow, which is largely as a result of keeping people at home for longer and to keep hospital stays to a minimum length of stay. Although there were additional resources received in 2019/20 (£26,000) in regard to the commitment of Free Personal Care to all under 65s who require it, regardless of condition (known as Frank's Law), the resources received have been insufficient to cover this additional commitment. This could also see a further increase in demand for personal care services.

Primary Care

There is an underspend due to the Dental Primary Medical Services as a result of restructuring. There were also vacancies within Primary Care throughout the year and a reduction in requirement for locum cover which all contributed to an overall underspend within the service.

Unscheduled Care

Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services, used by the partnership population, is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. This budget was not formally delegated to the Orkney IJB for financial year 2019/20. NHSO has advised that this budget will be delegated for financial year 2020/21 and a report will be submitted to the Orkney IJB in September 2020 for approval. This budget will be formally delegated in financial year 2020/21 with a Direction delegating the associated budget to provide services within the legislation.

Medium Term Financial Plan

The Medium Term Financial Plan outlines the financial opportunities and challenges the IJB faces and provides a framework which will support financial sustainability. It also complements the Strategic Plan. It highlights how the partnership's financial planning principles will support delivery of the IJB's strategic objectives and priorities.

The key messages highlighted:

- Demand is rising significantly whilst, in real times, available public spending is reducing. Over the next few years the IJB will require to achieve its ambitious commissioning decisions to support change, alongside a decommissioning plan that enables NHSO and OIC to deliver year-on-year efficiencies, to sustain priority services.
- As a very small area, with a hospital that cannot be further reduced in number of beds available, as agreed in the new hospital and healthcare facility business case, a demographic profile and geography that presents some of the biggest challenges in Scotland in terms of the increasing number of older age and older people, we have very limited scope to make significant resource shifts from other forms of care. Most of the shift in resource was completed prior to implementation of integrated working, i.e. a ward closed, and the Intermediate Care Team was created.
- The significant demographic pressures which public bodies face over the next few years are particularly acute in Orkney. Increased community, third sector and voluntary participation is essential to manage the increase in demand that will materialise. This will require re-prioritisation of resources to provide more integrated and outcome-focused services.
- If no additional funding is received from our partner organisations or the Scottish Government to fund these pressures, the recurring savings required will be in the region of £1.6 million per annum for financial years 2019/20
- To manage these pressures whilst remaining financially sustainable requires transformational change in the way that services are delivered and, in response, to this, OHAC has recognised three key areas for development:
 - Community First.
 - Tech First.
 - Strategic Commissioning.

Performance

This section reviews key performance information based on service audits conducted during the financial year and the National Performance Indicators. This information is used to track key outcomes related to health and social care integration, as well as promoting quality standards in service provision. Data is updated annually and bi-annually and made available to Partnerships.



Local Service Targets



Audit Reports

External and Internal evaluations of services. These audits help services strive to meet national standards.



National Data

Allows IJBs to monitor performance and benchmark against others .

Inspections

Care Inspectorate Service Grades

Orkney directly provides a number of services which are subject to a rolling programme of independent inspection from the [Care Inspectorate](#). Inspections assure us that services are working well and highlight areas for improvement. The inspectors examine the overall quality of care and support, staffing, the management and leadership, and the environment that care has on people's individual needs. Managers use the inspection findings to prioritise their continuous improvement work plans.

The Evaluation table provides the grades our services received using a six-point scale:

| | | |
|----|-----------------|---|
| 6. | Excellent. | Outstanding or sector leading. |
| 5. | Very good. | Major strengths. |
| 4. | Good. | Important strengths, with some areas for improvement. |
| 3. | Adequate. | Strengths just outweigh weaknesses. |
| 2. | Weak. | Important weaknesses – priority action required. |
| 1. | Unsatisfactory. | Major weakness – urgent remedial action required. |

Evaluation of Services as at April 2020

| Service. | Date. | Care and Support. | Environment. | Staffing. | Management and Leadership. |
|---|-----------|-------------------|--------------|-----------|----------------------------|
| Adoption and Fostering. | 02.09.19. | 3. | N/A. | N/A. | 3. |
| Aurrida House. | 21.05.19. | 5. | N/A. | 5. | N/A. |
| Braeburn Court (Housing Support and Support Services). | 05.11.19. | 4. | N/A. | 4. | N/A. |
| Care at Home (Housing Support and Support Services). | 31.10.19. | 5. | N/A. | N/A. | 4. |
| Disability Resource Support Accommodation (Glaitness). | 03.04.19. | 4. | N/A. | N/A. | 4. |
| Family Focus Service (Aurrida House). | 09.11.16. | 4. | N/A. | 5. | N/A. |
| Gilbertson Day Centre. | 06.07.17. | 4. | 4. | 4. | 4. |
| Glaitness Centre (Care Home). | 03.04.19. | 4. | N/A. | N/A. | 4. |
| Glaitness Centre (Support Services). | 14.06.18. | 4. | 4. | 4. | 4. |
| Kalisgarth and Very Sheltered Housing. | 10.10.19. | 5. | N/A. | N/A. | 3. |
| Kalisgarth Day Centre. | 10.10.19. | 5. | 4. | 4. | 3. |
| Orkney Responder Service. | 31.10.19. | 5. | N/A. | 5. | N/A. |
| Lifestyle Service. | 21.06.16. | 5. | 5. | 5. | 5. |
| Learning Disability Services – Supported Living Network (Housing Support and Support Services). | 24.04.19. | 3. | N/A. | 3. | 3. |
| Rendall Road. | 23.05.19. | 4. | N/A. | 3. | N/A. |
| Sunnybrae Centre. | 05.12.19. | 5. | N/A. | 4. | N/A. |
| West Mainland Day Centre. | 18.06.17. | 4. | 4. | 5. | 4. |

In July 2018, the Care Inspectorate introduced a new framework for inspections of care homes for older people. The new approach remains familiar to people who have experienced inspections in recent years, however it better reflects Scottish Government's new Health and Social Care standards and provides more transparency around what is expected. The new Quality Framework for Care Homes for Older People is structured around the five questions:

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?

As with the previous inspection (grades) of service this is based on the new six-point scale. The following inspections have been undertaken using the new framework.

| | Date | How well do we support people's wellbeing? | How good is our leadership? | How good is our staff team? | How good is our setting? | How well is care and support planned? |
|---|-----------|--|-----------------------------|-----------------------------|--------------------------|---------------------------------------|
| Braeburn Court (Care at Home and Care Home Services). | 05.11.19. | 5. | N/A. | N/A. | N/A. | 4. |
| Hamnavoe House* | 24.07.19. | 4. | 3. | 4. | 2. | 4. |
| Kalisgarth Care Centre | 10.10.19. | 5. | 3. | N/A. | N/A. | 5. |
| Smiddybrae House | 28.08.19. | 5. | N/A. | N/A. | N/A. | 5. |
| St Rognvald House | 13.06.19. | 4. | N/A. | N/A. | N/A. | 4. |
| 32/34 Pickaquoy Loan | 25.06.19. | 4. | 3. | 4. | 4. | 4. |

*Note: the inspection was carried out in the old St Peter's building, before the move to Hamnavoe House.

Joint Inspection of Services for Children and Young People in need of Care and Protection

At the request of Scottish Ministers, the Care Inspectorate leads on joint inspections for children and young people in need of care and protection across Scotland. These inspections look at the differences that the community planning partnerships are making to the lives of children and young people in need of care and protection; or whom community planning partnerships have corporate parenting responsibilities. Between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection. The inspection was led by the Care Inspectorate and it published the report detailing its findings on 25 February 2020.

The inspections take account of the full range of work with children and young people in need of care and protection and their families within a community planning partnership area.

The inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the well-being of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

The Care Inspectorate published a revised quality framework for children and young people in need of care and protection in July 2019. This is the framework used in the inspection and consists of 22 quality indicators. This framework is based on European Foundation for Quality Management (EFQM). Of these 22 indicators, the inspection report applies evaluation to 3 indicators and 1 overall evaluation:

| Date. | Indicator. | Grade. |
|-----------|--|-----------------|
| 26.02.20. | Improvements in the safety, well-being and life chances of vulnerable children and young people. | Weak. |
| | Impact on children and young people. | Weak. |
| | Impact on families. | Adequate. |
| | They also provide an overall evaluation for leadership. | Unsatisfactory. |

The report identified the following strengths and areas for improvement:

Strengths are: 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 carers. 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 hearing on mainland Scotland.

Priority areas for improvement are: 1. Ensuring key child protection processes including inter-agency referral discussions, risk assessment, 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 impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers. 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.

An action plan has been developed which is routinely updated and monitored.

The report identified 24 improvement areas, 8 of which had progressed by the end of March 2020. Key areas were:

- Inter-agency Child Protection Guidelines
- Recruitment of a Lead Nurse for Public Protection
- Corporate Parenting Plan
- Improving ICT

The progress to date on the Looked After Children Review, detailed earlier, directly links into the progress on the improvement areas.

A detailed report on the Joint Inspection of Children and Young People Implementation Plan will be presented to the October 2020 IJB meeting, noting that the report was published in February 2020.

Audit Reports

Internal Audit

- [Implementation of Integration Joint Board Strategy](#), by Scott-Moncrieff.
- [Localities Review](#), by Council Internal Audit.
- [Self-Directed Support Audit](#), by Council Internal Audit.
- [Paris Review](#), by Council Internal Audit.
- [Internal Audit Plan 2019/20](#), by Scott-Moncrieff.
- [Annual Report and Assurance Statement](#), by Council Internal Audit.

External Audit

- [Annual Audit Plan for 2019 to 2020](#), by Audit Scotland.
- [External Annual Audit Report](#), by Audit Scotland.

National Integration Indicators

Key Guidance notes on Interpretation of National Data

Indicators 1 – 9

These indicators are normally reported in the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report.

Indicators 11 - 20

Use of 2019 calendar year data instead of 2019/20 financial year data for indicators 12, 13, 14, 15, 16 and 20.

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2019; this ensures that these indicators are based on the most complete and robust data currently available. It is not expected that these numbers will differ greatly to 2019/20 financial year figures, once available, and so should not affect any conclusions that have been drawn.

Percentage of adults with intensive care needs receiving care at home (indicator 18).

This information is published in the [Insights in Social Care](#) release produced by Public Health Scotland. The data relating to 2018/19 is not due to be published until 25 August 2020 and therefore was not available for inclusion within this report.

Health and Social Care Partnership Peer Group

Aberdeenshire, Argyll and Bute, Moray, Highland, Orkney, Shetland, Western Isles.

Performance Summary 2019/20

The emergency admission rate across Orkney decreased marginally by 3.5% in 2019 to 10,340 admissions per 100,000 population. This followed a consistent year on year rise over the past three financial years. 2019 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). In contrast however, while Orkney reported a decline this year the Peer Group and National emergency admission rate continued to rise. Comparatively in 2019 the emergency admission rate in Orkney was the fifth lowest nationally.

While there was a decrease in emergency admissions, the number of patients attending A and E increased for a fifth consecutive year in Orkney (MSG Indicator 3.a). Taking both measures together, despite an increase in A and E presentations less people were admitted to hospital. This is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2019 96% of people attending A and E were seen within 4 hours (MSG Indicator 3.b).

The emergency readmission rate within 28 days per 1,000 discharges decreased by 18% in 2019. This represented the steepest decline over the past four years and contrasts to the higher and unchanging Peer Group and National rates. What is more, Orkney represented the lowest readmission rate within 28 days across Scotland during 2019. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney's West Mainland recorded the most acute decrease of 35% while Isles decreased the least by 12%. Orkney's East Mainland recorded the highest level of emergency readmissions within 28 days at 70 admissions per 1000 discharges.

For those over the age of 65, the number of people per 1000 who suffered a fall resulting in a hospital admission remained unchanged in Orkney during 2019. Despite this across Orkney the falls rate declined year on year between 2015/16 and 2018/19. The 2019 Orkney fall rate was the third lowest across Scotland and represented the third year in a row where the falls rate was lower than the Peer Group and the National rate. Orkney's East Mainland represented the highest level in the population of falls for those aged 65+. Continually, the two mainland localities Orkney's East and West Mainland reported an increase in 2019 compared to the Isles that reported a decrease of 50%.

This is all positive news and is reflected in the relatively low percentage of health and care resource spent on emergency admissions to hospital over the past three years. Orkney spent the seventh lowest proportion of resource on emergency admissions in 2019. This was on par with the Peer group proportion of 20.8% and lower than the National proportion of 23%.

Some challenges facing Orkney highlighted in the national data are that for the second year in a row the proportion of services graded good or better by the Care Inspectorate decreased. 74% of care services were graded good or better in Care Inspectorate inspections during 2019. Orkney compared below average compared to its Peer Group Partnerships in 2019/20 and regrettably represented the lowest rate nationally during 2019/20.

An additional challenge facing Orkney over 2019/20 was the significant increase in the number of days people aged 75+ spend in hospital while ready to be discharged. The number of days recorded in 2019/20 was in line with the rates across the past four years despite the sharp increase from 2018/19. However, while 2018/19 recorded the lowest level of delayed discharge days it should be highlighted that 2019/20 recorded the highest rate over the past five years for Orkney. Put into the wider context Orkney recorded the fourth lowest rate in 2019/20.

As highlighted previously while less people are being admitted to hospital as an emergency, when they do so they spend longer in hospital. 2019 seen the highest rate of emergency bed days in Orkney over the past four years. This represented a 3.8% increase from 2018/19 and was the second year in a row this rate increased. Comparatively however, emergency bed days in Orkney have consistently remained lower than the Peer Group rate and well below the Scottish emergency bed day rate. In terms of the localities of Orkney, the East Mainland reported the highest rate and increase from 2018/19 of 13%. Conversely, both Orkney's Isles and West Mainland reported a decrease in emergency bed days.

Over the past five there has been a gradual decline in the proportion of people spending the last 6 months of life in the community across Orkney. The same trend appears across the Peer Group however, a marginally higher proportion of people spent their last 6 months of life living in the community across the peer group. Across Orkney's localities there has been little change over the past five years. The two mainland localities – Orkney's East and West Mainland reported a higher proportion of people spending their last 6 months of life in the community compared to the Isles locality.

Indicators 1 – 9

| Indicator Number and Description | Partnership | 2013/14 | 2015/16 | 2017/18 | 2019/20 |
|---|-------------|---------|---------|---------|---------|
| NI – 1: Adults can look after their health very well or quite well. | Orkney | 97.1% | 95.7% | 95.6% | ---- |
| | Peer Group | 96.0% | 96.0% | 94.0% | ---- |
| | Scotland | 94.0% | 95.0% | 93.0% | ---- |
| NI – 2: Adults supported to live as independently as possible at home. | Orkney | 88.7% | 87.4% | 99.6% | ---- |
| | Peer Group | 83.0% | 81.0% | 84.0% | ---- |
| | Scotland | 83.0% | 83.0% | 81.0% | ---- |
| NI – 3: Adults supported at home had a say in how their help, care, or support was provided. | Orkney | 87.6% | 74.2% | 83.3% | ---- |
| | Peer Group | 82.0% | 76.0% | 77.0% | ---- |
| | Scotland | 83.0% | 79.0% | 76.0% | ---- |
| NI – 4: Adults supported at home felt their health and social care services seemed to be well co-ordinated. | Orkney | 82.6% | 71.5% | 90.9% | ---- |
| | Peer Group | 77.0% | 72.0% | 74.0% | ---- |
| | Scotland | 78.0% | 75.0% | 74.0% | ---- |
| NI – 5: Total % of adults receiving any care or support who rated it as excellent or good. | Orkney | 91.9% | 82.1% | 94.7% | ---- |
| | Peer Group | 84.0% | 80.0% | 84.0% | ---- |
| | Scotland | 83.0% | 81.0% | 80.0% | ---- |
| NI – 6: Percentage of people with positive experience of the care provided by their GP practice. | Orkney | 95.9% | 97.7% | 93.6% | ---- |
| | Peer Group | 87.0% | 89.0% | 85.0% | ---- |
| | Scotland | 85.0% | 85.0% | 83.0% | ---- |
| NI – 7: Services had an impact on improving or maintaining patients' quality of life. | Orkney | 98.1% | 87.1% | 96.3% | ---- |
| | Peer Group | 87.0% | 85.0% | 82.0% | ---- |
| | Scotland | 85.0% | 83.0% | 80.0% | ---- |
| NI – 8: Carers felt supported to continue in their caring role. | Orkney | 51.2% | 48.6% | 48.9% | ---- |
| | Peer Group | 46.0% | 44.0% | 40.0% | ---- |
| | Scotland | 43.0% | 40.0% | 37.0% | ---- |
| NI – 9: Adults supported at home felt safe. | Orkney | 89.2% | 81.6% | 97.2% | ---- |
| | Peer Group | 85.0% | 81.0% | 86.0% | ---- |
| | Scotland | 85.0% | 83.0% | 83.0% | ---- |

| Indicator Number and Description | Partnership | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|----------------|---------|---------|---------|---------|---------|
| NI – 11: Premature mortality rate per 100,000. | Orkney Islands | 379 | 285 | 432 | 336 | 319 |
| | Peer Group | 394 | 360 | 374 | 364 | 357 |
| | Scotland | 441 | 440 | 425 | 432 | 426 |
| Indicator Number and Description | Partnership | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019* |
| NI – 12: Emergency admission rate (per 100,000 population). | Orkney Islands | 11,049 | 9,515 | 9,962 | 10,719 | 10,340 |
| | Peer Group | 10,118 | 9,886 | 10,161 | 10,329 | 10,370 |
| | Scotland | 12,295 | 12,229 | 12,210 | 12,275 | 12,602 |
| NI – 13: Emergency bed day rate (per 100,000 population). | Orkney Islands | 93,363 | 88,285 | 85,456 | 86,210 | 89,540 |
| | Peer Group | 105,765 | 105,547 | 99,693 | 100,013 | 97,710 |
| | Scotland | 128,541 | 126,891 | 123,383 | 120,177 | 117,478 |
| NI – 14: Emergency readmissions to hospital within 28 days (rate per 1,000 discharges). | Orkney Islands | 79 | 78 | 80 | 82 | 67 |
| | Peer Group | 82 | 85 | 94 | 97 | 96 |
| | Scotland | 98 | 101 | 103 | 103 | 104 |
| NI - 15 % of last 6 months of life spent at home or in a community setting. | Orkney Islands | 91.9% | 91.8% | 90.9% | 90.3% | 89.7% |
| | Peer Group | 90.0% | 90.1% | 90.4% | 90.4% | 90.5% |
| | Scotland | 87.0% | 87.3% | 88.0% | 88.1% | 88.6% |
| NI – 16: Falls rate per 1,000 population aged 65+. | Orkney Islands | 22.0 | 20.7 | 16.6 | 15.5 | 15.9 |
| | Peer Group | 16.7 | 17.7 | 16.8 | 17.1 | 17.7 |
| | Scotland | 21.1 | 21.4 | 22.2 | 22.5 | 22.7 |
| Indicator Number and Description | Partnership | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| NI – 17: % of care services graded 'good' (4) or better in Care Inspectorate inspections. | Orkney Islands | 74.3% | 74.3% | 84.1% | 78.4% | 74.4% |
| | Peer Group | 78.0% | 81.5% | 85.0% | 84.2% | 82.8% |
| | Scotland | 82.9% | 83.8% | 85.4% | 82.2% | 81.8% |
| Indicator Number and Description | Partnership | 2015 | 2016 | 2017 | 2018 | 2019 |
| NI – 18: Percentage of adults with intensive care needs receiving care at home. | Orkney Islands | 73.5% | 69.5% | 62.5% | 73.4% | --- |
| | Peer Group | 66.0% | 65.1% | 63.3% | 65.9% | --- |
| | Scotland | 61.2% | 61.6% | 60.7% | 62.1% | --- |
| Indicator Number and Description | Partnership | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| NI – 19: Days 75+ spent in hospital when ready to be discharged (per 1,000 population). | Orkney Islands | 382.5 | 434.4 | 381.0 | 110.9 | 484.0 |
| | Peer Group | 1159.7 | 1069.6 | 906.0 | 917.7 | 870.1 |
| | Scotland | 915.0 | 840.6 | 762.2 | 792.9 | 793.3 |
| Indicator Number and Description | Partnership | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019* |
| NI – 20: % of health and care resource spent on emergency admission hospital stays. | Orkney Islands | 19.9% | 19.7% | 20.2% | 20.9% | 20.7% |
| | Peer Group | 21.4% | 21.1% | 21.4% | 21.3% | 20.8% |

| | | | | | |
|----------|-------|-------|-------|-------|-------|
| Scotland | 23.2% | 23.4% | 24.1% | 23.7% | 23.2% |
|----------|-------|-------|-------|-------|-------|

Integration Indicators at Locality Level

Indicators 1 – 9

| Indicator Number and Description | Locality | 2017/18 |
|---|-------------|---------|
| NI – 1: Adults can look after their health very well or quite well. | Orkney West | 96.0% |
| | Orkney East | 95.0% |
| | Isles | 93.0% |
| NI – 2: Adults supported to live as independently as possible at home. | Orkney West | --- |
| | Orkney East | 100.0% |
| | Isles | 99.0% |
| NI – 3: Adults supported at home had a say in how their help, care, or support was provided. | Orkney West | --- |
| | Orkney East | 76.0% |
| | Isles | 86.0% |
| NI – 4: Adults supported at home felt their health and social care services seemed to be well co-ordinated. | Orkney West | --- |
| | Orkney East | 88.0% |
| | Isles | 93.0% |
| NI – 5: Total % of adults receiving any care or support who rated it as excellent or good. | Orkney West | --- |
| | Orkney East | 96.0% |
| | Isles | 86.0% |
| NI – 6: Percentage of people with positive experience of the care provided by their GP practice. | Orkney West | 94.0% |
| | Orkney East | 93.0% |
| | Isles | 91.0% |
| NI – 7: Services had an impact on improving or maintaining patients' quality of life. | Orkney West | --- |
| | Orkney East | 95.0% |
| | Isles | 93.0% |
| NI – 8: Carers felt supported to continue in their caring role. | Orkney West | 56.0% |
| | Orkney East | 46.0% |
| | Isles | 45.0% |
| NI – 9: Adults supported at home felt safe. | Orkney West | --- |
| | Orkney East | 96.0% |
| | Isles | 99.0% |

Indicators 12 – 19

| Indicator Number and Description | Partnership | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|-------------|---------|---------|---------|---------|
| NI – 12: Emergency admission rate (per 100,000 population). | Orkney West | 8,990 | 7,881 | 8,909 | 7,947 |
| | Orkney East | 9,994 | 11,241 | 11,682 | 10,926 |
| | Isles | 8,921 | 10,286 | 11,582 | 9,291 |
| NI – 13: Emergency bed day rate (per 100,000 population). | Orkney West | 90,482 | 76,130 | 90,787 | 66,880 |
| | Orkney East | 89,933 | 93,236 | 81,134 | 91,935 |
| | Isles | 75,674 | 77,865 | 95,030 | 85,177 |
| NI – 14: Emergency readmissions to hospital within 28 days (rate per 1,000 discharges). | Orkney West | 81 | 67 | 81 | 52 |
| | Orkney East | 76 | 86 | 85 | 70 |
| | Isles | 76 | 85 | 75 | 66 |
| NI – 15: % of last 6 months of life spent at home or in a community setting. | Orkney West | 92% | 90% | 91% | 91% |
| | Orkney East | 92% | 91% | 89% | 90% |
| | Isles | 90% | 92% | 93% | 89% |
| NI – 16: Falls rate per 1,000 population aged 65+. | Orkney West | 21 | 15 | 11 | 16 |
| | Orkney East | 23 | 19 | 21 | 22 |
| | Isles | 13 | 13 | 10 | 5 |
| NI – 19: Days spent in hospital when ready to be discharged (per 1,000 population). | Orkney West | 275.9 | 293.9 | 123.7 | 575.9 |
| | Orkney East | 356.3 | 581.4 | 139.2 | 458.5 |
| | Isles | 190.1 | 58.3 | 29.7 | 208.9 |

Ministerial Strategy Group Indicators

| Indicator Number and Description | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019* |
|--|---------|---------|---------|----------|----------|
| 1 a: Number of Emergency Admissions. | 1,862 | 1,626 | 1,711 | 1,856 | 1,321 |
| Indicator Number and Description | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| 1 b: A and E Conversion Rate. | 31% | 27% | 27% | 27% | 25% |
| Indicator Number and Description | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019* |
| 2 a: Number of unscheduled hospital bed days: Acute Specialties. | 13,682 | 12,760 | 12,490 | 13,497 | 9,574 |
| 2 a: Number of unscheduled hospital bed days: Mental Health Specialties | 2,548 | 2,374 | 2,672 | 22,49 | 2,356 |
| Indicator Number and Description | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
| 3a: A and E attendances. | 5,302 | 5,377 | 5,664 | 6,098 | 6,356 |
| 3b: % A and E Presentations Seen within 4 Hours. | 98.10% | 97.60% | 96.13% | 95.59% | 96.10% |
| 4: Delayed Discharge Bed Days. | 1,131 | 1,642 | 1,411 | 452 | 1,375 |
| Indicator Number and Description | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019* |
| 5a. Percentage of last six months of life by setting: Community. | 91.87% | 91.80% | 90.91% | 90.25% | 89.74% |
| Indicator Number and Description | 2014/15 | 2015/16 | 2016/17 | 2017/18p | 2018/19p |
| 6. Balance of care: Percentage of population in community or institutional settings. | 92% | 93.67% | 93.65% | 93.57% | 93.73% |

Conclusion

The pandemic is still with us and continues to be our focus in that we are working hard to ensure that we can meet the health and care needs of our community, at this very challenging time.

However, for the year 2020/21, there are some priorities that we need to take cognisance of and drive forward, namely the implementation and embedding of the Joint Children and Young People's Inspection Report Improvement Plan, agreeing the model for the Kirkwall care facility, approving and delivering on the Mental Health Strategy; approving and delivering on the Dementia Strategy, developing the Strategic Commissioning Implementation Plan and commencing the statutory review of the Integration Scheme.

Not Protectively Marked

| | |
|--|--|
| NHS Orkney Board – 22 October 2020 Report Number: OHB2021-60 This report is for noting Coronavirus (COVID-19) and Care Homes update | |
| Lead Director Author | Dr Louise Wilson, Director of Public Health Dr Louise Wilson, Director of Public Health |
| Action Required | The Board is asked to: <ul style="list-style-type: none"> • Note the actions taken around care homes • Note the actions to support asymptomatic testing |
| Key Points | <p>Care homes and their residents remain key areas of focus in relation to the management of the COVID-19 pandemic. Directors of Public Health have been asked by Scottish Government to oversee aspects of care homes in relation to the pandemic.</p> <p>In May 2020 Scottish Government asked for additional input from Directors of Nursing and Medical Directors, with the formation of an oversight group including Chief Officers and Chief Social Workers. In Orkney information from care homes is reviewed daily during the working week by the oversight group and the group meets to discuss issues as required. This information is currently received on an excel spreadsheet, but a national electronic system has been developed and is currently running in parallel with a view to switching off the excel process. There has been good engagement from the care homes with the electronic system.</p> <p>National meetings of Directors of Public Health occur approximately weekly with Scottish Government representatives and the Care Inspectorate. Locally a multidisciplinary care homes meeting occurs weekly which includes the Care Inspectorate.</p> <p>A weekly report is submitted to Scottish Government by the Director of Public Health which provides a high level overview of any issues reported by care homes locally.</p> |

| | |
|---|---|
| | <p>Directors of Public Health have also been asked to review and comment on care home visiting risk assessments as care homes extend their visiting opportunities.</p> <p>Processes for the testing of symptomatic care home staff are well established in Orkney.</p> <p>Working closely with the care home managers, an agreement on surveillance testing with the consent of individual care home staff and residents was reached earlier in the year. This involves the testing of asymptomatic individuals on a weekly basis.</p> <p>Initially samples were transported off island weekly, but this has now been increased to twice weekly to promote and support uptake by staff of the scheme.</p> |
| Timing | Board meeting 22 October 2020 |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; |
| Contribution to the 2020 vision for Health and Social Care | <p>Safe: avoiding injuries to patients from healthcare that is intended to help them</p> <p>Effective: providing services based on scientific knowledge</p> <p>Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy</p> |
| Equality and Diversity | No specific equality impact assessment has been undertaken |

Not Protectively Marked

| | |
|--|---|
| NHS Orkney Board – 22 October 2020 Report number: OHB2021-61 This report is for information Joint Inspection of Services for Children and Young People in Need of Care and Protection Update. | |
| Lead Director | Gillian Morrison, Interim Chief Officer, Orkney Health and Care |
| Action Required | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the update report in relation to staffing and service delivery 2. Note the position of the Joint Inspection of Services for Children and Young People in Need of Care and Protection Improvement Plan. |
| Key Points | <p>Staffing Update</p> <p>An interim Service Manager – Children and Families has recently been recruited and started on Monday 5 October 2020. There had been some delay in identifying a start date for the Public Protection Nurse due to accommodation issues. This has been resolved by inter-agency working and a start date should be advised imminently.</p> <p>LAC Review Update</p> <p>In June 2019, the IJB approved the recommendations contained within the Looked After Child (LAC) review, which can be found here. The key thematic areas highlight:</p> <p>Early Intervention</p> <p>Key Issue 1: The Social Work Duty service is provided in an ad hoc way resulting in varying approaches to referral from partner agencies.</p> <p>We have tightened the process of Duty to ensure there is a named Duty Social Worker responding to all enquiries, calls and referrals linked with the Administrative Support Team to</p> |

| | |
|--|--|
| | <p>ensure adherence to the Customer Charter. All Duty referrals are now overseen by the Duty Operational Manager. We have clarified roles and responsibilities of Social Workers in receiving and responding to Child Protection concerns and referrals, as well as Operational Managers for ensuring managerial oversight of the Duty system to review and ensure appropriate and proportionate action is taken, in a timely manner in relation to our duty to protect children.</p> <p>All documents are stored in the child's electronic file – detailing the outcome, and Named Persons are informed and feedback provided timeously. Inter-agency Referral Discussions, when held, are recorded.</p> <p>We have issued Interim Inter-agency Child Protection Guidelines (easily accessible on computer desktops) which provide clear step by step actions for referring agencies and for appropriate responses from Social Work, the Police and NHS Orkney. Training and reflective discussions have been held with all staff on the new Guidelines, which is also referred to when discussions are being held with partner agencies.</p> <p>Within the Improvement Plan Delivery Group it has also been made clear that referring agencies are entitled to feedback and where for any reason this has not been provided, they should escalate the matter as required.</p> <p>Within the Interim Inter-agency Child Protection Guidelines we have strengthened the section on Inter-agency Referral Discussions and we have a "Draft Inter-agency Referral Discussion Procedure" under review for agreement and implementation.</p> <p>Key Issue 2: Skilled family support workers are being used to carry out tasks that do not make full use of their skills but are still statutory duties.</p> <p>We are extending the contracts of 3 additional Family Support Workers in recognition of the valuable work they undertake directly with children, families and young people. Their important roles have been highlighted to managers in a paper from the CSWO and there is a review of the process for their engagement with families as requested by allocated Social Workers.</p> <p>The Family Support Team provides additional support to our most vulnerable children, young people and families and they are an integral part of the Children and Families Social</p> |
|--|--|

| | |
|--|--|
| | <p>Work Service. As such, there will be no requirement for Social Workers to “make a referral” for their services. Instead there will be planned meetings to discuss the specific roles and joint working requirements to ensure maximum support. This will clarify roles and responsibilities to ensure their skills, engagement abilities, relationship building qualities and practical support will be fully recognised.</p> <p>There will continue to be times when their flexibility and responsiveness to social need will be required, meaning their roles may be extended, with appropriate support and supervision, to meet need in times of particular challenge or crisis. The team has demonstrated, particularly during times of critical staff absences in the Children and Families Team, their willingness and ability to act up into such roles.</p> <p>Edge of Care, including Looked After at Home Children</p> <p>Key Issue 1: Intensive support services are not designed to offer flexible crisis care within an evidence-based approach. We have awarded a contract for early support and assistance (intervention) to Action for Children and are finalising arrangements for location and operations. This will not be a solution in itself but will be part of an early support and diversion approach which will be developed through the review of our GIRFEC Guidelines. This will include strengthening the Team around the Child approach and introduction of the Whole Systems Approach (which is evidenced-based) which requires further partnership work and understanding.</p> <p>The CSWO has met with the Chief Executive of Voluntary Action Orkney to explore greater connectivity and joint working arrangements with Third Sector partners to support children and families. There is potential for the Enhancing Wellbeing in our Island Communities project to be extended to include children, young people and families with news that funding for the project has been continued for a further two years. The project deploys Coordinator's whose role is distinctive from other kinds of support worker or link worker roles in Orkney, in its dual focus on one to one support and advice for individuals in the islands, and a focus on the development and support of services in the islands to meet the needs of residents.</p> <p>Looked After and Accommodated Children and Young People</p> <p>Key Issue 1: The residential estate is not fit for purpose to</p> |
|--|--|

| | |
|--|---|
| | <p>deliver the statutory duty to allow young people to remain in their care setting until their 21st birthday.</p> <p>There are a range of practical and operational challenges associated with caring for young people up to the age of 21 in a house for 4 young people who can range in ages from 12 to 21. Currently we are supporting 2 young people in Continuing Care (from 18 years to 21 years).</p> <p>The building has been designed with a mix of both en-suite and family bathrooms and older young people have the en-suite bedrooms. In addition, they can have items in their rooms such as a mini fridge and kettle to enable them to be more independent. There are parental conversations with our young people over the age of 18 about access and storage of alcohol which has been accommodated by providing young people with secure lockers / space to store any alcohol with responsibility to ensure it is kept safe.</p> <p>Young people are encouraged and supported to have independent living skills, having their own food cupboards and budgets to cook a weekly meal.</p> <p>Key Issue 2: The capacity of the fostering service is insufficient to meet placement demands.</p> <p>There is a national shortage of foster carers particularly for; older children, large sibling groups, children who display aggressive and sexualized behavior and children with disabilities.</p> <p>Rural and island communities are particularly impacted and it has been challenging to recruit the number of carers for our need. For example, our Intensive Fostering Service (IFS) is funded for 5 carers and we have managed to recruit 3.</p> <p>Recruitment activity has been continuing with new materials developed using a media recruitment agency. The team was present at local shows to provide first-hand information and answer questions. COVID-19 has restricted face to face work and created new challenges and there are currently discussions with the Council Communications Team to increase our media presence on various social media platforms.</p> <p>A particular success has been the development of the Orkney Fostering Facebook pages - this shares articles and allows questions directly to members of the team.</p> <p>Key Issue 3: There is a limited range of mental health</p> |
|--|---|

| | |
|--|---|
| | <p>support services available to meet both the specialist and general mental health and wellbeing needs of looked after children.</p> <p>The Child and Adolescent Mental Health Service (CAMHS) has a positive working relationship with the Children's House and is regularly invited to team meetings to discuss mental health and wellbeing and individual support for young people.</p> <p>Third Sector counselling services staff have been invited to team meetings and young people have been referred to services e.g. Y People Counselling.</p> <p>Orkney Rape Crisis has provided a number of informal sessions for young people on issues of sexual health and they have built positive relationships with young people</p> <p>Key Issue 4: There is no independent oversight of looked after children placements. Such oversight is critical to ensure outcomes are being met and where outcomes are not being met corrective action is taken in good time.</p> <p>We have employed a temporary Independent Reviewing Officer to address this action.</p> <p>Continuing Care</p> <p>Key Issue 1: There is a gap in service provision of supported tenancies that can effectively bridge the gap between leaving care and independence. This is the delivery of statutory supports to the young person's 26th birthday.</p> <p>Y People supported accommodation is available but this generally does not meet the needs of care experienced young people who need increased support packages. Supported Tenancies with a continuation of support being provided by the Children's Houses would be beneficial and could be tailored to the young person's needs which will be explored with Housing Services.</p> <p>Key Issue 2: There is a gap in service provision of consistent support to care experienced young people at points of crisis. This is related to the delivery of statutory supports to the young person's 26th birthday.</p> <p>Support to care experienced young people is provided predominantly by the Youth Services post which is 28 hours.</p> <p>The current requirement for throughcare and aftercare is 41</p> |
|--|---|

young people who are entitled to receive support to age 26 years. This varies from intensive social work support to practical help. Social Care Workers are allocated as Pathways Supporters and their priority is young people in the Children's Houses.

Social Care Workers, who cover 24 hours over 7 days per week, provide vital emergency support and generally know the young people well, although their capacity is limited by way of providing more regular planned support.

We have a Draft Continuing Care policy which addresses the implications of the Children and Young People (Scotland) Act 2014 and our responsibilities for providing Continuing Care for young people and the financial implications. In addition, the policy will address the key transitions to Continuing Care from Foster Care, Kinship Care and Residential Care.

We have also developed a Draft Financial Policy for Throughcare and Aftercare which sets out the principles for the provision of Financial Support, Leaving Care Grant and associated housing costs, living costs for 16 and 17 year old young people, additional grants and allowances, and the payment procedure.

Learning and Development.

Key Issue 1: Investment in the practice framework is key in maintaining skills and knowledge and in developing a child centered culture of service delivery that can deliver the outcomes of this review.

An IJB development session was held on 28 January 2020, to explore progress on Children Services and share ideas. It was recognised that more work done in early intervention will prevent children and young people from becoming Looked After. For early intervention to work there needs to be collaboration with young people and partnership with Third Sector, Education, and the Police. It was highlighted that not one service has the solution as solutions are to be found across the range of services.

Joint Inspection of Services for Children and Young People in need of Care and Protection

At the request of Scottish Ministers, the Care Inspectorate leads on joint inspections for children and young people in need of care and protection across Scotland. These inspections consider the differences the community planning partnerships are making to the lives of children and young people in need of care and protection; or for whom community planning partnerships have corporate parenting responsibilities.

Between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in on its services for children and young people in need of care and protection. The inspection was led by the Care Inspectorate and published the report detailing its findings on 25 February 2020.

These inspections take account of the full range of work with children and young people in need of care and protection and their families within a community planning partnership area.

The inspections focus on answering five key questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the well-being of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

The Care Inspectorate published a revised quality framework for children and young people in need of care and protection in July 2019. This is the framework used in the inspection and consists of 22 quality indicators. This framework is based on European Foundation for Quality Management (EFQM). Of these 22 indicators, the inspection report applies evaluation to the following indicators:

| Date. | Indicator. | Grade. |
|-----------|---|-----------------|
| 26.02.20. | Improvements in the safety, wellbeing and life chances of vulnerable children and young people. | Weak. |
| | Impact on children and young people. | Weak. |
| | Impact on families. | Adequate. |
| | They also provide an overall evaluation for leadership. | Unsatisfactory. |

The report identified the following strengths and areas for improvement:

Strengths are:

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 hearing on mainland Scotland.

Priority areas for improvement are:

1. Ensuring key child protection processes including inter-agency referral discussions, risk assessment, case conferences and core groups work effectively to protect children at risk of harm.
2. Publishing comprehensive up-to-date inter-agency child protection guidelines and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.

| | |
|-------------------------------------|--|
| | <p>3. Bringing about a step change in impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.</p> <p>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.</p> <p>5. Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.</p> <p>An action plan has been developed which is routinely updated and monitored.</p> <p>This action plan, entitled the 'Orkney Partnership Child Protection Improvement Plan' is included as an Appendix to this report. There are currently 33 Improvement Areas. The progress to date on the Looked After Children Review, detailed earlier, directly links to the progress on the improvement areas.</p> |
| Timing | Ongoing |
| Link to Corporate Objectives | <p>The corporate objectives in this paper relate to:</p> <ul style="list-style-type: none"> • Optimise the health gain for the population through the best use of resources; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |
| Benefit to Patients | The cumulative effects of all the key points set out above will improve people's access to services. |
| Equality and Diversity | The key points above will apply to those who are referred to children's services. |
| Appendix | <p>Orkney Partnership Child Protection Improvement Plan.</p> <p>The key points within the Orkney Partnership Child Protection Improvement Plan will apply to those who are referred to children's services and who are in need of care and protection.</p> |

Version History

| | | | |
|------------------------|-------|---------------------|-----------------|
| Current version | 1.4.I | Date updated | 08 October 2020 |
|------------------------|-------|---------------------|-----------------|

| Version | Amended by | Date | Reason / overview |
|---------|----------------------------------|-------------------|--|
| 0.0.A | Christina Bichan Alex Rodwell | 26 February 2020 | Draft for review by COG, Sally Shaw, James Wylie and Gillian Morrison. |
| 0.0.B | Christina Bichan Alex Rodwell | 02 March 2020 | Draft issued to Lynn McIntosh |
| 0.0.C | Christina Bichan Alex Rodwell | 03 March 2020 | Draft for review by COG, Sally Shaw, James Wylie and Gillian Morrison and Lynn McIntosh |
| 0.0.D | Lynn McIntosh Alex Rodwell | 05 March 2020 | Draft for review by COG, Sally Shaw, James Wylie and Gillian Morrison and Lynn McIntosh Issued to Tam Baillie |
| 0.0.E | Lynn McIntosh Alex Rodwell | 06 March 2020 | Next iteration of the draft for review by COG, Sally Shaw, James Wylie and Gillian Morrison and Lynn McIntosh. |
| 0.0.F | Lynn McIntosh Alex Rodwell | 12 March 2020 | Single Thematic Lead suggested by Lynn McIntosh and Alex Rodwell for review by COG and senior management. |
| 0.0.G | Alex Rodwell | 18 March 2020 | Draft including feedback, |
| 0.0.H | Alex Rodwell | 25 March 2020 | Improvement areas against Lynn McIntosh changed to Chief Social Work Officer |
| 0.0.I | Alex Rodwell | 07 April 2020 | Updates after conversation with OHAC / NHS officers on 01 April 2020 |
| 0.0.J | Alex Rodwell | 12 April 2020 | Update incorporating comments from leads (Lead column highlighted where conversations still required with leads) |
| 0.0.K | Alex Rodwell | 22 April 2020 | General update |
| 0.0.L | Alex Rodwell | 27 April 2020 | General update |
| 1.0 | Alex Rodwell | 13 May 2020 | Upgraded to lived after approval by COG |
| 1.0.A | Alex Rodwell | 25 May 2020 | Update and addition of new items for consideration by COG |
| 1.1 | Alex Rodwell | 06 June 2020 | General update and addition of new items for consideration by COG. |
| 1.2 | Alex Rodwell | 25 June 2020 | General updates for written update to COG |
| 1.3 | Alex Rodwell | 07 July 2020 | General updates for written update to COG |
| 1.4 | Alex Rodwell | 20 July 2020 | General update for COG. |
| 1.4.A | Alex Rodwell | 18 August 2020 | Improvements updated to new format as examples |
| 1.4.B | Alex J Rodwell | 26 August 2020 | Revised approach samples for sharing with partnership. |
| 1.4.C | Alex J Rodwell | 05 September 2020 | Advanced draft of refreshed plan in new format. |
| 1.4.D | Alex J Rodwell | 07 September 2020 | Further formatting and refresh work. |
| 1.4.E | Alex J Rodwell | 15 September 2020 | Updates further to COG meetings |
| 1.4.F | Alex J Rodwell | 24 September 2020 | Further updates and additions (issued to the Care Inspectorate) |
| 1.4.G | Alex J Rodwell | 24 September 2020 | Updates and additions |
| 1.4.H | Alex J Rodwell | 07 October 2020 | Updates and additions |
| 1.4.I | Alex J Rodwell | 08 October 2020 | Update and additions - Shared with leads and delivery team. |



DRAFT

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|---------|--|----------|----------|--|---|------------------|--|
| IMP000 | Governance, assurance and data | Critical | Active | <p>Assurance we have key Child Protection processes in place.</p> <p>Key areas: Complete a 'multi-agency' file audit of children and young people re:</p> <ul style="list-style-type: none">• Looked After Children (LAC)• Through Care After Care (TCAC)• Child Protection (CP) <p>This will ensure:</p> <ul style="list-style-type: none">• Children are safe• Plans and assessments are in place• Identification of improvement areas <p>Findings and our experience in implementing this approach will inform our 'multi-agency' self-evaluation model.</p> <p>Partners: Education, NHS Orkney, Police Scotland, Social Work</p> <p>At this stage we have not included Scottish Children's Reporter Administration (SCRA).</p> | Child Protection 30 October 2020 | Jim Lyon | <p>Audit of 'Social Work' LAC files completed 16 June 2020.</p> <p>Findings (identified improvement areas):</p> <ul style="list-style-type: none">- recording and filing issues- 'neglect' needs attention- inconsistent reports and assessments- Unnecessary delays in Permanency Planning*- Need for early intervention- Limited recording of direct work with families <p>*new action (IMP044). All other areas already covered in this plan.</p> <p>me too</p> <ul style="list-style-type: none">• Children referred for child care concerns• Children who are subject of an Inter-agency Referral Discussion (IRD)• Children on the CP register• Children de-registered from the CP register <p>From 1 April 2020</p> |
| IMP001a | Policy, systems, process and procedure | High | | <p>Develop and embed Inter-Agency Child Protection Guidelines.</p> <p>Key areas:</p> <ul style="list-style-type: none">• Interim Guidelines• Guidelines (complete)• Circulation, promotion and embedding• Training <p>This will ensure:</p> <ul style="list-style-type: none">• Partners refer and respond to Child Protection concerns consistently <p>Partners: Children's Hearings Scotland, Education, NHS Orkney, Police Scotland, SCRA, Social Work, Third Sector, Who Cares? Scotland</p> | Guidelines (complete) 31 December 2020 | Jim Lyon | <p>Inter-agency Guidelines development workshop completed 14 July 2020. Feedback to contribute to complete Guidelines.</p> <p>Interim Guidelines completed and distributed to partnership 3 August 2020.</p> <p>Managers to:</p> <ul style="list-style-type: none">• Ensure teams are briefed on content by discussions in team meetings• Arrange presentations on content as required• Arrange desktop shortcuts to the Guidelines once published on the websites• Provide wide opportunities for staff to read the Guidelines, reflect on their responsibilities, discuss their roles and implement them in practice <p>Positive feedback received from NHS Orkney, Police Scotland and Social Work partners that the Guidelines are helpful and are necessary. Agenda item for discussion as part of team meetings.</p> <p>Support request raised with OIC and NHS Orkney IT services to create Guidance shortcut link on desktops. Shortcut in place for Police Scotland and Social Work.</p> <p>Inter-agency Child protection training delivered by Dr Marianne Cochrane, Lead Paediatrician for Child Protection and Adoption and Fostering 5 and 6 October 2020.</p> |
| IMP001b | Policy, systems, process and procedure | Critical | Active | <p>Develop and embed Partnership 'Inter-agency Referral Discussion' (IRD) Guidance.</p> <p>Key areas:</p> <ul style="list-style-type: none">• IRD Guidance <p>This will ensure:</p> <ul style="list-style-type: none">• Partners refer and respond to Child Protection concerns consistently | Final draft 16 October 2020 | Jim Lyon | <p>Draft IRD Guidance in progress.</p> |
| IMP001c | Policy, systems, process and procedure | Critical | Active | <p>Development and embedding of individual agency Child Protection Procedures.</p> <p>Key areas - Procedures required for each partner agency:</p> <ul style="list-style-type: none">• Education• NHS Orkney• Police Scotland• SCRA• Social Work• Third Sector <p>Embedding to include circulation and training as appropriate within each agency.</p> <p>This will ensure:</p> <ul style="list-style-type: none">• Children are safe• Officers refer and respond to Child Protection concerns consistently <p>Partners: Education, NHS Orkney, Police Scotland, SCRA, Social</p> | Procedures Complete 30 October 2020 | Jim Lyon | <p>NHS Orkney Public Protection Guidelines updated August 2020 in line with Interim Inter-agency Guidelines. Currently in draft going through final approvals.</p> <p>Police Scotland Standard Operating Procedures in place. David Hall reviewing against Interim Inter-agency Guidelines.</p> <p>Voluntary Action Orkney confirmed Third Sector Procedures are up to date in inline with Interim Inter-agency Guidelines.</p> <p>Chief Social Work Officer issued Procedural notes on:</p> <ul style="list-style-type: none">• Duty System - Roles & Responsibilities of Managers (1 September 2020)• Update to COVID-19 Supplementary National Child Protection Guidance - Roles and Responsibilities (2 September 2020)• Child Protection and the Whole System Approach - Roles and Responsibilities (2 September 2020)• PARIS - Roles & Responsibilities for Social Workers and Managers |
| IMP003 | GIRFEC | Standard | Complete | <p>Assurance we have key pre-birth Child Protection processes.</p> <p>Key areas:</p> <ul style="list-style-type: none">• Procedure implemented for pre-birth parenting assessments and Child Protection Case Conferences• Revised and approved documents for:<ul style="list-style-type: none">- Antenatal- Postnatal- Unborn Baby <p>This will ensure:</p> <ul style="list-style-type: none">• Effective process to protect vulnerable new born babies• Management plans will enhance communication for transfers <p>Partners: NHS Orkney</p> | Complete | Maureen Swannie | <p>Procedures for pre-birth parenting assessments and Child Protection Case Conferences. Complete. In place and being used. Feedback has been received on the guidance</p> <p>Evidence Draft pre-birth pathway in evidence folder. Use of the pathway can be identified via Badgernet. Compliance being monitored by Rachel Brown (Midwife).</p> <p>Improvement area complete. Monitoring will form part of self-evaluation.</p> |

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|--------|--|----------|--------|--|--|------------------|--|
| IMP006 | GIRFEC | Standard | Active | Appoint a Named Lead Nurse for Public Protection. Key areas: <ul style="list-style-type: none"> • Appoint Named Lead Nurse for Public Protection This will ensure: <ul style="list-style-type: none"> • NHSO will have dedicated Lead Public Protection Nurse to provide supervision, support, advice, training and information for NHSO employees • Lead for multi-agency partnership protection arrangements Partner: NHS Orkney | Start date 5 January 2021 | Maureen Swannie | Post was successfully recruited to in June 2020, with an agreed start date of 5 January 2021. Child Protection supervision provided by Acting Chief Midwife in Shetland since 21 February 2020, as interim measure, with success fed back through Survey Monkey. Evidence Letter of appointment. Communication between NHSO and NHSS regarding interim arrangements for the provision of supervision. |
| IMP007 | Policy, systems, process and procedure | High | Active | Improve recognition and response to neglect. Key areas: <ul style="list-style-type: none"> • Early intervention service with Action for Children (AFC) identified • Identify, distribute and embed 'neglect toolkit' across partnership This will ensure: <ul style="list-style-type: none"> • The signs of neglect are recognised • Officers consistently respond to neglect Partners: Action for Children, Education, NHS Orkney, Social Work | AFC delivery of services from: 15 January 2021 | Jim Lyon | Contract awarded to Action for Children on 8 July 2020. Contract start date: 1 October 2020. Scoping with Action for Children in progress. |
| IMP008 | GIRFEC | Standard | Active | Consider provision of Local Service for Forensic Medical Examinations. Key areas: <ul style="list-style-type: none"> • Complete partnership review to identify gaps • Complete options appraisal • Respond to approved recommendation This will ensure: <ul style="list-style-type: none"> • We consider local arrangements for a trauma informed approach to providing Forensic Medical Examinations and comprehensive medical assessments for those affected by trauma Partners: NHS Orkney, Police Scotland, Social Work | Pending revised timescale from lead | Maureen Swannie | North of Scotland Child Protection planning group dealing with this as a regional issue. Situation, Background, Assessment and Recommendation report will provide evidence - latest version has been requested. |
| IMP009 | Policy, systems, process and procedure | Standard | Active | Improvement in 'Responding to young people reported missing to the Police' process. Key areas: <ul style="list-style-type: none"> • Local guidance • Circulation, promotion and embedding • Training This will ensure: <ul style="list-style-type: none"> • An improved and consistent partnership approach is taken to return home interviews, risk assessment and prevention of repeat incidents Partners: Education, NHS Orkney, Police Scotland, Social Work | Guidance 30 October 2020 Training 30 November 2020 | David Hall | Draft guidance completed and revised by Missing Person Coordinator. Under review by Local Area Commander. Partnership review to follow prior to distribution. Once approved and distributed Police Scotland Missing Person Coordinator to provide training. |
| IMP010 | Policy, systems, process and procedure | High | Active | Improving ICT to support staff in keeping children safe through improved remote and out of hours access. Key areas: <ul style="list-style-type: none"> • PARISMobile • Remote access to PARIS from controlled computers (aka PARIS via AZURE) This will ensure: <ul style="list-style-type: none"> • Children's files are accessible by practitioners working out of hours and remotely which supports effective decision making Partners: Social Work | PARISMobile 30 October 2020 PARIS via Azure 30 October 2020 | Jim Lyon | Interim measures for remote access to PARIS in place which allows home working. PARIS via AZURE at an advanced stage. User Acceptance Testing to be completed before full roll out. PARISMobile User Acceptance Testing in progress prior to full roll out. Connectivity issues are being addressed. |
| IMP013 | Policy, systems, process and procedure | Standard | Active | Improve process for keeping 'at risk' new born babies safe upon discharge from hospital. Key areas: <ul style="list-style-type: none"> • Develop guidance • Circulation, training and embedding • Complete provision options appraisal This will ensure: <ul style="list-style-type: none"> • New born babies are safe upon discharge from hospital • Provision of a modernised approach to support and parenting assessments after the closure of Richmondhill House in Aberdeen Partners: NHS Orkney, Social Work | Options appraisal 30 October 2020 | Jim Lyon | Current safety measure use for off-island arrangements. 'The Unborn Baby at Risk, Practice Guidance' complete June 2020. |
| IMP014 | GIRFEC | Critical | Active | Embedding 'Getting it Right' throughout children's services. Key areas: <ul style="list-style-type: none"> • Refresh of 'Getting it Right' Guidance • Selection of 'Integrated Assessment and Child's Plan' model • Circulation, promotion and embedding • Training This will ensure: <ul style="list-style-type: none"> • Families are supported by children and young people receiving the right help, at the right time, from the right people • 'Getting It Right' becomes a mindset and is evidenced in what we do • Consistent approach to children's plans and chronologies | 31 December 2020 | Jim Lyon | Integrated Assessment and Child's Plan' model implemented from Monday 27 July 2020 within Social Work. Five Child's plans completed since (as of 3 September 2020). Evidence of implementation being collated. Compare number of Children's Plans created since 27 July 2020 in the new format against number created in total. Next steps: <ul style="list-style-type: none"> • Collation of evidence • Wider implementation of 'Integrated Assessment and Child's Plan' model • Refresh of supporting 'getting it right' guidance |
| IMP015 | Governance, assurance and data | Standard | Active | Establish an Independent Chair of Child Protection Case Conferences and look after children reviews. Key Areas: <ul style="list-style-type: none"> • Appointment of Independent Chair • Independent review of care planning • Establish interim post in permanent structure This will ensure: <ul style="list-style-type: none"> • Robust and independent oversight of child protection and looked after children reviews Partners: Social Work | Interim role to January 2021 | Jim Lyon | Interim Independent Chair started 13 April 2020. Initially for a 6 month period. Extended by 3 months to January 2021. Work underway to scope volume of independent reviews between adult and children's services to determine number of posts required. Scoping work in progress (quantification) |

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|--------|--|----------|--------|--|--|------------------|---|
| IMP017 | Corporate parenting | Critical | Active | <p>Improving approach to being 'Good Parents' (Corporate Parents) for Care Experienced children, young people and Care Leavers.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Development of 'Orkney's Good Parenting Plan 2020-2025' • Deliver the plan • Ensure the views of Care Experienced children are understood and are at the heart of what we do <p>This will ensure:</p> <ul style="list-style-type: none"> • Officers understand their role as a 'good parent' • The voice of Care Experienced children is heard and informs our approach • That our Care Experienced children can say 'we grow up loved, safe, and respected so that we realise our full potential' <p>Partners: Education, NHS Orkney, Police Scotland, Social Work, Third Sector, Who Cares? Scotland</p> <p>The Good Parenting Plan is, like the whole improvement plan, organic. It will become the partnership self evaluation improvement plan as self-evaluation is embedded.</p> | First review of implementation 24 November 2020 | Jim Lyon | Recommendations approved at Orkney Community Planning Partnership (OCP) 24 August 2020. |
| IMP018 | GIRFEC | Standard | Active | <p>Improve kinship and foster care as alternatives to residential care.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Recruitment and retention strategy (foster care) • Review and refresh of existing kinship care guidance • Review and refresh pathways to maximise use of kinship care • Develop a Continuing Care Policy • Distribution, training and embedding <p>This will ensure:</p> <ul style="list-style-type: none"> • Children and young people having the right care at the right time • Kinship and foster carers receive the correct support • Staff have the correct training and understanding to explore the right pathways for the child <p>Partners: Social Work</p> | <p>Develop / update of documents 13 November 2020</p> <p>Relevant approvals will be required.</p> <p>Three month delivery reviews will be set from date of each document's approval.</p> | Jane Beckwith | <p>New referral form for Looked After and Accommodated Away From Home completed in use 22 July 2020.</p> <p>Development of Recruitment and Retention Strategy in progress.</p> <p>Kinship Assessments Flowchart completed 23 June 2020 for testing. Issued for wider use 3 September 2020.</p> <p>Kinship assessment tracking tool completed and in use by Operational Manager June 2020.</p> <p>As of 22 September 2020 there is a Draft Continuing Care Policy.</p> |
| IMP019 | Policy, systems, process and procedure | High | Active | <p>Reduce crisis response by early intervention.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Explore approaches for early support and assistance • Develop and implement with training <p>This will ensure:</p> <ul style="list-style-type: none"> • More responsiveness at an early stage to help reduce crisis • A better coordinated approach out of hours <p>Partners: Action for Children (AfC), Education, NHS Orkney, Police Scotland, Third Sector, Social Work</p> | AfC delivery of services from: 15 January 2021 | Jim Lyon | <p>Contract awarded to Action for Children on 8 July 2020. Contract start date: 1 October 2020.</p> <p>Link to Development of PARIS via Azure (IMP010).</p> <p>Benchmark underway on a modern Child Protection Register for out of hours.</p> <p>Business case completed for contract extensions for three Family Support Team members.</p> |
| IMP021 | Policy, systems, process and procedure | Standard | Active | <p>Improve care planning procedures and practice for regulated children's residential, fostering and adoption services.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Respond to requirements and recommendations as set out in Care Inspectorate reports: <ul style="list-style-type: none"> - Adoption Service (2 Sept 2019) - Fostering Service Kirkwall (2 Sept 2019) - Rendall Road Care Home Service (9 Jan 2020) • Regular progress meetings between Operational Manager and Care Inspectorate Link Officer <p>This will ensure:</p> <ul style="list-style-type: none"> • Care planning pathways safeguard and meet the needs of children • Care responses are timeous and needs led • Staff have the appropriate frameworks and resources to deliver care responses <p>Partners: Social Work</p> | <p>Verify and evidence delivery against findings. 30 October 2020</p> <p>Should there be any outstanding items these are to be included within the improvement plan.</p> | Jane Beckwith | <p>Adoption Service:</p> <ul style="list-style-type: none"> • Findings: 1 requirement, 1 recommendation <p>Fostering:</p> <ul style="list-style-type: none"> • Findings: 4 requirements, 4 recommendations • Information submitted to the Care Inspectorate on 24 July 2020 on: <ul style="list-style-type: none"> - Requirements 1, 3, 4 - Recommendations 1, 2, 3 <p>Rendall Road Care Home Service:</p> <ul style="list-style-type: none"> • Findings: 8 areas for development • 7/8 have been addressed and the remaining area is related to significant staff absence. |
| IMP022 | GIRFEC | Standard | Active | <p>Ensure comprehensive health assessments are undertaken to ensure health needs of Looked After Children and young people are identified and met.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Develop LAC Health Assessment Procedure and Guidance • Prioritise and complete assessments • Establish evaluation and quality assurance process <p>This will ensure:</p> <ul style="list-style-type: none"> • All Looked After Children and young people have their health needs considered by the appropriate Health Professional within 28 days of becoming looked after • The actions/requirement of Chief Executive Letter (CEL) 16 are fully met • We provide an effective mechanism to support the process of assessment, review and audit <p>Partners: Education, NHS Orkney, Social Work</p> | <p>Pre-school documentation 30 October 2020</p> <p>Completion of assessments:</p> <p>Pending revised timescale from lead</p> | Maureen Swannie | <p>Effective School Age LAC Health Assessment Procedure and Guidance Complete 17 June 2020.</p> <p>3 school age LAC health assessments have been completed.</p> <p>The benefits of these assessments are being evaluated.</p> <p>Pre school documentation being finalised.</p> |

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|--------|--------------------------------|----------|-------------|---|--|------------------|---|
| IMP023 | GIRFEC | Standard | Active | <p>To provide a 'learning offer' to each individual looked after child or young person.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Review all looked after children case files to ensure the Child's Plan is sufficient in relation to education and learning • Provide guidance on the application of an alternative curriculum approach • Develop a system to monitor children missing out on, or from, education <p>This will ensure:</p> <ul style="list-style-type: none"> • Children have individual education and learning plans aligned to their needs, talents and mental and physical abilities • Appropriate action is taken for children missing education <p>Partners: Education</p> | 31 March 2021 | Peter Diamond | <p>An initial sample of Child's Plans from the primary and secondary sectors have been surveyed to establish review criteria.</p> <p>Initial draft of guidance complete.</p> <p>Review of management of data through SEEMiS ongoing.</p> <p>Milestones to be added to this timescale</p> |
| IMP025 | GIRFEC | Standard | Active | <p>Improve Care Experienced young people's understanding of their rights and access to additional support.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Improve engagement with care experienced children and young people • Strengthen the system for recording their views and acting upon them • Materials explaining available services • Use 'care based language' to embed this 'rights based approach' • Review financial support arrangement <p>This will ensure:</p> <ul style="list-style-type: none"> • Care Experienced children and young people feel confident in the support they expect and having their voice heard • Financial support meets their needs <p>Partners: Social Work, Who Cares? Scotland</p> | 31 January 2020 | Jim Lyon | <p>'Care Based Language' paper distributed to the partnership 31 July 2020. Training being completed with Social Works teams.</p> <p>Identify review system for language change.</p> <p>Who Cares? Scotland commissioned from 4 November 2019.</p> |
| IMP026 | GIRFEC | Standard | Active | <p>Improve planning to meet the accommodation needs of young people with complex and enduring disabilities.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Review and update Housing for Particular Needs Policy • Review previous cases to determine issues and learning / improvements • Establish and embed effective processes around accommodation planning and the application of the Housing for Particular Needs Policy <p>This will ensure:</p> <ul style="list-style-type: none"> • Young people can live independently of their families • Appropriate information sharing between partners within appropriate timescales • Robust transition plans in place <p>Partners: Housing, OHAL, Procurement, Social Work</p> | Identify, define and assess options 22 January 2021 | James Wylie | <p>Housing for Particular Needs Policy reviewed and updated 27 April 2020.</p> <p>Undertake optional appraisal of housing support options for Care Experienced young people.</p> <p>Options could include:</p> <ul style="list-style-type: none"> • Shared tenancy • Core and cluster • Shared equity • Supported carers • Student accommodation attached to further education • Expansion of existing third sector provision |
| IMP027 | GIRFEC | Standard | Not started | <p>Improve accessibility of health services for Care Leavers experiencing emotional & mental ill health and addiction.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Review current provision for Care Leavers as part of the Draft Mental Health Strategy • Strengthen links with Through Care After Care Service • Promote available services with Care Leavers and partners <p>This will ensure:</p> <ul style="list-style-type: none"> • Safe, effective, person-centred Mental Health services for children and young people are available and actively promoted <p>Partners: NHS Orkney, Social Work</p> | Information sharing, advertising and raising awareness 31 December 2020 Formal pathway agreed 29 January 2020 | Maureen Swannie | <p>Care pathways will be developed, one of which will be specific to care leavers. Evidence will be the Pathway, plus numbers who are taken through the pathway and uptake of services.</p> |
| IMP031 | Governance, assurance and data | High | Active | <p>Agree the vision for the children of Orkney and embody it throughout Children's Services.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Develop an agreed Partnership Vision • Circulate and promote the vision across the partnership and it's children • Embed and embody the vision throughout Children's Services <p>This will ensure:</p> <ul style="list-style-type: none"> • Children feel the vision is for them and represents their 'voice' • People at all levels across the partnership know and understand the vision • The vision, and the mindset behind it, becomes embodied in what we do <p>Partners: Education, NHS Orkney, Police Scotland, Public Protection Committee, Social Work, Third Sector</p> | Members workshop 18 December 2020 | Gillian Morrison | <p>The proposed vision is 'the promise', Scotland's Ambition for children and young people, from the Independent Care Review (2020).</p> <p><i>"We grow up loved, safe, and respected so that we realise our full potential."</i></p> <p>This is built on the foundations of: Voice, Family, Care, People and Scaffolding.</p> <p>A Public Protection Committee development day on 'the vision' took place on 23 June 2020.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Elected Members / NHS Orkney Board workshop • Care Experienced Children workshop • Develop promotions materials on 'the vision' |

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|--------|--|----------|-------------|--|--|------------------|--|
| IMP033 | Governance, assurance and data | High | Active | <p>Strengthen governance, accountability and function of Orkney Public Protection Committee (OPPC).</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Review and refresh 'Terms of Reference' • Review dedicated business support resource • Review accountability and oversight of PPC/COG through the Orkney Partnership Board • Develop an Action Business Plan • Develop and circulate Members Handbook including roles, responsibilities and expectations • Deliver OPPC training <p>This will ensure:</p> <ul style="list-style-type: none"> • The OPPC can carry out its core functions to protect children and young people <p>Partners: Education, NHS Orkney, OPPC, Police Scotland, SCRA, Social Work, Third Sector</p> | 31 March 2021 | Jim Lyon | <p>Significant link to partnership self-evaluation and continuous improvement approach (IMP036).</p> <p>Review of Governance structure 'Streamlining Orkney's multi-agency groups' project endorsed by the Orkney partnership Board (March 2020). Project brief circulated to the Board (August 2020).</p> |
| IMP036 | Governance, assurance and data | Critical | Active | <p>Develop and embed a Partnership Self-evaluation model and Continuous Improvement approach.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Develop Self-evaluation model and Improvement Framework, and develop Partnership Measurements Plan • Implementation and training • Embedding within structure and function of partnership, COG and PPC <p>This will ensure:</p> <ul style="list-style-type: none"> • Self-evaluation becomes embodied in our thinking and action • A culture of 'support and challenge' • Robust Self-evaluation drives Continuous Improvement • The Public Protection Committee (PPC) and the Chief Officers Group (COG) have the data and assurance they need to deliver their key functions and responsibilities • Outcomes for care experienced children continue to improve <p>Partners: COG, Education, NHS Orkney, Police Scotland, PPC, Social Work, Third Sector</p> | <p>Develop model 30 October 2020</p> <p>Implementation and training 18 December 2020</p> <p>Embedding within structure 31 March 2020</p> | Jim Lyon | Work to identify a suitable Self-evaluation model has started. |
| IMP037 | Policy, systems, process and procedure | Standard | Complete | <p>Children who receive Short-breaks Care have reviews which are consistent with LAC Regulations.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Review and refresh procedures • Circulation, training and embedding <p>This will ensure:</p> <ul style="list-style-type: none"> • Reviews are consistent with LAC regulations and best practice guidance in relation to transitions planning <p>Partners: Education, NHS Orkney, Social Work</p> | Complete | Jim Lyon | <p>Direct link with IMP042 (transition).</p> <p>These will now be covered by the Independent Review Officer (IMP0015).</p> <p>Procedure to form part of IMP001c.</p> |
| IMP038 | Policy, systems, process and procedure | Critical | Active | <p>Improvements to Social Work systems, processes and the recording and use of data through PARIS. Delivery through the Social Work Information Management (SWIM) project.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Systems thinking approach to be taken (people, process and items) • Interim data capture 'safety net' tool • Develop a staged Project Plan <ul style="list-style-type: none"> - Stage 1 Stabilisation (current stage) • Deliver plan <p>This will ensure:</p> <ul style="list-style-type: none"> • Social work have consistent robust systems and processes with PARIS at the core • Data is captured directly into PARIS • Real time management information is available from PARIS • PARIS supports practitioners in doing their job • Outcomes for children and young people are improved | <p>Stage 1 31 January 2021</p> | Jim Lyon | <p>Project Plan development in progress. Series of scoping workshops, with a cross section of stakeholders, took place (June and July 2020) feeding into the plan.</p> <p>Governance: Project Board agreed for stage 2:</p> <ul style="list-style-type: none"> • Project Executive - Chief Social Work Officer, Jim Lyon • Other board members: Hayley Green, James Wylie <p>Data requirements Data requirements for Scottish Government Child Protection return and CELCIS Minimum Dataset captured.</p> <p>'Safety Net' tool Tool in place and tested capturing the data required for the statutory annual Scottish Government Child Protection returns.</p> |
| IMP039 | Policy, systems, process and procedure | Standard | Complete | <p>Ensure access to legal advice for NHS Orkney staff on contested cases.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Identify NHS Orkney legal services provision <p>This will ensure:</p> <ul style="list-style-type: none"> • Staff have the specialist legal advice they require <p>Partners: NHS Orkney, Orkney Islands Council (OIC)</p> | Complete | Maureen Swannie | <p>Improvement from Finding One of the Serious Case Review highlighted in "Orkney SCR, Cross-reference with Care Inspectorate Action Plan" (Tam Baillie, Chair of PPC, 13 August 2020).</p> <p>Process flowchart completed and approved. Flowchart distributed to relevant staff.</p> |
| IMP040 | GIRFEC | High | Not started | <p>Holistic Assessments of Children's needs, Outcomes Focus and Effective Transitions.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Coordination across services to ensure holistic assessment including complex cases • Transitions between Primary and Secondary Care • Review other transitions (e.g. Children's to Adults' services) • Review Service Level Agreements (SLA) to ensure outcomes focus • Inter-island benchmarking and learning <p>This will ensure:</p> <ul style="list-style-type: none"> • Coordination across Children's Health, Education and Social Work services • Full consideration of the holistic needs of children within their family circumstances • Effective transitions • Effective SLA monitoring of outcomes • Wider benchmarking and shared learning from neighbouring islands | <p>Processes in place to review the assessments inline with this requirement 30 November 2020</p> | Jim Lyon | <p>Improvement from Finding Three of the Serious Case Review highlighted in "Orkney SCR, Cross-reference with Care Inspectorate Action Plan" (Tam Baillie, Chair of PPC, 13 August 2020).</p> <p>OHAC Chief Officer to commissioning review of Adult Social Work Services (links to transitions from Children's to Adults' Services).</p> <p>Work to review of Service Level Agreements in progress with some at an advanced stage.</p> <p>Scoping of approach to Holistic Assessments of Children's need in progress by the Partnership Improvement Delivery Team.</p> <p>Links to:</p> <ul style="list-style-type: none"> • IMP014 - Getting It Right • IMP042 - Planned Transitions • IMP036 - Self Evaluation |

| Item | Theme | Priority | Status | Improvement Area | Timescale | Partnership Lead | Update & Evidence as at: 8 October 2020 |
|--------|--|----------|-------------|---|---|------------------|---|
| IMP041 | Policy, systems, process and procedure | Standard | Not started | Adopt a Child-centred approach to the court process in cases with either dispute or complexity. Key areas: <ul style="list-style-type: none"> • Address adversarial approach to court process • Adoption of SCRA case management protocol (already adopted in other areas of Scotland) This will ensure: <ul style="list-style-type: none"> • Child-centred approach to court processes • Improved early and effective decision making about a child's life Partners: Police Scotland, SCRA, Social Work | Scoping 16 October 2020 | Jim Lyon | Improvement from Finding Four of the Serious Case Review highlighted in "Orkney SCR, Cross-reference with Care Inspectorate Action Plan" (Tam Baillie, Chair of PPC, 13 August 2020). |
| IMP042 | GIRFEC | Standard | Active | Ensure Planned Transitions for vulnerable children and young people from Children's Services into Adults' Services. Key areas: <ul style="list-style-type: none"> • Develop Orkney Transition Planning Guidelines • Distribution, training and embedding of guidelines This will ensure: <ul style="list-style-type: none"> • Vulnerable people transitioning from Children's to Adults' Services have effective and person-centred plans <ul style="list-style-type: none"> - Transition Guidance will include a Pathway to plan for moving from Child and Adolescent Mental Health Services to Adult Mental Health Service Partners: Education, NHS Orkney, Social Work, Third Sector | Completion of guideline 30 November 2020 Distribution and training 29 January 2020 | Cathy Lyner | Short life working group initiated 13 August 2020. Review and refresh of Guidelines in progress. OHAC Chief Officer to commissioning review of Adult Social Work Services (links to transitions from Children's to Adults' Services). |
| IMP043 | Policy, systems, process and procedure | Standard | Active | Scope the needs of Orkney to develop Paediatric Support on island. Keys areas: <ul style="list-style-type: none"> • Review current provision and complete gap analysis • Develop options appraisal This will ensure: <ul style="list-style-type: none"> • Provision of safe, effective, person centred health services for children and young people Partners: NHS Orkney | 31 October 2020 | Maureen Swannie | Review of current provision in progress. Evidence will include the signed Service Level Agreements and auditing / review of same. |
| IMP044 | GIRFEC | Critical | Active | From file audit of 16 June 2020 delays in Permanency Planning. Key areas: <ul style="list-style-type: none"> • Review process, meet with managers, understand reasons and identify improvement actions This will ensure: <ul style="list-style-type: none"> • Reduction in Permanency Planning delays Partners: Social Work | Identify improvement actions: 30 October 2020 | Jim Lyon | From meetings with managers on 26 August 2020: <ul style="list-style-type: none"> • Significant Children and Families staffing issues • Gaps in key management and leadership roles • Lack of accurate data and recording on PARIS |

Not Protectively Marked

| | |
|--|--|
| NHS Orkney Board – 22 October 2020 Report number: OHB2021-62 This report is for noting Area Clinical Forum Chair's Report | |
| Author | Steven Johnston, Chair Area Clinical Forum |
| Action Required | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Note</u> the report and <u>seek assurance</u> on performance |
| Key Points | <p>This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 6 October 2020 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> • Neuro-developmental Pathways • Reappointment of Chair • Concerns of engagement due to IT issues |
| Timing | The Area Clinical Forum highlights key issues to the Board following each meeting. |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |
| Contribution to the 2020 vision for Health and Social Care | 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. |
| Benefit to Patients | Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney. |

| | |
|-------------------------------|---|
| Equality and Diversity | No specific equality and diversity elements to highlight. |
|-------------------------------|---|

Not Protectively Marked

NHS Orkney Board – 22 October 2020

Area Clinical Forum Chair's Report

Steven Johnston, Area Clinical Forum Chair

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 6 October 2020 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

Neuro-developmental Pathways

Members of the Area Clinical Forum wanted to highlight their concerns surrounding the absence of a Neuro-developmental pathway, which was raised following a discussion on the issues raised around the Paediatric Autism Spectrum Disorder Diagnostic Pathway. The latter has sat on the Action log of the ACF (and Clinical and Care Governance Committee) for a considerable period of time with apparent gaps in senior leadership or ownership cited as the reason for lack of progress. The ACF learned that waiting times for patients after referral could be up to two years and members showed concerns this was too long and could have detrimental effects on the patient in terms of missed opportunities. It was noted there were issues of capacity (administrative in particular) which added to this length of time. Reassuringly, it was noted that even without a diagnosis patients still receive a level of support.

Members also highlighted a lack of understanding and communication of processes and protocols, for example regarding prescribing of medication for patients with neuro-

developmental conditions. Guidance had not been shared with the appropriate teams so it was unclear what the proper processes were. This might be rectified if there was a clear process for diagnosis which in turn might lead to clarity around roles and responsibilities with subsequent care.

Reappointment of Chair

Members of the Area Clinical Forum were in agreement to vote Steven Johnston as the Chair of the Committee for a further two years. The position of Vice-Chair remains vacant but members were urged to consider this position as an opportunity for succession.

Concerns of engagement due to IT issues

Members of the Area Clinical Forum wanted to highlight concerns surrounding issues of engagement with meetings caused by technical issues. It was noted that due to COVID, meetings were held via Microsoft Teams, however not all colleagues had sufficient access to, or knowledge of, this system to participate in meetings. The main issues highlighted were a lack of equipment, lack of adequate training due to the fast roll out of Teams, and a lack of support in using these IT systems. It was suggested it may be necessary to support training for some colleagues in these systems to allow them to participate in meetings as Microsoft Teams presented a good opportunity for communication. Members appreciated the work undertaken by the IT team and that the rapid roll out of Teams was driven by the Covid-19 pandemic. Although generally a positive development in terms on engagement, it appears some have been left behind.

Appendices

- Approved minute from the Area Clinical Forum meeting held on 7 August 2020

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Friday 07 August 2020** at **12.15pm**.

Present: Steven Johnston – ADC, Chair
 Nigel Pendrey – ADC, Secretary
 Jenny Fraser – Hospital Sub Committee
 Kate Smith – TRADAC
 Kirsty Cole – GP Sub Committee
 Lindsey Kolthammer – TRADAC
 Sylvia Tomison, NAMAC

In Attendance: Anne McOmish - Corporate Records Manager (for item 49)
 David McArthur - Director of Nursing, Midwifery, AHPs and Acute Services
 Emma West - Corporate Services Manager (Minute taker)
 Debbie Crohn - Head of Digital Transformation and IT (for item 49)
 Kim Wilson - Deputy Nurse Director
 Louise Wilson – Director of Public Health
 Marthinus Roos - Medical Director
 Samantha Wishart, Committee Support (Observer)

44 **Apologies**

Apologies were received from M Flett and J Stockan

45 **Declaration of interest – Agenda items**

No interests were declared in relation to agenda items.

46 **Minute of meeting held on 30 June 2020**

The minute from the meeting held on the 30 June 2020 was accepted as an accurate record of the meeting, and was approved on the motion of Kate Smith, seconded by Steven Johnston.

47 **Matters Arising**

No matters arising were raised.

48 **Area Clinical Forum Action Log**

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

49 **Office 365 Presentation**

D Crohn and A Mcomish, joined the meeting to provide members a presentation and update on the migration to Office 365. D Crohn outlined the key changes advising that this was “Once for Scotland” to deploy a cloud based approach and allow greater remote access.

K Cole queried whether emails sent to previous email addresses would be forwarded, and if so was an automatic reply possible to inform people of the change. D Crohn agreed to address

8.5.1

this with the national team. Conversations had been held with managers to ensure that all staff received the correct license for their requirement. D Crohn advised that post migration there would also be a move to Sharepoint but staff should not use this until advised to do so as an organisation as there was further work to complete in this area to ensure that data was safe.

The Corporate Services Manager discussed the business classification scheme, informing members how this would be implemented following migration.

K Cole advised that GP Practices accessed files through hosted servers and sought reassurance that this would continue to function and that this had been a consideration. D Crohn gave assurance that the hosted server had been considered and suggested a further meeting with GPs and Primary Care to discuss their specific needs to avoid any negative impact.

K Smith questioned whether those with generic logins would experience any issues following migration. D Crohn noted that conversations had been held with Line Managers and the Senior Management Team to ensure that all staff had been issued the correct licences.

Members raised concerns around the file naming conventions and how documentation would remain secure if it relied on individuals following the naming process, as human error was always a possibility. A McOmish agreed that further work would be required to ensure the security of the documentation, full implementation would only go ahead once the Board had total assurance that data was protected.

K Cole expressed concern for GP practices specifically as each practice had it's own confidential data, both patient and commercial, The Corporate Records Manager confirmed that each GP practice would have a separate Sharepoint which only that practice would have access to.

Decision/Conclusion:

Members noted the presentation and welcomed the update provided. It was agreed that any specific issues would be raised directly with the Office 365 implementation team.

Covid-19

50 NHS Orkney Remobilisation Plan Update

The Chair noted that the deadline for submission of the latest version of the plan to the Scottish Government had been 31 July 2020 and due to this short timeframe there had not been an opportunity to complete a wider piece of work alongside the Area Clinical Forum and Area Partnership Forum. The Chair noted that the plan was subject to ongoing changes and as such there would still be an opportunity to hold a wider development session around the operational aspects.

The Director of Nursing, Midwifery, AHPs and Acute Services advised that the Board expected to receive comments towards the end of August which would allow for a deeper involvement and engagement. He thanked The Chief Quality Officer for her work creating the plan, and noted that it would be revisited if a further wave of Covid-19 occurred.

Decision/Conclusion:

8.5.1

Members noted the update provided and welcomed the further input going forward including a joint development session with the Area Partnership Forum. It was agreed that the plan would be circulated to members for information following the meeting.

51 **Clinical Engagement**

The Chair provided members with an update to highlight the progress to date and inform that work had been paused due to Covid, there was a need to ensure that the Clinical Engagement work complimented other work ongoing.

The Chair noted R Dijkhuizen's letter of resignation and asked members if there were any specific items to highlight. The Director of Nursing, Midwifery, AHPs and Acute Services noted that the issues raised to Jason Taylor as Whistleblowing Champion were being collated into a thematic analysis which would be suitable for use in an engagement piece of work.

The Chair asked members for input regarding the newsletters that had previously been produced. It had initially been suggested that a newsletter would circulate after each meeting with a few points from each committee. The Director of Nursing, Midwifery, AHPs and Acute Services suggested that the principle should remain while looking into other possible ideas. It was noted that Corporate Communications, NHS Shetland were doing work on behalf of NHS Orkney and may be able to help.

Decision/Conclusion:

Members noted the update provided.

Professional Advisory Committees

52 **Meeting frequency and support of Professional Advisory Committees**

The Chair provided members with an update regarding the request from NAMAC to change to a monthly meeting schedule to assist with quoracy and business being conducted in a timely manner.

The Chair highlighted concerns that more frequent meetings may not solve this issue and noted that there would be need for additional administrative support if meeting became more frequent.

S Tomison noted that attendance had been an issue, especially from acute areas. The Chair suggested that the solution more lay in ensuring that members had dedicated time to contribute to the Professional Advisory Committees. It had been suggested to the Deputy Nurse Manager that Staff be rostered in plenty of time rather than waiting until the day of the meeting to see who could attend.

The Corporate Services Manager confirmed that the department were very supportive of clinical engagement, and would be willing to engage with committees on how best they could be supported.

Decision/Conclusion:

It was concluded that NAMAC would continue to meet on a monthly basis in the interim with issues such as attendance being monitored.

Professional Advisory Committee Chair's Reports

53 **ADC**

N Pendrey noted that the Area Dental Committee had met for the first time in 8 months last week, with the agenda focused on the pausing of services due to the Covid-19 pandemic.

54 **APC**

There was no update available for this item.

55 **GP Sub-Committee Chair's Report and approved minutes**

K Cole advised that the flu vaccination programme had been discussed with concerns raised as to how the programme would run in 2020/21, consideration was being given to a whole system approach.

K Cole noted that the GP contract had been discussed, in relation to how Orkney was behind implementation compared to the rest of Scotland, there were a number of reasons for this. Members had also discussed remobilisation in GP practices, how this would affect waiting times and when they would be able to resume to normal working.

The Chair noted that work on the Primary Care Improvement plan might lead to recruitment issues, K Cole agreed and noted they had struggled due to absence of specific people. Covid-19 had been the focus rather than recruitment.

The GP sub committee had also sought assurance that the concerns raised in R Dijkhuizen's resignation letter were being progressed.

56 **Hospital Sub-Committee**

J Fraser provided an update from the meeting on the 15 July noting that attendance was improving. R Dijkhuizen's letter had been discussed and it was agreed to invite the Chief Executive to the following meeting.

J Fraser noted that concerns had been raised around the process of peripatetic staff testing for Covid-19.

M Roos explained that doctors coming on the island receive a letter stating they must get tested a few days before coming on island, and if they are unable to there is a contact on the letter where they can get tested once they arrive in Orkney, though the letter stated clearly that testing was voluntary. There had also been an issue with the NMC Website stating that disciplinary action would be implemented if staff refused testing but this had since been removed and if a staff member refused testing (in an outbreak situation), a risk assessment would be completed to ascertain if they could continue to work in that area.

Discussion was had also taken place regarding the restarting of elective services.

57 **NAMAC Chair's Report and approved minutes**

8.5.1

S Tomison advised that NAMAC had met in June and July 2020. J Taylor had provided an update on his Whistleblowing Champion role, and D Crohn and A McOmish had given presentations regarding the migration to Office365. S Tomison highlighted concerns around the need for a robust system to protect clinicians and protect the data.

NAMAC had also discussed the Dementia Strategy and had agreed to invite Gillian Coghill to the next meeting to discuss this further. Discussions around the constitution had been postponed to the next meeting as members had to leave the meeting early resulting in meeting not being quorate.

The Chair asked about cCube and Morse and whether these would be going ahead, as there had previously been a development session around these systems. K Wilson noted that the Interim Chief Executive was reviewing the systems further to ensure that they were right for the Board going forward.

The Chair noted that this would be kept under review and that any specific issues should be reported using DATIX.

58 **TRADAC Chair's Report and approved minutes**

K Smith advised that TRADAC had met in June and July 2020, and the main issues arising from those meetings had been around Personal Protective Equipment and bubble working. L Kolthammer agreed that bubble working was an issue especially for smaller teams, and looked for clarification around whether this was compulsory or recommended. She also noted that waiting times, new referrals and clinical space had been an issue discussed at the TRADAC meetings, as waiting times had drastically increased due to pausing of services.

K Cole asked whether GP surgeries had been considered regarding bubble working as it was not a term she was familiar with. The Chair noted that dental bubble working had been suggested as guidance and not enforced. L Kolthammer explained bubble working was similar to red and green team working.

For information and noting

59 **Key legislation issued**

Members noted the key legislation issued since the last meeting.

60 **Correspondence**

No correspondence had been received.

61 **Items to be brought to the attention of the:**

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

Board:

- It was noted that the Area Clinical Forum should be better sighted on the plans for the Flu Vaccination Programme in 2020/21 including how this would be provided and the impact and pressure that this would have on services.
- The Area Clinical Forum reiterated their willingness to be involved in the remobilisation planning discussions going forward.

Clinical and Care Governance Committee

- Clinical space for patients, to ensure that planning was in place and that all current issues were being addressed.

62 **Any other competent business**

Use of meeting room space in GP practices by other clinicians

K Cole noted that this issue had been discussed at the previous meeting and wanted to provide further information from a GP perspective. She noted that different practices have different capacities and as GPs ran an appointment based system they were at capacity every day. This was not an unwillingness to help but just that it wasn't possible. She stressed that a plan for clinical space being made available by NHS Orkney should be progressed as a priority.

The Chair noted that some additional premises that formed part of the old Balfour estate could be utilised and give some flexibility in the short term and might ease the winter pressure.

The Director of Nursing, Midwifery, AHP and Acute Services noted that the issues were being raised through the Senior Management Team and he was not aware of any cancelled appointments due to lack of clinical space.

63 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21, agreeing that the standard timetable of bi monthly meetings would resume.

64 **Record of Attendance**

Members noted the record of attendance.

65 **Committee Evaluation**

Members noted that it had been a positive meeting with good discussion.

Not Protectively Marked

| | |
|---|--|
| NHS Orkney Board Meeting – 22 October 2020 Report number: OHB2021-63 This report is for noting Staff Governance Committee Chair's Report | |
| Lead Director Author | Julie Colquhoun, Head of Corporate Services Caroline Evans, Chair Staff Governance Committee |
| Action Required | The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance |
| Key Points | <p>This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 18 September 2020 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> • The concerns raised by the audit on Agency Locum Medical Staff Fitness to Practice File and further audit work requested on the wider workforce. • The work completed to date around compliance with the safe staffing act • The positive work to move to a virtual Corporate Induction |
| Timing | The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting. |
| Link to Corporate Objectives | <p>The Corporate Objectives this paper relates to Improve the delivery of safe, effective patient centred care and our services;</p> <ul style="list-style-type: none"> • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |
| Contribution to the 2020 vision for Health and | The work of the Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by |

| | |
|-------------------------------|---|
| Social Care | ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public. |
| Benefit to Patients | Active engagement of all parties with the principles of good staff governance is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney. |
| Equality and Diversity | No specific equality and diversity elements to highlight. |

Not Protectively Marked

NHS Orkney Board – 22 October 2020

Staff Governance Committee Chair's Report

Author Caroline Evans, Staff Governance Committee Chair

Section 1 Purpose

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

Section 2 Recommendations

The Board is asked to:

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

Section 3 Background

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 18 September 2020 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

The concerns raised by the audit on Agency Locum Medical Staff Fitness to Practice File and further audit work requested on the wider workforce.

The Committee were presented with findings from the annual audit on Agency Locum Medical Staff. The audit looked to provide evidence that requirements were being met in line with Pre-Employment and Fitness to Practice guidelines being appropriately carried out prior to a locums' start date.

The audit found that a number of files had incomplete data and it was recommended that a full review of the current locum pre-employment documentation was completed to give the Staff Governance Committee assurance on compliance with fitness to practice and that all future locums joining NHS Orkney have all pre-employment documentation requested and checked prior to their first day.

Members requested that a similar audit on the wider workforce was completed and the results provided to the committee to provide assurance that recruitment evidence was in place.

The work completed to date around compliance with the safe staffing act

The Committee were provided with an update on the Health and Care (Staffing) (Scotland) Act implementation in NHS Orkney up until March 2020 when the Healthcare Staffing Programme was paused due to the COVID-19 pandemic. The report outlined the actions which needed to be progressed for the Board to deliver the duties as detailed in the Act.

The Committee supported the development of a Workforce Governance Framework including a review of associated policy and staffing modelling whilst noting the areas of development and challenges related to the Act.

The positive work to move to a virtual Corporate Induction

Graham Bartlett joined the meeting to provide members with information on work being progressed to hold the Corporate Induction in a digital format. He noted that in light of Covid-19 it was no longer possible to hold face to face inductions and the new process would be hosted within MS Teams.

Members were given an overview of the new system and shown how new staff members would navigate through the programme including a useful links, policy and procedure and contacts section which would be useful for all staff employees throughout their career.

Members noted that this was an excellent piece of work.

Cross Committee Assurance

The Committee had no items requiring cross committee assurance.

Appendices

- Approved minute of meeting held on 25 May and 9 July 2020.

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Wednesday 25 May 2020** at **2.00 pm**.

Present:

Caroline Evans, Chair
 Fiona MacKellar, Vice Chair
 Julie Colquhoun, Head of Corporate Services
 Issy Grieve, Non Executive Board Member
 Gerry O'Brien, Chief Executive
 Kate Smith, Partnership Representative
 Iain Stewart, Chief Executive Designate
 Brenda Wilson, Interim Director of Nursing, Midwifery & AHPs
 Barbara Womack, Practice Education Facilitator

In Attendance:

Lauren Johnstone, Committee Support (Minute taker)
 Ryan McLaughlin, UNISON
 Ingrid Smith, Human Resource's Manager
 Jason Taylor, Whistleblowing Champion, Non Executive Board Member

192 Apologies

Apologies were noted from David McArthur.

193 Declaration of Interests – Agenda Items

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

194 Minute of meeting held on 26 February 2020

The minute of the Staff Governance Committee meeting held on 26 February 2020 was accepted as an accurate record and approved, subject to the following amendments:

- Health and Social Care Staff Experience Report, last paragraph, “resilience” should read “resistance”

195 Matters Arising

Medical Appraisal and Revalidation Quality Assurance Review

No response had been received from H MacPherson pertaining to the number of missed appraisals in 2019. It was agreed that the Committee Support would follow this up.

Whistleblowing Standards

Members were advised that due to the current pandemic, implementation work had been paused and were awaiting further direction.

196 Action Log

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

197 **Chairman's Report from the Board**

The Chair highlighted the areas that had been discussed at the Board meeting on the 23 April 2020 and 14 May 2020

- Number of additional temporary contracted staff recruited due to Covid-19 and a review of requirement for these additional staff to remain employed.
- Ongoing pressures around the availability of finances to fund these positions.

Decision / Conclusion

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

Governance

198 **Final Staff Governance Committee Annual Report 2019/20 – SG2021-01**

The Chair delivered the final Staff Governance Annual Report for approval.

The Chief Executive commented that the report reflected the positive impact that the Committee had made in 2019/20 and was content with the report.

Decision / Conclusion

Members approved the Annual Report.

199 **Report on Circulars**

The Head of Corporate Services delivered the Report on Circulars for information and noting.

It was confirmed that the circulars listed within the report had been circulated through the appropriate staff groups and were available on the STAC website.

Decision / Conclusion

Members noted the summary of circulars.

Organisational Culture

200 **Staff Governance and Sturrock Improvement Plan – SGC2021-02**

The Head of Corporate Services reported that the Area Partnership Forum and Staff Governance Committee had received detailed reports on each of the 5 standards over the last 12 months. The improvement plan presented today addressed the findings and proposed actions on which to improve. On 20th May 2019 the Cabinet Secretary for Health and Sport wrote to all Boards requesting a response following the release of the "Sturrock" Report. The improvement plan has been designed to encompass the areas identified by John Sturrock QC, influencing a positive working culture.

The following suggestions to the draft improvement plan were noted:

- Implement driver diagram to reflect objectives and outcomes
- Completion of an Ethos Survey
- Board led development session to discuss further
- Whistleblowing Standards – due to the programme of new standards currently on hold, ensure staff are aware of existing processes
- Incorporate figures and required resources to improvement plan
- Use of external facilitation

K Smith joined the meeting.

The Human Resources manager joined the meeting.

Decision / Conclusion

Members noted the plan and agreed to take to Board level for further discussion.

201 I-Matter

The Head of Corporate Services provided a verbal update on the position of I-Matter reports.

Members were advised that due to the current pandemic the programme was paused in March 2020. Reports were run for NHS Orkney which looked positive with a response rate of 63 per cent, matching the response rate of 2019. It was a first for Health and Social Care staff to participate in the programme and unfortunately was cut short due to Covid-19. It was acknowledged that up to this point there had been a 70 per cent response rate, however sadly few reports were generated due to poor uptake by directorate.

The Head of Corporate Services was please at the overall results and was awaiting direction on the programme returning online.

I Grieve congratulated those who had assisted in incorporating Health and Social Care into the process and acknowledged the positive forward footing for those colleagues to be involved.

Concern was raised throughout the group that there had been no increase in engagement in departments that historically had poor uptake. The Head of Corporate Services added that there was no requirement for action plans to be completed in areas where response was poor. Members agreed that it would be disappointing if the information that had been gathered was not used as an opportunity to take any action for improvement.

Decision / Conclusion

Members noted the update.

Appropriately Trained

202 Statutory and Mandatory Training Report – SCG2021-03

The Head of Corporate Services delivered the report on Statutory and Mandatory

Training.

It was reported that prior to moving to the new Balfour, there was an increase in compliance across nine core subject areas, however fire safety compliance remained an area of concern across the staff groups and members agreed this should be highlighted to the Board.

The Head of Corporate Services clarified that there had been reporting issues on the Child Protection module and was pleased to confirm that there was an 80% uptake throughout Nursing and Midwifery staff.

J Taylor queried if there was understanding as to why uptake was poor across learning. The Head of Corporate Services gave assurance that staff were being allocated time to complete the modules, but felt the importance was misunderstood by staff and stressed that leadership was required to push this message throughout the clinical workforce. eEss provided reporting on those who did / did not attend when booked on to a course, however capacity did not allow to follow up on those who did not attend to get a better understanding as to why.

It was acknowledged that due to the move to the Balfour and Covid-19 there had been a number of scheduled training sessions cancelled. The Head of Corporate Services advised that the Organisational Development and Learning team were working through recovery plans and the reintroduction of training sessions.

Members were informed that a draft strategy for learning was being progressed and would be considered by the SMT in the first instance.

Decision / Conclusion

Members noted the report.

Involved in Decisions that Affect them

203 Partnership Forum Chair's Report

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meeting held on the 18 February 2020.

- Flu vaccination target which was set by the Scottish Government was achieved and exceed. It was felt that a targeted approach and better accessibility of the clinics to staff had played a major part in the increased uptake.
- An update was received from the Human Resources and Occupational Health and Safety services. It was identified that there were a few ongoing issues around consultant support and electronic databases. Since this meeting, the Head of Corporate Services was pleased update that consultant support had been secured and the electronic database was fully functional.
- Discussions were held with regards to holding a development session for the group, however due to the current circumstances this has since been put on hold. It was agreed that from May 2020 meetings would resume on a monthly basis.

Decision / Conclusion

Members noted the update.

204 **Meetings of Partnership Forum meeting held on 18 February 2020**

Members noted the minute provided.

Treated Fairly and Consistently

205 **Policies and Procedures**

Electrical Safety Policy

The Head of Corporate Services presented the Electrical Safety Policy to members for approval. It was confirmed that the policy had received input from the necessary specialists and approval from the Health and Safety Committee.

Decision / Conclusion

Members approved the policy.

206 **'Once for Scotland' Policies and report on status of PINs and progress against Human Resources policy timetable**

The Senior Human Resource's Manager provided a verbal update on progress around the implantation of 'Once for Scotland' policies and Partnership Information Network (PIN)s.

Members were advised that the first cohort of policies went live on 1 March 2020 which included;

- Capability
- Conduct
- Bullying and Harassment
- Grievance
- Attendance
- Investigation process

It was noted that any new investigations from 1 March would be conducted following new guidance.

Training sessions held in partnership between Human Resource's and the Unions for managers were scheduled throughout March to provide an increase in awareness and understanding of implementation of each policy in relation to their area and employees. Due to the current pandemic, sessions were not as well attended as it was initially hoped, but one to one sessions had been delivered if required.

Phase two of the 'Once for Scotland' Workforce Policies Programme would refresh the remaining PIN policies which included;

- Embracing Equality, Diversity and Human Rights
- Gender-Based Violence
- Managing Health and Safety at Work
- Personal Development Planning and Review
- Redeployment
- Safer Pre and Post Employment Checks
- Secondment

- Supporting the Work-Life Balance
- Use of Fixed Term Contracts
- Facilities Arrangements for Trade Unions and Professional Organisations

The March 2020 mid-policy development event was attended by a small number of NHS Orkney employees and was well received.

The Human Resources Manager concluded the update by advising members that due to the ongoing Covid-19 situation, the Scottish Government had paused the National Once for Scotland Workforce Policies Programme until further notice.

For the information of members, the Human Resources Manager gave an overview of the Human Resources Team since transitioning to a local service.

Decision / Conclusion

Members noted the update.

207 Covid-19 Temporary Staff – SGC2021-04

The Head of Corporate Services delivered the recommendations on the contracts of temporary working staff for information and approval. She added that the paper contained information based on the opinion of our clinicians and/or hospital staff and still required scrutiny from Directors.

The Committee were informed that a paper would be presented to the in-committee Board containing further details around individual contracts. This paper provided information around the 95 additional colleagues which had joined the organisation over the last month and the position of each contract. In line with NHS Orkney's escalation plan, the following five stages were taken to address the additional staffing requirements;

Stage 1

Bank staff on payroll, across all disciplines were given the opportunity to take up a 3-month contract of employment. 7 of the current payroll Consultant Locums were appointed fixed term contracts for 3 months. Unless otherwise agreed, these colleagues will revert back to bank contracts as of 1 July 2020.

Stage 2

A social media campaign was launched enticing recently retired colleagues back into the workplace through an accelerated recruitment process. The process included a health and safety induction and training to the appropriate role. Circa 48 additional staff joined through this process. Contracts in this stage varied from bank to 3 months ending 20 June 2020.

Stage 3

Increased agency nurses as well as an additional junior Doctor. It was anticipated that agency colleagues would be already considering their next placement with their contact at NHS Orkney ceasing on the 30 June 2020.

Stage 4

The NES recruitment portal was established to facilitate emergency registrant's across professional groups and support applications from returners and

students to priority areas in health and social care across acute, primary, community and social care settings to support local mobilisation and surge planning. It was found that the portal had not been overly successful for NHS Orkney, as other stages had attracted those colleagues who wanted to return.

Stage 5

NHS Orkney welcomed the opportunity for students from RGU, Open University, UWS and the Universities of Edinburgh and Glasgow to join our workforce. A total of 14 students were employed by the Board through a NES model of employment with some remaining contracted until the end of September 2020.

It was explained to members that posts highlighted in red were fundamental to the organisation and we would strongly recommend that contracts were extended. It was recommended that posts highlighted in yellow were extended by a further 3 months and contracts in green were ceased as per original agreements.

Assurance was given to members that posts highlighted in red were not providing additionality and were assisting the return to business as usual and providing cover for some of the 48 workforce which were shielding.

The Interim Director of Nursing, Midwifery and AHPs stressed the importance of having additional staff available should there be a surge in cases. Work was ongoing around the structure and complexities for future running of the hospital whilst taking into consideration possible clinical risks and fundamental re-mobilisation planning.

The Head of Corporate Services confirmed that a number of areas had not yet carried out a clinical assessment around staffing at the time the paper was written.

The Chief Executive expected lengthy discussion around contracts to be held at the next Board meeting. He requested members whilst considering these proposals, that there was no requirement for the Scottish Government to fund these additional posts going forward and the Board was yet to be provided an update on the position of our colleagues shielding. In the event of a spike in cases, it may not be logical to have shielding staff return to work in the near future.

I Grieve acknowledged much remained unknown, but appreciated and valued the discussion prior to the Board meeting. It was agreed that the Board Chair, Chief Executive and Chief Executive Designate would hold a separate discussion to consider additional attendance at the Board meeting whilst the paper was presented.

It was requested that consideration was given to the ongoing work around Care Homes and the accountability on Nurse Directors to provide support and assistance. It was suggested that there could be expectation that Registered Nurses were deployed to Care Homes should cases surge.

Decision / Conclusion

Members noted the report.

208 Scottish Public Sector Pay Policy 2020 to 2021

The Head of Corporate Services presented the Scottish Public Pay Policy 2020 to 2021 for the information and noting.

The Chief Executive Designate queried if the policy included the three per cent increase to social work colleagues. The Head of Corporate Services confirmed that the paper was released pre Covid-19 and this was an articulate to the overall Scottish Government Public Pay Policies.

Decision / Conclusion

Members noted the policy.

Provided with a Safe Working Environment

209 Information Governance Chairs Report – SGC2021-05

The Head of Corporate Services delivered the chairs report from the recent meeting of the Information Governance Group highlighting the following key topics:

- Quoracy issues had resulted in a delay in planning for the year ahead
- The application Zoom had been identified as an insecure platform and that staff have been requested to use MS Teams
- Increased profile of Information Governance

The Head of Corporate Services reported that a spreadsheet containing staff and patient identifiable information had been inadvertently released from the Clinical Assessment Centre. When made aware, the data breach was immediately notified to the Independent Commissioning Officer (ICO) and the Scottish Government. The company in receipt of the information was contacted and gave assurance that the document had since been deleted. Patients and staff affected by the incident would be notified by letter, advising them of the data breach.

The Chief Executive Designate requested that communications in response to press enquiries was prepared ahead of letters being sent. The Head of Corporate Services advised that the detailed report from the investigation was not yet finalised and was progressing under the control of the Corporate Records Officer.

The Chief Executive expressed concern that such information was being captured on a spreadsheet and not through a patient database such as TrackCare. Assurance was given that the spreadsheet was used as a form for organisations to complete requesting testing and from this information was inputted into a clinical database. In this instance a completed form had been inadvertently sent to an organisation which had thought to have been blank.

The Chief Executive Designate requested an update on the investigation ahead of the next Board meeting so that queries could be responded to accurately and confidently should they arise.

Decision / Conclusion

The Committee noted the report and the assurance provided.

210 Staff Health and Wellbeing Update – SCG2021-06

The Head of Corporate Services presented the report which gave an overview on the work carried out in response to a letter received from the Cabinet Secretary for Mental Health Clare Haughey around staff health and wellbeing. The Secretary encouraged

the maintenance of existing workplace support mechanisms, the creation and dissemination of new resources, and clear signposting to support through trade unions and professional bodies. The Secretary also included key messages and suggested that leadership teams discussed their local implementation.

Boards were asked to nominate a dedicated Mental Health and Wellbeing Champion who would liaise with and support the organisation in providing connectivity between frontline clinicians through to the Minister influencing future policy and commissioning of services. Rev Gordon Jones, NHS Orkney's Spiritual Care Lead had been identified as NHS Orkney's Mental Health and Wellbeing champion.

Initially discussions were held around in-house support services, however it became evident that links could be made with bigger Boards which had provided resilience as well as an independent service for those staff who wished to engage. A daytime manned local helpline had been established which would triage calls before referring onwards to services such as Mental Health or Occupational Health. Communications had increased in order to highlight the availability of the service to staff. The Head of Corporate Services added that uptake of the service across Boards had been slow, however it was quite possible that this service would be required further down the line. To date there had been no referrals made from NHS Orkney.

Decision / Conclusion

The Committee noted the update.

Risks

211 Staff Governance Risk Report

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

It was reported that one risk had been de-escalated and work was ongoing to mitigate the risk.

The Vice-Chair added that the introduction of the re-mobilisation plan could create many additional risks for the Committee.

Decision / Conclusion

Members noted the report.

212 Issues Raised from Governance Committees

Finance and Performance Committee

The Chairs report received from the Finance and Performance Committee was noted by members. It was acknowledged by the Committee that significant changes would be required in order to deliver the financial balance and the potential risks this could have on staff.

213 Agree any issues to be raised to Board/ Governance Committees

The Committee agreed that the following items should be reported to the:

Board

- Staff compliance – Fire Training
- Data Protection and use of spreadsheets

214 Any Other Competent Business

Occupational Health and Safety

The Head of Corporate Services reported that over the last 8 weeks, over 600 face fit tests had been carried out which had resulted in an increase in compliance. Poor uptake of fire training had also been brought to the attention of the Group. It was agreed that a detailed report on face fit testing and compliance rates would be presented at the next Staff Governance Meeting.

The Chief Executive commended the work and input from Occupation Health staff in achieving our highest annual uptake of flu vaccinations throughout the workforce.

Frequency of Meetings

Members requested that the next meeting to be drawn before August in order to timetable outstanding business delayed due to Covid-19. It was agreed that the Committee Support would arrange for calendar invites to be sent once confirmation of the next date had been received from the Chair.

215 Schedule of meetings

The schedule of meetings for 2020/21 was noted.

216 Record of Attendance

The record of attendance was noted. J Taylor to be included in the attendance list for 2020/21.

217 Committee Evaluation

Members agreed that the first virtual meeting of the Staff Governance Committee had run smoothly. Whilst meeting were held via MS Teams, it was requested that consideration was given to the length of these as the Committee acknowledged much of the working day was now spent virtually.

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via MS Teams on **Thursday 9 July 2020 at 10.00 am.**

Present:

Caroline Evans, Chair
Fiona MacKellar, Vice Chair
Julie Colquhoun, Head of Corporate Services
Issy Grieve, Non Executive Board Member
David McArthur, Director of Nursing, Midwifery, AHP and Acute Services
Kate Smith, Partnership Representative
Jason Taylor, Whistleblowing Champion, Non Executive Board Member
Barbara Womack, Practice Education Facilitator

In Attendance:

Helen Freeman, Director of Medical Education
Callan Curtis, Support Officer
Lauren Johnstone, Committee Support (Minute taker)
Kenny Low, Value and Sustainability Lead
Steven Phillips, Human Resource's Manager
Ingrid Smith, Human Resource's Manager

430 Apologies

Apologies were noted from S Johnston.

431 Declaration of Interests – Agenda Items

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

432 Minute of meeting held on 25 May 2020

The minute of the Staff Governance Committee meeting held on 25 May 2020 was accepted as an accurate record and approved, subject to the following amendments:

201-iMatter

“positive forward footing” to read “positive move forward”

Attendance List

I Smith job title to be noted as Human Resources Manager rather than Senior Human Resources Manager.

J Taylor to be listed under “present” rather than “in attendance”.

433 Matters Arising

Medical Appraisal and Revalidation Quality Assurance Review

The Director of Nursing, Midwifery, AHP and Acute Services agreed to follow up this matter with H MacPherson.

Staff Health and Wellbeing

The Vice Chair highlighted that nationally the implementation of a Mental Health and Wellbeing Champion had accelerated at pace and was concerned that progress was slow within the Board in terms of acknowledging and recognising staff efforts throughout the Covid-19 pandemic.

The Board Chair advised that progress was being made and anticipated arrangements to be finalised soon.

It was reported that many other ideas were being explored through the Staff Health and Wellbeing Programme which incorporated a focus on working and responding proactively rather than reactively.

434 Action Log

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

435 Chairman's Report from the Board

The Chair highlighted the areas that had been discussed at the Board meeting on the 28 May 2020 and 25 June 2020

- Temporary Contacts due to Covid-19
- Data Breaches
- Staff Health and Wellbeing

Members were informed that there was an agreed concern around Information Governance and following this the Interim Chief Executive had initiated an investigation around the recent breaches.

Decision / Conclusion

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

Governance

436 Area Partnership Forum Annual Report – SG2021-08

The Vice-Chair delivered the Area Partnership Forum Annual Report to the Committee to provide assurance that the Forum had fulfilled its remit as far as possible as detailed within the Area Partnership Forum Agreement and Constitution.

It was reported throughout 2019-20 that the Area Partnership Forum had fulfilled the remit to meet monthly with the exception of two meetings, one during the move to the new Hospital and Healthcare facility and a second meeting which changed format in order to hold a recruitment stakeholder event.

The Vice Chair commended the members of the Area Partnership Forum for their involvement and contribution to meetings which had held rich debate and discussion.

Decision / Conclusion

Members noted the Annual Report.

437 Remuneration Committee Annual Report – SG2021-09

The Chair presented the 2019-20 Remuneration Committee Annual Report for noting and information.

Decision / Conclusion

Members noted the report.

438 Report on Circulars

The Vice Chair delivered the report on circulars for information and noting.

Decision / Conclusion

Members noted the summary of circulars; no further comments were received.

Organisational Culture

439 iMatter

The Head of Corporate Services delivered a verbal update on the position of iMatter reports.

Members were informed that the iMatter programme remained paused as discussions continued nationally to agree next steps. It was reported that a small number of Boards had commenced action planning within individual teams, however the focus within the majority of Organisational Development & Learning teams remained redirected supporting staff health and wellbeing.

Decision / Conclusion

Members noted the update.

440 Staff Governance Action Plan

The Head of Corporate Services advised since the last meeting of the Staff Governance Committee, there had been no progress in establishing a group to drive forward the action plan. As the organisation moved into recovery and remobilising business as usual, efforts would be made to progress where possible.

Decision / Conclusion

Members acknowledged the challenges the organisation had faced over the previous months and noted the commitment to progress where possible.

Well Informed

441 HRD Update – SG2021-10

The Head of Corporate Services presented the update report to members. Key updates highlighted were;

Shielding

In light of the continuation of shielding until at least 31 July 2020, service delivery would remain significantly impacted. In response to the guidance a generic risk assessment template was approved by the Occupational Health and Safety Committee to enable managers to consider on an individual bases the risk factors and adjustments that could be made to enable someone to return to work

Quarantine

With the exception of some countries, staff entering Scotland from out with the UK were subject to quarantine. Discussions were ongoing as to whether those who wished to travel abroad would be required to build quarantine time into leave unless able to work from home safely. It was noted that no formal guidance around this had been received from the Scottish Government.

Test and Protect

The Test and Protect service was confirmed operational from a workforce perspective. It was reported that a number of questions had been submitted to the Scottish Government requesting clarity around the expectations.

Face Coverings

It was reported that guidance received from the Scottish Government had been widely shared and publicised.

Ethnicity and Race Equality

Whilst having little impact on NHS Orkney, the Board remained highly aware of inequalities which had been highlighted by the pandemic and Black Lives Matter movement. It was confirmed that Human Resource Directors would be working with a national team to co-produce an action plan in order to resolve issues. Assurance was received that those within the workforce affected had been identified.

Restarting National Projects

A number of national projects paused due to the pandemic, had started the remobilisation process. Projects included were;

- Job Evaluation
- RRP (Recruitment and Retention Premia)
- Appraisal and Incremental Progression
- Organisational Change
- Paid As If At Work
- Maternity Continuity of Care
- Scottish Distant Islands Allowance

In addition to the items listed above, discussions were held around the Whistleblowing Standards which were due to be implemented on 25 July 2020. It is anticipated that the standards will be in place by March 2021 however, there had been a large amount of pushback from the HRD Community due to other pressures for example workforce. The importance of progressing with this piece of work had been acknowledged.

J Taylor advised that he had not been made aware of any further information pertaining to the Whistleblowing Standards.

Members acknowledged the risks presented especially within smaller teams following the extension of shielding and the potential leave required should a staff member be required to quarantine following a trip out of the UK.

In relation to Test and Protect, the Vice Chair reported that clarity was required on the process to follow should a staff member test positive, specifically if tested positive whilst at work or, should a colleague test positive.

Discussion was held around the BAME workforce, members agreed that assurance on progress should be reported to the Board.

Decision / Conclusion

Noted the report and agreed to report on assurance to the Board on the BAME workforce.

442 HR / OHS Transition – SGC2021-11

The Head of Corporate Services delivered the status report following the transition of Human Resources and Occupational Health Services in house.

The report advised the Committee that on the lead up to the transition of services, NHS Orkney met with NHS Grampian on a fortnightly basis. Throughout, assurance was given by NHS Grampian. Whilst some matters would continue beyond the Service Level Agreement period, NHS Orkney had not been made aware of the quantity of outstanding matters. Many staff had waited unacceptable periods of time to be seen, it was made clear that would not continue going forward.

Members were informed that this paper was to raise awareness to the outstanding issues and to provide assurance that progress was being made in resolving these. A sample of issues included;

- A number of individual and team mediation sessions not progressed, some going back to early 2019.
- Outstanding grievances related to old investigations.
- Consultant contracts not being processed, some going as far back as late 2019
- Delay in issuing GP contracts
- Job Plans not in place for all Consultants and Specialty Doctors.
- 10,000 plus sickness hours unmanaged
- A number of policies not up to date some going back as far as 2015 for example Relocation Policy, Whistleblowing Policy
- A number of cases that would have been closed if facilitation or mediation had been arranged within a timely manner
- Inconsistent application of DIA payments

The recently appointed Human Resources Manager had prioritised a review of all outstanding issues, reporting weekly on progress. The Head of Corporate Services was pleased to confirm that many of the outstanding cases had already been resolved and the remaining were being approached on a priority basis.

Praise was given to the Human Resources Team following feedback from UNISON representatives.

Decision / Conclusion

Members noted the report.

Appropriately Trained**443 Medical Education – SG2021-12**

H Freeman, Director of Medical Education attended to presented the paper on Medical Education within NHS Orkney.

The paper reported the opportunities to expand both the undergraduate and postgraduate medical education within NHS Orkney. Expanding the opportunities had the potential to impact locally on recruitment through early exposure to rural medicine, creating a more resilient junior tier and offering training and academic opportunities to senior clinicians supported by additional costs of teaching (ACT) funding. It was acknowledged that achieving this would involve the Medical Education Lead and Director of Medical Education having the opportunity to contribute to workforce discussions, and gain insight to the current aspirations of senior leadership in terms of overall strategy for the Board.

Currently NHS Orkney had limited numbers of both undergraduate and postgraduate learners placed within the Board. It was hoped that the paper presented would give members an opportunity to explore the capacity available to develop medical education further and how this would benefit the Board and Community for future staffing and recruitment.

In the past year, NHS Orkney reported small numbers of medical students rotating through primary care placements on electives or GP blocks. A University of Aberdeen student selected module was planned to run in Orkney in March which unfortunately, was cancelled due to Covid-19. The impact of such limited activity would reduce additional costs of teaching (ACT) funding in the next financial year. Postgraduate placements were currently limited to GPSTs rotating through hospital placements in medicine/surgery or practice placements as part of the North of Scotland Rural Track programme.

The benefits of increasing student experiences in Orkney included;

- Teaching is supported by ACT funding which could be used to support faculty costs and the purchase/development of resources
- Increased undergraduate activity providing the potential for sessional recruitment of faculty to support teaching and opportunities for trainers to develop academic educational roles
- Development of a strong educational ethos and exposure at undergraduate level may create further opportunities for postgraduate training
- Potential to bid for Foundation (FY2) post as the programme grows

It was suggested that FY2 placements could rotate between Orkney and Caithness to give a rural experience across Medicine, Surgery, Primary Care and Psychiatry. These posts were recruited nationally, and had basic salaries funded by NES, therefore only the banding cost sat with the board providing a potential cost saving to the current staffing model.

The Director of Nursing, Midwifery, AHPs and Acute Services noted his support to the proposal and thanked the Director of Medical Education for the optimistic and detailed paper presented. Concern was raised at the current lack of permanent Consultant cover and reported previous issues with GPST's requiring to be filled with locum staff.

J Taylor noted the many benefits within the proposal and queried if there would be any significant disadvantages or cost implications that could present. The Director of Medical Education advised that an increase in students tended to increase funding available to the Board. She added that accommodation was required for the students whilst on the island but funding was also available to support this.

I Grieve expressed her enthusiasm towards the proposal and the prospect of attracting new students to the Board, however raised concern at the current availability and quality of accommodation available.

Decision / Conclusion

Members noted the report and agreed to escalate concerns pertaining to the provision of accommodation for students to the Board.

444 Annual Nursing Revalidation Report – SGC2021-13

The Director of Nursing, Midwifery, AHP and Acute Services delivered the 2019-20 Annual Nursing Revalidation Report for information.

It was highlighted to the Committee that Covid-19 had adversely affected the revalidation process therefore a three-month extension on revalidation from the NMC had been welcomed.

Assurance was given to members that there had been no outstanding revaluation issues.

Decision / Conclusion

Members were content with the assurance provided and noted the report.

445 Face to Face Training – SGC2021-14

The Head of Corporate Services presented the paper on Face to Face Training for information.

Members were informed that as NHS Orkney began to move into recovery, a request was made that remobilisation plans were developed where necessary. It was acknowledged that the delivery of face to face training was an area for review and following this a protocol was developed. The report presented provided assurance that all risks had been considered, tested and successfully omitted following the delivery of a number of Basic Life Support training sessions.

Decision / Conclusion

Members were content with the assurance provided and noted the report.

Involved in Decisions that Affect them

446 Partnership Forum Chair's Report

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meeting held on the 16th June 2020. The discussions held focused on:

- Home Working Guidance
- Guidance around annual leave during the pandemic
- Confirmation of the extension to the Estates Premia

Decision / Conclusion

Members noted the update.

447 Minutes of the Area Partnership Forum meeting held on 14 May 2020

Members noted the minute provided.

Treated Fairly and Consistently

448 Policies and Procedures

Protocol for reducing the risk of transmission of COVID-19 infection to Orkney by peripatetic health and care workers

At the request of the previous Chief Executive Designate, a brief update was delivered by the Head of Corporate Services on the protocol for reducing the risk of transmission of COVID-19 infection to Orkney by peripatetic health and care workers. Members were advised that since the development of the protocol, it had been successfully embedded and put into practice.

The Employee Director reminded the Committee that testing was voluntary for staff and had been made aware of increasing pressures and negativity towards those who had declined testing. It was suggested that the focus remained on promoting good respiratory hygiene and use of PPE. It was felt that the Board should be supportive of any staff members that for any reason, decline testing.

The Head of Corporate Services confirmed that these issues had been discussed during the development of the protocol and felt the message of voluntary testing was clear. It was noted that staff had requested the testing initially however there was suggestion that this was due to community pressure and staff feeling uncomfortable when dealing with patients.

I Grieve commented that whilst appreciating the discussion being held, felt it would have been more appropriate that this paper had been presented to the Area Partnership Forum.

Decision / Conclusion

Members noted the policy.

449 NHS Orkney Equality Equal Pay Monitoring Report

The Head of Corporate Services delivered the NHS Orkney Equality Equal Pay Monitoring Report to members for noting.

The group were advised that the annual statutory report had been developed by our Equality and Diversity Manager in NHS Grampian.

The old address of Garden House contained throughout the report had since been rectified before uploading to the NHS Orkney website.

Decision / Conclusion

Members noted the report.

Provided with a Safe Working Environment

450 Occupational Health and Safety Chairs Report

The Head of Corporate Services delivered the Occupational Health and Safety Chairs Report from the meeting held on 18 June 2020 highlighting the key topics of discussion.

Moving and Handling Training

The Committee were advised that there was need for additional vertical evacuation training to be carried out. The availability of Moving and Handling Training had been significantly reduced due to changes in staffing, and no accredited training being available for the newly appointed trainer to attend. It was agreed that this would be added to the risk register, and that the Organisational Development Team would consider alternative training to mitigate.

Sickness Absence

It was noted by the Committee that the organisation had seen an increase in sickness absence particularly related to MSK issues and anxiety and stress. It was agreed that this should be raised as a risk to the organisation should it not be managed carefully.

Robertsons Facilities Management (RFM)

The Contract Manager for RFM delivered a presentation on the Health and Safety Management system and communication systems in place for their organisation. The Occupational Health and Safety Committee were assured by the arrangements in place for these partners.

Risk Assessment for Staff Returning to Work

A risk assessment was developed in collaboration with the contracted Occupational Health Consultant to enable a focused assessment for staff returning to work, during COVID-19, when identified in a high-risk category. The risk assessment was approved by the Committee for use.

Working at Home Guidance

COVID-19 presented a rapid need for NHS Orkney employees to work from home. The Committee received and approved the Home Working Advice and Guidance document which was recommended to the Staff Governance Committee for endorsing and implementation.

Decision / Conclusion

Members noted the Chairs report and the minute provided from the meeting held on the 21 May 2020.

451 Information Governance Chairs Report

The Head of Corporate Services delivered the chairs report from the recent meeting of

the Information Governance Group highlighting the following key topics:

IT Security Policy

The Committee approved the updated IT Security Policy subject to a few small changes. Once an Equality Impact Assessment had been undertaken, this would be presented to the Staff Governance Committee.

Annual Reports

The Committee received the Freedom of Information (FOI) Annual Report and the Annual Report from the Chair of the Committee on the activities over the last 12 months. The Committee noted the extent of the progress being made, also noting the outstanding tasks remaining.

Equality Impact Assessment

The Committee were advised of the need for more staff to be trained to do Equality Impact Assessment on documents.

Data Breach

The Committee were advised of a data breach from the Community Assessment Centre which had been reported to the Information Commissioners Office. The Committee were advised that the investigation into the incident was almost complete and the Information Commissioner had fed back positively on the actions taken.

Decision / Conclusion

The Committee noted the report and the assurance provided.

452 **Workforce Report**

The Head of Corporate Services provided a verbal update on the progress of workforce reports.

Unfortunately, due to resource and capacity issues there was no report for discussion, however an update was provided around the work which had been undertaken.

Members were advised that a dashboard style report would be used going forward highlighting key statistics. The team explored and scrutinised data further in the hope of identifying trends and potential impacts.

Other information to be contained within the report included;

- Recruitment
- Statutory and Mandatory training
- Turas Appraisal

The Head of Corporate Services welcomed suggestions around the information contained within the report from the Committee.

Decision / Conclusion

The Committee noted the update.

Risks

453 **Staff Governance Risk Report – SGC2021-16**

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

It was reported that since the previous report, five new risks pertaining to staff shortages and lack of specialist skills had been added to the register.

It was acknowledged that there had been staff shortages due to Covid-19 precautions and the challenges faced operating in the green and red zone set up. It was likely following a conversation at the Workforce Group meeting that these risks will be reviewed and their risk level increased.

Following the closure of Peedie Breeks Nursery, a number of parental leave requests had been received due to the poor availability of childcare.

Risk 347, provision of chef service within the Balfour was questioned as to why this had remained open since 2017. It was confirmed that this was due to a long term condition and the uncertainty that this individual would be able to return to the workplace. The Committee agreed that this risk was removed from the Staff Governance Risk Register.

I Grieve suggested that information around the work being undertaken to mitigate risks was included within the register. The Head of Corporate Services agreed to include this within future reports.

Decision / Conclusion

Members noted the report.

454 Testing of Asymptomatic Health and Social Care Workers Relating to Off Island Travel – SG2021-17

The Head of Corporate Services delivered the report on testing of Asymptomatic Health and Social Care Workers Relating to Off Island Travel.

Decision / Conclusion

The report was noted by the Committee.

Staff Successes

455 Attend Anywhere

K Low and C Curtis joined the meeting to deliver a presentation on the success of the newly established Near Me Clinics.

Members were informed that Near Me was a secure virtual clinic in which patients could be seen, limiting the need for face to face appointments and off island travel. Initially it was planned to hold one clinic per day, gradually rising to 5 clinics per day in order to create annual savings around £500K. From April 2020 patients allocated appointments in NHS Grampian would be offered the choice to attend virtually. This was followed by the need for virtual Outpatient appointments due to the Covid-19 pandemic.

NHS Orkney were displaying excellent uptake compared to the rest of Scotland, with

some weeks carrying out as many as 125 virtual appointments,

Areas which worked well included;

- Collaboration
- Training
- Review
- Communication
- Equipment

A small number of challenges were faced by the Board during the implementation period which included;

- Timescales of implementation
- Geography
- A small Nursing and Midwifery workforce
- Some resistance to change

Members found the presentation interesting and informative and requested that it was shared with the Board with an emphasis on how we can continue to use Near Me going forward.

The Vice Chair extended her thanks to C Curtis and colleagues who had facilitated the roll out of the programme. As a clinician using the platform, it had been feedback that broadband width had presented issues for some patients. It was felt that uptake could have been greater throughout AHP services and that it was important to continue encouraging our professional staff to use the platform.

The Director of Nursing, Midwifery, AHPs and Acute Services queried whether there would be value in factoring 'Near Me' services into Service Level Agreements. It was confirmed that there was examples available of where this had worked well and if there was agreement that the Board continued to move forward in the digital environment, there was little evidence of why this should not be incorporated.

K Smith commended the work of the team and identified the value in increasing our virtual clinics however, felt it was important to highlight that in some cases physically meeting patients could have resulted in earlier diagnosis.

Decision / Conclusion

Members noted the presentation.

456 Issues Raised from Governance Committees

No issues raised.

457 Agree any issues to be raised to Board/ Governance Committees

The Committee agreed that the following items should be reported to the:

Board

- Concerns regarding the availability of student accommodation
- Success of "Attend Anywhere" service

458 **Any Other Competent Business**

Shielding Bank Staff – I Smith

Following guidance from STAC, Boards would continue to pay bank staff who were currently shielding. It was confirmed that the small group of colleagues who fell into this category had been identified and that payment was based over a 12-week period. Any bank staff able to work from home could continue to do so if required and would remain eligible for wage top ups if normal base hours had not been met. This guidance would continue to be reviewed by STAC.

459 **Schedule of meetings**

The schedule of meetings for 2020/21 was noted.

460 **Record of Attendance**

The record of attendance was noted.

461 **Committee Evaluation**

No evaluation given.

Not Protectively Marked

| | |
|---|---|
| NHS Orkney Board – 22 October 2020 Report number: OHB2021-64 This report is for noting Financial Performance Management Report | |
| Lead Director Author | Mark Doyle, Director of Finance Mark Doyle, Director of Finance |
| Action Required | <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the reported month 5 overspend of £6.859m to 31 August 2020 • Note the forecast year end position of £14.416m overspend • Note that the updated narrative to the funding assumptions and outturn |
| Key Points | The report provides an update to the Board of the financial position for the period ended 31 st August 2020. The Covid-19 funding assumptions have been updated, we are no longer assuming any funding for Covid-19 related spend or underachievement of savings highlighted in the Covid-19 Q1 return. The funding position of Covid-19 related costs will be clarified with an allocation in October 2020. |
| Timing | October 2020 |
| Link to Corporate Objectives | 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. |
| Contribution to the 2020 vision for Health and Social Care | Value and financial sustainability – effective use of resources. |
| Benefit to Patients | 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. |
| Equality and Diversity | No assessment required. |

Finance FPR Narrative

Purpose of paper

The purpose of this report is to inform the Scottish Government of the financial position for the period 1 April 2020 to 31 August 2020.

Background

The revenue position for the 5 months to 31 August reflects an overspend of £6.859m, a movement of £1.088m from period 4. Of the £6.859m overspend £3.741m relates to Covid 19 spend to date and £2.638m relates to unachieved savings attributable to the impact of Covid 19. NHS Orkney's operational performance at month 5 is therefore £480k overspend. Until the position on funding for Covid 19 spend is clarified, we are reflecting a forecasted year end position overspend of £14.416m, this is fully attributable to the impacts of Covid 19.

We continue to forecast based on a number of assumptions for the remainder of the year and note the numbers are heavily caveated:

- The year to date and forecast figures assume no funding for Covid 19 spend.
- Waiting Times Initiatives funding will be received at the level detailed in the AOP.
- Prescribing costs will reduce from the current high unit cost and activity will level out so the overspent position at month 5 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.
- 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.

We continue to review spend patterns and refine plans to ensure updates are reflected.

We anticipate achievement of £0.3m of the £6.6m spend reduction/ savings targets identified in the Annual Operational Plans will be met during the remainder of the year. The Board has recently embarked on a Cost Improvement Programme which is supported by the Board, Medical and Nursing Directors, Director of Public Health and the Director of Finance.

The main areas contributing to the Board's overspent operational performance at month 5 are:

- Prescribing costs to date - £331k overspend
- Mental Health Services - £141k overspend
- Estates and Facilities - £214k overspend
- IT Services - £36k overspend
- Hospital Services - £11k overspend

There are some offsetting underspends to date which include:

- External Commissioning - £400k

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.

Assessment

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.

It is anticipated that the Board will deliver against its Capital Resource Limit.

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 5, 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:-

| Description | Earmarked Recurring £ | Non Recurring £ | Total £ |
|---|-----------------------------|-----------------------|------------------|
| BreastFeeding Projects Year 3 | | 42,275 | 42,275 |
| 3rd & 4th Qtr Payments for OU Students 2019/20 | | 35,000 | 35,000 |
| Balfour Hospital Unitary Charge | 1,050,651 | | 1,050,651 |
| Public Dental Service | 1,747,299 | | 1,747,299 |
| Public Health Test & Protect | | 16,961 | 16,961 |
| Covid Social Care Sustainability Support for Ias | | 200,000 | 200,000 |
| Outcomes Framework | 466,250 | | 466,250 |
| Primary Care Improvement Fund - 2020/21 tranche 1 | 228,724 | | 228,724 |
| School Nursing Service Posts - 1st tranche | | 46,000 | 46,000 |
| | 3,492,924 | 340,236 | 3,833,160 |

Summary Position

At the end of August, NHS Orkney reports an in-year overspend of £6.859m against the Revenue Resource Limit. The table below provides a summary of the position across the

10.1

constituent parts of the system. An underspend of £41k is attributable to Health Board operational performance budgets, with an overspend of £521k attributable to the health budgets delegated to the Integrated Joint Board. Covid 19 spend to date accounts for £3.741m of the overspend to date and unachieved savings of £2.638m.

| Previous Month Variance M4 | | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Variance YTD | Forecast Year end Variance |
|----------------------------------|--------------------------------------|------------------|---------------|---------------|-----------------|-----------------|----------------------------------|
| £000 | Core RRL | £000 | £000 | £000 | £000 | % | £000 |
| (186) | Hospital Services | 11,816 | 4,983 | 5,097 | (115) | (2.30) | (285) |
| (66) | Pharmacy & Drug costs | 2,559 | 1,066 | 1,176 | (110) | (10.29) | (256) |
| (496) | Orkney Health and Care - IJB | 25,773 | 9,873 | 10,395 | (521) | (5.28) | (464) |
| (267) | Orkney Health and Care - IJB Savings | (800) | (333) | 0 | (333) | 100.00 | (800) |
| 454 | External Commissioning | 11,209 | 4,501 | 4,100 | 400 | 8.90 | 395 |
| (322) | Estates and Facilities | 6,766 | 2,727 | 2,941 | (214) | (7.85) | (595) |
| 62 | Support Services | 7,265 | 2,670 | 2,592 | 79 | 2.95 | 413 |
| (3,273) | Covid-19 | 0 | 0 | 3,741 | (3,741) | | (8,085) |
| 0 | Reserves | 3,354 | 0 | 0 | 0 | | 790 |
| (1,678) | Savings Targets | (5,706) | (2,305) | 0 | (2,305) | n/a | (5,531) |
| (5,771) | Total Core RRL | 62,235 | 23,183 | 30,042 | (6,859) | (29.59) | (14,416) |
| | Non Cash Limited | | | | | | |
| 0 | Ophthalmic Services NCL | 298 | 128 | 128 | 0 | 0.00 | 0 |
| (0) | Dental and Pharmacy NCL - IJB | 1,464 | 803 | 801 | 0 | 0.29 | 0 |
| | Non-Core | | | | | | |
| 0 | Annually Managed Expenditure | 255 | 0 | 0 | 0 | | 0 |
| 0 | Depreciation | 2,418 | 1,377 | 1,377 | (0) | (0.00) | 0 |
| 0 | Total Non-Core | 2,673 | 1,377 | 1,377 | (0) | (0.00) | 0 |
| (5,771) | Total for Board | 66,670 | 25,491 | 32,348 | (6,859) | (26.90) | (14,416) |

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, £27k overspend

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

- Hospital Medical Team, £1k overspend

Appointment to vacant surgeon post and new registrars appointed at last rotation have reduced the overspend in this area.

- Radiology, £59k 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, £53k 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 £110k, this is mainly attributable to overspending drugs of £145k and underspend in staffing of £33k.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £521k (excluding unachieved savings and Covid 19 spend) with a forecast outturn of £464k 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 £43k 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.
 - 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 overspend to month 5 of £330k. 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 M4 | Service Element | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Forecast Year end Variance |
|----------------------------|--|---------------|--------------|---------------|--------------|----------------------------|
| £000 | | £000 | £000 | £000 | £000 | £000 |
| (265) | Integration Joint Board Savings | 3,882 | 750 | 1,084 | (334) | (906) |
| (46) | Children's Services & Women's Health | 2,287 | 930 | 989 | (59) | (92) |
| (22) | Primary Care, Dental & Specialist Nurses | 10,574 | 4,416 | 4,422 | (5) | 74 |
| (104) | Health & Community Care | 4,080 | 1,719 | 1,855 | (137) | (364) |
| (324) | Pharmacy Services | 4,149 | 1,726 | 2,045 | (320) | 25 |
| (762) | Total IJB | 24,973 | 9,540 | 10,395 | (855) | (1,264) |

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 £214k 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. ASP funding received in month reduced the overspend from the previous month.

Support Services

Support Services is currently reporting an underspend of £79k to date.

Covid 19 Spend

NHS Orkney has recorded £3.741m spend to date attributable Covid 19, of this £2.972m is attributable to Health Board spend and £0.769m to the IJB.

The main elements of the Health Board spend to date are:

- Additional Bed Model/ Maintaining Surge Capacity
- Additional Staffing
- Loss of income

The significant areas of spend for the IJB commissioned services are:

- The Covid-19 Assessment Centre
- Additional Staffing

Underachievement of Efficiency Savings/ Cost Reductions

There has been a significant impact on the Board's ability to meet its savings targets/ cost reduction plans as set out in the AOP due to Covid 19. The reported underachievement of savings to date are:

- Health Board £2.305m
- H&SCP £0.333m

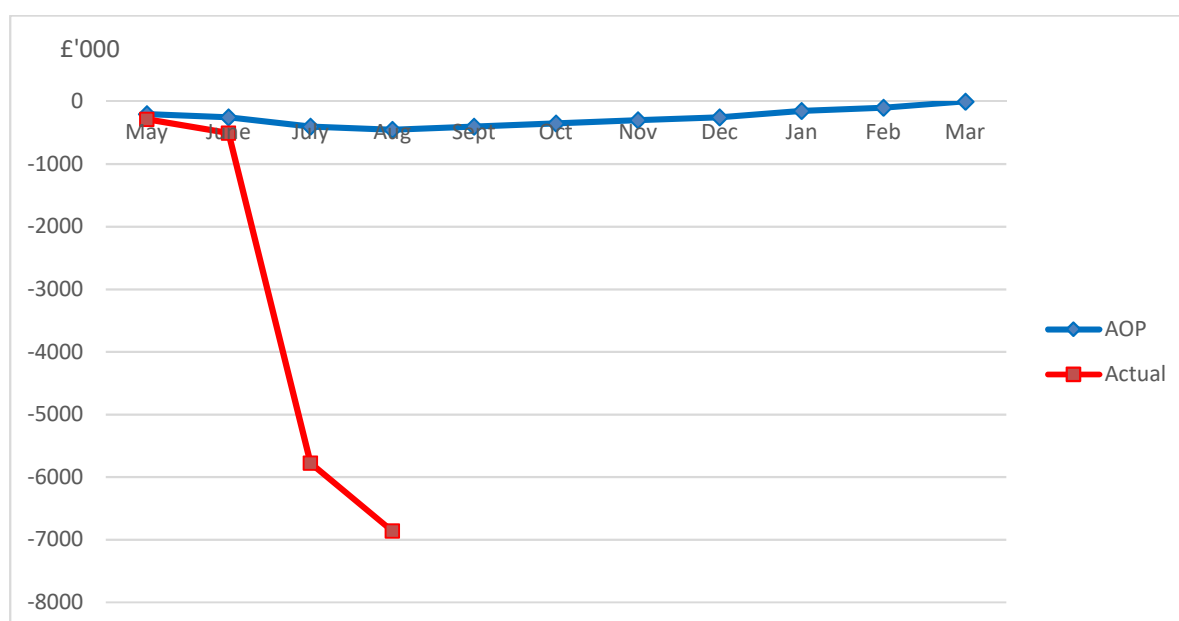
Unallocated Funds

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 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, excluding Covid 19 funding.



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 Boards AOPs submitted to the NHSO Board for scrutiny outlined key savings requirements over the 3-year cycle (both recurring and non-recurring). Following various discussions, the Board agreed implement subject to a risk and quality assessment a number of cost control measures in order to reduce the non-recurring and recurring pressures. This has had a favourable impact on the forecast deficit presented to the Board in the December draft plans, as detailed:

| | 2020/21 | 2021/22 | 2022/23 |
|---------------------------------------|---------|---------|---------|
| | £000 | £000 | £000 |
| Deficit per December Draft Plans | (6,634) | (2,403) | (1,722) |
| Deficit per February Draft Plans | (2,993) | (1,117) | (1,122) |
| Cost Reduction Plans (Detailed Below) | 3,640 | 1,286 | 600 |

| Cost Reductions – Detailed | 2020/21 | 2021/22 | 2022/23 |
|--|---------|---------|---------|
| | £000 | £000 | £000 |
| Medical Staffing – Recurring | 229 | | |
| IJB - Primary Care | 800 | 1,200 | 400 |
| Medical Staffing - Non-Recurring | 1,590 | | |
| Profiling Expenditure/ Investment Review | 821 | (114) | |
| Anticipated Non-Recurring Allocation | 200 | 200 | 200 |
| | 3,640 | 1,286 | 600 |

There were additional plans in place in order to allow the Board to breakeven, as detailed:

| 2020/21 | 2021/22 | 2022/23 |
|---------|---------|---------|
| £000 | £000 | £000 |

| | | | |
|------------------------------|-------|-------|-----|
| Capital to Revenue Transfer | 1,000 | 500 | 500 |
| Disposal Proceeds | 250 | | |
| 1.5% Savings Target | 750 | 750 | 100 |
| Grampian SLA/ Travel Savings | 500 | | |
| Unidentified Savings | 493 | 36 | |
| | 2,993 | 1,286 | 600 |

However, in light of Covid-19 pandemic the Financial Plan has been updated with a paper taken to the Board. Of the £6.6m of cost reductions and efficiency savings the board is anticipating delivery £0.3m. The additional £6.3m of non-delivery has been built into the quarter one LMP. With immediate effect the organisation has been asked to review and action the achieving financial balance paper which was submitted to the Scottish Government and approved by the Board subject to a quality and risk assessment to enable achievement of £0.3m of the savings targets.

Covid 19 spend and forecasts continue to be monitored and updated whenever new information becomes available. Work also continues on refining and updating the cost implications of remobilisation plans.

Forecast Position

As outlined above, the Board is forecasting a £14.416m overspend at year end, this is fully attributable to the anticipated costs of Covid 19. The position 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 and Covid 19 spend/ funding assumptions.

Recommendation

note the reported overspend of £6.859m to 31 August 2020

note the narrative to the year end assumptions and outturn

Mark Doyle

Director of Finance

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

| From LDP - assumed allocations | | | | |
|---|-------------------------|--|---------------|------------------|
| | Included in LDP £ | Received in RRL to 31/07/20 £ | Variance £ | Outstanding £ |
| Allocations Received | | | | |
| Initial Baseline | 52,592,105 | 52,590,512 | (1,593) | |
| PASS Board Costs | (2,917) | (2,796) | 121 | |
| Allocations Awaited | | | | |
| Primary Medical Services - provision and support | 5,315,827 | | | 5,315,827 |
| Salaried GDS | 1,747,299 | 1,747,299 | 0 | |
| Balfour Unitary Charge | 1,002,000 | 1,050,651 | 48,651 | |
| Outcomes Framework | 439,144 | 466,250 | 27,106 | |
| 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 | 228,724 | 148,692 | |
| 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 | 211,186 | (11,115) | |
| Open University Nursing Students 1st & 2nd Quarter Patments | 45,000 | | | 45,000 |
| Open University | 45,000 | 35,000 | (10,000) | |
| Forensics Service | 44,183 | 110,145 | 65,962 | |
| Integrated Primary and Community Care (IPACC) Fund | 33,600 | 33,600 | 0 | |
| Realistic Medicines Lead | 30,000 | | | 30,000 |
| GP Out of Hours (OOH) Fund | 24,210 | | | 24,210 |
| 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) |
| | 60,652,278 | 56,470,571 | 267,824 | |

Appendix 1 – Core Revenue Resource Limit (new allocations)

| New RRL allocations | |
|---|----------------|
| | Non-recurring |
| | 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 |
| Vitamins for Pregnant & Breastfeeding Women and Infants | 1,947 |
| Cancer Access Funding | 48,000 |
| Type 2 Diabetes Framework | 65,800 |
| Social Care Sustainability | 139,000 |
| Breastfeeding Projects Year 3 | 42,275 |
| Public Health Test & Protect Programme | 16,961 |
| Covid Social Care Sustainability Support | 200,000 |
| School Nursing Service | 46,000 |
| | 834,396 |

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

| Non-Core assumed allocations | | | |
|------------------------------|-------------------------|--|------------------|
| | Included in LDP £ | Received in RRL to 31/07/20 £ | 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

| | |
|---|---|
| NHS Board Report Number: This report is for assurance and scrutiny. Title of report : Performance Report | |
| SMT Lead Author | Christina Bichan, Chief Quality Officer Louise Anderson, Waiting Times Co-ordinator |
| Action Required | The Board of NHS Orkney is invited to: 1. <u>review</u> the report and <u>note</u> the assurance provided |
| Key Points | <ul style="list-style-type: none"> • Performance in ED continues to be good and in line with the 95% standard. • Waiting times for elective services have been adversely affected in recent months however remobilisation is having a positive impact on waiting times and access improvements are being seen in many areas. • 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 with notes made where there is no update available. • Unpublished information on all performance measures continues to be provided to Finance and Performance Committee for scrutiny and on the summary management information to all Board members on a weekly basis to increase oversight of performance. |
| Timing | For consideration at the October 2020 meeting. |
| Link to Corporate Objectives | The Corporate Objectives this paper relates to are: <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services |
| Contribution to the 2020 vision for Health and Social Care | 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. |
| Benefit to Patients | More timely access to care and services. |
| Equality and Diversity | There are no Equality and Diversity implications identified with this item. |

NHS Orkney Board

Performance Report

Authors Christina Bichan, Chief Quality Officer
Louise Anderson, Waiting Times Co-ordinator

Section 1 - Purpose

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

Section 2 - Recommendations

The Board of NHS Orkney is invited to:

- review the report and note the assurance provided

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. In some instances, standards are subject to annual, national data collection and no update from the performance previously reported will be available. For the next report all measures will include reference to the data collection period and will be presented in a way which makes this clearer for members.

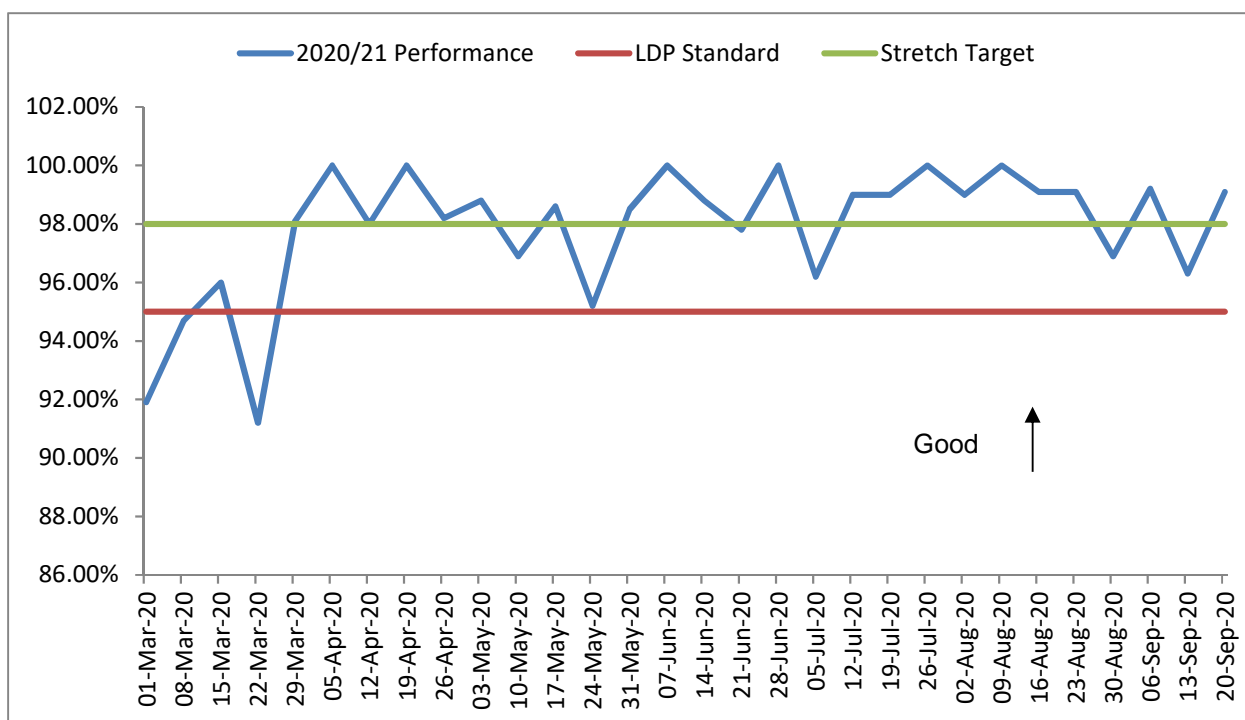
Circulation of Board level management data on a weekly basis is now well embedded to support Board members in being better informed of operational performance.

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%.

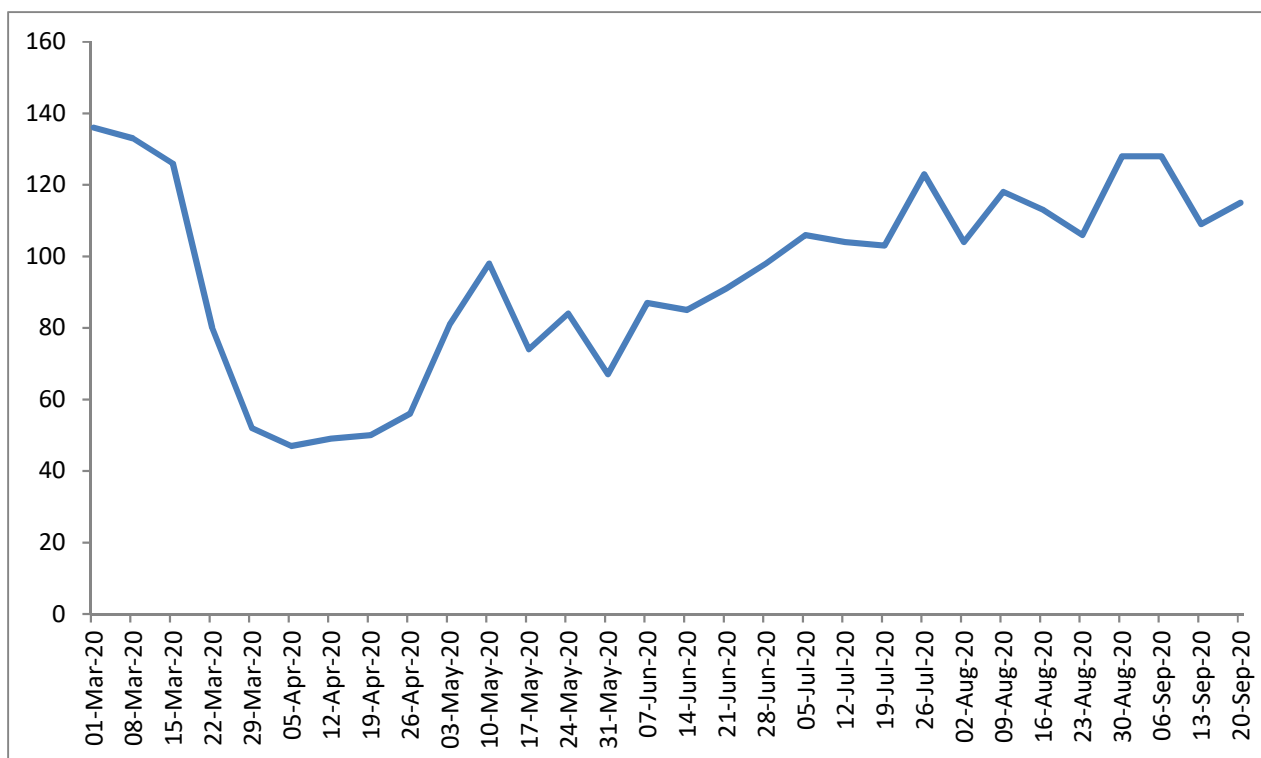
Update – As at week ending 20th September 2020, the number of patients waiting less than 4 hours from arrival to admission, discharge or transfer for A&E treatment is currently at 99.1%. Performance in this area continues to be very good as shown in Figure 1 however this is an area where performance will be significantly impacted in the coming weeks and months should presentations further increase and patient flow not be maintained in other parts of the health care system. It is thus a critical area of consideration in our winter planning and preparedness.

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.

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 – As at 30th June 2020, there were 776 patients waiting for a new outpatient appointment. Of these 504 (65%) have been waiting over 12 weeks and 383 have waited over 16 weeks. This has increased as expected since the start of the COVID-19 pandemic. Access to elective care continues to be based on clinical prioritisation and the longest waits are being experienced in Ophthalmology and ENT. Visiting services have resumed for most specialities after having been paused during the initial pandemic response phase however ENT is limited to off island access only unless the use of NearMe is suitable for the presenting condition. Due to the ongoing application of safe systems of work which align with social distancing and infection control requirements face to face outpatient clinics operate with 50% of their usual capacity and NearMe is used whenever clinically appropriate to minimise the need for patients to travel. Looking ahead, making improvements to performance in the current operating environment is challenging and must be balanced with the ongoing situation in regards to COVID-19.

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

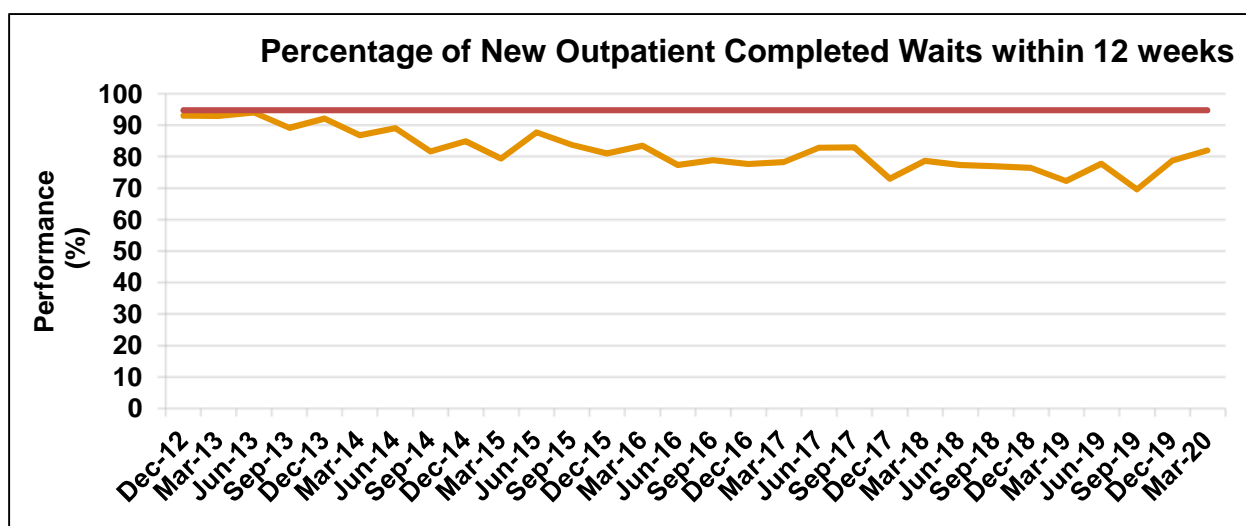
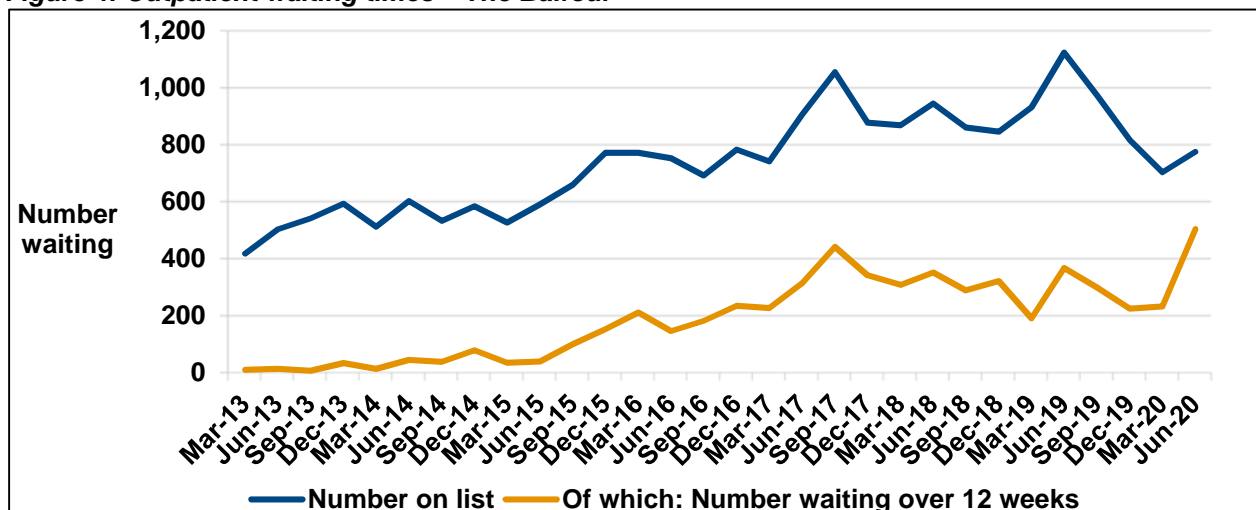


Figure 4: Outpatient waiting times – The Balfour

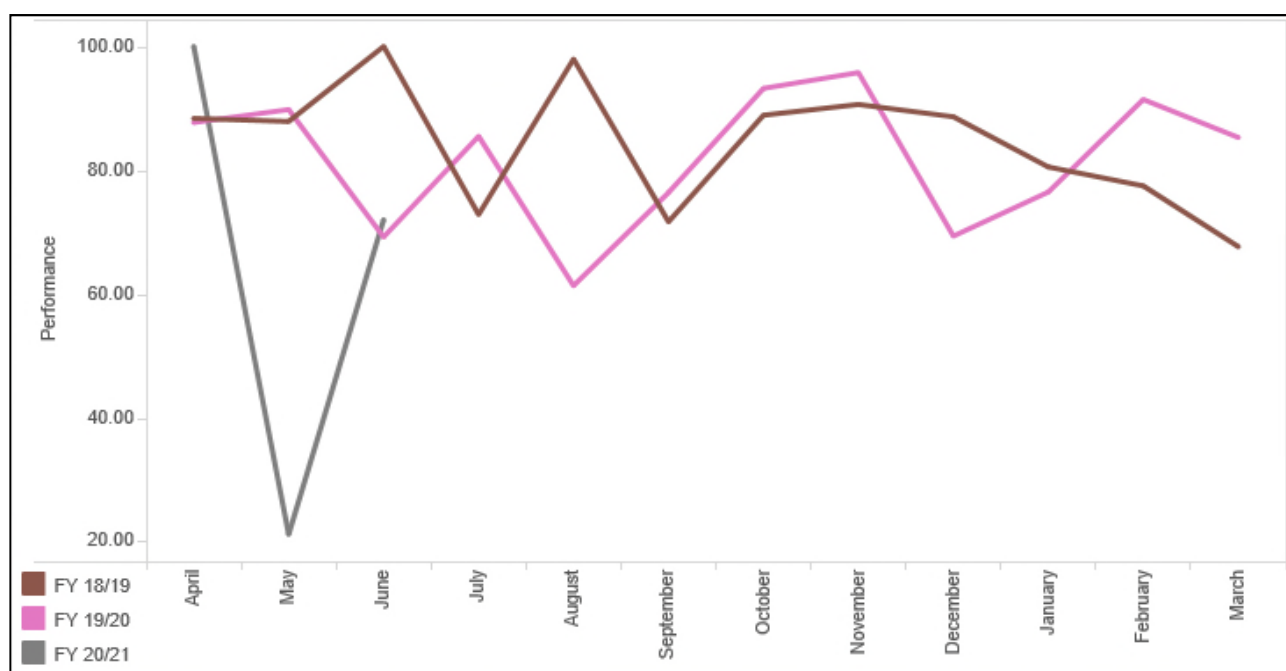


3. Treatment Time Guarantee (TTG)

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 - Current figures indicate that 107 patients have been seen during June 2020. Of these 48.6% of patients waited less than 12 weeks from referral to treatment. There were 148 patients on the list in June and of these 117 (79.05%) were waiting over 12 weeks. 4 of these patients were classed as unavailable for treatment; of which 2 were medical reasons and 2 were patient advised due to personal commitments. Current performance in comparison to previous financial years is shown in Figure 5.

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



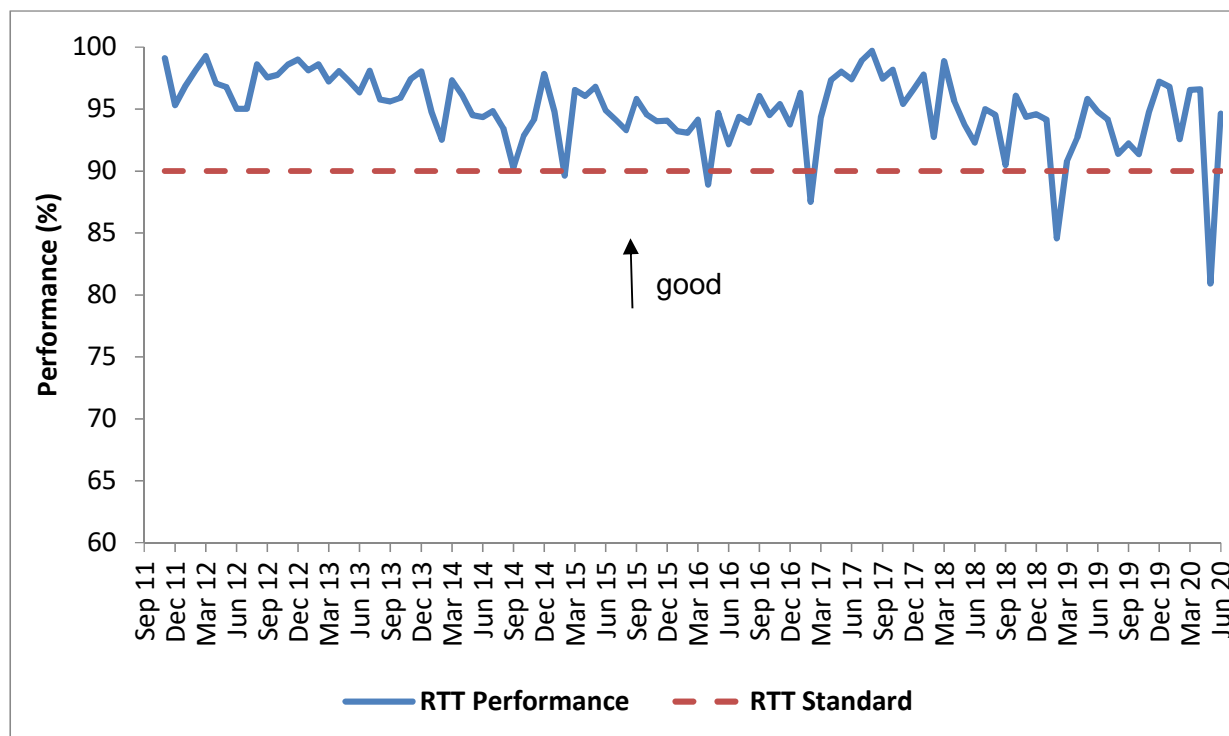
Improving access to elective inpatient and day case procedures was prioritised within the Board's Remobilisation Plan and the backlog in general surgery cases has been significantly reduced in recent weeks. Delays in accessing Trauma and Orthopaedic procedures, particularly those off island, are however still being experienced. Assurance however should be taken from the fact that all waiting lists are subject to active clinical review and prioritisation ensuring that those who are most in need to care are able to access services as quickly as possible.

4. 18 Week Referral to Treatment (RTT)

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

Update – In June 2020, 94.6% of patients were reported as commencing treatment within 18 weeks, with the Scottish average being 77.8%. Figure 6 shows RTT performance over time.

Figure 6: Current 18 week RTT performance



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.

Position – There is no formal update to provide on this measure. 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 12th week of gestation

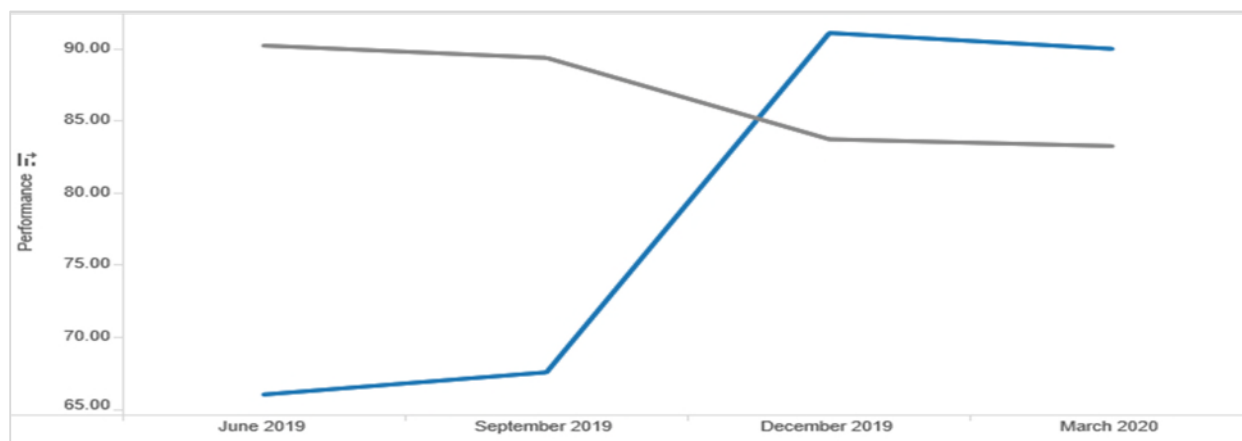
Position – There is no formal update to provide on this measure. At the end of September 2019, 75% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12th week of gestation.

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 – In Quarter Q1 (Apr-Jun) 2020/21, 37 ABIs have been undertaken in the priority settings and 46 have been undertaken in the wider settings giving a total of 83 conducted overall. During 2019/20, NHS Orkney delivered 224 ABIs in priority settings, 213 in wider settings; giving a total of 437. The LDP standard is to deliver 249, which makes NHS Orkney's performance 188 above the standard (performance 175.5%).

Figure 7: 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. 71.4% of patients started treatment within the 62-day standard although the impact of the very small numbers involved in creating significant % shifts should be noted. 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.

Figure 8: 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

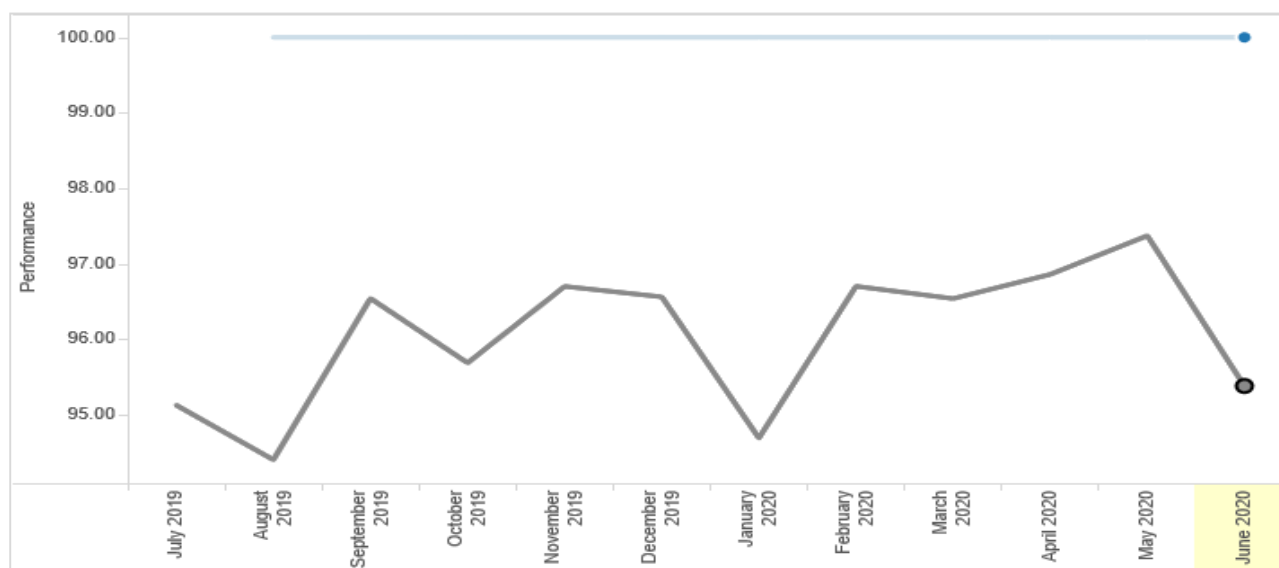
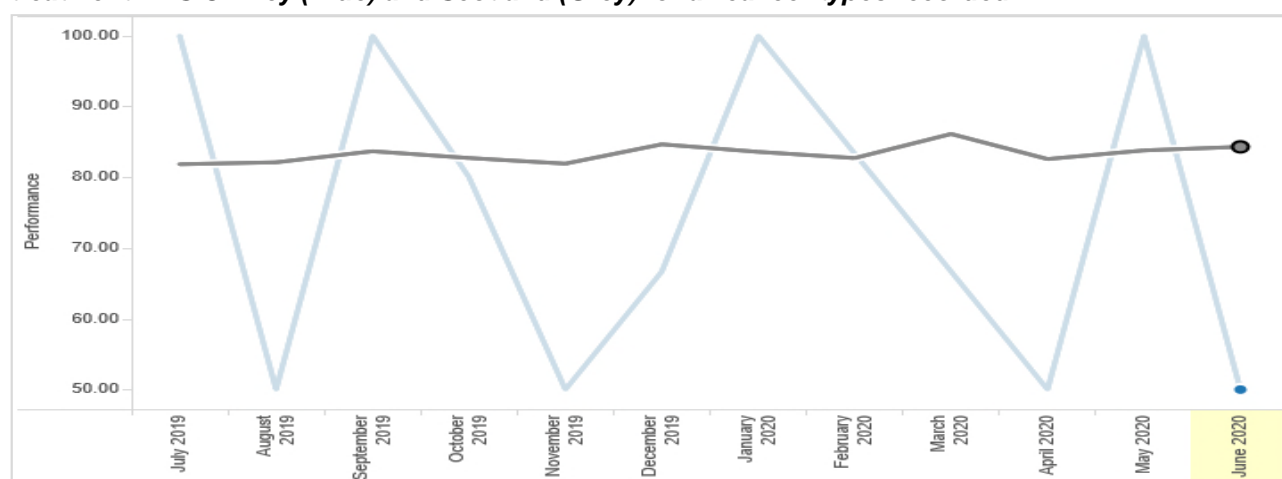


Figure 9: Performance against the 62-day standard from date decision to treat to first cancer treatment NHS Orkney (Blue) and Scotland (Grey) for all cancer types recorded

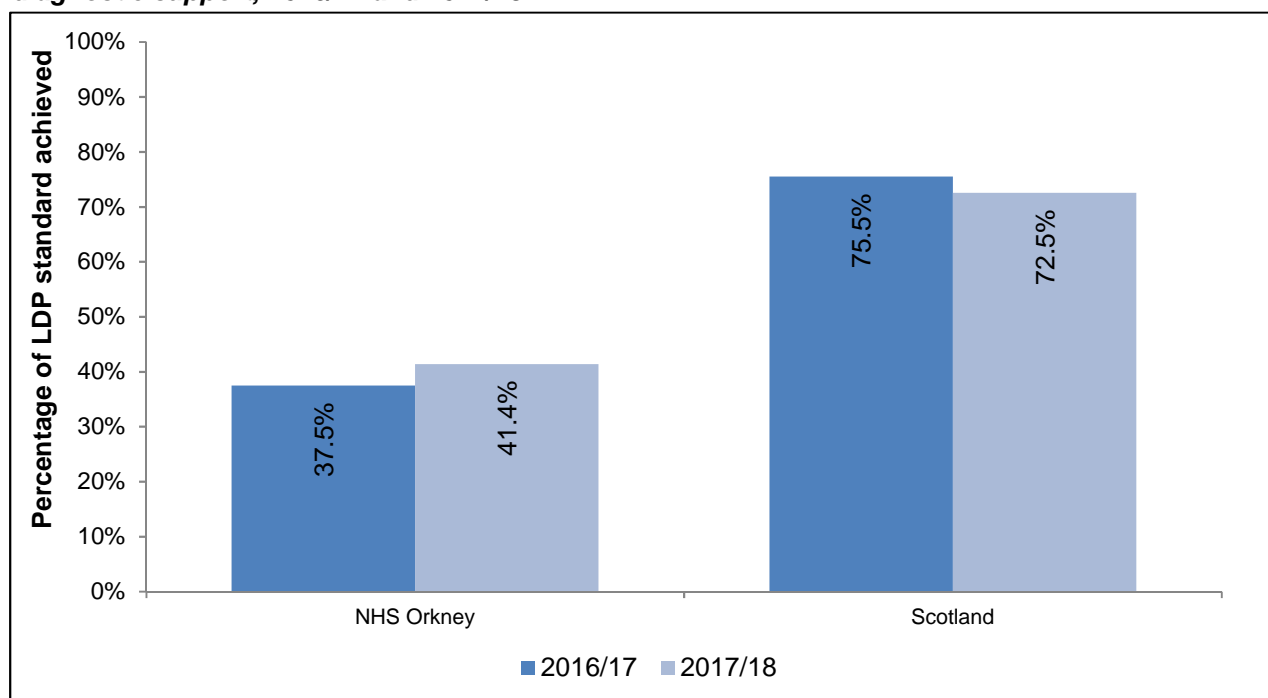


9. Dementia

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

Position – There is no formal update to report. 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 10: 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%

Position – There is no formal update to report. The baseline taken in 2010-2011 for NHS Orkney showed 13 (19.7%) patients were treated at stage 1. 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. A national update on these figures was due to be released in August 2020 but has been delayed.

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 (quarter ending June 2020) show 100% of people who started their first drug or alcohol treatment waited three weeks or less. The last time this figure was below 100% was during the period ending 31st December 2018, when the performance was 93.8%. Performance in this area continues to consistently meet the standard.

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 June 2020, 60% of children and young people commenced treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral. As can be see from Figure 11 access has been reduced in the early part of the financial year as a result of a reduction in capacity and the pandemic response. During the same quarter 36.7% of patients commenced Psychological Therapy based treatment within 18 weeks as shown in Figure 12 with an improvement in performance expected as the service remobilises.

Figure 11: Percentage of patients seen within 18 weeks within the Child and Adolescent Mental Health Service

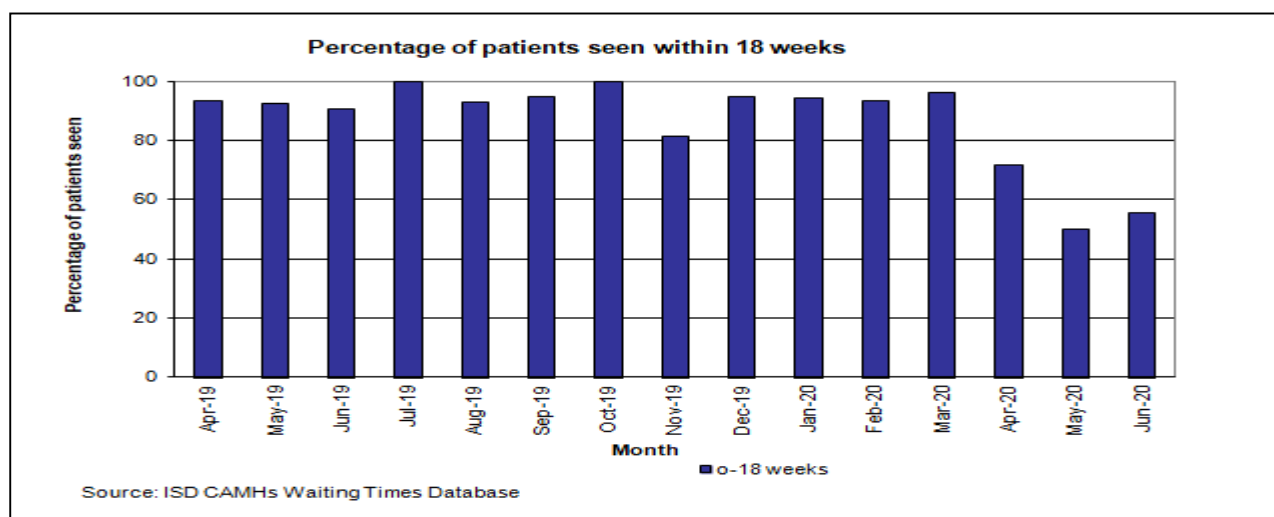
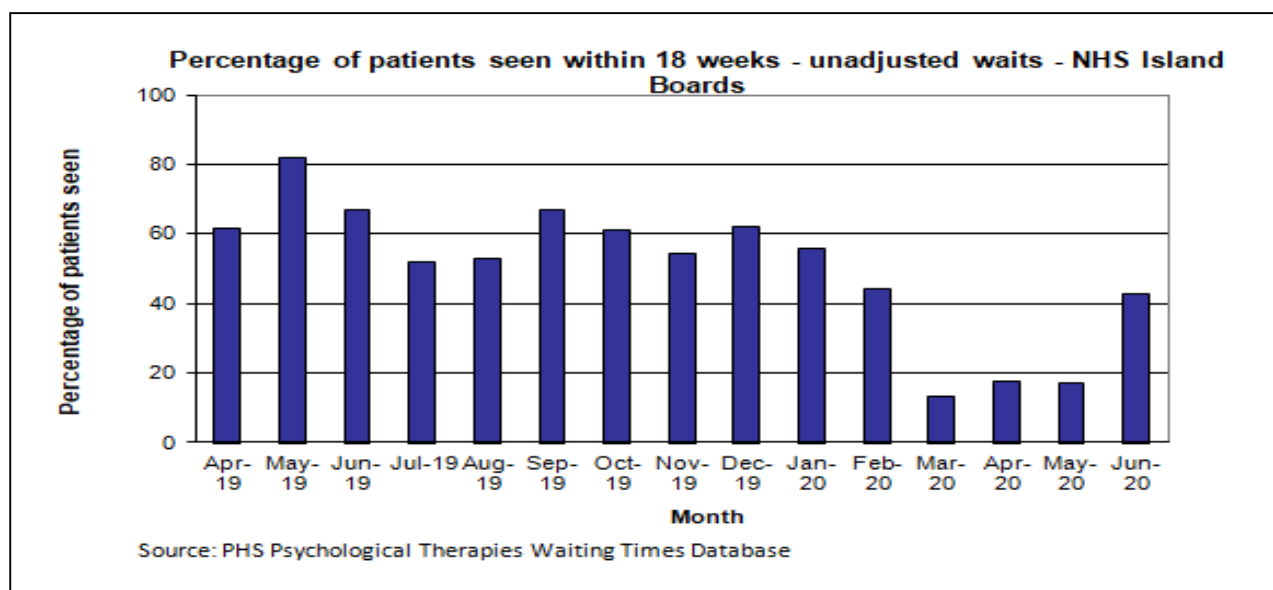


Figure 12: Percentage of patients seen within 18 weeks for Psychological Therapy



* Please note that these figures combine NHS Shetland, NHS Orkney and NHS Western Isles due to the small number of patients involved and risks around potential disclosure through publication.

13. IVF Treatment

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

Position – No formal update to report. At the end of March 2020, 100% of eligible patients who were referred, commenced IVF treatment within 12 months of referral.

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)

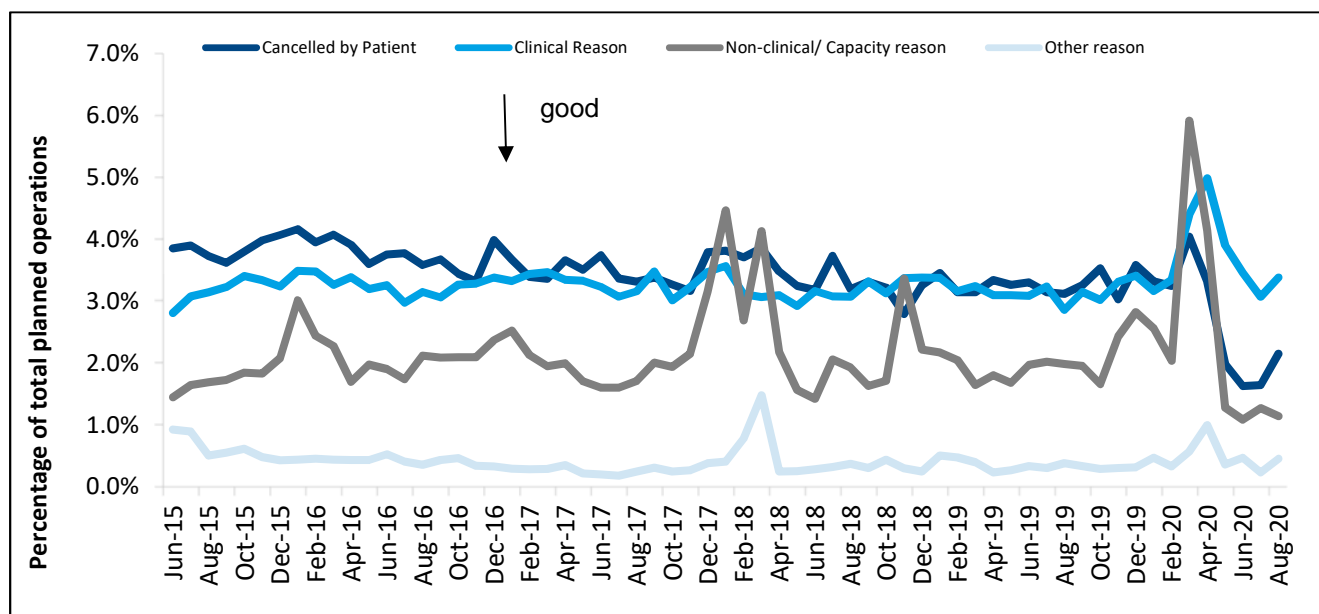
Position – No formal update to report. During 2019/20 there were 32 quits (target was 31), of which 13 are in the most deprived areas giving an achievement of 41.9%. Most recent data shows that in quarter 1 of 2020/21 there was 1 successful quit and they were outwith the 60% most deprived.

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

The total number of planned operations across NHS Orkney during August 2020 was 279, an increase from 183 in June but a decrease from 281 in July. 10 operations were cancelled in August 2020. Figure 13 provides the cancellation percentage over time along with the cancellation reason. NHS Orkney continues to perform well in this area with monthly percentage running below that reported as the Scottish average (2.7% in Orkney and 6.7% Scottish average – data from June 2020 publication).

Figure 13: Cancellation reason for planned operations



16. Diagnostics

At the end of June 2020 there were 88 patients on the waiting list for a key diagnostic test. Of these, 53.41% had been waiting greater than 4 weeks and 34.09% had been waiting greater than 6 weeks. 69 (78.41%) were waiting for a radiology appointment, with the majority of these (65.22%) waiting for a 'non-obstetric ultrasound'. 19 (21.59%) were waiting for an endoscopy appointment, with the majority (47.37%) waiting for an 'upper endoscopy'. As part of delivering the Board's Remobilisation Plan the backlog in diagnostic tests has been addressed and performance improvements in this area will be seen in future reports.

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 below. It should be noted that no up to date published data is available in this area however internal, unpublished data is made available to the Finance and Performance Committee for scrutiny.

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) |
|---------------------|----------------------------------|---|----------------|-------------------------|
| As at December 2018 | 603 | 87 (14.4%) | 20 | 43 |
| As at December 2019 | 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 |
|---------------------|-------------------------------|---|
| As at December 2018 | 364 | 181 (49.7%) |
| As at December 2019 | 351 | 190 (54.1%) |

With the ongoing pandemic situation this is an area where access to service continues to be adversely affected although modalities such as NearMe are being used to facilitate and improve access wherever clinically appropriate, Face to face assessment and treatment is a necessity in many instances however and steps are being taken to increase the space available to AHP services to improve access for patients over the winter period.

18. Delayed Discharges

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

At the census point in July 2020 there were 4 people who were delayed in their discharge from the Balfour. The reasons for delay along with the impact in terms of bed days is presented in Figure 15. Figure 16 shows the delayed discharge census by delay reason.

Figure 15: Bed days occupied by Delayed Discharges July 2016 – July 2020

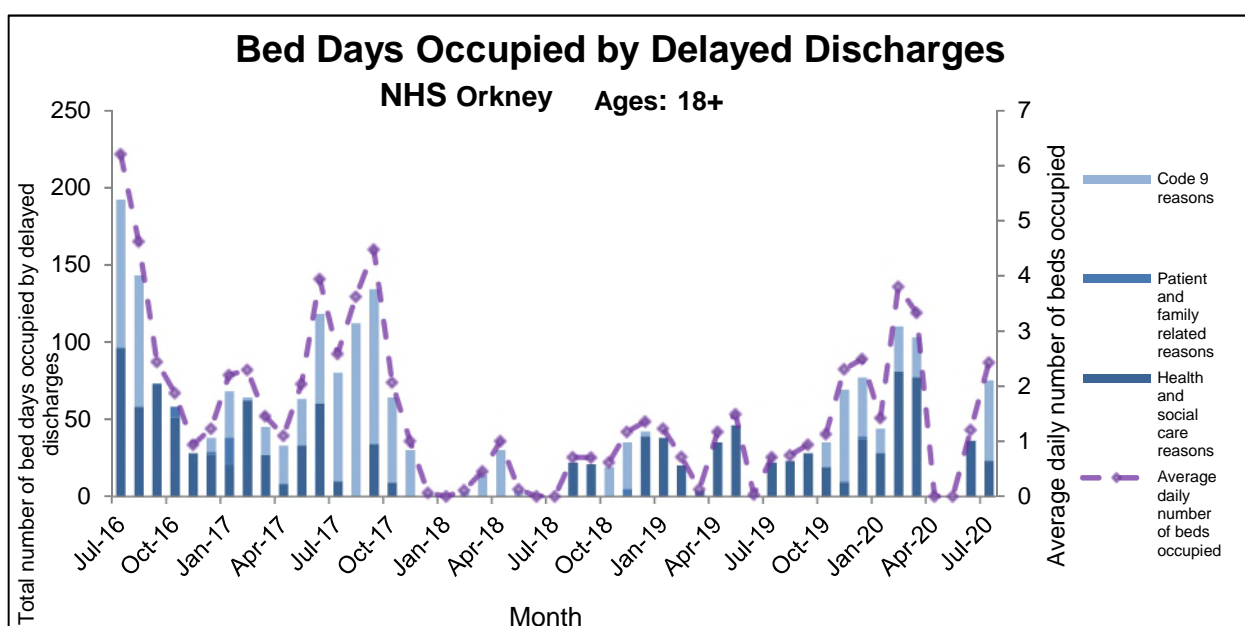
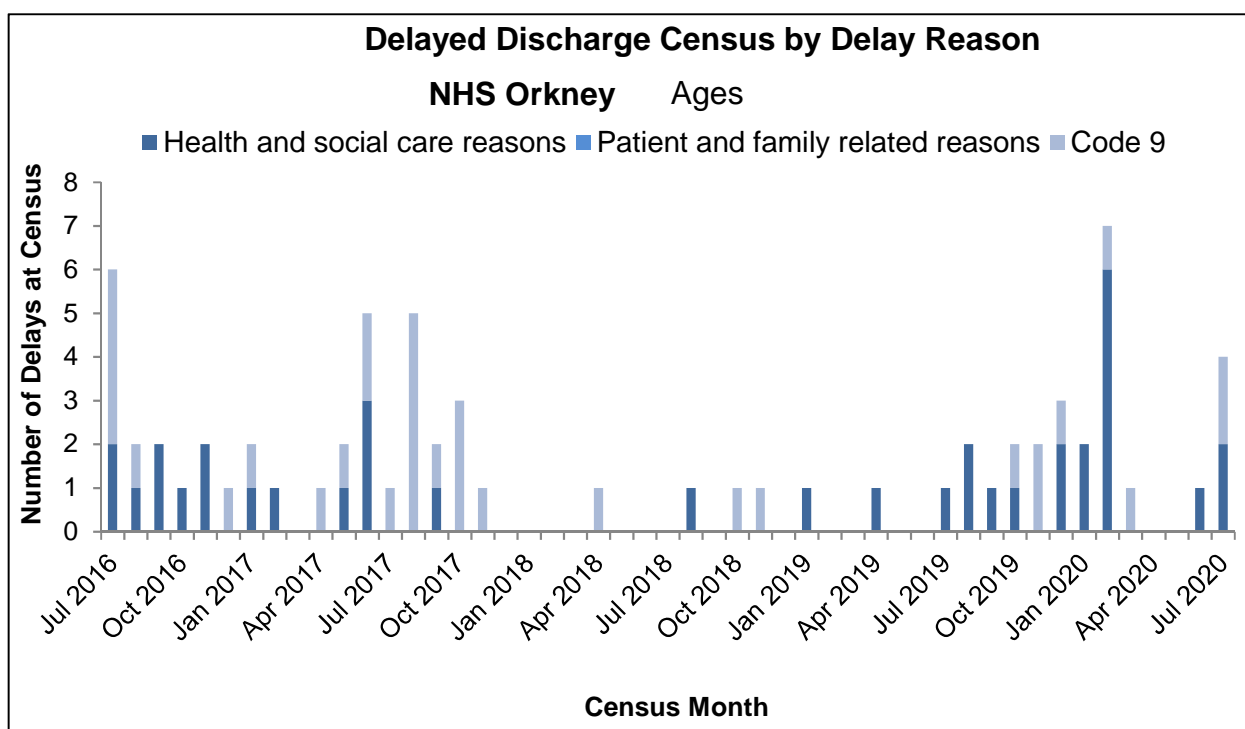


Figure 16: Delayed Discharge census by delay reason July 2016 – July 2020



Looking ahead to winter maintaining flow through the Balfour is critical to ensuring patients have access to acute care when they need it, for as long as they need and therefore are a number of work strands with a focus on this area. Within the Acute Service consideration is being given to the timeliness of multi disciplinary involvement in discharge planning to identify opportunities for improvement and this will be further supported by a DHI Best Practice Workshop on Discharge which is being established. Additionally, pathways of care are being considered as part of the redesign of Urgent Care national workstream implementation, respiratory pathway development and the continued COVID-19 response to ensure alternatives to admission are clear and able to be maximised.

Appendices

None.

Not Protectively Marked

| | |
|---|--|
| NHS Orkney Board – 22 October 2020 Report Number: OHB2021-66 This report is for assurance, comment and approval Finance and Performance Committee – Chair’s Report | |
| Lead Director Author | Davie Campbell, Finance and Performance Committee Chair Davie Campbell, Finance and Performance Committee Chair |
| Action Required | The Board is asked to: 1. To <u>note</u> the report 2. <u>Seek assurance</u> on performance |
| Key Points | This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on Thursday, 24 September 2020. |
| Timing | The Finance and Performance Committee highlights key issues to the Board on a quarterly basis following each meeting. |
| Link to Corporate Objectives | The corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |
| Contribution to the 2020 vision for Health and Social Care | The work of the 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 supporting the Board in its responsibilities for issues of risk, control and governance |

| | |
|-------------------------------|---|
| | and associated assurance through a process of constructive challenge. |
| Benefit to Patients | Delivery of the best possible outcomes for the people of Orkney within available resources. |
| Equality and Diversity | No specific equality and diversity elements to highlight. |

Not Protectively Marked

NHS Orkney Board – 22 October 2020

Subject Finance and Performance Committee Chair's Report

Author Davie Campbell, Finance and Performance Committee Chair

Section 1 Purpose

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Finance and Performance Committee which took place on Thursday, 24 September 2020.

Section 2 Recommendations

The Board is asked to:

1. **Review** the report

Section 3 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting held on Thursday, 24 September 2020.

Section 4 Discussion

4.1 NHS Orkney's Financial Position

The Finance and Performance Committee received the Financial Performance Management report, detailing the current financial position of NHS Orkney. Members agreed that this should be reported to the Board, highlighting the following key points:

- The revenue position for the four months to 31 July 2020 reflects an overspend of £5.772m
- This was significant movement from the month three overspend of £502k, due to the fact that previously made assumptions regarding funding for costs included in the COVID-19 LMP return having been reversed and with costs to date instead being included in the overspend figure
- Of the £5.772m overspend, £3.273m relates to COVID-19 spend to date, and £1.945m relating to unachieved savings attributed to the impact of COVID-19

-
- NHS Orkney's operational performance at month four is therefore £554k overspend
 - Until the position on funding for COVID-19 is clarified by the Scottish Government, there is a forecasted year end position overspend of £14.032m; fully attributable to the impacts of COVID-19
 - The year to date forecast figures assume no funding for COVID-19 spend
 - Waiting Times Initiatives funding will be received to match costs for the year
 - Prescribing costs would reduce from the current high unit cost and activity, bringing spend back into line with budgets at year end
 - There was a current underspend on travel expenditure for patients to attend off-island appointments. It was assumed that activity would increase over the remainder of the year
 - It was anticipated that £0.8m of the £6.6m spend reduction/savings target would be achieved
 - The Board had recently embarked upon a Cost Improvement Programme, which was supported by the Board, Medical and Nursing Directors, Director of Public Health and Director of Finance.

4.2 COVID-19 – Q1 Finance Return

The Finance and Performance Committee received a report on the COVID-19 quarter one financial return, which detailed various areas of spend and included both NHS costs and Health and Social Care Partnership (H&SCP) costs. The return also included an approval tracker for all spend, noting that any spend higher than £100k would require approval from the Scottish Government. Members were informed that the next update (due on 18 September 2020) to the Scottish Government would refine the projected costs included in the initial quarter one return information and would address any queries raised by the Scottish Government.

Appendices

Appendix 1 Approved minute from Thursday, 23 July 2020

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Thursday, 23 July 2020 at 9:30**

Present: Davie Campbell, Non Executive Director (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 (for item 506)
Christy Drever, Committee Support
Eddie Graham, Resilience Officer (for items 507-509)
Fiona MacKellar, Employee Director
Louise Wilson, Director of Public Health
Samantha Wishart, PA to Director of Public Health (observing)

501 **Apologies**

Apologies were noted from Michael Dickson, David McArthur, Marthinus Roos, Sally Shaw, Keren Somerville and James Stockan.

The Chair advised that he and the Committee Support would liaise with the Chief Officer in order to arrange a delegate to attend each meeting of the committee.

502 **Declarations of Interests – agenda items**

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

503 **Minutes of Meeting held on 17 June 2020**

The minute of the meeting held on 17 June 2020 was accepted as an accurate record of the meeting and was approved, with no amendments noted.

504 **Matters Arising**

335 – Near Me Update

The Chair enquired if there had been any progress surrounding the uptake of Near Me and was advised that there had been an article promoting the successful uptake of the service within the local newspaper. There had also been discussion with third sector colleagues and further engagement with GP colleagues as a priority. Further work to tie in remobilisation and the use of Near Me as much as possible was also in process with NHS Grampian. A formal update report would be taken to the next meeting of the Committee.

337 – Technology Enabled Care Strategy

The Head of Corporate Services advised that she was awaiting confirmation from finance colleagues regarding the capital allocation available. The Board Chair raised concerns re the risks associated, and was assured that these risks were on the risk register which would be attached to the final strategy once all allocations were confirmed. The strategy would be brought back to the Committee once prepared and

was hoped to be ready for the next meeting.

338 – Community Electronic Patient Record (EPR)

The Board Chair advised that the Interim Chief Executive and Head of Digital Transformation and IT had been discussing this topic, and an update would be circulated to the Committee.

505 **Action Log**

The action log was reviewed and updated as required.

Performance Management

506 **Workforce Report - FPC2021-19**

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 continue.

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 it would be beneficial for the committee to receive:

- Vacancy and recruitment statistics, including the average time taken to recruit and any reasons for delays
- Comparisons with other Boards
- Corrective and reactive measures taken to control costs
- Succession planning

The Interim Director of Finance stressed that without detailed numbers, it was difficult to take assurance from the report. Members agreed that the figures given within the report were only a snapshot and it was important to provide workforce related costs in detail.

The Head of Corporate Services advised that in future it was hoped to be able to show links between statistics, for instance an increase in bank usage in relation to overtime costs, sickness absence and vacancies. She also suggested that it was important to look at the wider process of recruitment, and possibly filling posts differently, including through development opportunities.

Members agreed that it was important to know what good performance in this area looks like, in order to know if it was being achieved and how to work towards it in future.

The Chair praised the feedback from members and agreed that the Head of Corporate Services would circulate a draft report virtually to allow members to comment, with a follow up report brought to the September meeting.

Decision/Conclusion

Members noted the update and look forward to receiving an updated report at the next meeting.

507 **Integrated Emergency Management Training 12th & 13th February 2020 - FPC2021-20**

The Resilience Officer brought the update to the Committee advising that the Integrated Emergency Management Training had taken place on 12-13 February 2020 at The Balfour on a multi-agency basis to reduce the abstraction time for managers and was delivered by external facilitators from ScoRDS. It was noted that only 3 NHS Orkney managers were able to attend the training on the chosen dates due to other commitments.

Decision/Conclusion

Members noted the update.

508 **41 Standards of Organisational Resilience – FPC2021-21**

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. He explained that it provided a framework to direct all resilience work within Boards.

Since the last submission, the Board had improved on 19 standards, with the remaining 22 staying at the same level. Members were informed that some standards were aspirational for a small Board, for instance the provision of a radiation monitoring unit, and this had been reported back to the Scottish Government. Members noted that in some cases, whilst the Board didn't have on island facilities, support was provided through the Service Level Agreement with NHS Grampian, for instance paediatric services.

It was noted that the submission was returned to us with feedback and specific areas where the Board should focus efforts to improve for the future.

The Director of Public Health thanked the Resilience Officer and all staff involved in resilience across NHS Orkney for their hard work. She stressed the importance of Boards working together to look for solutions, and the need to balance what we plan to achieve, with realistic resources and abilities.

The Resilience Officer stressed that standard 30 was level 1 due to a lack of capacity. He noted that the Director of Nursing, Midwifery, Allied Health Professionals and Acute Services was the only individual with specialist skills to handle ballistic and blast injuries, meaning that if there was a terrorist attack the Board would struggle with the response. Whilst NHS Orkney had high occurrences of fire arm owner incidents, there was not the same level of exposure to ballistic incidents as other Boards. Due to staff capacity, the Board would be reliant on other Boards to assist in this area if required.

The Chief Quality Officer advised that she and B Wilson were currently updating the children's inspection report and that a piece of work was ongoing regarding the visiting service.

Decision/Conclusion

Members noted the submission.

509 **Chairs Resilience Report 23/07/2020 – FPC2021-22**

The Resilience Officer presented the report for noting, advising that the Resilience Group had not met due to the pandemic response. Key points included:

- Following on from the audit undertaken by Scott Moncrieff, The Business Continuity Management Policy had been formally approved. There were now approximately 58 Business Continuity Plans in place covering all the services.
- Major Incident Plan exercises had taken place throughout the year
- A Climate Change Risk Assessment (CCRA) & Adaption workshop took place at NHS Orkney on the 14th of February 2020. Work was now recommencing to complete the assessment tool version 2 This would be facilitated by NHS National Services Scotland utilising an excel based tool version 2.
- The Resilience Officer had been supporting the Boards Covid-19 response and had sat on the Gold and Silver Groups and set up the PPE and Supply Chain sub-group.
- There would be significant workstreams in the mass vaccination programme, sustaining the Covid-19 response for any potential second wave and planning for concurrent events such as pandemic flu and Brexit all of which had a resilience element.

Decision/Conclusion

Members noted the update.

510 **Performance Management Report – FPC2021-23**

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 within the Emergency Department continued to be good, however numbers had not fully returned to normal.
- Services were gradually being reintroduced, however elective services were still very low compared to expected numbers for the time of year.
- Performance within delayed discharges remained good, however winter planning might see an increase in delays due to 14-day quarantine for patients.

The Board Chair suggested that the delayed discharges be separated in future, to show which were due to quarantine requirements. The Chief Quality Officer advised that she would look into a way of separating the data if possible.

The Chief Quality Officer stressed the importance of not allowing incorrect attendance to the Emergency Department to return. National communication was due out as part of the winter planning process to advise the public where to attend if required, and the Chief Quality Officer felt it would be beneficial to proactively promote this within Orkney.

Members were reassured that the 4 breaches had been investigated thoroughly, with the Director of Nursing, Midwifery, Allied Health Professionals and Acute Services maintaining oversight. If a patient breached by 8 hours this would be logged on Datix and would be discussed at the weekly incident review meeting to ensure learning

was taken.

The Employee Director raised concerns that statistics of Hamnavoe House were not available, causing delays within wards and impacting upon delays in the Emergency Department.

Decision/Conclusion

Members noted the update and were assured of progress.

Financial Management and Control

511 Financial Performance Management Report – FPC2021-24

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
- Various assumptions had been made including:
 - Funding for the year to date and ongoing mobilisation costs would 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 would be received to match costs for the year.
 - Prescribing costs would reduce from the current high unit cost and activity would level out so the overspent position at month 3 was brought back in line with budget at year end.
 - There was an underspend on travel expenditure for patients to attend appointments off island. It was assumed activity would increase over the remainder of the year.
 - At this point, the year to date COVID-19 costs for the mobilisation plans were still being refined and whilst the position highlighted above would not change as a result, the year to date expenditure and budgets would be amended to reflect full mobilisation costs. This was to allow full Quarter 1 costs to be reported to the Scottish Government on 14th August 2020.
 - It was anticipated that per the Annual Operating Plans, the £750k Capital Allocation returned to the SG in 2019-20 would be reinstated in 2020-21.
- The Board was reflecting a breakeven position at year end if these assumptions were met.

The Board Chair queried how the service redesign work was progressing, raising that Quality Impact Assessments and Risk Assessments should be undertaken before any plans were implemented. The Medical Director and Director of Nursing, Midwifery, Allied Health Professionals and Acute Services were progressing this, and a report was hoped to be brought to the next meeting.

The Chair queried the need for the Value and Sustainability Delivery Group to be reinstated, however members agreed that a different strategy was required to make significant savings, and that all staff should be fully engaged in any service redesign and savings discussions. The Employee Director raised concerns surrounding the

removal of locum staff, as it would be difficult to provide some services to the same standard without them.

The Chief Quality Officer highlighted that during the period of remobilisation, it would be a good opportunity to review services and build on what we want them to look like in future. She advised that a joint development session had been arranged for the Area Partnership Forum and Area Clinical Forum, to allow staff to input into this review. She also noted that off island travel for appointments would hopefully be reduced in future with the use of Near Me facilities.

Decisions/Conclusion

Members noted the update and were assured of progress.

512 Covid-19 – Local Mobilisation Plan Weekly Finance Return – FPC2021-25

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

- The anticipated additional COVID 19 Health Board costs of £5.6m for 2020-21
- The anticipated Health and Social Care Partnership COVID 19 costs of £2.4m for 2020-21
- The anticipated Health Board under achievement savings for 2020-21 of £3.8m
- The anticipated Health and Social Care Partnership Board under achievement savings for 2020-21 of £1.2m
- The term Health and Social Care Partnership, which had been used throughout the mobilisation planning process, was synonymous to the Integration Joint Board.
- Mobilisation costs as a percentage of the NHS Orkney revenue budget was 25%, however the average for Boards was 9%, meaning we were an outlier.

The Interim Director of Finance raised concerns that the mobilisation and remobilisation costs would not be fully met by the Scottish Government allocation.

Members stressed the need to understand how NHS Orkney had become a significant outlier in mobilisation costs compared to other Boards. The Interim Director of Finance had begun work to investigate this.

The Interim Director of Finance stressed the need for service redesigns in line with the clinical strategy and achieving financial balance.

Members queried whether staff who had been recruited in March 2020 as part of the pandemic response, were still working with the Board. The Chief Quality Officer raised that staff might have been taking a different approach to charging to the COVID-19 budget, for instance bank hours and overtime. The Employee Director suggested that the need to bring in locum and agency staff had highlighted the lack of resilience within our substantive staff.

The Director of Public Health highlighted the need to manage the Boards risk appetite to ensure resources were invested in key critical services whilst also investing in new services and managing overspends to guide the Board forwards.

The Employee Director raised concerns re winter sickness absence levels due to coughs and colds whilst staff await testing for COVID-19.

Decisions/Conclusion

Members noted the update and were assured of progress.

513 Capital Plan 2020-21 – FPC2021-26

The Interim Director of Finance presented the report highlighting that:

- The Scottish Government was to provide NHS Orkney £0.978k Capital Resource Limit, which would allow the Board to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.

The Interim Director of Finance added that since the date of writing the report, the sale of a property in Hoy was accepted and was hoped to be concluded as soon as possible. He advised that any funds from the sale which were over the market value would go into NHS Orkney and the decision on how to use these funds would be taken to the Board.

Decisions/Conclusion

Members noted the update and were assured of progress

Governance

514 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

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

Board

- Workforce Report
- 41 Standards of Organisational Resilience
- Financial Performance Management Report
- Covid-19 – Local Mobilisation Plan Weekly Finance Return

516 Any Other Competent Business

The Chair raised that now that the Committee was back to the planned meeting schedule, all papers should be submitted inline with set deadlines. No late papers would be accepted unless under exceptional circumstances. All papers would now be ratified by the Interim Director of Finance before distribution.

Items for information and noting only

517 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9.30am on 24

September 2020.

518 **Record of attendance**

Members noted the record of attendance.

519 **Committee Evaluation**

The Chair praised the level of scrutiny and discussion surrounding items especially the workforce, resilience and integrated emergency management reports.

The meeting closed at 11.30

Not Protectively Marked

| | |
|--|--|
| NHS Orkney Board – 22 October 2020 Report Number: OHB2021-68 This report is for assurance, comment and approval Audit and Risk Committee – Chair’s Report | |
| Lead Director Author | David Drever, Audit and Risk Committee Chair David Drever, Audit and Risk Committee Chair |
| Action Required | The Board is asked to: 1. To <u>note</u> the report 2. <u>Seek assurance</u> on performance |
| Key Points | This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Tuesday, 1 September 2020. |
| Timing | The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting. |
| Link to Corporate Objectives | The corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement. |
| Contribution to the 2020 vision for Health and Social Care | The work of the Audit and Risk Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. |

| | |
|-------------------------------|---|
| Benefit to Patients | Delivery of the best possible outcomes for the people of Orkney within available resources. |
| Equality and Diversity | No specific equality and diversity elements to highlight. |

Not Protectively Marked**NHS Orkney Board – 22 October 2020****Subject** Audit and Risk Committee Chair's Report**Author** David Drever, Audit and Risk Committee Chair

Section 1 Purpose

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 1 September 2020.

Section 2 Recommendations

The Board is asked to:

1. **Review** the report

Section 3 Background

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday, 1 September 2020.

Section 4 Discussion**4.1 Audit Scotland Annual Audit Report 2019/20**

The Audit and Risk Committee received the completed, comprehensive Audit Scotland Annual Audit Report for NHS Orkney for the year 2019/20.

Members took assurance from the full report, noting that it was a valuable external summation of NHS Orkney's performance over the previous year and noted that key messages from the report required sharing with the wider Board.

Highlights taken from the report were:

- NHS Orkney's financial statements were considered a true and fair view
- Despite additional pressures due to COVID-19, there was only a minor delay in submitting the annual report and accounts to auditors. Collaboration between Audit Scotland and NHS Orkney's Finance Team ensured the audited accounts were able to be signed in line with planned deadlines

- NHS Orkney has a three-year, medium term financial plan, however the impact of COVID-19 is yet to be understood fully and thus has not been incorporated into the plan as of yet
- There are appropriate and effective governance arrangements in place, which were reviewed and revised in light of the Coronavirus pandemic
- NHS Orkney's performance management framework is appropriate
- Service performance levels in 2019/20 were broadly in line with prior years

Recommendations that were detailed in the report were:

- NHS Orkney should consider the content of the Performance and Accountability Report to ensure the narrative is clear, concise and meaningful as well as meeting minimum requirements
- There should be a review conducted of services provided under SLAs to ensure they are up to date and reflect current arrangements
- NHS Orkney should consider the disclosures in the accounting policies in relation to estimates and increase the level of detail to improve clarity
- Ensure the year end financial report contains sufficient detail to allow scrutiny of performance against budget and efficiency savings targets
- Consider the assurance provided by Internal Audit and ensure they achieve sufficient assurance from the 2020/21 governance statement in a timely manner
- The NFI Portal should be used to record the outcomes of the NFI review
- Ensure up to date, robust workforce plans are in place to ensure NHS Orkney is able to maintain and sustain a workforce with the right skills and capacity over the medium to long term
- Work to progress development activities which were put on hold due to the COVID-19 pandemic
- Consider how to create leadership capacity and ensure minimal disruption during the recruitment and appointment of a permanent Chief Executive
- Ensure there is sufficient consideration given to the effectiveness of sub-groups to ensure they are functioning as intended and have sufficient impact on the organisation
- Address higher risk internal audit recommendations as a matter of priority to ensure there are no significant weaknesses in the Board's system of internal control
- Consider performance management information produced to align to the Annual Operational Plan and ensure indicators which are reported on are useful and current.

Appendices

Appendix 1 Approved minute from Thursday, 25 June 2020

Appendix 2 Approved minute from Tuesday, 7 July 2020

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Thursday, 25 June 2020** at **10:00**

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

In Attendance: Mark Doyle, Interim Director of Finance
David Eardley, Chief Internal Auditor, Scott Moncrieff
Claire Gardiner, Senior Audit Manager
Paul Kelly, Director, Scott Moncrieff
Gerry O'Brien, Chief Executive
Keren Somerville, Head of Finance
Iain Stewart, Chief Executive Designate
Matthew Swann, Internal Auditor, Scott Moncrieff
Gillian Woolman, Audit Director, Audit Scotland
Gemma Pendlebury, Committee Support
Issy Grieve, Non-Executive Director
Caroline Evans, Non-Executive Director
Steven Johnston, Non-Executive Director
Meghan McEwen, Board Chairperson
Emma West, Corporate Services Manager
David McArthur, Director of Nursing, Midwifery, Allied Health Professionals and Acute Services
Louise Wilson, Director of Public Health

351 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

352 **Apologies**

Apologies were received from J Colquhoun, S Johnston and M Roos.

353 **Declarations of Interest**

No interests were declared.

354 **Minutes of previous meeting held on Thursday, 2 June 2020**

The minute of the Audit and Risk Committee meeting held on Thursday, 2 June 2020 were received by the Committee and approved as a true and accurate record of the meeting.

355 **Matters Arising**

There were no matters arising additional to the agenda.

356 **Action Log**

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

Internal Audit

Internal Audit Reports

357 Digital Strategy Internal Report – ARC2021-31

P Kelly, Director at Scott Moncrieff, presented the Digital Strategy Internal Audit Report to the Committee, noting that it was timely that this review be brought to the Committee in light of the introduction of the national Digital Health and Social Care Strategy (2018) and the importance of digital. He highlighted to the Committee that assurance had been gained that NHS Orkney's procedures reflect good practice in a number of areas, including:

- Significant work undertaken to develop an annual operating plan
- A programme plan had been developed and was maintained to allow progress in Technology Enabled Care to be monitored

There had also been a number of areas of improvement identified which, if addressed, would strengthen the organisation's control framework. These were:

- To formally set out a timetable for the production and approval of the TEC Strategy;
- Amend the TEC Strategy to clearly explain how planned activities are aligned to the Corporate Plan and the national Digital Health and Social Care Strategy;
- To ensure the TEC Strategy had clearly defined, longer-term outcomes for patients and staff;
- Develop a high-level financial plan for the TEC Strategy delivery, and align the plan to the Board's wider strategic financial planning processes;
- Consider whether the Chair of the TEC Project Board should be a senior clinician to ensure that the Project Board is clinically-led.

The Director of Nursing, Midwifery, Allied Health Professionals and Acute Services assured the Committee that he had been appointed as Chair of the TEC Project Board going forward to ensure that the group had sufficient clinical leadership.

The Chief Executive noted that it was a positive report showing that the foundations of the Digital Strategy were in place and that the highlighted areas for improvement could be built upon, specifically the clear articulation of longer-term outcomes.

Decision / Conclusion

The Audit and Risk Committee noted the Digital Strategy Internal Audit Report and were assured of the processes and procedures in place.

358 Internal Audit Annual Report 2019/20-ARC2021-32

D Eardley, Chief Internal Auditor at Scott Moncrieff presented the Internal Annual Audit Report to the Committee. The report summarised internal audit conclusions and key findings from the audit work undertaken during the year ended 31 March

2020, including the clean overall audit opinion on NHS Orkney's internal control system.

Decision / Conclusion

The Audit and Risk Committee noted the final report.

359 Internal Audit Plan 2020/21 – ARC2021-33

D Eardley, Chief Internal Auditor at Scott Moncrieff presented the Internal Audit Plan for 2020/21 for comment, highlighting the areas of proposed coverage for 2020/21 plan and also detailed areas that had been audited in recent years.

- Post Implementation Review – carried forward from 2019/20
- Corporate Governance
- Clinical Governance
- Strategic Planning
- Estates Strategy
- Waiting Times
- Joint Working Arrangements
- Estates and Asset Management
- Internal Communications
- External Communications
- Health and Safety
- Capital Project Management
- IT Healthcheck
- IT Security
- Network Management
- Property Transaction Monitoring

The Committee were informed that there was a degree of flexibility to the plan and some contingency time that could be utilised to undertake any review they deemed necessary for 2020/21. Members noted that flexibility around the plan was invaluable and were keen to include reviews around financial management and the use of locum medical staff.

Decision / Conclusion

The Audit and Risk Committee noted the plan and welcomed an updated version based on the comments to the next meeting.

360 Extension to Audit Appointment and Code of Audit Practice

The Interim Director of Finance presented the report to the Committee, noting that the COVID-19 pandemic had resulted in the Auditor General for Scotland and the Accounts Commission for Scotland extending the current audit appointments by one year in the first instance.

G Woolman thanked the Interim Director of Finance for bringing this matter to the attention of the Committee.

Decision / Conclusion

The Audit and Risk Committee noted the extension.

361 **Representation Letter – ARC2021-35**

The Chief Executive noted that this was the conclusion of the annual accounts process for 2019/20, the letter provided personal assurance that he had undertaken scrutiny and challenge and that nothing had been withheld over the financial year. He was confident that processes were robust and all required information had been divulged.

Decision / Conclusion

The Audit and Risk Committee noted the representation letter.

362 **2019/20 Annual Audit Report from External Auditor – ARC2021-37**

G Woolman, Audit Director for Audit Scotland, presented the draft Annual Audit Report and letter 2019/20, noting that due to the constraints of COVID-19 the fuller Annual Audit Report would be issued at a later date.

It was also noted that there were no matters that required reporting on by exception.

Annual Audit Report

Members were advised that the report contained key messages which should be shared more widely throughout the organisation.

Part 1 of the report reiterated that NHS Orkney's financial statements gave a true and fair view and were properly prepared and that expenditure and income were in accordance with applicable enactments and guidance.

COVID-19 resulted in minor delays to the provision of the draft annual report and accounts. Supporting working papers and extracts from the accounts were provided to the audit team in advance of the full accounts to minimise delays.

Members were advised that the NHS in Scotland procures a number of service audits each year for shared systems: NHS National Services Scotland (NSS) procures service audits covering primary care payments and the national IT contract; and NHS Ayrshire & Arran procure a service audit of the National Single Instance eFinancials service.

The 2019/20 service auditor reports covering primary care payments and the national IT contract included qualified opinions. The qualifications related to the design or operating effectiveness of controls in order to meet the stated control objectives, rather than indicating that the underlying transactions were necessarily incorrectly processed. Audit Scotland had reviewed the qualifications contained within the service auditor reports and concluded they did not have an adverse impact on the audit approach or opinion.

Exhibit 3 detailed for the Committee four significant findings from the audit of the financial statement. These were in connection with the following items:

- Performance and accountability

- Inadequate Service Level Agreements
- Accounting estimate disclosures
- Disclosure surrounding the Balfour Hospital completion

Recommendations for each of those items had been acted upon or were known to management and were set out in an action plan at appendix 1 of the report.

Thanks were given to the finance team for their work around the accounts to make the process go smoothly and for maintaining an excellent relationship with the Audit team.

The Chair thanked G Woolman and Audit Scotland colleagues for all their hard work around the annual accounts, especially in light of the Coronavirus pandemic and new ways of working.

Decision / Conclusion

The Audit and Risk Committee noted the draft Annual Audit Report and letter for 2019/20 and were received assurance that the fuller report would be received in due course.

Annual Governance Letter

363 Significant Issues that are Considered to be of wider interest – Letter to the Scottish Government – Health Finance Division – ARC2021-38

The Chair presented the letter advising that there were no significant issues or fraud to draw attention to.

Decision / Conclusion

The Audit and Risk Committee noted the final letter and agreed signature by the Chair.

Items for Information and Noting only

364 Schedule of Meetings 2020/21

Members noted the schedule of meetings for 2020/21.

365 Record of Attendance

The Committee noted the record of attendance.

366 Committee Evaluation

Members of the Committee noted that the meeting had progressed well, enabling them to receive and approve much formal business in preparation for submission to Scottish Parliament and then the public. They felt this was a very important meeting within the schedule of the Audit and Risk Committee, ensuring that NHS Orkney remain accountable.

11.2.1

The Chair of the Audit and Risk Committee took the opportunity to note this would be the final meeting that G O'Brien would attend as Chief Executive and thanked him for his time, experience, tenacity and valuable contribution to the Committee.

Meeting closed at 11:27

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 7 July 2020** at **11:30**

Present: David Drever, Chair
Davie Campbell, Vice Chair
Caroline Evans, Non-Executive Director
Jason Taylor, Non-Executive Director

In Attendance: Michael Dickson, Interim Chief Executive
David Eardley, Chief Internal Auditor, Scott Moncrieff
Claire Gardiner, Senior Audit Manager
Keren Somerville, Head of Finance
Matthew Swann, Internal Auditor, Scott Moncrieff
Gemma Pendlebury, Senior Corporate Services Officer (Committee Support)

409 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting and introduced M Dickson, Interim Chief Executive.

410 **Apologies**

Apologies were received from C Bichan, M Doyle, F MacKellar and G Woolman.

411 **Declarations of Interest**

No interests were declared.

412 **Minutes of previous meeting held on Thursday, 25 June 2020**

These minutes would be received at the next meeting in September.

413 **Matters Arising**

There were no matters arising additional to the agenda.

414 **Action Log**

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

Internal Audit

415 **Internal and External Audit Recommendations – ARC2021-39**

The Interim Director of Finance presented the report of Internal and External Audit Recommendations to members of the Committee, highlighting that there were three actions which had been brought forward following the previous report. Due to the impact of COVID-19 all actions remained outstanding, with six new recommendations having been added. An extension was requested to the end of September 2020 for all three actions which had been carried forward.

The Interim Chief Executive urged the Audit and Risk Committee to keep all information governance actions open, in light of recent information governance concerns. He noted that further assurance was required from an information governance perspective. M Swann, Associate Director at Scott Moncrieff, confirmed that actions would not be closed until Internal Audit had seen a full response to the original recommendations.

D Campbell drew the Committee's attention to item 168 in relation to mandatory information governance training, querying whether the Committee could take assurance that completion of that training was at an acceptable level in light of recent information governance breaches. The Head of Corporate Services responded that staff were being encouraged to use any available time due to COVID-19 to undertake statutory and mandatory training, however there remained to be a low level of uptake, despite regularly requesting updates from line managers and senior managers. She also informed the Committee that the Information Governance Officer was working on an Information Governance Training Framework to establish higher levels of training required by staff throughout the organisation.

The Chair queried what the next step was should managers fail to enforce the mandatory training and the Head of Corporate Services noted that the issue had already been escalated to the Executive Lead and to the Staff Governance Committee. C Evans, Chair of the Staff Governance Committee, supported the Head of Corporate Services, agreeing that the issue had been put to the Staff Governance Committee on numerous occasions and on to the Board. She called for further support for the Head of Corporate Services to ensure that information governance training was cascaded out and completed by all staff and enforced by managers.

Decision / Conclusion

The Audit and Risk Committee received the Internal and External Audit Recommendations report and noted the extension to the deadline for actions to be completed. Members took assurance that actions would not be closed until the original recommendation had been responded to in full.

Information Governance

416 Information Governance Group: Chairs Report and Workplan – ARC2021-40

The Interim Chief Executive addressed the Committee in light of recent information governance breaches.

Members of the Committee were informed that the two incidents were not linked and were genuine errors. They were also assured that work was being undertaken looking into the circumstances around the breaches to gain key learning from as well as making NHS Orkney's processes and procedures with regards to the handling of information more robust.

D Campbell queried when there had been an internal audit relating to information governance and data handling and M Swann confirmed that the most recent relevant piece of work had been completed in the 2019/20 audit plan and that the audit had raised a collection of recommendations for action by NHS Orkney.

The Head of Corporate Services presented the Information Governance Group Chair's Report and Information Governance Workplan to the Committee, updating members that the key points discussed at the last meeting on 11 June 2020 were as follows:

- IT Security Policy update – requires an Equality Impact Assessment before being presented to the Staff Governance Committee for approval
- Freedom of Information Annual Report – good progress had been made with regards to meeting deadlines for Subject Access Requests
- Equality Impact Assessors – there was a requirement for more staff to undertake the EqIA training to be able to complete equality impact assessments as there were currently delays due to availability of assessors. A training timetable was being produced following discussions with N Firth and this would be reported back to the Audit and Risk Committee at the September meeting

Decision / Conclusion

The Audit and Risk Committee received the report and workplan from the Information Governance Group and noted the investigative work which was required to ensure NHS Orkney's information governance was more robust.

417 Information Governance Group Annual Report 2019/20 – ARC2021-41

The Head of Corporate Services provided the Information Governance Group Annual Report to the Committee to provide assurance that the Group had fulfilled its remit as far as possible as detailed in the Information Governance Group Terms of Reference.

She highlighted the following key points:

- There had been a gap in Information Governance accountability within NHS Orkney due to the previous SIRO having left the organisation
- The Freedom of Information policy had been updated
- There were a number of different information sharing agreements which had been mandated by the Scottish Government, for example the new GMS Contract and Primary Care Improvement Plan. This required all Health Boards in Scotland to undertake the provision of data protection advice for independent GP practices
- NHS Orkney also provide data protection advice for voluntary sector organisations
- The Information Governance Internal Audit report was completed earlier during the 2019/20 schedule of works. Prior to that, the Information Governance Group had undertaken a GAP Analysis. The findings from both highlighted the same areas for action
- Records Management Plan – this was a large piece of work being undertaken by the Corporate Records Manager. This project would tie in with national work regarding the destruction of electronic records and timeframes for electronic record retention
- NHS Education for Scotland Audit – This piece of work had been paused nationally due to COVID-19, however was scheduled to take place on the 8 and 9 September 2020

Members noted that there had been a good deal of work which had been undertaken to transform the Information Governance Group as well as being undertaken by the Group itself. The fact that low attendance at the meeting, with some meetings being cancelled due to lack of quoracy, was agreed by the Committee as unacceptable and members agreed to escalate that for the attention of the Board. The engagement and commitment from senior managers was imperative for the Groups success and while the Committee noted that this poor attendance was possibly due to issues with capacity, attendance was key to address the real information governance issues and to enable actions to be agreed in a timely manner.

The Audit and Risk Committee also felt that line managers were required to take more accountability for the compliance of their staff with information governance processes and procedures and to ensure the completion of statutory and mandatory information governance training.

M Dickson left the meeting at 12:00

Decision / Conclusion

The Audit and Risk Committee received the Information Governance Annual Report and agreed to escalate priority issues regarding meeting attendance and the completion of statutory and mandatory information governance training to the Board.

Fraud

418 Counter Fraud Services Report on suspected Fraud committed against NHS Orkney – ARC2021-42

The Interim Director of Finance presented the report regarding a suspected case of fraud committed against NHS Orkney to the Committee for their information and noting. He advised that Counter Fraud Services had agreed to take on the case regarding a consultant who had been employed and working in Hungary whilst being signed off sick at and then subsequently resigned from NHS Orkney. He confirmed that the case was ongoing and that updates would be provided as they were made available by Counter Fraud Services.

Risk

419 Risk and Assurance Report – ARC2021-43

It was noted that this item would be deferred to the next meeting.

Though the item was unable to be discussed, J Taylor noted that there were items included on the accompanying risk register which dated back to 2018. He raised the query as to why there were risks being carried forward over such a length of time and members agreed that this item should be included on the action log for future discussion.

420 Risks escalated from Governance Committees

No risks had been escalated from Governance Committees

Governance

421 **Agreed items to be brought to the attention of Board or other Governance Committees**

The committee wanted to raise:

- Information Governance Data Breaches
- Information Governance Group – lack of engagement and commitment from Senior Managers in relation to attending meetings and compliance with statutory and mandatory information governance training

Items for Information and Noting only

Audit Scotland Reports

422 **Technical Bulletin: 2020/2**

Technical Guidance Notes

423 **Independant Auditor's report for Health Boards 2019/20**

The report was received for information and noting.

424 **Risk of misstatement in Health Boards in 2019/20**

The report was received for information and noting.

425 **COVID-19: How public audit in Scotland is responding**

The report was received for information and noting.

426 **Counter Fraud Services**

CFS Flash Report

The report was received for information and noting.

CFS Year End Report

The report was received for information and noting.

Rolling COVID-19 Intelligence Alert

The report was received for information and noting.

427 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

428 **Record of Attendance**

The Committee noted the record of attendance.

429 **Committee Evaluation**

Members noted that the meeting had been positive and were keen to see actions discuss acted upon and reported back for assurance purposes.

Meeting closed at 12:28

Not Protectively Marked

| | |
|---|---|
| NHS Orkney Board – 22 October 2020 Report number: OHB2021-69 This report is for noting Key Legislation | |
| Author | Emma West, Corporate Services Manager |
| Action Required | The Board is asked to: 1. <u>Note</u> the list of key documentation issued as attached at Appendix 1 |
| Key Points | This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents. |
| Timing | The list of key documentation is presented to the Board at each meeting. |

Key Documentation issued by Scottish Government Health and Social Care Directorates

| Topic | Summary |
|--|---|
| <p>United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill 2020 (SP Bill 80)</p> <p>https://beta.parliament.scot/bills/united-nations-convention-on-the-rights-of-the-child-incorporation-scotland-bill</p> | <p>A Bill for an Act of the Scottish Parliament to incorporate in Scots law rights and obligations set out in the United Nations Convention on the Rights of the Child; to make related provision to ensure compliance with duties relating to the Convention; and for connected purposes.</p> <p>The Equalities and Human Rights Committee (EHRC) consultation seeks views on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill which was introduced into the Scottish Parliament on 1 September to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into Scottish law. Comments by 17.00 on 16 October 2020.</p> |
| <p>Scottish public authorities sharing data: further consultation</p> <p>https://consult.gov.scot/digital-directorate/public-authorities-sharing-data-2/</p> | <p>Further to its January 2020 Scottish public authorities sharing data consultation, a Scottish Government consultation seeks views on the inclusion of additional Scottish Bodies in the Schedules to the Digital Economy Act 2017 and the associated conferral of information sharing powers. Comments by 6 November 2020.</p> |
| <p>Coronavirus (Scotland) Act 2020 (Suspension: Adults with Incapacity) Regulations 2020 (SSI 2020/267)</p> <p>Coronavirus (Scotland) Act 2020 (Suspension: Adults with Incapacity) Regulations 2020 (SSI 2020/267)</p> | <p>These Regulations suspend the operation of the Coronavirus (Scotland) Act 2020 Sch.3 para.11(2) and (3), concerning the care of incapacitated adults.</p> |
| <p>The Organisational Duty of Candour Procedure - Review of First Year</p> <p>https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/organisational-duty-candour-procedure-review-first-year/documents/organisational-duty-candour-</p> | <p>A Scottish Government report reviews NHS Scotland's first year of experience in implementing the statutory organisational duty of candour, including annual reporting.</p> |

| Topic | Summary |
|--|--|
| procedure-review-first-year/organisational-duty-candour-procedure-review-first-year/govscot%3Adocument/organisational-duty-candour-procedure-review-first-year.pdf | |
| Health Protection (Coronavirus) (Restrictions) (Scotland) Amendment (No. 13) Regulations 2020 (SSI 2020/261) https://www.legislation.gov.uk/ssi/2020/103/contents | These Regulations amend the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 |
| Coronavirus (COVID-19) Phase 3: staying safe and protecting others https://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/ | Scottish Government advice and guidance on the Phase 3 regulations in place to control the spread of coronavirus (COVID-19) explains how changes are being introduced in stages, rather than all at once, to reflect the status of the epidemic in Scotland. It sets out guidance which applies from 27 August 2020 with respect to gatherings and occasions, and working or running a business, and details compliance measures and penalties |
| Coronavirus (COVID-19): adult care homes visiting guidance https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/?utm_medium=email&utm_source=govdelivery | Scottish Government guidance from the Chief Medical Officer Directorate provides advice for care homes on phasing in the re-introduction of visiting following the relaxation of restrictions imposed in response to the coronavirus (COVID-19) pandemic. The guidance covers restoring visiting by friends and family, as well as resuming wellbeing activities and visits by professionals. |
| Coronavirus (COVID-19): guidance on individual risk assessment for the workplace https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/ | Scottish Government Chief Medical Officer Directorate risk assessment guidance provides information all industries which should be used by employers to support staff and line managers to understand and carry out effective risk assessments with respect to coronavirus (COVID-19). |

Circulars

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

| Reference: | Date of Issue: | Subject: |
|-------------------------|----------------|--|
| PCA(P)(2020)17 | 21.08.20 | Community pharmacy: influenza vaccination programme 2020/21 |
| PCA(M)(2020)13 | 24.08.20 | GMS uplift 2020/21 |
| PCS(DD)2020/02 | 24.08.20 | Pay and conditions of service: remuneration of hospital medical and dental staff, doctors and dentists in public health medicine and the community health service |
| PCS(DD)2020/02 addendum | 24.08.20 | Pay and conditions of service: remuneration of hospital medical and dental staff, doctors and dentists in public health medicine and the community health service |
| PCS(MD)2020/01 | 24.08.20 | Pay and conditions of service 2020-21: health board medical directors/former medical directors on protection |
| PCA(M)(2020)14 | 25.08.20 | Influenza and Pneumococcal Vaccination (Coronavirus Outbreak) (Scotland) Directions 2020 |
| CDO(2020)12 | 25.08.20 | Vocational Dental Practitioners (VDPs) and Vocational Trainers (VT) training |
| PCS(DD)2020/03 | 25.08.20 | NHS Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service (Scotland); pay enhancements for NHSScotland employed salaried GPs working public holidays. |
| PCA(O)(2020)13 | 27.08.20 | General Ophthalmic Services (GOS) |
| CMO(2020)21 | 28.08.20 | Details of the shingles (herpes zoster) vaccination programme 2020-21 |
| PCA(O)(2020)14 | 31.08.20 | General Ophthalmic Services (GOS): COVID-19 recovery: infection control and patient safety; revised financial support arrangements for practice premises; financial support arrangements for mobile practices; financial support arrangements for new practices/change of practice ownership; ongoing provision of PPE |
| CMO(2020)22 | 03.09.20 | SIREN research study |
| CDO(2020)13 | 03.09.20 | FFP3 Respirators |
| DL(2020)25 | 03.09.20 | National hub for reviewing and learning from the deaths of children and young people: implementation |
| PCA(O)(2020)15 | 04.09.20 | General Ophthalmic Services (GOS): COVID-19 recovery: first port of call responsibility; resumption of routine eye care in day centres and residential centres; submission of GOS and HES claims |

| Reference: | Date of Issue: | Subject: |
|-----------------|----------------|--|
| CMO(2020)23 | 08.09.20 | Enhanced Surveillance of COVID-19 in Scotland: serology programme |
| PCA(D)(2020)12 | 08.09.20 | Influenza vaccination programme 2020/21 |
| CMO(2020)24 | 11.09.20 | Guidance for GP practices on anticipatory care planning conversations with people with dementia living in the community during COVID-19 |
| PCA(P)(2020)18 | 11.09.20 | Additional pharmaceutical services: gluten free food prescribable product list |
| PCS(AFC)2020/03 | 17.09.20 | Christmas and New Year at weekend |
| CMO(2020)25 | 28.09.20 | Surveillance of severe acute respiratory illness: extension of winter SARI surveillance for COVID and extension of CO-CIN (ISARIC Tier 0) COVID surveillance funding |
| PCA(P)(2020)19 | 29.09.20 | Pharmaceutical services amendments to drug tariff in respect of remuneration arrangements for 2020/21 |
| DL(2020)26 | 01.10.20 | Revised payment verification protocols: General Dental Services, Primary Medical Services, General Ophthalmic Services, Pharmaceutical Services |
| CMO(2020)26 | 07.10.20 | Enhanced surveillance of covid-19 in Scotland: continuation and extension of the community surveillance programme |



Minute of the meeting of the Orkney Partnership Board held at 10:00 on 10 June 2020 via Microsoft Teams

| | | |
|----------------|--|--|
| Present: | James Stockan Meghan McEwen Gail Anderson Seonag Campbell Cheryl Chapman Alan Dundas Graeme Harrison Rachael King Graham Lindsay Leslie Manson Gillian Morrison John W Mundell Graham Neville Graham Sinclair Iain Stewart Matt Webb Craig Spence Anna Whelan | Orkney Islands Council (<i>Chair</i>) NHS Orkney (<i>Vice Chair</i>) Voluntary Action Orkney Skills Development Scotland VisitScotland SEPA Highlands and Islands Enterprise Integration Joint Board Sports Scotland Orkney Islands Council Orkney Islands Council Orkney Islands Council Scottish Natural Heritage HITRANS NHS Orkney Police Scotland Orkney Housing Association Limited Orkney Islands Council (<i>Secretary</i>) |
| By invitation: | Gavin Barr James Henry Jo Kirby James Wylie | Orkney Islands Council Orkney Islands Council The Northern Alliance Orkney Islands Council |
| In attendance: | Andrew Kemp | The Orkney Partnership |

1. Apologies

Edward Abbott-Halpin
Dougie Campbell
Les Donaldson
Andy Fuller
Alan Johnston
Gerry O'Brien
Garry Reid
Sally Shaw

Orkney College / UHI
Scottish Fire and Rescue Service
Orkney Islands Council
Scottish Ambulance Service
Scottish Government
NHS Orkney
Scottish Sports Council
Integration Joint Board and Orkney
Community Justice Partnership

2. Covid-19 Recovery

- 2.1. Gillian introduced the framework for recovery planning within the guidance 'Preparing Scotland – Recovering from Emergencies in Scotland' and the opportunities for better 'place-based' recovery planning through the partnership.
- 2.2. The strategic objectives were also covered along with the partnership's role within the recovery and what provisions there are for this.
- 2.3. The Vice Chair highlighted the opportunity for the partnership to turn its full attention to recovery. The Chair agreed and added that this was an opportunity to refocus and declutter to energise future meetings.
- 2.4. Gavin presented the councils coordination of community recovery; followed by a proposal for the structure and governance of Orkney's recovery planning and how this might link in with the partnership. He also summarised the work of the council's current recovery groups and gave the background behind the Business and Economy Recovery and Resilience Group (BERRG). Gavin finished his presentation with a summary and setting out the expected outcome from today's discussion.
- 2.5. The Chair highlighted some of the challenges to come, welcomed the input from local business leaders and encouraged comments from partners.
- 2.6. Graeme Harrison highlighted the importance of the 'Preparing Scotland' guidance and supported previous comments. He also raised that it shouldn't just be a local solution for the economy and that the business representation needs to be wide and inclusive. Finally he thought that input from the other partners should be harnessed.
- 2.7. Gavin agreed with Graeme's comments and that future meetings were already being setup to formalise the structure and reconvene the BERRG. The Chair highlighted the importance of moving quickly to support the economy.
- 2.8. Graham Neville supported the comments so far and highlighted that along with this crisis (Covid-19) we are also dealing with a climate crisis. He raised that it was vital to tackle both at the same time and that the partners take the opportunity to ensure that economic recovery is in the most sustainable way possible. He also highlighted the Scottish Government's 'Green Recovery' which we should embed into the recovery and that nature, and the environment, can provide some of the solutions. He asked that the partners be aspirational in bringing the environmental tier into the structure, governance and documentation. The Chair supported Graham's comments and confirmed that this message was also coming from government.
- 2.9. Seonag Campbell mentioned that it would be helpful to have more detail about what each of the groups will do so that we can ensure that the right people are represented on them. Skills Development Scotland (SDS) were keen to share data to help with recovery planning. She also raised the issue of unemployment and the need to work in a different way to address, youth employment, support for businesses and how work places will change (i.e. use of technology).

- 2.10. The Vice Chair reminded the Board of discussions from previous meetings to that groups are not duplicating effort and that focus should be on what requires partnership involvement.
- 2.11. Gillian Morrison raised the Major Emergency Plan previously agreed by the partners and the fact that this is where these groups are formed from. They are temporary groups and different from the long term community planning groups of the partnership. She highlighted that they do sit well together and that perhaps there is joint-meeting or joint-chairing could be considered.
- 2.12. Cheryl Chapman raised that tourism will be key for recovery and that the strategy will be available shortly. She confirmed that it has at its heart sustainability. She questioned what the community could cope with in terms of visitors returning including infrastructure, healthcare etc. Also what is the sentiment of the community to welcome back visitors. She hoped that any new structure would be able to answer these. The Chair acknowledged these questions and confirmed that he had future meetings that he hoped would help.
- 2.13. Gavin highlighted the community liaison group and hoped that this would also be able to discuss Cheryl's queries. In addition he acknowledged the Vice Chair's earlier comment regarding duplication and suggested that a meeting be called with the Chairs of the council recovery groups and the partnership delivery groups.

Action: GB/AK

- 2.14. Gavin was also keen to ensure the correct people were on the groups and will share more details once the proposal is ready. He also confirmed that the environment was one of the four pillars in the renew strategy and expected this to be one of the top priorities for the steering group.
- 2.15. Graeme Harrison voiced a willingness to review delivery plans refocussing efforts on the recovery and supporting new structures, whilst ensuring all partners are still involved.
- 2.16. Gail Anderson supported previous comments, not to duplicate, but review and change where needed. She added that it is essential to decide what the priorities are for Orkney based on consultation and engagement.
- 2.17. Matt Webb raised the issue of positive destinations for not just school leavers but for those who find themselves unemployed, and ensuring that education partners are engaged. Seonag confirmed that SDS are working through this issue including work based learning. However, she also recognise that businesses are under increased pressure at the moment to be able to engage with this. She also mentioned the University of the Highlands and Islands Highlands strategy, which is looking at how they respond specifically to island communities.
- 2.18. Graham Sinclair highlighted that the council must lead the recovery but that it is essential to engage with the wider community including businesses.
- 2.19. The Chair summarised that we want to declutter where we can and change our priorities to support recovery.

- 2.20. It was agreed to engage business as suggested and reprioritise where needed.

Risk Register

- 2.21. Gillian presented the risk register and highlighted the recommended changes.

- Risk ratings had remained the same
- Each risk had been updated to reflect the impact and uncertainty around Covid-19
- Risk 2 – Uncertainty in particular for phases 3 and 4 of the route map for legislative changes and islands impact assessments not in place.
- Risk 3 – Priorities changing swiftly during the crisis.
- Action plans for each risk had also updated.

The updates were agreed.

3. Draft minute of the meeting of the Board on 12 March 2020

The minutes were agreed.

4. Matters arising

- 4.1. Graham Neville acknowledged that the climate emergency working group were due to report back to the Board but due to the members having to reprioritise to deal with the crisis this was not possible. He also noted that there was an opportunity to see how this could feed into the recovery.
- 4.2. The Chair noted his action to write to Maree Todd MSP regarding childcare provision but that the government had since changed and so this needed to be reviewed.

5. Living Well Delivery Group – Appointment of Chair

- 5.1. The Chair requested proposals for the appointment. John Mundell suggested that since the previous Chair was the chief executive of NHS Orkney, it was appropriate to nominate Iain Stewart. The Chair supported this and asked Iain to confirm that he was willing to be nominated.
- 5.2. There being no further nominations, Iain agreed to take on the role and was duly appointed.

6. Child Poverty Action Plan

- 6.1. James Wylie introduced the report provided to the Board and explained the background. The Northern Alliance had been asked to support to coordinate and produce Child Poverty Reports for 2018-19 and 2019-20 and an Action Plan going forward. The Alliance had provided funding and allocated resource (Jo Kirby) to complete this work. Four members were requested to work with Jo from the Orkney Child Poverty Task Force to represent housing, health and social care, third sector and education. He explained that the

2018-19 report had been accepted by the Scottish Government and they are in discussion with Jo regarding our next steps.

- 6.2. The report for 2019-20 had originally been due by the end of June but there is an understanding that there will be a delay due to Covid-19. James acknowledged the challenges going forward and proposed the establishment of a more streamlined Child Poverty Task Force that engages with the review of Covid-19 and what affects this has had. He went on to explain what would be expected of the group.
- 6.3. He raised that ongoing financial support was not available from the Northern Alliance but that the resource could continue if relevant funding could be found. He estimated that around £5-6k would be needed to support that. In addition he had been in correspondence with Glasgow University to carry out research into the effects of Covid-19 on child poverty in Orkney. The researchers would then be able to work with the task force to pull together an action plan for 2020-23. He hoped that this would put us in a good place to be able to drive forward in this area.
- 6.4. He then introduced Jo to run through the 2018-19 report. Jo highlighted areas to note:
- 6.5. There had been comments about the age of some data used but this was a basis to move forward from in this year's action plan.
- 6.6. There had been a number of items around improving and maximising income.
- 6.7. Housing had been looking at improving poor housing and ensure social housing has the appropriate standards.
- 6.8. Young persons supported accommodation had received funding from Tesco's Fairshare.
- 6.9. Provision for school uniforms and toiletries at halls of residence.
- 6.10. Courses raising awareness of child poverty.
- 6.11. The Chair thanked James and Jo for the report.
- 6.12. Anna Whelan raised that following the last Board meeting discussions had taken place around the Scottish Government requirement that the child poverty group be embedded into community planning. It had been proposed that the Living Well Delivery Group form a short life working group to progress the child poverty work. This would effectively be the task force previously mentioned. She asked if this is still a requirement and if so that Iain as the new Chair could progress that. The Chair agreed that this was an opportunity for recovery and child poverty to work hand-in-hand. Iain agreed that this would be added to the Living Well Delivery Group agenda for the next meeting.
- 6.13. Craig Spence welcomed the report and thought that this was a good opportunity to move forward. He went on to offer time, expertise and a contribution towards the funding.
- 6.14. Rachel King also welcomed the report and raised some queries around the data and if this could be clarified with the research. James confirmed that

there was an abundance of data available from the Scottish Government and that the research scope will include this.

7. Services for Children and Young People - Improvement Plan

- 7.1. John Mundell introduced the report to the Board confirming that this will be considered by the council on Thursday and an update report on the improvement plan had already been considered by NHS Orkney and the Integrated Joint Board. He drew attention to the Orkney Partnership Child Protection Improvement Plan prepared in response to the inspection is attached as an appendix. He confirmed that additional resources to support this work had been allocated by the council and NHS Orkney but that there were still challenges. The Chief Officer group is monitoring progress on the actions within the plan.
- 7.2. External support continues to be provided. In addition, there are a number of significant changes being implemented including a new, highly experienced, interim Chair for the Orkney Public Protection Committee. A development day was also planned for the Chief Officer Group and the Committee.
- 7.3. He highlighted that progress on the plan had not been as quick as hoped due to the same reasons previously mentioned. He finally drew attention to the recommendations in section 2 of the report. The Chair supported the report and the recommendations were noted.

8. Corporate Parenting Plan

- 8.1. James Henry presented the report to the Board. He highlighted that further work had been required and since then at a meeting of senior managers further scrutiny prioritisation had taken place. A clear timescale has now been put in place and a small team identified to progress this. He added the importance of working on the plan as a partnership and that the report will be brought back to a future meeting.

9. Any other business

- 9.1. None

10. Date of next meeting

- 10.1. Anna Whelan reported that a change to the planned meeting dates had been requested in order to accommodate an additional meeting during the Covid-19 recovery period. After some discussion the Chair asked that the Executive Group set the dates.

Action: AK/AFW

The meeting closed at 12.20pm

AFW/AK
10.06.2020

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers – 2020/2021

| Initial Agenda Planning Meeting¹ with Chair, Chief Executive and Corporate Services Manager ² 12 noon <i>< 1 week after previous meeting ></i> | Final Agenda Planning Meeting with Chair, Chief Executive and Corporate Services Manager 12 noon <i><4 weeks before Date of Meeting></i> | Papers in final form³ to be with Board Secretariat by 1700 hrs on <i>< 2 weeks before Date of Meeting ></i> | Agenda & Papers to be issued no later than 1600 hrs on <i><1 week before Date of Meeting></i> | Date of Meeting held via MS Teams (unless otherwise notified) at 10:00 am |
|---|---|---|--|---|
| 5 March 2020 | 26 March 2020 | 9 April 2020 | 16 April 2020 | 23 April 2020 |
| 30 April 2020 | 28 May 2020 | 11 June 2020 | 18 June 2020 | 25 June 2020 (Annual Accounts) |
| 2 July 2020 | 30 July 2020 | 13 August 2020 | 20 August 2020 | 27 August 2020 |
| 3 September 2020 | 24 September 2020 | 8 October 2020 | 15 October 2020 | 22 October 2020 |
| 29 October 2020 | 19 November 2020 | 3 December 2020 | 10 December 2020 | 17 December 2020 |
| 7 January 2021 | 28 January 2021 | 11 February 2021 | 18 February 2021 | 25 February 2021 |

Chair: Meghan McEwen
 Vice Chair: David Drever
 Lead Officer: Michael Dickson

Corporate Services Manager: Emma West

¹ draft minute of previous meeting, action log and business programme to be available

² draft agenda, minute and action log issued to Directors following meeting

³ Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

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

| Name: | Position: | 9 April 2020 | 23 April 2020 | 30 April 2020 | 14 May 2020 | 28 May 2020 | 25 June 2020 | 16 July 2020 |
|-----------------|--|--------------|---------------|---------------|-------------|-------------|--------------|--------------|
| Members: | | | | | | | | |
| | Non-Executive Board Members: | | | | | | | |
| M McEwen | Chair | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| D Drever | Vice Chair | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| D Campbell | Non Executive Board member | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| C Evans | Non Executive board member | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| I Grieve | Non Executive Board member | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| S Johnston | Area Clinical Forum Chair | Attending | Attending | Apologies | Attending | Attending | Apologies | Attending |
| F MacKellar | Employee Director | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| J Stockan | Non Executive Board member | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| J Taylor | Non Executive Board member | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| | Executive Board Members: | | | | | | | |
| M Dickson | Interim Chief Executive (from 1 July 2020) | | | | | | | Apologies |
| G O'Brien | Chief Executive | Attending | Attending | Attending | Attending | Attending | Attending | |
| I Stewart | Chief Executive Designate | Attending | Attending | Attending | Attending | Attending | Attending | |
| D McArthur | Director of Nursing, Midwifery and AHP | Apologies | Apologies | Attending | Apologies | Apologies | Attending | Attending |
| M Roos | Medical Director | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| L Wilson | Director of Public Health | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| | In Attendance: | | | | | | | |
| M Doyle | Interim Director of Finance | Attending | Attending | Attending | Attending | Attending | Attending | Attending |
| S Shaw | Chief Officer - IJB | Attending | Attending | Apologies | Attending | Apologies | Apologies | Apologies |
| E West | Corporate Services Manager | Attending | Attending | Attending | Attending | Attending | Attending | Attending |

| | | | | | | | | |
|------------------|---|-----------|--|-----------|-----------|-----------|-----------|-----------|
| Attending | | | | | | | | |
| 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 | |

| Name: | Position: | 27 August 2020 | 22 October 2020 | 17 December 2020 | 25 February 2020 | | | |
|-----------------|---|-------------------|--------------------|------------------------|------------------------|--|--|--|
| Members: | | | | | | | | |
| | Non-Executive Board Members: | | | | | | | |
| M McEwen | Chair | Attending | | | | | | |
| D Drever | Vice Chair | Attending | | | | | | |
| D Campbell | Non Executive Board member | Attending | | | | | | |
| C Evans | Non Executive Board member | Attending | | | | | | |
| I Grieve | Non Executive Board member | Attending | | | | | | |
| S Johnston | Area Clinical Forum Chair | Attending | | | | | | |
| F MacKellar | Employee Director | Attending | | | | | | |
| J Stockan | Non Executive Board member | Attending | | | | | | |
| J Taylor | Non Executive Board member | Attending | | | | | | |
| | Executive Board Members: | | | | | | | |
| M Dickson | Interim Chief Executive | Attending | | | | | | |
| M Doyle | Director of Finance | Attending | | | | | | |
| D McArthur | Director of Nursing, Midwifery, AHP and Acute Services | Attending | | | | | | |
| M Roos | Medical Director | Attending | | | | | | |
| L Wilson | Director of Public Health | Attending | | | | | | |
| | In Attendance: | | | | | | | |
| G Morrison | Interim Chief Officer – IJB (from 31.08.20) | | | | | | | |
| E West | Corporate Services Manager | Attending | | | | | | |

| | | | | | | | | |
|------------------|-----------------------|-----------|--|--|--|--|--|--|
| Attending | | | | | | | | |
| C Bichan | Chief Quality Officer | Attending | | | | | | |