

# NHS Orkney Board

## 17 December 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 17 December 2020** at **10:00 a.m.**

Meghan McEwen  
**Chair**

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minutes of previous meetings held on 22 October 2020</b>	Chair	<i>To follow</i>	To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	<b>Governance</b>			
6.1	Code of Corporate Governance	Chair	OHB2021-70	To <u>approve</u> the updated Code of Corporate Governance as recommended by the Audit Committee
6.2	Access Policy	Head of Assurance and Improvement	OHB2021-71	To <u>approve</u> the access policy

Item	Topic	Lead Person	Paper Number	Purpose
6.3	The Orkney Partnership Annual Report	Chair	OHB2021-72	To <u>discuss</u> the Annual Report and make any <u>recommendations</u>
<b>7</b>	<b>Strategy</b>			
7.1	Public Health Annual Report 2019-20	Director of Public Health	OHB2021-73	To <u>review</u> the content of the report and <u>consider</u> the range of actions it can take to improve health and reduce inequalities whilst tackling the Covid-19 pandemic
7.2	Winter Plan	Head of Assurance and Improvement	OHB2021-74	To <u>approve</u> the winter plan
<b>8</b>	<b>Clinical Quality and Safety</b>			
8.1	Infection Prevention and Control Report	Director of Nursing, Midwifery, AHP and Acute Services	OHB2021-75	To <u>review</u> and <u>seek assurance</u> on performance
8.2	Expanded Covid-19 Testing Programme	Interim Chief Executive	Verbal	To <u>note</u> the local planning to meet government requirements
8.3	Vaccination Programmes	Interim Chief Executive	Verbal	To <u>note</u> the planning for the delivery of the Covid-19 vaccination and future vaccination programmes
8.4	Clinical and Care Governance Committee Chairs report and minute from meeting held on 14 July 2020	Clinical and Care Governance Committee Chair	OHB2021-76	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.5	Area Clinical Forum Chairs report and note from development session held on 1	Area Clinical Forum Chair	OHB2021-77	To <u>seek assurance</u> from the report

Item	Topic	Lead Person	Paper Number	Purpose
	December 2020			
<b>9</b>	<b>Workforce</b>			
9.1	Staff Governance Committee Chairs report and minute from meeting held 18 September 2020	Staff Governance Committee Chair	OHB2021-78	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>10</b>	<b>Organisational Performance</b>			
10.1	Financial Management Performance Report	Director of Finance	OHB2021-79	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Performance Management Report	Head of Assurance and Improvement	OHB2021-80	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 24 September 2020	Finance and Performance Committee Chair	OHB2021-81	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>11</b>	<b>Risk and Assurance</b>			
11.1	Chair's Report – Audit and Risk Committee and minute of meeting held on 1 September 2020	Audit and Risk Committee Chair	OHB2021-82	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>12</b>	<b>Any other competent business</b>			
<b>13</b>	<b>Items for Information</b>			

Item	Topic	Lead Person	Paper Number	Purpose
13.1	Key Legislation	Chair	OHB2021-83	To <u>receive</u> a list of key legislation issued since last Board meeting and local implementation / action
13.2	Third Sector Survey Report	Chair	OHB2021-84	To <u>note</u> the report
13.3	Orkney Partnership Board minute 24 August 2020	Chair		To <u>note</u> the minute
13.4	Everyone Matters – Pulse Survey national report 2020	Chair		To <u>note</u> update provided in the letter received
13.5	Board Reporting Timetable 2020/21 and 2021/22			To <u>note</u> the timetables
13.6	Record of Attendance			To <u>note</u> attendance record
13.7	Evaluation	Reflection on meeting – led by Chair		

**By Standing Invitation:**

Christina Bichan, Head of Assurance and Improvement  
Julie Colquhoun, Head of Corporate Administration  
Malcolm Colquhoun, Head of Estates and Facilities  
Gillian Morrison, Interim Chief Officer

## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Thursday, 22 October 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  
 Marthinus Roos, Medical Director  
 James Stockan, Non-Executive Board Member  
 Kim Wilson, Deputy Nurse Director (deputising for David McArthur)  
 Louise Wilson, Director of Public Health

**In Attendance**

Christina Bichan, Head of Improvement and Assurance  
 Lorraine Hall, Director of Human Resources, NHS Shetland  
 Gemma Pendlebury, Senior Corporate Services Officer (minute taker)

**674 Apologies**

Apologies were noted from David McArthur, Director of Acute Services.

**675 Declarations of interests**

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

**676 Minute of previous meeting held on 27 August 2020**

The minute of the meeting held on 27 August 2020 was accepted as an accurate record of the meeting,

**677 Matters Arising**

**587 – Staff Governance Committee Chairs' Report - Student Accommodation**

Members were updated that due to national commitments, the Chair of the Board had been unable to attend the most recent Community Planning Partnership meeting, and so the issue of student accommodation had not been noted in the corresponding Community Planning Partnership minutes. This item would, however, be escalated to the CPP at their next available meeting.

**678 Board Action Log**

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

**679 Presentation on Near Me**

Members of the Board received a presentation updating them on the rollout of the

Near Me digital clinic application, presented by Kenny Low, Value and Sustainability Lead. He explained the following key points to members:

- Near Me was a secure, virtual clinic
- The focus had been minimising unnecessary patient travel to NHS Grampian
- Rollout was expedited due to COVID-19
- Cross-service collaboration had been excellent at very short notice
- Local training was delivered to all clinical and support staff
- The service was under constant review to ensure it was fit for purpose
- Uptake within services had been excellent, specifically the Community Mental Health Team and Daisy Villa GP Surgery

The Chair acknowledged the sheer effort it had taken to deliver the project and commended the agility of the team, which had enabled them to adapt the project uniquely. She also noted that digital connectivity in certain areas would impact the use of NearMe and would explain the lower number of consultations.

The Medical Director noted that the rollout of the system had been very effective and offered congratulations to K Low and the team. The Chair of the Board agreed and noted that it was key to take the learning from the NearMe project and apply it elsewhere throughout the organisation, sharing best practice.

D Drever noted that staff had been required to adapt in the face of Coronavirus, developing resilience in adversity. He queried what the financial savings there had been in relation to using NearMe. K Low responded that there would be savings in relation to patients travelling off island for treatment. Those savings would start coming through in many budget statements, and those savings would be recurrent. Further work was needed to estimate a total figure.

D Campbell requested that thought be given to how patient feedback regarding the use of NearMe be captured and evaluated.

F MacKellar commended the team for their implementation of the project and noted that the support that they had provided had been excellent. She did note that there was a risk of creating inequality of access by using the NearMe system, specifically in relation to areas experiencing digital poverty and broadband connectivity issues. In relation to that item, the Chair noted that the Community Hubs were helping to overcome digital and connectivity issues, with community spaces being made available for use by clinicians and patients.

The Chair of the Board also noted that adoption and uptake of NearMe needed to be clinically led and embedded within the new clinical strategy. Also, there was a need to ensure that NearMe was being used only in instances where it was the most appropriate method of contact.

### **Decision / Conclusion**

The Board noted the NearMe presentation and the verbal update provided by K Low.

### **Governance**

#### **680 Schedule of meeting dates 2021/22 - OHB2021-55**

Board members received the schedule of meeting dates for 2021/22 for information,

noting and approval.

### **Decision / Conclusion**

The Board approved the schedule of meeting dates for 2021/22.

### **Strategy**

#### **681 Orkney Winter Plan 2020/21 Approval Method Options - OHB2021-56**

The Head of Assurance and Improvement presented the approval methods option appraisal paper for the Orkney Winter Plan 2020/21 to members of the Board. She provided context that national guidance was still awaited before the Winter Plan could be presented in final draft for consideration and approval. This would be out-with the schedule of Board meetings.

Members were invited to consider the options noted within the paper and to agree on the preferred method for approving the Winter Plan once the required national guidance had been received.

The Board members agreed that the second option noted within the paper “undertaking an additional NHS Orkney Board meeting with a one-item agenda” was the preferred method, allowing for group scrutiny, discussion, and debate.

### **Decision / Conclusion**

The Board agreed that an additional, single-item meeting of the Board would be held once the awaited national guidance had been received and the Orkney Winter Plan for 2020/21 was in final form.

#### **682 Review of Integration Scheme - OHB2021-57**

The Interim Chief Officer of the Integration Joint Board presented the Review of the Integration Scheme to members of the Board, highlighting the following key points:

- The Scottish Government advised in March 2020 that, in light of COVID-19, there was no expectation for the Integration Joint Board to develop a successor scheme, however, they did stipulate that a minimum of a review of the Integration Scheme be undertaken and jointly and formally acknowledged
- Said review and a follow up discussion took place, involving both Interim Chief Executives of Orkney Island Council and NHS Orkney, as well as the Senior Management Team of Orkney Health and Care, who agreed that there were no areas requiring immediate attention
- The Integration Scheme was agreed as acceptable as is
- It was recommended that a more detailed review of the Integration scheme be commenced by March 2021, which:
  - Would include an option appraisal of all functions
  - Would be circulated for stakeholder engagement
  - Would be issued to services formally delegated once approved.

The Chair recognised that the review of the Integration Scheme was an important undertaking and was grateful that the opportunity for a more full and detailed review in March 2021 would be taken.

J Taylor raised a query regarding the resource and capacity to undertake the review should the COVID-19 pandemic worsen in the future. The Interim Chief Officer of the IJB recognised the challenges should that situation come to pass, however she remained hopeful that the Scottish Government would react accordingly to events as they occurred.

### **Decision / Conclusion**

Members of the Board approved the review of the Integration Scheme, with a view that a more detailed review would be conducted in March 2021.

### **Clinical Quality and Safety**

#### **683 Infection Prevention and Control Report – OHB2021-58**

M Roos, Medical Director, presented the Infection Prevention and Control Report to members of the Board, highlighting the following key points:

- NHS Orkney's validated Staphylococcus Aureus Bacteraemia (SAB) was two cases at the time of the quarter two report (July to September). Confirmation was still to be received from Health Protection Scotland. There was no indication of a link to any invasive device
- NHS Orkney's validated Clostridium Difficile Infection (CDI) was two cases to date at the time of the quarter two report (July to September)
- Multi Drug Resistant Screening Clinical Risk Assessment – was below target at 87% for both MRSA and CPE
- 96 hand hygiene observations were undertaken during October 2020 with an overall of 96% for both opportunity and technique
- NHS Scotland National Cleaning Services Domestic 96% and Estates 99% for July 2020
- Norovirus – no hospital bay or ward outbreaks had been reported since February 2012. Norovirus season had been declared through Health Protection Scotland
- Education and guidance updates continued to be delivered by the IPC team at the request of departments, the main topic being Transmission Based Precautions.

The Interim Chief Executive reiterated that Infection Prevention and Control was a critical issue and recognised the hard work of the Infection Prevention and Control team, especially considering their expanded remit due to COVID-19.

### **Decision / Conclusion**

The members of the Board took assurance from the Infection Prevention and Control Report and acknowledged their gratitude for the continued hard work of the IPC team.

#### **684 Integration Joint Board – Annual Performance Report - OHB2021-59**

The Interim Chief Officer presented the Integration Joint Board Annual Performance Report to the Board for noting purposes, advising of the performance of the IJB in planning and carrying out the integrated functions for Orkney for the reporting period 1 April 2019 to 31 March 2020.

Members received the report, agreeing that it was comprehensive and detailed, and recognised the considerable amount of work that had been done by the IJB throughout the year 2019/20, especially due to the added pressures of COVID-19.

### **Decision / Conclusion**

Members of the Board received and noted the Integration Joint Board Performance Report for 2019/20.

#### **685 Coronavirus (COVID-19) and Care Homes update – OHB2021-60**

The Director of Public Health provided an update to Board members regarding the testing for Coronavirus within Care Homes, drawing attention to the following key items:

- There were good working relationships between members of the Public Health Team and care home staff, with good engagement with the recently developed national electronic system
- There were weekly meetings of the national Directors of Public Health meeting, with Scottish Government representatives and the Care Inspectorate
- Locally, there was a multidisciplinary care homes meeting occurring on a weekly basis which included the Care Inspectorate
- A weekly report was submitted to the Scottish Government by the Director of Public Health which provided a high-level overview of any issues reported by the care homes locally
- Directors of Public Health had also been tasked with reviewing and offering comment on care home visiting risk assessments, as visiting opportunities were beginning to be extended
- Processes for the testing of symptomatic care home staff were well established within Orkney
- Work had been undertaken in conjunction with care home managers to reach an agreement on surveillance testing (with the consent of staff and residents). That agreement had been reached earlier in the year and involved the weekly testing of asymptomatic individuals
- The frequency of samples being transported off island for testing had increased to twice weekly to promote and support the uptake of the scheme.

The Director of Public Health continued by delivering a Powerpoint presentation to members detailing the situation in Scotland as a whole, as well as more detail regarding Orkney.

The Chair Acknowledged the sheer amount of additional work that had been placed on the Public Health and Nursing teams, as well as the Director of Public Health and the Director of Acute Services and thanked them for their effort.

### **Decision / Conclusion**

The members of the Board took assurance and noted the Coronavirus and Care Homes update report and presentation from the Director of Public Health.

#### **686 Joint Inspection of Children and Young People Update Report - OHB2021-61**

The Interim Chief Officer of the Integration Joint Board introduced members to the

report covering the Joint Inspection of Children and Young People, noting that it was the joint responsibility of Orkney Island Council, NHS Orkney, the Integration Joint Board and wider partners such as the police, to support and ensure that the improvement plan be clear and concise, to give assurance that the young people within Orkney communities were as safe as possible. She introduced her colleague, Interim Chief Social Work Officer, who provided further insight and detail regarding the report, highlighting the following priority areas for improvement:

- 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
- Publishing comprehensive, up to date, inter-agency child protection guidelines and training staff to clarify roles and responsibilities, and to help staff to be confident in their work
- 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
- Strengthening key child protection processes, fully implementing the Getting it Right for Every Child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services
- Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people

The Interim Chief Social Work Officer further noted that an action plan, the Orkney Partnership Child Protection Improvement Plan, had been developed and was routinely updated and monitored for effectiveness. There were currently 33 improvement areas. Progress to date on the Looked After Children review directly linked to the progress made in those improvement areas.

The Chair thanked the Interim Chief Officer and Interim Chief Social Work Officer for the detailed report and noted that it would be beneficial to see the difference that would be made to the lives of children, young people and their families as a direct result.

A robust discussion took place regarding child protection training and the Interim Chief Social Work Officer recognised that there was a need to ensure that all GPs were up to date with appropriate child protection training. This would help them to recognise the signs and symptoms for instigating a social services referral. Alongside training, it would be key to make sure that GP practices had processes and procedures in place to prevent child grooming and exploitation.

The Chair deferred to the Medical Director for assurance that the child protection training challenges facing remote communities and GP surgeries would be dealt with and the Medical Director confirmed that all GPs undertook appropriate training, however, further child protection training could be investigated, not just for GPs, but for the whole of the medical community. This item would be included on the Action Log for further updates.

D Drever commented that there had been concerns raised that significant child protection monitoring opportunities had been reduced and, in some cases, lost due to the closure of schools during the first COVID-19 lockdown. He reiterated that this was an area requiring continued vigilance and welcomed the ongoing process of improvement by way of instigating the action plan.

D Campbell welcomed conversations with Third Sector organisations who had good methods of communicating with looked after children and care leavers. He commented that there would be a valuable partnership link to be made. He also queried what assurance could be taken that long-term issues raised by the Joint Inspection Improvement Report would be addressed. The Interim Chief Social Work Officer welcomed the feedback and responded that initially work would be undertaken on urgent actions requiring immediate solutions. In order to better assist in the mitigation of long-term issues, was the proper use of the main social work information system, PARAS. The best method in planning for the future was to ensure that the correct information was input into the system to make sure it was always a robust and reliable source of information. However, due to underinvestment in the service area, there were staffing issues which impacted the information input process. With the right individuals and leadership in post, and the right guidance, building blocks could be put in place for the future.

J Taylor echoed colleagues in welcoming the honest appraisal of the current situation. He then raised a query regarding the Continuing Care section of the report, specifically the reference to draft policies and whether there was an agreed timeline for those policies being approved. The Interim Chief Social Work Officer noted that there was not a specified timeline, however the policies were in draft form as they needed further adaptation to Orkney's unique geography and circumstances.

The Interim Chief Officer of the Integration Joint Board drew the discussion to a close by acknowledging the challenging situation regarding budgets and both short and long-term funding and resourcing. There had been some staff sickness absence and the utilisation of agency staff to stabilise the services. There was also investment being made in additional supporting services to help prevent child protection situations arising. She offered assurance that Orkney Island Council was absolutely committed to improving the child protection services, including within reassurance regarding the appropriate training of GPs in child protection matters.

### **Decision / Conclusion**

The Board thanked the Interim Chief Officer of the Integration Joint Board and the Interim Chief Social Work Officer for delivering the Joint Inspection of Children and Young People update report and were assured on progress.

*Post meeting note I: The action regarding ensuring that GPs received up to date, appropriate child protection training was added to the Board action log for future update.*

*Post meeting note II: Following the meeting the Chair was assured that child protection is an essential element of the GP annual revalidation process. The item should be noted on the action log as closed.*

### **687 Area Clinical Forum Chairs' Report and minute from meeting held on 7 August 2020 – OHB2021-62**

The Chair of the Area Clinical Forum presented to members the ACF Chair's Report and minutes from the meeting held on 7 August 2020, asking them to note the report and from it, gain assurance on performance. He highlighted the following key items:

- Neuro-Developmental Pathways – members of the ACF wished to highlight their concerns to the Board surrounding the absence of a Neuro-Developmental pathway, which had been on the ACF and Clinical and Care

Governance Committee action logs previously. The ACF learned that waiting times for patients after referral could be up to two years and were concerned about the detrimental impact this may have on patients awaiting diagnosis. Issues with capacity (administrative in particular) which was adding to the length of waiting time

- Reappointment of Chair – it was noted that S Johnston had been re-elected as Chair of the ACF for a further two years. The position of Vice-Chair remained vacant and members had been urged to consider the position as an opportunity for succession planning
- Concerns of Engagement due to IT Issues – Members of the ACF wanted to raise their concerns surrounding issues of engagement with meetings caused by technical issues. Due to COVID-19, meetings were being undertaken via Microsoft Teams, however, not all colleagues had sufficient access to or knowledge of this system to participate in the meetings. Main issues were:
  - Lack of equipment
  - Lack of adequate training due to fast rollout of Teams
  - Lack of support in using the system

It was suggested that it may be necessary to deliver training for some colleagues to allow better participation and communication.

The Chair of the Area Clinical Forum also updated Board members on the joint development session undertaken in September in partnership with the Area Partnership Forum. The session had been very useful for members of both committees and a two-page summary of the session could be shared out-with the meeting if required.

The Chair confirmed that she was on the rota to attend the next meeting of the ACF and thanked S Johnston for his valuable contribution.

I Grieve confirmed, as Chair of the Clinical and Care Governance Committee, that there would be a full update regarding Neuro-Developmental Pathway at the next Clinical and Care Governance Committee meeting on Tuesday, 27 October 2020. Feedback could then be provided to the Area Clinical Forum.

The Director of Finance queried whether the issues raised regarding not having appropriate technology to engage with ACF meetings was due to financial reasons or lack of resources and S Johnston confirmed that it was a more resource-centric and lack of training problem.

J Taylor raised a query regarding the ACF previous minute regarding the use of space in GP surgeries for other clinicians, most notable Musculoskeletal and Physiotherapy. He queried whether the Deputy Director of Nursing could explain further on the issues of space being addressed. The Deputy Director of Nursing had not been made aware of any issues, however if there were specific areas that the ACF members were concerned about she could investigate and feedback. S Johnston added that the concerns had been longstanding pre-COVID-19 and had been mitigated by using the Old Balfour site to see patients. Despite this it was still challenging to find the most appropriate space for seeing patients. The Interim Chief Executive commented that the Outpatients facilities were constrained, but teams were constantly looking at more effective and efficient ways of using their space. These methods needed to be uniform to ensure equity across all services and to enable access to the space to be managed effectively. He continued that while using the Old Balfour site was mitigating current spatial pressures, it did raise the wider strategic question about how NHS Orkney enabled clinicians (wherever they are

working) to effectively capture records, assessment and use electronic systems. There were certain barriers out-with NHS Orkney's control, such as mobile connectivity and internet access and the request has been made to the Scottish Government for a clear strategy to help future-proof the Orkney Isles, ensuring that it is appropriate for an island setting. The Chair of the Board proposed that this item be taken forward by the Clinical and Care Governance Committee with an appropriate, agreed timescale.

### **Decision / Conclusion**

The Board noted the Area Clinical Forum Chair's report and accepted the approved minutes.

### **Workforce**

#### **688 Staff Governance Committee Chairs Report – OHB2021-63**

C Evans, Chair of the Staff Governance Committee, presented the Staff Governance Chair's Report to members of the Board, highlighting three key items:

- Agency Locum Medical Staff Fitness to Practice Concerns – The recent internal audit into Agency Locum Medical Staff had 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 several files had incomplete data and recommended a full review of current locum pre-employment documentation be completed to give assurance on compliance. Members of the Staff Governance Committee felt it appropriate that a similar audit on the wider workforce be completed and the results provided to the Committee to provide assurance
- Compliance with the Safe Staffing Act – The Staff Governance Committee had received a report outlining actions which needed progressing for the Board to deliver the duties as detailed in the Health and Care (Staffing) (Scotland) Act for implementation. 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
- Virtual Corporate Induction – Members were given an overview of the new virtual Corporate Induction and shown how new staff members would navigate through the programme. The praised the excellent piece of work and highlighted its success to the Board.

F MacKellar added that the Safe Staffing Act was an all-encompassing act that was very much about safe staffing within the whole clinical workforce. She noted that adding that element of professional judgement into workforce projections and staffing would be very beneficial.

### **Decision / Conclusion**

The Board noted the Staff Governance Committee Chair's Report provided and adopted the approved minutes.

## **Organisational Performance**

### **689 Financial Management Performance Report – OHB2021-64**

The Director of Finance delivered 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.

The Chair of the Board was conscious that saying all overspend was a result of COVID-19 was not an accurate reflection of factors adding to the financial position. She noted that the organisation faced a financial challenge in the form of a £6.6m recurring savings target. The Director of Finance agreed and informed the Board that the Executive Directors had been delivering various workshops investigating redesign of services and at how to deliver financial balance. The redesign would consider the financial savings to be made, as well as changes to be made to the Annual Operational Financial Plan considering COVID-19.

D Campbell requested further clarity regarding the Estates department overspend and the Director of Finance replied that there was an expectation that the Estates budget would come into balance by year end in light of Service Level Agreement savings to be made and a refund of £150k from the Balfour energy supplier.

I Grieve queried whether conversations could take place with the Scottish Governance regarding the challenges of an island board in relation to COVID-19 costs and the Director of Finance confirmed that these discussions were taking place and were ongoing. The Scottish Government have been made aware of the organisations position, specifically the heavy reliance on locum staff. The Annual Operational Financial Plan would address those issues. He also highlighted that there was a Recovery Group plan to redesign services in collaboration with the

Deputy Director of Nursing.

### **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.

#### **690 Performance Management Report – OHB2021-65**

The Head of Assurance and Improvement 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 very positive
- Access to services was improving overall as a result of remobilisation, with clinical prioritisation continuing to be critical to ensuring this was in line with guidance and risk assessed
- Near Me service delivery uptake had been encouraging and the success of NHS Orkney's local response has attracted national interest and the opportunity to contribute towards the national "Test of Change" projects within Primary Care and Urgent Care. Those nationally supported projects have seen additional funding being provided to better equip the services as they redesign patient pathways
- The number of patients waiting for diagnosis increased during June in line with the reduction of diagnostics due to COVID-19; only diagnostics relating to Urgent Suspected Cancer referrals were actioned. However, more recently waiting times had improved as the backlog of patients have been seen as part of remobilisation
- There were some issues with capacity within Outpatients due to the increase in appointment time. This increase in appointment length was a result of social distancing measures

### **Decision / Conclusion**

The Board noted the Performance Management report and were assured of progress.

#### **691 Chairs Report Finance and Performance Committee and minute of meeting held on the – OHB2021-66**

D Campbell, the Chair of the Finance and Performance Committee, presented the Chair's report, highlighting the following key items:

- Reiterating NHS Orkney's financial position
- COVID-19 – Quarter One Finance Return – Members felt it important to highlight to the Board that the quarter one financial return for COVID-19 detailed various areas of spend and included both NHS Orkney costs, as well as Health and Social Care Partnership 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. A further update which had been submitted to the Scottish Government on 18 September 2020, had further refined the projected costs, including the initial quarter one return information and sought to address any queries raised by the Scottish Government.

### **Decision / Conclusion**

The Board noted the Finance and Performance Committee Chair's report provided and adopted the approved minutes.

### **Risk and Assurance**

#### **692 Corporate Risk Register – OHB2021-67**

The Interim Chief Executive delivered a verbal update regarding the comprehensive review of the corporate risk register. There was work needing in order to unify the risk register process and to define the thresholds for the categorisation of risks onto one of the three risk registers:

- Corporate
- Departmental
- Operational

The Interim Chief Executive explained for members that the key risks that were being addressed on the Corporate Risk Register were COVID-19 and Brexit, with the appropriate Executive Directors having been assigned for leading on each risk. Furthermore, there would be a refreshed risk register presented in early 2021, utilising DATIX in a more appropriate way and implementing the risk management policy.

### **Decision / Conclusion**

Members of the Board noted the verbal update regarding the Corporate Risk Register and were assured of progress.

#### **693 Audit and Risk Committee Chairs' Report – OHB2021-68**

D Drever, Chair of the Audit and Risk Committee, presented the Committee Chair's report and approved committee minutes from 25 June 2020 and 7 July 2020. The report highlighted for members of the Board, the findings, and recommendations from the Audit Scotland Annual Audit Report for 2019/20.

- 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

### **Decision / Conclusion**

Members took assurance from the full report, noting that it was a valuable external summation of NHS Orkney's performance over the previous year.

694 **Any other competent business**

Structural Steel Design Awards 2020

The Chair informed members of the Board that the Balfour Hospital was national finalist for the Structural Steel Design Award for 2020. She took the opportunity to congratulate the design and constructions teams and the planning, organisation and skill that it had taken to design and build a multi-award-winning facility.

**Items for noting**

695 **Key Legislation – OHB2021-69**

Members noted the key legislation issued.

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

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

697 **Record of attendance**

Members noted the record of attendance.

698 **Evaluation – reflection on meeting**

Members acknowledged that there had been technical challenges which had impacted the flow of the meeting and had made it challenging to stick to the agenda.

699 **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:

- Child Protection Training for GPs – is there a system in place for GPs and clinical staff to gain CPD hours for Orkney-specific child protection training. The Medical Director confirmed that the training would be used as CPD and would count towards yearly appraisals.
- COVID-19 Funding Gap – Was there a real chance of a significant funding gap from the Scottish Government regarding COVID-19? The Director of Finance noted that discussion with the Scottish Government was in the early stages and would likely be taking place right to year end. There is an indication that there may be a further allocation awarded to NHS Orkney in January 2021, however it was too early to offer complete confirmation.

*Meeting closed at 13:12*

## NHS Orkney Board Action Log Updated 7 December 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	<del>October 2020</del>  <b>February 2021</b>	Head of Corporate Services	<del>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.</del> <u>22/10/2020</u> – Members were updated that the refresh of the strategy would be produced once the Pulse Survey and DHI work had been concluded as they would feed into the strategy. Postponed until February 2021.
03-2020/21	<u>Child Protection Training for Medical Community</u>  Assurance to be provided that all clinical staff are receiving the appropriate training in relation to Child	Meeting 22 October 2020	<b>February 2021</b>	Medical Director	COMPLETE  All medical staff as part of their revalidation and licence to practice need to evidence child protection training is completed

No	Action	Source	Target date	Owner	Status / update
	Protection				and up to date and that doesn't have to be via Learnpro.  The Board are reviewing mandatory training compliance as part of our actions following the Children's Inspection.
04-2020/21	<u>Corporate Risk Register</u> Reporting arrangements to Board	Board	<b>February 2021</b>	Interim Chief Executive	Updated corporate risk register to be provided at the February meeting of the Board following current review work

Completed actions deleted after being noted at following meeting



## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-70</b>  <b>This report is for approval</b>  <b>Code of Corporate Governance</b>	
<b>Lead Director Author</b>	Emma West, Corporate Services Manager Gemma Pendlebury, Senior Corporate Services Officer
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the reviewed and updated Code of Corporate Governance as recommended by the Audit Committee</li> </ul>
<b>Key Points</b>	<p>NHS Orkney is required to have a Code of Corporate Governance which sets out:</p> <ul style="list-style-type: none"> <li>• How the business of Orkney NHS Board and its Committees is organised</li> <li>• Members' Code of Conduct</li> <li>• Standard of Business Conduct for NHS Staff</li> <li>• Fraud Standards</li> <li>• Reservation of powers and delegation of authority</li> <li>• Standing Financial Instructions</li> </ul> <p>The Code of Corporate Governance is reviewed on an annual basis to take account of changes in legislation and outcomes from the Governance Committee and Board's annual performance assessment and review of key documents</p>
<b>Timing</b>	The Code of Corporate Governance was presented to the Audit Committee on the 1 December 2020 with a recommendation of Board approval.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Create an environment of service excellence and continuous improvement;</li> </ul>

# Code of Corporate Governance

Policy Author:	Corporate Services Manager
Policy Owner (for updates):	Corporate Services Manager
Engagement and Consultation Groups:	Governance Committees / Audit and Risk Committee / Board members
<b>Approval Record</b>	<b>Date</b>
Audit and Risk Committee	1 December 2020
Board	17 December 2020
Equality and Diversity Rapid Impact Assessment	Not applicable
<b>Version Control</b>	
Version Number	14
Date of Original Document	February 2004
Last Change and Approval Date	17 December 2020
Last Review Date	26 September 2020
Next Formal Review Date	24 June 2021
<b>Location and Access to Documents</b>	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Access to document for staff	Blog and website
Access to document for public	website
<b>Post holder(s) names at last review</b>	
Corporate Services Manager	Emma West
Senior Corporate Services Officer	Gemma Pendlebury

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# **Introduction**

## 1 Code of Corporate Governance

The Code of Corporate Governance includes the following sections:

<b>Section A</b>	How Business is Organised
<b>Section B</b>	Members' Code of Conduct
<b>Section C</b>	Standards of Business Conduct for NHS staff
<b>Section D</b>	Fraud Standards
<b>Section E</b>	Reservation of Powers and Delegation of Authority
<b>Section F</b>	Standing Financial Instructions

It uses best practice in Corporate Governance as set out in the Cadbury, Nolan and other reports, and guidance issued by the Scottish Government Health and Social Care Directorates and others.

The Board reviews and approves the Code of Corporate Governance each year. Sections A to E are Orkney NHS Board's Standing Orders. The Standing Orders are made in accordance with the Health Board's (Membership and Procedure) (Scotland) Amendment Regulations 2016.

Statutory provision, legal requirement, regulation, or direction by Scottish Ministers take precedence over the Code of Corporate Governance if there is any conflict.

## 2 Orkney NHS Board

Orkney NHS Board, 'The Board', means Orkney Health Board which is the legal name. It is a strategic body, accountable to the Scottish Government Health and Social Care Directorates and to Scottish Ministers for the functions and performance of NHS Orkney. It consists of the Chair, Non-Executive and Executive Members appointed by the Scottish Ministers to constitute Orkney Health Board under the terms of the National Health Services (Scotland) Act 1978 as amended.

The Board will not concern itself with day-to-day operational matters, except where they have an impact on the overall performance of the system.

The Board consists of the Chair, Non-Executive and Executive Members appointed by Scottish Ministers to constitute Orkney Health Board. (National Health Services (Scotland) Act 1978, as amended).

Remuneration will be paid as determined by Scottish Ministers to the Chair and other Non-Executive Board Members. Any member of the Board may, on reasonable cause shown, be suspended, or removed, or disqualified from membership of the Board in accordance with the Regulations identified in Section 1 above.

A member of the Board may resign office at any time by giving notice in writing to Scottish Ministers to that effect.

## 2.1 Overall Purpose

The Overall purpose of Orkney NHS Board is:

- As a Board we aim to **optimise health** (whilst supporting the local population to do their bit in keeping well), **optimise care and optimise cost**
- Our **vision** is to *be the best remote and rural care provider in the UK*

## 2.2 Corporate Key Aims

Our Corporate Key Aims are to:

- 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.

## 2.3 Function

The Functions of the Board are to:

- Formulating strategy for the organisation, including the development annually of a local operational plan whilst also contributing to the Regional Delivery Plan
- Ensuring commitment and accountability by holding the organisation (all staff) to account for performance and the delivery of both improvement in population health and, individual experience of care; whilst operating with a context of affordability and sustainability
- Shaping a positive culture (open, just, and fair) for the Board and organisation

## 2.4 Members of Orkney NHS Board

There are 9 Non-Executive Members, which include the Chair of the Board and 3 stakeholder members representing the following:

- Area Clinical Forum
- Orkney Island Council
- Staff side Employee Director

There are 5 Executive Members:

- Chief Executive
- Director of Acute Services
- Director of Finance
- Director of Public Health
- Medical Director

In total, there are 14 members of Orkney NHS Board.

In attendance there will also be:

- Corporate Services Manager

## **2.5 Cooption/Attendance of Non-Board Members at Meetings of the Board**

The Board shall extend invitations to the following non-Board Members to participate in specific agenda items relating to Orkney Health and Care (with no voting rights), to strengthen its governance arrangements regarding joint working:

- Chief Officer of the Integration Joint Board
- Head of Assurance and Improvement
- Head of Estates and Facilities
- Head of Corporate Administration

## **2.6 Responsibilities of Members of the Board**

Membership of Orkney NHS Board carries with it a collective responsibility for the discharge of the functions in section 2.3.

All members are expected to bring an impartial judgement to bear on issues of strategy, performance management, key appointments, and accountability, upwards to Scottish Ministers and outwards to the local community.

The Orkney NHS Board is a strategic body, accountable to the Scottish Government Health and Social Care Directorates and to Scottish Ministers for:

- The designated functions of the NHS Board; and
- The performance of the NHS Orkney system

All members of Orkney NHS Board share collective responsibility for the overall performance of the NHS Orkney system.

## **2.7 Corporate Governance**

Corporate Governance is the term used to describe our overall control system. It details how we direct and control our functions and how we relate to our communities. It covers the following dimensions:

- Community focus
- Health protection and improvement
- Service delivery arrangements
- Structures and processes
- Risk management and internal control; and
- Standards of conduct

Orkney NHS Board is responsible for:

- Giving leadership and strategic direction
- Putting in place controls to safeguard public resources
- Supervising the overall management of its activities; and
- Reporting on management and performance

The Senior Management Team is responsible for the operational delivery of services supporting health protection and improvement.

## **2.8 Conduct, Accountability, and Openness**

Members of Orkney NHS Board (Executive and Non-Executive) are required to comply with the Members' Code of Conduct and the Standards of Business Conduct for NHS staff.

Board Members and staff are expected to promote and support the principles in the Members' Code of Conduct and to promote by their personal conduct the values of:

- Public service
- Leadership
- Selflessness
- Integrity
- Objectivity
- Openness
- Accountability and stewardship
- Honesty
- Respect

## **2.9 Understanding our responsibilities arising from the Code of Corporate Governance**

It is the duty of the Chair and the Chief Executive to ensure that Board Members and staff understand their responsibilities. Board Members and

Managers shall receive copies of the Code of Corporate Governance and the Corporate Services Manager will maintain a list of managers to whom the Code of Corporate Governance has been issued. Managers are responsible for ensuring their staff understand their own responsibilities.

The Code of Corporate Governance will also be published on the Board's website and intranet.

## **2.10 Endowment Fund**

The principles of this Code of Corporate Governance apply equally to Members of Orkney NHS Board who have distinct legal responsibilities as Trustees of the Endowment Fund.

## **2.11 Advisory and Other Committees**

The principles of this Code of Corporate Governance apply equally to all of NHS Orkney's Advisory Committee and all Committees and groups which report directly to an Orkney NHS Board Committee.

## **2.12 Review**

The Board will keep the Code of Corporate Governance under review and undertake a comprehensive review at least every two years. The Board may, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure and business of the Board and of any Committee. The Audit and Risk Committee is responsible for advising the Board on these matters.

## **2.13 Feedback**

NHS Orkney wishes to improve continuously and reviews the Code of Corporate Governance regularly. To ensure that this Code remains relevant, we would be happy to hear from you with regard to new operational procedures, changes to legislation, confusion regarding the interpretation of statements or any other matter concerning the Code. Comments and suggestions for improvement are welcomed and should be sent to:

Corporate Services Manager  
NHS Orkney  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ

(01856)888910  
[ORK.corporateservices@nhs.scot](mailto:ORK.corporateservices@nhs.scot)

## 2.14 Definitions

Any expression to which a meaning is given in the Health Service Acts, or in the Regulations or Orders made under the Acts, shall have the same meaning in this interpretation and in addition:

Definition	Meaning
<b>The Accountable Officer</b>	<p>Is the Chief Executive of NHS Orkney, who is personally answerable to the Scottish Parliament (in accordance with section 15 of the Public Finance and Accountability (Scotland) Act 2000, Annex 2: Memorandum to Accountable Officers for other Public Bodies) for the propriety and regularity of the public finances for NHS Orkney, ensuring they are used economical, efficiently and effectively.</p> <p>The Chief Executive of NHS Orkney is also accountable to the Board for clinical, staff and financial governance, including controls assurance and risk management.</p> <p>This is a legal appointment made by the Principal Accountable Officer of the Scottish Government.</p>
<b>The Act</b>	The National Health Service (Scotland) Act 1978, as amended
<b>The 1960 Act</b>	The Public Bodies (Admission to Meetings) Act 1960, as amended
<b>The 2016 Regulations</b>	The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016
<b>Board Executive Member</b>	<p>Or 'Executive' means the Chief Executive, the Director of Finance, the Director of Acute Services, the Director of Public Health, and the Medical Director.</p> <p>All other Members are Non-Executive Members</p>
<b>Budget</b>	Means Money proposed by the Board for the purpose of carrying out, for a specific period, any, or all of the functions of the Board
<b>Chair</b>	The person appointed by the Scottish Ministers to lead the Board and to ensure that it successfully discharges its overall responsibility for the Board as a whole. The expression "the Chair of the Board" is deemed to include the Vice-Chair of the Board if the Chair is absent from the meeting or is otherwise unavailable.

Definition	Meaning
	The Chair of a Committee is responsible for fulfilling the duties of a Chair in relation to that Committee only
<b>Chief Executive</b>	Means the Chief Officer of Orkney NHS Board
<b>Committee</b>	Means a Committee established by the Board, and includes 'Sub-Committee'
<b>Committee Members</b>	Are people formally appointed or co-opted by the Board to sit on or to chair specific committees. All references to members of a committee are as 'committee member' and when the reference is to a member of the Board it is 'Board Member'
<b>Contract</b>	Includes any arrangement including an NHS contract
<b>Co-opted Member</b>	Is an individual, not being a Member of the Board, who is invited to attend Board meetings or appointed to serve on a committee of the Board
<b>Corporate Services Manager</b>	A senior administrative officer in a public organization with a role like that of Company Secretary, who is responsible for ensuring procedures are followed in accordance with good governance
<b>Director of Acute Services</b>	Means the Director of Nursing, Midwifery and Allied Health Professionals
<b>Director of Finance</b>	The Chief Finance Officer of the Board
<b>Directors</b>	Means all direct reports to the Chief Executive
<b>Meeting</b>	Means a meeting of the Board or of any Committee
<b>Member</b>	A person appointed as a Member of the Board by Scottish Ministers, and who is not disqualified from membership. This definition includes the Chair and other Executive and Non-Executive Members. (Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016)
<b>Motion</b>	Means a proposal
<b>Nominated Officer</b>	Means an officer charged with the responsibility for discharging specific tasks within the Code of Corporate Governance

Definition	Meaning
<b>Non-Executive Member</b>	Any Member appointed to the Board in terms of the Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 and who is not listed under the definition of Executive Member above
<b>Officer</b>	An employee of NHS Orkney
<b>SFIs</b>	Standing Financial Instructions
<b>SOs</b>	Standing Orders
<b>The Code</b>	Code of Corporate Governance
<b>Vice-Chair</b>	The Non-Executive Member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason
<b>Working day</b>	Any day between Monday and Friday inclusive, but not including, public holidays
<b>N.B.</b>	<i>Wherever possible the terms 'he' or 'she' shall be replaced with the term 'they' to meet with modern equality and diversity standards.</i>

## 2.15 The Seven Principles of Public Life

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public officeholder. All public officeholders are both servants of the public and stewards of public resources. You have a duty to uphold the law and act in accordance with the law and public trust placed in you.

### I Selflessness

Holders of public office should act solely in terms of the public interest

### II Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

**III Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

**IV Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

**V Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

**VI Honesty**

Holders of public office should be truthful

**VII Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

**SECTION**

**A**

# **How Business is Organised**

This section is for Members of Orkney NHS Board and details how they should conduct themselves in undertaking their duties.

# 1 How Board and Committee Meetings must be Organised

This section regulates how the meetings and proceedings of the Board and its Committees will be conducted and are referred to as 'Standing Orders'. The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 confirms the matters to be included in the Standing Orders. The following is NHS Orkney's practical application of these Regulations.

## 1 Calling and Notice of Meetings

- 1.1 The Chair may call a meeting of the Board at any time and the Chair of a Committee may call a meeting of that Committee at any time or when required to do so by the Board.
- 1.2 Ordinary meetings of the Board or Committees shall be held in accordance with the timetable approved by the Board. Meetings of the Board will normally be held every two months. In any event, Board meetings shall be held at least once every three months.
- 1.3 Meetings of the Board and its Committees may be conducted in any way in which each member is enabled to participate such as video conferencing or teleconferencing.
- 1.4 A meeting of the Board may be called if one third of the Members make the request in writing. If the Chair does not call a meeting within seven days of the request, the Members who signed the request may call the meeting provided that only the requested business is transacted.
- 1.5 Before each meeting (Board and Committees) the notice (agenda and papers) specifying the time, place and business to be transacted, shall be accessible to every Member by electronic means, at least seven clear days before the date of the meeting other than in exceptional circumstances when it must be accessible three clear days before the meeting.
- 1.6 Notification of the time and place of Board meetings shall be placed on [NHS Orkney's website](#), intranet, Facebook and Twitter social media and announced on Radio Orkney's 'What's on'.
- 1.7 Lack of service of the notice on any Member shall not affect the validity of a meeting.

- 1.8 Special meetings of Committees shall be held on the dates and times that the Chairs of those Committees determine.
- 1.9 It is within the discretion of the Chair of any Committee to cancel, advance or postpone an ordinary meeting if there is a good reason for doing so.
- 1.10 Four or more members of any Committee may, by notice in writing, request a special meeting to be called to consider the business specified in the notice. Such a meeting shall be held within fourteen days of receipt of the notice by the Corporate Services Manager or Lead Officer.
- 1.11 In the case of the Audit and Risk Committee a special meeting may be called by the Audit and Risk Committee Chair, the Chief Executive, and the Director of Finance.

## **2 Appointment of Chair of Orkney NHS Board**

- 2.1 The Chair is appointed by the Cabinet Secretary for Health and Sport. The regulations governing the period of terms of office and the termination or suspension of office of the Chair are contained in the National Health Services (Scotland) Act 1978.

## **3 Appointment of Vice-Chair of Orkney NHS Board**

- 3.1 To enable the business of the Board to be conducted in the absence of the Chair, a Non-Executive Member, who is not an NHS employee or an independent Primary Care Contractor (for example Employee Director or Chair of Area Clinical Forum) shall be nominated Vice-Chair by the Non-Executive Members. The Vice-Chair will normally hold office for two years, provided that the individual's membership of the Board continues throughout that period. The retiring Vice-Chair will be eligible for re-election if the individual remains a Non-Executive Member of the Board.
- 3.2 The Chair will provide the Cabinet Secretary with evidence to support the appointment. In accordance with the requirements of the 2013 Code of Practice for Ministerial Appointments to the Board, The Cabinet Secretary will consider whether the individual nominated is suitable for the role, confirm the appointment, and issue a communication publicising that the individual is fulfilling the role of Vice-Chair.
- 3.3 The Vice-Chair may resign from office at any time by giving notice in writing to the Chair.
- 3.4 Where the Chair of the Board has ceased to hold office or has been unable to perform their duties as Chair, owing to illness, absence or any other cause, the Vice-Chair shall take the place of the Chair in the conduct

of the business of the Board and references to the Chair shall be taken to include reference to the Vice-Chair.

## **4 Duties of the Chair and Vice-Chair**

- 4.1 At every meeting of the Board the Chair shall preside. If the Chair is absent the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, the Members present shall elect a Non-Executive Member to act as Chair for that meeting. This cannot be an NHS Orkney employee.
- 4.2 If both the Chair and Vice-Chair (if any) of a Committee are absent from a meeting a member of the Committee chosen at the meeting by the other members shall act as Chair for that meeting.
- 4.3 It shall be the duty of the Chair:
- To ensure that Standing Orders are observed and to facilitate a culture of transparency, consensus, and compromise
  - To preserve order and ensure that any member wishing to speak is given due opportunity to do so and a fair hearing
  - To call members to speak according to the order in which they caught their eye
  - To decide all matters of order, competence, and relevance.
- 4.4 The Chief Executive or Corporate Services Manager shall draw the attention of the Chair to any apparent breach of the terms of these Standing Orders.
- 4.5 The decision of the Chair on all matters referred to in this Standing Order shall be final and shall not be open to question or discussion in any meeting of the Board.
- 4.6 Deference shall always be paid to the authority of the Chair. When the Chair commences speaking, they shall be heard without interruption.

## **5 Membership**

### **5.1 Non-Executive Membership**

Each Committee will have a minimum number of Non-Executive Members which includes those Non-Executive Members who are members due to the office they hold:

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

Staff Governance

Four

## 6 Quorum

6.1 The quorum for Board meetings is one third of the whole number of Members, of which at least two are Non-Executive Members, all present and entitled to vote. No business shall be transacted at a meeting of the Board unless this is met.

6.2 The quorum for Committees shall be as follows: -

One third of whole number of members including:

### Quorum

<b>Audit and Risk Committee</b>	Three Non-Executive Members, one of whom must be chair or vice-chair
<b>Finance and Performance Committee</b>	Three members including two Non-Executive Members, one of whom must be chair or vice-chair, and one executive member
<b>Clinical and Care Governance Committee</b>	Five members including three Non-Executive Members, one of whom must be chair or vice-chair, one Orkney Islands Council Elected Member who is a member of the Integration Joint Board and/or the Orkney Health and Care Committee, and one executive member of NHS Orkney
<b>Staff Governance Committee</b>	Four members including two Non-Executive Members, one of whom must be chair or vice-chair, one executive member and one lay representative from Union or Professional body
<b>Remuneration Committee</b>	Two Non-Executive Members, one of whom must be Chair or Vice-Chair

- 6.3 If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board or Committees, the Chair will seek agreement to adjourn the meeting or reschedule.
- 6.4 If, during any meeting of the Board or of its Committees, a Member or Members are called away and the Chair finds that the meeting is no longer quorate, the meeting shall be suspended. If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or reschedule.

## **7 Human Rights**

- 7.1 If the Business before the Board or its Committees involves the determination of a person's individual civil rights and obligations, no members shall participate in the taking of a decision on an item of business unless they have been present during consideration of the whole item, including where the item of business was discussed at a previous meeting. (Article 6 of the European Convention of Human Rights)

## **8 Order of Business**

- 8.1 For ordinary meeting of the Board, the business shown on the agenda shall (unless otherwise agreed by the Board at the meeting) proceed in the following order:
- Apologies for Absence
  - Declarations of Interest
  - Minutes of the previous meeting for approval
  - Matters arising
  - Action Log
  - Strategy
  - Clinical Quality and Safety
  - Workforce
  - Organisational Performance
  - Risk and Assurance
  - all above including Committee Chairs' Reports and Minutes of Committee meetings
  - Any Other Competent Business (items of which due notice has been given)
  - Items for Information (including dates of future meetings)
- 8.2 No item of business shall be transacted at a meeting unless either:
- It is included on the agenda which has been published in advance;  
or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances.

## **9 Order of Debate**

### **9.1 Informal Committee Rules**

- 9.1.1 The Board or any Committee will routinely conduct its business under 'Informal Committee Rules' on the understanding that any one Board or Committee member may at any time, without giving due reason, request that the Board or Committee move to the formal order of debate of motions as set out below (Formal Committee Rules 9.2).
- 9.1.2 All speakers will address the Chair and observe order. The Chair will have discretion to conduct the meeting, that is, limit the number of contributions any speaker makes, the amount of time for which they speak or to ask a speaker to sum up their contribution. At the conclusion of the discussions, the Chair will summarise the decisions of the Board or Committee. Orderly debate in the public domain is essential to project a professional approach to business.
- 9.1.3 If any point arises which is not provided for in the Board's Standing Orders, the Chair shall give a ruling on the point and their decision will be final.
- 9.1.4 The Chair will seek to establish a consensus. If a consensus is not emerging, the Chair will follow the procedure set out in Section 14 – Voting.
- 9.1.5 The Chair will have a casting vote in the event of an equality of votes.

### **9.2 Formal Committee Rules**

- 9.2.1 Any Board or Committee Member wishing to speak shall indicate this by raised hand and, when called upon, shall address the Chair, and restrict their remarks to the matter being discussed by:
- Moving, seconding, or leading a motion or amendment
  - Moving or seconding a procedural motion
  - Asking a question
  - Making a point of clarification; or
  - Raising a point of order
- 9.2.2 There shall be no discussion on any motion or amendment except by the mover until such motion or amendment is seconded.
- 9.2.3 No Member shall speak more than once in a debate on any one motion and amendment unless raising a point of order, making a clarification, moving, or seconding a procedural motion. However, the mover of the substantive motion (or an amendment which has become the substantive motion) in any debate shall have a right of reply but shall not introduce any new matter.

- 9.2.4 After the mover of the substantive motion has commenced their reply, no Member shall speak except when raising a point of order or moving or seconding a procedural motion.
- 9.2.5 Any Member wishing to raise a point of order may do so by stating that they are raising a point of order immediately after it has arisen. Any Member then speaking will cease and the Chair shall call upon the Member raising the point or order to state its substance. No other Member shall be entitled to speak to the point or order except with the consent of the Chair. The Chair shall give a ruling on the point of order, either immediately, or after such adjournment as they consider necessary. After this the Member who was previously speaking shall resume their speech, provided the ruling permits.
- 9.2.6 Any Member wishing to ask a question relating to the matter under consideration may do so at any time before the formal debate begins.

## **10 Motions and Amendments**

- 10.1 When called to speak, the mover of any motion or amendment shall immediately state the exact terms of the motion or amendment before proceeding to speak in support of it. The mover shall also provide the terms in writing at the request of the Chair to the Corporate Services Manager before any vote is taken, except in the case of: -
- Motions or amendments to approve or disapprove without further qualification
  - Motions or amendments to remit for further consideration; or
  - Motions or amendments, the terms of which have been fully set out in a minute of a Committee or report by an Executive Member or other officer
- 10.2 Every amendment must be relevant to the motion to which it is moved. The Chair shall decide as to the relevancy and shall have the power, with the consent of the meeting, to conjoin motions or amendments which are consistent with each other.
- 10.3 All additions to, omissions from, or variations upon a motion shall be considered amendments to the motion and shall be disposed of accordingly.
- 10.4 A motion or amendment once moved and seconded shall not be withdrawn without the consent of the mover and seconder.
- 10.5 Where an amendment to a motion has been moved and seconded, no further amendment may be moved until the result of the vote arising from the first amendment has been announced.

- 10.6 If an amendment is rejected, a further amendment to the original motion may be moved. If an amendment is carried, it shall take the place of the original motion and any further amendment shall be moved against it.
- 10.7 A motion for the approval of a minute or a report of a Committee shall be considered as an original motion and any proposal involving alterations to or rejection of such minute shall be dealt with as an amendment.
- 10.8 The Chair of a Committee shall have the prior right to move the approval of the Minute of that Committee.
- 10.9 A motion or amendment moved but not seconded, or which has been ruled by the Chair to be incompetent, shall not be put to the meeting nor shall it be recorded in the minute, unless the mover immediately gives notice to the Corporate Services Manager or Committee Lead Officer requesting that it be so recorded.
- 10.10 A Member may request their dissent to be recorded in the minute in respect of a decision which they disagree and on which no vote has taken place.

## **11 Notice of Motions to be placed on an Agenda**

- 11.1 Notice of motions must be given in writing to the Corporate Services Manager no later than noon fourteen days before the meeting and must be signed by the proposing member and at least one other member.
- 11.2 A member may propose a motion which does not directly relate to an item of business under consideration at the meeting.
- 11.3 The terms of motions of which notice have been given shall appear as items of business for consideration at the next meeting.
- 11.4 If a member who has given notice of a motion is absent from the meeting when the motion is considered or, if present, fails to move it, any other member shall be entitled to move it, failing which the motion shall fall.

## **12 Questions**

- 12.1 A Board or Committee Member may put a question to the Chair relating to the functions of that Committee, irrespective of whether the subject matter of the question relates to the business which would otherwise fall to be discussed at that meeting, provided that notice has been given to the Corporate Services Manager ten working days prior to the meeting.
- 12.2 The original questioner may ask a supplementary question, limited to seeking clarity on any answer given.

- 12.3 Questions of which notice has been given in terms of 10.1 above, and the answers thereto, shall be recorded in the minute of the meeting only if the questioner so requests, but any supplementary questions and answers shall not be recorded.

### **13 Time Allowed for Speaking during Formal Debate**

- 13.1 The Chair is entitled to decide the time that members may be allowed to speak on any one issue.
- 13.2 As a guide, a member who is moving any motion or amendment shall not normally speak for more than five minutes. Other members shall not normally speak for more than three minutes, and the mover in exercising a right of reply shall not normally speak for more than three minutes.

### **14 Closure of Debate**

- 14.1 A motion that the debate be adjourned, or that a question be put, or that the meeting now pass to the next business may be made at any stage of the debate and such motion, if seconded, shall be the subject of a vote without further debate.
- 14.2 No motion in terms of 11.1 above may be made during a speech.

### **15 Voting**

- 15.1 Every question coming or arising before the Board or its Committees shall be determined by a majority of the members present and voting. Majority agreement may be reached by a consensus without a formal vote but at the request of a member a formal vote will be taken.
- 15.2 In the case of an equality of votes, the Chair shall have a second or a casting vote, except in any vote relating to the appointment of a Member of the Board to any office, Committee, or to represent the Board on any other body, where in the case of equality of votes, the matter shall be determined by lot.
- 15.3 Where a formal vote is taken, this shall be done by a show of hands except:
- Where the members present agree unanimously that it be taken by a roll call
  - Where the members present resolve by simple majority that it be taken by secret ballot.

- 15.4 Immediately before any vote is taken, the question on which the vote is to be held shall be read out. Thereafter, no-one shall interrupt the proceedings until the result of the vote has been announced.

## **16 Voting in the case of Vacancies and Appointments**

- 16.1 In filling vacancies in the membership of any Committee and making appointments of Board Members to any other body, where more than one candidate has been nominated and seconded, members shall be entitled to vote for up to as many candidates as there are places to be filled. Candidates shall be appointed in the order of number of votes received until all vacant places have been filled.
- 16.2 In the event of two or more candidates tying with the lowest number of votes to fill the last vacant place, a further vote shall be taken between or among those candidates. Each member shall have one vote.
- 16.3 In the event of a further tie, the appointment shall be determined by lot.

## **17 Adjournment and Duration of Meetings**

- 17.1 During any meeting of the Board, any Member may move that the meeting be adjourned, at any time, except during a speech by another member. No motion for adjournment may be made within thirty minutes of a motion for adjournment having previously been rejected if the Board is still considering the same item of business.
- 17.2 A motion for adjournment has precedence over all other motions and if moved and seconded, shall be put to the meeting without discussion or amendment.
- 17.3 If carried, the meeting shall be adjourned until the time and place specified in the motion. Unless the time and place are specified, the adjournment shall be until the next ordinary meeting of the Board or Committee.
- 17.4 Where a meeting is adjourned without a time for its resumption having been fixed, it shall be resumed at a time fixed by the Chair.
- 17.5 When an adjourned meeting is resumed, the proceedings shall be commenced at the point at which they were interrupted by the adjournment.
- 17.6 In case of disorder the Chair may adjourn the meeting to a time fixed then or decided afterwards. Vacating the Chair shall indicate that the meeting is adjourned.

- 17.7 Every meeting of the Board or its Committees shall last no longer than four hours.
- 17.8 It shall, however, be competent, before the expiry of the time limit, for any Member to move that the meeting be continued for such further period as is deemed appropriate.

## **18 Conflict of Interest**

- 18.1 If a Board or Committee Member, or associate of theirs, has any interest, direct or indirect, in any contract or proposed contract or other matter, they shall disclose the fact, and shall not take part in the consideration and discussion of the contract, proposed contract, or other matter or vote on any question with respect to it.
- 18.2 The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by the 2016 Amendment Regulations in any case in which it appears to them in the interests of the health service that the disability should be removed.
- 18.3 Remuneration, compensation, or allowances payable to a Chair or other member shall not be treated as an interest by the 2016 Amendment Regulations. (Paragraphs 4, 5 or 14 of Schedule 1 of the Act).
- 18.4 A member or associate of theirs shall not be treated as having an interest in any contract, proposed contract or other matter if the interest is so remote or insignificant that they cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of or in voting on, any question with respect to that contract or matter.
- 18.5 The 2016 Amendment Regulations apply to a Committee as they apply to the Board and apply to any member of any such Committee (whether or not they are also a Member of the Board) as they apply to a Member of the Board.
- 18.6 For the purposes of the 2016 Amendment Regulations, the word 'associate' has the meaning given by Section 229 of the Bankruptcy (Scotland) Act 2016.
- 18.7 You must consider whether you have an interest to declare in relation to any matter which is to be considered as soon as possible. You should consider whether agendas for meetings raise any issue of interest. Your declarations should be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed, you must declare the interest as soon as you realise it is necessary.
- 18.8 The oral declaration of interest should identify the item of business to which it relates. The declaration should begin with the words "I declare an

interest”. The declaration must be sufficiently informative to enable those at the meeting to understand the nature of the interest but need not give a detailed description of the interest.

## **19 Reception of Deputations**

- 19.1 Every application for the reception of a deputation must be in writing, duly signed and delivered, faxed or e-mailed to the Corporate Services Manager or Committee Support Officer at least three clear working days prior to the date of the meeting at which the deputation wished to be received. The application must state the subject and the action which it proposes the Board or Committee should take.
- 19.2 The deputation shall consist of not more than ten people.
- 19.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.
- 19.4 Any member may put any relevant question to the deputation but shall not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or decision shall take place until the relevant minute or other item is considered in the order of business.

## **20 Receipt of Petitions**

- 20.1 Every petition shall be delivered to the Corporate Services Manager or Committee Lead Officer at least three clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.

## **21 Submission of Reports**

- 21.1 Reports shall be submitted by the Executive Members or other Senior Officers when requested or when, in the professional opinion of such an officer, a report is required to enable compliance with any statute, regulation or Ministerial Direction, or other rule of law, or where the demands of the service under their control require.
- 21.2 Any report to be submitted shall be provided to the Corporate Services Manager, Committee Lead Officer or the Committee Support Officer in the standard format no later than the deadline set out within the agreed timetable for the Board and Committee meetings (fourteen days prior to the meeting). The Director of Finance should be consulted on all

proposals with significant financial implications. No paper with significant financial implications should be presented at a meeting when this has not been done. Any observations by those officers on matters within their professional remit shall be incorporated into the report.

- 21.3 Only those reports which require a decision to be taken by the Board or Committee to discharge its business or exercise its monitoring role, will normally be included on the agenda. It shall be delegated to the Corporate Services Manager or Committee Lead Officer in conjunction with the Chair of the Committee to make the final determination on whether ~~or not~~ an item of business should be included on an Agenda.
- 21.4 All reports requiring decisions will be submitted in writing. Verbal reports will only be accepted in exceptional circumstances, and with the prior approval of the Chair of the Board or Committee.

## **22 Right to Attend Meetings and / or place Items on an Agenda**

- 22.1 Any Board or Committee Member shall be entitled to attend any meeting of any Committee, and shall, with the consent of the Committee, be entitled to speak but not to propose or second any motion or to vote. Executive Members cannot attend the Remuneration Committee when matters pertaining to their terms and conditions of service are being discussed and the Audit and Risk Committee when deemed necessary by the Chair of that Committee.
- 22.2 A Board Member, who is not a member of a particular Committee and wishes that Committee to consider an item of business which is within its remit, shall inform in writing the Lead Officer not later than the deadline set out within the agreed timetable for the Committee prior to the meeting of the issue to be discussed. The Lead Officer shall arrange for it to be placed on the agenda of the Committee. The Member shall be entitled to attend the meeting and speak in relation to the item but shall not be entitled to propose or second any motion or to vote.
- 22.3 Board or Committee Members who wish to raise any item of business which is within its remit shall inform in writing the Committee Lead Officer not later than the deadline set out within the agreed timetable for that Committee prior to the meeting the issue to be discussed. The Committee Lead Officer shall arrange for it to be placed on the agenda of the Committee.
- 22.4 The Chief Internal Auditor and External Auditor have a right of attendance at all Committees. The Chief Internal Auditor and External Auditor shall have the right of direct access to the Chairs of the Board and all Committees.

- 22.5 The Patient Reference Group shall be invited to send a maximum of two representatives to attend Board and Committee meetings held in public except 'In Committee' and Remuneration Committee.
- 22.6 Those in attendance at public sessions of Board meetings including co-opted members, will not routinely attend sessions held in private. Those in attendance of private sessions will normally be:
- The Corporate Services Manager or any member of the Corporate Services Team who has been assigned to take a formal minute of the proceedings
  - Named officers who have been closely involved in any items under consideration, where agreed by the Board Chairperson and Chief Executive

## **23 Alteration of Revocation of Previous Decision**

- 23.1 Subject to 23.2 below, a decision shall not be altered or revoked within a period of six months from the date of such decision being taken.
- 23.2 Where the Chair rules that a material change of circumstances has occurred to such extent that it is appropriate for the issue to be reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from:
- A recommendation to that effect, by an Executive Member or other officer in a formal report; or
  - A motion to that effect of which prior notice has been given in terms of 9.1
- 23.3 This does not apply to the progression of an issue on which a decision is required.

## **24 Suspension of Standing Orders**

- 24.1 So far as it is consistent with any statutory provisions, any one or more of the Standing Orders may be suspended at any meeting, but only as regards the business at such meeting, provided that two-thirds of the members present and voting so decide.

## **25 Admission of Public and Press**

- 25.1 Members of the public and representatives of the press will be admitted to every meeting of the Board but will not be permitted to take part in discussion. (Public Bodies (Admission to Meetings) Act 1960)

- 25.2 The Board may exclude the public and press while considering any matter that is confidential. Exemptions included under: Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations)

A summary of the exemptions specified in the Act is contained at the end of this section at Paragraph 27 but should not be relied upon as a comprehensive application of the exemptions in restricting access to information.

For guidance on application of the Act and Regulations, please contact the Freedom of Information Officer ([ORK.FOIrequests@nhs.scot](mailto:ORK.FOIrequests@nhs.scot)).

More information can be found on NHS Orkney's website:  
<http://www.ohb.scot.nhs.uk/about-us/freedom-information>

- 25.3 The terms of any such resolution specifying the part of the proceedings to which it relates, and the categories of exempt information involved shall be specified in the minutes.
- 25.4 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board. (1960 Act)
- 25.5 Members of the public and press should leave when the meeting moves into reserved business (In Committee). It is at the discretion of the Chair of that meeting if NHS Orkney staff or co-opted members can remain.

## **26 Members' Code of Conduct**

- 26.1 All those who are appointed or co-opted as members of the Board must comply with the Members' Code of Conduct of Devolved Public Bodies Revised Edition 2014 as incorporated into the Code of Corporate Governance and approved by the Scottish Ministers. This also applies equally to all members of Committees whether they are employed by NHS Orkney or not when undertaking Committee business.
- 26.2 For the purposes of monitoring compliance with the Members' Code of Conduct, the Corporate Services Manager has been appointed as the designated monitoring officer.
- 26.3 Board and Committee Members having any doubts about the relevance of a particular interest should discuss the matter with the Corporate Services Manager.
- 26.4 Board and Committee Members should declare on appointment any material or relevant interest and such interests should be recorded in the Board and Committee minutes. Any changes should be declared and recorded when they occur. Interests will also be entered into a register

that is available to the public, details of which will be disclosed in the Board's Annual Report. Arrangements for viewing the register shall also be publicised.

## **27 Suspension of Members from Meetings**

- 27.1 If any Board or Committee Member disregards the authority of the Chairperson, obstructs the meeting or, in the opinion of the Chair, acts in an offensive manner at a meeting, the Chair may move that such Member be suspended for the remainder of the meeting. If seconded, such a motion shall be put to the vote immediately without discussion.
- 27.2 If such a motion is carried, the suspended Member shall leave the meeting room immediately. If the member fails to comply, the Chair may order the suspended member to be removed from the meeting.
- 27.3 A member who has been suspended in terms of this Standing Order shall not re-enter the meeting room except with the consent of the meeting.
- 27.4 In the event of a motion for suspension of a Member being defeated, the Chair may, if they think it appropriate to do so, adjourn the meeting as if a state of disorder had arisen.
- 27.5 The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of a Board.

## **28 Minutes, Agendas and Papers**

- 28.1 The Corporate Services Manager is responsible for ensuring that minutes of the proceedings of a meeting of the Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Board, or relevant Committee, for approval by Members as a record of the meeting subject to any amendments proposed by Members and shall be signed by the person presiding at that meeting.
- 28.2 The names of Members present at a meeting of the Board or of a Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any Member.
- 28.3 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public.

28.4 The Minute of a meeting being held where authority or approval is being given by the committee and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:

- A summary of the Committee's discussions
- A clear and unambiguous statement of all decisions taken
- If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
- Where options are presented, a summary of why options were either accepted or rejected
- Reference to any supporting documents relied upon
- Any other relevant points which influenced the decision or recommendation; and
- Any recommendations which require approval by a higher authority

28.5 The contents of a Minute will depend upon the purpose of the meeting.

If the meeting agrees actions, they will be recorded in an action log:

- A description of the task, including any phases and reporting requirements
- The person accepting responsibility to undertake the task; and
- The time limits associated with the task, its phases and agreed reporting

28.6 The business for inclusion on the Agenda will, when necessary, be divided into two sections: Open Business, where there would be no issue about the release of information and 'In Committee', where access is restricted to Board or Committee members and where information would not be routinely released.

## **29 Guide to Exemptions Under the Freedom of Information (Scotland) Act 2002**

29.1 All the exceptions operate in different ways, and when applying the individual exemptions, we may need to consider the following factors:

- The content of the information
- The effect that disclosure would have
- The source of the information; and
- The purpose for which the information was recorded

The Act also recognises that the disclosure of certain categories of information may, at the time of the request, be harmful to the wider public interest, for example:

- Where disclosure might be harmful to an important public interest, such as national security or international relations
- Where disclosure is prohibited by statute
- Where responding to the request might involve providing personal information; or
- Where disclosure might breach a duty of confidentiality

Because the Act strikes a balance between different and important issues, a decision to withhold or release information will require careful consideration. Access to information legislation is about providing the framework within which decisions can be made on where the balance of public interest lies on the release or withholding of information on a case by case basis. The Act contains several exemptions to the general right of access. The exemptions ensure that decisions to release or withhold information are taken with the interest of the public firmly to the fore.

There are two types of exemptions under the Freedom of Information (Scotland) Act 2002:

**Absolute Exemptions:**

If an absolute exemption applied, there is no obligation under the Act to consider the request for information further

**Qualified Exemptions:**

Are subject to the public interest test. Qualified exemptions do not justify withholding information unless, following a proper assessment, the balance of the public interest comes down against disclosure.

For further guidance contact the Freedom of Information Officer ([ORK.FOIrequests@nhs.scot](mailto:ORK.FOIrequests@nhs.scot))

<http://www.ohb.scot.nhs.uk/about-us/freedom-information>

## 30 Records Management

Under the Freedom of Information (Scotland) Act 2002, NHS Orkney must have comprehensive records management systems and process in place. Separate guidance has been produced for records management. This can be found on NHS Orkney's intranet.

- Information Governance Strategy
- Information Governance Policy
- Records Management Policy

This gives clear guidance on time limits for the retention of records and documents.

## 2 Committees

### 1 Establishing Committees

- 1.1 The Board shall create such Committees as are required by statute, guidance, regulation, and Ministerial direction and as are necessary for the economical efficient and effective governance of its business.
- 1.2 The Board shall delegate to such Committees those matters it considers appropriate. The matters delegated shall be set out in the Purpose and Remit of those Committees detailed in Paragraph 8, Purpose and Remits.
- 1.3 The Board may by resolution of a simple majority of the whole number of Members of the Board, present and voting, vary the number, constitution and functions of Committees at any meeting of which due notice has been given specifying the proposed variation.

### 2 Membership

- 2.1 The Board shall appoint the membership of Committees. By virtue of their appointment the Chair of the Board is an ex officio member of all Committees except the Audit and Risk Committee.
- 2.2 Any Committee shall include at least one Non-Executive Member of the Board, and may include persons, who are co-opted, and may consist wholly or partly of Members of the Board.
- 2.3 In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements. Certain members may not be appointed to serve on a particular Committee because of their positions. Specific exclusions are:
  - Audit and Risk Committee – Chair of the Board together with any Executive Member or Officer
  - Remuneration Committee – any Executive Member or Officer
- 2.4 The Board has the power to vary the membership of Committees at any time, provided that:
  - In any case this is not contrary to statute, regulation, or Direction by Scottish Ministers
  - Each Member of the Board is afforded proper opportunity to serve on Committees
- 2.5 The Board shall appoint Chairs and Vice-Chairs of Committees who shall hold office for two years. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

- 2.6 The persons appointed as Chairs of Committees shall usually be Non-Executive Members of the Board and only in exceptional circumstances shall the Board appoint a Chair of a Committee who is not a Non-Executive Member for example a co-opted member. Such circumstances are to be recorded in the Minutes of the Board meeting making the appointment.
- 2.7 As a consequence of the personal development appraisal and review process, the Chair of the Board will decide, with the relevant Non-Executive Members, which of the Committees they will serve on as member of as Chair or Vice Chair.
- 2.8 Casual vacancies occurring in any Committee shall be filled as soon as may be by the Board after the vacancy takes place.

### **3 Functioning**

- 3.1 An Executive Member or another specified Lead Officer shall be appointed to support the functioning of each Committee.
- 3.2 Committees may seek the approval of the Board to appoint Sub-Committees for such purposes as may be necessary.
- 3.3 Where the functions of the Board are being carried out by Committees, the membership, including those co-opted members who are not members of the Board, is deemed to be acting on behalf of the Board.
- 3.4 During intervals between meetings of the Board or its Committees, the Chair of the Board or a Committee or in their absence, the Vice-Chair shall, in conjunction with the Chief Executive and the Lead Officer concerned, have powers to deal with matters of urgency which fall within the terms of reference of the Committee and require a decision which would normally be taken by the Committee. All decisions so taken should be reported to the next full meeting of the relevant Committee. It shall be for the Chair of the Committee, in consultation with the Chief Executive and Lead Officer concerned, to determine whether a matter is urgent in terms of this Standing Order.

### **4 Minutes**

- 4.1 The approved minute of each Committee of the Board shall be submitted as soon as is practicable to an ordinary meeting of the Board for information, and for the consideration of any recommendations having been made by the Committee concerned.
- 4.2 The Minute of each Committee shall also be submitted to the next meeting for approval as a correct record and signature by the Chair.

- 4.3 Minutes of the proceedings at a meeting of a Special Committee shall be made but these proceedings may be reported to the Board or to any Committee of the Board either by the Minutes or in a report from the Special Committee as may be considered appropriate.

## **5 Frequency**

- 5.1 The Committees of the Board shall meet no fewer than four times a year.

## **6 Delegation**

- 6.1 Each Committee shall have delegated authority to determine any matter within its purpose and remit, except for any specific restrictions contained in Section E, paragraph items 1.2.1 to items 1.2.20.
- 6.2 Committees shall conduct their business within their purpose and remit, and in exercising their authority, shall do so in accordance with the following provisions. However, in relation to any matter either not specifically referred to in the purpose and remit, or in this Standing Order, it shall be competent for the Committee, whose remit the matter most closely resembles, to consider such matter and to make any appropriate recommendations to the Board.
- 6.3 Committees must conduct all business in accordance with NHS Orkney policies and the Code of Corporate Governance.
- 6.4 The Board may deal with any matter falling within the purpose and remit of any Committee without the requirement of receiving a report or Minute of that Committee referring to that matter.
- 6.5 The Board may at any time vary, add to, restrict or recall any reference or delegation to any Committee. Specific direction by the Board in relation to the remit of a Committee shall take precedence over the terms of any provision in the purpose and remit.
- 6.6 If a matter is of common or joint interest to several Committees, and is a delegated matter, no action shall be taken until all Committees have considered the matter.
- 6.7 In the event of a disagreement between Committees in respect of any such proposal or recommendation which falls within the delegated authority of one Committee, the decision of that Committee shall prevail. If the matter is referred but not delegated to any Committee, a report summarising the views of the various Committees shall be prepared by the appropriate officer and shall appear as an item of business on the agenda of the next convenient meeting of the Board.

## **7 Committees**

- A** Audit and Risk Committee
- B** Clinical and Care Governance Committee
- C** Finance and Performance Committee
- D** Remuneration Committee
- E** Staff Governance Committee

## **8 Purpose and Remits**

### **A Audit and Risk Committee**

#### **I Purpose:**

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

#### **II Composition:**

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

The chair and vice-chair of the Committee will be appointed by the NHS Board.

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

Committee membership will be reviewed annually.

#### **III Attendance:**

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

#### **IV Quorum:**

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

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

## **V Meetings:**

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

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

Extraordinary meetings may be called by:

- Audit and Risk Committee Chairperson
- Chief Executive
- Director of Finance

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

## **VI Remit:**

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

- The strategic process for risk, control and governance and the Governance Statement
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, and management's letter of representation to the external auditors
- The planned activity and results of both internal and external audit
- The adequacy of management response to issues identified by audit activity, including external audit's management letter / report
- The effectiveness of the internal control environment and risk management arrangements
- Assurances relating to the corporate governance requirements for the organisation
- Proposals for tendering for internal audit services
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations

- Assurances that structures are in place to undertake activities which underpin safe and effective information governance
- Links to Integration Joint Board Audit Committee around jointly commissioned audits, annual planning, etc.

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

## **VII Best Value:**

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

## **VIII Authority:**

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

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

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

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

## **IX Reporting Arrangements:**

- The Audit and Risk Committee reports to Orkney NHS Board
- Following a meeting of the Audit and Risk Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes
- The Audit and Risk Committee should annually and within three months of the start of the financial year provide a work

plan detailing the work to be taken forward by the Audit and Risk Committee

- The Audit and Risk Committee will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the committee during the year

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

### **I Purpose:**

The Clinical and Care Governance Committee fulfils several purposes as follows:

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

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

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

### **II Composition:**

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

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

- Medical Director (lead officer for Clinical governance)
- Director of Public Health
- Chief Executive NHS Orkney
- Chief Officer of the Integration Joint Board (lead officer for Care governance)
- Director of Acute Services
- Director of Pharmacy
- Chief Social Work Officer
- Public Representative

**III In Attendance:**

Head of Assurance and Improvement

**IV Quorum:**

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

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

**V Meetings:**

The Committee will meet at least quarterly.

**VI Remit:****Person-Centred:**

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

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

- Carers
- Veterans

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

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

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

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

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

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

### **Population Health:**

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

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

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

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

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

## **VII Best Value**

The Committee is responsible for reviewing those aspects of the Best Value delegated to it from Orkney NHS Board, the Board of Orkney Health and Care and/or the Orkney Health and Care Committee. The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney, the Board of Orkney Health and Care and the Orkney Health and Care Committee has systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

#### **VIII Authority:**

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

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

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

#### **IX Reporting Arrangements:**

- The Clinical and Care Governance Committee reports to Orkney NHS Board, to Board of Orkney Health and Care and to the Orkney Health and Care Committee
- Following a meeting of the Clinical and Care Governance Committee the minute of that meeting should be presented at the next Orkney NHS Board meeting, the next Board of Orkney Health and Care, and the next meeting of the Orkney Health and Care Committee
- The Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Clinical and Care Governance Committee
- The Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board, the Board of Orkney Health and Care and the Orkney Health and

Care Committee. The Annual Report will describe the outcomes from the committee during the year and provide an assurance to the Audit and Risk Committee of both Boards, and the Orkney Health and Care Committee, that the Committee has met its remit during the year

## **C Finance and Performance Committee**

### **I Purpose:**

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

### **II Composition**

The membership of the Committee shall consist of:

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

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

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

### **III Attendance:**

In addition, there will be in attendance:

- Chief Officer of the Integration Joint Board (or nominated deputy)
- Head of Finance
- Head of Estates and Facilities
- Head of Assurance and Improvement

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

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

**IV Quorum:**

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

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

**V Meetings:**

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

**VI Remit:**

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the context of Strategic and Operational Plans
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance

measurement regime and other local and national targets as required

- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property)
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value
- The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report
- responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Orkney NHS Board
- To provide assurance to the Board that NHS Orkney is compliant with Audit Scotland's Best Value Initiatives
- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken
- To ensure better reporting links between services and financial inputs, to allow the Board to demonstrate that it provides value for money to the public
- To continually review the value for money and efficiency that the Board is achieving in service delivery and how it compares with other Boards across the UK
- To ensure adequate risk management is employed in all areas within the remit of the Committee
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- To develop an annual cycle of business
- To ensure robust arrangements are in place in relation to Information Governance and enabling technology providing assurance to the Board in this regard
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

## **VII Best Value**

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

**VIII Authority:**

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

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

**IX Reporting Arrangements:**

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

**D Remuneration Committee****I Purpose:**

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

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

**II Composition:**

The Remuneration Committee shall consist of:

- The Chair of the Board (who will be the chair)

- Three other Non-Executive Members one of whom should, in normal circumstances, be the Employee Director

Non-Executive Members cannot be members of this Committee if they are independent Primary Care contractors.

### **III Attendance:**

In addition, there will be in attendance:

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

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

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

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

### **IV Quorum:**

Meeting of the Remuneration Committee will be quorate when two Non-Executive Members are present, one of whom must be the chair or vice-chair.

Any Non-Executive Board member, except if they are independent Primary Care contractors, with the agreement of the Chair may deputise for a member of the Committee at any meeting.

### **V Meetings:**

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

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

### **VI Remit:**

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors of the Board and to discharge

specific responsibilities on behalf of the Board as an employing organisation.

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

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

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

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

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

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

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

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

approach is required with the Chair having a second and casting vote.

#### **VIII Minutes and Reports:**

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

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

#### **IX Best Value:**

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

#### **X Authority:**

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

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

#### **XI Reporting Arrangements:**

The Remuneration Committee is required to provide assurance that systems and procedures are in place to manage the responsibilities contained within its remit. It will do this by providing an annual report of its work to the Board describing the outcomes from Remuneration Committee during the year and providing an annual assurance that systems and procedures are in place to manage the pay arrangements for all Executive Directors and others under the Executive Cohort pay system so that overarching Staff Governance responsibilities can be discharged. The Annual Report will be

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

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

## **E Staff Governance Committee**

### **I Purpose**

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

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

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

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

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

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

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

**II Composition**

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

- Chief Executive
- Interim Director of Human Resources
- Director of Acute Services

**Attendance:**

In addition, there will be in attendance:

- Human Resources Manager
- Local Human Resources Staff as required for specific agenda items

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

**III Quorum:**

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

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

**IV Meetings:**

The Committee will meet at least quarterly.

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

**V Responsibilities**

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

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard is being achieved
- Monitoring and evaluating strategies and implementation plans relating to people management

- Support policy amendment, funding or resource submissions to achieve the Staff Governance Standards
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum
- Review and approve workforce projections thereby ensuring capability and capacity to deliver services
- Monitor the progress of the Area Partnership Forum through joint Chair reports to each Committee and an annual Report to the Board
- Seek assurance on the timely submission of all Staff Governance information required for providing national monitoring arrangements
- Provide Staff Governance information for the governance statement through the Staff Governance Committee Annual Report
- Review corporate risks relating to staff and workforce issues; and seek assurance that risks are minimized / mitigated
- Seek assurance that the Whistle Blowing Standards have a supported infrastructure, monitoring and reporting framework is in place to ensure that staff can safely raise concerns. Ensure that the Board is complying with the legislation included in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (SSI 2220/5)
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- Receive regular updates on implementation of the Health and Care (Staffing) (Scotland) Act 2019
- Receive assurance with regards to volunteer programmes for directly and indirectly engaged volunteers.

## **VI Best Value**

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

## **VII Authority**

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

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

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

**VIII Reporting Arrangements:**

- The Staff Governance Committee reports to Orkney NHS Board
- Approved minutes of the Staff Governance Committee will be presented to the NHS Orkney Board
- The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Committee
- The Staff Governance Committee will produce an annual report for presentation to the Audit and Risk Committee and Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Audit and Risk Committee that the committee has met its remit during the year.
- The Staff Governance Committee will receive the Remuneration Committee Annual Report for information, while remaining a substantive standing Committee of the Board itself, to enable the Committee to provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

**SECTION**

**B**

# **Members Code of Conduct**

This section is for Members of Orkney NHS Board and details how they should conduct themselves in undertaking their duties.

# 1 Introduction to the Code of Conduct

The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.

The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

As a member of Orkney NHS Board “the Board”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the Board.

## 1 Appointments to the Boards of Public Bodies

- 1.1 The Chair may call a meeting of the Board at any time and the Chair of a Committee may call a meeting of that Committee at any time or when required to do so by the Board.
- 1.2 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. To meet both aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should

therefore be aware of the varied roles and functions of the Board on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that

Orkney NHS Board will have agreed with the Scottish Government's Public Appointment Centre of Expertise.

- 1.3 You should also familiarise yourself with how the board's policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

### **3 Guidance on the Code of Conduct**

- 3.1 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 3.2 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from Orkney NHS Board. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.
- 3.3 You should familiarise yourself with the Scottish Government publication "[On Board – a guide for board members of public bodies in Scotland](#)". This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

### **4 Enforcement**

- 4.1 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex 1**.

## 2 Key Principles of the Code of Conduct

The general principles upon which this Code is based should be used for guidance and interpretation only.

These general principles are:

### 1 Duty

- 1.1 You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of Orkney NHS Board of which you are a member and in accordance with the core functions and duties of the board.

### 2 Selflessness

- 2.1 You have a duty to take decisions solely in terms of public interest. You must not act to gain financial or other material benefit for yourself, family, or friends.

### 3 Integrity

- 3.1 You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

### 4 Objectivity

- 4.1 You must make decisions solely on merit and in a way that is consistent with the functions of Orkney NHS Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### 5 Accountability and Stewardship

- 5.1 You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that Orkney NHS Board uses its resources prudently and in accordance with the law.

## **6 Openness**

- 6.1 You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

## **7 Honesty**

- 7.1 You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

## **8 Leadership**

- 8.1 You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of Orkney NHS Board and its members in conducting public business.

## **9 Respect**

- 9.1 You must respect fellow members of the Board and employees of Orkney NHS Board and the role they play, treating them with courtesy always. Similarly, you must respect members of the public when performing duties as a member of Orkney NHS Board.
- 9.2 You should apply the principles of this Code to your dealings with fellow members of Orkney NHS Board, its employees, and other stakeholders. Similarly, you should also observe the principles of this Code in dealings with the public when performing duties as a member of Orkney NHS Board.

# 3 General Conduct

The rules of good conduct in this section must be observed in all situations where you act as a member of Orkney NHS Board.

## 1 Conduct at Meetings

- 1.1 You must respect the Chair, your colleagues, and employees of Orkney NHS Board in meetings. You must comply with rulings from the Chair in the conduct of the business of these meetings.

## 2 Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

- 2.1 You will treat your fellow Board Members and any staff employed by Orkney NHS Board with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy, and fair working environment for all. As a board member you should be familiar with the policies of Orkney NHS Board in relation to bullying and harassment in the workplace and also lead by exemplar behavior.

## 3 Remuneration, Allowances and Expenses

- 3.1 You must comply with any rules of Orkney NHS Board regarding remuneration, allowances, and expenses.

## 4 Gifts and Hospitality

- 4.1 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

- 4.2 You must never ask for gifts or hospitality.
- 4.3 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in Orkney NHS Board. As a general guide, it is usually appropriate to refuse offers except:
- (a) Isolated gifts of a trivial character, the value of which must not exceed £50
  - (b) Normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
  - (c) Gifts received on behalf of Orkney NHS Board
- 4.4 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision Orkney NHS Board may be involved in determining, or who is seeking to do business with the Board, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of Orkney NHS Board then, as a general rule, you should ensure that the Board pays for the cost of the visit.
- 4.5 You must not accept repeated hospitality or repeated gifts from the same source.
- 4.6 Members of Orkney NHS Board should familiarise themselves with the terms of the [Bribery Act 2010](#) which provides for offences of bribing another person and offences relating to being bribed.

## **5 Confidentiality Requirements**

- 5.1 There may be times when you will be required to treat discussions, documents or other information relating to the work of Orkney NHS Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.
- 5.2 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring Orkney NHS Board into disrepute.

## **6 Use of Public Body Facilities**

- 6.1 Members of Orkney NHS Board must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services, etc. must be in accordance with the Board's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of Orkney NHS Board.

## **7 Appointment to Partner Organisations**

- 7.1 You may be appointed, or nominated by Orkney NHS Board, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.
- 7.2 Members who become directors of companies as nominees of Orkney NHS Board will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the Board. It is your responsibility to take advice on your responsibilities to Orkney NHS Board and to the company. This will include questions of declarations of interest.

## 4 Registration of Interests

The following paragraphs set out the kinds of interests, financial and otherwise which you must register. These are called 'Registerable Interests'. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Orkney NHS Board Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex 2** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

### 1 Category One: Remuneration

- 1.1 You have a Registerable Interest where you receive remuneration by virtue of being:
  - Employed
  - Self-employed
  - The holder of an office
  - A director of an undertaking
  - A partner in a firm; or
  - Undertaking a trade, profession or vocation or any other work
- 1.2 In relation to 1.1 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.
- 1.3 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, 'Related Undertakings'.
- 1.4 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

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<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

- 1.5 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.
- 1.6 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
- 1.7 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.
- 1.8 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.
- 1.9 Registration of a pension is not required as this falls outside the scope of the category.

## **2 Category Two: Related Undertakings**

- 2.1 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
- 2.2 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
- 2.3 The situations to which the above paragraphs apply are as follows:
- You are a director of a board of an undertaking and receive remuneration declared under category one – and
  - You are a director of a parent or subsidiary undertaking but do not received remuneration in that capacity

## **3 Category Three: Contracts**

- 3.1 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 5.1 below) have made a contract with Orkney NHS Board of which you are a member:

- (a) Under which goods or services are to be provided, or works are to be executed; and
- (b) Which has not been fully discharged

- 3.2 You must register a description of the contract, including its duration, but excluding the consideration.

#### **4 Category Four: Houses, Land and Buildings**

- 4.1 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of Orkney NHS Board.
- 4.2 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to Orkney NHS Board and to the public, or could influence your actions, speeches or decision-making.

#### **5 Category Five: Shares and Securities:**

- 5.1 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) Orkney NHS Board and (b) the **nominal value** of the shares is:
- (i) greater than 1% of the issued share capital of the company or other body; or
  - (ii) greater than £25,000
- 5.2 Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

#### **6 Category Six: Gifts and Hospitality:**

- 6.1 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

## **7 Category Seven: Non-Financial Interests**

- 7.1 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of Orkney NHS Board. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
- 7.2 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to Orkney NHS Board and to the public, or could influence your actions, speeches or decision-making.

# 5 Declaration of Interests

## 1 General

- 1.1 The key principles of the Code, especially those in relation to integrity, honesty, and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of Orkney NHS Board. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.
- 1.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in Orkney NHS Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.
- 1.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of Orkney NHS Board.
- 1.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the Board chair.
- 1.5 As a member of Orkney NHS Board, you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and a possible divergence of interest between Orkney NHS Board and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

## **2 Interests which Require Declaration**

- 2.1 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.
- 2.2 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of Orkney NHS Board. In the context of any matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of Orkney NHS Board as opposed to the interest of an ordinary member of the public.

## **3 Your Financial Interests**

- 3.1 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest:
- a) As an employee of the Board; or
  - b) As a Councillor or a Member of another Devolved Public Body where the council or other devolved public body has nominated or appointed you as a Member of the Board

You do not, for that reason alone, must declare that interest.

- 3.2 There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 3.3 You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

## **4 Your Non-Financial Interests**

- 4.1 You must declare, if it is known to you, any non-financial interest if:
- (a) That interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
  - (b) That interest would fall within the terms of the objective test.
- 4.2 There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 4.3 You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

## **5 The Financial Interests of Other Persons**

- 5.1 The Code requires only your financial interests to be registered. You also, however, must consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:

- (a) a spouse, a civil partner, or a cohabitee
  - (b) a close relative, close friend, or close associate
  - (c) an employer or a partner in a firm
  - (d) a body (or subsidiary or parent of a body) of which you are a remunerated member or director
  - (e) a person from whom you have received a registerable gift or registerable hospitality
  - (f) a person from whom you have received registerable expenses.
- 5.2 There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.3 You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 5.4 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as

potentially affecting your responsibilities as a member of Orkney NHS Board and, as such, would be covered by the objective test.

## **6 The Non-Financial Interests of Other Persons**

- 6.1 You must declare if it is known to you any non-financial interest of:
- a) a spouse, a civil partner, or a cohabitee
  - b) a close relative, close friend, or close associate
  - c) an employer or a partner in a firm
  - d) a body (or subsidiary or parent of a body) of which you are a remunerated member or director
  - e) a person from whom you have received a registerable gift or registerable hospitality
  - f) a person from whom you have received registerable election expenses.
- 6.2 There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.
- 6.3 There is only a need to withdraw from the meeting if the interest is clear and substantial.

## **7 Making a Declaration**

- 7.1 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed, you must declare the interest as soon as you realise it is necessary.
- 7.2 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

## **8 Frequent Declarations of Interest**

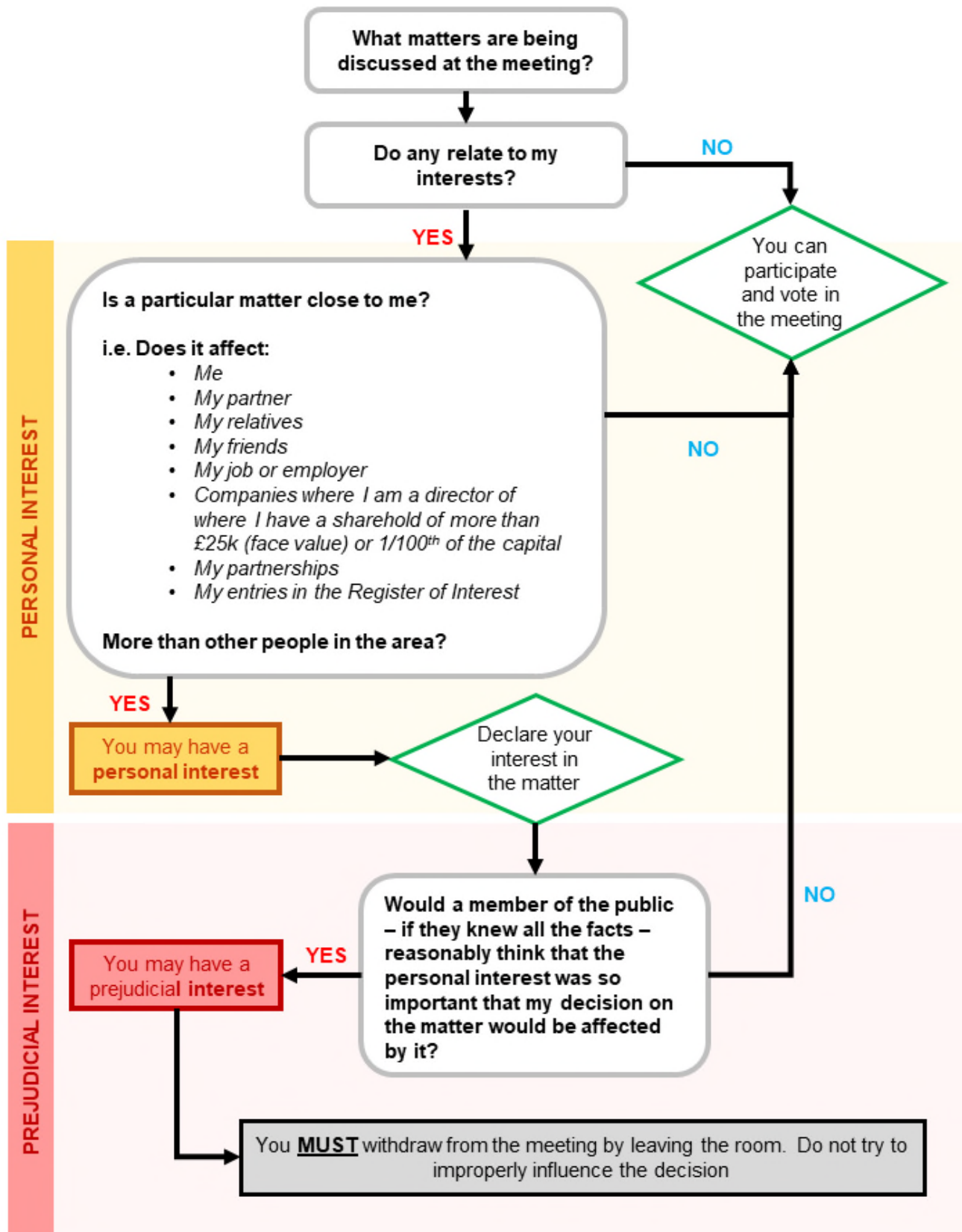
- 8.1 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not

accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings, then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

## **9 Dispensations**

- 9.1 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before Orkney NHS Board and its committees.
- 9.2 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

## Declaring Interests Flowchart – Questions to ask Yourself



# 6 Lobbying and Access to Members of Public Bodies

## 1 Introduction

- 1.1 For Orkney NHS Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which Orkney NHS Board conducts its business.
- 1.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

## 2 Rules and Guidance

- 2.1 You must not, in relation to contact with any person or organisation who lobbies, do anything which contravenes this Code or any other relevant rule of Orkney NHS Board or any statutory provision.
- 2.2 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon Orkney NHS Board.
- 2.3 The public must be assured that no person or organisation will gain better access to or treatment by you because of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of Orkney NHS Board..

- 2.4 Before taking any action because of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation who is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.
- 2.5 You should not accept any paid work:
- a) Which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation
  - b) To provide services as a strategist, adviser, or consultant, for example, advising on how to influence Orkney NHS Board and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of Orkney NHS Board, such as journalism, or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events
- 2.6 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of Orkney NHS Board.

**Annex 1****Sanctions Available to The Standards Commission for Breach of The Code:**

- a) Censure – the Commission may reprimand the member but otherwise take no action against them
- b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i all meetings of the Board
  - ii all meetings of one or more committees or sub-committees of the Board
  - iii all meetings of any other public body on which that member is a representative or nominee of Orkney NHS Board of which they are a member.
- c) suspension – for a period not exceeding one year, of the member's entitlement to attend all the meetings referred to in (b) above.
- d) Disqualification – removing the member from membership of Orkney NHS Board for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of Orkney NHS Board be reduced, or not paid.

Where the Standards Commission disqualifies a member of Orkney NHS Board, it may go on to impose the following further sanctions:

- i Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- ii Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases, the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

***Full details of the sanctions are set out in Section 19 of the Act.***

## Annex 2

### Definitions

- “Chair”** includes Board Convener or any person discharging similar functions under alternative decision-making structures.
- “Code”** code of conduct for members of devolved public bodies
- “Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship like that of husband and wife.
- “Group of companies”**  
has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.
- “Parent Undertaking”**  
is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.
- “A person”** means a single individual or legal person and includes a group of companies.
- “Any person”**  
includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.
- “Public body”**  
means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.
- “Related Undertaking”**  
is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”**

includes any salary, wage, share of profits, fee, expenses, other monetary benefit, or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”**

does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”**

means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

## Annex 3

# Bribery Act 2010 – NHS Orkney’s Aims and Objectives

The Bribery Act 2010 (“The Act”) has brought further obligations on NHS Orkney, its Non-Executive Members of the Board, and its staff.

NHS Orkney does not tolerate any form of bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. This includes Non-Executive Members of the Board, and any other co-opted members of committees or sub-committees of the Board.

The Board is committed to implementing and enforcing effective systems throughout NHS Orkney to prevent, monitor and eliminate bribery within NHS Orkney, in accordance with the Bribery Act 2010, and to the rigorous investigation of any such cases.

NHS Orkney will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for, or on behalf of, NHS Orkney with immediate effect where there is evidence that they have committed acts of bribery.

The success of NHS Orkney’s anti-bribery measures depends on all employees, Non-Executive Members of the Board and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore all employees, Non-Executive Members of the Board and others acting for or on behalf of NHS Orkney are encouraged to report any suspected bribery in accordance with bribery in accordance with The Fraud Standards, Section D, of the Code of Corporate Governance.

SECTION

**C**

# **Standards of Business Conduct for NHS Staff**

This section is for all staff to ensure they are aware of their duties in situations where there may be conflict between their private interests and their NHS duties.

# 1 Standards of Business Conduct for NHS Staff

## 1 Introduction

- 1.1 This section of NHS Orkney's Code of Corporate Governance provides instructions on those issues or matters which staff are most likely to encounter in carrying out their day to day duties. This is not exhaustive and is supplementary to (and therefore should be read in conjunction with) the Standards of Business Conduct for NHS Staff (NHS Circular [MEL \(1994\) 48](#)) and [A Common Understanding 2012: Working Together for Patients](#).
- 1.2 The Standards of Business Conduct for NHS Staff will be incorporated into the contract of employment for each member of staff.
- 1.3 Guidance regarding accepted practice in NHS Orkney is detailed in these Standards; however, professionally registered staff should also ensure that they do not breach the requirements in respect of their Professional Codes of Conduct.

## 2 The Bribery Act 2010 - NHS Orkney's Aims and Objectives

- 2.1 The [Bribery Act 2010](#) ("The Act") has brought further obligations on NHS Orkney, its Non-Executive Members and its staff.
- 2.2 NHS Orkney does not tolerate any form of bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. This includes Non-Executive Members, and any other co-opted members of committees or sub-committees of the Board.
- 2.3 The Board is committed to implementing and enforcing effective systems throughout NHS Orkney to prevent, monitor and eliminate bribery within NHS Orkney, in accordance with the [Bribery Act 2010](#), and to the rigorous investigation of any such cases.
- 2.4 NHS Orkney will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for, or on behalf of, NHS Orkney with immediate effect where there is evidence that they have committed acts of bribery.
- 2.5 The success of NHS Orkney's anti-bribery measures depends on all employees, Non-Executive Members and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore all

employees, Non-Executive Members and others acting for or on behalf of NHS Orkney are encouraged to report any suspected bribery in accordance with bribery in accordance with The Fraud Standards, Section D, of the Code of Corporate Governance.

### **3 The Bribery Act 2010 – Key Points**

- 3.1 The [Bribery Act 2010](#) is one a strict piece of legislation and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Orkney, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 and 6 offences). This can be punishable by imprisonment of up to ten years.
- 3.2 In addition, the Act introduces a corporate offence (Section 7 offence) which means that NHS Orkney can be exposed to criminal liability, punishable by an unlimited fine, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up-to-date and effective. The corporate offence is not a stand-alone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Orkney, in the course of their work. NHS Orkney takes its legal responsibilities very seriously.
- 3.3 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a Director or Senior Officer of NHS Orkney, under the Act, the Director or Senior Officer would be guilty of an offence (section 14 offences) as well as the body corporate which paid the bribe.
- 3.4 Whilst the exact definition of bribery and corruption is a statutory matter, the following working definitions are given together with some examples:

Bribery is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.

Corruption relates to a lack of integrity or honesty, including the misuse of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, payments or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly; however, they may be unreasonably using their position to give some advantage to another.

Examples of bribery:

#### Offering a Bribe

A bribe would occur if:

- A payment was made to influence an individual who was responsible

for making decision on whether NHS Orkney should be selected as the preferred bidder for the provision of services in a procurement process.

- A member of staff conducted private meetings, other than on NHS premises, with a public contractor hoping to tender an NHS Orkney contract, each time accepting hospitality far in excess of that deemed appropriate within the Standards of Business Conduct for NHS Orkney and without guidance being sought in advance from the line manager or Corporate Services Manager, or subsequently being declared.

#### Receiving a Bribe

A bribe would occur if:

- A patient offered a member of NHS Orkney staff a payment (or other incentive) to speed up, beyond usual timeframe, the provision of a particular aspect of their care.
- A pharmaceutical company offered a member of NHS Orkney staff a payment (or other incentive such as a generous gift or lavish hospitality) in order to influence their decision making in the selection of a pharmaceutical product to appear on NHS Orkney's drug formulary.

- 3.5 The success of NHS Orkney's anti-bribery measures depends on all employees, and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Orkney are encouraged to report any suspected bribery in accordance with following The Fraud Standards, Section D, of the Code of Corporate Governance.

## **4 Responsibilities of Staff**

- 4.1 NHS Orkney is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Orkney staff and individuals acting on NHS Orkney's behalf, are responsible for conducting NHS Orkney's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.

- 4.2 Staff must ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties such as, for example, abusing their present position to obtain preferential rates for personal gain or to benefit family members or associates.

This primary responsibility applies to **all NHS staff**, but is of particular relevance to those who commit NHS resources directly (e.g. by the ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines).

- 4.3 The NHS must be impartial and honest in the conduct of its business and its employees should remain beyond suspicion.
- 4.4 Staff need to be aware that a breach of the provisions of the Bribery Act renders them liable to prosecution and may lead to potential disciplinary action and the loss of their employment and superannuation rights.
- 4.5 This Code reflects the minimum Standards of Business Conduct expected from all NHS staff. Any breaches of the Code may lead to disciplinary action.

***N.B: If you are in any doubt at all as to what you can or cannot do, you should seek advice from your Line manager / Head of Department / Director of Finance or Corporate Services Manager.***

## **5 Key Principles of Business Conduct**

- 5.1 The Standards of Business Conduct for NHS Staff [[MEL \(1994\) 48](#)] provide instructions to staff in maintaining strict ethical standards in the conduct of NHS business. All staff are therefore required to adhere to the Standards of Business Conduct for NHS Staff.
- 5.2 Public Service values must be at the heart of the NHS Board's activities. High standards of corporate and personal conduct, based on the recognition that patients come first, are mandatory. The NHS Board is a publicly funded body, accountable to Scottish Ministers and through them to the Scottish Parliament for the services and for the economical, efficient, and effective use of resources placed at the Board's disposal.
- 5.3 By staff following these principles, the Board should be able to demonstrate that it adheres to the three essential public sector values.

### **Accountability:**

Everything done by those who work in the organisation must be able to stand these tests of parliamentary scrutiny, public judgements on propriety, and meet professional codes of conduct.

### **Probity:**

Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.

### **Openness:**

The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and public.

## **6 Acceptance of Gifts, Hospitality and Prizes**

### **6.1 Gifts**

6.1.1 The Standards of Business Conduct state that any money, gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

6.1.2 Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others excluding patients, relatives, or carers (for example, at the festive season) may not be in any way connected with the performance of duties to constitute an offence. Such gifts should nevertheless be declined. Items of low intrinsic value e.g. boxes of biscuits, chocolates or flowers from patients, relatives, or carers can be accepted. Any gifts of money should be handled in accordance with the Endowment Fund Charter.

Where an unsolicited or inappropriate gift is received and the individual is unable to return it or the donor refuses to accept its return, they should report the circumstances to the Corporate Services Manager who will determine if the gift can be accepted and this should be recorded in the Register of Gifts.

Financial donations to a department fund, which are to be used for the purposes of NHS Orkney must be administered through Orkney Health Board Endowment Fund and handled in accordance with the Endowment Fund Charter.

The Corporate Services Manager should maintain a register to record gifts reported by staff. It is the responsibility of the recipients of such gifts to report all such items received to the Corporate Services Manager for recording who will provide the registration form. This register will be published on the NHS Orkney website.

### **6.2 Hospitality**

6.2.1 Standards of Business Conduct state that hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches during a working visit. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer and must not exceed £25. All other offers of hospitality should be declined.

6.2.2 Staff should seek guidance from their Line Manager prior to accepting any such hospitality. In cases of doubt, advice should be sought from the Corporate Services Manager.

6.2.3 It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (eg formal dinner) in a personal/private

capacity or as a consequence of the position which they hold in NHS Orkney.

- I If the invitation is the result of the individual's position with NHS Orkney, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that his/her Head of Department/Director is fully aware of the circumstances. An example of such an event might be an awards ceremony involving a formal dinner. If the Head of Department/Director grants approval to attend, the individual should declare his/her attendance for registration in the Register of Hospitality held by the Corporate Services Manager.
- II If the individual is invited to an event in a private capacity (e.g. as result of his/her qualification or membership of a professional body), they are at liberty to accept or decline the invitation without referring to his/her Line Manager. The following matters should however be considered before an invitation to an individual in a private capacity is accepted.
  - The individual should not do or say anything at the event that could be construed as representing the views and/or policies of NHS Orkney
  - If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with NHS Orkney, then it could be difficult for an individual to demonstrate that his/her attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must **seek approval from** their Line Manager.
- III Where suppliers of clinical products offer hospitality, it should only be accepted if it complies with the guidance in the Sponsorship Policy.
- IV The Corporate Services Manager should maintain a register to record hospitality reported by staff. It is the responsibility of the recipients of such hospitality to report all such items received to the Corporate Services Manager for recording in NHS Orkney's Register of Hospitality. The form in Annex 2 should be used for this purpose. This register will be published on the NHS Orkney website.

### 6.3 Competitions / Prizes

Individuals should not enter competitions including free draws organised by bodies who have or are seeking to have financial dealings with NHS Orkney. Potential suppliers may use this as a means of giving money or gifts to individuals with NHS Orkney to influence the outcome of business decisions. If in doubt, contact the Corporate Services Manager.

## 7 Register of Staff Interests

7.1 To avoid conflicts of interest and to maintain openness and accountability, employees are required to register all interests that may have any relevance to their duties/responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way could be perceived to conflict with the interests of NHS Orkney. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to the organisation and/or influence their actions. If in doubt the individual should register the interest or seek further guidance from the Corporate Services Manager.

7.2 Interests that it may be appropriate to register, include:

- (i) Other employments including self-employment
- (ii) Directorships including Non-Executive Directorships held in private companies or public limited companies (whether remunerated or not)
- (iii) Ownership of, or an interest in, private companies, partnerships, businesses, or consultancies
- (iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of the shareholdings need not be declared)
- (v) Ownership of or interest in land or buildings which may be significant to, of relevance to, or bear upon the work of NHS Orkney.
- (vi) Any position of authority held in another public body, trade union, charity or voluntary body.
- (vii) Any connection with a voluntary or other body contracting for NHS services.
- (viii) Any involvement in joint working arrangements with Clinical (or other) Suppliers.

This list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interest upon the work of NHS Orkney. Any interests of spouses, partner or civil partner, close relative or associate, or persons living with the

individual as part of a family unit, will also require registration if a conflict of interests exists.

- 7.3 The completed register of interests' form should be returned to the Board Secretary. The Register of Staff Interests will be retained for a period of five years.
- 7.4 It is the responsibility of everyone to declare any relevant interest to the Chair of any Committee/decision making group of which they are a Member so that the Chair is aware of any conflict which may arise.

## **8 Purchase of Goods and Services**

- 8.1 NHS Orkney has a procurement function under the direction of the Director of Finance to purchase the goods and services required for the functioning of NHS Orkney. Except for staff who have delegated authority to purchase goods and services, no other member of staff is authorised to make a commitment to a third party for the purchase of goods or services. The Procurement Officer should be contacted for advice on all aspects of the purchase of goods and services.
- 8.2 All staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services are expected to adhere to Section 13 of NHS Orkney's Standing Financial Instructions (SFIs).
- 8.3 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of SFIs and of EC Directives on Public Purchasing for Works and Supplies. This means that:
- No private or public company, firm or voluntary organisation which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors whether there is a relationship between them and the NHS employer, such as a long-running series of previous contracts
  - Each new contract should be awarded solely on merit in accordance with the SFIs
- 8.4 SFIs describe the process to be followed to purchase goods and services. Key points to note are:
- (i) SFIs define the limits above which competitive quotations and competitive tenders must be obtained and describe the process which should be followed to achieve fair and open competition
  - (ii) No organisation should be given unfair advantage in the competitive process, e.g. by receiving advance notice of NHS Orkney's requirements

- 8.5 No special favour should be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or managerial capacity.
- 8.6 Contracts must be won in fair competition against other tenders and scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.
- 8.7 All invitations to potential contractors to tender for NHS business should include a notice warning the tenderer of the consequences of engaging in any corrupt practices involving NHS Orkney's employees and that facilitation payments are prohibited in line with the Bribery Act 2010.

## **9 Purchase, Sale and Lease of Property**

- 9.1 Scottish Government have issued a strict set of rules governing all types of property transactions and these rules require that, each year, all NHS Orkney's property transactions are subject to scrutiny by the Audit Committee. The results of this scrutiny are reported to Scottish Government. Failure to comply with the rules governing property transactions could be viewed as a serious disciplinary matter.
- 9.2 Where it is necessary to acquire, dispose of or lease property land and/or buildings, the proposed transaction should be referred to the Head of Finance in the first instance, who is responsible for property matters, including the conduct of all property transactions.
- 9.3 Authority to sign off property transactions is limited to officers to whom authority has been formally and specifically delegated by Scottish Ministers. These officers are:
- Chief Executive
  - Director of Finance
- 9.4 No other member of staff is authorised to make any commitment in respect of the acquisition or disposal of property or interest in property, eg leases.

## **10 Benefits Accruing from Official Expenditure**

- 10.1 The underlying principal is to obtain best value from public expenditure and decisions should not be determined by private/personal benefit.
- 10.2 Staff should not use their official position for personal gain or to benefit their family and friends.

- 10.3 Employees should not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had or may have official dealings on behalf of NHS Orkney. This does not apply to concessionary agreements negotiated on behalf of NHS staff.

## **11 Free Samples**

- 11.1 Free samples should not be accepted.

## **12 Outside Interests and Secondary Employment**

- 12.1 Outside interests include directorships, ownership, part-ownership or material shareholdings in companies, business, or consultancies likely to seek to do business with the NHS. These should be declared to the individual's line manager, as should the interests of a spouse/partner or close relative.
- 12.2 In principle, staff can accept additional employment out with NHS Orkney in their own time. It is also possible that a conflict of interest may arise because of an employee accepting an outside post that is with a company that does business, or is in competition with, the NHS. Where there is any doubt, the employee must seek advice from their manager before accepting any outside post. Additional employment must have no adverse effect on the work of NHS Orkney or their own performance. The resources of NHS Orkney cannot be used in external employment.

## **13 Acceptances of Fees**

- 13.1 Where staff are offered fees by outside agencies, including a clinical supplier, for undertaking work or engagements (eg radio or TV interviews, lectures, consultancy advice, membership of an advisory board etc) within their normal working hours, or draw on his/her official experience, the employee's Line Manager must be informed and his/her written approval obtained before any commitment is given by the employee. Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chair of NHS Orkney before committing to such work.

An assurance will be required that:

- (i) The individual concerned is not making use of his/her NHS employment to further his/her private interests
- (ii) Any outside work does not interfere with the performance of his/her NHS duties
- (iii) Any outside work will not damage NHS Orkney's reputation

- 13.2 If the work carried out is part of the employee's normal duties, or could reasonably be regarded as falling within the normal duties of the post, then any fee due is the property of NHS Orkney and it should be NHS Orkney (and not the individual) that issues any invoice required to obtain payment. The individual must not issue requests for payment in his/her own name. The individual must pass the relevant details to the Director of Finance.
- 13.3 Employees should not commit to any work which attracts a fee until they have obtained the required written approval as described in paragraph 12.1. It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in question has been completed. The principle set out in paragraph 12.2 applies where an unsolicited payment is received.
- 13.4 It is also possible that an individual may be offered payment in kind eg book tokens. The principle is that these should be refused.
- 13.5 A gift offered in respect of work undertaken as part of the individual's normal duties should be declined.

## **14 Contact with the Media**

- 14.1 To achieve consistency and appropriateness of sometimes sensitive public messages, only authorised staff may speak to the media. Should you be contacted by the press you should refer to the office of the Chief Executive.
- 14.2 Staff must not invite journalists, photographers or camera crews onto any NHS Orkney's premises without the prior agreement of the Chief Executive.
- 14.3 Where an individual exercises the right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including the internet), they should make it clear that they are acting in a private capacity and any opinions expressed are not those of NHS Orkney. This should be agreed in principle with your line manager.

## **15 Conduct During Elections**

### **15.1 General Principles**

Scottish Government issue regular guidance to health bodies about their roles and conduct during election campaigns. The following general principals are set out:

- (i) There should be even-handedness in meeting information requests from candidates from different political parties. Such requests should be handled in accordance with the principals laid down in the election guidance and the [Freedom of Information \(Scotland\) Act 2002](#)
- (ii) Care should be taken over the timing of announcements of decisions made by NHS Orkney to avoid accusations of political controversy or partisanship. In some cases, it may be better to defer an announcement until after the election, but this would have to be balanced against any implication that the deferral itself could influence the outcome of the election. Each case should be considered on its merits and any cases of doubt should be referred to Scottish Government for advice
- (iii) Existing advertising campaigns should be closed and there should be a general presumption against undertaking new campaigns unless agreement has been reached in advance with Scottish Government
- (iv) In carrying out day to day work and corporate activities, care should be taken to do nothing which could be construed as politically motivated or as taking a political stance

Public resources must not be used for party political purposes.

## 15.2 Freedom of Information (Scotland) Act 2002

[The Freedom of Information \(Scotland\) Act 2002](#), (FOISA) remains in full force during the election period. FOISA requests should continue to be dealt with in accordance with normal procedures. Scottish Government should be consulted in advance or responding to requests which are thought likely to impact on the election campaign in any way.

## 16 Intellectual Property Rights

If an employee invents a new technology, for instance, a device or diagnostic, or otherwise creates intellectual property (IP) as part of the normal duties of their employment, the patent rights in the invention belong to the employer ([Patents Act 1977](#)). Although legally the employee is not automatically entitled to any royalty or reward derived from such an invention, they would expect to be acknowledged as the inventor in any patent application. The Director of Finance should see that this effected. Full guidance is available in circulars [MEL \(1998\) 23 and MEL \(2004\) 9](#).

## 17 Sponsorship

- 17.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable but only where the employee

seeks permission in advance from the relevant Director, and the employer is satisfied that the acceptance will not compromise purchasing decisions in any way.

- 17.2 On occasions when NHS employers consider it necessary for staff advising on the purchasing of equipment to expect to see such equipment in operation in other parts of the country (or exceptionally overseas) the employer will meet the cost to avoid putting in jeopardy the integrity of subsequent purchasing decisions.
- 17.3 Companies may offer to sponsor wholly or partially a post. The employer will not enter such an arrangement unless it is made abundantly clear to the company concerned that sponsorship would have no effect on the purchasing decision within NHS Orkney. Where the sponsorship is accepted, the Director of Finance will be fully involved and will establish monitoring arrangements to ensure that purchasing decisions are not being influenced by the sponsorship agreement.
- 17.4 Under no circumstances should any employee agree to deals where sponsorship is linked to the purchase of a particular product or to supply from sources.

## **18 Remedies**

- 18.1 Managers or staff who fail to comply with the guidance detailed in this code could be subject, following full investigation, to disciplinary action up to and including dismissal. If through their actions or omissions managers or staff are found to be in contravention of either this guidance or their legal responsibilities then NHS Orkney reserves the right to take legal action, if necessary. Where staff suspect, or are aware of non-compliance with this code, they should report any such instances to their line manager or the Director of Finance.

## **19 Communications**

- 19.1 This code is applicable to every NHS Orkney employee and therefore it is imperative that all staff are informed of its contents. Each manager within NHS Orkney will receive a copy of the code and will confirm their receipt and understanding of the code in writing as well as confirming that they have a permanent record of formally informing their staff.

## **20 Contact for further guidance**

- 20.1 The Corporate Services Manager will provide advice and guidance on the Standards of Business Conduct for NHS staff and its interpretation.

## **21      Review process**

The Standards of Business Conduct for NHS Staff will be reviewed annually.

SECTION

**D**

# **The Fraud Standards**

This section explains how staff must deal with suspected fraud / bribery / corruption or theft and NHS Orkney's intended response to a reported suspicion of fraud / bribery / corruption or theft.

# 1 Fraud Policy

## 1 Introduction

- 1.1 NHS Orkney is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Orkney staff and individuals acting on NHS Orkney's behalf are responsible for conducting NHS Orkney's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.
- 1.2 One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk of and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty or damage to property.

## 2 The Bribery Act 2010 – Key Points

- 2.1 The Bribery Act 2010 ("The Act") came into effect on 1 July 2011, aiming to tackle bribery and corruption in both the private and public sectors.
- 2.2 The Act is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Orkney, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 and 6 offences), and this can be punishable for an individual by imprisonment of up to ten years.
- 2.3 In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Orkney can be exposed to criminal liability, punishable by an unlimited fine, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up to date and effective. The corporate offence is not a stand-alone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Orkney, in the course of their work. NHS Orkney therefore takes its legal responsibilities very seriously.
- 2.4 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Orkney, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

## 3 The Bribery Act 2010 – NHS Orkney's Aims and Objectives

- 3.1 NHS Orkney welcomes the Act and is keen to ensure compliance with the Act's standards.

- 3.2 NHS Orkney does not tolerate any form of bribery, whether direct or indirect, by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.
- 3.3 NHS Orkney will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for or on behalf of NHS Orkney with immediate effect, where there is evidence that they have committed acts of bribery.
- 3.4 The success of NHS Orkney's anti-bribery measures depends on all employees, and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Orkney are encouraged to report any suspected bribery for following the guidance below.

## **4 National Fraud Initiative**

- 4.1 NHS Orkney is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

## **5 Guidance to Staff on Fraud / Bribery / Corruption / Theft**

- 5.1 This guidance is not intended solely for staff. It is also intended for anyone acting on the Board's behalf including Non-Executive Directors of the Board (see section B, Members Code of Conduct, paragraph 1.7) contractors, agents etc. Reference to 'staff' in this section will also mean all of these.
- 5.2 The Fraud Policy relates to all forms of fraud, bribery, corruption, or theft and is intended to provide guidance to employees on the action, which should be taken when any of these are suspected. Such occurrences may involve employees of NHS Orkney, suppliers/contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud, bribery, corruption, or theft. It is not the purpose of this document to provide direction on the prevention of fraud.
- 5.3 Whilst the exact definition of fraud, bribery, corruption, or theft is a statutory matter, the following working definitions are given for guidance:
- Fraud broadly covers deliberate material misstatement, falsifying records, making, or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain
  - Bribery is an inducement or reward offered, promised, or provided to gain any commercial, contractual, regulatory or personal advantage

- Corruption relates to a lack of integrity or honesty, including the use of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, and payments or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly; however, they may be unreasonably using their position to give some advantage to another
- Theft is removing property belonging to NHS Orkney, its staff or patients with the intention of permanently depriving the owner of its use, without their consent

For simplicity, this document will refer to all such offences as “fraud”, except where the context indicates otherwise.

- 5.4 NHS Orkney already has procedures in place, which reduce the likelihood of fraud occurring. These are included within the Code of Corporate Governance (i.e. Standards of Business Conduct, Standing Orders, Standing Financial Instructions), accounting procedures, systems of internal control and a system of risk assessment. The Board has a payment verification system which concentrates on Family Health Service expenditure.
- 5.5 It is the responsibility of NHS Orkney and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

## **6 Collaborating to Combat Fraud**

- 6.1 NHS Orkney will work closely with other organisations, including Counter Fraud Services, the Central Legal Office, Audit Scotland, the Cabinet Office, Department for Work and Pensions, the Home Office, Councils, the Police and the Procurator Fiscal/Crown Office to combat fraud.
- 6.2 NHS Orkney will agree formal partnership agreements with other investigative bodies e.g. Counter Fraud Services and, where appropriate, engage in joint investigations and prosecutions.
- 6.3 The Cabinet Office on behalf of Audit Scotland assists appointed auditors by conducting a National Fraud Initiative which is a data matching exercise. Data matching involves comparing computer records held by one body against other computer records held by the same or another body. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there may be an inconsistency which requires further investigation. No assumption can be made as to whether there is

fraud, error or other explanation until an investigation is carried out. The exercise can also help bodies to ensure that their records are up to date.

- 6.4 Audit Scotland currently requires NHS Orkney to participate in a statutory data matching exercise under its powers in Part 2A of the Public Finance and Accountability (Scotland) Act 2000 to assist in the prevention and detection of fraud. We are required to provide sets of data to the Cabinet Office on behalf of Audit Scotland for matching for each exercise, and these are set out in Audit Scotland's instructions for Participants. It does not require the consent of the individuals concerned under the Data Protection Act 1998.
- 6.5 Data matching in Scotland is subject to a Code of Data Matching Practice, and information on Audit Scotland's legal powers and the reasons why it matches information, is provided in the full text Privacy Notice.

## **7 Public service values**

- 7.1 The expectation of high standards of corporate and personal conduct, based on the recognition that patients come first, has been a requirement throughout the NHS since its inception. MEL (1994) 80, "Corporate Governance in the NHS", issued in August 1994, sets out the following public service values:

**Accountability:** Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity:** Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers, and customers.

**Openness:** The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff, and the public.

- 7.2 All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Orkney will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

## **8 NHS Orkney policy and public interest disclosure act**

- 8.1 NHS Orkney is committed to maintaining an honest, open and well- intentioned atmosphere within the service. It is committed to the deterrence, detection, and investigation of any fraud within NHS Orkney.
- 8.2 NHS Orkney encourages anyone having reasonable suspicion of fraud to

report the incident. It is NHS Orkney's policy that no staff member will suffer in any way because of reporting any reasonably held suspicions. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are groundless and/or raised maliciously.

- 8.3 In addition, the Public Interest Disclosure Act protects workers who legitimately report wrongdoing by employers or colleagues. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

## **9 Instructions to staff**

- 9.1 Staff who suspect improper practices or criminal offences are occurring relating to fraud, theft, bribery or corruption, should normally report these to the Fraud Liaison Officer (FLO) via their line manager, but may report directly where the line manager or Head of Department is unavailable or where this would delay reporting. If the suspected improper practice involves the Head of Department, the report should be made to a more senior officer or the nominated officer as described in 10.4 below. Managers receiving notice of such offences must report them to the nominated officer.
- 9.2 It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions, where fraud, theft, bribery or corruption are not suspected, should do so by following the guidance contained in the NHS Orkney 'Whistleblowing' policy. Following investigation of the complaint if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer, to the Fraud Liaison Officer. Any further action taken will follow the guidance contained within 'The Fraud Standards'.
- 9.3 Confidentiality must be maintained relating to the source of such reports.
- 9.4 Further choices for staff are:
- You may use the Counter Fraud Service (CFS) Fraud Hot Line which is 0800 151628 or report your suspicions (anonymously, if desired) through the CFS Website on [www.cfs.scot.nhs.uk](http://www.cfs.scot.nhs.uk)
- 9.5 It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, other third parties or use blogs or twitter to publicise details about a suspected fraud/theft. Care needs to be taken that nothing is done which could give rise to an action for slander or libel.
- 9.6 Please be aware that time may be of the utmost importance to ensure that NHS Orkney does not continue to suffer a loss.

## 10 Roles and responsibilities

- 10.1 Responsibility for receiving information relating to suspected frauds and for co-ordinating NHS Orkney's response to the National Fraud Initiative has been delegated to the Fraud Liaison Officer (FLO). This individual is responsible for informing third parties such as Counter Fraud Services, the Cabinet Office on behalf of Audit Scotland, Internal and External Audit or the Police when appropriate. The FLO, shall inform and consult the Chief Executive, the Chair of the Board and the Audit and Risk Committee Chair in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The contact name and address of the FLO, is as follows:

Mark Doyle  
Director of Finance  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ  
Email: [mark.doyle@nhs.scot](mailto:mark.doyle@nhs.scot)

- 10.2 Where a fraud is suspected within the service, including the Family Health Services i.e. independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise Counter Fraud Services (CFS) at the NHS National Services Scotland.
- 10.3 The Human Resources Manager, or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.
- 10.4 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health Directorates should be notified before the information is subjected to publicity.
- 10.5 It is the responsibility of NHS Orkney's senior officers to ensure that their staff are aware of the above requirements and that appropriate reporting arrangements are implemented.
- 10.6 It is the responsibility of all staff to protect the assets of NHS Orkney. Assets include information and goodwill as well as property.
- 10.7 It shall be necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:
- Theft, burglary, and isolated opportunist offences; and
  - Fraud, bribery, corruption, and other financial irregularities

The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHD NHS Circular No. HDL (2002)23 – Financial Control: Procedure where Criminal Offences are suspected.

- 10.8 Responsibility for ensuring that recommendations from Counter Fraud Services investigation reports and from data matching exercises conducted under the National Fraud Initiative have been implemented and steps taken to ensure full compliance, has been delegated to the Counter Fraud Champion (CFC).

The contact name and address of the CFC, is as follows:

Mark Doyle  
Director of Finance  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ  
Email: [mark.doyle@nhs.scot](mailto:mark.doyle@nhs.scot)

## 11 Contact points

Relevant contact points, are as follows:

**Director of Finance and Fraud Liaison Officer**

Mark Doyle  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ  
Email: [mark.doyle@nhs.scot](mailto:mark.doyle@nhs.scot)

**Deputy Fraud Liaison Officer:**

Karina Alexander  
Principal Accountant  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ  
Email: [karina.alexander@nhs.scot](mailto:karina.alexander@nhs.scot)

**Accountable Officer for Controlled Drugs:**

Christopher Nicolson  
Director of Pharmacy  
The Balfour  
Foreland Road  
Kirkwall  
KW15 1NZ  
Email: [christopher.nicolson@nhs.scot](mailto:christopher.nicolson@nhs.scot)

**Chief Audit Executive:**

Paul Kelly  
Scott-Moncrieff  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL  
Email: [paul.kelly@scott-moncrieff.com](mailto:paul.kelly@scott-moncrieff.com)

**Counter Fraud Services:** [www.cfs.scot.nhs.uk](http://www.cfs.scot.nhs.uk)

**National Fraud Initiative:** <http://www.audit-scotland.gov.uk/our-work/national-fraud-initiative>

# 2 Response Plan

## 1 Introduction

- 1.1 The following sections describe NHS Orkney's intended response to a reported suspicion of fraud / bribery / corruption or theft. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different; therefore, the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

## 2 Reporting Fraud

- 2.1 A "nominated officer" will be appointed as the main point of contact for the reporting of any suspicion of fraud, corruption, bribery, or theft. For NHS Orkney, this officer is the FLO (see 11.1). In the absence of the FLO, the Deputy will deal with the issue. For incidents involving any Executive Directors, the nominated officer shall be the Board's Chairman, contacted through the FLO.
- 2.2 The Fraud Liaison Officer shall be trained in the handling of concerns raised by staff. Any requests for anonymity shall be accepted and should not prejudice the investigation of any allegations. Confidentiality should always be observed.
- 2.3 All reported suspicions must be investigated as a matter of priority to prevent any further potential loss to NHS Orkney.
- 2.4 The Fraud Liaison Officer shall maintain a log of any reported suspicions. The log will document with reasons the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be maintained and will be made available for review by Internal Audit.
- 2.5 The Fraud Liaison Officer should consider the need to inform the Orkney. NHS Board, the Chief Internal Auditor, External Audit, the Police and Counter Fraud Services, of the reported incident. In doing so, he/she should take cognisance of the following guidance:
- Inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Orkney may determine) or where the incident may lead to adverse publicity

- It is the duty of the Director of Finance to notify the Chief Executive and Chairman immediately of all losses where fraud/theft is suspected.
- Counter Fraud Services should normally be informed immediately in all but the most trivial cases
- If fraud, bribery, or corruption is suspected, it is essential that there is the earliest possible consultation with Counter Fraud Services. In any event, Counter Fraud Services should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls
- If a criminal act of fraud, bribery or corruption is suspected, it is essential that there is the earliest possible consultation with the Police. In any event the Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls
- At the stage of contacting the Police, the Fraud Liaison Officer should contact the Head of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry.

2.6 All such contact should be formally recorded in the Log.

### **3 Managing the investigation**

- 3.1 The Director of Finance will appoint a manager to oversee the investigation. Normally, the manager will be an employee from Counter Fraud Services. The circumstances of each case will dictate who will be involved and when.
- 3.2 The manager overseeing the investigation (referred to hereafter as the “investigation manager”) should initially:
- Initiate a Diary of Events to record the progress of the investigation
  - If possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.
- 3.3 If after initial Counter Fraud Services (CFS) enquiries it is determined that there are to be no criminal proceedings, then a NHS Orkney internal investigation may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Orkney. The internal investigation will then be taken forward in line with Employment law, PIN guidelines and relevant Workforce policies such as the Management of Employee Conduct, as appropriate.

- 3.4 The formal internal investigation to determine and report upon the facts, should establish:
- The extent and scope of any potential loss
  - If any disciplinary action is needed
  - The criminal or non-criminal nature of the offence, if not yet established
  - What can be done to recover losses; and
  - What may need to be done to improve internal controls to prevent recurrence
- 3.5 This report will normally take the form of an Internal Audit Report to NHS Orkney's Audit and Risk Committee.
- 3.6 Where the report confirms a criminal act and notification to the Police has not yet been made, it should now be made.
- 3.7 Where recovery of a loss to NHS Orkney is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office, which provides legal advice and services to NHS Scotland.
- 3.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Head of Human Resources or delegated officer within the Directorate, who shall gather such evidence, as necessary.

## **4 Disciplinary/dismissal procedures**

- 4.1 Consideration should be made in conjunction with CFS/CFC/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Orkney's Employee Conduct Policy.
- 4.2 The disciplinary procedures of NHS Orkney must be followed in any disciplinary action taken by NHS Orkney toward an employee (including dismissal). This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee's line manager.

Where the fraud involves a Family Health Services Practitioner, the Board should pass the matter over to the relevant professional body for action.

## **5 Gathering evidence**

- 5.1 This policy cannot cover all the complexities of gathering evidence. Each case must be treated according to the circumstances of the case taking professional advice, as necessary.
- 5.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the Human Resources Department, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of his or her own words.
- 5.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.
- 5.4 Physical evidence should be identified and gathered (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example several documents, each one should be tagged with a reference number corresponding to the written record.

## **6 Interview procedures**

- 6.1 Interviews with suspects should be avoided until the formal disciplinary hearing. The investigating officer should, wherever possible, gather documentary and third-party evidence for the purposes of his report. If, however, an employee insists on making a statement it must be signed and dated and should include the following:

“I make this statement of my own free will; I understand that I need not say anything unless I wish to do so and that what I say may be given in evidence”.
- 6.2 Informal contact with the Police should be made at an early stage in the investigation to ensure that no actions are taken which could prejudice any future criminal case through the admissibility of evidence, etc.

## **7 Disclosure of loss from fraud**

- 7.1 Guidance on the referring of losses and special payments is provided in CEL44 (2008). A copy of the Fraud report, in an appropriate format, must be submitted to the Scottish Government Health Directorates. External Audit should be notified of any loss as part of their statutory duties. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments, is submitted annually to the Audit Committee and will include all losses with

appropriate description within the standard categories specified by the Scottish Government Health Directorates.

- 7.2 Management must take account of the permitted limits on writing off losses for “Category 3 Boards”, as outlined in circular CEL44 (2008).

## **8 Police Involvement**

- 8.1 It shall normally be the policy of NHS Orkney that, wherever a criminal act is suspected, the matter will be notified to the Police, as follows:
- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the Fraud Liaison Officer
  - Out with normal working hours, the manager on duty in the area where a criminal act is suspected, may contact the Police and is duty bound to report the matter to the Director of Finance at the earliest possible time
- 8.2 The Fraud Liaison Officer and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.
- 8.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager’s report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

## **9 Press Release**

- 9.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Orkney should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g. suspension. The Central Legal Office and the Police should agree the release where applicable.

## **10 Resourcing the investigation**

- 10.2 The Director of Finance will determine the type and level of resource to be used in investigating suspected fraud. The choices available will include:
- Internal staff from within NHS Orkney
  - Human Resources Department
  - Internal Audit
  - External Audit
  - Counter Fraud Services (CFS)

- Specialist Consultant
- Police

10.2 In deciding, the Director Finance, should consider independence, knowledge of the organisation, cost, availability and the need for a speedy investigation. Any decision must be shown in the Log held by the Fraud Liaison Officer. A decision to take “No action” will not normally be an acceptable option unless exceptional circumstances apply.

10.3 In any case involving a suspected criminal act, it is anticipated that Counter Fraud Services involvement will be in addition to NHS Orkney resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Orkney resources.

## **11 The law and its remedies**

### **11.1 Criminal Law**

The Board shall refer all incidences of suspected fraud/criminal acts to Counter Fraud Services or the Police for decision by the Procurator Fiscal as to any prosecution.

### **11.2 Civil Law**

The Board shall refer all incidences of loss through proven fraud/criminal act to the Central Legal Office for opinion, as to potential recovery of loss via Civil Law action.

Annex 1 to this policy gives guidance to staff on the action which should be taken in all cases where misappropriation of medicines is suspected.

**ANNEX 1****Misappropriation of Medicines****1 Background and purpose**

- 1.1 Probity is one of the three public service values, which underpin the work of the NHS. There is a requirement for absolute honesty when dealing with the assets of the NHS. Medicines are one such asset.

Medicines are widely used throughout the NHS in the treatment of patients. Healthcare staff, who have access to medicines, are given access for the purpose of patient care in accordance with their individual professional role. Most healthcare staff discharge this responsibility without incident.

However, the opportunity to abuse this privilege is omnipresent and experience confirms that individual staff have removed medicines that belong to the NHS, or to patients, for their own personal use. While not a common occurrence, the increasing problem of drug misuse and dependence within the wider population, increases the risk of this occurring.

- 1.2 The purpose of this annex is to ensure that all healthcare staff understand the implications associated with the misappropriation of medicines for personal use, or for other purposes.

**2 Scope**

- 2.1 All staff including all Healthcare Practitioners employed by NHS Orkney (includes doctors, nurses, pharmacists, other healthcare staff and all support staff).

- 2.2 Includes all medicines:

- medicines stored in pharmacy departments
- medicines stored in wards and departments
- medicines belonging to patients
- medicines being processed for destruction

The fraudulent use of prescriptions and other controlled stationery is also covered.

- 2.3 While the policy does not directly apply to staff employed within the independent contracted services, the principles associated with the high level of honesty required by staff, who have access to medicines, and other NHS resources, are equally applicable.

### **3 Policy statement**

- 3.1 Medicines belong to the NHS or named patients and misappropriation, for personal or other purposes, is theft.
- 3.2 Theft of medicines constitutes gross misconduct and will be managed according to the employee conduct policy of NHS Orkney.
- 3.3 Where misappropriation of medicines is proven the police and the relevant professional organisation will be informed.
- 3.4 Theft of medicines is a serious criminal offence under the Medicine Act 1968, the Misuse of Drugs Act 1971 and other legislation.

### **4 Responsibilities**

- 4.1 The Accountable Officer for Controlled Drugs (CDs) is responsible for ensuring the safe management and use of CDs, including the assessment and investigation of concerns. The UK Health Act 2006 and the Controlled Drugs (Supervision of Management and Use) Regulations 2013 set out Accountable Officers responsibilities. In NHS Orkney, the Director of Pharmacy has been appointed as the Accountable Officer for CDs.
- 4.2 The Director of Pharmacy is responsible for ensuring that systems are in place to ensure the security of medicines across NHS Orkney.
- 4.3 The local Head of Pharmacy is responsible for ensuring the security of medicines within a designated pharmacy department.
- 4.4 The Appointed Nurse in Charge is responsible for ensuring that the systems in place to ensure the security of medicines within a ward / department are followed. The Appointed Nurse in Charge may decide to delegate some of the duties, but the responsibility always remains with the Appointed Nurse in Charge.

Where there is no nurse in the area, the recognised manager will take responsibility.

- 4.5 The Fraud Liaison Officer (FLO) is responsible for developing links with NHS Scotland Counter Fraud Services. Working with the Director of Pharmacy, the FLO will support and review the development of systems to minimise the likelihood of fraud associated with medicines.

### **5 Guidance regarding misappropriation of medicines**

- 5.1 Medicines most vulnerable to misappropriation are those with addictive properties or those with a street value.

- 5.2 Misappropriation is most frequently associated with opiate containing analgesics and sedatives that are not subject to the full controls defined within the Misuse of Drugs Act 1971 for example benzodiazepines
- 5.3 The increased security of medicines subject to the Misuse of Drugs Act 1971, (register requirements, more secure storage, and daily stock reconciliation) make the misappropriation of fully controlled drugs difficult, but not impossible.

## **6 Where misappropriation of medicines is suspected**

- 6.1 Where staff suspect that medicines are being misappropriated, they should raise the matter, in confidence, with the responsible officer in their area. The responsible officer should seek advice from their senior pharmacist.
- 6.2 Where staff suspect the responsible officer may be involved, they should report any concerns to a more senior officer.
- 6.3 The Senior Pharmacist must report all cases of suspected misappropriation of controlled drugs (Schedule 1 – 5) to the Accountable Officer. The Head of Pharmacy should be notified about suspected misappropriation of all other medicines.
- 6.4 Where there is no dedicated senior pharmacist or where the pharmacist may be involved, staff should report concerns directly to the Accountable Officer for Controlled Drugs or Head of Pharmacy.
- 6.5 The Accountable Officer for Controlled Drugs/Head of Pharmacy will liaise with the FLO and agree a course of action commensurate with the circumstances presented, which may include referring the matter to Counter Fraud Services.
- 6.6 The Accountable Officer or Head of Pharmacy will advise other officers of the NHS Board, as appropriate.

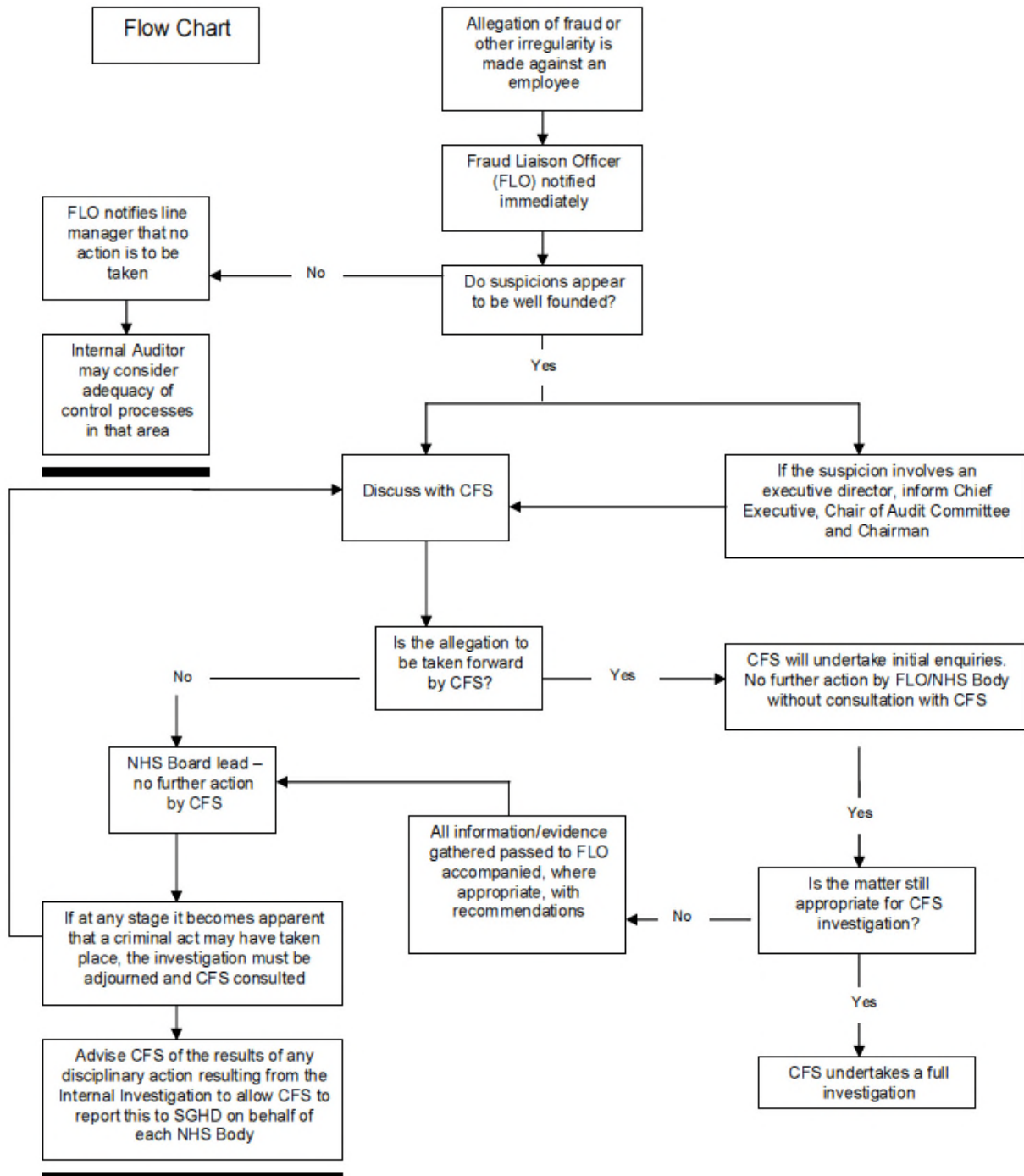
## **7 Incident Review**

- 7.1 The Accountable Officer for Controlled Drugs/Head of Pharmacy and FLO will agree a course of action, which may include the setting up of an incident review panel.
- 7.2 Incident review panels will be small and normally comprise of a Senior Pharmacist, the Responsible Officer and a more Senior Manager in the area under consideration. Where appropriate the panel will include a nomination from Human Resources. The Human Resources representative will advise regarding staff governance and ensure that all employee conduct policies are applied fairly and equitably.

7.3 The outcome of the review panel will be documented.

## ANNEX 2

# Procedures for Dealing with Allegations of Fraud/Bribery/Corruption/Other Irregularities



**SECTION**

**E**

# **Reservation of Powers and Delegation of Authority**

This section gives details and levels of delegation  
across all areas of our business.

# 1 Schedule of Matters Reserved for Board Agreement

## 1 Background

- 1.1 Under the proposals contained in the NHS Circular HDL (2003) 11 'Working Towards Single System Working', Orkney NHS Board will retain its focus as a board of governance, delivering a corporate approach to collective decision making based on the principles of partnership working and devolution of powers. Local leadership will be supported by delegating financial and management responsibility as far as is possible consistent with the Board's own responsibility for governance.

Orkney NHS Board has a corporate responsibility for ensuring that arrangements are in place for the conduct of its affairs, including compliance with applicable guidance and legislation, and ensuring that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The Board has an ongoing responsibility to ensure that it monitors the adequacy and effectiveness of these arrangements in practice.

The Board is required to ensure that it conducts a review of its systems of internal control, including in particular its arrangements for risk management, at least annually, and to report publicly on its compliance with the principles of corporate governance codes.

## 2 Matters Reserved for Board Agreement

- 2.1 The following matters shall be reserved for agreement by the Board: -
- a) Corporate Plan
  - b) Strategic, Operational and Business Plans
  - c) Approval of Revenue and Capital Budgets
  - d) The Code of Corporate Governance (including Standing Orders, the Scheme of Reservation of Powers and Delegation of Authority, Standards of Conduct, and Standing Financial Instructions, and amendments thereto)
  - e) The establishment, terms of reference and reporting arrangements for all sub-committees and ad hoc committees acting on behalf of the Board
  - f) Significant items of expenditure or disposal of assets where the value exceeds (including Value Added Tax, where appropriate) – SEE CURRENT SCHEME OF DELEGATION
  - g) Arrangements for the agreement of personnel policies
  - h) Arrangements for financial and performance management reporting

- i) Approval of the Annual Report and Accounts
- j) Approval of the North of Scotland Planning Group Regional Planning Group Work Plans

## 2 Schedule of Matters Delegated to Board Executive Directors

### 1 Interpretation

- 1.1 Any reference to a statutory or other provision shall be interpreted as a reference as amended from time to time by any subsequent legislation.

Any power delegated to a Chief Officer in terms of this scheme may be exercised by such officer or officers as the chief officer may authorise.

### 2 Chief Executive

#### 2.1 General Provisions

In the context of the Board's principal role to protect and improve the health of Orkney residents, the Chief Executive, as Accountable Officer, shall have delegated authority and responsibility to secure the economical, efficient and effective operation and management of NHS Orkney and to safeguard its assets in accordance with:

- The statutory requirements and responsibilities laid upon the Chief Executive as Accountable Officer for NHS Orkney
- Direction from the Scottish Government Health and Social Care Directorates
- Current policies and decisions made by the Board
- Within the limits of the resources available, subject to the approval of the Board; and
- The Code of Corporate Governance

The Chief Executive is authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, with the Chair and Vice-Chair of NHS Orkney and the relevant Committee Chair. Such measures that might normally be out-with the scope of the authority delegated by the Board or its Committees shall be reported to the Board or appropriate Committee as soon as possible thereafter.

The Chief Executive is authorised to give a direction in special circumstances that any official shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the appropriate Committee.

#### 2.2 Finance

Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Chief Executive, after taking account of the advice of the Director of Finance. The Chief Executive

acting together with the Director of Finance has delegated authority to approve the transfer of funds between budget heads, including transfers from reserves and balances, up to the limit set out in the scheme of delegation. The Chief Executive shall report to the Finance and Performance Committee for formal inclusion in the minutes those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.

The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the limits laid down from time to time by the Scottish Government Health and Social Care Directorate.

### **2.3    Legal Matters**

The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office, to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.

In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.

In circumstances where the advice of the Central Legal Office is to reach an out-of court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance and Performance Committee.

The Chief Executive, acting together with the Director of Finance, may make ex-gratia payments, subject to the limits laid down from time to time by the Scottish Government Health Directorate.

The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.

The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Director of Finance and the Chair or other nominated non-executive member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.

### **2.4    Procurement**

The Chief Executive shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing

documentation associated with invitations to tender, and for receiving and opening of tenders.

Where post tender negotiations are required, the Chief Executive shall nominate in writing, officers and/or agents to act on behalf of the Board.

The Chief Executive, acting together with the Director of Finance, has authority to approve on behalf of the Board the acceptance of tenders, submitted in accordance with the Board's Standing Orders, in accordance with the Board's scheme of delegation.

The Director of Finance shall maintain a listing, including specimen signatures, of those officers or agents to whom the Chief Executive has given delegated authority to sign official orders on behalf of the Board.

## **2.5    Human Resources**

The Chief Executive may appoint staff in accordance with the Board's Scheme of Delegation for the Appointment of Staff as detailed in the Code of Corporate Governance Section E 3.

The Chief Executive may, after consultation and agreement with the Director of Workforce, and the relevant Director, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to human resource planning, approved by the Board or Staff Governance Committee.

The Chief Executive may attend and may authorise any member of staff to attend, within the United Kingdom, conferences, courses or meetings of relevant professional bodies and associations, provided that: -

- Attendance is relevant to the duties or professional development of such member of staff; and
- Appropriate allowance has been made within approved budgets; or
- External reimbursement of costs is to be made to the Board.

The Chief Executive may, in accordance with the Board's agreed Disciplinary Procedures, take disciplinary action, in respect of members of staff, including dismissal where appropriate.

The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board policies.

**2.6    Patients' property**

The Chief Executive has overall responsibility for ensuring that the Board complies with legislation in respect of patient's property. The term 'property' means all assets other than land and buildings (for example furniture, pictures, jewellery, bank accounts, shares, cash).

**3       Director of Finance**

**3.1    General Provision**

Authority is delegated to the Director of Finance to take the necessary measures as undernoted, to assist the Board and the Chief Executive in fulfilling their corporate responsibilities.

**3.2    Accountable Officer**

The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of Orkney NHS Board.

**3.3    Financial Statements**

The Director of Finance is empowered to take all steps necessary to assist the Board to:

- Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority
- Maintain proper accounting records; and
- Prepare and submit for audit timeous financial statements which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question

**3.4    Corporate Governance and Management**

The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees, and supporting management groups receive appropriate, accurate and timely information and advice with regard to:

- The development of financial plans, budgets, and projections
- Compliance with statutory financial requirements and achievement of financial targets; and

- The impact of planned future policies and known or foreseeable developments on the Board's financial position

The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:

- Developing, promoting, and monitoring compliance with the Code of Corporate Governance
- Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management
- Developing and implementing strategies for the prevention and detection of fraud and irregularity; and
- Internal Audit

### **3.5    Performance Management**

The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:

- For planning, appraisal, authorisation and control, accountability, and evaluation of the use of resources; and
- To ensure that performance targets and required outcomes are met

### **3.6    Banking**

The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the Paymaster General's Office and the commercial bankers appointed by the Board.

The Director of Finance will maintain a panel of authorised signatories.

The Director of Finance will be responsible for ensuring that the Paymaster General's Office and the commercial bankers are advised in writing of amendments to the panel of authorised signatories.

### **3.7    Patients' Property**

The Director of Finance has delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs.

## **4       Provisions Applicable to other Executive Directors of the Board**

### **4.1    General Provisions**

The other Executive Directors of the Board are:

- Medical Director
- Director of Acute Services
- Director of Public Health

Executive Directors have delegated authority and responsibility with the Chief Executive for securing the economical, efficient, and effective operation and management of their own Directorates or Departments and for safeguarding the assets of the Board.

Executive Directors are authorised to take such measures as may be required in emergency situations, subject to consulting, where possible, the Chief Executive, the Chair and Vice-Chair of the Board or relevant Committee Chair as appropriate. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Committees to the relevant Executive Director, shall be reported to the Board or appropriate Committee as soon as possible thereafter.

### **4.2    Human Resources**

Executive Directors may appoint staff within the delegated authority and budgetary responsibility in accordance with Standing Financial Instructions.

Executive Directors may, after consultation and agreement with the Director of Workforce, amend staffing establishments in respect of the number and grading of posts. In so doing, the Director of Finance must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved by the Board for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to human resource planning, approved by the Staff Governance Committee.

Executive Directors may attend and may authorise any member of staff to attend within the United Kingdom, conferences, courses or meetings of relevant professional bodies and associations, provided that:

- Attendance is relevant to the duties or professional development of such member of staff
- Appropriate allowance must also be contained within approved budgets; or
- External reimbursement of costs is to be made to the Board

Executive Directors have overall responsibility within their Directorates/Departments for ensuring compliance with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies.

# **3 Delegation of Powers for Appointment of Staff**

## **1 Use of Powers**

- 1.1 The powers delegated are to be exercised in accordance with procedures or guidance issued by the Scottish Government Health and Social Care Directorates or approved by the Board.
- 1.2 Procedures governing the appointment of Consultants and other medical and dental grades are contained in Statutory Instruments issued by Scottish Ministers.
- 1.3 Appointments will be made within the delegated authority and budgetary responsibility in accordance with Standing Financial Instructions. Schemes of delegation for appointment of staff will specify appointing officers and, where necessary, the composition of appointment panels.

## **2 Appointment of Staff**

- 2.1 Canvassing of Appointing Officers or Members of the Appointment Panel directly or indirectly for any appointment shall disqualify the candidate for such appointment.
- 2.2 A Member of the Board shall not solicit for any person any appointment under the Board or recommend any person for appointment. This, however, shall not preclude any Member from giving a written testimonial of a candidate's suitability, experience, or character for submission to the Board.
- 2.3 Every Member of the Board shall disclose to the Board any known relationship to a candidate for an appointment with the Board. It shall be the duty of the Chief Executive to report to the Board any such disclosures made.
- 2.4 It shall be the duty of the Appointing Officer to disclose to their Line Manager any known relationship to a candidate for an appointment for which he or she is responsible.
- 2.5 Where a relationship of a candidate for appointment to a Member of the Board is disclosed, that Member must play no part in the appointment process.
- 2.6 Two people shall be deemed to be related if they are husband and wife, or partners or if either of the two, or the spouse or partner of either of them is the son or grandson, daughter or granddaughter, or brother or

sister, or nephew or niece, of the other, or of the spouse or partner of the other.

### **3        Authority to Appoint**

<b>Chief Executive</b>	Board following confirmation that Ministers are content with report from the Appointment Panel.
<b>Posts at Director level (other than Director of Public Health / Medical Director)</b>	The appropriate Board Appointments Committee
<b>Director of Public Health Medical Director Consultants</b>	The Board on the recommendation of an Advisory Appointments Committee
<b>Other Staff</b>	Appointment Panel or Officer specified in the Scheme of Delegation

### **4        Composition of Appointment Panel / Committees**

The Board shall determine the individual membership of the relevant appointment committees at the beginning of the appointment process.

#### **4.1      Chief Executive**

The Board Appointments Panel shall consist of:

- Chair of the Board (and Chair of the panel)
- One non-executive member
- Chair or other member of National Performance Management Committee
- One additional Chair of another Health Board
- The Director General / Chief Executive of the NHS in Scotland

#### **4.2      Posts at Director Level (other than Medical)**

The Board Appointments Committee shall consist of:

- Chair of the Board or their nominee
- Chief Executive
- Up to two Non-Executive Members of the Board; and
- Up to two External Assessors, one of whom shall be a representative of the Scottish Government Health and Social Care Directorates or his/her nominee, the other a representative of another NHS or local authority partner organisation

#### **4.3      Director of Public Health, Medical Director and Consultant Posts**

The appointment is made by a Board Committee on the recommendation of an Advisory Appointments Committee, constituted in accordance with the National Health Service (Appointment of Consultants) (Scotland) Regulations 2009.

**4.4    Other staff**

Appointment of other staff will be in accordance with the scheme of delegation.

**5       Disciplinary Procedures**

- 5.1    The Disciplinary Procedures regarding the Board staff are contained in the Employee Conduct Policy and Procedure. In the case of Executive Members and other Directors, such procedures shall be a matter for the full Board.

It is delegated to Chief Executive to apply the terms of the Board's disciplinary procedures.

SECTION

**F**

# **Standing Financial Instructions**

This section explains how staff will control the financial affairs of NHS Orkney and ensure proper standards of financial control.

# 1 Introduction

*Made in Terms of Regulation 4 Of The National Health Service (Financial Provisions) (Scotland) Regulations, 1974*

## 1 Background

- 1.1 These Standing Financial Instructions (SFIs) are issued in accordance with financial directions issued by the Scottish Government Health and Social Care Directorates (Scottish Government) under National Health Service statutes and circulars. The SFIs are in accordance with the [Scottish Public Finance Manual](#). Their purpose is to provide a sound basis for the control of NHS Orkney's financial affairs. They have effect as if incorporated in the Standing Orders of Orkney NHS Board (the Board). The SFIs should be used along with the Scheme of Delegation.
- 1.2 The purpose of such a scheme of control is:
- To ensure that NHS Orkney acts within the law and that financial transactions are in accordance with the appropriate authority
  - To ensure that financial statements, give a true and fair view of the financial position of NHS Orkney expenditure and income, and are prepared in a timely manner
  - To protect NHS Orkney against the risk of fraud and irregularity
  - To safeguard NHS Orkney's assets
  - To ensure proper standards of financial conduct
  - To ensure that NHS Orkney seeks Best Value from its resources, by making arrangements to pursue continuous improvement, economy, efficiency and effectiveness in its operations
  - To ensure that delegation of responsibility is accompanied by clear lines of control accountability, and reporting arrangements.
- 1.3 NHS Orkney will exercise financial supervision and control by:
- Formulating a financial strategy
  - Requiring the submission of financial estimates
  - Authorising budgets
  - Approving the specification of finance systems, feeder systems and procedures
  - Designing, implementing and supervising systems of internal control including the separation of duties, and the need to obtain value for money and Best Value
  - Defining specific responsibilities of officers
  - Providing financial advice to the Board and employees.

## 2 Compliance

- 2.1 The Chief Executive is accountable to the Board, and as Accountable Officer, to the Scottish Minister, for ensuring that the Board meets its obligation to perform within the available financial resources and in line with Best Value. The Chief Executive has executive responsibility to the Chairperson and Board for NHS Orkney activities, the system of internal control, and ensuring that financial obligations and targets are met.
- 2.2 The Director of Finance will assist the Chief Executive to ensure that SFIs are in place, up to date and observed in NHS Orkney. The responsibilities of the Director of Finance may also be carried out by the Head of Finance.
- 2.3 Members, officials, and agents of NHS Orkney, including, but not limited to, local authority employees working in joint health and social care projects, must observe these SFIs. Executive Directors will ensure that the SFIs are made known within the services for which they are responsible and ensure that they are adhered to. All employees must protect themselves and the Board from allegations of impropriety by seeking advice from their line manager, whenever there is doubt as to the interpretation of the Standing Orders, Scheme of Delegation, and SFIs. If there are any difficulties in interpretation or application of these documents, the advice of the Director of Finance should be sought.
- 2.4 All members of the Board and staff have a duty to disclose noncompliance with SFI's to the Director of Finance as soon as possible. Breaches will be reported as part of the Board's Incident Reporting process. Minor, isolated and unintentional noncompliance will be reviewed by the Director of Finance. For significant breaches, full details, and a justification will be reported to the Audit and Risk Committee. Failure to comply with SFIs may result in disciplinary action.
- 2.5 Where these SFIs place a duty upon any person, this may be delegated to another person, as documented in the Scheme of Delegation, and approved by the Director of Finance.
- 2.6 Employees must not:
- Abuse their official position for the personal gain or to the benefit of their family or friends
  - Undertake outside employment that could compromise NHS duties
  - Advantage or further their private business or interest in the course of their official duties.
- 2.7 Nothing in these SFIs shall override any legal requirement or Ministerial Direction placed upon NHS Orkney, its members, or officers.

## 2 Responsibilities of Chief Executive as Accountable Officer

Under [Sections 14 and 15](#) of the Public Finance and Accountability (Scotland) Act 2000 (the PFA Act), the Principal Accountable Officer for the Scottish Government has designated the Chief Executive of the Board as Accountable Officer.

Accountable Officers must comply with the terms of the Memorandum to Accountable Officers for Other Public Bodies, and any updates issued to them by the Principal Accountable Officer for the Scottish Government. [The Memorandum was updated in April 2012.](#)

### 1 General Responsibilities

- 1.1 The Accountable Officer is personally answerable to the Scottish Parliament for the propriety and regularity of the public finances of NHS Orkney, ensuring that resources are used economically, efficiently, and effectively. The Accountable Officer must ensure that the Board takes account of all relevant financial considerations, including any issues of propriety, regularity or value for money, in considering policy proposals relating to expenditure, or income.
- 1.2 It is incumbent upon the Accountable Officer to combine their duty as Accountable Officer with their duty to the Board to whom they are responsible, and from whom they derive their authority. The Board is in turn responsible to the Scottish Parliament in respect of its actions and conduct.
- 1.3 The Accountable Officer has a personal duty to sign the Annual Accounts of the Board. Consequently, they may also have the further duty of being a witness before the Audit and Risk Committee of the Scottish Parliament, and be expected to deal with questions arising from the Accounts, or, more commonly, from reports made to Parliament by the Auditor General for Scotland.
- 1.4 The Accountable Officer must ensure that arrangements for delegation promote good management, and that they are supported by the necessary staff with an appropriate balance of skills. This requires careful selection and development of staff and the sufficient provision of special skills and services. They must ensure that staff are as conscientious in their approach to costs not borne directly by their component organisation (such as costs incurred by other public bodies) as they would be were such costs directly borne.

## 2 Specific Responsibilities

### 2.1 The Accountable Officer must:

- Ensure that proper financial systems are in place and applied, and that procedures and controls are reviewed from time to time to ensure their continuing relevance and reliability, especially at times of major changes
- Sign the Accounts and the associated governance statement, and in doing so accept personal responsibility for ensuring that they are prepared under the principles and in the format directed by Scottish Ministers
- Ensure that proper financial procedures are followed incorporating the principles of separation of duties and internal check and that accounting records are maintained in a form suited to the requirements of the relevant Accounting Manual, as well as in the form prescribed for published Accounts
- Ensure that the public funds for which he is responsible are properly managed and safeguarded, with independent and effective checks of cash balances in the hands of any official
- Ensure that the assets for which they are responsible, such as land, buildings or other property, including stores and equipment, are controlled and safeguarded with similar care, and with checks as appropriate
- Ensure that, in the consideration of policy proposals relating to expenditure, or income, for which they have responsibilities as Accountable Officer, all relevant financial considerations, including any issues of propriety, regularity or value for money, are taken into account, and where necessary brought to the attention of the Board
- Ensure that any delegation of authority is accompanied by clear lines of control and accountability, together with reporting arrangements
- Ensure that procurement activity is conducted in accordance with the requirements in the [Procurement section](#) of the Scottish Public Finance Manual
- Ensure that effective management systems appropriate for the achievement of the Board's objectives, including financial monitoring and control systems have been put in place

- Ensure that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them
- Ensure that arrangements have been made to secure [Best Value](#) as set out in the Scottish Public Finance Manual
- Ensure that managers at all levels have a clear view of their objectives, and the means to assess and measure outputs, outcomes or performance in relation to those objectives
- Ensure managers at all levels are assigned well-defined responsibilities for making the best use of resources (both those assumed by their own commands and any made available to organisations or individuals outside NHS Orkney) including a critical scrutiny of output, outcomes and value for money
- Ensure that managers at all levels have the information (particularly about costs), training and access to the expert advice which they need to exercise their responsibilities effectively.

### **3 Regularity and Propriety of Expenditure**

- 3.1 The Accountable Officer must ensure that the Board achieves high standards of regularity and propriety in the consumption of resources. Regularity involves compliance with relevant legislation, relevant guidance issued by Scottish Ministers (in particular the [Scottish Public Finance Manual](#)) and the framework document defining the key roles and responsibilities which underpin the relationship between the body and the Scottish Government. Propriety involves respecting the Parliament's intentions and conventions and adhering to values and behaviours appropriate to the public sector.
- 3.2 All actions must be able to stand the test of parliamentary scrutiny, public judgement on propriety and professional codes of conduct. Care must be taken not to misuse an official position to further private interests, and to avoid actual, potential, or perceived conflicts of interest.

### **4 Advice to the Orkney NHS Board**

- 4.1 In accordance with [section 15\(8\)](#) of the PFA Act the Accountable Officer has particular responsibility to ensure that, where they consider that any action that they are required to take is inconsistent with the proper performance of their duties as Accountable Officer, they obtain written authority from the Board and send a copy of this as soon as possible to the Auditor General. A copy of such written authority should also be sent

to the Clerk to the Public Audit Committee. The Accountable Officer should ensure that appropriate advice is tendered to the Board on all matters of financial propriety and regularity and on the economic, efficient and effective use of resources. They will need to determine how and in what terms such advice should be tendered, and whether in a particular case to make specific reference to their own duty as Accountable Officer to seek written authority and notify the Auditor General and the Public Audit Committee.

- 4.2 The Accountable Officer has a duty to ensure that appropriate advice is tendered to the Board on all matters of financial propriety and regularity, and more broadly, as to all considerations of prudent and economical administration, efficiency, and effectiveness.
- 4.3 If the Accountable Officer considers that, despite their advice to the contrary, the Board is contemplating a course of action which they consider would infringe the requirements of financial regularity or propriety, or that they could not defend as representing value for money within a framework of Best Value, they should set out in writing the objection to the proposal and the reasons for this objection. If the body decides to proceed, they should seek written authority to take the action in question. In the case of a body sponsored by the Scottish Government, the sponsor unit should be made aware of any such request in order that, where considered appropriate, it can inform the relevant Portfolio Accountable Officer and Cabinet Secretary / Minister. Having received written authority, they must comply with it, but should then, without undue delay, pass copies of the request for the written authority and the written authority itself to the Auditor General and the Clerk to the Public Audit Committee.
- 4.4 If because of the extreme urgency of the situation there is no time to submit advice in writing to the Board in either of the eventualities referred to in paragraph 2.6.3 before the Board takes a decision, they must ensure that, if the Board overrules the advice, both their advice and the Board's instructions are recorded in writing immediately afterwards.
- 4.5 The Accountable Officer must ensure that their responsibilities as Accountable Officer do not conflict with those as a Board member. They should vote against any action that they cannot endorse as Accountable Officer, and in the absence of a vote, ensure that their opposition as a Board member, as well as Accountable Officer is clearly recorded. It will not be sufficient to protect their position as a Board member merely by abstaining from a decision which cannot be supported.

## **5 Appearance before the Public Audit and Risk Committee**

- 5.1 Under [section 23 of the PFA Act](#) the Auditor General may initiate examinations into the economy, efficiency and effectiveness with which relevant bodies have used their resources in discharging their functions.

The Accountable Officer may expect to be called upon to appear before the Public Audit Committee to give evidence on reports arising from any such examinations involving the Board. They will also be expected to answer the questions of the Committee concerning resources and accounts for which they are Accountable Officer and on related activities. They may be supported by other officials who may, if necessary, join in giving evidence or the Committee may agree to hear evidence from other officials in their absence.

- 5.2 They will be expected to furnish the Committee with explanations of any indications of weakness in the matters covered by paragraphs 2.7.1 above, to which their attention has been drawn by the Auditor General or about which they may wish to question them.
- 5.3 In practice, they will have delegated authority widely, but cannot on that account disclaim responsibility. Nor, by convention, should they decline to answer questions where the events took place before their designation.
- 5.4 They must make sure that any written evidence or evidence given when called as a witness before the Public Audit and Risk Committee is accurate. They should also ensure that they are adequately and accurately briefed on matters that are likely to arise at the hearing. They may ask the Committee for leave to supply information not within their immediate knowledge by means of a later note. Should it be discovered subsequently that the evidence provided to the Committee has contained errors, they should let this be made known to the Committee at the earliest possible moment.
- 5.5 In a case where they were overruled by the Board on a matter of propriety or regularity, their advice would be disclosed to the Committee. In a case where they were overruled by the Board on the economic, efficient and effective use of resources they should be ready to discuss the costs, benefits and risks of options considered and explain the reasoning for the decision taken. They may also be called upon to satisfy the Committee that all relevant financial considerations were brought to the Board's attention before the decision was taken.

## **6 Absence of Accountable Officer**

- 6.1 The Accountable Officer should ensure that they are generally available for consultation and that in any temporary period of unavailability due to illness or other cause, or during the normal period of annual leave, a senior officer is identified to act on their behalf if required.
- 6.2 In the event that the Accountable Officer would be unable to discharge their responsibilities for a period of four weeks or more, NHS Orkney will notify the Principal Accountable Officer of the Scottish Government, in order that an Accountable Officer can be appointed pending their return.

- 6.3 Where an Accountable Officer is unable by reason of incapacity or absence to sign the Accounts in time for them to be submitted to the Auditor General, the Board may submit unsigned copies, pending the return of the Accountable Officer.

# 3 Financial Strategy and Planning

## 1 Responsibilities

- 1.1 The Chief Executive is responsible for leading an inclusive process, involving staff and partner organisations, to compile and secure approval of the Annual Operating Plan (AOP) for NHS Orkney by the Board. The AOP will include:
- The significant assumptions on which the plan is based
  - Details of major changes in workload, delivery of services or resources required to achieve the plan
  - Action points from the community planning partnership
  - Health care plans covering primary and secondary services provided by NHS Orkney
  - Regional dimension of healthcare and scope for sharing resources with partners.
- 1.2 By concisely describing the health and healthcare issues facing Orkney, setting out succinctly how these will be tackled and by whom, and by setting priorities, milestones, quantified improvements and targets, the AOP will help to secure understanding of health issues, a shared approach to taking action, and commitment to achieving results.
- 1.3 The Director of Finance is responsible for the annual preparation of a 3-5-year Financial Plan. In addition, the AOP and Financial Plan will be informed by and supported by a Workforce Plan. All service developments must be supported by a business case typically approved by the Management Team.
- 1.4 The Financial Plan will comprise both revenue and capital components, and will be compiled within available resources, as determined by the Revenue Resource Limit and Capital Resource Limit as notified or indicated by Scottish Government, and forecast for future years.
- 1.5 The AOP including the Financial Plan will be submitted to the Management Team for detailed scrutiny and risk assessment, following which the Finance and Performance Committee will consider and recommend approval of the AOP, including the Financial Plan and Workforce Plan, by the Board.
- 1.6 The Financial Plan will include the financial planning returns which the Director of Finance will prepare and submit to the Scottish Government.

## 2 Control

- 2.1 The Director of Finance will ensure that adequate financial and statistical systems are in place to monitor and control income and expenditure, and to prepare financial plans, estimates and investigations as required.
- 2.2 The Director of Finance will devise and maintain a system of budgetary control. The Board and Management Team will empower officers to engage staff, incur expenditure and collect income. All officers will comply with the requirements of the system of budgetary control. The system will include the reporting of (and investigation into) financial, activity or workforce variances from budget. The Director of Finance will provide information and advice to enable the Chief Executive and delegated officers to carry out their budgetary responsibilities.
- 2.3 The Chief Executive may, within limits approved by the Board, delegate authority for a budget or a part of a budget to an individual or group of officers. The terms of delegation confers individual and group responsibilities for control of expenditure, virement of budgets, achievement of planned levels of service and regular reporting on the discharge of delegated functions to the Chief Executive. Responsibility for overall budgetary control remains with the Chief Executive.
- 2.4 Except where approved by the Chief Executive (taking account of advice of the Director of Finance) budgets will only be used for the purpose for which they were provided. Any budgeted funds not required for their designated purpose will revert to the control of the Chief Executive, unless covered by delegated powers of virement. The Director of Finance will issue procedural guidance on powers of virement.
- 2.5 Expenditure for which no provision has been made in an approved budget can only be incurred after authorisation by the Chief Executive or Director of Finance, subject to their delegated limit. Delegated authority to approve individual items of expenditure, is undernoted, provided that approval remains within Revenue and Capital Budgets:
- The Finance and Performance Committee can approve individual items up to £1,000,000 in any one instance
  - The Chief Executive, acting together with the Director of Finance, can approve individual items up to £500,000 in any one instance.

This includes virement between budgets, including from reserves.

- 2.6 The Director of Finance will keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards, and other events and trends affecting budgets, and will advise on the financial and economic aspects of future plans and projects.
- 2.7 There is a duty for the Chief Executive, and all employees not to exceed approved budgetary limits.

- 2.8 The Chief Executive will negotiate funding for the provision of services in accordance with the AOP and establish arrangements for cross boundary treatment of patients. The Chief Executive will take advice from the Director of Finance regarding:
- Costing and pricing of services
  - Payment terms and conditions
  - Arrangements for funding in respect of patients from out-with Orkney, and for the funding of the treatment of Orkney residents other than by NHS Orkney.
- 2.9 The Chief Executive is responsible for negotiating agreements for the provision of support services to/from other NHS bodies.

### **3 Reporting**

- 3.16 The Chief Executive will report on material variances arising from inability to action, or delay in implementation of projects approved by the Board, and will advise the Finance and Performance Committee on the use of such funds. The Committee will report as appropriate to the Board.
- 3.2 The Director of Finance will compile a monthly Financial Report for the Management Team.
- 3.3 The Director of Finance will produce a regular Financial Report for the Finance and Performance Committee and the Board. This report will highlight significant variances from the Financial Plan, and the forecast outturn position, and will recommend proposed corrective action.
- 3.4 The Director of Finance has right of access to all budget holders on budgetary and financial performance matters.

# 4 Commissioning and Provision of Healthcare Services

## 1 Commissioning and Provisioning of Services

- 1.1 The Chief Executive, with the Director of Finance, will ensure that:
- Services required or provided are covered by agreements
  - Adequate funds are retained for services without agreements
  - Total costs of services are affordable within the Financial Plan, and Revenue and Capital Resource Limits set by Scottish Government.

## 2 Service Agreements

- 2.1 The Chief Executive will ensure that service agreements are placed with due regard to the need to achieve Best Value. The Chief Executive, Director of Finance, Medical Director or Director of Nursing will agree service agreements for health care purchases.
- 2.2 The Director of Finance will establish robust financial arrangements for treatment of Orkney residents by other NHS bodies, or the private sector.
- 2.3 The Director of Finance will raise and pay service agreement invoices in accordance with the agreed terms, and national guidance.
- 2.4 All service agreements should support the agreed priorities within the AOP. The Chief Executive should take into account:
- Standards of service quality expected including patient experience
  - Relevant national service framework (if any)
  - Provision of reliable information on cost and volume of services
  - Requirement for service agreements to be based on integrated care pathways.

## 3 Data Protection

- 3.1 The Caldicott Guardian will ensure that systems maintain confidentiality of patient information as set out in the [Data Protection Act 1998](#) and [Caldicott guidance](#).

# 5 Annual Report and Accounts

## 1 Requirement

- 1.1 NHS Orkney is required under [Section 86\(3\)](#) of the National Health Service (Scotland) Act 1978 to prepare and submit Annual Accounts to Scottish Ministers.
- 1.2 Scottish Ministers issue Accounts Directions in exercise of the powers conferred by [Section 86\(1\)](#).

## 2 Preparation of Annual Accounts

- 2.1 Annual Accounts will be prepared:
  - In accordance with the edition of the Government Reporting Manual ([FReM](#)) issued by HM Treasury, which is in force for the year in which the statement of accounts is prepared
  - In accordance with the Accounts Direction and Accounts Manual issued by Scottish Government
  - In line with required format, disclosures and accounting standards.
- 2.2 The Director of Finance will maintain proper accounting records which allow the preparation of Accounts, in accordance with the timetable laid down by Scottish Government.
- 2.3 Accounts will be prepared to an acceptable professional standard, in accordance with appropriate regulatory requirements and will be supported by appropriate accounting records and working papers.
- 2.4 The Auditor General for Scotland will appoint the External Auditor for the statutory audit of NHS Orkney.
- 2.5 The Director of Finance will agree with the External Auditor a timetable for the production, audit, adoption by the Board and submission of Accounts to the Auditor General for Scotland and Scottish Government.
- 2.6 The Chief Executive will prepare a Governance Statement, and in so doing will seek assurances, including that of the Chief Internal Auditor, regarding the adequacy of internal control throughout NHS Orkney.
- 2.7 The Accounts will be reviewed by the Audit and Risk Committee, which is responsible for recommending adoption by the Board.
- 2.8 Following approval of the Accounts by the Board, the Accounts will be signed on behalf of the Board and submitted to the External Auditor for completion of the audit certificate.

- 2.9 Signed Accounts will be submitted by NHS Orkney to Scottish Government, and by the External Auditor to the Auditor General for Scotland.
- 2.10 Accounts must not be placed in the public domain, prior to being formally laid before Parliament.
- 2.11 The National Health Service (Scotland) Act 1978 prescribes that public meetings should be held to present the Accounts. The Annual Review process provides the opportunity to fulfil this requirement. NHS Orkney should make this information as publicly accessible as possible and may choose to do so through the website or other public events.

### **3 Annual Report**

- 3.1 The Chief Executive will arrange for the production and circulation of an Annual Report in the form determined by the Scottish Government. The principal purpose of the Annual Report is to account to the community and to other stakeholders for key aspects of performance during the year, and to give an account of the stewardship of funds.
- 3.2 The Annual Report does not need to include summary financial information, provided the Annual Report refers to the Accounts. Disclosure requirements must be agreed with the External Auditor.
- 3.3 The Annual Report will be published no later than two months after the Annual Review.

## 6 Banking Arrangements

- 1 All arrangements with NHS Orkney's bankers and the Government Banking Service will be made under arrangements approved by the Director of Finance who is authorised to operate bank accounts, as necessary. The Director of Finance will report to the Board on the details of all accounts, including conditions on which they are operating.
- 2 All funds will be held in accounts in the name of NHS Orkney, or the Endowment Fund. The Director of Finance will advise the bankers in writing of the conditions under which each account will operate, including prompt notification of the cancellation of authorisation to draw on NHS Orkney accounts.
- 3 The Director of Finance will nominate, for each bank account, the officers authorised to release monies from each account. The Director of Finance will notify the bank promptly of any changes to the authorised signatories.
- 4 All cheques will be crossed with "Not Negotiable - Account Payee Only" and must be treated as controlled stationery in the charge of a designated officer controlling their issue. Two signatures are required on cheques.
- 5 All cheques, postal orders, cash etc, will be banked intact promptly, to the main account (or, if appropriate, endowment fund deposit account - see Section 16). Disbursements must not be made from cash.
- 6 The Director of Finance will make arrangements for:
  - Receipt and payment of monies using the Clearing Houses Automated Payment System (CHAPS) and the Bankers Automated Clearing Services (BACS)
  - Payments to be made by Standing Order or Direct Debit
  - The use of credit cards
  - Payments to be made to foreign bank accounts.

# 7 Security

## 1 Security of Cash and Negotiable Instruments

- 1.1 All receipt books, tickets, agreement forms, or other means of officially acknowledging or recording amounts received or receivable will be in a form approved by the Director of Finance. Such stationery will be ordered and controlled using the same procedures as applied to cash.
- 1.2 All officers, whose duty it is to collect or hold cash, will be provided with a safe or a lockable cash box (which in turn must be deposited in a locked cupboard). The loss of a key must be reported immediately to the Fraud Liaison Officer. The Director of Finance will, on receipt of a satisfactory explanation, authorise release of a duplicate key. The Director of Finance will arrange for all new keys to be dispatched directly to them from the manufacturers and will maintain a register of authorised holders of safe keys.
- 1.3 The safe key-holder must not accept unofficial funds for depositing in the safe unless in sealed envelopes or locked containers. NHS Orkney is not liable for any loss and written indemnity must be obtained from the organisation or individual absolving NHS Orkney from responsibility.
- 1.4 During the absence of the holder of a safe or cash box key, the officer who acts in their place will be subject to the same controls. Transfer of responsibilities for the safe and/or cash box contents will be written and a signed copy of the document must be retained.
- 1.5 Cash, cheques, postal orders and other forms of payment will be counted by two officers, neither of whom should be the Cashier, and will be entered in the cash collection sheet, which must be signed by both. The remittance will be passed to the Cashier, and signed for.
- 1.6 The opening of coin-operated machines and the counting and recording of the takings in the register must be undertaken by two officers and the coin-box keys will be held by a nominated officer. Takings will be passed to the Cashier and a signature will be obtained.
- 1.7 The Director of Finance will prescribe the system for transporting of cash and uncrossed pre-signed cheques.
- 1.8 All unused cheques, receipts and all other orders will be subject to the same security as applied to cash: bulk stocks of cheques will be retained by the banker and released only against authorised requisitions.
- 1.9 All Prescription Pads in Primary Care will be subject to the same security and controls as cash.

- 1.10 In all cases where officers receive cash, cheques, credit or debit card payments, empty vending or other machine coin boxes, etc. personal identity cards must be displayed prominently. Staff will be informed in writing on appointment, by their line manager, of their responsibilities and duties for the collection, and handling of cash and cheques.
- 1.11 Any loss or shortfall of cash, cheques, etc. must be reported immediately in accordance with the agreed procedure for reporting losses. (Section 15).
- 1.12 Under no circumstances should funds managed by NHS Orkney be used to cash private cheques or make loans of a personal nature.

## **2 Security of Physical Assets**

- 2.1 The Chief Executive is responsible for the overall control of fixed assets. All employees have a duty of care over property of NHS Orkney. Senior staff will apply appropriate routine security practices. Persistent breach of agreed security practices must be reported to the Chief Executive.
- 2.2 Where practical, items of equipment will be indelibly marked as NHS Orkney property.
- 2.3 The Finance Department will maintain an up-to-date capital asset register. The Director of Finance will set out the approved form of asset register and method of updating (Section 22).
- 2.4 Items on the register will be checked at least annually and all discrepancies will be notified in writing to the Director of Finance, who may also undertake other independent checks as necessary.
- 2.5 Damage to premises, vehicles and equipment, or loss of equipment or supplies must be reported. (Section 15).
- 2.6 On the closure of any facility, a check must be carried out and the responsible officer will certify a list of items held including eventual location. The disposal of fixed assets (including donated assets) will be in accordance with Section 22.
- 2.7 On the closure of any facility a check must be carried out and a responsible officer will certify that all patient and other personally identifiable and commercially sensitive information has been removed from the facility under the NHS Orkney policy for Records Management.

## 8 Income

- 1 The Director of Finance will design and maintain systems for the proper recording, invoicing, and collection of money due.
- 2 All officers must inform the Director of Finance of money due from transactions they initiate, including contracts, leases, tenancy agreements and any other transactions. The Director of Finance will approve Service Level Agreements or contracts with financial implications in excess of £10,000. Responsibility for agreeing the level of rental for newly acquired property and for the regular review of rental and other charges rests with the Director of Finance who may take into account independent professional advice on matters of valuation.
- 3 The Director of Finance will take appropriate recovery action of debts and will establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment. (Section 15.)

## 9 Payment of Accounts

- 1 The Director of Finance will operate a system for verification, recording and payment of all amounts payable. The system must ensure that:
  - Goods have been duly received, examined, are in accordance with specification and order, are satisfactory and prices are correct
  - Work done or services rendered have been satisfactorily carried out in accordance with the order
  - Materials were of the requisite standard and charges are correct
  - For contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, rates of labour are in accordance with the order, materials have been checked as regards quantity, quality and price, and charges for the use of vehicles, plant and machinery have been examined
  - All necessary authorisations have been obtained
  - The account is arithmetically correct
  - The account is in order for payment
  - Clinical services to patients have been carried out satisfactorily in accordance with Service Level Agreements and Unplanned Activity arrangements
  - Provision is made for early submission of accounts subject to cash discounts or requiring early payment
  - VAT is recovered as appropriate
  - Payment for goods and services is only made once the goods and services are received other than under the terms of a specific contractual arrangement.
- 2 The Director of Finance will maintain a Scheme of Delegation. This will set out the officers authorised to manually or electronically certify invoices, non-invoice payments, and payroll schedules. It will include specimen signatures, and levels of authority. Electronic authorisation must be achieved through effective access control permissions approved by the Director of Finance.
- 3 The Director of Finance will pay accounts, invoices and contract claims in accordance with contractual terms and/or the CBI Prompt Payment Code and the Scottish Government payment target. Payment systems will be designed to avoid payments of interest arising from non-compliance with the [Late Payment of Commercial Debts \(Interest\) Act 1998](#).
- 4 All officers must inform the Director of Finance promptly of all monies payable arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions. To assist financial control, a register of regular payments will be maintained.
- 5 All requests for payment should, wherever possible, have relevant original orders, goods received notes, invoices or contract payment vouchers

attached and will be authorised by an approved officer from the Scheme of Delegation. Purchase Order numbers should be stated on the invoice. Retrospective Purchase Orders are not allowed.

- 6** Where an electronic payment system has been approved the system must ensure that payment is made only for goods matched against an authorised purchase order, and goods received note.
- 7** Authorised signatories will ensure, before an order for goods or services is placed, that the purchase has been properly considered and forms part of the department's agreed service plans and is within known and specific funds available to the department.
- 8** Any grants or similar payments to local authorities and voluntary organisations or other bodies must comply with procedures laid down by the Director of Finance.
- 9** Authorised signatories must ensure that there is effective separation of duties between:
  - The person placing the order/ certifying receipt of goods and services, and
  - The person authorising the spend

In no circumstances should one person undertake both functions.

- 10** In the case of contracts for building or engineering works which require payment to be made on account during progress of the works, the Director of Finance will make payment on receipt of a certificate from the technical consultant or officer. Without prejudice to the responsibility of any consultant or works officer appointed to a particular building or engineering contract, where necessary, a contractor's account will be subject to financial examination and general examination by a works officer, before the person responsible for the contract issues the final certificate. To assist financial control, a contracts register will be maintained by procurement.
- 11** The Director of Finance will designate officers to authorise advances for patient travel expenses or staff travel expenses from a petty cash imprest. Limits are £100 for internal costs and £120 for patient travel.
- 12** Officers responsible for commissioning self-employed contractors must ensure that, before any assignment is agreed, evidence is obtained from the contractor which confirms their employment status. This will ensure that NHS Orkney is not held liable for Income Tax and National Insurance by HMRC. This evidence must be submitted to the Director of Finance.
- 13** Advance payment for supplies, equipment or services will not normally be permitted other than for subscriptions. If exceptional circumstances arise, a proposal should be submitted to the Director of Finance.

- 14** Advance payments to general medical practitioners and community pharmacists will comply with NHS contractor regulations.
- 15** Authorised signatories are responsible for ensuring that all items due under a payment in advance contract are received and must inform the Director of Finance immediately if problems are encountered.

# 10 Construction Industry Scheme

- 1 The scheme will be administered in line with guidance supplied by HMRC in booklet [CIS340](#). Registration under the Construction Industry Scheme (CIS) is necessary where construction expenditure exceeds £1m per annum in any three-year period. Before the threshold is likely to be breached, the Director of Finance should apply for registration from HMRC.
- 2 The Estates Department will ensure that certificates and/or vouchers are obtained from contractors/subcontractors and supplied to the Finance Department to support payment requests.
- 3 In the event of doubt, the Head of Finance will determine whether a payment should be made gross or net of deduction of tax and will consult with HMRC, as necessary.
- 4 The Director of Finance will remit to HMRC any tax deducted from payments made to sub-contractors, and must comply with the timetable set out in [CIS340](#).

# 11 Payment of Salaries and Wages

- 1 Staff can be engaged or re-graded only by authorised officers within their approved budget and establishment and through NHS Orkney's engagement procedures. Posts are approved as per structure via the JobTrain system prior to commencing recruitment. Successful grading appeals will be approved by Human Resources.
- 2 The Remuneration Committee will:
  - Agree terms and conditions of Executive Directors
  - Approve changes to remuneration, allowances and conditions of service of Chief Executive and Executive Directors
  - Ensure arrangements are in place for the assessment of performance of Executive and senior management staff
  - Consider redundancy, early retiral or termination agreements in respect of Executive Directors
  - Approve other terms and conditions of service not covered by direction or regulation, e.g. Discretionary Points for Medical Staff.
- 3 After approval by the Remuneration Committee, the Chairperson will authorise for payment the Performance Related Pay (PRP) of the Chief Executive, and the Chief Executive will authorise for payment the PRP of Executive Directors. The Chief Executive will authorise for payment the PRP of any senior managers.
- 4 NHS Orkney will pay allowances to the Chairperson and non-executives in accordance with instructions issued by the Scottish Minister.
- 5 Human Resources will ensure that each employee is issued with a contract which will comply with current employment legislation and in a form approved by NHS Orkney. Human Resources will ensure that changes to, and termination of contracts are properly processed.
- 6 All timesheets, staff returns, and other pay records and notifications will be in a form approved by the Director of Finance and must be certified and submitted in accordance with their instructions.
- 7 The Director of Finance will ensure payments and processes are supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.
- 8 Authorised managers have delegated responsibility for:

- Sending a signed copy of the engagement form and other documents necessary for the payment of staff to the Payroll Department immediately upon the employee commencing duty
- Completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance
- Making any necessary changes in eESS immediately the effective date of any change in employment or personal circumstances is known
- Submitting via eESS termination of employment details as required, for payment purposes, immediately upon the effective date of an employee's resignation, retirement or termination being known
- Immediately advising the Payroll Department when an employee fails to report for duty in circumstances which suggest that he has left without notice.

**9** Where the Human Resources and Payroll systems are connected by an electronic interface, forms may be sent to Payroll electronically, providing that procedures for transmissions are agreed by the Director of Finance.

**10** Requests for early retirement or voluntary severance, for staff other than Executive Directors, which result in additional costs being borne by the employer, will be considered by the Chief Executive and Director of Finance jointly, under the Voluntary Severance Scheme.

**11** The Director of Workforce and the Director of Finance will be jointly responsible for ensuring that rates of pay and relevant conditions of service are in accordance with current agreements. The Chief Executive will be responsible for the final determination of pay. The Director of Finance will issue instructions regarding:

- Verification of documentation or data
- Timetable for receipt and preparation of payroll data and the payment of staff
- Maintenance of records for Superannuation, Income Tax, National Insurance and other authorised deductions
- Security and confidentiality of payroll information in accordance with the Data Protection Act
- Checks to be applied to payroll before and after payment
- Methods of payment available to staff
- Procedures for payment of cheques, bank credits or cash to staff
- Procedures for unclaimed wages which should not be returned to salaries and wages staff
- Separation of duties of preparing records and handling cash
- Pay advances and their recovery
- A system for recovery from leavers of sums due by them

- A system to ensure recovery or write-off of payment of pay and allowances
- Maintenance of regular and independent reconciliation of adequate control accounts.

**12** The Director of Finance will ensure salaries and wages are paid on the agreed dates but may vary these when necessary due to special circumstances. Payment to an individual will not be made in advance of normal pay, except as authorised by the Chief Executive or Director of Finance to meet special circumstances and limited to the net pay due at the time of payment.

**13** All employees will be paid by bank credit transfer monthly unless agreed by the Director of Finance.

# 12 Travel, Subsistence and Other Allowances

- 1 The Director of Finance will ensure that all expense claims by employees or outside parties are reimbursed in line with regulations and Human Resources policies, and that all such claims will be supported by receipts wherever possible. Removal expenses will be limited to the amount specified by HMRC as being tax free (currently £8000), except with the express approval of the Remuneration Committee, and in accordance with NHS Orkney's Removals Policy.
- 2 The Director of Finance will issue guidance on submission of expense claims, specifying documentation to be used, timescales to be adhered to and required level of authorisation. All claims will be submitted to the Payroll Department duly certified in an approved form, and made up to a specified day of each month. Where this information is transmitted by electronic means, appropriate procedures will be agreed by the Director of Finance. The names of officers authorised to sign claims will be held by the Payroll Department, together with specimen signatures and will be maintained in conjunction with the overall Scheme of Delegation.
- 3 No officer can certify their own expenses. Hotel accommodation and taxi fares should be paid by the officer and not invoiced to the board directly. The exceptions to this would be accommodation provided as part of a training course or where specific arrangements have been agreed with the Director of Finance. Pre-authorisation must exist for all off-island travel and expenses.
- 4 The Chairperson will authorise all expense claims from the Chief Executive. The Chief Executive will authorise all claims from Executive Members of the Board. The Chairperson will authorise all claims from Non-Executives. In the absence of the Chairperson, this will be undertaken by the Chief Executive or Director of Finance.
- 5 Certification means that the certifying officer is satisfied that the journeys were authorised, the expenses properly and necessarily incurred and evidenced, and that the allowances are properly payable.
- 6 Claims submitted more than three months after the expenses were incurred will be paid only if approved by the Director of Finance, who will only authorise payment where there is an appropriate justification for the delay and it is an isolated occurrence. All claims received later than six months following the month of the claim will be time barred.

# 13 Non-pay Expenditure – Procurement

## 1 Introduction

- 1.1 The purpose of this SFI is to set clear rules for the procurement of goods, works and services for NHS Orkney. The rules should ensure that NHS Orkney is fair and accountable in dealings with contractors and suppliers.
- 1.2 This SFI:
- Sets out thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained
  - Incorporates the thresholds in the Scheme of Delegation
  - Provides procedural instructions and guidance incorporating the thresholds on the obtaining of goods, works and services.

## 2 Procurement Tenders and Contracts

- 2.1 The SFIs specify arrangements for placing of contracts and purchase of supplies and equipment. Procurement must be in line with the principles in [CEL 5 \(2012\)](#) and NHS Orkney's Procurement Strategy.
- 2.2 Scottish Government and European Union Procurement Directives will have effect as if incorporated into these SFIs.
- 2.3 When appropriate, Scottish Government terms and conditions should be used when contracting with suppliers. The current versions are available from procurement.
- 2.4 All departments must seek to obtain Best Value through the application of SFIs and procurement procedures. In the case of uncertainty advice should be sought from procurement.
- 2.5 NHS Orkney will comply as far as is practicable with the [Scottish Capital Investment Manual](#), [Capital Accounting Manual](#) and other Scottish Government guidance on contracting and purchasing.

## 3 Formal Competitive Tendering

- 3.1 NHS Orkney will ensure that competitive tenders are invited for the purchase of all goods and services and for disposals in line with the thresholds identified in the invitation to tender section below. Equipment and assets over £5,000 (including VAT) are funded by

capital and must be approved by the Medical Equipment Group before commencing procurement activity.

- 3.2 Where NHS Orkney elects to invite tenders for the supply of healthcare services these SFIs will apply to the tendering procedure.
- 3.3 Formal tendering procedures may be waived only with the approval of the Director of Finance.
- 3.4 Where formal tendering procedures have been waived, Best Value should be demonstrated, and quotations sought.
- 3.5 Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented. [Procurement SFI Waiver Form](#)

## 4 Invitation to Tender

- 4.1 All purchases in excess of the [OJEU thresholds](#) currently £122,976 (exclusive of VAT) for services, and £4,733,252 (exclusive of VAT) for construction contracts, whether as an individual purchase or series of purchases of the same or similar item over a period of time, must be advertised in the Official Journal of the European Union (OJEU) through the [Public Contract Scotland Procurement Portal](#).
- 4.2 All purchases of a value in excess of £50,000 (exclusive of VAT), whether as an individual purchase or series of purchases of the same item over a period of time, must be advertised through the [Public Contract Scotland Procurement Portal](#).
- 4.3 When the value of a purchase is less than £50,000 (exclusive of VAT) suppliers who are invited to tender (and where appropriate, quote) should be on approved lists or meet qualifying requirements. The quick quote system, on the [Public Contracts Scotland Procurement Portal](#), should be used for purchases over £10,000.
- 4.4 All invitations to tender on a formal competitive basis must state that no tender will be considered for acceptance unless submitted electronically through the [Public Contract Scotland Procurement Portal](#).
- 4.5 Where NHS Orkney has opted to procure building, engineering and maintenance work under [Frameworks Scotland](#) or Hub Initiative, [HubCo](#) will be commissioned and further tendering will not be required. The Director of Finance will ensure that Best Value for money is delivered by these projects.
- 4.6 For other contracts:

- Every tender for building and engineering works (except for maintenance work only where Estate code guidance should be followed) will be in the terms of the current edition of the appropriate [Joint Contracts Tribunal](#) standard forms of contract
- When the content of the works is primarily engineering, tenders shall embody or be in the terms of the [General Conditions of Contract](#) recommended by the Institutions of Mechanical Engineers, Electrical Engineers and the Association of Consulting Engineers
- Or in the case of civil engineering work, the [General Conditions of Contract](#) recommended by the Institution of Civil Engineers.

Standard forms of contract should be amended to comply with [SCIM](#). These documents may be further amended in minor respects to cover special features of individual projects. These amendments will be subject to approval by procurement and the Director of Finance. Tendering based on other forms of contract can be undertaken only after consultation with the Scottish Government.

- 4.7 Every tender for goods, materials, services (including consultancy services) or disposals will apply NHS standard contract conditions as far as this is practical. The advice of NHS Orkney procurement, NHS National Procurement or the Central Legal Office must be sought where alternative contract conditions are used.
- 4.8 Every tenderer must have given or give a written undertaking not to engage in collusive tendering or other restrictive practice.

## 5 Receipt and Acceptance of Formal Tenders

- 5.1 All tenders will be stored electronically on the [Public Contracts Scotland Procurement](#) Portal.
- 5.2 The permanent record within the [Public Contract Scotland Procurement](#) Portal will show for each set of competitive tender invitations:
- Names of firms/individuals invited/noted interest
  - Names of and the number of firms/individuals from which tenders have been received
  - Total price(s) tendered
  - Closing date and time
  - Date and time of opening.
- 5.3 If the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) the contract can only be awarded with approval of the Director of Finance.

- 5.4 Where only one tender is sought and/or received, the Director of Finance will, as far as practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for NHS Orkney.
- 5.5 Essential discussions with a tenderer about the contents of their tender, in order to clarify technical points, pricing, etc. before the award of a contract, are acceptable but must be documented.
- 5.6 Where post-tender negotiation takes place, the following should be observed:
- Justification for the use of post-tender negotiation
  - Agreed aims of the negotiations and the methods used
  - A record of all exchanges, both written and oral
  - Management approval for the award of contract
  - Approval of the Director of Finance.
- 5.7 Best Value in the public interest is critical within the acceptance criteria. The lowest tender may not necessarily be Best Value and this should come to light through the comparative evaluation of the bids. Reasons for not accepting the lowest tender must be recorded.
- 5.8 The evaluation process should be reasonable and transparent with all bidders treated fairly. Evaluation panel members must adhere to the code of governance regarding declaration of potential conflicts of interest. All evaluation panel members are required to sign a declaration of interest form.

## **6 Unsuccessful Tenders**

- 6.1 Following completion of the tender acceptance, and having obtained confirmation from the successful tenderer of acceptance of the contract, the unsuccessful tenderers should be advised in writing that the contract has been awarded and that they have not been successful.

## **7 Single Tender**

- 7.1 The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through competition.

## **8 Quotations**

- 8.1 Quotations are required where formal tendering procedures are waived and within the financial limits as set out in the SFIs.

- 8.2 Where quotations are required, they should be obtained from at least three firms/individuals based on specifications or terms of reference prepared by, or on behalf of NHS Orkney. Reasons must be documented if less than three quotations are sought or received.
- 8.3 Quotations should be in writing unless the Director of Finance or nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone or e-mail. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- 8.4 All quotations should be treated as confidential and should be retained for inspection.
- 8.5 The Director of Finance or nominated officer should evaluate the quotations and select the one which gives Best Value.
- 8.6 Non-competitive quotations in writing may be obtained for the following purposes with the recorded approval of the Director of Finance where:
- The supply of goods/services of a special character for which it is not, in the opinion of the nominated officer, possible or desirable to obtain competitive quotations
  - The goods/services are required urgently.
- 8.7 With the prior agreement of the Director of Finance, quotations may be submitted through the Public Contracts Scotland Tender Mailbox.

## **9 Contracts**

- 9.1 NHS Orkney may only enter into contracts within their statutory powers and will comply with:
- SFIs
  - EU Directives and other statutory provisions
  - Any relevant directions including the [SCIM](#) and guidance on the use of [Management Consultants](#)
  - Such NHS standard contract conditions as are applicable.
- 9.2 Where specific contract conditions are considered necessary by the lead officer appointed by the Chief Executive or Director of Finance, advice shall be sought from suitably qualified persons. Where this advice is deemed to be legal advice, this must be sought from the Central Legal Office.

- 9.3 Contracts will be in the same terms and conditions of contract as was the basis on which tenders or quotations were invited.
- 9.4 In all contracts, members and officials will seek to obtain Best Value. The Chief Executive or Director of Finance will nominate an officer to oversee and manage each contract.
- 9.5 All contracts will contain standard clauses allowing NHS Orkney to:
- Cancel the contract and recover all losses in full where a company or their representative has offered, given or agreed to give, any inducement to members or officials
  - Recover losses or enforce specific performance where goods or services are not delivered in line with contract terms
  - Ensure that suitable terms are included to cover arrangements should dispute arise.
- 9.6 Members and officials must seek authority from the Chief Executive or the Director of Finance in advance of making any commitment to contracts, leases, tenancy agreements, property transactions and other commitments for which a financial liability may result but without secured funding or budget provision.
- 9.7 Procurement will maintain a contract's register. All contracts awarded over £50,000 will be published on the Public Contracts Scotland Portal, Contracts register. All contracts must be advised to procurement for inclusion in the contracts register.
- 9.8 The Director of Finance will ensure that the arrangements for financial control comply with the guidance contained within [SCIM](#) and [Property Transaction Handbook](#). The technical audit of these contracts is the responsibility of the Chief Executive.

## **10 Appointment of Management Consultants**

- 10.1 The bespoke nature of many consultancy services and the degree of interest in the amount of public money spent on this area means that additional procedures are needed for procuring consultancy services to ensure they are used sparingly, effectively and only where their use is unavoidable to deliver business objectives. Scottish Government guidance ["Use of Consultancy Procedures \(Professional Services\)"](#) should be followed when seeking to use consultancy services.
- 10.2 If it is still not clear, advice should be sought from the procurement or finance department.
- 10.3 A business case, establishing the need for consultancy services should be completed at the outset and sent to the Director of Finance for consideration. Business cases up to £5,000 (excluding VAT) over the

life of the consultancy agreement can be approved by the relevant Executive Director. Business cases in excess of £5,000 (excluding VAT) require Management Team approval.

- 10.4 Appointment of Consultants should in the first instance use National Contracts and, where this is not possible, by competitive tender. The reasons and approval for waiving the requirement to tender should be clearly documented and submitted to the Director of Finance.  
[Procurement SFI Waiver Form](#)
- 10.5 Successive assignments beyond the scope and terms of an appointment made by competitive tender should also be subject to tender arrangements. If it is expected that there may be follow-on assignments, it would be more appropriate for the tendering exercise to appoint one or more Consultants under a call-off arrangement.
- 10.6 Professional advisers are defined as having two characteristics. Firstly, they are engaged on work that is an extended arm of the work done in-house and secondly, they provide an independent check. Examples include professional advice on the treatment of VAT and work carried out in relation to ratings revaluations and appeals. Professional advisers' fees may also relate to capital projects such as architects, surveyors, and engineers. Such fees are not exempt from normal tendering arrangements.
- 10.7 The [Property Transactions Manual](#) states that all external professional advisers, including property advisers, independent valuers and other valuers or consultants, should be appointed by competitive tender unless there are convincing and justifiable reasons to the contrary.

## **11 Official Orders (typically a “Purchase Order”)**

- 11.1 Goods, services, or works may only be ordered on an official order, the exceptions being purchases from petty cash or scheduled payments of a lease or existing contract – where terms are specified. Contractors will be notified that they must not accept orders unless on an official order form or processed via an approved secure electronic medium. Oral orders will be issued only by an officer designated by the Chief Executive and only in cases of emergency or urgent necessity. These will be confirmed by an official order issued no later than the next working day and clearly marked “Confirmation Order”. National and local contracts should be used where appropriate. Under no circumstances should a purchase order be used retrospectively.
- 11.2 The Director of Finance will approve and record all forms of official order. Examples of these may include orders generated by approved systems, such as finance and stores, pharmacy or PECOS electronic purchasing.

- 11.3 Official orders/ requisitions will only be issued to and approved by officers authorised by the Chief Executive. A list of authorised officers will be maintained by the Director of Finance.

## **12 Trials and Lending**

- 12.1 Goods, e.g. medical equipment, must not be taken on trial or loan in circumstances that could commit NHS Orkney to a future uncompetitive purchase. An indemnity agreement must be signed by the Director of Finance.

## **13 Agencies/Locums**

- 13.1 On the procuring of agency and locum staff, the Head of Services has the autonomy to negotiate a rate of pay within an agreed limit set by the Director of Workforce and Director of Finance. The Head of Services needs to keep within their overall delegated resource limit unless prior approval has been provided from the Director of Finance or Chief Executive Officer.

# 14 Stores

- 1 The Director of Finance is responsible for the systems of control, and the overall control of stores. The day to day control and management (except for pharmaceutical stocks) will be delegated to departmental officers for stores, subject to such delegation being entered in a record available to the Director of Finance. The day to day control and management of pharmaceutical stocks will be the responsibility of the Head of Pharmacy.
- 2 Responsibility for security arrangements and the custody of keys for all store's locations will be defined in writing by the designated officer. Wherever practicable stocks shall be marked as NHS property.
- 3 All stores records will be in a form approved by the Director of Finance.
- 4 All goods received will be checked as regards quantity and/or weight and inspected as to quality and specifications. A delivery note should, if possible, be obtained from the supplier at the time of delivery and will be signed by the person receiving the goods. Instructions will be issued to staff covering the procedure to be adopted in cases where a delivery note is not available. Details of goods received will be entered on a goods received record or input to the computer system on the day of receipt. Where goods received are unsatisfactory or short on delivery they will be accepted only on authority of the designated officer and the supplier will be notified immediately.
- 5 The issue of stores will be supported by an authorised requisition. Where a "topping-up" system is used, a record will be maintained in a form approved by the Director of Finance (such a form may be electronic in place of paper). Comparisons will be made of the quantities issued, and explanations recorded of significant variations.
- 6 Requisitions for stock or non-stock items may be transmitted electronically and not held in paper form providing that procedures are agreed by the Director of Finance.
- 7 All transfers and returns will be recorded on forms provided for the purpose and approved by the Director of Finance.
- 8 Breakages and other losses of goods in stores will be recorded as they occur, and a summary will be approved by the Director of Finance at regular intervals. Tolerance limits will be established for all stores subject to unavoidable loss, e.g. shrinkage in the case of certain foodstuffs and natural deterioration of certain goods.
- 9 Stocktaking arrangements and the basis for valuation will be agreed with the Director of Finance and there will be a physical check covering all items in store at least once a year. The physical check will involve at

least one other officer other than the storekeeper. The Director of Finance will have the right to attend, or be represented. The stocktaking records will be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking will be reported immediately to the Director of Finance, and he may investigate as necessary.

- 10** Where a complete system of stores control is not justified, alternative arrangements will require the approval of the Director of Finance.
- 11** The designated officer will be responsible for a system approved by the Director of Finance for a review of slow-moving and obsolete items for condemnation, disposal, and replacement of all unserviceable articles. The designated officer will report to the Chief Executive any evidence of negligence or malpractice (Section 24).

# 15 Losses and Special Payments

- 1 Any officer discovering or suspecting a loss of any kind must inform their head of department, who must immediately inform the Fraud Liaison Officer. Where a criminal offence is suspected, the Fraud Policy must be applied. Any case of suspected fraud must be reported to the [Counter Fraud Service](#).
- 2 The Director of Finance will maintain a losses register in which details of all losses will be recorded as they are known. Write-off action will be recorded against each entry in the register.
- 3 Losses are classified according to the Annual Accounts Manual.
- 4 The Chief Executive, acting together with the Director of Finance, or any nominated deputy, can approve the writing off of losses within limits delegated by Scottish Government in [CEL 10 \(2010\)](#).
- 5 The exercise of powers of delegation in respect of losses and special payments will be regularly reported to the Audit and Risk Committee.
- 6 The Board will approve any losses and special payments when adopting the Annual Accounts.
- 7 Special payments exceeding the delegated limits laid down must have prior approval of the Scottish Government.
- 8 The Director of Finance is authorised to take any necessary steps to safeguard the interests of NHS Orkney in bankruptcies and company liquidations.
- 9 All articles surplus to requirements or unserviceable will be condemned or otherwise disposed of by an officer authorised by the Director of Finance. The condemning officer will satisfy themselves as to whether there is evidence of negligence and will report any evidence to the Chief Executive, who will take the appropriate action.

# 16 Endowment Funds

These SFIs apply equally to the Endowment Fund of NHS Orkney with the additional control that expenditure from Endowment Funds is restricted to the purposes of the Fund and made only with the approval of the Trustees. Guidance for Endowments administration and expenditure of funds will be issued separately as the Endowments Charter. A Treasurer will be appointed to the fund.

## 1 Trustees

1.1 All Members of Orkney NHS Board, appointed by Scottish Ministers, are **"ex officio"** Trustees of the Endowment Fund. The Trustees have specific responsibilities including those described in [Section 66](#) of the Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Charities Act):

- To act in the interests of the charity above all other things, including their own interests and the interests of the Board or any other organisation
- To act with the care and diligence that it is reasonable to expect of a person who is managing the affairs of another person.

Transactions entered into by Trustees, which although legal but outwith the charity's objectives and thus deemed to be 'ultra vires', could lead to the trustees being personally liable for any loss incurred by the Endowment Fund.

1.2 Under the 2005 Charities Act, the Trustees have a responsibility to:

- Control and manage the finances of the Endowment Fund, ensuring proper accounts are kept as required by statute, regulations and reported in a form prescribed as best practice in the [Statement of Recommended Practice](#) (SORP)
- Approve the annual statement of accounts and authorise one of their members to sign the accounts
- Provide on request an up to date annual report and set of accounts in a form consistent with requirements of the Act
- Control the investment policy and monitor the performance of the investments within that policy on a regular basis
- Submit annual returns to the Office of the Scottish Charity Regulator (OSCR).

## **2 Endowments Sub-committee**

- 2.1 Trustees may appoint an Endowment Fund sub-committee to provide advice to Trustees in the exercise of their responsibilities.

## **3 Accounting**

- 3.1 The Treasurer will ensure that annual accounts are:
- Prepared as soon as possible after the year end
  - In accordance with the [SORP](#)
  - Based on records as are necessary to record and protect all transactions on behalf of the Trustees
  - Subject to audit by a properly appointed External Auditor.
- 3.2 All gifts, donations and proceeds of fund-raising activities which are intended for Endowment Funds must be handed immediately to the Cashier, to be banked directly into the Endowment Fund.

## **4 Sources of New Funds**

- 4.1 All gifts accepted will be received and held in the name of Trustees and administered in accordance with the Endowments Charter, subject to the terms of specific Funds. NHS Orkney can accept gifts only for purposes relating to the advancement of health. Officers should, in cases of doubt, consult the Director of Finance before accepting a gift.
- 4.2 In respect of donations, the Director of Finance will:
- Provide guidance to officers as to how to proceed when offered funds, including clarification of the donor's intentions and, where possible, the avoidance of new complex restrictions that cannot sensibly be met (in particular for specific items of equipment, brands or suppliers)
  - Provide a notification of donation process which will ensure that funds have been accepted directly into the Endowment Fund and that the donor's intentions have been noted and accepted.
- 4.3 The Director of Finance should be kept informed of all enquiries regarding legacies and will keep an appropriate record. After the death of a testator all correspondence concerning a legacy will be dealt with by the Director of Finance. The Director of Finance will:
- Provide guidance regarding the wording of wills, and the receipt of funds/other assets from executors
  - Obtain Confirmation of Estate, where the Board is the beneficiary

- Negotiate arrangements regarding the administration of a will with executors and to discharge them from their duty
- Take legal advice, as necessary.

4.4 In respect of Fund-raising, the Director of Finance will:

- Advise the Trustees on the financial implications of any proposal for fund raising activities based on the guidance contained in MEL (2000)13
- Give approval for fund-raising based on direction of the Trustees
- Be responsible, after taking legal advice as necessary, for alerting the Trustees to any irregularities regarding the use of the Board's name or its registration numbers.

4.5 In respect of investment income, the Director of Finance will be responsible for the appropriate treatment of all dividends, interest, and other receipts from this source.

## **5 Investment Management**

5.1 Investment policy will be determined by the Trustees, considering advice received from the Director of Finance and the investment advisers. Where the Board has delegated authority to its investment advisers to manage funds on its behalf they will be bound by any conditions imposed by the Board or its officers with regard to investment policy. All share and stock certificates and property deeds will be deposited with the investment managers.

## **6 Expenditure**

6.1 The over-riding objective of the Endowment Fund is to support the advancement of health. All expenditure from the fund must conform to this objective. The fund must not be used to subsidise the normal running expenses of NHS Orkney or for expenditure otherwise not admissible under these SFIs.

Subject to the foregoing, expenditure is governed by the Orkney Health Board Endowment Charter.

# 17 Primary Care Contractors

- 1 The [Practitioner Services Division \(PSD\)](#) of the [NHS National Services Scotland](#) (NSS) is the payment agency for all Family Health Service (FHS) contractor payments:
  - General Medical Services
  - Prescribing/dispensing
  - FHS Non-cash Limited.
- 2 The Head of Primary Care Services will:
  - Ensure that systems are in place to deal with applications, resignations, and inspection of premises, within the appropriate contractor's terms and conditions of service
  - Approve additions to, and deletions from, approved lists of contractors, considering the health needs of the local population, and the access to existing services
  - Deal with all applications and resignations equitably, within time limits laid down in the contractors' terms and conditions
  - Ensure that lists of all contractors, for which NHS Orkney is responsible, are maintained and kept up to date.
- 3 The Director of Finance will monitor the Service Level Agreement with PSD covering validation, payment, monitoring and reporting and the provision of an audit service by the NSS internal auditors. Through this process, the Director of Finance will seek evidence that NSS systems provide assurance that:
  - Only contractors who are included on the Board's approved lists receive payments
  - All valid contractors' claims are paid correctly, and are supported by the appropriate documentation and authorisation
  - Regular independent post payment verification of claims is undertaken to confirm that:
    - rules have been correctly and consistently applied
    - overpayments are prevented wherever possible
    - if overpayments are detected, recovery measures are initiated
    - fraud is detected and instances of actual and potential fraud are followed up as per the Fraud Policy.
  - Exceptionally high/low payments are brought to their attention
  - Payments made on behalf of the Board by the NSS are pre-authorised.
- 4 The Director of Finance will ensure that:
  - Payments made via NSS are reported to the Management Team

- Payments made by NSS are reconciled with the cash draw-down reported by the Scottish Government to Health Boards.

**5** Payments made to all Primary Care independent contractors and community pharmacists will comply with their appropriate contractor regulations.

# 18 Health and Social Care Integration

## 1 Integration

- 1.1 The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) established the framework for the integration of adult health and social care services in Scotland. A single Integrated Joint Board (IJB) has been established in Orkney. The approved [Integration Scheme](#) sets out the detail of the integration arrangement, including those functions delegated by NHS Orkney to the IJB.
- 1.2 Each partner will agree the formal budget setting timelines and reporting periods as defined in the IJB Integration Scheme and supporting Financial Regulations:
- An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated.
  - The format and frequency of reports will be agreed by the Chief Officer, Chief Finance Officer of the IJB in conjunction with the NHS Director of Finance and Orkney Islands Council (OIC) Section 95 Officer.
- 1.3 Annually, the NHS Board will evaluate the case for the integrated budget against its other priorities and will agree its contributions accordingly. The business case put forward by the IJB will be evidenced based and will detail assumptions made.
- 1.4 Following on from the budget process, the IJB Chief Officer and Chief Finance Officer will prepare a financial plan supporting the [Strategic Commissioning Plan](#) and once approved by the IJB, will issue Directions with defined payment levels to NHS Orkney. 'Payment' does not mean an actual cash transaction but a representative allocation for the delivery of integrated functions in accordance with the Plan.
- 1.5 If at the outset NHS Orkney does not believe the direction can be achieved for the payment being offered then it will notify the IJB that in line with s 28 (4) of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) additional funding is necessary to comply with the direction.
- 1.6 Once the payments to be made by the IJB to NHS Orkney for the delegated functions have been agreed they will form the basis of annual budgets to be issued to budget holders. Payments for the set aside budgets will be issued to the relevant NHS budget holder.
- 1.7 Where the Chief Officer is the budget holder they will comply with these SFIs. In further delegating budgetary authority to managers in their

structure the Chief Officer is responsible for ensuring all transactions processed by the NHS comply with these SFIs and any further detailed procedural guidance relevant to the transaction.

- 1.8 The Chief Officer may have a structure including joint management posts with responsibility for both health and council expenditure.
- 1.9 Where a manager has delegated authority for both health and council expenditure they must ensure the VAT treatment is in line with [Integrated Resource Advisory Group](#) and HMRC guidance. If in doubt they should seek advice from the Director of Finance for any expenditure from NHS budgets.
- 1.10 A council employee who has been given delegated authority for NHS budgets will sign a declaration that they have received and will comply with these SFIs. This should also be signed by the Chief Officer, who will pursue any breaches of the SFIs through the council line management structure if required.
- 1.11 The IJB Financial Regulations state that the Chief Officer is not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies. Internal virements require approval: up to £100,000 by the Chief Officer and Chief Finance Officer; over £100,000 by the IJB. Further requirements for the virement of budgets within NHS Orkney are specified in detailed guidance issued by the Director of Finance.
- 1.12 Notwithstanding that a budget virement lies within the Chief Officer's level of authority it can only be executed if detailed consideration of the financial impact indicates that any risks associated with it are acceptable. If there is a difference of opinion between the Chief Officer and NHS Director of Finance as to the acceptability of the risk, the Chief Officer and Director of Finance will seek to reach an acceptable solution. Failing that the Chief Executive will consider the level of risk, involving the Management Team if necessary. Should there still not be agreement the IJB would be invited to set out how it would mitigate the stated risk.
- 1.13 Where there is a projected overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer of the IJB and the relevant finance officer and operational manager of NHS Orkney must agree a recovery plan to balance the overspend.
- 1.14 Underspends on the NHS element of the Integrated Budget should be returned to the IJB and carried forward through the reserves. This will require adjustments to the allocations from the IJB to NHS Orkney for the amount of the underspend.

- 1.15 The Director of Finance is responsible for providing the Chief Officer (as with all budget holders) with regular financial information to allow them to manage their budgets. The Director of Finance is also responsible for providing the Chief Finance Officer of the IJB with the financial information required by the integration scheme and expanded by subsequent agreements, to meet the reporting requirement of the IJB. In advance of each year a timetable will be agreed with the IJB.
- 1.16 The IJB Chief Finance Officer will be responsible for the preparation of the annual financial statements as required by s39 of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory annual accounts. Recording of financial information in respect of the IJB will be processed via the OIC ledger (though this will be reviewed in time). The Director of Finance will ensure information is supplied from the NHS as required to fulfil these obligations.
- 1.17 Year-end balances and transactions will be agreed timeously in order to allow completion of the Accounts in line with required timescales. This date will be agreed annually by the IJB, NHS Orkney and OIC.
- 1.18 Detailed Financial Regulations governing the Integration Joint Board are in place, agreed between OIC and NHS Orkney and approved by the IJB. The Director of Finance will be responsible for ensuring NHS obligations are fulfilled.
- 1.19 Although the Public Bodies (Joint Working) (Scotland) Act 2014 supersedes most of the previous joint working arrangements, it remains possible that there could be pooled or aligned budgets with community partners, such as for children's services, that fall outwith that. The previous standing financial instruction provisions relating to this have therefore been retained in case they should be required.

## 2 Aligned and Pooled Budgets

- 2.1 NHS Scotland organisations and Scottish Local Authorities have a statutory duty to co-operate to provide improved Community Care Services. The [Community Care and Health \(Scotland\) Act 2002](#) and the [Community Care \(Joint Working etc.\) Regulations 2002](#) increased the flexibility available to both organisations to improve outcomes for people using these services, together with their carers. Scottish Ministers also have power to direct NHS and LA organisations to enter into joint working arrangements, where existing performance is unsatisfactory. The Regulations specify the social care, health and housing functions covered by these enabling and intervention powers.
- 2.2 Part 2 of the Act enables payments to be made between NHS and LA organisations in connection with relevant functions, both Capital and Revenue, in order to move resources to deliver joint objectives. The Act provides a framework within which NHS and LA may delegate functions

and pool budgets, where the host partner is best placed to manage the day to day operation of a joint service. The existing responsibility and accountability of each partner for the exercise of the function remains. A Local Partnership must develop a governance framework for any service and activity delegated. The host partner is required to account for the use of the pooled resources and service performance to both partners. Jointly managed services will be managed using either aligned or pooled budgets.

- 2.3 Aligned Budgets are where clearly identified financial resources are contributed by each partner into a joint “pot”, but the funds remain held within each partner organisation in separate and distinct budgets. This enables each partner organisation to identify and account for their contribution to the joint “pot”.
- 2.4 Pooled budgets are where each partner contributes agreed resources to a discrete fund, which is managed as a single budget, by a separate discrete body. This body is not a separate legal entity, and for legal reasons must be linked to one of the statutory authorities, which becomes the “host” partner. The partners must agree the purpose, scope and outcomes for services within the agreement, meeting their own statutory obligations and justifying their contribution to the fund.
- 2.5 Partnership arrangements entered into by NHS Orkney must comply with guidance issued by Scottish Government.
- 2.6 A Local Partnership Agreement must be drawn up between the partner organisations. This will specify the services to be managed jointly, joint arrangements for management structures, governance and accountability, budgetary control, financial reporting and monitoring. Each organisation’s Chief Officer must approve the Local Partnership Agreement which must be ratified by both organisations.
- 2.7 Each partner will agree the level of its contribution in advance of each financial year. Levels of contribution will take account of inflation, new developments, service pressures, capital charges and savings targets.
- 2.8 The Joint Management Team, as defined in the Local Partnership Agreement will have delegated authority to develop jointly managed services, through the Local Partnership Agreement. Joint Service Manager posts will be employed by one or the partners, who will be responsible for the risks and liabilities associated with that.
- 2.9 Each Joint Services Manager will have delegated authority for the management of budgetary resources from each partner. There will be clearly defined roles and responsibilities for the achievement of financial and service performance targets. For the management of resources and activities associated with NHS Orkney’s contribution, the NHS Orkney Code of Corporate Governance will be complied with. For the management of resources and activities associated with OIC’s

contribution to the jointly managed services, the OIC Financial Regulations and Contract Regulations will be complied with. Any instructions or guidance produced by the NHS Director of Finance and OIC Section 95 Officer will be complied with if it is to be applied to the appropriate budget/resources.

- 2.10 Where a separate body is created to manage pooled budgets, the lead officer of the partnership body will issue Financial Regulations and Standing Financial Instructions/Code of Corporate Governance, in accordance with directions issued by the Scottish Government, and agreed by the partner authorities. Such regulations and instructions will specify the arrangements for the provision of financial and service performance information to the partner authorities who remain responsible and accountable for their contribution.
- 2.11 The NHS Orkney Chief Executive and the OIC Section 95 Officer remain accountable to Scottish Government for the financial contribution made by their organisation.
- 2.12 Jointly managed services will be subject to both financial and value for money audit by both internal audit and the appointed auditors. Annual statements will be prepared for inclusion in both partners' Annual Accounts, complying with all appropriate accounting standards and Scottish Government requirements. Each partner's Director of Finance will be equally responsible for ensuring that all relevant financial information is made available to the other partner as appropriate.

# 19 Patients' Property

## 1 Responsibility

- 1.1 NHS Orkney has a responsibility ([NHS Circular 1976 \(GEN\) 68](#)) to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival. NHS Orkney will not exercise the power to manage patients' finances under the [Adults with Incapacity Scotland Act 2000](#), this responsibility will lie with Social Services.
- 1.2 Patients or their guardians, as appropriate, will be informed before or at their admission that NHS Orkney will not accept responsibility or liability for patients' property unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt. This information will be provided through:
- Notices and booklets
  - Admission documentation and property records
  - Advice of staff responsible for admissions.
- 1.3 The Director of Finance will provide written instructions on the collection, custody, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer the property of the patients.
- 1.4 Bank accounts for patients' monies will be operated under arrangements agreed by the Director of Finance.
- 1.5 A patient's property record, in a form determined by the Director of Finance, will be completed by a member of staff in the presence of a second member of staff and the patient or personal representative where practicable. It will be signed by both members of staff and by the patient, except where the latter is restricted by physical or mental incapacity, when it could be signed by the patient representative on their behalf. Any alterations will be validated by the same signatory process as required for the original entry.
- 1.6 The Director of Finance will prepare an abstract of receipts and payments of patients' private funds in the form laid down in the Manual for Accounts. The abstract will be audited independently and presented to the Audit and Risk Committee, together with a report from the auditor.

- 1.7 Property which has been handed in for safe custody will be returned to the patient, as required, by the officer who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate, and witnessed by another member of staff.
- 1.8 The disposal of property of deceased patients is governed by [GEN \(1992\) 33](#), which should be read as part of the SFIs.
- 1.9 All property including cash, watches, jewellery, clothing, bank books, insurance policies and all other documents which the patient had in their possession in the hospital, should, as soon as practicable after their death, be collected together, identified as being their belongings and kept in safe custody until disposal.
- 1.10 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

## **2 Patient Died Intestate and Without Next of Kin**

- 2.1 If the patient was of Scottish domicile, died intestate and without next of kin, the estate will pass to the Crown and is dealt with by the Crown Office, Regent Road, Edinburgh. The particulars of each case should be notified separately and promptly to the Crown Office. The particulars should include the last known address of the patient.
- 2.2 The law governing the succession to the estate of patients dying intestate and without next of kin, who were not of Scottish domicile, varies according to the country. Details should be reported to the Crown Office for investigation. All property and documents should be retained until instructions are received from the Crown Office.

## **3 Patient Died Intestate but Next of Kin / Beneficiaries Identified**

- 3.1 Those items of the estate in the possession of NHS Orkney should be handed over only to the executor or executors named in the document known as the "Confirmation of the Estate". The document should be inspected before the items are handed over. The executor **may** be the next of kin, but need not necessarily be so. Where the total amount of the deceased's estate is not more than £25,000, there is provision for the Confirmation document to be obtained by an expedited procedure, but nevertheless a Confirmation should still be obtained. A Confirmation of Estate document can be obtained by the executor or the next of kin from any sheriff clerk for a small fee. A signed Receipt for all the items of estate delivered to the executor should be in the form shown as Appendix B to [GEN \(1992\) 33](#).

- 3.2 If the next of kin decides not to obtain a Confirmation, because for example, the value of the estate is too small, if possible all items of the estate should be handed over in exchange for a signed Receipt in the form shown as Appendix C of [GEN \(1992\) 33](#). Staff **must** ensure that all the items handed over are listed on the receipt.
- 3.3 No payments should be made to anyone out of the estate funds other than the executor or the next of kin, as appropriate, but when handing over the items of estate, staff should provide them with known details of any sums owing and the names and addresses of creditors.
- 3.4 Where items are handed over to a beneficiary, the form of receipt should be as shown on Appendix D of [GEN \(1992\) 33](#).

## **4 Cost of Burial or Cremation**

- 4.1 NHS Orkney should not assume responsibility for arranging a burial or cremation. Section 50(i) of the [National Assistance Act 1948](#) places a duty on Councils to arrange for the burial or cremation of the body of a deceased person where no suitable arrangements for the disposal of the body have been made or are being made. The local authority should be informed immediately, in writing, so that they can make the arrangements.
- 4.2 The local authority can seek to be reimbursed from the deceased's estate for the expenses incurred. Where the Crown Office has an interest, the local authority should be referred to them for payment.
- 4.3 Where NHS Orkney cannot trace the named executor, or any beneficiary, it may be convenient for NHS Orkney to hand over to the local authority as much of the patient's property in its possession as is sufficient to cover the burial or cremation expenses. NHS Orkney must not hand over property which is worth more than the expenses incurred, and must retain the balance for claiming by next of kin, beneficiary or named executor.
- 4.4 An itemised statement of the total expenses payable must be obtained from the local authority, and a receipt obtained in the form of Appendix E to [GEN \(1992\)33](#).
- 4.5 In accordance with [GEN \(1992\)33](#), NHS Orkney, to save parents the additional distress of arranging for the funeral of a baby still-born in hospital, or in the community, may offer to arrange and pay for the funeral on their behalf.

# 20 Audit

## 1 Audit and Risk Committee

- 1.1 The Board will establish an Audit and Risk Committee, with clearly defined terms of reference, which follows guidance contained in the Scottish Government [Audit and Risk Committee Handbook](#). The Audit and Risk Committee will consider:
- The strategic process for risk, control and governance and the Governance Statement
  - The effectiveness of the internal control environment
  - Assurances relating to the corporate governance requirements for NHS Orkney
  - The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors
  - The planned activity and results of both internal and external audit
  - The adequacy of management response to issues identified by audit activity, including external audit's management letter / report
  - Proposals for tendering for internal audit services
  - Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.
- 1.2 Where the Audit and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or other important matters that the Committee wish to raise, the Chair of the Audit and Risk Committee should refer the matter to a full meeting of the Board. Exceptionally, the matter may need to be referred to the Scottish Government.
- 1.3 It is the responsibility of the Audit and Risk Committee to regularly review the operational effectiveness of the internal audit service. A panel chaired by a Non-Executive Board Member, preferably the Chair of the Audit and Risk Committee, will select and appoint the Internal Auditor. The Chair of the Audit and Risk Committee will determine the composition of the panel.
- 1.4 The Audit and Risk Committee provides a forum through which Non-Executive Board Members can secure an independent view of activity within the appointed auditor's remit. The Audit and Risk Committee has a responsibility to ensure that the Board receives a cost-effective service and that co-operation with senior managers and Internal Audit is appropriate.

## **2 Director of Finance**

2.1 The Director of Finance is responsible for ensuring that:

- There are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function
- Internal Audit is adequate and meets the NHS mandatory audit standards
- The Chief Internal Auditor prepares the following for approval by the Audit and Risk Committee:
  - Strategic audit plan
  - A detailed operational plan for the coming year.

The decision at what stage to involve the police in cases of fraud, misappropriation, and other irregularities has been delegated to the Fraud Liaison Officer.

2.2 The Director of Finance will ensure that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit and Risk Committee, for consideration by the Audit and Risk Committee. The report must cover:

- A clear statement on the effectiveness of internal control
- Major internal control weakness discovered
- Progress on the implementation of internal audit recommendations
- Progress against plan for the year.

2.3 The Director of Finance and designated auditors are entitled without necessarily giving prior notice to require and receive:

- Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
- Access at all reasonable times to any land, premises or employee of each organisation
- The production of any cash, stores or other property under an employee's control
- Explanations concerning any matter under investigation.

## **3 Internal Audit**

3.1 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve NHS Orkney's operations. It helps NHS Orkney accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

A professional, independent and objective internal audit service is one of the key elements of good governance, as recognised throughout the UK public sector. The [Public Sector Internal Audit Standards](#) (PSIAS) set out the framework for Internal Audit services. The Chief Internal Auditor will lead the Board's internal audit function.

The Chief Internal Auditor will ensure that the internal audit function operates in accordance with PSIAS, and will provide assurance, at least annually, to the Audit and Risk Committee that this is being achieved.

### 3.2 Internal Audit Activity

Internal Audit must assess and make appropriate recommendations for improving governance process in its accomplishment of the following objectives:

- Promoting appropriate ethics and values within the organisation
- Ensuring effective organisational performance management and accountability
- Communicating risk and control information to appropriate areas of the organisation
- Coordinating the activities of and communicating information among the board, external and internal auditors and management.

Internal audit must assess whether the information technology governance supports the organisation's strategies and objectives.

Internal audit must evaluate risk exposures relating to the organisation's governance, operations and information systems regarding the:

- Achievement of strategic objectives
- Reliability and integrity of financial and operational information
- Effectiveness and efficiency of operations and programmes
- Safeguarding of assets
- Compliance with laws, regulations, policies, procedures and contracts.

The Chief Internal Auditor will prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit and Risk Committee before the start of the audit year.

The Chief Internal Auditor will issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These will set out the scope, objectives, resources and timescales for the audit. The Chief Internal Auditor will give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised. The Chief Internal Auditor will issue the final terms of reference before the start of the audit fieldwork.

The Chief Internal Auditor will issue the draft report for an audit to the audit sponsor, and the audit sponsor will have two weeks to provide a response. The sponsor, or their or her representative, should respond either in writing or during a close-out meeting with Internal Audit.

Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations. Where internal audit recommendations are not accepted, the audit sponsor must provide a comprehensive explanation to the Audit and Risk Committee, normally as part of the management response within the associated internal audit report.

The Chief Internal Auditor will prepare an Annual Internal Audit Report, in line with [PSIAS](#) and any relevant Scottish Government directions, and present it to the Audit and Risk Committee to inform its review of the draft Governance Statement.

Internal audit activity must evaluate the potential for the occurrence of fraud and how the organisation manages fraud risk.

The Audit and Risk Committee will normally invite the Chief Internal Auditor to attend Audit and Risk Committee meetings. The Chief Internal Auditor will have direct access to all Audit and Risk Committee members, the Chairperson, the Board and the Chief Executive. The Chief Internal Auditor has the right to meet in private with any of these individuals.

- 3.3 While maintaining independence, the Chief Internal Auditor is accountable to the Director of Finance. Reporting and follow-up systems for internal audit will be agreed between the Director of Finance, the Audit and Risk Committee and the Chief Internal Auditor. The agreement will be in writing and will comply with guidance on reporting contained in the PSIAS. The reporting system will be reviewed at least every 3 years.

## **4 External Audit**

- 4.1 The External Auditor is concerned with providing an independent assurance of NHS Orkney's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of NHS Orkney rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the PFA Act 2000.
- 4.2 The External Auditor has a general duty to satisfy themselves that:

- NHS Orkney's accounts have been properly prepared in accordance with directions given under the PFA Act 2000
- Proper accounting practices have been observed in the preparation of the accounts
- NHS Orkney has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

4.3 In addition to these responsibilities, Audit Scotland's [Code of Audit Practice](#) requires the External Auditor to provide an opinion on whether the statement of accounts presents a true and fair view of the financial position of the organisation, and on the regularity of transactions.

The External Auditor will also review and report on:

- Other information published with the financial statements.
- Corporate governance arrangements including arrangements in place for the prevention and detection of fraud and corruption
- The financial position
- Arrangements to achieve Best Value
- Arrangements to manage performance.

# 21 Information and Management Technology

- 1 The Director of Finance is responsible for the accuracy and security of the financial data of NHS Orkney.
- 2 The Director of Finance will devise and implement procedures to protect the Board and individuals from inappropriate use or misuse of any financial or other information held on computer files for which he has responsibility and will take account of the provisions of the [Data Protection Act 1998](#).
- 3 The Director of Finance will satisfy himself that computer audit checks and reviews are being carried out.
- 4 The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by an organisation out with NHS Orkney, assurances of adequacy will be obtained from them prior to implementation.
- 5 The Director of Finance will ensure that contracts or agreements for computer services for financial applications with NHS Boards or any other agency will clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing and storage. The contract or agreement will also ensure rights of access for audit purposes.
- 6 Where NHS Orkney or any other agency provides a computer service for financial applications, the Director of Finance will periodically seek assurances that adequate controls are in operation.
- 7 Where computer systems have an impact on corporate financial systems the Director of Finance will ensure that:
  - Systems acquisition, development and maintenance are in line with corporate policies and strategies such as the IT/eHealth Strategy
  - Data produced for use with financial systems is adequate, accurate, complete and timely, and that an audit trail exists
  - Finance staff have access to such data.

## 22 Fixed Assets

- 1 The Chief Executive will ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal on the Financial Plan for NHS Orkney.
- 2 The Director of Finance will ensure that every capital expenditure proposal meets the following criteria:
  - Potential benefits have been evaluated and compared with known costs
  - Potential purchasing authorities should be able and (as far as can be ascertained) willing to meet cost consequences of the development as reflected in prices
  - Complies with guidance in the [Capital Investment Manual](#).
- 3 Consideration should be given to the use of Private Finance, Non-Profit Distribution or Operating Leases where appropriate.
- 4 NHS Orkney will maintain a system for assessing how leases or Private Finance Initiative / Public Private Partnership / Non-Profit Distributing contracts should be accounted for as in accordance with relevant accounting standards and any other relevant guidance and advice received.
- 5 For large capital schemes a system will be established for managing the scheme and authorising necessary payments up to completion (Section 9). Provision will be made for regular reporting of actual expenditure against authorised capital budgets.
- 6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to original documents and invoices (where appropriate). Where land and property is disposed of, the [Property Transactions Handbook](#) must be followed.
- 7 There is a requirement to achieve Best Value when disposing of assets. Competitive tendering should be undertaken in line with the tendering procedure (Section 13).
- 8 Competitive tendering or quotation procedures will not apply to the disposal of:
  - Any matter where a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or nominated officer
  - Obsolete or condemned articles and stores, which may be disposed of in accordance with the losses policy
  - Items with an estimated sale value of less than £1,000

- Items arising from works of construction, demolition, or site clearance, which should be dealt with in accordance with the relevant contract
- Land or buildings concerning which Scottish Government guidance has been issued.

**9** Managers must ensure that:

- The Director of Finance is consulted prior to disposal
- All assets are be disposed of in accordance with [MEL\(1996\)7](#) 'Sale of surplus and obsolete goods and equipment'
- All proceeds are notified to the Director of Finance.

**10** The overall control of fixed assets is the responsibility of the Chief Executive.

**11** NHS Orkney will maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the [Capital Accounting Manual](#) as issued by Scottish Government.

**12** Registers will be maintained by the nominated officer for:

- Donated equipment
- Equipment on loan
- Leased Equipment
- Other operating leases
- Non Profit Distributing contracts
- Contents of furnished lettings.

**13** The Director of Finance will approve fixed asset control procedures. These procedures will make provision for:

- Recording managerial responsibility for each asset
- Identification of additions, disposals, and transfers between departments
- Identification of all repair and maintenance expenses
- Physical security of assets
- Periodic verification of the existence of, condition of, and title to assets recorded
- Identification and reporting of all costs associated with the retention of an asset.

**14** Additions to fixed asset registers must be clearly attributed to an appropriate asset holder and be validated by reference to:

- Properly authorised and approved agreements, architect's certificates, suppliers' invoices, and other documentary evidence in respect of purchases from third parties

- Stores requisitions for own materials and wages records for labour including appropriate overheads
  - Lease agreements in respect of assets held under a finance lease and capitalised.
- 15** The Director of Finance will approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 16** All discrepancies revealed by verification of physical assets to the fixed asset register will be notified in writing to the Director of Finance.
- 17** The value of each asset will be indexed to current values in accordance with methods specified in the [Capital Accounting Manual](#).
- 18** The value of each asset will be depreciated using methods and rates as specified in the [Capital Accounting Manual](#).
- 19** Capital charges will be calculated as specified in the [Capital Accounting Manual](#).

## 23 Management, Retention and Disposal of Administration Records

1 NHS Orkney must comply with the national guidance on record keeping as outlined in:

- [Public Records \(Scotland\) Act 2011](#)
- Records management guidance set out in the [Code of Practice on Records Management](#) issued under Section 61(6) of the [Freedom of Information \(Scotland\) Act 2002](#)
- [CEL 28\(2008\) Records Management](#)
- [NHS Code of Practice \(Scotland\)](#), which incorporates NHS (2006) 28, and provides guidance on the retention and disposal of administrative records.

2 The Board has a Records Management Plan which is the overarching framework ensuring NHS Orkney records are managed and controlled effectively. This includes the Records Management Policy and supporting policies and procedures. This can be accessed on the website. <https://www.ohb.scot.nhs.uk/public-records-scotland-act>

## 24 Risk Management and Insurance

- 1 The Chief Executive will ensure that NHS Orkney has a programme of risk management which is approved and monitored by the Board and its committees.

The programme of risk management will include:

- A process for identifying and quantifying risks
- Engendering among all staff a positive attitude to the control of risk
- A programme of risk awareness training
- Management processes to ensure that all significant risks are addressed, including effective systems of internal control, and decisions on the acceptable level of retained risk
- All significant risks and action taken to manage the risks will be reported to the Board and its committees
- The maintenance of an organisation-wide risk register
- Contingency plans to offset the impact of adverse events
- Audit arrangements, including internal audit, clinical audit, health and safety review
- Arrangements to review the risk management programme.

- 2 The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement to the Board on the effectiveness of risk management in NHS Orkney.

- 3 In the case of Partnership Working with other agencies, the NHS Orkney risk management framework will be shared to identify and quantify the individual risks, particularly where responsibility cannot be assigned to an individual partner. Each partners' risk management and insurance arrangements will be taken into account when identifying and quantifying risks associated with the provision of jointly managed services and associated with the delegation of the management of a partner's financial resources. Where conflicts occur between these sets of arrangements each partner's Director of Finance will be required to agree a course of action to resolve the conflict.

- 4 The Director of Finance will ensure that insurance arrangements exist in accordance with the risk management programme.

# 25 Financial Irregularities

*This section should be read in conjunction with the NHS Orkney Fraud Policy contained within the Code of Corporate Governance.*

## 1 Guidance

- 1.1 Guidance on the approach to various forms of financial irregularities is contained in [HDL\(2002\) 23](#), which draws a clear distinction between treatment of suspected (a) theft and (b) fraud, embezzlement, corruption, and other financial irregularities (hereafter referred to as “fraud, etc”). This procedure also applies to any non-public funds.

## 2 Theft, Fraud, Embezzlement, Corruption and Other Financial Irregularities

- 2.1 The Chief Executive will designate an officer within the Board with specific responsibility for co-ordinating action where there are reasonable grounds for believing that an item of property, including cash, has been stolen – the Fraud Liaison Officer.
- 2.2 It is the Fraud Liaison Officer's responsibility to inform as they deem appropriate, the Police, the Counter Fraud Services (CFS), the appropriate Director, the External Auditor, and the Chief Internal Auditor that such an occurrence is suspected.
- 2.3 Where any officer of the Board has grounds to suspect that any of the above activities has occurred, their line manager should be notified without delay. Line managers should in turn immediately notify the Fraud Liaison Officer, who should ensure consultation with the CFS, and the Chief Internal Auditor. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.
- 2.4 If, in exceptional circumstances, the Fraud Liaison Officer and the Chief Internal Auditor are unavailable, the line manager will report the circumstances to the Chief Executive who will be responsible for informing the CFS. As soon as possible thereafter, the Fraud Liaison Officer should be advised of the situation.
- 2.5 Where preliminary investigations suggest that *prima facie* grounds exist for believing that a criminal offence has been committed, the CFS will undertake the investigation, on behalf of, and in co-operation with NHS Orkney. At all stages, the Director of Finance and the Chief Internal Auditor will be kept informed of developments on such cases. All referrals to the CFS must also be copied to the External Auditor.
- 2.6 Any additions and suspicions of fraud, including those dismissed, will be promptly reported to the Audit and Risk Committee on a regular basis.

### 3 Remedial Action

- 3.1 As with all categories of loss, once the circumstances of a case are known, the Director of Finance will require to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems, which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

### 4 Reporting to Scottish Government

- 4.1 While normally there is no requirement to report individual cases to the Scottish Government there may be occasions where the nature or scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity.
- 4.2 Moreover, there may be cases where the alleged fraud appears to have been particularly ingenious or where it concerns an organisation with which other health sector bodies may also have dealings. In such cases, the Scottish Government must be notified of the main circumstances of the case at the same time as the CFS.

### 5 Responses to Press Enquiries

- 5.1 Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.
- 5.2 The Scottish Government should also be advised of any unusual or significant incidents involving patients or endowment funds.

### 6 List of Financial Crime Offences

- 6.1 There are numerous types of financial crime that can be perpetrated, and some examples are given below:
- **Dishonest action by staff to obtain a benefit** for example working whilst on sick leave, false expenses, false overtime, embezzlement of cash or goods and procurement fraud
  - **Account fraud** for example fraudulent transfer to employee account, fraudulent account transfer to third party account and fraudulent account withdrawal

- **Employment application fraud** for example false qualifications, false references or use of false identity
- **Unlawfully obtaining or disclosure of personal data** for example fraudulent use of customer/payroll data, modification of customer payment instructions and contravention of IT security policy with intent to facilitate the commission of a criminal offence
- **Unlawfully obtaining or disclosure of commercial data** for example contravention of IT security policy with intent to facilitate the commission of a criminal offence
- **Other irregularities** for example involving failure to declare gifts, breaches of NHS circulars or SFIs or other accounting irregularities.

## 26 Bribery

*This section should be read in conjunction with the Standards of Business Conduct contained within Section C of the Code of Corporate Governance and the Fraud and Corruption Policy contained within Section D of the Code of Corporate Governance*

- 1** The [Bribery Act 2010](#) has brought further obligations on NHS Orkney and its staff.
- 2** NHS Orkney operates a zero-tolerance approach to bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. The Board is committed to implementing and enforcing effective systems throughout NHS Orkney to prevent, monitor and eliminate bribery, in accordance with the [Bribery Act 2010](#).
- 3** NHS Orkney will not conduct business with service providers, agents or representatives who do not support its anti-bribery statement. We reserve the right to terminate contractual arrangements with any third parties acting for, or on behalf of, NHS Orkney with immediate effect where there is evidence that they have committed acts of bribery.
- 4** The success of NHS Orkney's anti-bribery measures depends on all employees, and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore all employees and others acting for, or on behalf of NHS Orkney are encouraged to report any suspected bribery in accordance with Section D of the Code of Corporate Governance – Fraud and Corruption Policy.
- 5** Where there are grounds to suspect that bribery has occurred a response shall be initiated as per the Fraud and Corruption Policy.

## Annex 1

# Sponsorship Policy

## 1 Sources of Sponsorship

It is accepted that NHS Orkney may benefit from sponsorship opportunities. However, there are circumstances under which sponsorship should not be accepted:

- If a company's products have inherent health risks, i.e. manufacturers and suppliers of tobacco and alcohol products
- Where a company has a history of failing to meet legislative standards in respect of industrial relations and work conditions, human rights, animal rights or environmental issues.

## 2 Purpose of Sponsorship

It is NHS Orkney's duty to provide health services for its population and it is not appropriate to use sponsorship to meet the costs of what is perceived to be NHS Orkney's primary responsibilities. However, it could be used to fund what are seen as secondary activities such as:

- Materials for education, training, and health promotional events
- Educational grants
- Sponsorship for training courses
- Expenses for attendance at local or national conferences
- Research or clinical audit projects
- Printing and distribution of guidelines
- Facilitate access to research and development work elsewhere.

The principles upon which any sponsorship must be based are:

- Agreements must protect the interests of individual patients, e.g. guard against the use of any single product to the exclusion of other reputable brands on the market
- Agreements should not undermine or conflict with the ethical requirement of any health care professional including the duty of doctors to provide treatment they consider clinically appropriate
- Agreements must comply with requirements for data protection and information sharing
- Agreements must be reviewed by the Central Legal Office
- Agreements will be publicly available documents in line with NHS Orkney's accountability requirements.

### 3 Control Framework

Sponsorship within the framework outlined above would allow some credit to be given to the sponsors, acknowledging the fact that they have provided the funding to allow the project or event to be run.

However, the following issues must be made clear:

- Credit for the work is due to the Board and not the sponsors
- The acceptance of sponsorship is not an endorsement of a specific product or drug
- Any mention of the sponsor will be to the Company and not to any of its products
- The sponsoring company may attend any sponsored event and display samples of its products at sponsored events, but it must be clear that the Board is not endorsing or promoting the company or its products.

Companies or suppliers offering sponsorship should be sent a copy of this policy and are required to confirm in writing that they have read it and will abide by its content.

Any offers of sponsorship should be submitted to the Director of Finance. A final decision on the appropriateness of an offer of sponsorship will rest with the Chief Executive.

## **Annex 2**

An up to date copy of the Scheme of Delegated Financial Authority can be obtained from the Director of Finance.



Not protectively marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-71</b>  <b>This report is for approval.</b>  <b>Patient Access Policy</b>	
<b>SMT Lead Author</b>	Christina Bichan, Head of Assurance & Improvement Louise Anderson, Waiting Times Co-Ordinator
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <b><u>Approve</u></b> the updated Access Policy</li> </ol>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• The Access Policy has been reviewed and updated to ensure it reflects national policy in this area.</li> <li>• Consultation with key groups has been completed. Changes made include: <ul style="list-style-type: none"> <li>○ Update to the infrequent services (Rheumatology and Orthotics added)</li> <li>○ Update to the Cancer Access Target Section</li> <li>○ Update to the reasons for unavailability</li> </ul> </li> </ul>
<b>Timing</b>	To be considered at the December 2020 meeting.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
<b>Benefit to Patients</b>	Timely access to care and information.
<b>Equality and Diversity</b>	This policy has been subject to Equality and Diversity Impact assessment as shown in Appendix 1.

## Patient Access Policy

Policy Author:	Waiting Times Coordinator
Policy Owner (for updates)	Head of Assurance & Improvement
Engagement and Consultation Groups:	<ul style="list-style-type: none"> <li>• NHS Orkney Quality Forum</li> <li>• Area Clinical Forum</li> <li>• Orkney Senior Management Team (SMT)</li> <li>• NHS Orkney Partnership Forum</li> <li>• NHS Orkney Clinical &amp; Care Governance Committee</li> </ul>
<b>Approval Record</b>	<b>Date</b>
Board	17 December 2020
Clinical & Care Governance Committee	27 October 2020
Equality and Diversity Rapid Impact Assessment	Complete
<b>Version Control</b>	
Version Number	2
Date of Original Document	October 2012
Last Change and Approval Date	
Last Review Date	June 2020
Next Formal Review Date	November 2021
<b>Location and Access to Documents</b>	
Location of master document	CAM folder on G drive
Location of backup document	EQIA folder on G drive
Location of E&D assessment	Attached
Access to document for staff	<a href="#">Blog</a>
Access to document for public	website
<b>Post holders names at last review</b>	
Waiting Times Coordinator	Louise Anderson
Head of Assurance & Improvement	Christina Bichan

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please contact the Clinical Governance Department:

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## 1. Introduction

A National Access Policy has been developed to provide a common vision, direction and understanding of how NHS Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.

This policy sets out the principles that will help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner. The aim of this policy is to have clear and consistent guidance for clinical and non-clinical staff; it will also provide the basis for information provided to patients.

NHS Orkney, using the principles in the National Access policy, will ensure that the systems, processes and resources are in place to deliver the responsibilities within the National Access Policy. NHS Orkney will also ensure that there are Standard Operating Procedures (SOPs) developed to ensure delivery of the requirements of the NHS Orkney Access Policy.

This local Access Policy sets out the details of how these principles apply to NHS Orkney local services, for example, possible and reasonable service locations to ensure that patients who are waiting for: appointments and/or treatment are managed fairly and consistently across NHS Orkney. This policy applies to all services including Mental Health Services and Allied Health Professions.

The current waiting times standards are:

- 18 weeks referral to treatment for 90% of patients
- 12 weeks for new outpatient appointments
- 6 weeks for the eight key diagnostic tests and investigations
- Legal 12 weeks Treatment Time Guarantee (TTG) standard means all eligible patients who are to be admitted to hospital will receive their agreed treatment within 12 weeks of agreeing the treatment with the relevant clinician.
- 4 weeks referral to first appointment for 90% of patients accessing MSK services
- 62 days from referral to treatment for urgent suspected cancer patients
- 31 days from decision to treat to treatment for urgent suspected cancer cases

Although not part of the waiting times standards, 95% of patients attending the emergency department should be admitted, discharged or transferred within four hours of arrival

## 2. Background

NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) sets out a commitment to deliver evidence based clinical practice by improving

consistency of care, reducing variation and creating the right culture and organisational conditions required to support transformational change.

It is essential that NHS Orkney uses resources in a cost effective way. It is recognised that a culture of continuous service redesign and improvement is necessary to achieve transformational change. The need to improve consistency of care and reduce variation across NHS Scotland is part of an explicit ongoing commitment to delivering evidence based clinical practice.

NHS Orkney's Access Policy aims to ensure consistency and equality in providing access to services and as such it supports The Patients Rights (Scotland) Act 2011 which includes a guarantee in law that patients should start to receive their day case or inpatient treatment within 12 weeks of the date of agreement to treat - 12 weeks Treatment Time Guarantee (TTG). The TTG dovetails with existing Stage of Treatment and 18 weeks referral to treatment standards<sup>1</sup>

As a minimum, 90% of patients accessing acute secondary care services can expect to be treated within 18 weeks from the receipt of their referral to the start of their treatment for a consultant led service.

NHS Orkney's Access Policy also firmly supports NHS Scotland's Quality Ambitions, which put quality at the heart of our NHS. The shared ambition is to deliver world-leading person centred, safe and effective healthcare services as well as timely access to care at the point of treatment.

### **3. Waiting Times Standards**

NHS Boards are required to ensure that there is equitable and sustainable delivery of waiting time standards, and systems are in place to ensure sufficient capacity is available and used appropriately to deliver waiting times targets. This will involve working collaboratively with other healthcare providers to ensure patients receive the most appropriate treatment in line with waiting time standards.

The Patient's Rights (Scotland) Act 2011 establishes a 12 weeks maximum waiting time for eligible patients i.e. patients who are admitted to hospital for inpatient or day case therapeutic treatments. Eligible patients should expect to receive their treatment within 12 weeks of the treatment being agreed between the patient and the clinician. This may be a clinician from another health board, e.g. NHS Grampian, acting on behalf of NHS Orkney. This means once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, the treatment must be started within 12 weeks of the agreement.

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<sup>1</sup> Better Health Better Care (December 2007)

If a patient is referred to another board then the board which receives the referral is responsible for the management of TTG and their access policy will apply. (see and treat).

Where patients are seen in Orkney by a local or visiting service, treatment is agreed but referred to another board for delivery of the treatment then we keep the ownership and responsibility for management of the TTG and the treating board must treat within the 12 week agreed timescale from the date treatment is agreed here. (treat)

The patients 'waiting time clock' will start on the date the patient agrees to the treatment and will stop when the patient undergoes an operation or treatment. In line with national guidance, NHS Orkney presumes that the start date will be the date that the patient is added to the 'list' for any therapeutic procedure and that patients will be added to waiting lists as soon as is practicable after the agreement to treat is reached.

Diagnostic tests and outpatient procedures do not fall under the definition of a "treatment" under the Act, hence there is no TTG waiting time guarantee attached. However the referral to treatment (RTT) standard applies to these procedures.

#### **Waiting Times for Separate Stages of Treatment are Calculated Based on:**

**New outpatient appointment** - The time that has elapsed between the date the referral is received and the date the patient attends the appointment, discounting any periods of unavailability.

**Diagnostic test** - The time that has elapsed between the date the referral is received and the date the verified results of the test or procedure are reported and received by the clinician, discounting any periods of patient unavailability.

**Inpatient or Day case admission** - The time that has elapsed between the date the patient agrees to proceed with the agreed treatment and the date on which the patient starts to receive the agreed treatment on an inpatient or day case basis, discounting any periods of patient unavailability.

#### **18 Weeks Referral to Treatment (RTT) Waiting Time**

An 18 week patient pathway begins with receipt of the patient's referral for treatment and ends when the patient's treatment commences. A patient may be on more than one pathway at the same time for different conditions. There are two types of waiting time patient pathways:

**Non-admitted pathway** - The clock stops when the patient commences definitive treatment, outwith an inpatient or day case setting.

**Admitted patient pathway** - The clock stops on the date on which the patient starts to receive the agreed treatment.

Appendix 1 highlights exclusions from the RTT.

## **4. Key Principles of NHS Orkney's Access Policy**

There are a number of key principles that underpin the achievement of the aims of NHS Orkney's Access Policy and delivery of waiting time standards. These include:

- The patients' interests are paramount.
- Patients are offered care according to clinical priority and within agreed waiting time standards.
- Sufficient capacity should be available and optimally utilised to deliver waiting times.
- Referrals are managed effectively through electronic triage where possible.
- NHS Orkney will provide a common pathway for electronic triage which includes the option of providing advice to the referrer or an appropriate appointment.
- Variations in referral patterns are identified and reduced.
- Waiting lists are managed effectively using electronic systems where possible.
- Patients will be referred to a clinical team and will be seen by an appropriate member of that team rather than a named consultant.
- Patients will not be added to a waiting list if they are not available for treatment due to medical reasons.
- Offers will be made as soon as possible after receipt of referral and a minimum of 7 days notice before the date of the appointment or admission.
- A patient must be offered two reasonable offers for outpatient and inpatient appointments.
- If a patient refuses two reasonable offers, the hospital will refer the patient back to the referring clinician, normally their GP, unless the consultant requests otherwise on clinical grounds, in which case the waiting times clock resets to zero.
- Patient advised unavailability must only be applied by a specific request from the patient or their authorised representative. This should be clearly documented on the hospital systems.
- The provision of short-stay surgery is maximised.
- Admissions to hospital are actively managed through pre-assessment services.
- Unnecessary follow up appointments are reduced.
- Information is used to facilitate improvements in service provision.
- There is partnership working with stakeholders in primary, secondary and social care.
- NHS Orkney aims to achieve inclusive and equal access for all service users/patients.

### **4.1 The Treatment Time Guarantee (TTG)**

A patient's Treatment Time Guarantee (TTG) waiting time is a calculation based on the time that has elapsed between the date the patient agrees to proceed with the agreed treatment (agreement is usually at an outpatient clinic), and the date on which the patient starts to receive the agreed treatment on an inpatient or daycase basis.

In law the treatment time guarantee will start when the clinician and patient agree to the treatment. For the vast majority of the patients the agreement will be made at an outpatient appointment. NHS Orkney presumes this start date to be the date the patient is added to a list for a procedure. NHS Orkney will ensure people who are receiving their treatment in Orkney will be added to the list for a procedure on the day the treatment is agreed.

If a patient requires diagnostic test(s) before the treatment can be agreed, then the time when the patient is contacted about the test results and subsequent treatment agreed will be the clock start date for the TTG.

A 'waiting time clock' date will not start if a patient requests time to consider whether to go ahead with the treatment. This clock will begin only when the patient agrees to go ahead with the treatment. This date will be recorded as the start date for TTG.

The patient's waiting time start date should not be delayed until after a pre-operative assessment as this only serves as a check to ensure the patient is medically fit to come in for their treatment (see page 30).

The 'waiting time clock' stop date or the end date, is the date the patient undergoes their treatment. This date must be within 12 weeks from the date the patient has agreed to the treatment.

#### Exception to the Treatment Time Guarantee

- Assisted reproduction
- Obstetric services
- Organ, tissue or cell transplantation whether living or deceased donor
- Designated national services for surgical intervention of spinal scoliosis
- Bilateral Treatment - For patients waiting for sequential bilateral treatment, the waiting time for the second treatment is measured as a separate, second pathway. It may be that the agreement for both treatments is made at the same time; however, the agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until the clinician and patient agree to the second treatment once they have recovered from the first. The sequential treatment must not be managed as a planned repeat.

## **4.2 Reasonable Offers of Appointment**

NHS Orkney has 3 ways of making appointments: patient focused booking, direct booking, and smart booking.

### **4.2.1 Patient Focused Booking (PFB)**

PFB is where an acknowledgement letter is sent to the patients when the referral is received inviting them to make contact to make arrangements for their appointment

#### **4.2.2 Smart Booking Model – Telephone Booking**

This model is where arrangements for the appointment are made by telephoning the patient to make the appointment or by writing to the patient asking them to phone in to make arrangements.

#### **4.2.3 Direct Booking**

This model is where patients' are sent a letter offering them an appointment date, the patient then calls to accept that date or to advise that they are not available and are then given a second offer.

#### **4.2.4 Reasonable Offer**

A "reasonable offer" of appointment is the offer of two dates of appointment for each stage of the patient's treatment pathway, with a minimum of seven days notice from the date of each offer to the date of appointment. NHS Orkney offer patients appointments in other areas outwith Orkney. The sites which are classed as reasonable offer sites are:

- NHS Grampian
- NHS Highland
- National e.g. Golden Jubilee National Hospital
- Private Hospital facilities in Scotland

In exceptional circumstances e.g. specialist services, and for capacity issues it may be that a reasonable offer will be any NHS facility within Scotland.

If a patient is offered treatment out of area, the patient will receive early notice of this (preferably at the time of agreeing the treatment). If NHS Orkney offers a patient treatment in the above locations and the patient subsequently turns down what is deemed a reasonable offer of appointment outwith NHS Orkney a period of unavailability will be recorded.

Regardless of how an offer is made, all patients will be offered up to two dates for an appointment. (see exceptions below). Both of these dates should be at minimum of seven days in advance and within the waiting times standards set out in this policy.

An offer of treatment for inpatient or day case outwith the 12 weeks TTG will be a breach of the TTG and legislation does not allow for any adjustments to the treatment time clock once the patient has breached.

Exceptions to these rules are:

- Urgent appointments, for example suspected cancer - 7 days notice may not be possible

If a patient refuses a reasonable offer NHS Orkney will record that the patient declined the offer and will either:

- Refer the patient back to their GP or

- if it is not reasonable or clinically appropriate to refer them back to their GP then the treatment time clock will be reset to zero

#### **4.2.5 Dates of Treatment**

A reasonable offer for a frequent service should include two dates more than seven days in the future. If the first date offered is accepted and no second date proposed, this is also a reasonable offer.

Any letter offering an appointment will be delivered promptly and received by the patient at least seven days prior to the appointment date to ensure that the minimum standards for reasonable offers are met. It is important that the date on the letter is the date the letter is sent out.

#### **4.2.6 Waiting for Specific Consultant**

Patients are referred to a clinical team rather than to an individual consultant and are seen by the appropriate member of that team. A reasonable offer of appointment relates to any competent clinician who is part of a consultant led service which NHS Orkney provides in that specialty or subspecialty. A named consultant will only be allocated to ensure continuity of care, patient's safety or for other clinical or exceptional circumstances. It may be that the consultant that the patient sees at outpatient assessment may not be the consultant that carries out the inpatient/day case treatment.

If a patient requests a named consultant (this number should be small) it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for an appointment with a named consultant, rather than an appointment with another consultant, the wait might be longer than necessary and a waiting time's adjustment will be recorded. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patients request and that they are fully aware of the consequences of their decision i.e. impact on waiting time.

#### **4.2.7 Infrequent Services**

A service which occurs every four weeks or less frequently, regardless of demand, should be treated as an Infrequent Service.

- In these circumstances a reasonable offer constitutes the same offer of two or more dates at least 7 days in advance. For infrequent services it is almost certain at least one of these dates will be out of board area. People may choose to wait until the next visiting service in board area and in these circumstances patient advised unavailability will be added in agreement with the patient.
- If the patient refuses then the waiting time clock should be reset.

If demand for a service exceeds capacity then patients should not be suspended and then breach.

NHS Orkney services that are classified as infrequent services for consultant led services are:

- Cardiology

- Clinical Genetics
- Dermatology
- Endocrinology
- Diabetes
- Paediatrics
- Neurology
- Maxillofacial Surgery
- Ear, Nose and Throat
- Ophthalmology
- Surgical Paediatrics
- Oral Surgery
- Adolescent Psychiatry
- Rheumatology
- Orthotics

### **4.3 Unavailability**

Unavailability is the period of time when the patient is considered to be unavailable for treatment. This can be for medical or patient advised reasons.

Patients who are unavailable will not be added to the waiting list if there is no known end date to their unavailability. (Adding patients to a waiting list could give the patient the impression that they are now in a queue for treatment).

The patients waiting times clock should be paused when the patient is unavailable for treatment. These periods are discounted from the calculation of waiting time.

It is vital that patients who are on a waiting list but who become unavailable are monitored regularly. This will be monitored by the NHS Orkney Waiting List Group supported by the Waiting Times Coordinator. Under waiting times guidance, patients who are recorded as unavailable must be reviewed within 12 weeks if no end date to their unavailability is known. This review will be recorded in the patient's record and will automatically update the guarantee date.

Communication with patients and carers is very important. Each patient must be provided with sufficient information about their treatment to facilitate their informed participation in the decision making process. NHS Orkney will provide people with clear and accurate information about how their waiting time is calculated. Where unavailability is added to a waiting time people will be notified by NHS Orkney of:

- The period of unavailability agreed and whether this is medical or patient advised.
- What this means to them in terms of their treatment time guarantee and the new deadline date.

NHS Orkney must advise people in writing of their eligibility for the treatment time guarantee and if they have unavailability applied.

#### **4.3.1 Indefinite Unavailability**

This is when the likely period of unavailability cannot be determined. In such cases the patient's treatment time clock will not start, the patient may be referred back to the referrer or given a date when the service will contact them to discuss the unavailability and a decision made on the next step, for example further appointment at outpatients or referred referrer.

NHS Orkney will write to the patient to advise them that they have been deemed indefinitely unavailable.

A patient can also become indefinitely unavailable once the treatment time clock has started. In this case the treatment time guarantee clock will stop and the treatment time guarantee cease to apply. This will be recorded with the reason for the unavailability i.e. Patient Advised or medical. The availability of the patient will be reviewed within 12 weeks from the date the patient becomes unavailable for treatment and the outcome of the review will be recorded. Once the patient becomes available the treatment time guarantee clock will then continue.

#### **4.3.2 Medical Unavailability**

This is where a patient is unable to progress along their pathway for reasons that relate to their medical condition.

An example of this could be another condition which prevents the patient from undergoing treatment. For example at pre-assessment clinic 5 weeks into their treatment time wait the patient has high blood pressure and the clinicians determine this will take around 10 weeks to resolve. The patient's waiting time clock will be paused for that 10 week period of time. Once the patient's blood pressure has stabilised enough for treatment to go ahead the patient's waiting time will restart from week 5 with 7 weeks left to deliver the treatment time guarantee.

The start date of the period of unavailability is the date the clinician made the decision that the patient was medically unavailable and is recorded. The end date is when the clinician decides the patient is now fit to undergo their treatment and will also be recorded.

A letter will also be sent to the patient informing them of the period of unavailability that has been applied to the treatment time guarantee.

Where the patient fails pre assessment but is expected to become available within a specified period, medical unavailability will be applied from date of pre assessment to the date when the patient is available for treatment.

Where the patient fails pre assessment and the period of time until the patient is medically fit to proceed cannot be determined, the patient will be returned to their General Practitioner with the advice that the patient is referred back when 'fit for treatment'.

The period of medical unavailability will not exceed twelve weeks and the patient will be subject to documented clinical review by week twelve. This may be a review of case notes and updated investigations.

No more than two consecutive periods of Medical Unavailability will be applied. Where a patient is still medically unavailable after two consecutive periods of Medical Unavailability they will be removed from the Waiting List and referred back to the referring clinician for further management.

#### **4.3.3 Patient Advised**

Patient advised is when a patient is unable to progress along their pathway for reasons that relate to non medical circumstances.

Patient advised relates to the patient's situation and should not be used when staff are unavailable. This is where a patient has personal reasons for not being able to attend hospital such as when they are on holiday, exams, work commitments, or if they have carer responsibilities. The treatment time clock will be paused for the length of the period of unavailability.

The start date will be the date when the patient has indicated the period of unavailability will start.

The end date will be the date when the patient has indicated the period of unavailability will stop.

In this situation the start date and end date of the unavailability must be recorded. NHS Orkney will not estimate a period of unavailability. The patient must inform us when the period will begin and end. If during a period of unavailability it becomes apparent the period of unavailability will run longer than the advised period the patient must communicate this to NHS Orkney.

Patient advised unavailability will always have a definite end date. Where patients wish to defer treatment but are unable to give a date when they will be available for treatment, they will be removed from the Waiting List and referred back to referring clinician where it is reasonable and clinically appropriate to do so.

NHS Orkney will write to the patient informing them of the period of unavailability that has been applied to their treatment time clock.

#### **4.3.4 Visiting Consultant Service**

This is a service where NHS Orkney commissions another Health Board to provide a service in the NHS Orkney area.

If a visiting service cannot be provided due to severe weather that prevents the Consultant from travelling then the patient, should if possible, be offered an appointment outwith the NHS Orkney area within the treatment time guarantee.

If the patient chooses to wait until the next scheduled visiting consultant service in Orkney, rather than attend an appointment for the agreed treatment outwith NHS Orkney, then the period from the date NHS Orkney is made aware of the patient's decision and the date of the next scheduled visiting consultant will not count against the treatment time guarantee. The patient will have patient advised unavailability from the period of time that the patient declined treatment elsewhere and the next visiting consultant service. NHS Orkney will send a letter to the patient confirming the periods of unavailability.

#### **4.4 Cancellation, Did Not Attend (DNA) and Could Not Attend (CNA)**

##### **4.4.1 Did Not Attend (DNA)**

NHS Orkney will not routinely offer a further appointment to a patient who does not attend a new accepted outpatient appointment. The clinician will decide whether a further appointment is to be offered. There must be a clear clinical reason for offering a further appointment.

A copy of the standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list. After this time, the patient should contact their GP if they still wish to be seen.

If the patient is referred back into the service, a new waiting time clock will start from zero.

Multiple re-setting of the clock if a patient continually does not attend their appointments is not expected. The patient should be referred back to the referrer.

Any child who DNA's (Did Not Attend) an outpatient appointment/Pre-operative Assessment/Admission without prior warning will be highlighted to the relevant Healthcare Professional as soon as possible.

##### **4.4.2 Elective Admissions**

NHS Orkney will not routinely offer a further admission to a patient who does not attend for an accepted elective admission. If a patient accepts a "reasonable offer" of appointment but does not attend on the agreed date and time the following applies:

- Record DNA details on system.
- Verify the DNA with the patient by telephone or letter. If verified by telephone confirm by letter with copy sent to GP.
- Seek advice from the healthcare professional to whom the referral was made. If there are **no** clinical reasons for offering a further appointment, remove the patient from the waiting list and refer back to the GP with copy of letter sent (recording this in the patients notes).
- If the patient is to remain on the waiting list, record the reason for DNA and reset the clock to **zero** from the date of the original appointment.

- Make the patient another reasonable offer of appointment.

A copy of the standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list and that they should contact their GP if they still wish to be seen.

If the patient contacts the medical records team and reports that they were not notified of the original admission date, and NHS Orkney is unable to demonstrate that the admission date was clearly communicated to the patient, the patient should be reinstated on the waiting list.

Patients undergoing cancer treatment or active surveillance for cancer should automatically be offered a further admission date.

#### **4.4.3 Could Not Attend (CNA)**

Patients will be contacted 7 days in advance or earlier (by letter or telephone) with an arranged date for surgery and a date for pre-operative assessment appointment prior to the admission date. Patients will be made aware that under new "rules" the clock is reset to zero from the date of cancellation not date of appointment; therefore it is in their own best interests to cancel as soon as possible. It is recognised there are circumstances when a patient cannot attend.

If a patient has accepted a reasonable offer of an appointment or admission and then contacts the department to cancel before the appointment date:

- The date of the cancellation and any explanatory text should be recorded.
- Where it is reasonable and clinically appropriate the waiting time clock will be reset to zero from the date of cancellation and another reasonable offer should be offered within the pathway stage time limit.
- If a patient requiring urgent treatment cancels their appointment and NHS Orkney consider it reasonable and clinically appropriate to offer another appointment within the treatment time guarantee then they will not reset the clock. This will be the consultant's decision.

Having accepted a further appointment, the patient cancels; this is their second CNA. Waiting time is set to **zero** on the date when the patient makes contact. Details are recorded on the system and the patient should be made another "reasonable offer". Patients should be given the opportunity to cancel **TWICE**.

If a patient asks to reschedule a reasonable offer of an appointment or admission **for a third time** the patient's notes should be presented to the responsible clinician. The clinician should decide whether a further appointment or admission is to be offered. There must be a clear clinical reason for offering a further appointment or admission. If a further appointment or admission is to be offered, the above process should be followed.

If no further appointment or admission is offered:

- The patient will be removed from the waiting list

- A copy of the standard letter will be sent to the patient copied to referrer, advising them that they have been removed from the waiting list and that they should contact their GP if they wish to be re-referred.

If instructed to return to GP care:

- GP and patient should be informed by letter that the patient is being removed from the waiting list.
- GP can re-refer the patient if required.

#### **4.4.4 Short Notice Appointments**

To make best use of resources on occasion a patient will be offered a "short notice" appointment i.e. less than 7 days notice, to utilise slots. If a short notice appointment is offered and the patient is happy to accept, it is deemed as a "reasonable offer". If however, a patient declines a "short notice" appointment, this should not result in any detriment to the patient and the waiting times clock for the patient is not affected in anyway. The patient should be made another "reasonable offer".

Short notice appointments may be made due to extra clinics/theatre lists being commissioned, patient cancellations or unavoidable changes to visiting services.

#### **4.4.5 Cancelled By Hospital**

Cancellations resulting from hospital or operational circumstances will not result in any detriment to the patient e.g. cancellation of a clinic at short notice must result in the patient being made a further "reasonable offer" as soon as possible, The patient's waiting time clock will not be affected in any way. In line with Good Practice Guidelines a patient cancelled in these circumstances will be given another date for admission as soon as possible.

In accordance with NHS Orkney's leave policy for Medical and Dental staff, 6 weeks' notice of planned leave/study leave will be given. Clinics will not be cancelled for any purpose except under exceptional or unavoidable circumstances e.g. sickness absence or having to cover another emergency situation and sanctioned by the Head of Hospital and Support Services.

#### **4.4.6 Transfer to a Different NHS Board**

This is when a patient's ordinary residence changes to a different NHS or Health Board area in Scotland and the patient requests be treated within the different Health Board area (the Board of their new residence.) In such cases the Board must record the date the responsibility transferred to the different Health Board. The treatment time guarantee will cease for the original Board.

When the different Health Board receives the transfer request they must record the details of the request including date when the treatment time guarantee started. NHS Orkney will then write to the patient and advise them of the consequences of the calculation of the treatment time guarantee; this will be the start of the new treatment time guarantee.

It may be in some circumstances the clinician will ask to see the patient before agreeing the treatment.

People moving their ordinary residence into NHS Orkney from other NHS or Health Board areas in Scotland must be treated in line with the TTG. The treatment time clock will be set to zero at the point the referral for transfer of treatment is received into NHS Orkney, where this is reasonable and clinically appropriate.

#### **4.4.7 Could Not Wait**

Patients who, having registered their arrival for an elective admission, subsequently leave are deemed to have an outcome of 'could not wait' (CNW).

There may be occasions where a patient has arrived for an admission as arranged but cannot wait to be seen. What should be recorded will vary dependent on whether it is a patient or service induced situation. Therefore local judgement will be necessary.

- If the delay is caused by the late running of a theatre and that delay is much longer than a patient could reasonably be expected to wait, for example if the patient would miss a ferry home, then this should be recorded as 'Cancelled by Service' and the patient given another appointment within their original waiting time guarantee.
- If there is a minor delay in the theatre list, providing the patient has been given guidance on the delay, and the patient is not willing to wait even a short length of time the outcome should be recorded as a 'Could Not Attend' (CNA). The patient should be made another reasonable offer but because this is a CNA their waiting time clock will be set to zero.

## **5. Responsibilities Under the National Access Policy/ NHS Orkney Access Policy**

The National access policy details the responsibilities that will ensure equity and consistency in approach in regard to access to services across NHS Scotland as a whole. These same responsibilities have been adopted in NHS Orkney's Access Policy. The four key responsibilities under the Access Policy are:

- To communicate effectively with patients.
- To manage referrals effectively.
- To manage waiting lists effectively.
- To use information to support improvements in service provision.

### **5.1 To Communicate effectively with patients**

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients or their carer if appropriate will help to inform them of when, where and how they are to receive treatment and their responsibilities in helping to ensure that this happens.

While verbal contact with the patient is the preferred approach when offering appointments or dates, where this is not possible, effective processes for delivering and accepting or rejecting offers will be place. Communications with patients should be in a format appropriate to their needs e.g. - large print, community language. There are certain groups of patients who may experience difficulty accessing hospital facilities for specific reasons. General Practitioners (GPs) should indicate this on the referral. This will ensure that steps can be taken to facilitate and support access.

It is important that patients are provided with clear, accurate and timely information about how and when they will be admitted to hospital. This information will be included in a letter when added to the waiting list.

The patient will be given clear instructions on how and when to contact the hospital to either accept or decline appointment and admission dates, and the timeframe in which to do this.

Patients will be given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time. The patients leaflet will help the patient understand their responsibilities. On request the patients leaflet will be in a format appropriate to their additional support needs e.g. large print, community language.

NHS Orkney has clear processes and procedures in place to ensure that patients can inform NHS Orkney of any changes in their details or circumstances and/or their ability to attend appointment.

- GP Practice staff must ensure that patients are aware that the location of their appointment/treatment will be as described in the local Access Policy.
- If a patient does not accept a reasonable offer of appointment or admission, this will have implications for the time they have to wait and may result in the patient being returned to the referrer's care.
- Where treatment occurs outside the Health Board area, or where clinics are held infrequently, it will be made clear to patients the reasons at the beginning of the process of organising their appointment or admission.
- The patient will be made aware that they must contact Medical Records of any changes to their details, e.g. name, address, postcode, telephone number as soon as possible.
- Patients should be made aware that they need to advise the hospital medical records office when they will not be available to attend any appointment or admission to hospital for any periods of time, e.g. holiday or work commitments. If circumstances change after the referral is made they must inform the hospital at the first opportunity.
- Patients should be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the referrer and the hospital.

- Where patients do not attend for appointments and are returned to the referrer the primary care team should have arrangements in place to follow up with the patient prior to re-referral.
- If NHS Orkney breaches the TTG, then the Health Board will provide the patient or (where appropriate) the patient's parent or welfare power of attorney an explanation in writing of why the Board did not deliver the TTG. This will contain details of the advice and support available and details of how feedback, comments or complaints can be raised.
- Communications about patient clock adjustments are required by law to be in writing unless there has been consent to receive communications via electronic medium.
- Additional needs will be noted in the patient management system and on the SCI gateway referral where appropriate.
- Where NHS Orkney is unable to deliver eligible treatments within the treatment time guarantee patients can expect to be notified in writing that there will be a delay, receive an apology for the delay and be given an idea of when their appointments can be expected to be scheduled.

## **5.2 To Manage Referrals Effectively**

Improvements in waiting times will be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

### **5.2.1 Referrer**

- Prior to referral, the clinician will explain to the patient the range of options to be considered. It will be explained that patients may not need to access specialist or consultant-led services.
- The referring clinician will advise the patient of the reason for the referral and the expected waiting time and outline to patients their responsibilities for keeping appointments and the consequences of not attending.
- When the referrer is aware that the patient will be unavailable for a period of time, the referrer will either delay sending the referral until they know the patient is available, or clearly note the patient's unavailability period on the referral. The referring clinician will ensure that the patient is available to commence treatment prior to adding to the waiting list.
- Referrals will be made electronically where possible and as per local protocols.
- GPs will make referrals to a clinical service and not a named consultant. This does not invalidate the patient's right to request a named consultant.
- Wherever possible patients should be referred for diagnostic tests prior to the referral being made for the first outpatient appointment.
- Referrers must provide accurate, timely and complete information within their referral (or it will be returned) including:
  - CHI identifier (unless patient does not have one)
  - Full demographic details to include:
    - Name
    - Address

- Ethnicity
- Postcode
- Up to date mobile and home telephone numbers
- e-mail address
- Preferred method of contacting patient i.e. letter, phone or e-mail
- Patient's unavailability period if applicable
- Armed forces/veteran status if applicable
- Additional Support Needs (Appendix 2)

### **5.2.2 Receiving location**

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients.
- Referrals are triaged electronically where possible and must be done within 5 working days of receiving the referral.
- The date of receipt of all referrals is recorded.
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. Urgent/Routine).
- A common pathway that allows advice or an appointment as appropriate is in place.
- For Patients referred with suspected cancer, referrers must mark referrals as 'URGENT- SUSPECTED CANCER' (including referrals for any diagnostic tests within the pathway) and appropriate SCI referrals completed following the appropriate cancer protocol. All suspected cancer patients are required to be seen and treated within the correct cancer waiting time standards.
- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway within the national waiting time targets. Refer to Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009).
- Special exemptions exist for Armed Forces to enable them to receive priority treatment for any conditions which are likely to be related to their military service subject to the clinical needs of all patients. Refer to HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans - Extension to Priority Treatment CEL 8 (2008).
- Patients should be booked as close to the date of receipt of referral as reasonably possible, subject to the clinical needs of all patients.

### **5.2.3 Receiving Clinician**

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable. This will avoid unnecessary outpatient appointments.
- Any referrals received for a service that is not delivered in NHS Orkney area will be returned to the original referrer with advice. Where the receiving clinician judges that the referral would be more appropriately managed by another service provided by the Health Board, the referral will be passed to that service and the referrer informed by the consultant.

- Receiving clinicians must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.
- Where treatment cannot be provided locally and the patient needs to travel outwith Orkney, the patient will be made aware of that as early as possible e.g. at the discussion with the patient regarding the agreement to treat.
- No patient will be added to the waiting list other than through the formal referral process unless they are a transfer from Accident & Emergency or the Minor Injuries Unit.

#### **5.2.4 Patient Transfer**

- The transfer of any part of a patient's health care to other Health Board areas must always be with the consent of the patient. The consultant will also be notified of this decision.
- Appropriate documentation and information should be provided to the receiving Health Board, with an agreed minimum data set between Health Boards.
- If the patient does not wish to be transferred, NHS Orkney must ensure the patient is made a reasonable offer within current national guidance and within the waiting time standard.
- Private patients opting to transfer to NHS treatment must be referred back to the GP to discuss their options before being referred to the local NHS provider. The 18 Week RTT will then commence.

### **5.3 To Manage Waiting Lists Effectively**

To support delivery of waiting times standards there is a need for NHS Orkney to manage their waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

- Systems, processes and resources are in place to ensure that all staff are adequately trained to use local systems to help manage access to services using standard operating procedures.
- All new referrals to locally provided specialties will be triaged within 5 working days with all new appointments having a corresponding waiting list entry. Visiting specialties will comply with the standards of their home NHS Board.
- Patients will be seen within maximum standard waiting times and booked in turn, according to clinical priority.
- Details of patients on the waiting list who are admitted as emergency admissions will be communicated to medical records staff.
- Patients will only be added to a waiting list if they are available to commence treatment.
- Systems and procedures are in place to ensure that medical records staff are aware of any patient cancelled on the day of or after admission.
- Systems and procedures are in place to review and validate waiting lists to ensure accuracy and that national and local access times are achieved.
- New outpatients will only receive a return appointment if there is a clinical need.
- The amount of return appointments will be monitored and reviewed.

- All patients undergoing a procedure must sign a consent-to-treatment form. There will be a communication process in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.
- Where people lack the capacity to consent a section 47 certificate must be completed for each separate procedure in line with Adults with Incapacity legislation. (Full guidance in [NHSO consent policy](#)).
- People with authority under the law for Adults who lack capacity such as power of attorney or guardian must be consulted if such an arrangement is in place. (Full guidance in NHSO consent policy).
- There are systems and procedures in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.
- Patients who require treatment for different conditions may be on two separate pathways. NHS Orkney has arrangements in place to identify what condition should take precedence.
- NHS Orkney regularly review clinic templates to ensure they reflect changing demands
- Onward referral will be completed to ensure the receiving healthcare provider has the necessary information to manage the patient treatment pathway and ensure the TTG. Any transfer of data must comply with NHS standards in relation to data security and confidentiality.

## **5.4 To use information to support improvements in service provision**

The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.

- The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored by the Health Intelligence Team, and management action will be taken in sufficient time to ensure waiting time standards are maintained.
- New to return and DNA ratios will be reviewed regularly and necessary actions will be taken to address any issues
- There will be effective monitoring of efficiency and productivity to ensure quality treatment in a timely fashion.

## **6. Adding patients to the elective Waiting List**

### **6.1 Key principles**

**A patient will only be added to an elective waiting list if they are clinically and socially ready for admission on the day the decision to admit is made.**

Patients will **not** be added to the waiting list if any of the following apply:

- Patient is not fit for the procedure.
- Patient is pregnant unless in the opinion of the clinician would be detrimental to patient's welfare.
- Patient or Consultant wishes to delay surgery to further in the future to see if improvement in health will occur without the need for further intervention.

- Patients not ready for surgery at present (including age-related procedures) as per National Waiting Times Unit Good Practice Guidelines which state that "A patient is not to be placed on a waiting list as a holding device until the patient's condition reaches an appropriate stage or the patient reaches a certain age."

**When placing a patient on the waiting list the following information must be collected:**

- Patient demographic details
- Patient telephone numbers
- GP
- Unavailability dates
- Suitability for treatment elsewhere
- Ability to accept short notice admission
- Procedure description
- Suitable for pooled list/clinician specifically wishes to do procedure
- Clinical urgency or routine (current guidelines)
- Intended management i.e. in-patient, day case, 23 hr discharge etc.
- Pre-operative assessment, requirement for High-Risk assessment etc
- Any other information that will aid the smooth admission of the patient, and any relevant medical history e.g. diabetic, latex allergy
- Consultant name and signature
- Date of clinic

## **7. Pre-operative Assessment**

A patient who accepts a "reasonable offer" and "Did Not Attend" for pre-operative assessment on date given will be removed from the 'Theatre List' if arranged. This DNA will be followed up by the department responsible for pre-operative assessment to determine the reason and to confirm if the patient still wishes surgery.

If the patient still wishes to have surgery:

- If patient **fails** to attend second date for pre-op assessment, advice will be sought from the healthcare professional to whom the referral was made. If there are no clinical reasons for offering a further appointment, **remove** the patient from the waiting list and refer back to the referrer with copy of letter sent to patient.

If the patient no longer wishes surgery:

- Seek advice from healthcare professional to whom the referral was made. If there are **no** clinical reasons for offering a further appointment, **remove** the patient from the waiting list and refer back to the GP with copy of letter sent to patient.

GP can re-refer the patient if required. If a further referral is received and a new appointment offered, waiting time starts from zero.

## **8. Specialist services**

### **8.1 NHS Cancer Access Targets**

In October 2008, the Scottish Government published Better Cancer Care – An Action Plan. The statements in the Action Plan formed the basis for the current standards for cancer waiting times where 95% of all eligible patients should wait no longer than 31 or 62 days for cancer treatment. The 5% tolerance level was applied to these targets as, for some patients, it may not have been clinically appropriate for treatment to begin within target.

#### **62-day Standard**

- The Board of receipt of referral is responsible for meeting 95% compliance with the 62-day standard
- Measures the time from the date of receipt of initial referral into secondary care until the date of first treatment

Includes: i) patients urgently referred with a suspicion of cancer by a primary care clinician (GP or GDP) ii) patients who attend A&E/direct referrals to hospital where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines iii) patients referred through a National Cancer Screening Programme

#### **31-day Standard**

- The Board of first treatment is responsible for meeting 95% compliance with the 31-day standard
- Measures the time from the date of decision to treat until the date of first treatment

Includes: All patients diagnosed with cancer regardless of the route of referral.

#### **Inclusions**

Patients are included in the standard calculations even if: i) there was a significant patient delay (for example through not attending appointments) ii) co-morbidities delayed treatment iii) A medical suspension was deemed appropriate Waiting times can be adjusted to reflect patient delays or medical delays.

#### **Exclusions**

Patients should be reported but are excluded from standard calculations if: i) they died before treatment ii) refused all treatment iii) the patient had a clinically complex pathway

- Patients who choose to have part of their pathway out with NHSScotland will be exempt from the relevant standard as follows: i) If the part of their pathway out with NHSScotland is pre decision to treat the patient will not be subject to the 62-day standard, irrespective of route of referral. The patient will be subject to the 31-day standard only. ii) If the part of their pathway out with NHSScotland is post decision to treat the patient will not be subject to the 62-day standard or the 31-day standard.

## 8.2 Ophthalmology – Cataract Targets

Cataract procedures are subject to a whole journey target of 18 weeks.

For patients waiting for sequential bilateral treatment the waiting time for the second treatment is measured as a separate, 12 week TTG second pathway, it may be that the agreement for the need for both treatments is made at the same time. The agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until that agreement is reached. The sequential treatment will not be managed as a planned repeat.

## 9. Priority Treatment for Military Veterans

Under long-standing arrangements since 1953, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension or gratuity, subject to clinical need. General Practitioners and NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which they receive a pension or gratuity, unless there is an emergency case or another case demands clinical priority. Veterans should not be given priority treatment for conditions unrelated to service in the armed forces.

- The definition of a veteran is someone who has least one day in the UK armed forces (including those who have served as reservists)..
- Some service-related health problems do not manifest themselves until after a person has left the armed forces. Claims may be made for a war pension at any time after service termination.
- Where a person has a health service to problem as a result of service to their country, it is right that they should get priority based on clinical need. They should not need to have first applied, and become eligible, for a war pension. **Eligibility is related to people's history in the services and not exclusively to deployment or taking part in conflict.**

**It is suggested that veterans are most likely to present with service-related conditions requiring:**

### **Audiology Services**

The guidance on priority treatment for war pensioners applies also to service-related noise-induced hearing loss, which is accepted as related to service, but for which no award because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that some veterans, who have not previously applied for priority treatment, may come forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.

### **Mental Health Services**

Veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge, including issues related to co-morbidity from substance misuse and alcohol addiction. It can be particularly difficult establishing whether a condition is due to service and its implications in providing treatment. Some community service pilots have been launched in England and there is work currently taking place to establish a pilot in Scotland.

### **Orthopaedic Services**

Injuries incurred during a person's time in the armed forces may, in some cases, present problems some time after discharge and require access to services such as physiotherapy, pain management, and rehabilitation.

General Practitioners are asked, when referring a patient that they know to be a veteran to secondary or tertiary care for a condition that, in their clinical opinion, may be related to their armed forces service, **to make this clear on referral** (as long as the patient is content that the referral mentions their veteran status).

## **10. Responsibilities of Patients**

Patients will be responsible for:

- Informing their General Practitioner and the hospital contact number if their condition improves and that their appointment is no longer required. This will apply to both new and return patient appointments.
- Contacting the hospital contact number timeously if they are unable to attend their agreed appointment. This will include holiday and/or work commitments.
- Contacting the hospital contact number to advise of any periods of unavailability. This should also be provided at point of GP referral to enable that to be factored into the patient booking process.
- Indicate preferred mode of contact where possible this will include details of mobile phone and email address to improve future patient communication options.
- Advising their General Practitioner and hospital contact number of any changes to name, address, postcode, telephone number or General Practitioner.
- Responding to offers of appointment within seven days.

At present the majority of General Practitioners refer electronically for new outpatient appointments. NHS Orkney will encourage the use of electronic referrals.

## **11. Feedback from Patients and the Wider Community**

Patients have the opportunity to raise issues associated with the services that they receive. If they are dissatisfied they should in the first instance raise the issue with those staff with whom they have been involved or been in contact. If they remain dissatisfied, they can contact NHS Orkney's Patient Experience Officer on 01856 888221. Details on

NHS Orkney's Complaints Handling Procedure can be found at <https://www.ohb.scot.nhs.uk/making-complaint>.

This Access Policy should be read in conjunction with:

- NHS Scotland National Access Policy – July 2012
- NHS Scotland Waiting Time Guidance – Delivering Waiting Times (CEL 33 August 2012)
- Patient Rights (Scotland) Act 2011 - Treatment Time Guarantee Guidance (CEL32 August 2012)
- National Waiting Time Guarantees 2012/13
- NHS Orkney Patient Feedback and Complaints Policy and Procedure

**Cross Reference:**

- Scotland National Access Policy
- The Patient Right (Scotland) Act 2011
- The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2012
- The Patient Rights (Treatment Time Guarantee) (Scotland) Guidance
- NHS Scotland Waiting Times Guidance
- Effective Patient Booking for NHS Scotland (2011)
- Armed Forces CEL 8 (2008); Armed Forces CEL 3 (2009)
- Armed Forces CEL 39 (2010)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)

## **12. Policy Review**

The Patient Access Policy will be reviewed annually and subject to re-approval should any amendment be required to remain in line with national policy.

## **Appendix 1**

### **Exclusions and Inclusions: 18 Weeks Referral to Treatment Standard**

#### **Exclusions from 18 Weeks Referral to Treatment Standard**

Referrals to the following services or some specific procedures are currently excluded and therefore do not trigger clock starts:

- Assisted conception services.
- Dental treatment provided by undergraduate dental students.
- Designated national specialist service for scoliosis.
- Direct access referrals to Diagnostic Services where the referral is not part of a 'Straight to Test' referral pathway as there is no transfer of clinical responsibility to the Consultant-led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exceptional Aesthetic Referral Protocol.
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and Tissue transplants.

#### **Inclusions in 18 Weeks Referral to Treatment Standard**

To ensure consistency in reporting for the 18 week referral to treatment pathway across the service, the following also apply:

- For reporting purposes, patients on a Cancer pathway should also be reported through the 18 week referral to treatment pathway.
- Where a termination of pregnancy is managed as a planned procedure i.e. the patient is added to a waiting list, they should be included in 18WRTT.
- All Outpatient appointments, New and Return, are required to have a Clinic Outcome code applied.

#### **Unavailability – Only Categories Allowed**

- Patient Advised - on holiday
- Patient Advised - personal commitment
- Patient Advised - work commitment
- Patient Advised - carer commitment
- Patient Advised - academic commitment
- Patient Advised - jury duty
- Patient Advised - wishes named Consultant
- Patient Advised - wishes to be treated within local Health Board
- Medical - other medical condition
- AHP MSK – Surgery recovery before treatment
- No response to PFB (we don't use this yet)
- Visiting consultant Service – Severe Weather – Appt Cancelled by Hospital

## **NOTES and QUESTIONS**

### **1. Other Medical Condition**

- General feedback on this confirms that ICD10 lookup is not feasible without system developments. Therefore where a patient is medically unavailable details of medical reason should be collected and recorded in the PMS (Patient Management System) if at all feasible.

### **2. Patient Advised Personal Commitment**

- With detail of personal/social engagement collected locally in the PMS (Patient Management System) if at all feasible.

## Appendix 2

### Examples of Information on Additional Needs

Literacy Issues	Requires information verbally Requires written information in large font Requires words and pictures version
Learning Disability	Requires easy to read Requires words and pictures Using Makaton sign language Requires a carer present Requires an advocate present
English as a Second Language	Requires interpreter Requires information verbally Requires information translated
Speech Impairment	Requires to write response Using Makaton sign language Requires a carer or advocate present
Using Lip-reading	Requires lip speaker Requires information verbally
Using British Sign	Requires British Sign Language interpreter
Using Makaton Sign	Requires to staff to understand
Deaf/Blind	Requires a guide communicator Uses a tape recorder Requires a loop Requires to bring a guide dog
Visual Impairment	Requires written information in large font Requires information verbally Requires easy to read Uses email
	Requires to bring a guide dog Requires information in Braille Requires communication by phone Uses Email
Requires to bring a hearing dog	Requires written information Uses Text Phone Uses Email
Mobility Issues	Requires Ambulance/car/taxi Requires two person escort Requires transport Carer will attend Requires NHS helper/Volunteer assistance with
Faith/Belief	Prefer Female/Male consultation Prefer non Friday appointments Requires access to Prayer Room
Socio Economic	Lack of bus/train services Money to travel to appointments Family constraints (eg Gender Based Violence, caring responsibilities) Getting time off work Early discharge implications
Other	Requires appropriate chaperone

NHS Orkney – Equality and Diversity Impact Assessment Rapid Impact Checklist: Summary Sheet Document title: <b>Access Policy</b>	
<b>Positive Impacts (Note the groups affected)</b> <ul style="list-style-type: none"> <li>• all patients</li> <li>• consistency of approach in providing access to services and as such it supports The Patients Rights (Scotland) Act 2011</li> <li>• supports NHSScotland's Quality Ambitions, which put quality at the heart of our NHS</li> </ul>	<b>Negative Impacts (Note the groups affected)</b> <p>No negative impacts identified.</p>
<b>Additional Information and Evidence Required</b> <p>None required.</p>	
<b>Recommendations</b> <p>Formatting changed.</p>	
<b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b> <p>No – full EQIA not recommended.</p>	

Names and Signature(s) of Level One

Impact Assessor

Date:



## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-72</b>  <b>This report is for discussion</b>  <b>The Orkney Partnership – Annual Report</b>	
<b>Lead Director Author</b>	Meghan McEwen, Chair Meghan McEwen, Chair
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the Annual Report and make any recommendations.</li> </ul>
<b>Key Points</b>	<p>The Orkney Community Plan compliments the statutory Local Outcomes Improvement Plan which sets out the Partnership's strategic priorities, each of which is assigned to a dedicated delivery group. There are three delivery groups and the annual report provides an update on the work of these groups in progressing strategic priorities.</p> <p>The Board currently has three short life working groups established around child poverty, the climate emergency, and Orkney's economic recovery from the pandemic.</p>
<b>Timing</b>	<p>The report will be submitted to the Orkney Partnership Board in January 2021 for approval, and meantime the draft report is available to partner Boards for scrutiny. There is an opportunity to make additions or amendments if partners wish to do so with any comments to be received by the 11 January 2021.</p>
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Create an environment of service excellence and continuous improvement;</li> </ul>



# The Orkney Partnership

Working together for a better Orkney



# Annual Report



# The Orkney Partnership

Working together for a better Orkney



## Our Values

Resilience  
Enterprise  
Equality  
Fairness  
Innovation  
Leadership  
Sustainability

## Our Strategic Priorities

aim to improve long term  
outcomes for individuals, families  
and communities where  
inequality persists.

These are:

- **Living Well**
- **Strong Communities**
- **Vibrant Economy**

The following partners have a collective duty to facilitate community planning:



## Other partners have a duty to participate in community planning:



Our Board also includes some local and co-opted partners:



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## Introduction

### Welcome to The Orkney Partnership's Annual Report for 2019 to 2020.

Community planning comes very naturally to our small community as there has always been a culture of pulling together when needed. The future holds many uncertainties for all of us and some challenges to be overcome. Often there is an expectation that public services will be maintained come what may, even with less resources. Through community planning we find imaginative ways to deal with these many challenges. This is achieved by the various organisations and agencies working together on those areas, where there is a particular need.

This report contains information on who is involved in the partnership and how we aim to achieve our vision of "Working together for a better Orkney". It also contains an update on our recent activities and a look back at our first ever community plan from 2003, entitled Orkney 2020.

Thank you for taking the time to find out more about the partnership and our activities.



*James Stockan*  
Chair



*Meghan McEwen*  
Vice Chair

## Looking Back

In 2003 our first community plan was published, entitled 'Orkney 2020'. As we have now reached 2020, we thought we would take a moment to look back to see what has changed and how far we have come.

Back in 2003, our Northlink ferries were brand new and the Orkney Library and Archive was nearing completion. The swimming pool was still up at the old Kirkwall Grammar School (KGS), and most of us only had a dial-up internet connection. Lots of changes have taken place since



### What would you like to see?

Here are just a few of the things that Orkney residents wanted in 2003:

"Faster, more reliable internet access"

"More public money to be spent in communities, by communities"

"Broadband access for all the isles – the more remote an area, the more it needs it"

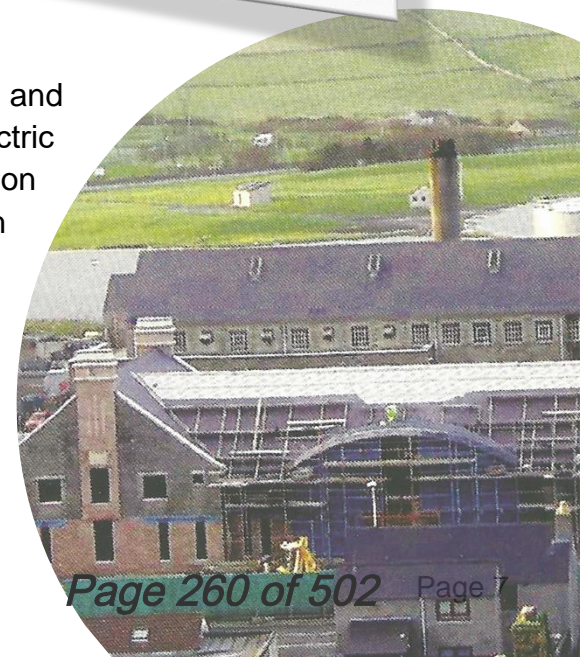
"Cross-sectoral marketing initiatives"

"Better access and signage to footpaths"

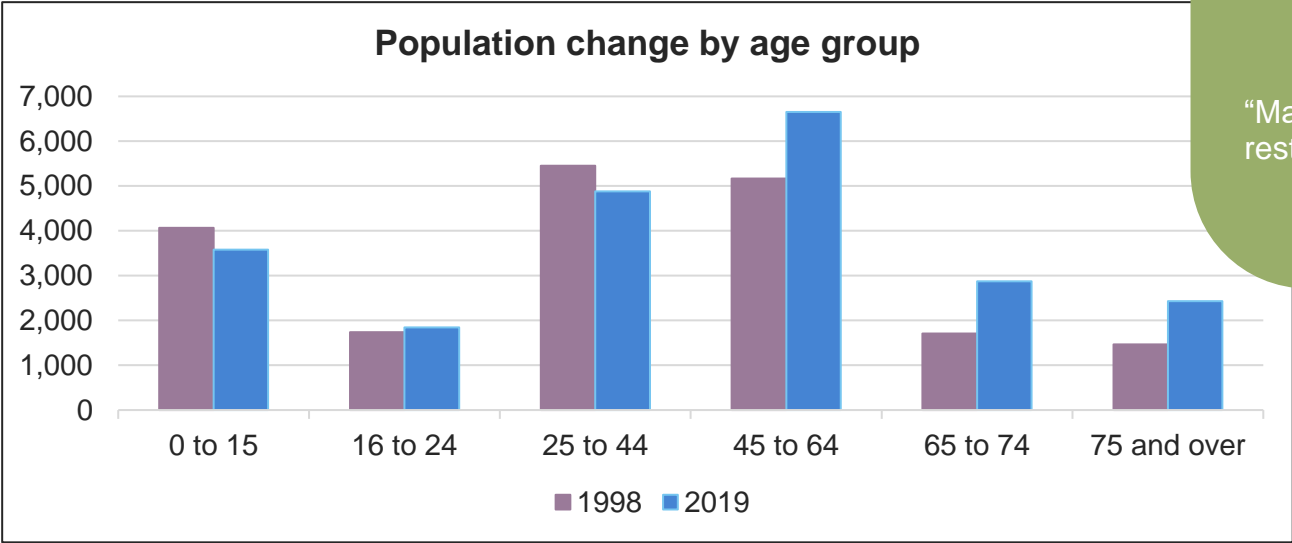
"More variety of renewable energy"

then. We have a new KGS, a new swimming pool and a new hospital, and we certainly didn't forecast that electric cars would become a regular sight on our roads by 2020, charged up with home-grown electricity.

Despite our best efforts, universal fast broadband access remains an aspiration, although it is one which we hope very soon to achieve.



In our 2003 plan, our strategic priorities were “Survival, Sustainability and Social Inclusion”. Orkney’s population of 19,500 had been decreasing for decades and was forecast to fall to 17,500 by 2016. Reversing that decline was our most immediate challenge. <sup>1</sup>Today Orkney’s population stands at more than 22,000, but we can’t afford to be complacent. Most of the increase has been on the Mainland, especially around Kirkwall, and our smaller isles are still at high risk of depopulation. People are living longer, which is good news but this is changing our age profile. Our current Locality Plan for the non-linked isles demonstrates that the long term sustainability of the isles remains a top priority.



As we look to the future, we are optimistic that the firm foundation of partnership working in Orkney will be resilient enough to develop, grow and adapt to new challenges.

With significant milestones this year, including Brexit and the global pandemic, we can be thankful of our strong tradition of...

<sup>1</sup> [https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/orkney-islands-council-profile.html#population\\_estimates](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/orkney-islands-council-profile.html#population_estimates)

**What would you like to see?  
...continued**

- “Plastic bag tax”
- “Places for young people to go”
- “More university courses in Orkney and a wider range of them”
- “Bus service from Kirkwall airport”
- “Make all public places / restaurants non-smoking”
- “Swimming pool with flumes”

We are also constantly reviewing our priorities and adapting where necessary. This is demonstrated by the establishment of our short life working groups where current issues have been brought to the fore and addressed ‘head on’.

**‘Working together for a better Orkney’**

# Our Structure

The Orkney Partnership Board is at the centre of our structure. The Board is chaired by Councillor James Stockan, Council Leader, the Vice Chair is Meghan McEwen, Chair of the Board of NHS Orkney, and membership is made up of all of the statutory partner organisations named in the Community Empowerment (Scotland) Act 2015, plus locally co-opted partners.

The Orkney Partnership Board is assisted by an Executive Group comprising the five partners with a duty to facilitate community planning, plus Voluntary Action Orkney.

Each of the Board’s strategic priorities is assigned to a Delivery Group. The Delivery Groups are chaired by members of the Board but membership includes representatives of any organisation or group that can help to deliver our priorities.

We regularly review and sometimes change our strategic priorities to make sure they are still right for us and consider whether there are any new challenges we need to tackle.



## Orkney Community Plan 2019-22

The Orkney Community Plan is a three-year rolling plan which is refreshed, updated and reissued regularly. It describes what we aim to achieve by working together in partnership and can be found on our dedicated partnership website at:

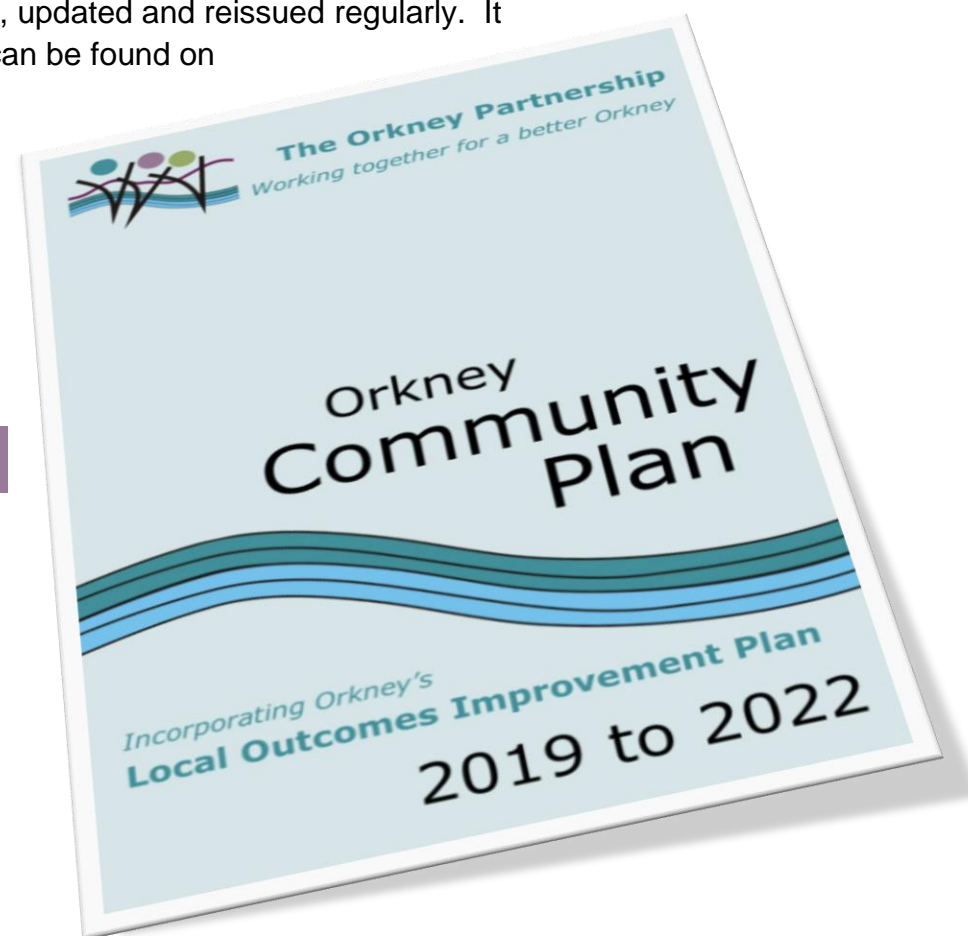
[www.orkneycommunities.co.uk/CommunityPlanning](http://www.orkneycommunities.co.uk/CommunityPlanning)

The Community Empowerment (Scotland) Act 2015 places a duty on community planning partnerships to prepare and publish a Local Outcomes Improvement Plan (LOIP). This document sets out the local outcomes that The Orkney Partnership has prioritised for improvement, and our community plan incorporates our LOIP.

### Challenges

An enterprising approach is needed in tackling Orkney's most challenging problems, where obstacles stand in the way of all partner agencies, both individually and collectively. The biggest cross-cutting issues locally are **digital connectivity, transport, housing and fuel poverty**, which impact on everything we do. The Board has oversight of these shared challenges and ensures that relevant aspects are being addressed by relevant bodies, and where appropriate by the delivery groups.

The **Covid-19 pandemic** this year has posed challenges for us all and the partnership has reacted quickly to incorporate the response and recovery into its plans. As shown in the **structure** above, an Economic Recovery Steering group has been created led by local business representatives which reports directly to the Partnership Board to enable dynamic and proactive decision making, driven by the business community. Our delivery groups have also begun to work alongside recovery groups as part of the Orkney Islands Council Community Recovery Strategy. This will enable them to review their delivery plans and prioritise those actions that are most needed.



## Our Strategic Priorities

We're no strangers to partnership working in Orkney, we've been doing it for a long time. We can't describe everything that the partners do together, and we don't record partnership working in areas where it is already working well. The Orkney Partnership focuses on a small number of strategic priorities at any one time that will improve long term outcomes for individuals, families and communities where inequality persists. Currently our priorities are:



Living Well



Strong Communities



Vibrant Economy

The principle of prevention is central to our plan and by focusing collaboratively on early intervention we can reduce negative outcomes for people. We have tasked our three delivery groups with delivering these priorities and the following pages show their long term vision and medium term outcomes for these priorities, along with a snap shot of some of what they are doing to ensure these outcomes are delivered for the people of Orkney.

## Living Well Delivery Group

### Long term vision:

Our people are resilient and live well.

### Chair:

Craig Spence, Chief Executive, OHAL.

### Vice chair:

Louise Wilson, Director of Public Health, NHS Orkney.

### Medium term outcomes:

- People live in safe, warm, homely settings.
- People have the support they need to adopt healthy lifestyles throughout their lives and take responsibility for their wellbeing.

### Spotlight On: Period Poverty

The partnership has played a key role in the distribution of period products around Orkney. This year availability has increased further with them now being available on Orkney Ferries and all public toilets.

To improve availability for everyone, we are also trialling online ordering, with products posted directly to your home.

PERIOD  
EQUALITY

Our target outcomes/actions	What we did
Increasing number of energy efficiency measures installed in houses regardless of tenure.	THAW Orkney (charity) have carried out training with NHS Orkney staff and are rolling out further to increase the number of referrals. A checklist is also being developed to help assess what households are eligible for.
Less people live in substandard housing regardless of tenure.	Age Scotland carried out a housing survey which highlighted need for more preventative action and the results used alongside an energy efficiency survey to better inform local agencies.  Orkney Care and Repair offer the councils 'scheme of assistance' to help private homeowners and private tenants access range of housing related assistance, along with a small repairs service. Funding award requirements were also reviewed to make it more widely accessible and maximise use of resources.

Our target outcomes/actions	What we did
People have access to information and support to enable informed choices to be made around housing to allow early preventative planning and preparation for older life.	An interactive housing guide was developed by the Council for use for both staff and the wider community.
More people improve their health through participation in outdoors activity. Long term outcome Increase the proportion of the population with a healthy weight.	Results from recent surveys and Scottish Government reports have been used to identify local issues and inform projects such as Your Kirkwall. The Arcadia Community Park was completed, and partners have been working together to look at solutions for the ongoing maintenance. Funding has also been agreed for the Papdale area community-based project which is ongoing.
People experiencing mental ill health will have their needs more effectively met.	The Orkney Mental Health Strategy 2020-2025 strategy was created in conjunction with partners and the creation of a new resource centre is ongoing.
People have the information and support to access services and opportunities that will improve their life circumstances and allow them to make positive choices.	Voluntary Action Orkney have created a new online information hub to provide accessible information to the local community at any time. It links through to much of the information available from the various partners to provide a single resource area.
Older people and people with long term conditions have more opportunities and support to maintain their own health and wellbeing and have supportive social networks within their communities.	<p>Holm Ball (Be Active Long Life) Group was awarded funding from the Partnership's Community Development and Capacity Building Fund.</p> <p>The group provides exercise and social activities for people aged 60 and over. Its aims are to reduce social isolation, increase mobility, lessen the risk of falls and improve wellbeing. This in turn increases confidence, self-esteem, improves physical health as well as mental wellbeing.</p>

## Strong Communities Delivery Group

### Long term vision:

Orkney's communities and individuals are fulfilling their potential.

### Chair:

Gail Anderson, Chief Executive, VAO.

### Vice chair:

Francesca Couperwhite, Head of Strengthening Communities, HIE.

### Medium term outcomes:

- Our communities have vibrant, innovative, sustainable and inclusive populations.
- Our communities have access to the services, facilities and resources they require to enable them to lead, develop and innovate.
- Partners and communities share trusting relationships and understand their own and others' accountability, responsibility and capacity.

### Spotlight On: Engagement

Funding has been secured for an innovative community engagement project.

This will ensure that as many people as possible, particularly those experiencing disadvantage and inequality, have a say in shaping future services.

In addition, the project will be able to develop programmes and mechanisms to contribute the views of the community to Locality Plans.

Our target outcomes/actions	What we did
Provide support to communities who have ambition to access funding from the Islands Housing Fund to deliver local solutions.	Westray, Papa Westray, North Ronaldsay, Shapinsay and Stronsay Trusts have been supported with their applications, received funding and are progressing their plans.
Extend in five islands the Enhancing Wellbeing in Our Island Communities project. – a community led project to identify and address the needs of island residents	An evaluation report of the 2019-20 project has been published and funding has been secured from the Aspiring Communities Fund to extend the project until March 2022. . The project remit has also been extended to include all age groups with a broader focus on social inclusion, community and individual resilience and access to services.

Our target outcomes/actions	What we did
Demographics research project to provide an enhanced dataset on isles population.	Work on data gathering is ongoing, including data visualisation/mapping. Systems have been populated with data where relevant and resource requirements for data management, analysis and dissemination are currently being reviewed.
<p>Change working practices in order to provide staff with flexible work bases/employment opportunities.</p> <p>Explore the value of establishing work 'hubs' in islands and rural areas.</p>	<p>Due to Covid-19 restrictions almost all organisations/services have established home working with minimal detrimental impact on services. Work is ongoing to develop suitable case studies, promote good practice and ensure appropriate staff training, support and policies are in place.</p> <p>In some areas work 'hubs' are being established to provide suitable workspaces within communities to those who wish to work from a home location but who do not have private space or suitable internet connections.</p>
<p>Collate information on existing community development support to identify gaps in capacity and inequalities between islands.</p> <p>Develop solutions to towards tackling identified gaps and inequalities.</p>	Partners are contacting organisations to identify their challenges and opportunities from which to develop a support plan. Work has begun to formulate a 'cluster' funding application for lunch clubs across Orkney to ensure they meet local needs and are sustainable.
Raise awareness of and support communities to make use of the powers in the Community Empowerment Act ie community asset transfer and participation requests.	Information and guidance has been disseminated on an ongoing basis and specific events/sessions delivered as and when required. Additional information and events will be prepared and promoted.
Communities are supported to collaborate with relevant partners to deliver successful projects.	To date partners have supported the community with several projects including, community wellbeing project, community land projects, and Your Island Your Choice.

## Vibrant Economy Delivery Group

### Long term vision:

Orkney has a vibrant economic environment.

### Chair:

Graeme Harrison, Area Manager, HIE.

### Vice chair:

Stuart Allison, Economic Development Manager, OIC.

### Medium term outcomes:

- Orkney is a location of choice for people to live, work, learn, visit and invest.
- Orkney is widely recognised as a location for innovation and the application of experimental thinking in an island context.
- Orkney's economy offers a broad range of employment opportunities in all localities.

### Spotlight On: Islands Deal

This is a joint initiative led by the three islands councils (Orkney, Shetland and the Western Isles). The Deal is focused on improving regional economies with a view to tackling economic barriers and maximising opportunities to drive local, regional and national economic growth.

£100 million of funding has now been agreed with the Scottish and UK governments for the ambitious proposals.

Our target outcomes	What we did
Digital and mobile infrastructure solutions which reliably meet the present and future needs of all businesses, services, residents and visitors on the non-linked isles. This will improve service responsiveness, support independent living and better connect communities and individuals.	<p>Partners have been involved in discussions regarding digital and mobile infrastructure and canvassing of Scottish Minister's to support mobile and 5G opportunities has continued.</p> <p>Several trial projects have been run in Orkney and some infrastructure is now already in place.</p>

Non-linked isles communities have better inter-island connections. / Communities have better connections.	Recommendations from a community transport report is being taken forward by partners and new legislation means that public buses will be more accessible.
People have access to greater employment opportunities within Orkney's businesses / sectors, including work placements, modern apprenticeships, foundation apprenticeships, graduate placements, re-skilling opportunities, volunteering opportunities and supported employment. Employers / businesses have the workforce they need to address current skills shortages.	<p>The partners are exploring the use of improved information regarding the availability of modern apprenticeships, foundation apprenticeships, placement opportunities, volunteering opportunities and re-skilling opportunities.</p> <p>There is continuing engagement with local employers through the Developing the Young Workforce initiative and the provision of entrepreneurship within schools, colleges and universities is under review.</p> <p>Local delivery of a wider range of university networked courses and facilitating broadening of scope is also being encouraged.</p>
An increased proportion of people in employment. Reduction of barriers to sustaining work.	<p>The jobs section on Orkney.com provides a strong online platform and single point to signpost people to the latest opportunities and has seen an increase in the number of people viewing the page.</p> <p>A live, work and study campaign was created for TV and social media. With funding secured for advertising at bus shelters, tube lines and on buses.</p> <p>Orkney.com also enabled employers to advertise for free, link to student accommodation, housing association properties and Orkney lets.</p>
Orkney is positioned as an exemplar in sustainable development and facilitation of a low carbon future, attracting investment and employment opportunities.	The Reflex project, which aims to maximise the potential for renewable energy generation in Orkney and ultimately eliminate the need for fossil fuels. Proposals are currently being developed for five new projects.
Employment and financial opportunities for people and sectors	A regional funding bid has been submitted.

## Short Life Working Groups

Our short life working groups are formed to achieve a specific purpose or task and the Board can decide to form them at any time. We currently have three such groups and a short update from each follows.

### Child Poverty

The Child Poverty Act was introduced in February 2017 and this requires that local authorities and health boards must jointly publish annual reports on what they are doing to reduce child poverty in the local area.

The partnership is committed to tackling child poverty and this group, which reports regularly to our Living Well delivery group, is tasked with progressing the creation of a new child poverty action plan and reporting back on the previous year.



### Climate Emergency

The climate emergency group has been working on its recommendations for the partnership and how we can collectively help Orkney to adopt, and adapt to, a greener future. They will shortly be reporting this back to the Board and will be considering what adaptations may be required due to the global pandemic this year.

In particular they have been discussing how they can contribute significantly to recovery planning through alignment to 'green recovery'. Graham Neville of Scottish Natural Heritage, who chairs the group, said "in responding to the critical, acute economic crisis... we must not hinder our ability to deal with the chronic crises of climate change and biodiversity loss".



### Economic Recovery Steering Group (ERSG)

Our latest group formed as a response to Covid-19 pandemic is made up of local business representatives, councillors and officers of the Council and Highlands and Islands Enterprise and reports directly to the Orkney Partnership Board. They are tasked with developing an economic recovery strategy for Orkney and determining how best to target resources to support recovery. They are currently working on a shared vision, priorities and action plan which they will use to move forward with the strategy.



## Find Out More



We give regular updates on what we're doing, and we want anyone who's interested to be able to find out more, so we publish regular newsletters. All of this information and much more can be found on our web pages at:

[www.orkneycommunities.co.uk/CommunityPlanning](http://www.orkneycommunities.co.uk/CommunityPlanning)

If you would like this report in a different language, format or just require more information please contact us at:

[communityplanning@orkney.gov.uk](mailto:communityplanning@orkney.gov.uk)

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## Not Protectively Marked

<p><b>NHS Orkney Board – 17 December 2020</b></p> <p><b>Report Number: OHB2021-73</b></p> <p><b>This report is for review</b></p> <p><b>Public Health Annual Report 2019-2020</b></p>	
<b>Lead Director Author</b>	Louise Wilson, Director of Public Health
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Review</b> the content of the report and consider the range of actions it can take to improve health and reduce inequalities whilst tackling the COVID-19 pandemic</li> </ol>
<b>Key Points</b>	<p>The COVID-19 pandemic has impacted on activity over the 2019/20 period and also resulted in the delay of publication of some of the data that would normally be presented in this annual report. As well as the direct impact of COVID-19 ill-health we can anticipate a longer period of impact due to indirect impacts on health care usage and broader societal and economic impacts.</p> <p>I have structured the report around the Public Health Priorities to emphasise their importance for multiagency settings. Issues relating to healthy weight remain a major public health concern. The smoking cessation target was increased in 2019-2020 and this was not met, and has led to review of the approach for 2020-21 although this has been significantly impacted on by COVID-19.</p> <p>The role of the community planning partnership is important in the multiagency delivery of public health. So many aspects of our health are determined by factors outwith of the NHS.</p> <p>Maintaining a focus on vaccination and screening performance is important as these are key preventative activities. Performance in these areas is generally good, often exceeding the Scottish performance. The national detect cancer early data on which I usually report was not available at the time of writing due delayed publication of the national data.</p>

	The importance of the health protection function of public health departments has never been greater, and the pandemic reinforces the need for strong local public health teams appropriately resourced. The response to the COVID-19 pandemic will dominate public health activity over 2020-2021, the impact of the pandemic will be felt for many years.
<b>Timing</b>	Presented at NHS Orkney Board in December 2020
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	<p><b>Safe:</b> avoiding injuries to patients from healthcare that is intended to help them</p> <p><b>Effective:</b> providing services based on scientific knowledge</p> <p><b>Efficient:</b> avoiding waste, including waste of equipment, supplies, ideas, and energy and preventing disease</p>
<b>Benefit to Patients</b>	The paper is focused on how we can improve population health and focus on avoidable health inequalities whilst responding to COVID-19
<b>Equality and Diversity</b>	No equality impact assessment has been undertaken, but the paper draws attention to inequalities.

**NHS Orkney**

## **Public Health Report 2019 – 20**



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## Introduction

In 2020 WHO declared a pandemic due to the SARS-CoV-2 virus which causes an illness now known as COVID-19 (Table 0.1). Public health departments, the NHS and the whole of society have been impacted significantly by the pandemic. This year's annual report is curtailed as staff have been responding to the threat posed by COVID-19, and are now focusing on urgent preparations for the coming winter, including delivering the Test and Protect service, expanding the influenza vaccination programme and planning for delivery of a COVID-19 vaccine.

Table 0.1: Timeline of COVID-19

31/12/2019	27 cases of pneumonia in Wuhan
9/1/2020	Preliminary reports of new coronavirus
13/1/2020	Report of case outwith of China
25/1/2020	First case in Europe France
30/1/2020	WHO declares Public Health Emergency of International Concern (PHEIC)
31/1/2020	First cases in England
22/2/2020	Coronavirus notifiable disease in Scotland
1/3/2020	First COVID case in Scotland
11/3/2020	WHO declares pandemic
12/3/2020	UK moves from contain strategy to delay
23/3/2020	UK social distancing – stay at home
30/3/2020	COVID case in Orkney
6/4/2020	Coronavirus (Scotland) Act 2020

The report focuses primarily on work carried out over the 2019-20 period and reflects only a small amount of the public health activity undertaken by staff in the NHS and community planning partners and other organisations. I hope you find it an interesting and useful report.

*Dr Louise Wilson*

Director of Public Health  
NHS Orkney

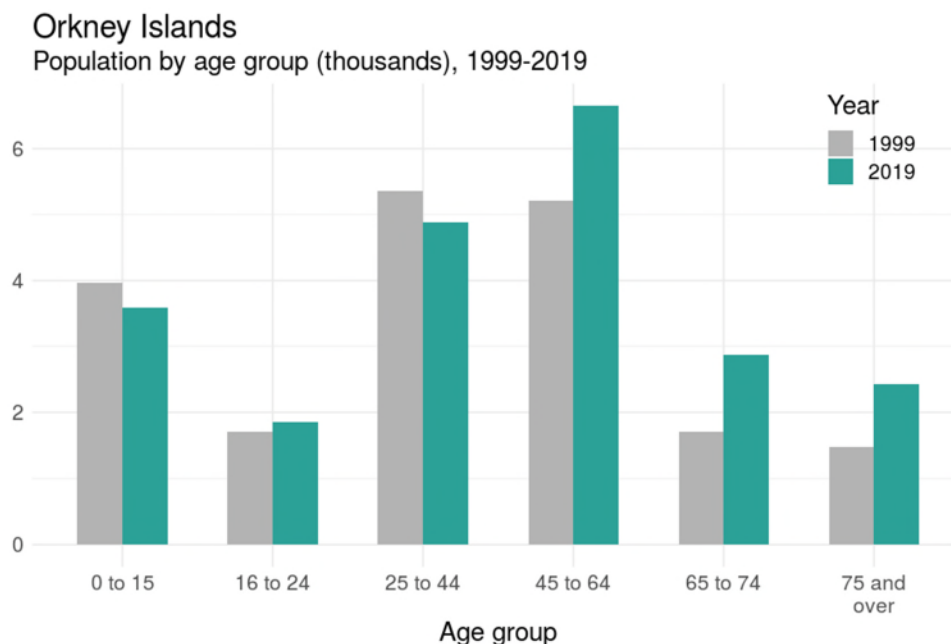
## 1. Health improvement

### Priority 1 An Orkney where we live in vibrant, healthy, safe places and communities

#### Population demographics

Understanding population demographics helps aid planning of services. The population of Orkney as reported by National Records Scotland ([www.nrscotland.gov.uk](http://www.nrscotland.gov.uk)) was estimated to be 22,270 in 2019, an increase of 0.4% from 2018 (Figure 1.1). The trend, within Orkney as elsewhere in Scotland, is currently towards an ageing population with an estimated 24% of the Orkney population over the age of 65 (19% Scotland), and 16.0% under 16 (17% Scotland). In 2019, there were more females (50.2%) than males (49.8%) estimated to be living in Orkney.

Figure 1.1 Orkney Islands population (thousands) 1999-2019



**Source:** [www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019](http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019)

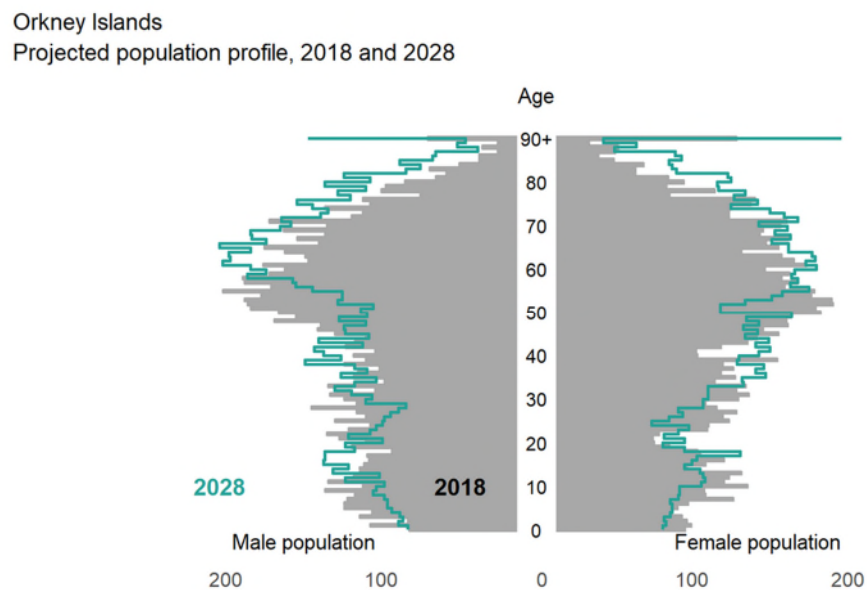
## Migration to and from Orkney

The number of residents in Orkney is partially determined by the number of people who leave or move to the islands. The most recent figures on migration based on council areas for 2018-19 show 810 people migrated in to the islands and 660 migrated away from the islands.

## Population projections

In the long-term the population of Orkney is projected to increase from 22,190 to 22,311 over the period 2018-2028. This is an increase of 0.5%, which compares to a projected increase of 1.8% for Scotland as a whole. Figure 1.2 shows the expected change in population by age from 2018 to 2028.

Figure 1.2 Population pyramid for Orkney Islands 2018 and 2028



**Source:** *National Records of Scotland 2020*

It can be seen that from mid 2018 to mid 2028 in general the percentage of children under 15 is projected to decrease by 11.5%, working age adults is projected to increase by 1% and the older population 75 and over is expected to increase by 37.4%. This shift in age distribution is well known locally and being factored in to how services will need to change for future health needs.

## Births and deaths

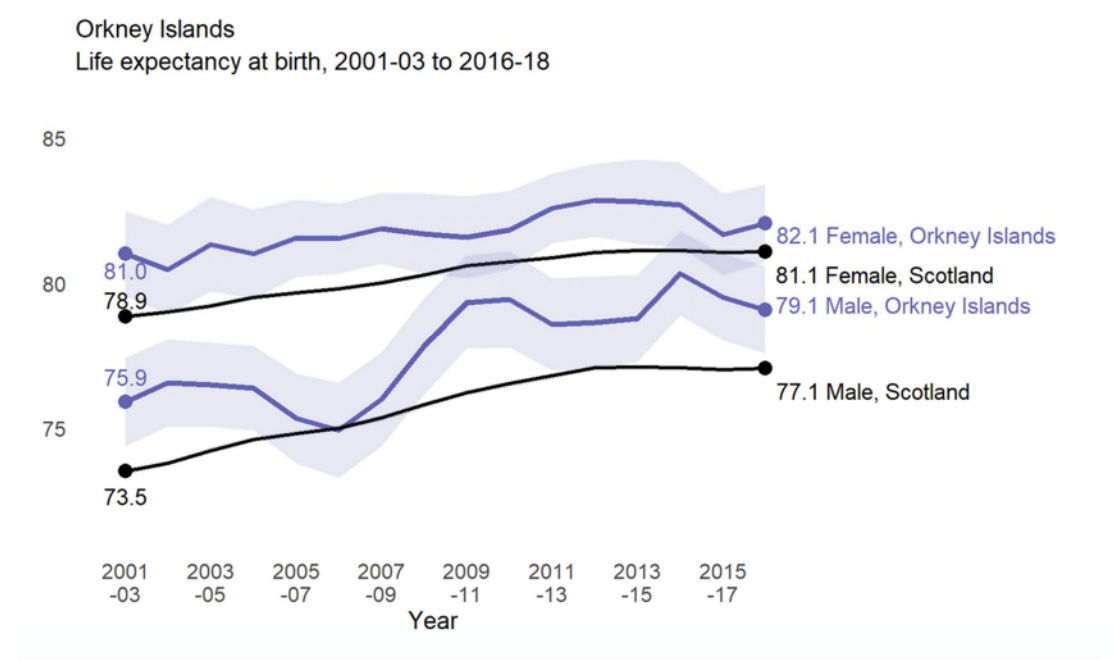
In 2019 there were 182 live births recorded for Orkney, a decrease of 2.2% from 2018. Of these 182 births, 81 (44.5%) were female and 101 (55.5%) were male. The standardized birth rate decreased from 10.3 per 1000 population in 2018 to 10.1. In comparison, the rate in Scotland overall decreased from 9.4 to 9.1 per 1000 population.

There were a total of 232 deaths in Orkney in 2019. This is a 2.7% increase from 226 deaths in 2018. Of these 232 deaths, 116 (50.0%) were female and 116 (50.0%) were male. Information on premature mortality (deaths under 75) has not been updated nationally yet for Orkney.

## Life Expectancy

The latest local life expectancy data is from 2018. Life expectancy at birth in Orkney is greater for females (82.1 years) than males (79.1 years), and both were greater than the Scottish average (females 81.1 males 77.1 years) (Figure 1.3). Life expectancy in Orkney at age 65 is greater for females (20.5 years) than males (19.5 years).

Figure 1.3 Life expectancy at birth in Orkney 2001-3 to 2016-18



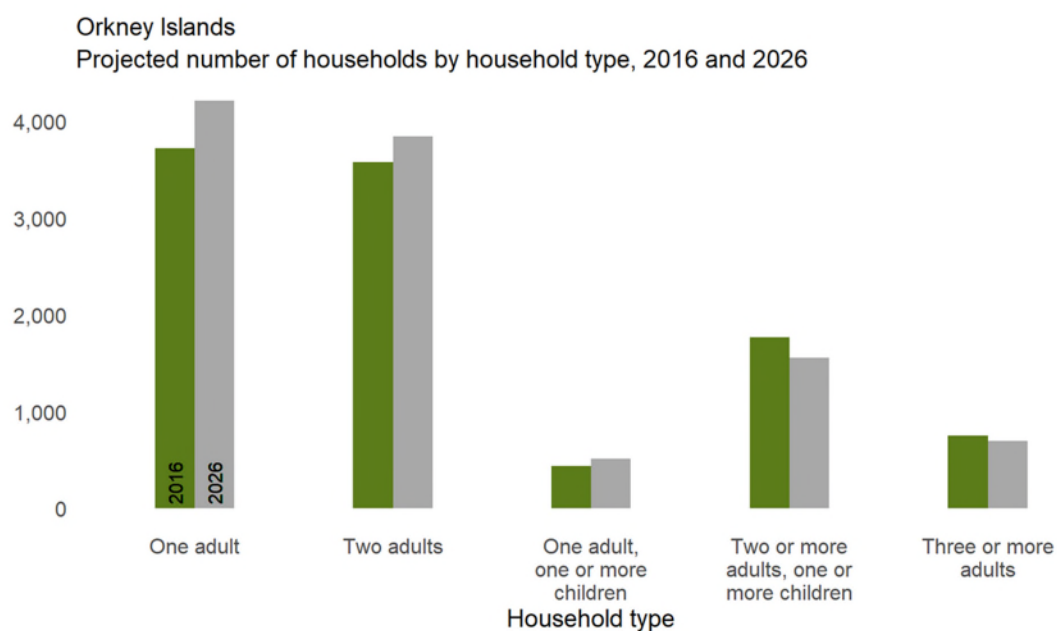
**Source:** National Records of Scotland 2020

## Household Estimates

In 2019, the number of households in Orkney Islands was 10,589. This is a 0.8% increase from 10,506 households in 2018. In comparison, the number of households in Scotland overall increased by 0.7%.

Between 2016 and 2026, the number of households in Orkney Islands is projected to increase from 10,256 to 10,821. This is a 5.5% increase, which compares to a projected increase of 6.4% for Scotland as a whole. In 2026 “one adult” household types are projected to remain the most common (38.9%) (Figure 1.4).

Figure 1.4 Households by household type, 2016 and projected 2026.



**Source:** *National Records of Scotland 2020*

The community planning partnership Living Well subgroup is using a logic model to co-ordinate activity across partners focused around two medium term outcomes:

- (1) People live in safe, warm, homely settings;

(2) People have the support they need to adopt healthy lifestyles throughout their lives, and take responsibility for their wellbeing.

The Public Health department have been actively involved in a range of multiorganisational activities including the development of the Violence against Women Partnership Action Plan and commissioning of the artwork for the Balfour hospital.

Early in the COVID-19 pandemic, a 'Caring for People' group was set up through OIC to draw together statutory and voluntary partners in the community to implement and establish caring for people in Orkney who are affected by the COVID-19 outbreak. NHS Orkney Public health team has been a partner in this group since its creation.

## Priority 2 An Orkney where we flourish in early years

Ensuring children have a healthy start in life is a key focus for joint working across the community. One key action is the promotion of breast feeding. The benefits of breast feeding are well known both for mother and infant.

In Orkney the percentage of babies who have ever been breast feed as reported at the first visit is high (Figures 1.5 and 1.6). The benefits of breast feeding are well known both for mother and infant (Figure 1.7) and the drop off in breast feeding as reported at the first visit is low (Figures 1.8 and 1.9).

Figure 1.5 Breastfeeding Initiation

Percentage of babies who have ever been breastfed (reported at First Visit)  
2019/20

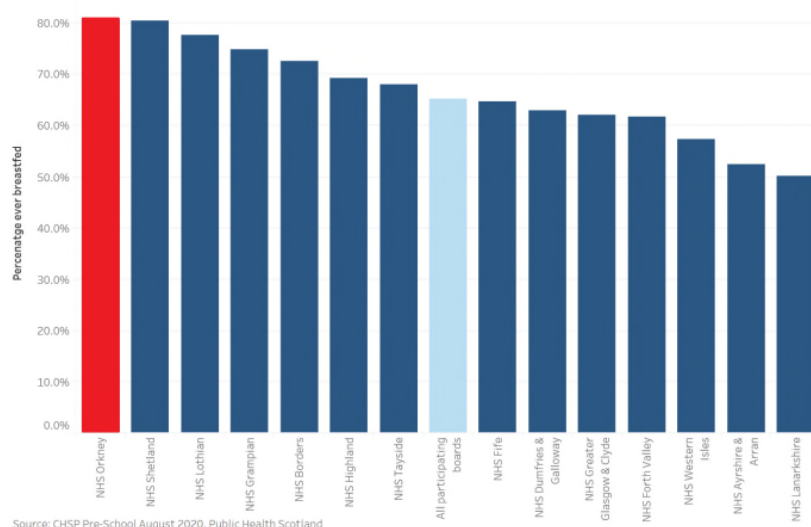
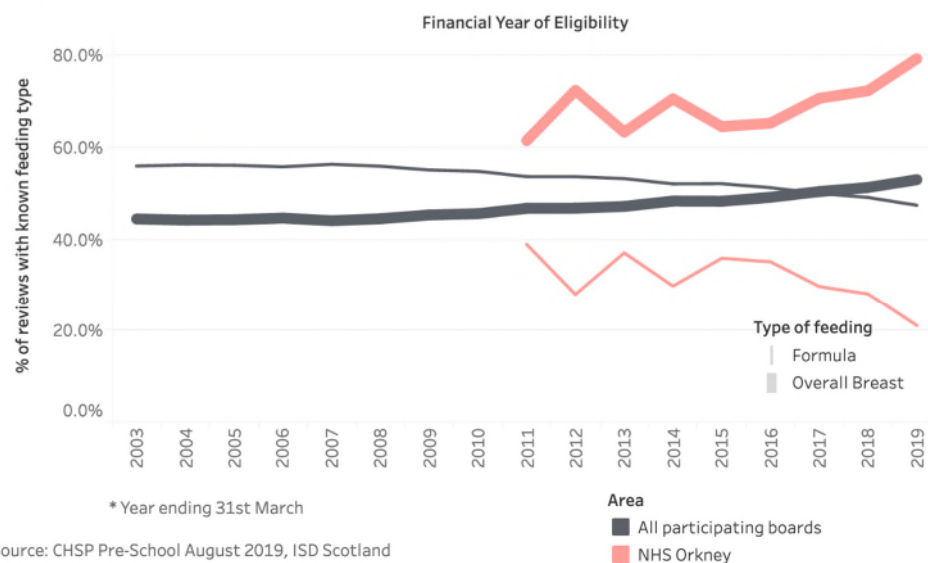


Figure 1.6 Trends in breast versus formula feeding at first visit

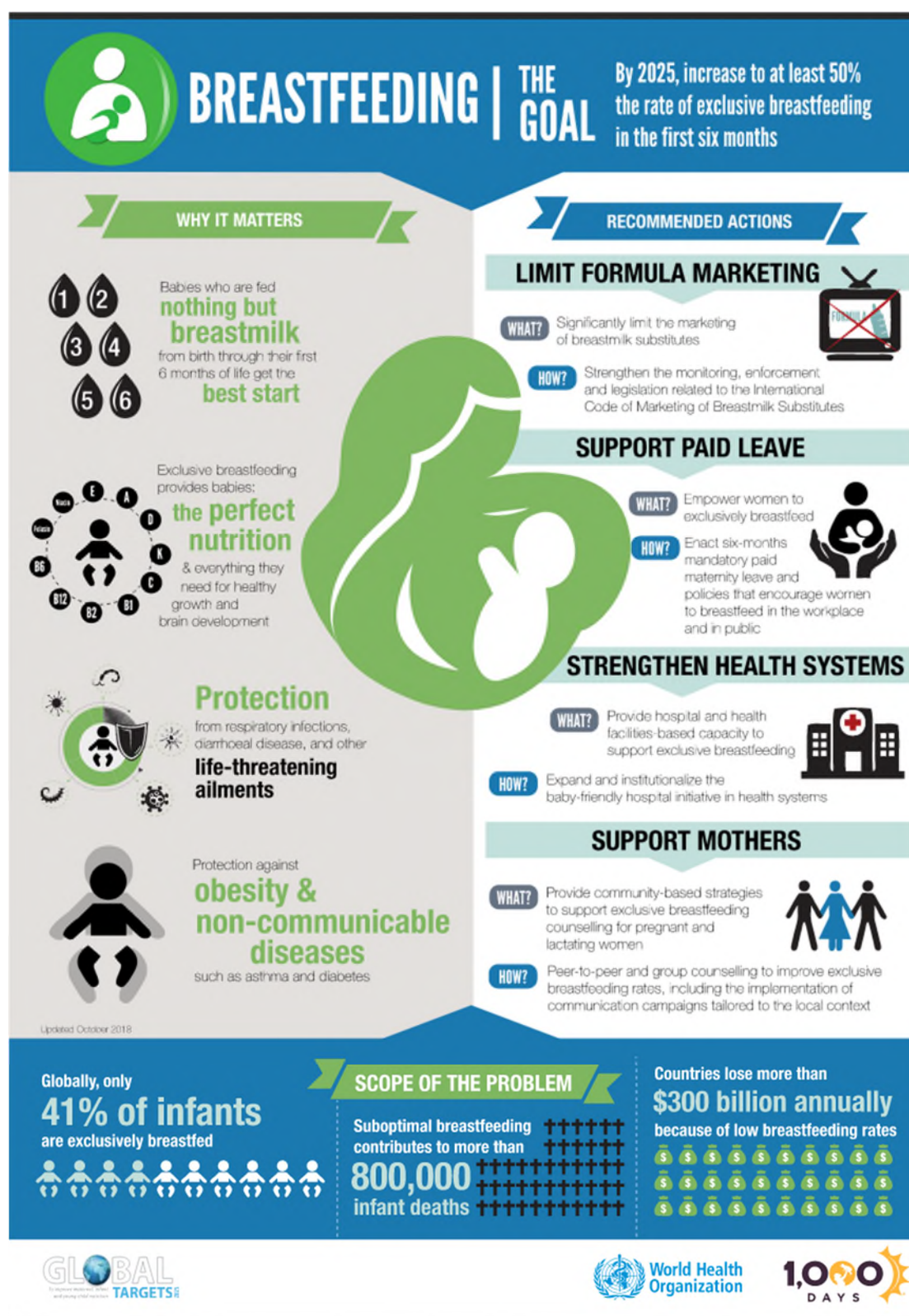
Overall Breast vs Formula feeding at **First Visit** in **All participating boards & NHS Orkney**



Source: CHSP Pre-School August 2019, ISD Scotland

Please note overall breast feeding includes 'exclusive breast' and 'mixed breast & formula' feeding

Figure 1.7 Why Breastfeeding matters



[https://www.who.int/docs/default-source/infographics-pdf/breastfeeding/infographic-breastfeeding.pdf?sfvrsn=b3c98863\\_8](https://www.who.int/docs/default-source/infographics-pdf/breastfeeding/infographic-breastfeeding.pdf?sfvrsn=b3c98863_8)

Figure 1.8 Number of babies who have been exclusively breastfed at 6-8 weeks 2019/20

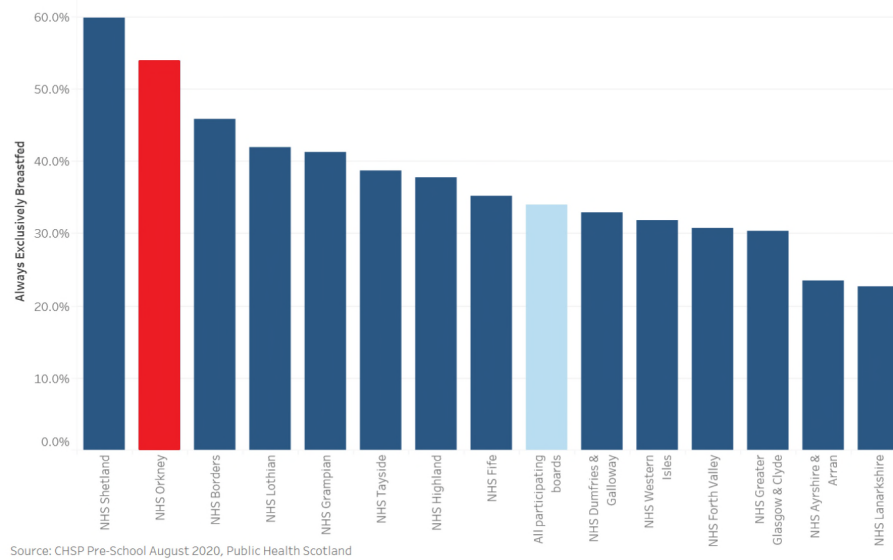


Figure 1.9 Drop off in breast feeding by first visit by health board in 2019/20

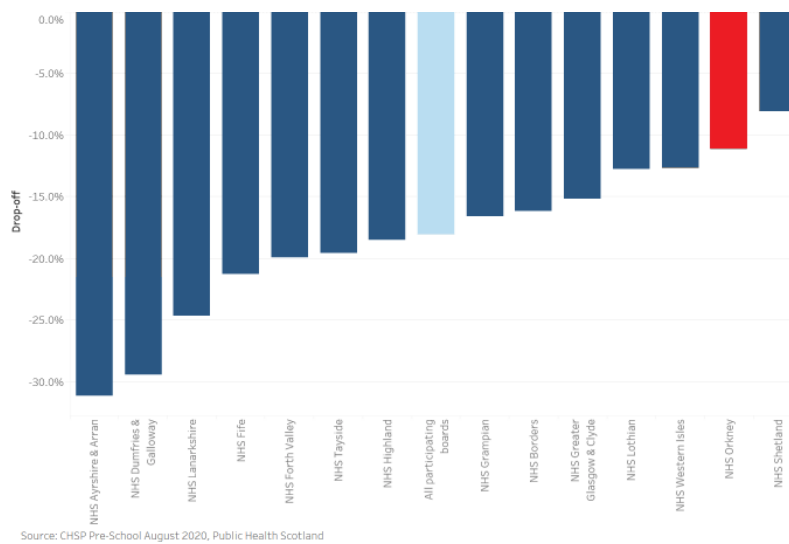
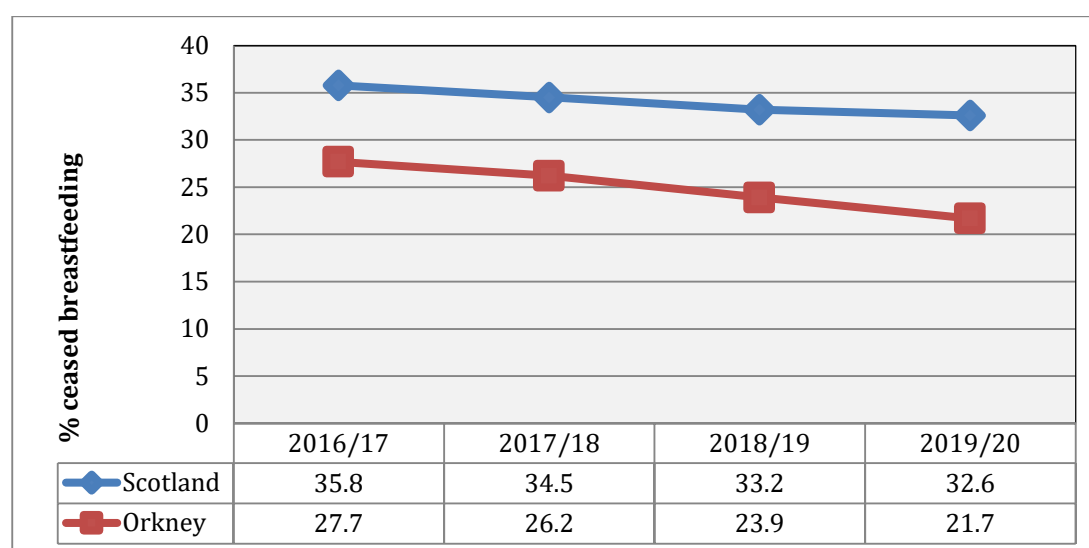


Figure 1.10 Trends in 6-8 week attrition rates in breastfeeding

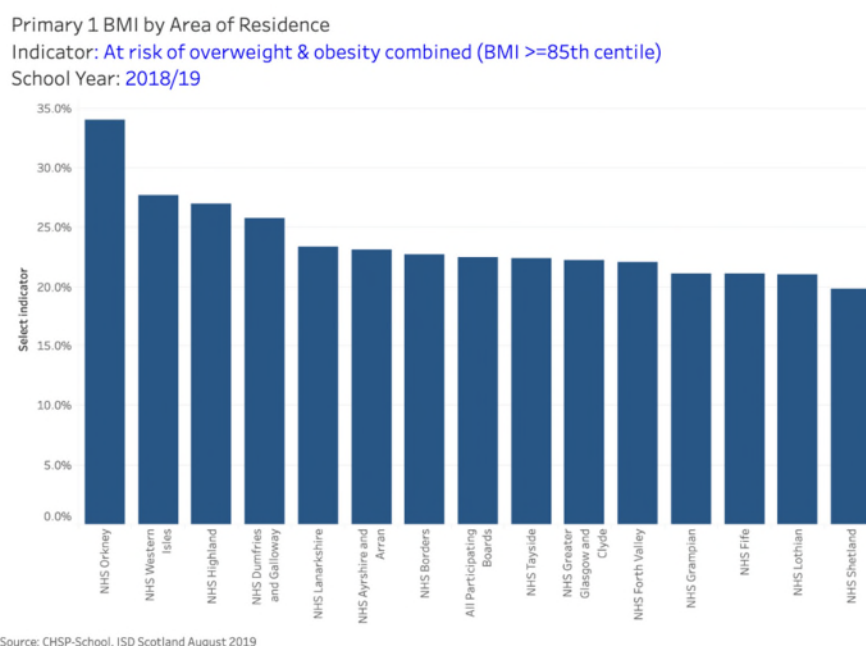


In Scotland the stretch aim target is to Improve and sustain our breastfeeding rates and reduce drop off at 6-8 weeks by 5% by 2020/21 and by 10% by 2024/5. NHS Orkney has achieved the 2020/21 target (Figure 1.10). The successful reestablishment of the breastfeeding support group, and continued progress to achieve the UNICEF Baby Friendly Gold award shows commitment across the organisation.

Scottish Government launched the Breastfeeding Friendly Scotland scheme on 1st June 2019. The scheme aims to raise awareness of the Breastfeeding etc. (Scotland) Act 2005 and the Equality Act 2010 to ensure that businesses and organisations are aware of their responsibilities under the legislation. It aims to ensure mothers have a positive experience of breastfeeding when out and about, allowing them to feel confident and supported. NHS Orkney Public Health undertook work with local businesses to help implement the scheme. In August 2019 Scottish Government announced free Vitamin D for children under one year and breastfeeding mothers. NHS Orkney Public Health are working in partnership nationally and locally with midwives and health visitors to implement and monitor the new scheme.

Maintaining a healthy weight throughout childhood is associated with many health benefits. 34% of Primary One children in 2018/19 were at risk of being overweight or obese (BMI>85<sup>th</sup> centile) (Figure 1.11).

Figure 1.11 Percentage of primary one children at risk of being overweight or obese

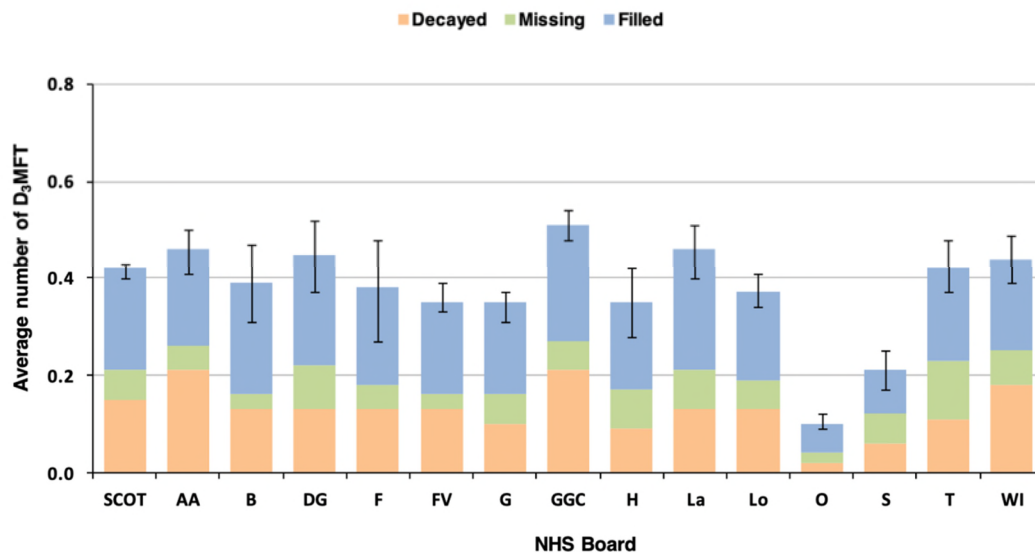


Source: [www.isdscotland.org/Health-Topics/Child-Health/Publications/2019-12-10/visualisation.asp](http://www.isdscotland.org/Health-Topics/Child-Health/Publications/2019-12-10/visualisation.asp)

A gap analysis has been undertaken jointly by dietetics and public health to inform the development of an outcomes focused plan to ensure NHS Orkney is meeting the Child Healthy Weight Standards. NHS Orkney Public Health will work in partnership with Dietetics to develop, implement and evaluate the plan. Preparation work has been completed for a rapid training needs analysis of NHS Orkney staff in relation to raising the issue of weight and an engagement project aimed at parents in the local community to identify reasons for lower levels of referrals into support services for weight. These pieces of work have not progressed past initial planning due to the COVID-19 outbreak.

The dental health of the children of Orkney is good as reported in the National Dental Inspection Programme report of 2019. Orkney had the highest percentage of P7 children (94.2%) with no obvious decay experience. The average number of obvious decayed, missing and filled teeth (D3MFT) across all P7 children inspected in Scotland was 0.42 with the lowest value of 0.10 in NHS Orkney (Figure 1.12).

Figure 1.12 Mean number of obvious decayed, missing and filled permanent teeth (D3MFT) of P7 children in 2019 in Scotland; by NHS Board



Source [www.isdscotland.org/Health-Topics/Dental-Care/Publications/2019-10-22/2019-10-22-NDIP-Report.pdf](http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/2019-10-22/2019-10-22-NDIP-Report.pdf)

Maintaining a focus on child health throughout the COVID-19 pandemic will be important.

### Priority 3 An Orkney where we have good mental wellbeing

The importance of good mental wellbeing is increasingly recognised. Throughout 2019/20, the work in NHS Orkney's public health team in relation to mental health has primarily focused on training.

Training delivered by the health improvement team has included the 'Scottish Mental Health First Aid' course which has been delivered twice in two workplace environments, one of which was the NHS. This course aims to remove stigma and fear in relation to mental health difficulties and to give the participant confidence in approaching a person in distress. The benefits identified by the course participants were improved knowledge, skills, confidence and new ideas.

'Sound of Mind' was a course locally developed in partnership with VAO and the Blide Trust to improve understanding of mental wellbeing and develop the participant's confidence to engage with those who might be having suicidal thoughts. Due to low uptake this course is currently not running.

The Well Programme, with its health coaching element continued during 2019/20. The programme considered the physical and psychological health of the individual and then supported them to set their own goals, allowing individuals to build on their own strengths and capabilities. Physical health checks were carried out and clients signposted to other services for support.

Health coaching was completed by trained health coaches who aimed to support improvement of health and well being, including both mental health such as stress and low mood and physical health such as healthy weight and physical activity.

Four workshops were delivered in August/September 2019 for the Connect project (a project for young people aged between 15 and 25 to support young people to move to training or employment) on a variety of health topics

including 'Living life to the Full' covering some of the concepts of from the materials utilised in health coaching.

In August 2019, Scottish Government released a new Suicide Prevention Action Plan to continue the work from the 2013-16 suicide prevention strategy. NHS Orkney supported the National Suicide Awareness Week by publicising the materials locally.

NHS Orkney Public Health staff were involved in the Mental Health Improvement and Suicide Prevention Framework short term working group; which aimed improve mental health awareness and wellbeing within NHS Orkney and its employees by reviewing and implementing the Mental Health Improvement and Suicide Prevention Framework NES resource.

The COVID-19 pandemic is a significant event which is likely to negatively impact mental health in Orkney. Whilst timely messages around mental health care during the COVID-19 pandemic have been publicised, more public health action in relation to mental health care, early intervention and equity of service and health in Orkney should be considered a high priority for 2020/21. Currently work promoting access to a range of services is occurring through the multi-agency care for people group.

#### **Priority 4 An Orkney where we reduce the use of and harm from alcohol, tobacco and other drugs**

Stopping smoking is a key action people who smoke can take to improve their health. The national aim is to reduce population smoking rates to 5% or less by 2034. It is a Scottish Government priority to encourage children and young people to choose not to smoke with the ambition to create a tobacco-free generation of Scots by 2034.

The Scottish Tobacco Control Strategy identified that priority groups for smoking cessation services are:

- young people
- pregnant women
- those living in disadvantaged areas
- people with mental health problems.
- prisoners

The local service Quit Your Way has continued to develop. Staff have undertaken training to deliver 'Impact' training for smoking cessation for those with mental health issues and training on supporting the raising the issue of smoking through financial services.

Smoking cessation service awareness raising included local promotion of 'No Smoking day' and a New Year drive for quitting on the NHS Orkney Public Health Facebook page. In June 2019, NHS Orkney moved to a new health care facility, The Balfour and during this time, drop in sessions were offered for staff who wanted to quit.

To increase the service capacity to manage an increased referral rate, two members of staff attended the national smoking cessation advisor training course and departmental training to develop them as advisors. To support the process of in-house training for advisors and ensure professional standards within the service, a competency based training plan has been developed and a third member of staff is training this way. This training has been disrupted by

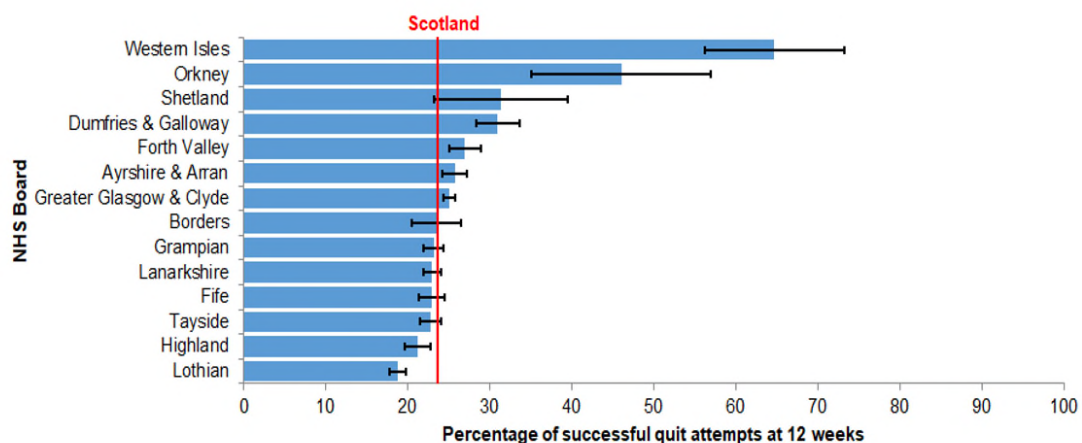
the actions required to manage the COVID-19 situation but is to continue in 2020/21.

Smoking cessation prevention work was undertaken through a session delivered to secondary one students at Stromness Academy. This session provided information on aspects relating to smoking such as health and financial implications.

COVID-19 related inequalities are likely to be exacerbated by the increased risk to smokers of COVID-19, already a group known to experience inequalities. The work to re-invigorate this service, with a clear focus on disadvantaged groups, will be an important priority in the recovery phase of the COVID-19 pandemic.

Orkney's Quit Your Way service received over 80 referrals in 2019/20 and of the 76 clients who made quit attempts, 35 (46.1%) achieved a twelve week quit (Figure 1:13).

Figure 1.13 Percentage of successful quit attempts at twelve weeks (95% confidence intervals) by NHS Board; 2019/20



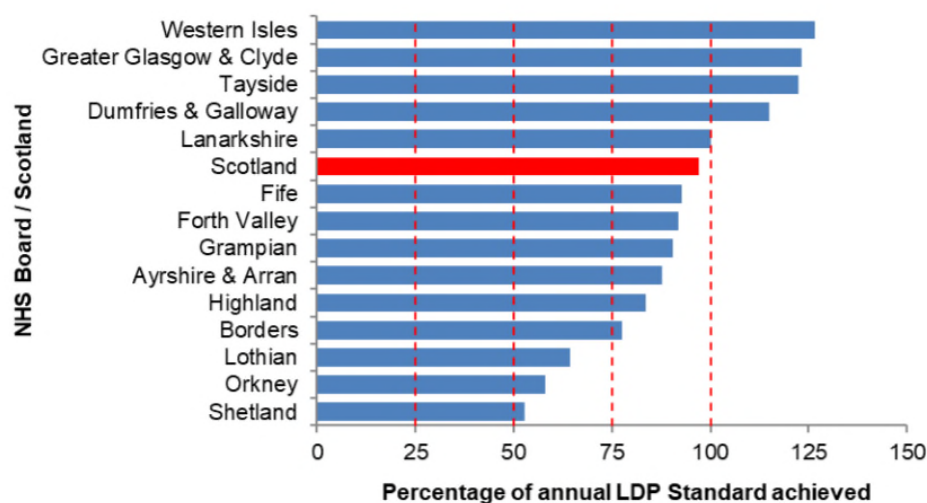
There are clear links in Scotland between tobacco use and inequality, and therefore with health inequalities.

- Smoking rates are still highest in the most deprived areas; in 2018 smoking prevalence was 32% among those in the most deprived areas, compared to 9% in the least deprived areas; and
- 26.6% of pregnant women in the most deprived areas are current smokers at their first antenatal appointment, compared to 3.3% in the least deprived areas.

Scottish Government sets each NHS Board an annual local delivery plan (LDP) standard. In Orkney the performance target is linked to those residing in the 60% least affluent areas. In previous years, targets had been set which reflected not only a board's historic performance against targets but also the performance of other similar boards.

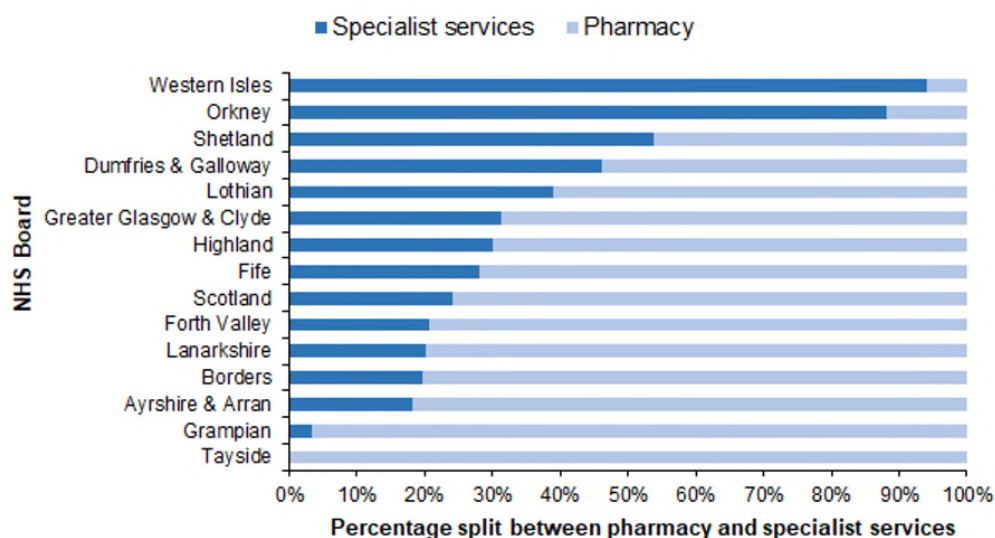
A new system was introduced for 2019/20 which set each board a target percentage to achieve. This was to support 1.5% of the estimated 16-plus smoking population in areas of multiple deprivation (MD) within the board's territory to successful 12-week quits. For Orkney this equated to 31 quits in the 60% most deprived areas. This was a considerable increase on the 2018/19 target. For the Quit Your Way service there were 46 quit attempts in the 60% most deprived areas and 18 individuals achieved a 12 week quit (Figure 1.14).

Figure 1.14 Scotland and NHS Board performance against the 2019/20 LDP Standard



Outwith the specialist services pharmacies also offer a stop smoking service. The split of pharmacy and specialist services to support quit attempts varies across NHS Boards (Figure 1.15). It can be seen that in the island health boards quit attempts are primarily through the NHS specialist services.

Figure 1.15 Distribution of quit attempts via pharmacy/specialist services: NHS Board; 2019/20



In 2019 as part of complying with legislation and the Tobacco Control Strategy NHS Orkney implemented smoke-free NHS grounds policies. There will be an ongoing focus on smoking cessation services and their performance in 2020/21.

Work on alcohol and drug services has been progressed under the Alcohol and Drugs Partnership and a new local strategy is awaited. Alcohol Brief interventions are carried out by the Quit Your Way service and in the Well Programme.

### **Chronic Pain and Gabapentinoids project**

During 2019/20, with funding awarded from the CORRA Foundation, a member of the NHS Orkney Public Health department undertook a project to explore chronic pain management and the use of prescribed medicines called gabapentinoids within Orkney. The aim was to identify gaps in service provision and provide recommendations that could create a platform for change.

Chronic pain is broadly considered to be pain that has lasted 3 months or more and can be attributed to a variety of medical, surgical or psychological root causes. Chronic pain is, therefore, varied and complex; it can be a stand-alone medical condition or secondary to a medical condition. In Scotland it is estimated that chronic pain affects 1 in 5 people (NHS Inform, 2020). Chronic pain is often associated with other conditions and can be experienced for lengthy and indefinite periods of time.

Gabapentin is a drug initially licensed for the treatment of seizure disorders but has come to have wider therapeutic indications. Gabapentin is currently indicated for neuropathic pain and seizures. A related drug pregabalin is indicated for peripheral and central neuropathic pain, focal seizures and generalised anxiety disorders.

It is well evidenced that there has been increasing levels of gabapentinoids being prescribed in Scotland for the treatment of chronic pain. The British National Formulary (BNF) highlights the importance of monitoring patients who have been prescribed gabapentinoids for signs of abuse and dependence. Worryingly gabapentinoids are also being increasingly implicated in drug related deaths. In 2017 gabapentinoids were implicated in 27% of drug related deaths in Scotland (NRDD, 2018). This has therefore become a matter of concern and a case for urgent action for Scottish Health boards. As of April 2019, the Home Office placed gabapentin and pregabalin on Schedule 3 of the Misuse of Drug Regulations 2001.

This project was progressed over a 6-month period and involved a literature review, finding out patient and GP perspectives on pain and pain services and undertaking a mapping of pain services.

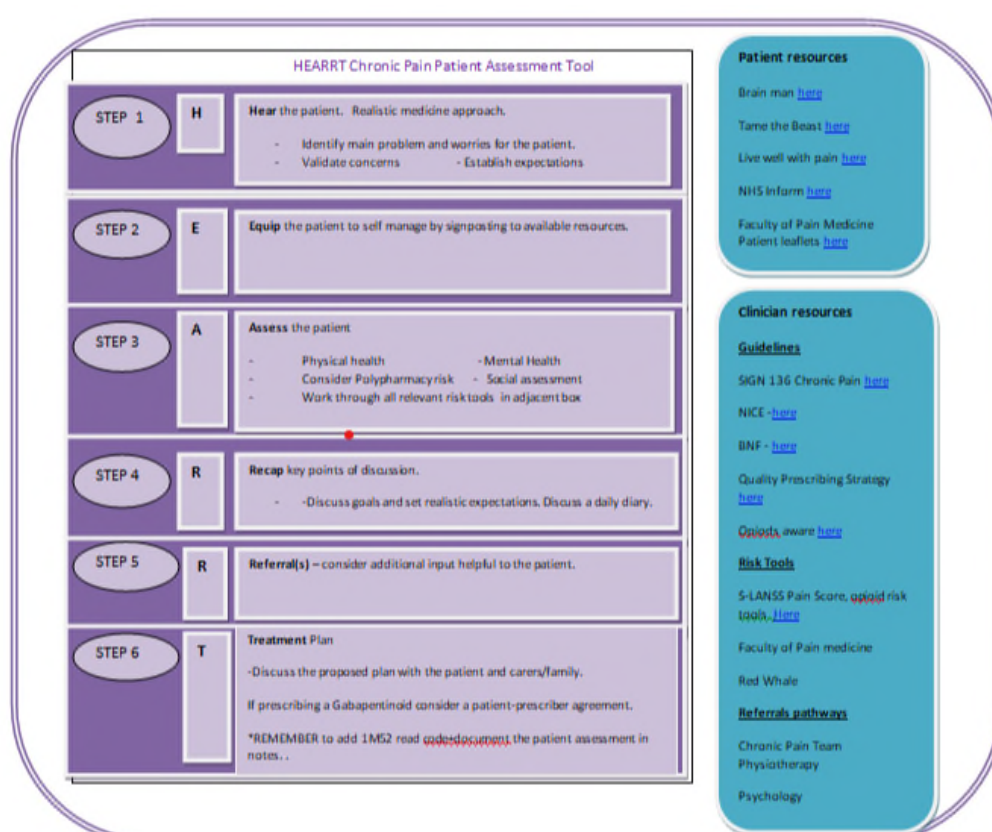
Based upon the project findings several proposals were made in order to enhance, and strengthen the Chronic Pain Service and develop alternatives to gabapentinoid prescribing within Orkney. The findings were shared with professionals and those who had taken part. Some of the key findings are shared below.

- Responses indicated largely positive experiences of chronic pain treatments and services.
- There was a high level of interest in seeing a chronic pain support group established in Orkney.
- Some survey respondents felt that they would like to see more awareness of chronic pain amongst members of the public, family members and, at times health professionals.
- Several people shared that they would like to see alternative treatments available on the NHS, including massage and acupuncture.

- Respondents thought there should be shorter waiting times or a shorter period of time from the onset of pain to receiving a diagnosis.

In particular a holistic approach involving both drug and non-drug treatment was felt to be required. As a result of the project a local assessment tool – the HEARRT chronic pain assessment tool was developed to support the primary care management of patients with chronic pain. The findings of the project were reported back to the funders and also at the European Isolated Practitioners meeting (EURIPA) 2020.

Figure 1.16 HEARRT chronic pain assessment tool



## **Priority 5 An Orkney where we have a sustainable, inclusive economy with equality of outcomes for all**

### **Healthy Working Lives**

The Healthy Working Lives team continued to provide free and confidential support and advice to employers with the aim of creating a healthier workforce. The advice and services offered support employers to implement health, safety and wellbeing policies and practices as well as helping employers to understand how is best to engage with their workforce in order to impact on protecting and improving their employee's health, safety and well-being.

Financial brief interventions are embedded and part of normal work within the wards and maternity service in the Balfour. During and after the COVID-19 outbreak, there is the potential for an increased burden of financial insecurity across Scotland. This may disproportionately affect Orkney with high numbers employed in customer service related occupations and skilled trades. Financial inclusion will be an important area for NHS Orkney's Public Health team's priorities in the 2020/21, particularly given the potential ongoing impact of the COVID-19 pandemic.

### **Health Behaviour Change**

In 2019, health behaviour change training was delivered by the health improvement team on two occasions which was open to anyone working with people in Orkney. This was a blended learning course with the face to face element developed locally to complement the level 1 and 2 Health Behaviour Change modules available through Health Scotland. The training supports professionals to understand the principles of behaviour change as well as providing an opportunity to practice health behaviour change work in a safe environment and develop confidence and skills required to embed behaviour change principles into their everyday interactions with clients. Training healthcare professionals in health behaviour change is an important factor in

compliance with the 'Health Promoting Health Service' principles of 'Making Every Healthcare Count'.

## Priority Six – An Orkney where we eat well, have a healthy weight and are physically active

In order to address complex challenges such as diet and weight, a collaborative approach is required, spanning decision makers from many sectors. The Orkney Health Weight Action Plan which was drafted during 2018/19 is now being implemented. This plan brings together partners from across Orkney to work collaboratively to achieve five outcomes:

Outcome 1 – Children have the best start in life – they eat well and have a healthy weight

Outcome 2 – The food environment supports healthier choices

Outcome 3 – People have access to effective weight management services

Outcome 4 – Leaders across all sectors promote healthy diet and weight

Outcome 5 – Diet-related health inequalities are reduced

A gap analysis has been undertaken jointly by dietetics and public health to inform the development of an outcomes focused plan to ensure NHS Orkney are meeting the Adult Healthy Weight Standards. NHS Orkney Public Health will work in partnership with Dietetics to develop, implement and evaluate the plan. The Public Health Department have been supporting maternity services to develop and implement an action plan to reduce gestational diabetes.

As outlined in A Healthier Future: type 2 Diabetes prevention, early detection and intervention framework: “Any individual should have access to a local comprehensive weight management service with a single point of entry”. This maps on to outcomes 3 and 5 of the Orkney Diet and Healthy Weight Delivery Plan and in line with this, service pathways and gap analysis have been drawn up to make changes where needed and improve upon the established pathways for those with Type 2 Diabetes.

Following on from the stakeholder surveys distributed in the previous year, Type 2 diabetes focus groups were held across Orkney mainland and the Islands in 19/20. In total 44 participants attended the groups. The aim of these

focus groups was to achieve a greater understanding of the experience people living with Type 2 diabetes from local services and to identify barriers to healthy lifestyles in Orkney. The intention of the survey and focus groups is to ensure that patient's experiences and perspectives are reflected in the service design.

In July 2019, Confidence to Cook training for trainers was delivered to voluntary sector partners. The delivery model of this training to partners aims to develop the capacity for this programme delivery within Orkney as well as target more vulnerable groups. To increase the department capacity to deliver 'Confidence to Cook' training, two members of the health improvement team attended training in Grampian.

In line with the national framework, the health improvement team worked with dietetics to develop social media messages in relation to a reduction in discretionary foods and improved diet in a time poor society. From this action, the idea of a weeklong test pilot was developed to test engagement and public reaction to this type of social media outreach. The outcomes of this initial test pilot were ultimately positive public reaction and engagement, which was determined mainly by post reach, reactions and clicks.

In February 2020 a Healthy Eating Seminar was delivered by members of the health improvement team to a group of young people from the local charity Restart Orkney. This seminar covered a wide range of health and wellbeing factors as they relate to healthy eating and included a variety of interactive activities. While an evaluation of the reception of the seminar was not taken, the verbal feedback from this seminar was positive.

During 2019/20, funding was provided to the Picky Centre to support the first six months set up of a Parkinson's specific exercise class. This class will follow a rehabilitation programme style, tailoring the exercise to the individuals exercise to their unique presentation and goals.

Due to the COVID-19 pandemic, work in relation to healthy weight and physical activity including the work on the Type 2 diabetes framework has been reduced and renewed focus will be required in 2021.

## Sexual Health

The Nordhaven Clinic has continued to offer STI testing, access to contraception, including emergency contraception, pregnancy testing, sexual health related advice and information. Orkney's needle exchange service is also accessed through the Nordhaven Clinic, guaranteeing good access to health advice and testing through this service.

The condom by post service continues to be available through the Nordhaven Clinic website. When condoms are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings. This is to allow equitable access for condoms across Orkney in a discrete and confidential manner. The HIV Self testing kits by post, which runs in a similar manner allows access to HIV home testing.



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## 2. Health Protection

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health
- Immunisation

In order to be effective Health Protection is a multi-disciplinary activity and we work with Primary Care, The Balfour, Orkney Islands Council, Scottish Water, and other partner agencies to ensure that we maintain an integrated approach to the health of the public across Orkney.

### Infectious Diseases

Public Health receives notifications for a number of notifiable diseases and organisms under the Public Health etc (Scotland) Act 2008. Notifiable diseases are any disease that is required by law to be reported to the health board. Many but not all notifiable diseases are infectious diseases. If a registered medical practitioner has a reasonable suspicion that a patient whom they are attending has a notifiable disease, he/she should not wait until laboratory confirmation of the suspected disease before notifying the health board. If a notifiable organism is identified by a laboratory the laboratory should notify the health board.

Diseases are notified so that the health board is aware of where in the community significant diseases are being found. Having this information lets

the public health department take steps to control the spread of infectious diseases and to protect the community.

During 2019/20 there were 121 individuals with notifiable infectious diseases reported to the public health team an increase on the 85 reported the year before (Table 2.1).

Table 2.1 Reported infections 2019/2020

Diagnosis	Number of Reports
Acute Hepatitis E	0
Campylobacteriosis	49
Clostridium difficile associated disease (CDAD)	6
COVID-19	2
Cryptosporidiosis	0
E.coli infection	34
E.coli VTEC O157 infection	2
Giardiasis	1
Hepatitis B	2
Hepatitis C	1
iGAS (invasive Group A streptococcus	1
Listeriosis	0
Measles	1
Mumps	0
Mycobacterium	3
Noroviral gastroenteritis	3
Pertussis	12
Psittacosis	0
Salmonellosis	4
Tuberculosis	0
Varicella (chickenpox)	0
<b>Total</b>	<b>121</b>

Source: NHS Orkney PH Department

## **COVID-19**

This report includes, for the first-time, information on Coronavirus (COVID-19). This is the illness caused by a new strain of coronavirus SARS-CoV-2 which was first identified in Wuhan city, China. It can cause a new continuous cough, fever or loss of, or change in, sense of smell or taste (anosmia).

People with COVID-19 can present with mild to moderate illness to pneumonia or severe acute respiratory infection. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However more severe symptoms can be seen in people with weakened immune symptoms, older people and those with long-term conditions like cardiovascular disease, diabetes, cancer and chronic lung disease.

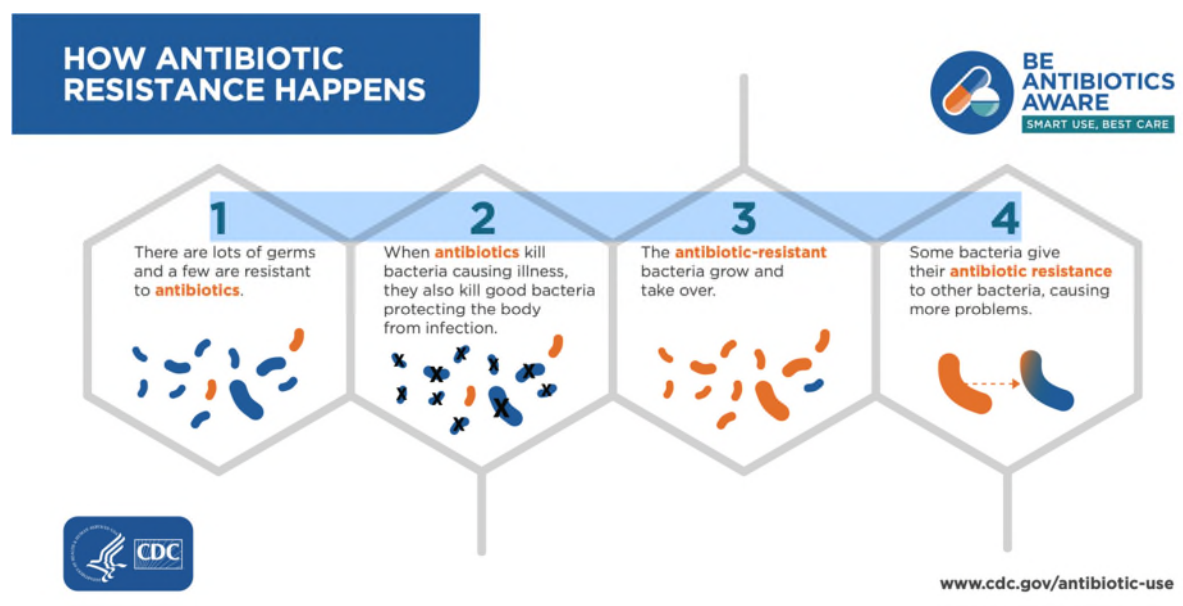
On 30th January 2020 the Director General of the World Health Organisation (WHO) declared the novel coronavirus outbreak a public health emergency of international concern, WHO's highest level of alarm. The first cases in the UK were detected on 31 January 2020, and in Scotland on 1<sup>st</sup> March 2020. The first reported case of community transmission in Scotland was on 11<sup>th</sup> March. COVID-19 was declared a pandemic by WHO on 11<sup>th</sup> March. Extensive measures were implemented across many countries to slow the spread of COVID-19. On March 23rd the UK entered lockdown, everyone was to stay at home as much as possible and severely restrict their interactions with others outside their household and only go outside for essential food, health and social care services.

NHS Orkney Public Health Department convened an initial Coronavirus Preparedness meeting on 28<sup>th</sup> January 2020 following which weekly Incident Management Team meetings were held until NHS Orkney moved into a Gold, Silver and Bronze command structure of which the first Tactical Group meeting was held on 10<sup>th</sup> March. The first test positive case in Orkney was confirmed on the 30<sup>th</sup> March.

## Antimicrobial resistance

Escherichia coli (E. coli) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of E. coli live harmlessly in the gut, some types can make individuals feel unwell. Some E. coli bacteria can become resistant to certain antibiotics. When this happens with disease causing bacteria, these antibiotics remain ineffective if they are used to treat an illness caused by the bacteria. Important antimicrobials towards which increasing resistance has been observed include the group of aminopenicillins and cephalosporins. One of the causes of this antimicrobial resistance are enzymes designated as extended-spectrum beta-lactamases (ESBL) and ampC beta-lactamases (AmpC). Bacteria require a certain gene in order to produce these enzymes. The genes coding for ESBL and AmpC production can be spread between bacterial species (Figure 2.1).

Figure 2.1: Antibiotic resistance development



The most common types of ESBL-producing bacteria are Escherichia coli and Klebsiella species which cause infections including urinary tract infections, pneumonia and blood stream infections. Vulnerable groups at risk for colonisation or infection with ESBL-producing organisms include people who

are immunocompromised, elderly people, those with previous exposure to antibiotics and long durations of hospitalisation.

During 2019/20 33 incidences of resistant E. coli infection were reported to public health. The age range of the individuals affected ranged from three to 90 years. The level of infections and antibiotic resistant patterns are being closely monitored by the infection prevention and control team and public health.

### Norovirus type infections

Norovirus is a common infection, and sometimes causes outbreaks in hospitals (which are dealt with primarily by colleagues in the Infection Control Team), care homes, schools and on cruise ships. In 2019-20 there were 11 (6 in 2018/19) gastroenteritis outbreaks reported; three in schools, four in nursery schools, two in elderly care establishments and two on cruise ships. All received full support from the public health department. It is important to follow the stay at home guidance for norovirus type infections in order to reduce their spread (Figure 2.2).

Figure 2.2: Norovirus guidance



## Influenza

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on

pneumonia, or other serious complications which can, in extreme cases, result in death. Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices. During 2019-2020, there were 10 confirmed cases of influenza in Orkney residents reported to public health, and there were no related outbreaks.

## Situations

During the time frame of this report 36 situations were managed by the health protection team. This work is undertaken in partnership with our Orkney Island Council and Scottish Water colleagues as required. The incidents consist of water issues, gastroenteritis outbreaks in various settings as discussed above, and single cases of infectious disease with the potential for high consequence such as measles and COVID-19.

## Immunisation Programmes

The Scottish immunisation programme represents a key public health measure. The programme continues to evolve in order to meet the demand to improve the control of infectious diseases through vaccination.

The principal aims of immunisation are:

1. To protect the individual from infectious diseases, with associated mortality, morbidity and long term consequences
2. To prevent outbreaks of disease
3. Ultimately to eradicate infectious diseases world-wide, as in the case of smallpox

The Scottish Government announced a review of the delivery of vaccinations in Scotland in March 2017, the Vaccination Transformation Programme (VTP). The programme will review and transform vaccine delivery. Delivery will move away from the current position of General Practitioner (GP) practices being the preferred provider of vaccinations.

The VTP commenced 1<sup>st</sup> April 2018, from then and until March 2022 there will be a phased process of service change in which models of delivery will be developed, tested and implemented based on a locally agreed plan.

Within the VTP we will need to ensure any changes do not have a negative impact on health inequalities. The success of the programme will be based on the effective collaboration of many disciplines working with people of all ages in order to provide an appropriate offer of vaccination for all including the most vulnerable in our population. A multidisciplinary VTP Stakeholder group has been established to oversee the programme and to inform the development of options for service delivery moving forward.

### **Childhood Immunisation Programme**

Children born in Scotland can expect to have 11 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 17 separate injections. These injections protect children from a number of potentially life threatening illnesses including diphtheria, tetanus, Pertussis (whooping cough), polio, haemophilus influenza type B (Hib), pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), measles, mumps and rubella. In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) and Hepatitis B - are offered to children in relevant at-risk groups.

From October 2017 all babies born on or after 1<sup>st</sup> August 2017 became eligible for a hexavalent vaccine which includes protection against hepatitis B

(HepB). The hexavalent vaccine (6 in 1) replaced the pentavalent infant vaccine (5 in 1). This means babies continue to receive protection against diphtheria, tetanus, pertussis, polio and *Haemophilus influenza* type b (Hib) as well as protection against Hepatitis B.

Uptake rates for childhood immunisation programmes for year ending 31<sup>st</sup> March 2019 in Orkney are available in Table 2.2 below compared with the Scottish average.

Table 2.2 Immunisation uptake rates

Uptake by 12 months	Orkney	Scotland
Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) 6-in-1* primary course	94.5%	96.2%
Pneumococcal (PVC) primary course	94.5%	96.6%
Rotavirus primary course	89.9%	93.4%
Meningococcal B (MenB) primary course	93.5%	95.8%
Uptake by 24 months		
6-in-1 primary course	96.9%	96.9%
Measles, mumps & rubella (MMR) 1	94.3%	94.0%
Hib/MenC	93.2%	94.3%
PCV Booster	92.7%	94.4%
MenB booster	93.2%	93.6%
Uptake by 5 years		
6 in 1	99.0%	97.8%
MMR 1	98.0%	96.7%
Hib/MenC	96.0%	95.9%
Diphtheria, tetanus, pertussis (whooping cough), polio(4 in 1 Booster)	96.0%	91.9%
MMR2	96.0%	91.5%
School immunisations (academic year 2018/19)		
Human papillomavirus (HPV) (completed course S3)	84.8%	91.6%
Tetanus, diphtheria and polio	84.6%	84.1%
Meningococcal types ACWY	84.1%	86.6%

*\*Children who reached 12 months of age in 2018 were scheduled to receive the 5 in 1 vaccine, (no Hepatitis B component) or the 6-in-1 vaccine, depending on when they were born*

Work continues to maintain and increase the uptake rate of vaccinations.

## **Human Papillomavirus Immunisation Programme**

Cervical cancer is the most common cancer in women under 35 years of age in Scotland and human papillomavirus (HPV) is the main risk factor. The HPV vaccine helps to protect against the main cause of cervical cancer and has been offered to girls in secondary schools since 2008. Research undertaken by a collaboration of researchers from within NHS Scotland, and the Universities of Aberdeen, Edinburgh, Glasgow Caledonian and Strathclyde has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer by almost 90%.

The Joint Committee on Vaccination and Immunisation (JCVI) has advised on extending the programme to adolescent boys and this will be implemented during the next academic year. We have been preparing to implement the programme extension.

The school immunisation programme utilises a mixed model delivery approach with young people being invited to attend primary care for vaccinations in the isles practices and the programme being delivered in schools on the mainland. Work is to be undertaken to review service delivery as part of the vaccination transformation programme with a focus on continuing to offer vaccinations to pupils throughout their school career for those who miss the vaccination at the initial offer.

## **Adult Immunisations**

### **Pertussis (Whooping Cough) Vaccination for pregnant women**

Whooping cough is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Whooping cough is spread in the droplets of the coughs and sneezes of someone with the infection.

A single dose of whooping cough vaccine is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may protect the mother against whooping cough and thereby reduce the risk of exposure to her infant. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

This vaccination programme is administered by the NHS Orkney midwifery team. The uptake rate for 2018 was 71.43% above the Scottish average of 66.3%. The data for 2019/20 is incomplete but currently shows 101 of 142 individuals vaccinated (71.1%).

### **Herpes Zoster (Shingles) Immunisation Programme**

The Herpes Zoster Immunisation Programme started in 2013. Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The herpes zoster vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder.

The 2019/20 shingles vaccination programme which ran from 1<sup>st</sup> September 2019 to 31 August 2020 provided the offer of the vaccine (Zostavax®) to individuals aged 70 years (defined by the patients age at 1 September 2019) (routine) and those aged 71-79 years who had not previously been vaccinated (opportunistic) defined by the patient's age on 1<sup>st</sup> September 2019. The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age.

The uptake figures for 2019/20 campaign are incomplete, with data available up to March 2020. Currently the uptake figures for Orkney for those aged 70 years are 67.7% (Scottish average 39.3%).

During the COVID-19 pandemic the routine shingles vaccination programme was temporarily suspended in line with the COVID-19 advice for adults aged 70 years and over.

### **HPV Programme**

The human papillomavirus (HPV) vaccine is available in Scotland for men who have sex with men (MSM) up to and including 45 years of age. The vaccination is offered to men who attend sexual health and HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer. This programme is delivered through the Nordhaven clinic.

### **Seasonal Influenza Vaccination Campaign**

There are 3 types of seasonal influenza viruses – A, B and C. The most effective way to prevent the disease and/or severe complications is vaccination. Safe and effective vaccines have been used for over 60 years. Type C influenza cases occur much less frequently than A and B which is why only Influenza A and B viruses are included in the seasonal influenza vaccines.

There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2019/20 campaign

- All adults aged 65 years and over in Orkney were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)

- Those aged 18-64 years with at-risk conditions, including pregnant women were offered an egg based quadrivalent inactivated flu vaccine (QIVe) some cell based quadrivalent vaccine was also available (QIVc).

All uptake rates except for pregnant women and not in a clinical risk group are above the Scottish average (Table 2.3). The childhood influenza cohorts and the adults age 65 years and over uptake rates met or exceeded the national targets set.

Table 2.3 Influenza vaccination uptake rates

Influenza vaccination Uptake Rates	Orkney	Scotland	Target
Pre-school (2 to <5)	76.4%	52.5%	65%
Primary school children	74.9%		75%
Age 65 years and over	75.2%	74.0%	75%
All at risk (excluding healthy pregnant women and carers)	50.6%	42.3%	75%
Pregnant and not in a clinical at risk group	58.0%	42.9%	75%
Pregnant and in a clinical risk group	64.7%	56.9%	75%
Carers	55.9%	44.7%	

In conclusion, vaccination delivery across the Scottish immunisation programmes works well in Orkney. Additional focus is required on increasing vaccine uptake amongst teenagers and in the influenza vaccination programme for those with a clinical risk and pregnant women.

### 3. Screening

National screening programmes are population level services that identify healthy people who may be at increased risk of a disease or condition. If an increased risk of a disease is identified the individual can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. Screening can reduce the risk of developing a condition or its complications but it cannot offer a guarantee of protection. In any screening programme there is a minimum of false positive results and false negative results.

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Retinopathy (DRS) and Pregnancy & Newborn (PNBS)).

#### Scottish Abdominal Aortic Aneurysm Screening Programme

An abdominal aortic aneurysm is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0 cms to 5.4 cms).

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. For the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 the men who are eligible to access the programme are men who turned age 66 years in the financial year ending 31<sup>st</sup> March 2020. Whilst 98.7% of NHS Orkney eligible men were offered screening before the age of 66 years the percentage of men who were tested (before the age of 66 years and 3 months) fell to 84.7% which is just

below the target of **≥ 85%** but above the Scottish average of **84.3%**. Please note that the data is still provisional due to the impact of COVID-19.

### Scottish Bowel (Colorectal) Cancer Screening Programme

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2019 was **69%** for Orkney residents against a national performance of **66%**, the national target is **60%**. Of those tested 56 individuals received positive results a slight reduction on the 60 from the previous year. This data is incomplete due to the impact of COVID-19.

## Scottish Breast Screening Programme (SBSP)

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years can continue to be screened if they arrange an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age. The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen. The breast screening service has not visited Orkney during the time of this report.

## Scottish Cervical Screening Programme

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women. Screening is offered to women aged 25-64 years, every three years for women aged 25 to 49 and every five years for women from age 50 to 64 years. Cervical screening saves around

5,000 lives in the UK every year and prevents 8 out of 10 cervical cancers from developing.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

- Is or has been sexually active
- Smokes, as this affects the cells in the cervix

Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Women are offered a smear test that involves checking cells in the cervix (neck of the womb) and a Human Papilloma Virus (HPV) test where appropriate. The test is designed to identify any cervical changes in women who otherwise have no symptoms, at this stage, any abnormalities can easily be monitored or treated, and treatment is usually very effective. Without treatment the changes can sometimes develop into cervical cancer.

The uptake for cervical screening in 2019-20 for females in Orkney was just below the Scottish standard of 80% but above the Scottish average for both age groups.

- Females aged 25-49 years who had a record of a previous screening test taken within the last 3.5 years uptake was 78.3% above the Scottish average of 68.5%
- Females aged 50-64 years who had a record of a previous screening test taken within the last 5.5 years uptake was 77.9% above the Scottish average of 75.8%

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the current cytology (smear) test that examines cells under a microscope. Planning is underway for the changeover to high risk HPV primary testing which will be implemented in 2020. The change sees the replacement of cervical cytology as the primary screening test with Hr-HPV testing and the use of cytology-based tests for women who test positive for Hr-HPV.

### Scottish Diabetic Retinopathy Screening Programme

People with Type 1 or Type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an annual eye screen. Diabetic Retinopathy Screening (DRS) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eye sight. Left untreated diabetic retinopathy can cause blindness or serious damage.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eye sight
- Taking medication as prescribed
- Attending DRS appointments

The service is performing well against Key Performance Indicators (KPIs) as shown in Table 3.1. The higher than recommended technical failure rates are due to patients driving to attend appointments which means drops used to dilate the individual's pupils cannot be used. If there is a technical failure patients are invited to attend for screening again and requested to make alternative arrangements for transport.

Table 3.1 Key performance indicators 2019/20 up to Quarter 3

KPI 1 (invitation rate)	80.1% (Standard 75%) (Scottish Average 77%)
KPI 2 (Uptake rate)	67.5% (Standard 60%) (Scottish Average 57.2%)
KPI 4 (Successful Screening rate)	66.8% (Standard 60%) (Scottish Average 56.6%)
KPI 9 (Written report success rate)	96.76% (Standard 95%)(Scottish Average 88.2%)
KPI 7A (photographic technical failure rate)	3.5% (Standard max 2.5%) (Scottish Average 2.6%)
KPI 7B (slit-lamp technical failure rate)	5.1% (Standard 2.0%) (Scottish Average 2.8%)

The United Kingdom National Screening Committee (UK NSC) has recommended revised screening intervals for patients within the DRS Programme. For diabetics at low risk of sight loss the interval between screening tests should change from one year to two years.

Optical coherence tomography (OCT) is a non-invasive imaging technique that provides high-resolution, cross sectional images of the retina as well as the optic nerve. It is envisaged that in each NHS Board, diabetic patients who are currently receiving OCT surveillance within Ophthalmology Services will be discharged to the DRS Programme OCT service as the move to two yearly DRS is implemented. The capacity will need to be carefully managed to prevent DRS services from becoming overwhelmed. It is proposed the transition takes place over a period of four years.

## Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and IV)
- Down's syndrome
- Fetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timeous treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the baby/child.

## Newborn Hearing Screening Programme (NHSP)

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps. Data for 2019/20 is not yet available.

## Newborn Blood Spot Screening

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. During 2019/20 186 babies were screened.

## Non- invasive prenatal testing (NIPT)

Blood tests combined with scans can help find the chance of chromosomal abnormalities such as Down's, Edwards' or Patau's syndromes. Women whose results show a high risk of an affected pregnancy are currently offered diagnostic tests such as amniocentesis that carries a possible risk of miscarriage.

Non-invasive prenatal testing provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect where an abnormal number of chromosomes is present in each cell, and only if NIPT returns a positive result will the woman be offered amniocentesis. A national short life working group has been established to implement NIPT across Scotland; this includes representation from NHS Orkney. A local steering group has also been established to ensure implementation follows the national plan.

As the report highlights a number of large-scale changes were happening nationally within vaccinations and screening which were to be continued into 2020. However due to the rapidly changing situation with COVID-19 all adult screening programmes were paused on 30<sup>th</sup> March. The focus of the work for 2020/21 will be on managing the COVID-19 pandemic alongside business as usual. Screening programmes will be reinstated in line with national guidance.

## 4. Resilience

### Emergency Planning and Business Continuity

Fifty-eight Business Continuity Plans are now in place extending across the organisation and these include Primary Care and the Isles Network of Care. A number of independent GP Practices are also developing their plans. Each of these plans is supported by Business Impact Analysis undertaken individually with each service area. All plans are signed off by line managers with electronic signatures to further develop a culture of ownership of the plans by the services.

In July 2019 an internal audit of the Board's Business Continuity management process was undertaken with the recommendations that recovery point objectives be further developed and the newly drafted plans reflecting the move to the new facility be tested. The audit was undertaken pre-pandemic and as such the majority of plans have had elements tested as part of the COVID-19 response process and work continues to ensure that our plans are fit for purpose.

The Major Incident Plan has also been reviewed and revised to reflect the move to the new hospital and was approved by the Finance and Performance Committee. Elements of the Major Incident Plan such as the setting up of the Gold Silver and Bronze command structures as well as the interagency support through the Orkney Local Emergency Co-ordinating Group (OLECG) provided a framework for the Board's COVID-19 response. Moving forward the continued engagement with resilience partnerships will be critical as the Board remobilises services in the face of COVID-19 and prepares for concurrent events such as winter flu and the EU-Exit.

Lessons learnt in relation to the multi-agency COVID-19 response are being collated and will provide a valuable directory of information when planning the response for the second or subsequent potential waves of the pandemic. In

addition, existing plans such as the Winter Plan and Mass Vaccination Plan will be reviewed to reflect all the learning from the COVID-19 response.

Exercising of plans is also important. Critical areas of the Major Incident Plan were tested including switchboard using scenario-based incident notifications and live cold call cascades to the Incident Management Team. Radiology and Theatre Departments undertook table top exercises with multiple virtual casualties. Unfortunately, due to COVID-19 the planned exercise of the Emergency Department has been temporarily postponed. At the appropriate time the product of these exercises will form the basis for a larger table top exercise involving the Incident Management Team in an effort to increase understanding around the response to a major incident.

In December 2019 a decontamination exercise was held at the new hospital site to test the equipment and the setting up of the decontamination tent in adverse weather conditions. Whilst this was challenging there were a number of lessons learnt and an action plan developed to support future exercises.

Training of staff is also important. A presentation on the Board's response to a major Incident with mass casualties has been delivered to the Senior Management Team which was linked to the support and resources that are available through the Scottish Trauma Network (STN). This was followed up by a visit from the STN Team who met with clinicians and GPs in the outer isles and hosted a virtual Q & A session.

In July 2019 a major Incident presentation was delivered to the Morbidity and Mortality group made up of clinicians to introduce them to and raise awareness of the Major Incident Plan and their roles there-in. This was followed up with a session on the exercises that had been undertaken to test critical service areas of the plan and lessons that had been learnt.

In February 2020, the Scottish Resilience Development Service delivered Founding Principles and Crisis Management modules at the Balfour to NHS Orkney managers as part of the Integrated Emergency Management training

programme. This was also attended by partners from OLECG to further develop a wider awareness of the resilience partnerships and the benefits of working in a multi-agency environment.

### Incidents of note

On the 13th and 14th of January 2020 OLECG stood up in relation to an extreme weather event and predicted tidal surge. A rest centre was set up and coastal defences deployed at a number of locations. NHS Staff were pre-positioned by partner agencies to ensure that patients in the more remote communities still had access to NHS services. As a consequence of these measures, there was no reported damage and residents were able to return to their properties.

### EU exit Planning

The Board's EU exit steering group remained active until February 2020 when much of the focus and resources switched to the COVID-19 response. The planning process will re-convene with a review of the UK Government's and Scottish Government's planning assumptions. The organisational risks relating to 'Brexit' will also be reviewed and refreshed as part of this process so that NHS Orkney understands the emerging risks and plans accordingly.

## 5. Recommendations

As the world enters the COVID-19 pandemic a changed way of working is required for public health and NHS services. Reprioritisation of services will occur, including the temporary pausing of some important public health programmes such as screening programmes. The focus of the public health department will be on mitigating the harm caused by COVID-19. In 2020-21 the focus will be on health protection – strengthening the health protection team to meet the demands of contact tracing of COVID-19 cases, and ensuring influenza vaccination programme delivery. Planning for COVID-19 vaccination delivery will also occur. The extent of the threat means that the whole of NHS Orkney needs to respond and work closely with its partners and the public.

**Recommendation 1:** Health protection work is prioritised

**Recommendation 2:** Delivery of key COVID-19 activities is seen as a whole NHS Orkney response, working with organizational partners and the public

A reduced programme of health improvement activities on healthy weight, mental wellbeing, smoking cessation and financial inclusion continues where possible, with a focus on inequalities. From a public health perspective the societal impact of COVID-19 will be long lasting, and there is a need for us as a community to be mitigating that impact where possible.

**Recommendation 3:** Health improvement focuses on preventing and mitigating the long term impacts of COVID-19 where possible

Screening programmes are important and will be paused and restarted in line with the national recommendations in a Once for Scotland approach.

**Recommendation 4:** Screening programmes in Orkney continue in line with national directions

We can all play a role in reducing the spread of COVID-19 by following the national guidance (Figure 5.1).

Figure 5.1 COVID-19 guidance



## Acknowledgements

My thanks go as ever to the NHS Orkney public health team who have contributed to this report and for their dedicated work over the year. A big thanks too to all the NHS staff and organisational partners who have been involved in the delivery of the public health work. My gratitude also goes to Ms Samantha Wishart for the formatting of the report.



## Not Protectively Marked

<p><b>NHS Orkney Board - 17 December 2020</b></p> <p><b>Report Number: OHB2021-74</b></p> <p><b>This report is for approval.</b></p> <p><b>The Orkney Winter Plan 2020/21</b></p>	
<b>Author</b>	Christina Bichan, Head of Assurance & Improvement
<b>Action Required</b>	<p>The NHS Orkney Board is invited to:</p> <p>1. <b><u>approve</u></b> the plan</p>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• NHS Orkney in common with other Boards is expected to prepare a Winter Plan, in partnership based on national guidance and from lessons learned the previous year.</li> <li>• The Winter Plan attached aims to create a set of conditions which improve resilience by building capability to absorb, respond and recover from disruptive challenges.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Plan will be also presented to the next meeting of the Integration Joint Board for approval.</li> </ul>
<b>Timing</b>	To be considered at the December 2020 meeting.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>

## 7.2

<b>Contribution to the 2020 vision for Health and Social Care</b>	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
<b>Benefit to Patients</b>	More timely access to care and services.
<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.



# Orkney's Winter Plan 2020/21

Version Control: Draft 2	Prepared by Christina Bichan, Head of Assurance & Improvement
Implementation Date	TBC

Approval Record	Date
NHS Orkney Senior Management Team	TBC
NHS Orkney Board	17 December 2020
Integrated Joint Board	TBC

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## **Introduction**

This winter plan builds on the plans of previous years and the interventions that have been successfully used to manage peaks in demand over the winter period and over the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of all of our NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition, social care partners, the ambulance service and NHS 24 have all contributed to this work ensuring our preparedness for what is likely be a challenging winter as we face increased pressures from the ongoing COVID-19 pandemic, winter respiratory ill health, adverse weather and the end of the EU exit transition period on 31/12/2020.

## **Aim and Objectives**

### **Aim**

The aim of this Plan is to set out the arrangements for the delivery of primary and community care, out-of-hours and hospital services over the winter period and to ensure that our collective provision can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand as a result of wide spread illness such as seasonal flu or epidemic viral illness coupled with the ongoing COVID-19 pandemic is likely to add a level of burden to our shared ability to deliver services.

### **Objectives**

The principle objectives of the plan are:

- to set out how we will work together to respond to the unprecedented challenges being faced over winter 2020/21 and to deliver against the priorities Scottish Government have set for the NHS and their delivery partners. Namely:
- Minimising the impact of the acute pandemic phase
- Suppressing the virus and
- Keeping people alive and well through provision of essential health and social care services, including those that promote physical and mental wellbeing.

## **Related Plans and Guidance**

The following plans set out detailed policies and procedures which relate to or are part of Orkney's response to winter pressures:

- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management September 2015
- NHS Orkney Pandemic Flu Plan 2017
- NHS Orkney Major Incident and Emergency Plan Version 1.2
- Orkney Islands Council Emergency Plan 2019 Version 1.7
- Orkney Islands Council – Winter Service Plan 2015-16 (reviewed 2020/21)
- NHS Orkney Communication & Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance 2015
- NHS Scotland Standards for Organisational Resilience May 2018 Second Edition
- NHS Scotland - winter preparedness plan: 2020 to 2021
- Adult social care - winter preparedness plan: 2020 to 2021
- Exercise Silver Swan Overall Exercise Report April 2016
- NHS SCOTLAND Major Incidents with Mass Casualties National Plan for NHS Boards and Health and Social Care Partnerships, 2019
- EU-exit Scottish Risk and Mitigation (Official Sensitive)

## **Consultation**

This Plan was prepared collaboratively by services from across the health and social care system through a multi agency Winter Planning Group.

## **Review of the Plan**

The plan has been reviewed by the Winter Planning Group, Clinical Care Governance Committee, Senior Management Team and Integration Joint Board. It will be circulated to stakeholders within Orkney Local Emergency Co-ordinating Group (OLECG) once the plan has been formally adopted. This year's plan considers the additional pressures of concurrent events such as Flu, EU-Exit and the potential challenges of a major incident taking place during a COVID-19 pandemic. Debriefs relating to COVID-19 outbreaks are now available from a variety of sources and will assist and inform our winter planning processes as we seek to return to a new model of service delivery in the midst of a pandemic.

## **SECTION 1. RESILIENCE PREPAREDNESS**

### **1.1 Resilience Preparedness**

NHS Orkney undertook Business Impact Analysis (BIA) with services across the organisation and now has Business Continuity Plans (BCPs) in place covering all areas. This works alongside Primary Care who have further developed their plans covering the Isles Network of Care, delivering services to the outer isles of Orkney. Whilst there is no statutory obligation under the Civil Contingencies Act 2004 the majority of the independent GP practices have now completed their own BIAs and BCPs.

In February 2020, the Board began its COVID-19 response planning and stood up a Gold, Silver and Bronze Command structure mirroring the strategic, tactical and operational structures within the Board's Major Incident Plan. As part of this response specific areas of The Balfour were re-configured to form the NHS Orkney Acute Services COVID-19 Capacity Plan. This four-step plan was designed to expand in three stages within the footprint of the new hospital to create surge capacity for COVID-19 patients. Whilst this escalation plan represents a significant increase in bed capacity, the challenge of staffing all four phases will be the limiting factor in the winter months with historically higher rates of staff sickness and the potential to lose staff who are required to self-isolate. The availability of locum staff and the uncertainty around EU-Exit may also reduce the pool of staff on temporary contracts.

As part of the hospital re-configuration, a ventilation unit was set up within the existing theatre area with additional staff trained in ventilation procedures to increase the Board's capacity to ventilate patients on island, awaiting transfer off island to ICU facilities

A Covid Assessment Centre (CAC) for the assessment and testing of members of the public who display COVID-19 symptoms has been set up off site by re-commissioning the old Health Centre. This measure is designed to screen patients and reduce the risk of introducing the virus into the Balfour via attendance at the Emergency Department or at the two GP practices located within the new hospital. Footfall into The Balfour and all GP practices across the Board has been reduced through the increased use of telephone and video consultations.

### **1.2 Training and Exercising**

Four critical areas within the new hospital were identified for table top testing against the Major Incident Plan. These included Switchboard, Emergency Department, Radiology and Theatre. The overall plan is to use the product of these exercises to develop a larger table top exercise for the Senior Management team. Whilst three areas were exercised, the Emergency Department exercise was put on hold as a consequence of the pandemic.

On the 12<sup>th</sup> and 13<sup>th</sup> February 2020, the Scottish Resilience Development Service (ScoRDS) delivered the Integrated Emergency Management training to NHS Orkney managers and partner agencies covering founding principles and crisis management. This training has given those managers on call a wider understanding of the resilience structures and benefits of multi-agency responses.

On the 27<sup>th</sup> of April 2020 the Silver Command Group undertook Exercise Silver Standard facilitated by the two embedded Military Liaison Officers and the Resilience Officer with three simulated Covid-19 scenarios designed to help participants identify key risks and a range of solutions within a safe learning environment.

On the 1<sup>st</sup> of June 2020 NHS Orkney held a multi-agency exercise focussing on a COVID-19 outbreak amongst care staff and residents. Learning from the Home-Care One outbreak in Portree, Isle of Skye provided additional valuable lessons learnt and was disseminated to Orkney Health and Care and care home managers.

NHS Orkney has had a number of singular COVID-19 positive cases with the most significant incident centred on an outbreak aboard an Orkney based fishing vessel. This tested the Board's collaborative response with partner agencies with the setting up of a problem assessment group including representation from Scottish Government and partners from OLECG. These live incidents have allowed NHS Orkney and partners to test their response processes and their contact tracing arrangements and well as live testing the logistics of transferring a COVID-19 patient to the intensive care unit at Aberdeen Royal Infirmary.

### **1.3 COVID-19 Risk Reducing Measures**

Significant work has been undertaken to reduce the risk of COVID-19 transmission across staff cohorts. All staff who can work from home have been actively encouraged to do so in an effort to reduce the number of staff working within The Balfour. A number of workstations have been removed to comply with the latest social distancing guidance issued by NSS Scotland COVID-19 remobilisation guidance on social distancing in the workplace. Signage has been displayed throughout the NHS estate with the setting up of one-way systems in an effort to regulate the flow of staff around the hospital building. All staff moving around are required to wear face masks/face coverings with FFP2 face masks required when entering any clinical areas. Where possible non-resident staff are housed in single occupancy accommodation or bubbled together in working cohorts. Public Communications and messaging will be pivotal through the winter months as students return from the mainland to Orkney for the festive break. Coupled with the increase in social gatherings as families celebrate Christmas, these factors represent a significant risk of spreading the virus but this could be mitigated with careful public messaging.

### **1.4 Personal Protective Equipment (PPE)**

As the pandemic intensified worldwide demand for PPE outstripped supply creating uncertainty and instability within the supply chain with price fluctuations, product quality issues and a lack of availability. In recognition of the critical need for a buffer stockpile of suitable PPE NHS Orkney set up the PPE and Supply Chain-sub Group to support Boards COVID-19 response. The group set up processes to build up a buffer stock of PPE with robust stock control measures to ensure that staff across the organisation had access to the appropriate levels of PPE. Single Points of Contact have been appointed to represent the organisation national meetings for both PPE and Procurement. This ensures that the Board is sighted on supply chain issues and can plan appropriately. Due to the fluctuations in availability of Filtering Facepiece (FFP3) masks for Aerosol Generating Procedures NHS Orkney has trained an additional eight clinical and non-clinical staff to undertake

face fit testing as well as training face-fit testers for Orkney Islands Council so that staff can be tested into new and sustainable product lines as they become available. This will remain a rolling programme for the foreseeable future to ensure that staff have access to the necessary PPE to respond to the COVID-19 pandemic and any increase in seasonal flu patients.

### **1.5 Vaccination Programme**

This year the Board will undertake a flu vaccination programme in a range of venues outwith normal healthcare facilities. The venues have been set up on an appointment only basis with patients being escorted from their vehicles into the vaccination centres to ensure that there is no queueing and that social distancing is maintained at all times. This patient flow process is regulated by Marshalls provided by a range of category 1 and category 2 responders from OLECG supporting the NHS flu vaccination programme. Public messaging around the programme will be key to its success by ensuring that patients are aware of all the changes to the process from previous years. It is anticipated that this year's flu vaccination programme will be a significantly larger with the additional cohorts of patients to be vaccinated and a larger uptake from the original cohorts.

### **1.6 Adverse Weather Planning**

On the 13<sup>th</sup> and 14<sup>th</sup> of January 2020 OLECG stood up in relation to an extreme weather event and predicted tidal surge. A rest centre was set up and coastal defences deployed at a number of locations. NHS Staff were pre-positioned by partner agencies to ensure that patients in the more remote communities still had access to NHS services. As a consequence of these measures, and the management of a significant number of weather events over the previous years, the resilience partnership has become well versed in its response.

On the 9<sup>th</sup> of October 2020, Police Scotland Emergency Planning Department ran a multi-agency table top exercise relating to a major weather event as part of the winter planning process. This was attended by a range of partners across OLECG and featured a deteriorating weather situation with a multitude of emerging threats. The debrief report will be published in due course.

### **1.7 Brexit Planning**

Initially the Board had set up a Brexit Steering Group to review the Scottish Governments Planning Assumptions based on the UK leaving the EU without a deal. Local and regional workshops were attended and the Board produced its own Brexit risk register sitting alongside risk registers produced by the resilience partnerships. OLECG and NHS Orkney are now beginning to re-focus on planning arrangements on the new departure date of the 31<sup>st</sup> of December 2020.

### **1.8 Technology Enabled Care**

The introduction of Office 365 (O365) is one of two major implementations of Microsoft products being undertaken across NHS Scotland which will support our mobilisation plans. Over the next 6 months we will move our entire IT estate over to the Microsoft Office 365 suite enabling our workforce to use devices in different locations including accessing data outside of our IT networks.

The take up and use of Near Me in Orkney to date has been a fantastic achievement. As part of our winter plans the use of Near Me will continue and be rolled out to all health and social care services as well as the voluntary and community sector.

Building on our successes of Near me, we will undertake a test of change with the national Technology Enabled Care Programme to roll out remote blood pressure monitoring for newly diagnosed hypertensive patients from the Isles Network of Care GP Practices enabling more people to receive their care at home or in the community.

North of Scotland (NoS) eHealth Leads meet on a regular basis to establish regional solutions for community and clinical service improvements. This includes implementing the NoS care portal Care portal providing cross-Board Electronic Patient Records (EPR) to support GPs, and clinicians within secondary care with a single view of a person's health and care record.

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## SECTION 2. UNSCHEDULED/ELECTIVE CARE PREPAREDNESS

### 2.1 Hospital Overview

The Balfour Hospital inpatient capacity is currently as follows:

IP1	20
HDU	2*
IP2	16
C19 Surge Unit	4
MHTB	1
Maternity	4
Acute Assessment	2
C19 Ventilation Unit	2
<b>Total</b>	<b>51</b>
<b>Total C19</b>	<b>6</b>

To supplement the above a COVID-19 escalation plan detailing surge phases and associated bed numbers has been developed in line with Scottish Government requirements.

This gives a total of 51 beds of which 6 are allocated to the management of COVID-19. The new hospital facility, The Balfour, has all individual patient rooms with en-suite, allowing a higher degree of flexibility within this system at times of high occupancy/demand.

The average number of admissions each month to the Balfour Hospital is 345 (including day cases) with episode data by year being provided in Figure 1 below. Additionally, a summary of consultant led outpatient activity at the Balfour Hospital is provided in Table 1. As well as variation from year to year, we experience variation from month to month as a result of the variable schedule of visiting services delivered in Orkney by staff from other Boards. The frequency of visiting service clinics is dependent upon demand as well as historical agreements and can be monthly to 6 monthly dependent on specialty.

Figure 1. Admissions to The Balfour quarter ending March 2014- December 2019  
(Source: ISD - extracted October 2020)

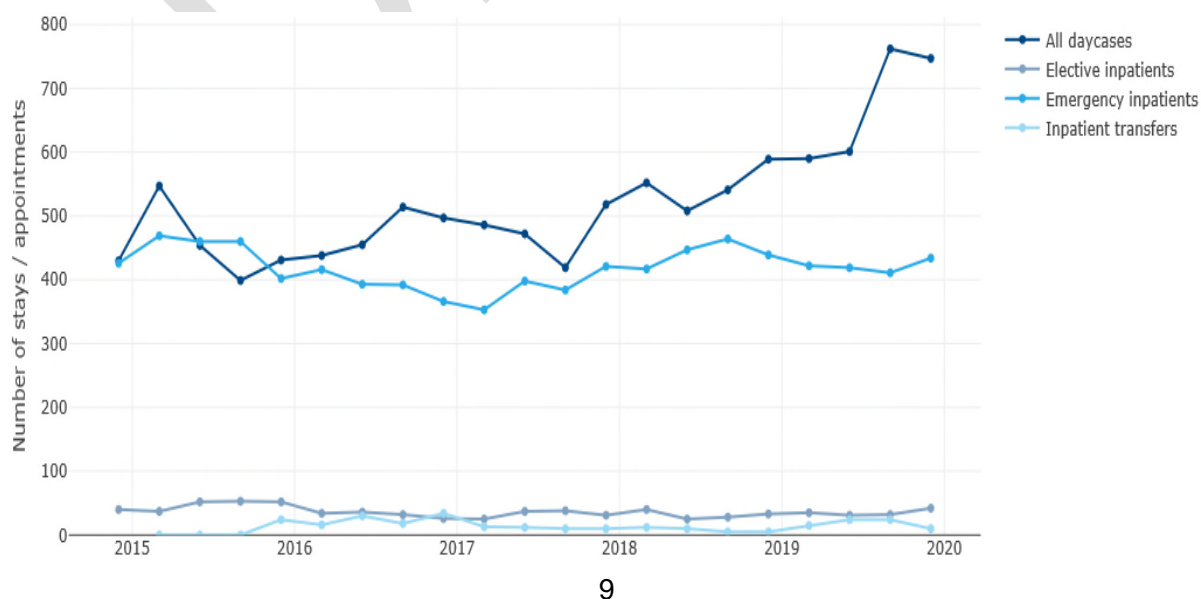


Table 1. Consultant Led Outpatient Activity, The Balfour 2013/14 – 2019/20 (Source: ISD)

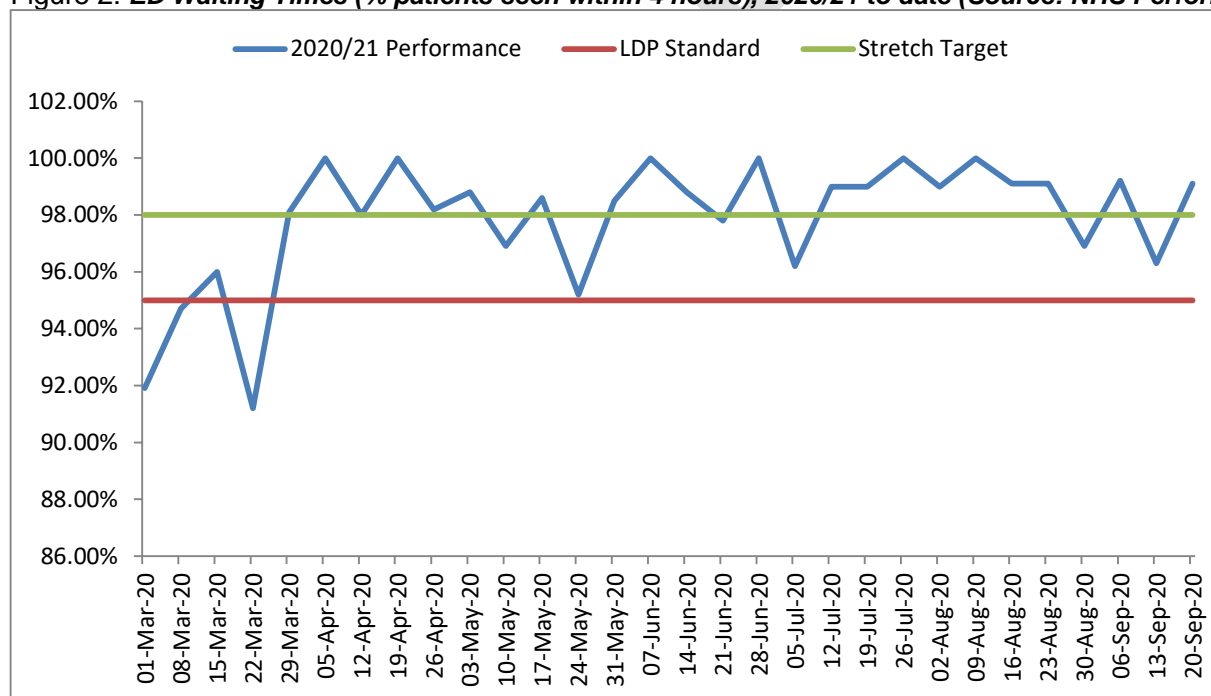
Year	New	Return	Grand Total
2014/15*	2029	3831	5860
2015/16	3990	7796	11786
2016/17	4111	7239	11350
2017/18	3862	7118	10979
2018/19	4125	7009	11134
2019/20**	3220	5507	8727

\*Data only includes Oct 2014 – March 2015.

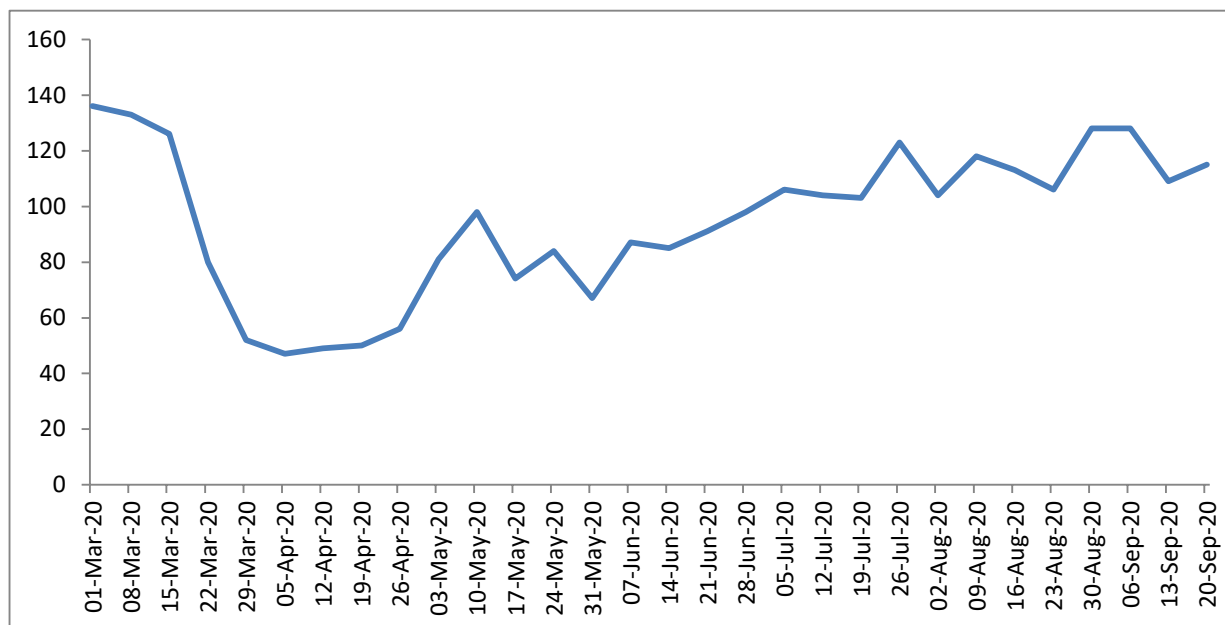
\*\* Data only includes April 2019 – December 2019

Figure 2 provides an overview of Emergency Department attendances and compliance with the 4 hour standard during 2020/21. As can be seen from this chart NHS Orkney continues to achieve the LDP standard of 95% and seeks to obtain the 98% stretch aim in regards to the 4 hour target however this has become more challenging over time with a significant increase in attendances. Just over 6,600 ED attendances are expected annually and breaches of the 4 hour target are largely due to timely access to a senior decision maker (particularly in the OOH period when medical cover is more limited) and waits for CT reporting or lab results

Figure 2: **ED Waiting Times (% patients seen within 4 hours), 2020/21 to date (Source: NHS Performs)**



### ED Attendances, 2020/21 to date (Source: NHS Performs)



Unscheduled care services in The Balfour are managed through a collaborative approach. NHS Orkney's Medical Director is the designated clinical lead for Unscheduled Care and works alongside the Board's Unscheduled Care Lead (Head of Assurance & Improvement) and Director of Nursing, Midwifery, Allied Health Professionals and Acute Services as well as the Chief Officer for the Orkney Integrated Joint Board to ensure management processes are in place to maintain an overview of all emergency and elective activity and to support patient flow across the whole health and social care system in Orkney. A dedicated Unscheduled Care Delivery Group to support this purpose is established including representation from all areas critical to maintaining unscheduled care performance. This group routinely considers and acts based upon performance and improvement metrics.

Within The Balfour, daily huddles and multi-disciplinary team meetings are used to support effective communication and the identification of emerging issues. An Escalation Policy is in place to support effective communication between wards and departments and enable issues to be responded to timeously as they emerge. This process is supported operationally by a designated senior nurse for flow management which is shared on a rota basis with the aim of maintaining an overview of inpatient capacity including liaison between off island facilities and community services to ensure timely access to care and support to facilitate supportive patient discharge. All breaches of the ED standard are reviewed to support the identification of themes and areas for improvement. Breaches of 8 hours or above are recorded on the Datix incident reporting system and are subject to full investigation to identify learning opportunities and the dissemination of best practice with reporting through to the Unscheduled Care Delivery Group who are directing improvement activities in line with the 6EA programme.

## 2.2 Scheduled/Unscheduled Care

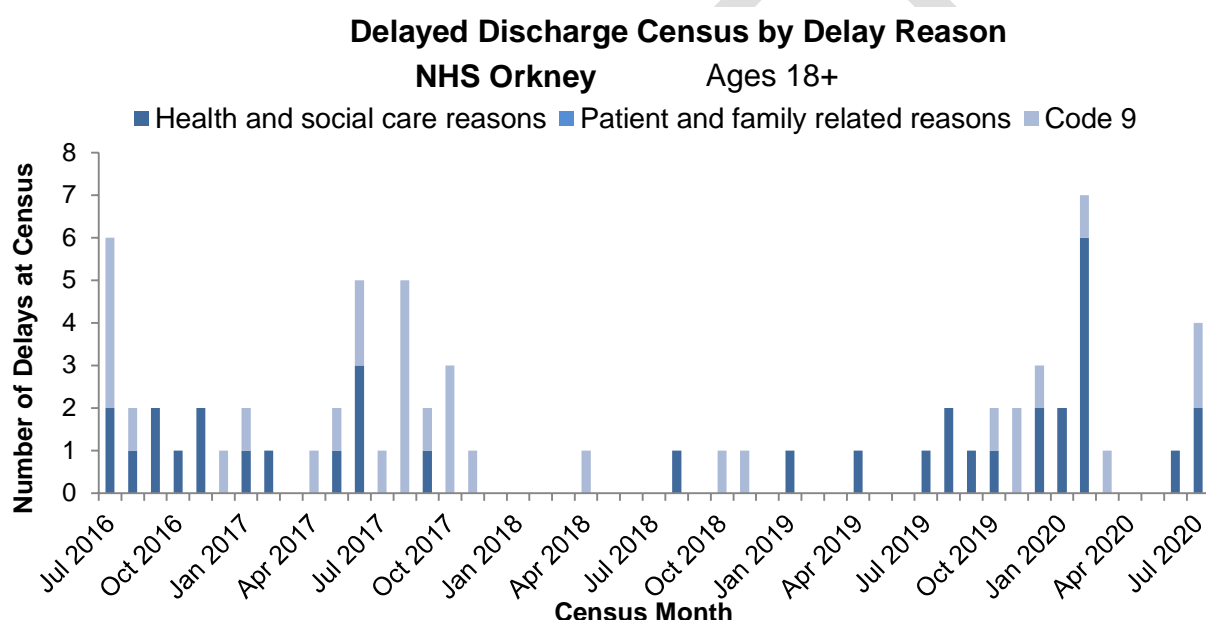
Since migrating to the Balfour in June 2019, the level of scheduled care provided by NHS Orkney has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Operational Plan and Waiting Times Improvement Plan trajectories. Whilst significant work has been completed to limit the impact this additional activity has on unscheduled

care capacity, there is potential for this to have some impact on the availability of capacity within acute services. However, the new facility provides 2 theatres and an endoscopy suite thus significantly reducing the previous issue experienced within Orkney of being limited to one theatre on the old site with the resulting impact emergency presentations had on short notice elective cancellations. This is a very positive step forward for NHS Orkney which will ensure elective cancellation rates are minimised.

## 2.3 Managing discharges and transfers from mainland hospitals

Patients whose discharge has been delayed for non medical reasons are relatively few in number as a result of proactive communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian who provides the majority of NHS Orkney's off island secondary care provision. Figure 3 provides an overview of delayed discharges within the Balfour Hospital over the period July 2016 – April 2019.

Figure 3: Patients whose discharge has been delayed for non medical reasons, The Balfour, July 16 – July 20 (Source: ISD)



The trend shown above has continued throughout the year and no more than 2 delayed discharges are expected at any time within the Balfour in line with bed modelling undertaken for the new facility, including over the forthcoming winter period. A locally agreed Discharge Policy is in place which focuses on commencing planning for discharge at the point of admission. An audit on compliance with the policy is regularly undertaken and used to inform continuous improvements. All incidents relating to ineffective discharges are reported in the Datix system and investigated to identify opportunities for learning and improvement. Lessons learnt are shared through the Patient Flow Group and Quality and Safety Group as appropriate as well as operational dissemination to teams by team leads.

Health and Social Care Services are anticipating a higher level of transfers and discharges from acute mainland hospitals (Aberdeen Royal Infirmary - ARI in particular) as these providers prepare for the festive period and discharge patients back home. Our clinical flow coordination role and Orkney/Shetland Liaison Nurse in NHSO and NHS Grampian will liaise about the reduction in elective

admissions, the increase in discharges (if clinically appropriate) with appropriate plans in place, and transport arrangements. Good working arrangements are in place across health and social care services on island and off island secondary care providers to ensure the smooth and timely transfer for patients throughout the winter period.

If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that Community Nursing, Homecare, Community Mobile Responder Service, Intermediate Care Team, AHP services, Inpatient Teams and General Practice are involved in the discharge process and arrangements for a seamless transfer are as robust as possible. The support of local Housing service is also critical in many cases and therefore their early involvement in the process is also ensured.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be unavoidable delays for some patients. This is however considered as part of the discharge planning process and where possible alternative arrangements for transport or accommodation are made.

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## **SECTION 3. OUT OF HOURS & FESTIVE PREPAREDNESS**

### **3.1 Festive Arrangements**

A full range of elective and supporting services is provided up to and including 24 December, with reduced on call services for 25 and 28 December. Similarly usual provision is in place up to and including 31 December with reduced on call services for 1 and 4 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the out patients standard and TTG.

There is limited capacity to increase staffing numbers to cope with potential upsurge in patient numbers immediately beyond the festive period. Patient discharge through the daily safety huddle as well as the use of a limited pass system to allow some patients back to family environments also assists in this process.

Account has also been taken of Christmas revelries in the main town including what is known locally as 'Mad Friday'. Staffing levels will be slightly raised in anticipation in a spike in demand for services although given current restrictions it is likely that this will be much reduced from the level experienced in previous years.

Due to the ongoing COVID-19 pandemic there will be no Ba taking place on either 25 December or 1 January and therefore additional staff to respond to emergencies arising from this will not be required. Preparations are underway to ensure that all Out of Hours GP shifts and COVID Assessment Centre arrangements are covered from the period 24 December 2020 to 4 January 2021.

Service winter planning updates will also be provided through the OLECG meeting process in the autumn so that agencies can update their respective partners with regard to their winter preparedness

### **3.2 Primary Care Out of Hours Services**

The Head of Primary Care Services will as part of her discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as 24, 28, 31 December and 4 January. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHS Board and alleviate any pressures on the OOH service at these critical times.

Patients will be advised to ensure supplies of repeat medications are ordered sufficiently for the holiday period, with Practices taking responsibility to promote this locally and NHS Scotland undertaking the national campaign with this advice as part of the message.

NHSO will provide the usual Out of Hours service during the 2 festive 4 day breaks although it should be noted that at this stage the OOH rota has not yet been fully confirmed. There will be a first and second on call for this period. NHSO has a standing arrangement with NHS24 that any Orkney calls that wait longer than 40 minutes will be passed onto the first on call GP who will make the decision to either deal with the case themselves or pass it on to the second on call. The Isles' GPs and Nurse Practitioners will provide an on call service over the festive period.

GP Practices will be encouraged to keep the days after re-opening after Christmas and New Year strictly for urgent, on the day appointments, to cope with patient demand after practices have been closed for the festive period.

Practices will be encouraged to ensure that all patients with high risk of admission over this period have EKIS (Electronic Key Information Summary) special notes in place to help OOH team and prevent unnecessary admissions EKIS will allow clinicians access to relevant data when the practice is unavailable. Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.

All independent practices have opted out of providing out of hours care. NHS Orkney has invested in and provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness) for nurse triage.

NHS Orkney will continue to provide 24 hour access to our respiratory assessment centre over the festive period. Opening hours for our swabbing service will be reduced to correlate with our laboratory opening over the festive period.

### 3.3 Pharmacy Cover

Community Pharmacy provision over the festive period is well tested and activity levels monitored each year. The community pharmacy rota has been drawn up to take this into account and will be well publicised.

The Emergency Department and the Out of Hours GP service have good access to an extensive range of essential medicines. The stock levels in all wards and departments of the Balfour will be adjusted appropriately over the festive period. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Bank Holidays are:

#### NHS ORKNEY FESTIVE & NEW YEAR 2020/2021 OPENING TIMES (Community Pharmacies)

Name of Pharmacy	Address	Fri 25 <sup>th</sup> Dec 2020	Sat 26 <sup>th</sup> Dec 2020	Sun 27 <sup>th</sup> Dec 2020	Mon 28 <sup>th</sup> Dec 2020	Tues 29 <sup>th</sup> Dec 2020	Wed 30 <sup>th</sup> Dec 2020	Thur 31 <sup>st</sup> Dec 2020	Fri 1 <sup>st</sup> Jan 2021	Sat 2 <sup>nd</sup> Jan 2021	Sa 2 <sup>nd</sup> Jan 2021	Mon 4 <sup>th</sup> Jan 2021
Dounby Pharmacy	Vetquoy Rd Dounby	Closed	TBC	Closed	09:00 to 17:00	10:00 to 13:00	09:00 to 17:00	09:00 to 17:00	Closed	TBC	Closed	09:00 to 17:00
WHB Sutherland Ltd	74 Victoria Street Stromness	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30
WHB Sutherland Ltd	43 Victoria Street Kirkwall	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30
Boots Ltd	51 Albert Street Kirkwall	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30

These arrangements will be circulated to ensure NHS 24 & the OOHs GPs are fully sighted on opening hours in order to access patient medication during this restricted period.

The Pharmacy Department within The Balfour will be open on the Bank Holidays of the 28<sup>th</sup> of December and the 4<sup>th</sup> of January between the hours of 10:00 and 14:00 hours for the supply of medicines and to facilitate discharges.

There is no formal on-call provision for pharmacy staff within the Balfour, however service provision for out of hours medical information and guidance can be accessed through NHS Grampian OOH

service which operates on a 24/7 basis and can be contacted via the Balfour Switchboard service who hold the contact details.

Medicines can be obtained following the OOH access to medicines procedure: electronic copy available on Blog>Pharmacy & Prescribing>OOH

The Balfour Pharmacy Department is an integral part of the discharge process as outlined in our local Health and Care Discharge Policy. Pharmacy staff attend daily dynamic discharge meetings to facilitate the allocation of appropriate staff resource to support timely processing of discharges. Staff will work late or attend early to support additional work load associated with winter pressures or festive bank holidays. Pharmacy will receive discharge prescriptions or electronic notification of discharge at least two hours in advance of discharge from acute wards and 24 hours before discharge from other areas. The aim is to assist in making the discharge of patients as seamless as possible.

### **3.4 Dental Cover**

Public holidays and weekends are considered to be 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHS Orkney will run an emergency dental service, to see appropriate cases once triaged by the Hub. The rota for the holiday period is in place.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHS Orkney will confirm this cover with local independent practitioners in advance of the holiday season whilst also taking into consideration the latest national Covid guidance.

Similarly, out with the weekend and public holidays, NHS Orkney will arrange in-hours cover for their own patients and those who cannot access care elsewhere. As above consideration will also be taken around latest national Covid guidance and patients will be asked to attend our most appropriate dental facility by contacting 01856 888258.

### **3.5 The Scottish Ambulance Service**

The Scottish Ambulance Service (SAS) are responsible for patient transport including transfer from the outer isles to hospitals on the Scottish Mainland and will decide on the most appropriate form of transport based on patient priority. The SAS air desk co-ordinates with a range of agencies such as the coastguard and if necessary the military in order to source available air assets. In severe weather when flying is beyond safe limits, the OIC Harbours Department can be contacted re the use of the inter isles ferries. Similarly in extreme cases Shetland Coastguard has lifeboat assets based Kirkwall, Stromness and Hoy which may be available to transport patients from the outer islands.

### **3.6 Community Health and Social Care Services**

Adult, Children's and Criminal Justice Social Work services will commence the festive season out of hours period at 4.00pm on 24<sup>th</sup> December 2020, and reopen for business at 9.00am on 5<sup>th</sup> January 2021. Emergency out of Hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

On 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> December a duty worker for social work and social care services will be contactable on 01856 886470 between 9am and 1.30pm each day: the ASW duty worker will liaise with care home and hospital colleagues and allocate any available vacancies. Referrals to the Telecare service will be checked for urgent new requirements once per day on 29, 30 and 31 December

also. The Responder and Homecare services will operate as normal, throughout the festive period. The Selbro Community Equipment Store will be closed from 25<sup>th</sup> December 2019 reopening again on Tuesday 5<sup>th</sup> January 2020. For urgent referrals and in addition a small supply of pressure relieving equipment is held in all GP Practices. For all Home Care enquiries please contact 01856 888390. Working arrangements will return to normality on 5th January 2020.

Mainland community nursing services will continue to provide 24 hr cover however there will be reduced staff on the public holidays. The level of staffing required will be reviewed by the Clinical Team Lead who will arrange cover to cope with the forecasted demand, this will be between 4 and 6 staff over the two teams. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

Where older people require to be admitted into a residential care bed on discharge, in response to Scottish government Covid guidance whereby individuals are required to isolate for 14 days on admission to a care home, where this is not possible for some individuals who lack capacity and as a consequence would be unable to comply with the requirements as a consequence, additional services have been developed to support the required period of isolation and facilitate a timely discharge from an acute bed.

In response to winter pressures and the potential for a significant spike in Covid, the step up/step down facility, Brinkie's Wing at Hamnavaoe House would be re-mobilised to provide a rehabilitation and protect acute beds.

## **SECTION 4. PREPARE FOR AND IMPLEMENT NOROVIRUS OUTBREAK CONTROL MEASURES**

### **4.1 Infection Prevention & Control Team Preparedness**

The Infection Prevention & Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention & Control Manual (2012) throughout the clinical areas which is available to all staff through their desktop NHS Orkney BLOG page, named Infection Control Services. There are direct links to all National and local documents with quick links ensuring the most up to date information is available to staff, including the Health Protection Scotland website [www.hps.scot.nhs.uk](http://www.hps.scot.nhs.uk)

The Corporate Induction includes infection prevention and control information, supported with online LearnPro for NES Standard Infection Prevention & Control Education Pathway (SIPCEPS). Additional refresher training has been delivered to support COVID-19 as per Health Protection Scotland guidance. This has been rolled out to Care Homes and other services on request.

Daily 'huddles' facilitate communication. Where required, there is escalation to Board Directors. Any outbreaks of infection in hospital or community instigates an outbreak control meeting followed with public health information via NHS Orkney Comms.

Personal protective equipment is available on top-up and through pandemic stocks. Close monitoring of PPE continues in line with COVID-19 supply issues and BREXIT.

### **4.2 Engagement with other Services**

Residential and supported accommodation services are well versed in how to deal with infection control outbreaks, however, to embed this further infection control outbreaks are continuing to be supported through enhanced education sessions and areas for improvement are identified and implementation supported.

Care Homes now have their own daily huddles and escalation processes in place supporting the CNO letter 17th May 2020 Enhanced Professional Clinical Oversight of Care Homes. This ensures appropriate clinical support is available for each care home in the Board area.

### **4.3 Preparation for and Implementation of Norovirus Outbreak Control Measures**

Board procedures for the management of Norovirus and infection control are firmly embedded and supported by IPCT training. There is close working with local Infection Prevention and Control staff across all receiving units.

Staff are encouraged to take personal responsibility to ensure the wellbeing of patients and their colleagues through not attending work until 48 hours symptom free.

### **4.4 Seasonal Flu testing**

Due to COVID-19, to ensure there is no contamination within the Emergency Department where point of care testing took place, since March 2020 testing for Flu is embedded through the laboratory department.

## 4.5 COVID-19

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12/3/2020.

A priority for limiting spread of COVID-19 is maintaining isolation of suspected and confirmed cases. To avoid unnecessary contact in healthcare settings, there is provision for community testing. This is supported by our local protocol for Community Testing of COVID-19.

Enhanced pathways for patient management and remobilisation of services i.e Green (low risk)/Amber (medium risk) and Red (high risk) are outlined in the 'COVID-19: Guidance for the remobilisation of services within health & social care settings; Infection prevention & control recommendations', available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/910885/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_FINAL\\_PDF\\_20082020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf)

Provision has been made where practicable to support these pathways. Single room accommodation within IP 1 for green/low risk theatre cases who have been tested and self isolated prior to surgery. All other patients are considered to be in the amber/medium risk pathway unless suspected or confirmed COVID-19 positive patients who would be in the red/high risk pathway (this is the SURGE and Vent areas).

The Infection Prevention & Control Team have supported implementation of the guidance for reducing staff crossover. This is through reducing all crossover of staff between hospital, community and care home settings. In the event of high sickness within a care home, staff will be released to provide support.

Inpatients are continued to be screened as part of the over 70 testing programme for COVID-19 and testing prior to discharge to care homes.

## 4.6 Outbreak Control meetings & reporting

Early and effective response to an actual or potential healthcare incident, outbreak or data exceedance is crucial. The local Board IPCT and HPT should be aware of and refer to the national minimum list of alert organisms/conditions. See [Appendix 13](#) as per National Infection Prevention and Control manual (NIPCM) <http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

All **new** Outbreaks, Incidents and Data Exceedance from now on should be recorded on this tool, and data extracts should be submitted to ARHAI Scotland as per the frequency for each incident type as outlined in the protocol. Data extracts should be sent to [NSS.HPSInfectionControl@nhs.scot](mailto:NSS.HPSInfectionControl@nhs.scot)

Locally the Public Health Department and Infection Prevention & Control Services monitor all areas affected by norovirus both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to Health Protection Scotland (HPS). In the event of an outbreak, meetings will take place daily and more frequently if the circumstances dictate. On a weekly basis Public Health will provide a routine statistical return for

HPS on normal business. As well as notifying the Senior Management Team, liaison will also take place with OIC and other bodies or agencies as soon as the local trigger factors indicate such to a response is appropriate.

#### **4.7 IPCT Festive arrangements**

Whilst there are no formal on-call arrangements for IPCT over the festive period, Public Health provide advice and guidance through the 24/7 on-call system. The Public Health on call is currently provided through a tripartite agreement between the three island boards. Clinicians have access to the on-call microbiologist in NHS Grampian for specific infection and guidance on antimicrobial prescribing.

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## **SECTION 5. SEASONAL FLU, STAFF PROTECTION & OUTBREAK RESOURCING**

### **5.1 Predicted surge of flu activity**

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices.

During the 2018/19 influenza season, there were 17 confirmed cases of influenza in Orkney residents and one influenza outbreak occurred in a school which received support from the public health team.

The most effective way to prevent influenza and/or severe complications is vaccination. There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2018/19 campaign:

- All adults aged 75 years or more were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)
- All adults aged 65-74 years were offered a trivalent inactivated vaccine (TIV)
- Those aged 18-64 years with at-risk conditions, including pregnant women were offered quadrivalent inactivated flu vaccine (QIV)

Throughout the UK, the target for the adult seasonal influenza immunisation programmes is 75%. The uptake in 2018/19 in Orkney for people aged 65 to under 75 years was 69.7% (Scotland 69.3%) and for those aged 75 years and over it was 82.6% (Scotland 79.3%). For those at risk (excluding healthy pregnant women and carers) the uptake rate was 51.2 % (Scotland 42.4%). Seasonal influenza vaccines are offered to pregnant women by maternity services, the uptake for pregnant women not in a clinical at risk group was 39.1% (Scotland 44.5% and for pregnant women and in a clinical risk group was 59.1% (Scotland 57.4%))

The adult influenza vaccination programme will remain line with 2019/20 in Orkney all adults aged 65 years and over will be offered aTIV. A cell base quadrivalent inactivated vaccine (QIVc) will be available for individuals who are contraindicated to the egg based vaccines.

NHS Orkney will develop the programme and further publicise the benefits of immunisation through the local media. We aim to be above the Scotland average in 2020/21. Orkney Disability Forum will be informed of the dates of flu clinics so that they can arrange for extra buses to help increase uptake of the flu vaccine at GP practices.

The child flu immunisation programme is for all children aged 2-5 years through primary care and a school based programme for children in P1-7 arranged via Public Health. These children will be offered a nasal flu vaccine unless contra-indicated in which case they will be offered a quadrivalent inactivated influenza vaccine. The uptake target for immunising preschool children is 65%. The uptake in 2018/19 was 69.5% (Scotland 55.7%). For primary school children the uptake target is 75%, in 2018/19 76.7% of the children were immunised (Scotland 75%). Any primary school child who misses their school session will have the option to attend their GP practice for vaccination or to be mopped up during a later school session.

Health Protection Scotland provides four weekly updates of vaccine uptake rates via the flu portal.

## **5.2 Staff Vaccination Scheme**

The target for each health board is 60% of NHS staff involved in delivering care to be vaccinated. The seasonal flu immunization scheme was extended in June 2020 to cover all social care, home care, care home and private care staff.

Historically, the Occupational Health Department have worked collaboratively with the Public Health Department to be actively involved in promoting and delivering the seasonal flu vaccine to key healthcare workers. As per the CMO guidance, NHSO is committed to ensuring staff are offered and encouraged to take up the seasonal flu vaccine and making the flu vaccine as accessible as possible. This year due to pandemic restrictions, the vaccinations will be carried out in a variety of different places. Clinics are being set up out with the Balfour to reduce footfall into the Hospital. Clinics are being set up and staff are being asked to call to book a place, to ensure there is limited cross over of staff. A range of engagement techniques have been utilised including email, posters, booking appointments and ward/department visits. The established dates for immunisation clinics will also be widely circulated on staff information platforms. The flu programme will run from 1 October 2020 to 31 March 2021.

The vaccine will be offered to staff in as equitable and flexible a way as possible. It is anticipated that all senior clinicians and managers will be engaged from the outset of the campaign by sharing national resources regarding the role Flu vaccination plays in preventing the spread of the virus. Key messages should be reiterated to individual teams across the organisation with particular attention to the engagement of the staff in front-line areas.

## **5.3 Staff Absence**

64% of NHS Orkney staff had the flu vaccination in 2019/20. The Occupational Health team worked hard to promote and engage with the workforce to improve the uptake, including targeting areas that had historically shown to have little uptake. This approach proved successful, enabling a consistency in staff absence across the winter period and lessons will be taken forward into the planning for this year and next.

NHS Orkney and Orkney Island Council Community Social Services staff are encouraged to have immunisation against seasonal flu. Under the auspices of the Occupational Health and Safety Committee the Public Health and Occupational Health Departments (Occupational Health Services are provided by NHS Grampian as part of a service level agreement) are working together to promote and deliver a staff vaccination programme with the aim of increasing the number of staff vaccinated. The Human Resources Department monitor absence rates closely and have established policies to promote attendance at work. Innovative approaches to increasing uptake and encouraging staff to be vaccinated will be utilised supported by role modelling by the Executive and Senior Management Team

## **SECTION 6. POINT OF CARE TESTING**

### **6.1 Point of Care Testing**

In 2019 a business case was completed to enable the introduction of Point of Care molecular testing for Influenza A/B and RSV, supported through NHS investment and Winter Planning funding. Implementation of this business case resulted in the procurement of two analysers, one based in the Laboratory and one in the Emergency Department, which provided rapid testing for 24/7 diagnosis.

The benefits included improved patient flow, the ability to increase discharge from the ED with a diagnosis, ensuring the appropriate use of antivirals and reducing inappropriate antibiotic use in those with known viral infections. Testing began in December 2019, but the analysers had to be withdrawn from ED in March 2020 because of the beginning of the COVID-19 pandemic. Due to similarities in presentation between Influenza, other respiratory conditions and COVID-19, the risk of infection of the equipment and the Point of Care room was regarded to be high and all testing was withdrawn to the Laboratory where specimen preparation could safely take place in the safety cabinet. Shortly afterwards the analyser manufacturers ceased production of their Respiratory/Flu test in order to incorporate COVID-19 into a new panel which was released shortly afterwards but was widely unavailable because of world-wide demand.

In the interim the remaining kits were still utilized to continue Flu testing up to September 2020, when the new panel incorporating COVID-19 was procured for use. This is currently being validated for use with the analysers and it is expected to be cleared for use by early-mid October 2020. This will give a diagnostic element for all elements of respiratory infection, including COVID-19, but use will need to be strictly focused because of the price of testing and the limited availability of tests. It is likely to find best use in diagnosis of patients being admitted through ED with acute respiratory symptoms. To that end, an agreed procedure is necessary to ensure appropriate testing in order to maximize the value of this resource. It is unlikely that Flu testing or COVID-19 testing will return as a point of care test unless one of the new technologies prove to be useful in that context.

### **6.2 COVID-19 Testing**

At the beginning of the COVID epidemic NHS Orkney had no local testing capability, but with the help of the Scottish Microbiology and Virology Network (SMVN) and National Services Scotland (NSS) PCR analysers were brought in early in April 2020 and testing began on April 20<sup>th</sup> 2020. This is still ongoing and to date over 2,500 tests have been performed locally. This testing concentrates on symptomatic patients and cohorts eligible for NHS testing, with surveillance testing of care homes and other groups utilizing the UK Gov Lighthouse facilities. For individual urgent tests turnaround time is around an hour, which rises to around 2-3 hours from receipt with batch testing. COVID testing capacity is around 48 tests per day sustained and 64 per day for short periods, but this has been hampered by reduction of allocation due to worldwide demand, which reduces this to around 25 tests per day. The tests are highly accurate and very sensitive and are among the most reliable available worldwide. As COVID testing is an entirely new stream of work which sits alongside continuing normal services it has been necessary to increase staff resources via agency staff, and this is expected to be necessary as long as current demand continues, and may need increased if testing is stepped up due to resurgence during winter or changes in testing pathways. There is also an 'overspill' route to send samples to ARI if needed, which has been occasionally utilized for the over 70s testing which is still continuing. In addition, it is hoped that local testing for COVID-19 antibodies will begin during October to help define previous infection.

Testing will soon be changing in a major way as different analysers are brought in during November to reduce the high cost of testing and allow capacity to be reached, albeit with an increase in turnaround time due to the nature of the testing. However, there will still be a capability to process clinically urgent samples, but in greatly reduced numbers of 2-3 per day. The various platforms mean that NHS Orkney has a resilient layer approach to testing, with will take the form of the BD Max analyser performing non-urgent testing, the Cepheid GeneXpert analyser performing urgent COVID-19 testing, and the Quiagen QiaStat-DX analysers providing Flu testing and a comprehensive diagnostic panel of 22 respiratory pathogens, including Influenza A+B, RSV, COVID-19, Rhinovirus, non-COVID Coronaviruses, Bordetella pertussis and others all available in a single test.

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## **SECTION 7 RESPIRATORY CARE**

### **7.1 Local Pathway**

Patients with respiratory symptoms can access care via NHS24 on 111 (24/7) and where appropriate, they will be offered a face to face assessment via the Covid Assessment Centre. Where a practice or clinician chooses to triage a patient and they identify the need for a face to face assessment, these can also be referred to the Covid Assessment Centre.

Patients who report symptoms that suggest serious disease should be referred urgently to secondary care. There is no local lead for Respiratory Medicine however clinicians are familiar with the local pathway for patients with different levels of severity of exacerbation and GPs can access advice from the hospital based Physician of the week to aid decision via Switchboard on tel: 888100. The care of patients affected by respiratory disorders is supported by off island secondary care provision in NHS Grampian via the Respiratory Medicine Unit. Referrals to this unit should be made via SCI Gateway.

Respiratory physiotherapy support is available to primary, community and secondary care services through referral to the Pulmonary Rehabilitation team at the Balfour.

### **7.2 Discharge Planning**

There is a Grampian based Respiratory Managed Clinical Network which has an active Facebook page providing regular updates and information. This can be accessed at <https://www.facebook.com/respiratorygrampian/>

### **7.3 Prevention of Illness**

Information about keeping warm and well in winter is available on the OIC and NHS Orkney website and given opportunistically by primary care and social care staff. NHS 24 leaflets with a one point of contact number and when to contact NHS24 are to be widely distributed via healthcare professionals over the coming months. A multi-agency action plan is in place to reduce fuel poverty. Currently up to 30% of families in Orkney are living in fuel poverty. Many at risk properties have been assessed for energy efficiency and insulation. Advice on grants to insulate houses and installation of energy efficient heating systems is available locally.

## SECTION 8. MANAGEMENT INFORMATION

### 8.1 Reporting Arrangements

Effective NHS Orkney reporting lines are in place to provide the Scottish Government with routine weekly management information and any additional information that might be required on an exception/daily basis. Information will be obtained from the Trakcare system following real time data entry in regards to admissions, transfers and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of service pressures that will disrupt services to patients as soon as they arise.

#### Balfour Hospital Overview – Festive Period

Date	Action
24 December 2019	Last elective list, extra surgical clinics for urgent cases will be scheduled as required.
25 December 2020 to 26 December 2020 and 1 - 2 January 2021	Surgical Teams emergency cover only.
24 December 2020 to 3 January 2021	Out of Hours Duty Social Worker accessed via Balfour Hospital switchboard.
25 & 26 December 2020 and 1 & 2 January 2021	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2020	Day surgery trolleys available for Emergency Department if needed.
3 January 2021	Elective surgery resumes.
24 December 2020 to 3 January 2021	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

### 8.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHS Orkney Chief Executive/Medical Director/ Senior Manager on Call require the setting up of an Incident Management Team (IMT). However it is good practice to establish a co-ordinating group from a core number of individuals whose service delivery may be affected by a disruption/incident.

Representation on this group will be on a case by case basis and will be facilitated virtually via Microsoft Teams wherever possible to reduce the risks associated with face to face contact. Clear recording processes are essential and the group will ensure that Sit-Rep forms are circulated on an hourly basis initially to the Chief Executive, Medical Director, Director of Public Health and Senior Manager on Call so that Senior Management are fully sighted on any ongoing incidents relating to the Winter Plan and can thus make the decision to escalate to a meeting of the full IMT if required. In addition the sub-group will follow a fixed agenda and be formally minuted. The group will complement the IMT by gathering information and resolving lower level incidents. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

### 8.3 Risk Assessment

	Risk	Action	Lead and Timescale
1. Potential for patients to not know who to turn to in order to access services, particularly during the festive period.	<ol style="list-style-type: none"> <li>1. Emergency Department unable to manage increase in demand.</li> <li>2. Switchboard becomes overwhelmed in festive periods</li> </ol>	<ol style="list-style-type: none"> <li>1. External communications to increase awareness of services available and contact methods.</li> <li>2. Extra staff on standby to provide additional capacity and support if required.</li> </ol>	Communications Department
2. Balfour Hospital must be able to respond adequately to surges in demand.	<ol style="list-style-type: none"> <li>1. Secondary care services are not able to provide timely access to care potentially resulting in increased pressure on off island transfers and facilities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Workforce planning to staff reconfigured areas to take into account winter preparedness and the timing of ward changes in maintaining surge capacity.</li> <li>2. Oversight and operational management to be provided by the Clinical Nurse Manager in liaison with</li> <li>3. Daily management of capacity via morning Huddles.</li> <li>4. Finalise Surge Capacity Plan and Early Warning Metrics</li> </ol>	Director of Nursing Midwifery & AHPs and Acute Services
3. Orkney Out of Hours Service covers a large geographical area of mainland and linked islands including both urban and rural areas.	<ol style="list-style-type: none"> <li>1. South Ronaldsay and Burray (linked isles) may become cut off from road transport in severe weather, which would result in the shutting of the barriers.</li> <li>2. Weather may cause difficulties for non-linked small isles air and boat transport. These OOH service, but have a 24hr service from a local, GP or Nurse Practitioner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional cover from 2<sup>nd</sup> Out of Hours GP. In hours cover provided by GP practice on call arrangements via Switchboard.</li> <li>2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area (SLA in place).</li> </ol>	Head of Primary Care - arrangements in place

	Risk	Action	Lead and Timescale
4. Epidemic of viral illness.	<ol style="list-style-type: none"> <li>1. System becomes overwhelmed by need to respond to epidemic.</li> <li>2. Large number of staff affected by viral illness.</li> <li>3. Staff remain at home to look after family members.</li> <li>4. All available bed space occupied.</li> <li>5. Low uptake of Flu vaccine amongst staff.</li> </ol>	<ol style="list-style-type: none"> <li>1. Activate Outbreak Plan (or Pandemic Flu Plan if appropriate).</li> <li>2. Ensure that arrangements are in place to make the flu vaccine as available as possible to staff.</li> </ol>	Public Health Department – in place
5. Pharmacy closed over festive period.	<ol style="list-style-type: none"> <li>1. Unable to access required drugs in a timely manner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Stock levels in wards &amp; departments are increased, where appropriate, in anticipation of extra winter demand.</li> <li>2. Emergency drugs cupboard accessible to all clinical areas and OOH GP services.</li> <li>3. Normal OOH procedures and access to medicines will be available for Balfour Hospital Staff.</li> <li>4. The Pharmacy department will be open on Bank holidays.</li> <li>5. Community Pharmacies will be open as normal on 24 Dec 2020 and a Kirkwall Community Pharmacy will be open for a pre defined and advertised period to dispense prescriptions as per section 3.3 above.</li> </ol>	Head of Pharmacy – arrangements in place

	Risk	Action	Lead and Timescale
		6. Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA. 7. NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required.	
6. Severe weather threatens business continuity.	1. Risk to organisations ability to deliver services due to effects of severe weather.	1. Severe weather guidelines in HR policies implemented. 2. CEO or On Call Senior Manager to assess if should be treated as major incident and emergency plan brought into play.	On Call Senior Manager as required
7. Managing Patient Flow.	1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services.	1. Multi agency Discharge Policy in place. 2. Guesthouse available through Red Cross to support patients with no clinical requirement for admission (e.g. those attending for surgery from outer isles) or those who are medically fit for discharge. 3. Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption. 4. Daily Huddles to oversee bed management, supported by	Director of Nursing, Midwifery, AHPs and Acute Services and Interim Chief Officer, Integrated Joint Board – arrangements in place

	Risk	Action	Lead and Timescale
		<p>daily and weekly MDT meetings to support discharge planning.</p> <p>5. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.</p>	
9. Communications.	1. Limited communications on more remote locations Islands	<p>1. Raised through Orkney Local Emergency Co-ordinating Group (OLECG). Some resilience provided via other attending agencies Police, Scottish Fire and rescue Service/Coastguard airwave access.</p> <p>2. Risk managed as part of Corporate Risk Register.</p>	IT Manager/Resilience Officer - ongoing
10. Vulnerable groups.	<p>1. Very cold weather and significant snow may isolate residential care homes, people with physical or mental health problems and cause difficulties in accessing food and medicine deliveries.</p> <p>2. May also results in issues surrounding staff rotation and attendance.</p>	<p>1. OIC Winter Services Plan details response.</p> <p>2. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative.</p> <p>3. Care for People Plan via OIC implemented</p> <p>4. OLECG group stood up.</p>	OIC Development & Infrastructure/OLECG – arrangements in place

	<b>Risk</b>	<b>Action</b>	<b>Lead and Timescale</b>
<b>12.</b> Increase in non-scheduled admissions over winter such as orthopaedics	1. Reduction in scheduled care capacity and resulting increase in waiting times	1. Capacity built into lists to allow for limited emergency disruption	Clinical Nurse Manager - ongoing
<b>13.</b> Workforce health and wellbeing	1. Staff health and wellbeing and service resilience adversely affected by poor uptake of flu vaccination	1. Short life working group set up to rapidly organise provision	Head of Corporate Services & Consultant in Public Health Medicine - complete

#### **8.4 Investment Priorities for Winter Funding**

**£47,000 allocation received to be used in the following areas:**

- Optimising discharge home as first choice
- Avoiding admission
- Reducing attendances
- Sufficient staffing
- Surge capacity

Considering our local position it is proposed that the allocation be utilised as follows:

£10,500      21 hours per week Band 6 OT for 5 months, November 2020 to March 2021  
to support community OT, Homecare and Social Care services including the  
Green Team to facilitate home first approach to discharge

£36,500      To be confirmed.

**Total investment: £47,000**

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## Not Protectively Marked

<b>NHS Orkney Board Meeting – 17 December 2020</b>	
<b>Report Number: OHB2021-75</b>	
<b>This report is for discussion and noting</b>	
<b>Healthcare Associated Infection Prevention &amp; Control Reporting Template for Assurance.</b>	
<b>Lead Director Author</b>	David McArthur DoNMAHP HAI Executive Lead Rosemary Wood, Infection Control Manager
<b>Action Required</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the HAIRT report</li> <li>• <b>Note</b> the performance for surveillance undertaken</li> <li>• <b>Note</b> the detailed activity in support of the prevention and control of Healthcare Associated Infection</li> </ul>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 2 cases for Q2 (Jul–Sept) with a further case to be validated and 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 <b>GREEN</b>)</li> <li>• NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) 2 cases to date up to Q2 (Jul –Sept 2020). There have been no further cases to report at time this report submitted. NHS Orkney is within its LDP for 2020-2021. (RAG Status <b>GREEN</b>)</li> <li>• MDRO Screening Clinical Risk Assessment has improved with 97% for MRSA and 94% CPE. The NHS Orkney CRA result remains higher than the Scottish average of 86 &amp; 85% (<b>GREEN</b>)</li> <li>• 88 hand hygiene observations were undertaken during November 2020. An overall of 91% for combined opportunity and technique.</li> <li>• NHS Scotland National Cleaning Services Domestic 96% and Estates 99% for month of October 2020. (<b>GREEN</b>)</li> <li>• Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status <b>GREEN</b>)</li> <li>• Education/guidance updates continues by the IPC team at the request of departments. Sarah Walker has just commenced her Scottish Coaching for Leadership and Improvement Programme this month and will run for the next 4 mths.</li> </ul>
<b>Timing</b>	This paper is presented to the Board bi-monthly in the Scottish

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

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 1 – Board Wide Issues

*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.*

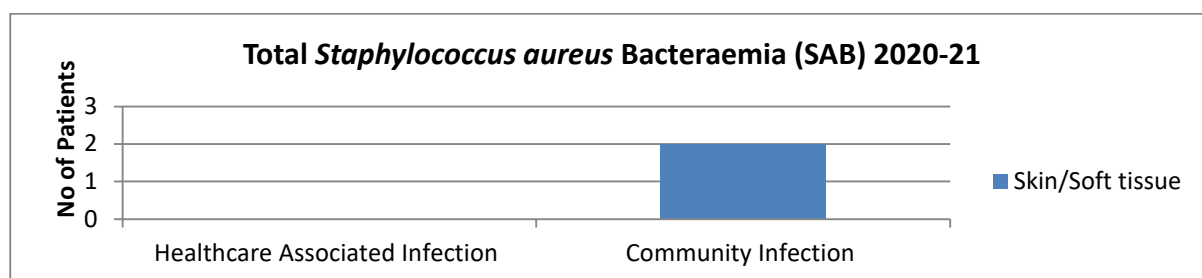
*This section of the report focuses on NHSO Board wide prevention and control activity and actions*

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

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

NHS Orkney's *Staphylococcus aureus* bacteraemia (SAB) for LDP Q2 (Jul -Sept) 2020 is 2 confirmed cases with a possible 3<sup>rd</sup> currently being investigated and to be validated by health Protection Scotland.

LDP Standard 1 <sup>st</sup> April 2020 -31 <sup>st</sup> March 2021 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero.		
Quarter 1.	April - June	Zero
Quarter 2	July - September	2
Quarter 3	October - December	1 (being investigated)
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 confirmed validated cases at time of this report. There are no further cases being investigated at present. Both cases received treatment for their underlying illness and subsequently required drug therapy for their *c.difficile* infection.

LDP Standard 1 <sup>st</sup> April 2020 - 31 <sup>st</sup> March 2021 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	Zero
Quarter 2	July-September	2
Quarter 3	October-December	0 to date
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 Q3	2019_20 Q4	2020_21 Q1	2020_21 Q2
Orkney	94%	100%	87%	<b>97%</b>
Scotland	88%	87%	84%	86%

CPE Uptake	2019_20 Q3	2019_20 Q4	2020_21 Q1	2020_21 Q2
Orkney	91%	100%	87%	<b>94%</b>
Scotland	85%	85%	80%	85%

Improvement work is currently being undertaken by Catherine Edwards IPC Nurse through introducing a new Infection Prevention Clinical Risk Assessment to inform staff when to swab and what to swab depending on the question set results. This has undergone a short pilot period and feedback has been very positive. This is now being fully implemented and rolled out to all inpatient areas.

### 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 November 2020 with 88 observations across clinical areas. Opportunity taken was 93% and technique was 91%. Overall compliance for both opportunity and compliance is 91%.

	Observations	Opportunity	technique
Nurses	49	46	45
Medical	14	13	12
AHPs	15	15	15
Others	10	8	8

Compliance against opportunity	93%
Compliance against Technique	91%
Compliance with Opportunity & Technique	91%

N.B. Smaller numbers causes larger variances in % scores.

## **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 October 2020 Domestic 96% 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 as possible, given the additional workload. The IPCT continue to offer advice and 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**

#### **Reporting of Covid-19 Scottish Government**

The total number of positive cases attributed to Orkney is 37 as of 2<sup>nd</sup> Dec 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.

### **Outbreaks/Exceptions**

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

No new HIIORT's have been submitted to Health Protection Scotland. There are still some remedial actions being taken forward from previous investigation through the Incident Management Team. This is routine for when meeting 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 are to be shared with teams following the 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

At present the IPCT have a weekly invite to the Senior Charge Nurse/deputy nurse meetings where guidance updates are discussed, and support provided to teams when required.

The IPCT are currently supporting teams in ensuring the appropriate signage is displayed for patients requiring transmission/contact precautions and ensuring staff understand the principles behind why certain signage is in place. This is to support a number of new staff being inducted into the department and following on from information gained during staff infection prevention and control knowledge during audits.

## 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.

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

*Clostridium difficile* infection monthly case numbers

	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 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	2	0	0	0	
Total	0	0	0	0	0	0	0	0	0	2	0	0	0	

## New Balfour Cleaning Compliance (%) Domestic

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

## New Balfour Estates Monitoring Compliance (%)

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

Back to Agenda



Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-76</b>  <b>This report is for noting</b>  <b>Clinical and Care Governance Committee Chair's Report</b>	
<b>Lead Director Author</b>	Marthinus Roos, Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
<b>Action Required</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• <u>Note</u> the report and <u>seek assurance</u> on performance</li> </ul>
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 27 October 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board:
<b>Timing</b>	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Clinical and Care Governance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on clinical and care governance.
<b>Benefit to Patients</b>	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.

<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

**Not Protectively Marked**

**NHS Orkney Board – 17 December 2020**

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

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

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### **Section 1 Purpose**

The purpose of this paper is to highlight the key items for noting from the discussions held at the meeting on the 27 October 2020.

### **Section 2 Recommendations**

The Board is asked to:

1. Review the report and note the issues raised.

### **Section 3 Background**

This report highlights key agenda items that were discussed at the virtual Clinical and Care Governance Committee meeting on 27 October 2020 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

### **Section 4 Issues Raised**

#### **4.1 Mobilisation Update**

Members noted the post meeting update provided in the 14 July 2020 minute regarding patient travel, but agreed that concerns regarding the more recent development regarding cessation of flights to Inverness and Glasgow should be escalated to the Chief Executive and Board to raise with Loganair.

#### **4.2 Mental Health Strategy**

Members were presented with the Mental Health Strategy for comment prior to submission to the Integration Joint Board. The Committee considered the report, which was subsequently approved at the meeting of the Integration Joint Board on the 29 October 2020. A steering group would be convened to develop an action plan to take forward the activity required to meet the strategy outcomes and service aspirations.

## **Cross Committee Assurance**

There were no issues to be escalated.

## **Appendices**

- Approved minute from the Clinical and Care Governance Committee meeting held on 14 July 2020.

## NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** on **Tuesday 14 July 2020 at 13.00**

**Present** Issy Grieve, Non Executive Board Member (Chair)  
David Drever, Non Executive Board Member  
Rachael King, Integrated Joint Board, (IJB) Chair  
Meghan McEwen, NHS Orkney Chair  
Steve Sankey, Integration Joint Board Member  
John Richards, Integration Joint Board Member

**In Attendance** Christina Bichan, Chief Quality Officer  
Lynda Bradford, Acting Head of Health and Orkney Health and Care (*Left 15.30*)  
Wendy Lycett, Principal Pharmacist  
David McArthur, Director of Nursing, Midwifery, AHP and Acute Services  
Dawn Moody Clinical Director of Primary Care (*from 13.24*)  
Marthinus Roos, Medical Director  
Heather Tait, Public Representative  
Brenda Wilson Interim Director of Nursing  
Louise Wilson, Director of Public Health  
Tam Baillie Independent Chair Orkney Public Protection Committee (*for item 7.1*)  
Maureen Berry Public Protection and Children's Health Service Lead (*for item 7.1*)  
Neil Gentleman, Strategic Inspector, Care Inspectorate (*for item 7.1*)  
David Campbell, Non Executive Board Member  
Heidi Walls, Committee Support

### 462. Apologies

Apologies had been received from Michael Dickson, S Johnston, J Lyon and S Shaw

### 463. Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

### 464. Minute of meetings held 4 June

The minute of the Clinical and Care Governance Committee meeting, held on 26 June 2020 was accepted as an accurate record of the meeting and approved, subject to the following amendments, on the motion of D Drever and seconded by R King.

Page 2, paragraph 7, final sentence should be amended to read, '*In light of the current absence of the Chief Officer she asked if the chair of the IJB could provide an update.*'

Page 4, paragraph 5, first sentence, '*home*' should read '*homes*'

Page 4, paragraph 8, start of second sentence, '*particularly*' should read '*particular*'

Page 5, paragraph 4, second sentence, '*Orkney Island Council*' should read '*Orkney Islands Council*'

Page 8, first paragraph, first sentence, add the word '*pandemic*' after COVID

Page 9, paragraph 5, second sentence, '*OPCC*' should read '*OPPC*'

Page 11, paragraph 8, '*harbor*' should read '*harbour*'

## 465. Matters Arising

### 391 Roelf Dijkhuizen Resignation

The chair confirmed that an update for inclusion in the staff newsletter had been drafted and submitted, but wasn't included. This was confirmed as an oversight and inclusion in the next edition was anticipated.

*Post meeting note: The chair confirmed that the first Clinical and Care Governance Committee update for staff had been included in the 17 July edition of the staff newsletter.*

### 391 Agenda Distribution List

The IJB Chair confirmed that an appointment to the vacant elected Orkney Islands Council members post on the Clinical and Care Governance committee was in progress and that details of the new post holder would be passed on as soon as formal processes had been completed.

### 313 Improvement Plan – Recruitment of Lead Nurse

The Interim Director of Nursing confirmed that L Harper had been appointed to the post of Public Protection Lead Nurse and was due to start in October or November this year. She also noted that links with Grampian for mentorship and peer support were being put in place to ease the transition of a significant relocation.

*Post meeting note: The Director of Nursing, Midwifery, Allied Health Professions and Acute Services confirmed that the new Public Protection Lead Nurse was due on island in December and was anticipated to start in post January 2021*

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

The Chair noted that as the Chair of the Area Clinical Forum (ACF) was on leave, an update on concerns of clinicians regarding difficulties in the escalation of highlighted issues would be deferred to the next meeting.

*Post meeting note: In response to these concerns the Deputy Director of Nursing liaised with the clinician who raised the initial concerns shortly after the June meeting of Clinical and Care Governance Committee. Since then Brinkies Wing at Hamnavoe House has been stood down. There continues to be daily submissions from each care home, on the national electronic Huddle template which provides detail of resident numbers, numbers of covid tests, staffing numbers etc. This is reviewed daily by the senior team in Orkney including public health and nursing and if necessary (i.e. if there are any concerns) a meeting is convened. The additional responsibilities for the care homes placed upon the Executive Nurse Director by the Cab Sec has been extended until June 2021.*

*The initial concerns related to inadequate consideration given to the infection risk posed by the transfer of patients and movement of staff in and out of the care home. This has undoubtedly subsequently improved, however, the ongoing issue, which was not addressed, was other governance issues around transfer and clinical responsibility. The model of extended clinical care in the community was supported in principle by the clinicians involved but if NHSO were to use such a model again better governance would*

*be essential.*

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

The IJB Chair updated members that in response to the request for the appointment of a depute Chief Officer, J Mundell had advised IJB members that further discussion with the NHS Orkney Chief Executive on this issue was pending.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services asked if there was a timeline and whilst the inevitable delay in progress due to interim NHS Orkney Chief Executive arrangements was acknowledged, it was hoped there would be an update soon.

The NHS Orkney Chair confirmed that in support of the request for interim arrangements for the current absence of the Chief Officer, key areas of outstanding work had been highlighted.

*Post meeting note: The Chief Executive advised that Gillian Morrison, Executive Director of Corporate Services for Orkney Islands Council, had agreed to act in the role of Chief Officer for the Orkney Integrated Joint Board from the 31 August 2020.*

## 393 Mobilisation Update - CCGC 2021-16

It was noted that a waiting times update was included on the agenda at 8.5

The Medical Director updated members on the arrangements for patient travel advising that he had seen the Shetland plan and it had been adapted for Orkney, just before the new shielding guidance which made it possible for patients to travel by air. He noted that some further work with public health and infection control colleagues was required to ensure a process was in place and that adaptations would continue to be made in response to guidance updates.

The Chair welcomed the update and as further changes were anticipated, highlighted travel arrangements as an item for further review at the October meeting.

*Post meeting note: The Medical Director advised that patients were flying to appointments in Aberdeen, within the constraints of the timetables. A new development highlighted was that flights to Inverness and Glasgow will cease from the latter part of October. Numbers of patients on these flights are small, with only 6 patients flying to Glasgow in the last 3 months, and none to Inverness. However, numbers of patient going to, especially, Glasgow will hopefully increase in the near future as remobilisation gains pace, and it will be especially difficult for these patients to make their way back from the Golden Jubilee, a few short days after hip and knee replacements.*

## 394 Social Care Remobilisation Verbal Update

The chair noted that it would be helpful for members to see a written Social Care Remobilisation update as an agenda item at the next meeting.

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

The Chair highlighted members request for the addition of a Complaints Performance

Reporting paper for Social care, as well as health and noted it as an item to add to the next meeting.

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

The Chair noted the outstanding query regarding the arrangements for the reopening of schools and hoped that the new Interim Chief Social Work Officer would be able to provide an update at the October meeting.

The Chair noted that a decision on the next steps regarding a development session would be discussed after item 7.1

## 402 Mental Health Update - CCGC 2021-22

The chair anticipated that any items regarding this issue would be addressed under item 8.3 on the agenda.

## 403 Risk Register Report – CCGC 2021-23

The IJB Chair highlighted that she had noted that a meeting with public health and the harbour authority would be helpful to clarify understanding of the cruise liner risk, but agreed to follow up outside the meeting.

### 466. **Action Log**

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

## **Governance**

### 467. **Children's Inspection Team Discussion**

The chair welcomed the Independent Chair of the Orkney Public Protection Committee, (OPPC), the Public Protection and Children's Health Service Lead and the Strategic Inspector, Care Inspectorate who had been invited to join the meeting to provide external perspective and assurance on Orkney's progress against the Children's Services Inspection Report Improvement Plan.

The Chair explained that the Clinical and Care Governance Committee was an integrated committee of both NHS Orkney and Orkney Islands Council Social Care and reported to both the NHS Orkney Board and Integrated Joint Board. She described how members had struggled to gain assurance on inspection governance and on the pace and clarity of achievement against the improvement plan, so had agreed at the last meeting to seek additional input from partner agencies.

A comprehensive update was provided by each of the external representatives and the following key themes were highlighted:

## Staffing

The impact of COVID 19 had created added challenges to the recruitment of key people, but after a difficult period a new interim Chief Social Work Officer was in post and a helpful and stabilising influence was anticipated. Key gaps in staffing was identified as a major issue and the historic use of temporary and agency solutions highlighted as barrier to the achievement of sustained change and stability.

### Culture

An additional staffing pressure highlighted was a tendency to spread the responsibilities of vacant posts across existing members of the team, rather than seeking replacements.

### Leadership

The Chief Officer's Group had taken on the highlighted issue of unsatisfactory leadership and had started the improvement process by leading a development day which concluded with agreement on the following actions:

- A development day for elected members
- A development day for children, young people families and professionals
- A review of the OPPC and COG memberships
- A review of resources and staffing requirements
- A review of the Improvement Plan in light of Development Day themes

### Reviews

The recent completion of a complex Significant Case Review was highlighted and members were advised it had raised some issues regarding the organisation of health services, particularly for those in an island setting and where services were provided off island. A further case of concern regarding the health service response to a child and the subsequent identification of matters involving other services had led to the initiation of a Single Agency Review and a proposal for an Inter-Agency Learning Review.

It was noted that there were lots of lessons to learn but, despite the difficult circumstance, members were reassured that there was an overall sense of drive and desire for adopting changes and making improvements.

### Audit

Audit was identified as one the main tasks in the improvement plan and looking at how quality assurance processes were embedded was a key focus. Members were advised that an audit report had been submitted after a first file review and a culture of involvement, evidence of good collaboration and good placement for looked after children away from home were positive highlights. Record keeping, difficulties accessing the PARIS system and ensuring quality assurance processes, the identification of neglect, permanency planning and the recording of availability of family work were noted as the areas of concern.

It was noted that a second stage review would follow and that the last stage would be a multi agency review.

### Guidance

This was an area identified as a significant gap and members were advised that clear progress had been made. Some further activity to ensure a seamless approach was require, but work was progressing well and members should take assurance that robust measures were being put in place.

### Pace of progress

Members were advised that concern regarding the initial pace of progress were justified, but since March this year it had improved with clear focus and drive evident and signs of delivery in a number of different areas. A need for investment in child protection was highlighted, but progress with the recent appointments of the Independent Chair of the

OPPC and the Lead Nurse was noted.

In response to a query regarding IJB representation and the role of the OPPC, the Independent Chair noted that in terms of public protection a multi agency approach was taken and the key issue was to ensure the right people were involved. A review of the membership of both groups was noted as an outcome of the recent OPPC/COG development day, so all options were open for consideration. Although from a strategic decision making perspective some representation was a given, he was happy to consider suggestions for options which would work for Orkney.

In reply to a query regarding the reporting, accountability and governance of COG the Strategic Inspector advised members that as he didn't really have a clear understanding of the Orkney issues, he would need to take the enquiry away with him and discuss further at a later date. Members agreed that the planned development day for elected members would be an appropriate opportunity to explore these issues further.

It was noted that staffing issues had often been a challenge, but this was the first time they had been discussed, that PARIS had long been identified as a flawed system and that training for staff on how to spot areas of concern should not be underestimated. Orkney often scored highly as one of the best places to live and members were keen to ensure this was also the case for all children.

The OPPC Independent Chair noted the consensus for change and was reassured by the eagerness for progress, but cautioned members against too keen a focus on pace as not all changes would be immediate. He highlighted that it had taken a couple of years to progress to the current position and to achieve successful improvement change needed to be sustainable and embedded and would require patience and steadfastness.

On behalf of all members the chair warmly thanked all those involved in the work described and welcomed the detailed information and high level assurance provided by the update and was particularly reassured about plans for a development day for elected members, which would offer an opportunity for further scrutiny and assurance. She wished all well with the ongoing work and noted that further updates would be provided through normal reporting routes.

### **Decision / Conclusion**

The Committee took assurance that timely improvement progress was being made and appropriate inspection governance was in place.

### **Safe and Effective Care**

#### **468. Quality and Safety Group Update CCGC 2021-26**

The Chief Quality Officer presented the update to members and confirmed that although development work to address the need for changes to the group had been delayed due to COVID 19, it had just restarted. Monthly meetings were scheduled and a good level of engagement and clear direction for the next meeting had been achieved.

In response to feedback, a revised Terms of Reference had been drafted and two key issues for the Clinical and Care Governance Committee regarding role, function and communication were highlighted.

The Chair appreciated the challenge of implementing a significant change in direction and welcomed the update on the restart of work.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services congratulated the Chief Quality Officer and Medical Director on the significant work undertaken so far, noting that what had been achieved created the potential for a hugely significant cultural change.

The Medical Director noted a key shift of emphasis away from the managerially driven critique of written reports and action plans, which had suppressed operational engagement and participation, to a clinically directed, cross discipline forum for free flowing discussion. It was anticipated that key concerns regarding the quality and safety of patients would be raised during this process and any issues which required more detailed scrutiny or formal reporting would be initiated by clinical staff leading to enhanced engagement in appropriate governance and proposed solutions.

It was confirmed that the Medical Director was the chair of the Quality and Safety group and it was hoped that the revised Terms of Reference would address the potential for remit overlap with the Area Clinical Forum, but it was acknowledged that this would need to be closely monitored.

The IJB Chair noted the health focussed membership of the group and raised a wider governance query regarding the scrutiny of delegated services.

The Chair noted that that Quality and Safety Group Chair's report and minutes would be submitted to the Clinical and Care Governance Committee and members would decide if onward escalation to NHS Orkney Board and the IJB was required. The Chief Quality Officer agreed to review the reporting lines section of the draft Terms of Reference to reflect this.

The NHS Orkney Chair noted that the discussions highlighted the importance of role clarity and explained that the Area Clinical Forum remit was to advise whilst the Quality and Safety Group role was to provide assurance.

The Director of Public Health asked how the Quality and Safety group were supporting some of the significant clinical issues raised in the Scottish Public Services Ombudsman report and was concerned at the committee's level of oversight and assurance.

The chair confirmed that the oversight and scrutiny remit of the Clinical and Care Governance Committee was a key element of the ongoing development work.

Members agreed that the new Quality and Safety Group format might not get everything right at the start so closer monitoring would be needed, but it also needed to be given space and time to develop.

The Chief Quality Officer, reflecting on earlier discussion, wondered whether further consideration of the quality and performance of delegated services was warranted, if it was felt that current reporting did not provide appropriate levels of assurance.

**Decision / Conclusion**

The Committee noted the update provided.

*Post meeting note: The Chief Quality Officer confirmed that the reporting section of the Quality and Safety Group draft Terms of Reference had been reviewed with the Medical Director. It was felt that as the forum, under current arrangements, was a delivery group the reporting arrangements as drafted, were felt to be appropriate.*

**469. Significant Adverse Event (SAE) Update CCGC 2021-27**

The Chief Quality Officer noted the return of a full SAE report, which updated members on the current position. She explained that some of the sign off processes had been slightly longer due to COVID-19 redeployments, but advised that these had now returned to normal.

It was agreed that the inclusion of internal audit report updates would be useful going forward.

In response to the reference in the report regarding a missed fracture the Medical Director confirmed that the morning review process had picked up the error.

**Decision / Conclusion**

The Committee took assurance that Significant Adverse Events were being handled in line with the Learning from Clinical Incidents Policy.

**470. Mental Health Service and Strategy Update CCGC 2021-28**

The Acting Head of Health and Orkney Health and Care presented an update on current activity in Mental Health and the status of the Mental Health Strategy.

It was noted that the use of Near Me had been very successful, but a query regarding older patient uptake was highlighted.

It was acknowledged that there had been some difficulties, but it was hoped that once restrictions were eased it would become a more workable technology as older patients would have increased family support for set up in the home. It was confirmed that the approach was regarded as one of a range of tools as telephone and face to face contacts were also available. National recognition for the mental health patient uptake of Near Me was also highlighted.

Concerns regarding the impact of delays on the progress of the Mental Health Strategy, feedback on the wordy and inaccessible format of the draft document and the exclusion of the wealth of comments and outputs from additional work since the close of the consultation were raised.

It was confirmed that if all the related work over recent months was not captured it would be a missed opportunity and it was noted that links via a working group had been made to ensure that all appropriate developments were included.

Members, whilst acknowledging the comments above, also emphasised the need for a

sense of urgency around the progress of the Mental Health Strategy. It was noted that it would be a continuous process, which would be open to adjustment and they looked forward to the submission of a comprehensive document.

The NHS Orkney Chair confirmed that the purpose of a strategy was to provide a framework within which delivery bodies could operate.

The Acting Head of Health and Orkney Health and Care confirmed a commitment to submit a document to the next Integrated Joint Board meeting and agreed that it should be a dynamic and iterative.

#### **Decision / Conclusion**

The Committee noted the update in relation to staffing and service delivery and took assurance that the work on the Mental Health Strategy was moving forward.

#### **471. Duty of Candour Annual Report CCGC 2021-29**

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services presented the Duty of Candour Annual Report, which showed the adoption and implementation of Duty of Candour in NHS Orkney services.

He explained that when unintended or unexpected events happened, which resulted in death or harm as defined in the Act, those affected must be made aware. They must also understand what had happened and receive an apology from the care provider. He also highlighted that the requirement on the organisation to formally report did not replace or override an individual's requirement to make an apology as a professional when these events occurred.

Members were advised that although the number of reported cases seemed low, a very well structured approach to duty of candour in terms of apology to patient, investigation and patient and family involvement in the process was in place. The table in the report, demonstrating the prescriptive criteria for high level reporting, was also highlighted.

The chair welcomed the report and highlighted that the process, which had only been introduced two years ago, had been helpful in producing key learning and detailed improvements.

S Sankey asked whether cases with delayed reporting, such as the one described in the report, was unusual and the Director of Nursing, Midwifery, Allied Health Professions and Acute Services advised that some cases were clear cut and others more subtle, but confirmed that the incident was escalated as soon as it was identified.

J Richards highlighted a recent contact from a family regarding NHS Orkney's handling and response to a complaint and noted how reassuring it had been to hear of an example where the acknowledgement of an issue and implementation of corrective action had resulted in a positive conclusion.

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services welcomed the feedback, which he confirmed he would relay to the Patient Experience Officer.

**Decision / Conclusion**

The Committee reviewed the report and took assurance on performance.

**472. Elective Waiting Times Update CCGC 2021-30**

The Chief Quality Officer presented a brief update on the current position noting that many services had been paused during the pandemic, but they were now remobilising in line with national documentation and strategic directions.

It was noted that there were instances where outpatient waits had increased, however a good position with regard to urgent care had been maintained and the use of the Near Me approach had been maximised to minimise the impacts of COVID -19. Patient access to off island care and the return of some visiting services was also confirmed.

An increase in the backlog of inpatient waits was also noted, but it was better than expected and further improvements were anticipated with the remobilisation focus.

The Chair asked how confident services areas with the highest waits felt about decreasing the levels noted.

The Chief Quality Officer acknowledged the relatively high dermatology rates, but confirmed that visits were planned and Near Me was operational. Ear nose and throat (ENT) services were more of a challenge, but it was recognised that ENT services across Scotland had been impacted and NHS Orkney was moving in line with guidance available. Ophthalmology was the biggest pressure, but this was no change to the position pre COVID -19 and recruitment to a global citizen post was confirmed so it was hoped they would be on island from September and some improvements in capacity could be anticipated. Investment in a new glaucoma pathway was also highlighted.

It was noted that Urology services were commissioned from Grampian, so whilst figures may have been included as a specific item in a previous paper they were not routinely reported.

The Chair welcomed the update noting that it was not without concern, but was assured that a decrease in the figures could be anticipated in the October report.

**Decision / Conclusion**

The committee reviewed the update and sought additional assurance on performance

**Policies for Approval****473. Prevention, Control & Management of VHF & Ebola CCGC 2021-31**

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services presented the policy for approval and noted that the work had been started last year so, whilst it might seem a bit out of the blue, it was overdue.

He explained that there was no suggestion that an outbreak was expected, but the tourist season did present a fairly significant increase in footfall and this policy would provide clinicians with clear guidance. He noted that the timing was particularly appropriate with the recent increase in Personal Protective Equipment training and although it dealt with

different scenarios the basic principles and processes were the same.

The Director of Public Health also highlighted the number of volunteers from Orkney that worked abroad and the importance of having a method to review and manage anyone who felt unwell upon their return.

### **Decision / Conclusion**

The committee approved the policy subject to the highlighted formatting amendments.

### **Medicines Management**

#### **474. Area Drugs Therapeutic Committee (ADTC)**

The Principal Pharmacist provided a verbal update noting the challenge of sustained meeting attendance, but confirmed that medical representation and a lead had been agreed and a meeting was scheduled for August.

It was noted that the membership and terms of reference were to be reviewed and agreed along with a work and action plan.

### **Decision / Conclusion**

The committee welcomed the update and looked forward to a further report at the October meeting.

### **Person Centred Care**

#### **475. Patient Feedback Annual Report 2019/20 CCGC 2021-32**

The Chief Quality Officer presented the standard annual Patient Feedback Report which built on the regular quarterly updates to the committee. She highlighted the decrease for the second year in the number of complaints received since the introduction of the new complaints handling procedure and a good complaints training update rate from staff groups.

It was noted that changes in practice were starting to embed and this was evidence by the increase in attempts to resolve issues at stage one. However the increasingly complex investigation complaints often took longer than hoped, particularly when single handed practitioners or services with rotating work patterns were involved.

An increased use of MSP and advocacy service access routes was also noted.

The Chair asked if NHS Orkney was better as an organisation in making patients aware that they can complain.

The Chief Quality Officer hoped there had been just such an improvement, particularly since the move into the new building with the installation of new screens and boxes along with information on the process. She confirmed that there was still work to do around the care opinion, but hoped that would be picked up next year.

Potential for confusion with some of the language around response, acknowledgement and timescales along with some figure anomalies were noted, which the Chief Quality

Officer accepted and agreed to feedback.

The IJB Chair highlighted the health focussed nature of complaint reporting and noted that there could be emerging themes across services areas that were not captured.

The Chief Quality Officer noted that the current report fulfilled the NHS duty to provide the information presented, but agreed that a balanced picture for delegated IJB services was not reflected. She confirmed that identifying themes was a key part of the complaints process, but noted that other service data would be held in different places, but agreed to liaise with the Chief Officer regarding inclusion in future reports.

The Chair agreed that a comparable care complaints report should be requested and added to the agenda for future meetings.

The Interim Director of Nursing highlighted the approach evidenced in the *'You told us: We Listened'* examples on page 19 of the report as a particularly positive example of the work in practice.

It was noted that it was the prerogative of complainants to choose whichever route they preferred to access complaints processes, but S Sankey wondered if the increased use of MSP and advocacy services signified a lack of access to standard routes.

The Chief Quality Officer was not unduly concerned and noted that in a small community success could perpetuate patterns of access and often the more complex cases that returned if an outcome was not what had been hoped for would use one of these alternative routes.

The Medical Director also noted that the independent GP practices had their own complaints procedures.

## **Decision / Conclusion**

The committee noted the comprehensive report and sought appropriate assurance after additional review.

## **Social Work and Social Care**

### **476. Children's Services Inspection Report Improvement Plan- CCGC 2021-33**

The Interim Director of Nursing presented the report, noting that the updates were iterative and changed frequently.

She confirmed that the multidisciplinary short life working group continued to meet fortnightly to progress and monitor the plan, that health attendance at the Chief Officers' Group ensured health aspects of the partnership action plan were updated and the meetings with M Berry from Health Care Improvement Scotland continued to provide advice, support and assurance that there was appropriate progress.

It was noted that a significant amount of additional information and evidence to support actions taken was available, if required, but one area for further work was how to evaluate and evidence that individual actions taken had made an improvement and impacted on children's lives.

The Interim Director of Nursing assured members that she was encouraged that the actions were moving toward completion, but also noted that many of the actions created new actions, which further emphasised the ongoing nature of the process.

Credit to M Mackie for leading work on the development of a pre birth guidance and pathway, which had received highly complimentary feedback from colleagues, was also highlighted.

The Chair noted that it was clear a number of actions had been completed and recognised the dynamic nature of the work.

The IJB Chair welcomed the report, but highlighted a similar concern to the one noted earlier in the meeting regarding the absence of an update on the full spectrum of services.

The Chair clarified that as a comprehensive report had recently been provided at the last additional meeting and a new Chief Social Work Officer had just started in post it had been agreed that a further full update would be provided at the October meeting.

The Interim Nursing Director confirmed that all the health actions that had been reported in the update presented had been reference back to the overall action plan.

The IJB Chair acknowledged current pressures, but noted the importance of recording the requirement for balanced reporting.

## Decision / Conclusion

The Committee noted the current position and reviewed the progress made.

## Risk

### 477. Risk Register Report - CCGC 2021-23

The Chief Quality Officer presented the update on active risks assigned to the Clinical and Care Governance committee. She noted that as no new risks had been assigned since the update presented at the last meeting, the update was very short. It was confirmed that a fuller and more accurate picture of the updated position would be submitted to the October meeting.

## Decision / Conclusion

The Committee noted the update provided and agreed there were no risks for escalation to Audit Committee.

### 478. Emerging Issues

#### Pandemic Update

The Director of Public Health provided verbal assurance that the work with care homes continued, as did the offer of testing for members of staff. In addition, Scottish Government had requested some surveillance testing, which would be led and implemented locally by Occupational Health. She also confirmed that Test and Protect was in place and work around the appropriate division of national and local input was

ongoing.

#### **Red & Green Pathways**

The Director of Nursing, Midwifery, Allied Health Professions and Acute Services confirmed an agreed position on red and green pathways had been reached and adherence to appropriate signage was being reinforced.

#### **479. Any other competent business**

The Chair highlighted the email which was circulated with meeting papers on behalf of Age Scotland on Friday 10 July 2020 and included the Draft Orkney Dementia Strategy 2020 – 2025, shared for consultation. She noted that contact details for feedback were included in the message and encouraged members to participate.

The IJB Chair highlighted that a review of the logos included on report templates would be useful and the Chair agreed that this issue would be taken forward as part of the ongoing committee development work.

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

It was agreed that there were no issues to be highlighted to the Boards through the Chair's Report:



## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report number: OHB2021-77</b>  <b>This report is for noting</b>  <b>Area Clinical Forum Chair's Report</b>	
<b>Author</b>	Steven Johnston, Chair Area Clinical Forum
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <u>Note</u> the report and <u>seek assurance</u> on performance</li> </ol>
<b>Key Points</b>	The Area Clinical Forum held a development session around the New Kirkwall Care Home on the 1 December 2020 and a summary of the session is included for Board members information and discussion.
<b>Timing</b>	The Area Clinical Forum highlights key issues to the Board following each meeting.
<b>Link to Corporate Objectives</b>	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.
<b>Benefit to Patients</b>	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## Orkney NHS Board

Summary of the development session of the **Area Clinical Forum of NHS Orkney Board**, held virtually to discuss **Planning a Replacement for St Rognvald House**, on **Tuesday 1 December 2020 at 12:15pm**.

**Present:** Steven Johnston (Chair), Angela Colborn-Veitch, Anne Mathison, Brenda Wilson, Calum Grant, Charles Siderfin, Dawn Moody, Emma West, Fiona Oag, Gillian Coghill, Gillian Morrison, Issy Grieve, Jenna Graham, Kirsti Jones, Lynda Bradford, Lyndsay Steel, Meghan McEwen, Mhari Linklater, Michael Dickson, Moraig Rollo, Rosemary Wood, Ruth Lea, Samantha Wishart, Sara Lewis, Sarah Walker, Siobhan Stevenson, Stephanie Johnston, Sylvia Tomison, Val Stonehouse, Wendy Lycett.

### Introduction

The session began with presentations from Gillian Morrison, Interim Chief Officer, Lynda Bradford, Interim Head of Health and Community Care and Dawn Moody, GP Clinical Director. They set out the background of the care provision in Orkney and St Rognvalds House in particular, and laid out the rationale for the proposals. Local statistics on the care of the older population were presented and the purpose of a care home was clarified. Comparisons were drawn across Orkney and Shetland and finally the emphasis on “home first” was stressed but it must be ensured that the facility is fit for the future. It was highlighted that care in Orkney was in a relatively good position with regards to the focus of care provided at home. The following points of discussion arose from those presentations.

### Questions and Discussion

#### Admissions from Isles

It was noted that there were very few admissions from isles to the Mainland (of Orkney), although many appear move between isles if they required care.

#### Hamnavoe House

Members discussed whether it had been considered to close some beds at St Rognvalds and open the additional wing in Hamnavoe House as an interim measure to meet the standards. It was noted that some residents at St Rognvalds had chosen to live in Kirkwall, and that choice must be respected as it is important for residents to feel comfortable in their surroundings. It was highlighted that a better care environment such as Hamnavoe House may be more important than the geographical location, especially with Stromness not being far from Kirkwall. It was noted the Integrated Joint Board (IJB) had only commissioned certain services, which did not include funding for the additional Hamnavoe House wing.

#### Forces Veteran Population

Members questioned whether there was data on the forces veteran population as there may be some opportunities to work with charities such as Erskine as a source of funding. Members highlighted this was an interesting idea, and a link was shared regarding the population of armed forces veterans residing in Great Britain.

## 8.5.1

### Comparison with Shetland

Caution was highlighted on comparing Orkney to Shetland due to differing geography and transport links as well as age related delayed discharge.

### Community-based Service

Members discussed creative ways to help with feelings of isolation and loneliness. It was suggested that those receiving home care could have the opportunity to visit the care home for meals and social events. The building could take into consideration the external surroundings and overlook playgrounds and allow children to visit so residents felt a sense of community. It was noted that plans were being developed to create community-based services. Smiddybrae was built deliberately close to the shop and school to create that community feel. It was highlighted that Kalisgarth in Westray was an example of a care facility where the community come in and interact with the residents for community events.

Having Very Sheltered Housing or other similar care facilities nearby may lend itself to a sense of community through shared areas or facilities, better continuity of care which is evidenced to be valued by people and better and more flexible use of staff across the adjacent sites.

Members also discussed using a model of mixed social housing schemes to support the frail to live in a supportive community, which would include families of all ages. It was noted that the plan included supported mixed housing nearby the care home. It was highlighted that there was an increasing need for a model that suited both people who wanted residential care and those who wanted home care. The Hope Co-Housing was highlighted as a positive housing cooperation following a similar shared-ownership model.

It was proposed that a group of enthusiasts could be set up to explore creative ideas to support older people to integrate into the community.

### Dementia

Members highlighted the opportunity to look at specialist care for dementia which is currently delivered off island. There are a number of people who have not been able to get care home placements and are provided with care out with Orkney, so it would be ideal to have a facility to provide safe care on island. The Dementia Strategy and the Mental Health Strategy were both highlighted as pieces of work which would be used in the plans.

It was also noted that other areas (Borders) have a dementia liaison service to provide support and advice both in terms of training and crisis work.

### Pharmacy Involvement

It was highlighted that pharmacy should have an involvement in the early stage of design and planning to ensure secure, safe, and cost-effective medicines management processes. The requirement for a medicine reconciliation was also highlighted, which would ensure patient safety and less waste. Members discussed that past designs had not considered how individual services would function within the building; considering this would make it efficient for staff and patients and would reduce medicine cost and waste. It was noted that pharmacy would be involved to ensure maximum efficiency.

### Hospital at Home

Members suggested a need for a clinical advanced nurse practitioner working across The Balfour and the care homes to provide support to care home staff. This would involve identifying those within the hospital who would require assistance with the transition out of the hospital or

## 8.5.1

those who were particularly frail. It was highlighted that would be a Hospital at Home model and it was agreed that traditionally hospital-based services (and not just nursing – a multidisciplinary approach) reaching out into the community would be a positive step.

It was discussed that Smiddybrae previously had a GP bed which had been under-utilised and had become an expensive resource. It was suggested a hospital at home system may be more efficient than a community bed and may be an option to develop. It was noted this GP bed had not been sustained as Dounby was perceived by patients or families to be too far from Kirkwall and the under-utilisation led to higher costs than a hospital bed.

### Changing Demographics

Members asked for certain demographics to be considered. There was an increasing age of retirement which might impact on the availability of these workers to provide care for their older relatives. There was also an increase in residents wanting to stay with a partner. It was noted Smiddybrae had a few rooms specifically for couples, however these had been more difficult than imagined to utilise.

### Building Structure and Layout

Members questioned whether the building layout was still adaptable to incorporate any feedback. It was noted the plans were to the standards for a care home, and were regulated by the care inspectorate. There was a minimum layout requirement for each room, the width of corridors, and size of en-suites etc. It was highlighted the plans could be made available if requested. The plan was flexible for feedback to fit the model of care planned.

Members noted that the plan was to have extra space around the site for possible future expansion and for development such as those discussed already.

Members noted that learning could be taken from the Balfour build. The building is appreciated though can be difficult for some navigate and mobile phone reception is an important consideration.

With regards to Hamnavoe House, it was noted that it allowed a very different dynamic in terms of care provision during the step-down approach highlighting the importance of the design rather than just the number of beds. Having facilities to allow residents to retain or regain some independence was important – a “reablement ethos”. It is important not to lose the learning from Brinkies.

### Recruitment and Staffing

Members highlighted concerns of whether Orkney had a workforce issue in terms of delivering the proposed models as recruitment was a significant issue. It was noted that there had been a recent recruitment drive for health and social care which had attracted many applicants. It was also highlighted that the existing staff from St Rognvalds would be transferred to the new Care Facility when opened. A workforce plan was being worked on which highlighted the need for high quality attractive jobs within social care. This would also include offering apprenticeships.

### Clinical Strategy

It was noted that many discussions during this meeting would have been relevant to the development of our clinical strategy, which unfortunately had been paused during Covid. It would be ensured that these discussions would be fed into the strategy when work restarted.

## 8.5.1

### Model of Care

Although Orkney does perform well at allowing people to remain in their homes for longer, concern was expressed that alternative models of care which might lead to a reduction in required beds had not yet been fully explored. Other areas in the country were moving towards alternative models. It was raised that looking out to other areas and learning from successful projects such as Buurtzorg in The Netherlands would be advisable. Such scoping had been done some years ago in early planning but could be revisited.

### Closing Remarks

The summary of this discussion will be taken back to the IJB to ensure the views of our clinicians were passed on. In addition, this session would inform the NHSO Board position on plans. The presenters each thanked attendees for their time and valuable contribution. There was general agreement that the session had been productive and thanks were reciprocated to the presenters for the opportunity to input into the plans for a new care facility in Kirkwall.

[Back to Agenda](#)



## Not Protectively Marked

<b>NHS Orkney Board Meeting – 17 December 2020</b>  <b>Report number: OHB2021-78</b>  <b>This report is for noting</b>  <b>Staff Governance Committee Chair's Report</b>	
<b>Lead Director Author</b>	Lorraine Hall, Interim Director of Human Resources Caroline Evans, Chair Staff Governance Committee
<b>Action Required</b>	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 25 November 2020 and it was agreed that these should be reported to the NHS Orkney Board.
<b>Timing</b>	The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	<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"> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public.
<b>Benefit to Patients</b>	Active engagement of all parties with the principles of good staff governance is essential for NHS Orkney to achieve

## 9.1

	continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

## **Not Protectively Marked**

**NHS Orkney Board – 17 December 2020**

### **Staff Governance Committee Chair's Report**

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

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#### **Section 1 Purpose**

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

#### **Section 2 Recommendations**

The Board is asked to:

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

#### **Section 3 Background**

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

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

##### **Statutory and Mandatory Training**

The Committee were presented with an update on performance against Statutory and Mandatory training, noting that NHS Orkney had a legal responsibility to provide a safe and healthy environment for employees. A review of the provision and compliance of statutory and mandatory training had been carried out, in partnership with staff and representatives.

Despite a previous consultation in 2019 the compliance with attendance between April 2019 – April 2020 overall had remained relatively static, with a marginal increase since April 2020. The exception to this was Basic and Intermediate Life Support which was currently deemed too high risk to provide this training and Child Protection as a result of the module only being live for 4 weeks.

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A further review of the provision and compliance of statutory and mandatory training was being carried out, in partnership with staff and representatives. Thus far the consultation has highlighted various actions which were currently being implemented, with a planned further review of statistics in 3 months.

### **Workforce reporting**

The Committee were provided with the workforce report for information on the July to September 2020 period. Discussions were held around how to provide more narrative in future reporting and changes which could be made to the report to ensure that it was fulfilling the assurance requirements of the Committee.

### **Spiritual Care**

G Jones, Spiritual Care Lead attended the meeting providing assurance and information on the volume of need for the Spiritual Care Service, including staff wellbeing and support. Members welcomed the comprehensive update and noted the requirement to build resilience in the service for both staff and patient support going forward.

It was noted that a wider staff wellbeing piece would be progressed to support the health, safety, wellbeing and resilience of staff along with action planning so that the outcomes and value to staff could be monitored.

### **Letter from the Cabinet Secretary**

The letter, although not discussed at the meeting, is included for information and a Board discussion around we continue to extend gratitude and thanks to all staff is welcomed.

### **Cross Committee Assurance**

The Committee had no items requiring cross committee assurance.

### **Appendices**

- Approved minute of meeting held on 18 September 2020.



T: 0300 244 4000  
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To all NHS Chairs and Chief Executives

via email

25 November 2020

*Dear Colleagues*

I wanted to write on a personal basis to thank you for the nationally important work you are leading across a range of issues in what remains a difficult situation.

I am well aware of the many demands on you and the teams you lead, from responding directly to COVID-19, maintaining urgent and emergency services, delivering Test and Protect and providing vital support to care homes. Alongside all of this the delivery of the flu programme to the people of Scotland is one of the key aspects of our plan to keep our population as safe and healthy as possible over the winter months. Nor do I forget the considerable demand around our ever expanding testing programme and the opportunities presented by the redesign of urgent care. Every single one of these demands is of national importance to our Covid-19 response. I know that you are taking the opportunity locally in responding to the virus to reshape and embed changes in healthcare delivery and deepening partnership relationships which themselves take time, energy and real leadership.

And of course all of this carries risk and the management of that demands effective delegation, clear accountability and careful attention to detail.

I am exceptionally proud of how our NHS has responded to all of these demands under your leadership. Every day I see services provided to our population delivered with compassion, resilience, determination and a focus on what matters to the patient.

The team here in Government wants to do all we can to work well with you. We will continue to listen to you and act on your advice and we will continue to provide the national and local support and guidance that you will need.

I am mindful that you lead a team of clinical, management and support staff and I hope you will pass my thanks on to them. For now, my sincere thanks to you. I look forward to our continuing good work.

*Kind regards*  
*Jeane Freeman*

JEANE FREEMAN

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Orkney NHS Board Meeting Papers



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## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Friday 18 September 2020** at **11:00 am**.

### Present:

Caroline Evans, Chair  
 Fiona MacKellar, Vice Chair  
 Julie Colquhoun, Head of Corporate Services  
 Michael Dickson, Interim Chief Executive  
 Issy Grieve, Non Executive Board Member  
 David McArthur, Director of Nursing, Midwifery, AHP and Acute Services  
 Kathleen McKinnon, Staff Partnership Representative  
 Kate Smith, Partnership Representative  
 Jason Taylor, Whistleblowing Champion, Non Executive Board Member

### In Attendance:

Lynn Adams, Healthcare Staffing Nurse Lead (for item 634)  
 Steven Phillips, Human Resource's Manager  
 Ingrid Smith, Human Resource's Manager  
 Emma West, Corporate Services Manager (Minute taker)  
 Barbara Womack, Practice Education Facilitator

### 628 Apologies

No apologies were noted.

### 629 Declaration of Interests – Agenda Items

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

### 630 Minute of meeting held on 9 July 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 amendment:

- Page 12, item 455 amend 'uptake could have been greater' to 'uptake had been variable due to the appropriateness for those services.'

### 631 Matters Arising

#### Availability of student accommodation

Members were advised that this had been discussed at the Board meeting with a proposal to address this through the Community Planning Partnership for a multi-agency approach.

### 632 Action Log

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

## Confirmation that assurance arrangements are in place to raise awareness around Bullying and Harassment in the workplace – 18/19-03

The Interim Chief Executive noted that this had been linked with the actions from the Sturrock report and questioned the exact assurance that the Staff Governance Committee were requesting. Members advised that the Committee felt that the issue had yet to be fully addressed and there was a need for clear referencing within the workforce strategy and annual reporting around this.

The Employee Director noted that there were formal pathways available for staff to air concerns around bullying and harassment at work and assurance that these were being dealt with, policy followed and the outcomes followed through would be the assurance process.

The Head of Corporate Services advised that the previous Chief Executive had been looking to develop an Orkney response to the Sturrock Review but this had been halted due to Covid.

I Smith advised that Human Resources actively sought to resolve all grievances at the earliest possible opportunity, cases could be difficult to report if they had been dealt with through early resolution rather than formal process.

The Employee Director welcomed this approach but stated that early resolution cases should still be recorded. She noted that Bullying and Harassment procedures had been a focus of the Once for Scotland Policy launch to raise awareness with managers and staff.

The Interim Chief Executive advised that he was committed to current improvement work being carried out across the organisation but that he was also open to other initiatives that could raise staff awareness and continue to strengthen assurances.

It was agreed that the action would be close and the wording would be reviewed to form a new action which clearly articulated the assurance required as an organisation ensuring that mechanisms were in place to support staff and managers to have a positive working environment.

### EEES training

The Head of Corporate Services advised that the action required review as this was no longer relevant in its original format. She explained that originally the Staff Governance Committee had requested information on whether the use of the eESS system for booking training within the organisation had affected uptake. Covid-19 restrictions had added to this in two ways, firstly staff working at home were unable to access the eESS system as it was not web based and secondly most training had been paused. These issues were being reviewed in collaboration with the national team to consider alternatives. It was agreed that the action would be update to reflect these changes.

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

The Chair highlighted the following items that had been discussed at the Board meeting on the 16 July and 27 August 2020:

- The Board had sight of the remobilisation plan noting that this provided a significant opportunity to capitalise on appetite for change and improvement

- The Board had welcomed a refresh of the Staff Health and Wellbeing Strategy which would be presented to the Board for approval once finalised.
- The Board were advised that the iMatter staff survey had been suspended due to Covid-19, the national Everyone Matters pulse survey was being rolled out and would be live until the 22 September 2020.

## Decision / Conclusion

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

## Governance

### 634 **Health and Care (Staffing) (Scotland) Act Update – SGC2021-18**

L Adams, Healthcare Staffing Nurse Lead joined the meeting providing the Staff Governance Committee 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 need to be progressed for the Board to deliver the duties as detailed in the Act.

The aspiration of the Scottish Government was that the Act would be fully implemented by April 2021 having incorporated all professional groups, the implementation date was now expected to be delayed. Progress on the implementation of the Act within NHS Orkney has slowed after a promising start with 93% of areas where specialist workload workforce tools exist having completed initial data capture.

NHSO is working to confirm the detail of four work strands for further development:

- Professional leadership structure
- Real time staffing assessment, risk identification, mitigation and escalation
- Clinical leadership role / time to lead
- The underpinning systems and processes to govern and assure delivery of the Health and Care (Staffing) (Scotland) Act

National templates and guidance were awaited to assist with the work along with the requirement for non-clinical time to be built into roles within the limits of financial planning.

Education and training also required consideration in relation to the workforce plan and work to ensure that systems and processes were clear and complied with the legislation. Further information on timelines was awaited from the Scottish Government.

The Chair questioned whether this linked to the number of staff working in amended and temporary roles.

The Healthcare Staffing Nurse Lead advised that the data was based on funded establishment and current Whole Time Equivalent (WTE), if staffing levels were out with this then consideration needed to be given to the effect on services and the staff delivering these whilst also acknowledging, mitigating and managing these risks appropriately.

The Director of Nursing, Midwifery, AHPs and Acute Services noted that the act was further reaching than Nursing and Midwifery and also took into consideration Allied Health colleagues. He noted the difficulties in comparing these roles as the demands were very different and there was no single AHP tool. Governance process were ongoing and there was enthusiasm to get this right to ensure a safe environment for patients and staff.

The Employee Director welcomed that elements of workforce were being considered individually to ensure a whole system approach.

### **Decision / Conclusion**

The Committee reviewed and consider the content of the report, progress to date and the recommencement of preparations to support NHS Orkney to embed the requirements of the Act as part of Remobilisation Planning.

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 challengers related to the Act.

#### **635 Report on Circulars – SGC2021-19**

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

Members were advised that the circulars had been discussed through the appropriate forums but it was felt that future reporting should contain more information around evidence of implementation.

The Chair agreed that this would provide further assurance that processes were being followed and that any requirements that could not be addressed should be escalated to the committee with mitigating actions.

### **Decision / Conclusion**

Members noted the summary of circulars and agreed that future reports would include further details around action taken and evidence of implementation with any areas of concern being highlighted to the Committee.

### **Organisational Culture**

#### **636 iMatter SGC2021-20**

B Womack, Workforce Development Manager presented the report advising that iMatter was the NHS Scotland Staff Experience continuous improvement tool which has been rolled out nationally across all NHS Boards in Scotland. It formed a key part of the Healthy Organisational Culture element of the National 2020 Workforce Vision: Everyone Matters.

The process for 2020 was initiated, however due to Covid 19 had been suspended in March 2020. A subsequent interim approach had been developed and was to be implemented on the 1st September 2020, this would be the National Everyone Matters Pulse Survey. The survey would run from the 1 to the 22 September, with a slight extension for postal submissions, the national outcomes report would be published in

November

The Chair noted that the survey asked some very personal questions in relation to Staff Health and Wellbeing and sought assurance that staff would be supported. The Workforce Development Manager advised that the support available had been widely advertised to all staff.

## **Decision / Conclusion**

The Committee noted the information provided and welcomed further information on the results from the survey in due course.

### **637 Staff Health and Wellbeing Report – SGC2021-21**

The Head of Corporate Services presented the report which provided an update on the response to the Scottish Governments circular DL (2020) 8 around Staff Health and Wellbeing during COVID-19. In addition, the paper laid out the strategic framework that would inform a refresh of NHS Orkney's Staff Health and Wellbeing Strategy.

NHS Orkney, like all employers, had a moral and statutory duty of care to protect employee's health and safety and provide a safe environment to work, as set out in NHS Orkneys Health and Safety Strategy and Staff Health and Wellbeing Strategy.

DL (2020) 8 set out clearly the expectation on all Boards in relation to this statutory duty. In addition, the Cabinet secretary for Mental Health, in her letter of 26 March 2020, set out her vision for support to Health and Social Care staff across all Boards.

The Head of Corporate Services advised that she had held conversations with the Spiritual Care Lead in relation to supporting staff and care packages being available in the hub space with a view to providing similar for staff engaging with the Whistle Blowing process. There was increased anxiety across staff with some not able to work in their clinical areas due to this, alternate roles for a temporary period were being found to support these staff and ensure that they felt valued through these challenging times. The Health and Wellbeing framework was being used to complete an assessment around the refresh of the Strategy which would be taken to the Staff Health and Wellbeing group meeting to progress.

I Grieve noted that increased staff anxiety was understandable and questioned if the gift packages, to be purchased through the Covid funding receive for staff welfare, had been issued. Members were advised that the Chair of the Board was progressing this initiative.

The Employee Director noted that there had been a considerable delay with this which affected the recognition and value of staff through the Covid period, she acknowledged that Orkney was a small board but that there was much information in the media around what other organisations had provided and themes were emerging that staff were already exhausted. The Chair agreed to progress this action.

J Taylor questioned how the outcomes would be measured and assessed alongside the wider ongoing work around culture within the organisation. The Head of Corporate Services advised that clarity was required around some actions that were marked as red, these would be revisited with more communication for staff and managers and consideration around how this linked to wider pieces of work ongoing across the organisation.

## Decision / Conclusion

The Committee noted the information provided and welcomed the refresh of the Strategy.

### 638 **Well Informed**

There were no items for discussion.

### **Appropriately Trained**

### 639 **Audit on Agency Locum Medical Staff Fitness to Practice File**

Steven Phillips, Human Resources Manager, presented the report which provided the Staff Governance Committee 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.

Members were advised that an audit was completed on a random selection of 20% (12 individual locums) of the Agency Medical Locums employed over the period 1 April 2019 to 31 March 2020. A total of 61 agency locums had been employed during this time. The Audit found that 9 of those audited had all necessary and relevant paperwork in place, 3 electronic personnel files had 1 or more items of paperwork missing. None of them required a work permit or visa for employment.

It was recommended that a full 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

The Chair noted her concerns that 3 out of the 12 files audited didn't have all the documentation, she questioned the responsibility of the agency in this process and was advised that the agency did complete checks but NHS Orkney also needed to do their own checks and recording and hold all relevant documentation on file.

The Head of Corporate Services echoed these concerns around the gaps in pre-employment checks and questioned if an audit on the wider workforce would be useful. The Human Resources Manager advised that this would be possible and the information could then be presented to the Staff Governance Committee for assurance.

The Interim Chief Executive noted his concerns that there could be members of the workforce without evidence of registrations or references and this was an enormous risk to the Board.

The Head of Corporate Services noted that there had been issues with the transfer of some files and documentation when the Human Resources service transitioned from Grampian to Orkney.

K McKinnon questioned whether locums had their own responsibility to provide the clinical fit to practice documentation. The Human Resources Manager clarified that he was not saying that clinicians weren't registered with their professional bodies but that

NHS Orkney did not have evidence of this on file in all cases. The Interim Chief Executive added that individual responsibility didn't mitigate responsibility as an employer.

### **Decision / Conclusion**

Members note the report including the risks identified and the proposed action to mitigate these going forward.

The Committee agreed that a similar sample audit of all staff files should be completed and presented to the next meeting of the Committee to provide assurance that evidence was in place.

### **640 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. One Note had been used to provide a book like format with chapters and sub chapters to help with navigation along with videos and other sources of information as appropriate.

It was noted that there was a need to consider that some staff would be moving to Orkney to take up employment and there were also sections on living in Orkney to help with this.

One drawback highlighted was that the system didn't record who had accessed the information so a self-declaration form had been included, this was stored in a separate area to protect employee confidentiality and personal data. Some topics would also require elements of face to face training and a virtual environment to hold this would be included.

The Interim Chief Executive noted that this was an excellent piece of work and he was impressed with what had been achieved, he added that tracking of access would be possible following the move to SharePoint.

I Grieve gave thanks for the significant piece of work completed and added that child protection would also benefit from face to face interaction.

### **Decision / Conclusion**

Members noted the presentation around moving to a virtual corporate induction process.

### **641 Annual Report on Workforce Development Activity**

The Practice Education Facilitator presented the report which provided information on the known Workforce Development activity for the year April 2019 – March 2020.

Members were advised that compliance with Statutory and Mandatory training had declined over the past 12 months despite providing an increased number of training opportunities to those offered in 2018/2019 and it was evident that further engagement with teams and managers across the organisation would be required to increase both attendance and achievement of statutory training as a whole.

Significant work has been undertaken with team leads across clinical services to develop a structured, co-ordinated and future focused model of service delivery, aligning workforce and providing a clinical educational plan.

Members were advised that plans highlight significant fiscal need coupled with an allocated training budget for NHS Orkney that totalled £21,744 (approximately £33 per person); the organisation was very dependent on national funding for workforce development.

J Taylor questioned the compliance with Information Governance modules and also the penalties for staff not completing statutory and mandatory training.

The Practice Education Facilitator advised that the annual report include data prior to the organisation wide drive to ensure staff had completed the Information Governance modules. Staff who had not completed their statutory and mandatory training were not permitted to attend any further training but it would be an organisational decision if further enforcement was to be imposed, she added that this was an historic issue which required addressing.

The Interim Chief Executive noted that it would be useful to see a breakdown of child protection training by area, he also raised concern around the annual appraisal rates which were very disappointing.

The Practice Education Facilitator advised that a new programme of child protection training was being established and publicised in the near future. It was hoped that work to move training with TURAS would improve appraisal rates as this would allow staff to access one system for both.

K Smith noted that anecdotally she was aware that a number of staff members were expected to complete training in their own time as they didn't have capacity within the working day and the support of managers should also be questioned.

The Employee Director noted that some staff were part time and therefore restricted to the days which they could attend courses, others would have service pressures and this required to be well managed before any staff were penalised to ensure that it was equitable across the system.

J Taylor suggested that a paper to consider the options available to the organisation to increase compliance with statutory and mandatory training be provided considering the concerns and observations raised.

### **Decision / Conclusion**

Members noted the Annual report and requested a paper around options to increasing compliance with statutory and mandatory training be discussed by the Area Partnership Forum and then the outcomes and options from this provided to the next meeting of the Staff Governance Committee.

**Involved in Decisions that Affect them****642 Partnership Forum Chair's Report – SGC2021-24**

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 16 June 2020 and 21 July 2020. The following were noted:

- Members noted and discussed the Annual Leave Guidance and Guidance for Shielded Staff as issued by the Scottish Government.
- The Chief Quality Officer attended to update on work being undertaken with regards to the remobilisation of services and that this was being progressed by drafting the next iteration of the Remobilisation Plan. Members welcomed the plan and involvement in the next reiteration across the services
- Covid testing within the laboratory had created a new and increased sphere of work. It was anticipated that this service would be required for the foreseeable future and therefore a review of service delivery going forward was recommended

J Taylor questioned the emerging evidence that people from Black, Asian and Minority Ethnic backgrounds may be disproportionately affected by COVID-19 and whether there had been any feedback from the individuals that this affected.

The Human Resources Manager advised that conversations had been held with staff and managers including the use of risk assessments, some staff had noted the risk and were content to continue working within the organisation. A specific risk assessment would be completed for anyone referred to the Occupational Health Service.

**Decision / Conclusion**

Members noted the update provided from the Area Partnership Forum.

**643 Minutes of the Area Partnership Forum meeting held on 16 June 2020 and 21 July 2020**

Members noted the approved minute as submitted.

**Treated Fairly and Consistently****644 Policies and Procedures**

There were no policies requiring approval by the Committee this quarter.

**Provided with a Safe Working Environment****645 Occupational Health and Safety Chairs Report and COPVI-19 Update – SGC2021-25**

The Head of Corporate Services delivered the Occupational Health and Safety Chairs report advising of the items that the Committee wished to highlight from the meeting held on 13 August 2020.

- The Fire Officer had given a comprehensive report on an extensive list of fire safety audits that had taken place since the last meeting. The Committee were given assurance that with effective action plans in place all management actions were being carried out, there were some small house keeping issues that would be addressed
- The Committee were advised that NHS Orkney had secured 2 places on the Face Fit Train the Trainer course. This would enable a roll out of Face Fit Training across the organisation with a view to have Face Fit Champions across areas.
- The Committee received a comprehensive report in relation to IR(ME)R Regulations from the Radiography Superintendent who gave assurance on the level of preparedness for inspection.
- The Committee received a report from the Head of Estates in relation to compliance with COSHH regulations where assurance was provided that all appropriate controls were in place, a more detailed report had been requested for the next meeting of the committee.

The Employee Director noted that services were starting to remobilise and questioned how much time the face fit testing would take away from normal duties. The Head of Corporate Services noted that the 2 staff would not be the only face fit testers but would train others to be face fit testers so this would limit the time out of the workplace.

### **Decision / Conclusion**

Members noted the information provided.

#### **646 Information Governance Chairs Report**

No report had been received this month.

#### **647 Workforce Report – SGC2021-26**

The Head of Corporate Services presented the workforce report for the first quarter of 2020/21, she advised that this was the first draft of a new format and welcomed feedback in relation to what members would like to see in future reporting.

Members were advised that it was often difficult to get up to date information as data could be a month behind. The report included a dashboard for a visual easy reference around statistics and then further narrative to explore this in more detail.

The Chair highlighted her concerns with the low number of appraisals completed within the organisation as this was an opportunity for an accumulation of a years' worth of conversations and it was important that staff were supported.

The Head of Corporate Services agreed that the appraisal compliance rate was very low and required addressing. It was agreed that going forward it would be useful to have agency and locum costs reported separate to bank hours along with a further breakdown of compliance with statutory and mandatory training modules.

The Employee Director questioned the percentages reported in the displaced staff register, especially around organisational change and was advised that this was due to the very low numbers as 1 or 2 people could make a large percentage difference.

The Employee Director added that she would like to see a further breakdown in vacancy management and status within the approval process.

K McKinnon noted that some appraisals had been suspended in relation to the pandemic, this was acknowledged but it was noted that there had not been a significant difference in the figures before the Covid pandemic.

## **Decision / Conclusion**

Members note the report and welcomed the additional information discussed above being included in future reporting.

## **Risks**

### **648 Staff Governance Risk Report – SGC2021-27**

The Head of Corporate Services presented the report which highlighted the current Corporate Risks assigned to the Staff Governance Committee and gave assurance around the mitigation. Members were advised that one risk had been reduced and closed and one new risk had been added since the last meeting of the committee.

I Grieve questioned the risk around the lack of childcare facilities and the current gap in provision, she was advised that anxiety remained across the workforce, the current risk status was still high and really useful discussions had been held at the Area Partnership Forum where it was noted that many staff have been supported in flexible working.

The Interim Chief Executive noted that the report contained problem statements rather than risks and that the articulation of risk required more consideration. It was agreed that the risks noted would be reviewed by the risk owners in this respect and more narrative would also be included in future reports.

## **Decision / Conclusion**

Members noted the report and sought a better articulation of risk for future reporting.

### **649 Issues Raised from Governance Committees**

No issues had been raised from other Governance Committee of the Board.

### **650 Agree any issues to be raised to Board/ Governance Committees**

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

#### **Board**

- 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

### **651 Any Other Competent Business**

None

652 **Schedule of meetings**

The schedule of meetings for 2020/21 was noted.

653 **Record of Attendance**

The record of attendance was noted.

654 **Committee Evaluation**

No issues were raised in relation to the meeting.

**Back to Agenda**



## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-79</b>  <b>This report is for discussion</b>  <b>Financial Performance Management Report</b>	
<b>Lead Director Author</b>	Mark Doyle, Director of Finance Keren Somerville, Head of Finance
<b>Action Required</b>	Members are asked to: <ul style="list-style-type: none"> <li>• Note the reported overspend of £7.065m to 31 October 2020</li> <li>• Note the updated narrative to the year end assumptions and outturn.</li> </ul>
<b>Key Points</b>	The report provides analysis of the financial position for the period up to 31 October 2020. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £7.065m
<b>Timing</b>	December 2020
<b>Link to Corporate Objectives</b>	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
<b>Contribution to the 2020 vision for Health and Social Care</b>	Value and financial sustainability – effective use of resources.
<b>Benefit to Patients</b>	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
<b>Equality and Diversity</b>	No assessment required.

**Not protectively marked**

**NHS Orkney Board – 17 December 2020**

**Financial Performance Management Report**

**Mark Doyle, Director of Finance**

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## **Section 1      Purpose**

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

## **Section 2      Recommendations**

The Board is asked to:

- note the reported overspend of £7.065m to 31 October 2020
- note the narrative to the year end assumptions and outturn

## **Section 3      Background**

The revenue position for the 7 months to 31 October reflects an overspend of £7.065m, a favourable movement of £0.856m from period 6. Of the £7.065m overspend £2.864m relates to Covid 19 spend to date and £3.578m relates to unachieved savings attributable to the impact of Covid 19. NHS Orkney's operational performance at month 7 is therefore £0.623m overspend. The Covid 19 funding received in month 6 has now been allocated year to date. Of the £3.098m notified, £1.970m is reflected in the month 7 position. We anticipate a further £0.748m Covid 19 funding in January 2021. The forecast year end position of £11.198m is directly attributable to Covid 19 spend impact and the underachievement of savings.

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

- Prescribing costs will reduce from the current high unit cost and activity will level out.
- 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. However, it's looking highly unlikely that this funding will be reinstated.

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 6 are:

- Prescribing costs to date - £319k overspend
- Mental Health Services - £197k overspend
- Estates and Facilities - £225k overspend
- IT Services - £54k overspend
- Hospital Services - £83k overspend

There are some offsetting underspends to date which include:

- External Commissioning - £427k

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 7, 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:-

# 10.1

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Primary Care Out of Hours Funding			24,229	24,229
Neurological Care Framework			12,452	12,452
Preparing for Winter 2020/21			47,005	47,005
Community Pharmacy Practitioner Champions		5,000		5,000
Mental Health Outcomes Framework		265,122		265,122
Covid-19 additional funding for GPs			105,368	105,368
£20m (2018-19) tariff reduction to global sum		(74,227)		(74,227)
£20m (2019-20) tariff reduction to global sum		(74,000)		(74,000)
£25m (2020-21) tariff reduction to global sum		(93,500)		(93,500)
6 Essential Actions - Building on Firm Foundations			32,467	32,467
Redesign of Urgent Care			47,732	47,732
New Medicines Fund		383,065		383,065
	<b>0</b>	<b>411,460</b>	<b>269,253</b>	<b>680,713</b>

## Summary Position

At the end of October, NHS Orkney reports an in-year overspend of £7.065m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £23k is attributable to Health Board operational performance budgets, with an overspend of £600k attributable to the health budgets delegated to the Integrated Joint Board. Covid 19 spend to date accounts for £2.864m of the overspend to date and unachieved savings of £3.578m.

Previous Month Variance M6		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
<b>£000</b>	<b>Core RRL</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>	<b>£000</b>
(114)	Hospital Services	12,117	7,052	7,135	(83)	(1.17)	(227)
(197)	Pharmacy & Drug costs	2,588	1,501	1,788	(287)	(19.14)	(492)
(465)	Orkney Health and Care - IJB	26,522	14,426	15,027	(600)	(4.16)	(805)
(400)	Orkney Health and Care - IJB Savings	(800)	(467)	0	(467)	100.00	(800)
388	External Commissioning	11,159	6,283	5,857	427	6.79	480
(190)	Estates and Facilities	6,776	3,890	4,129	(239)	(6.16)	(500)
137	Support Services	7,164	3,651	3,481	170	4.66	501
(4,453)	Covid-19	3,705	2,297	5,161	(2,864)	(124.72)	(4,868)
0	Reserves	2,683	(10)	0	(10)	100.00	1,042
(2,627)	Savings Targets	(5,656)	(3,111)	0	(3,111)		(5,531)
<b>(7,921)</b>	<b>Total Core RRL</b>	<b>66,257</b>	<b>35,513</b>	<b>42,578</b>	<b>(7,065)</b>	<b>(19.89)</b>	<b>(11,198)</b>
	<b>Non Cash Limited</b>						
0	Ophthalmic Services NCL	298	176	176	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,818	1,173	1,173	0	0.00	0
	<b>Non-Core</b>						

0	Annually Managed Expenditure	280	0	0	0		0
(0)	Depreciation	2,418	1,927	1,927	0	0.00	0
(0)	<b>Total Non-Core</b>	<b>2,698</b>	<b>1,927</b>	<b>1,927</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
(7,921)	<b>Total for Board</b>	<b>71,071</b>	<b>38,790</b>	<b>45,855</b>	<b>(7,065)</b>	<b>(18.21)</b>	<b>(11,198)</b>

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, £25k 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, £55k overspend

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

- Laboratories, £43k 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 £287k, this is mainly attributable to overspending drugs. The year end forecast overspend has increased due to new patients on Blinatumomab & Ivacaftor (plus additional patients on Humira, Tocilizumab & Tecfidera).

### **Internal Commissioning - IJB**

- The Internally Commissioned health budgets report a net overspend of £465k (excluding unachieved savings and Covid 19 spend) with a forecast outturn of £626k 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 £51k 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.
- 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 7 of £319k. We are currently forecasting a year end overspend of £309k.

The table below provides a breakdown by area:-

Previous Month Variance M6	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(398)	Integration Joint Board	4,676	1,659	2,123	(464)	(900)
(62)	Children's Services & Women's Health	2,293	1,302	1,360	(58)	(76)
(43)	Primary Care, Dental & Specialist Nurses	10,617	6,199	6,243	(44)	14
(109)	Health & Community Care	4,080	2,425	2,610	(185)	(358)
(252)	Pharmacy Services	4,055	2,375	2,691	(316)	(285)
(865)	<b>Total IJB</b>	<b>25,722</b>	<b>13,960</b>	<b>15,027</b>	<b>(1,067)</b>	<b>(1,605)</b>

### **External Commissioning**

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

### **Estates and Facilities**

This Directorate is reporting an overspend of £239k to date, there is a significant cost pressure with the energy spend for the new hospital. This is currently under review with the expectation an element will be recoverable from the contractor.

### **Support Services**

Support Services is currently reporting an underspend of £170k to date.

### **Covid 19 Spend**

NHS Orkney has recorded £5.161m spend to date attributable Covid 19, of this £4.149m is attributable to Health Board spend and £1.012m 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
- Managing backlog of planned care

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

- The Covid-19 Assessment Centre
- Additional Staffing
- Loss of Income

## **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 £3.111m
- H&SCP £0.467m

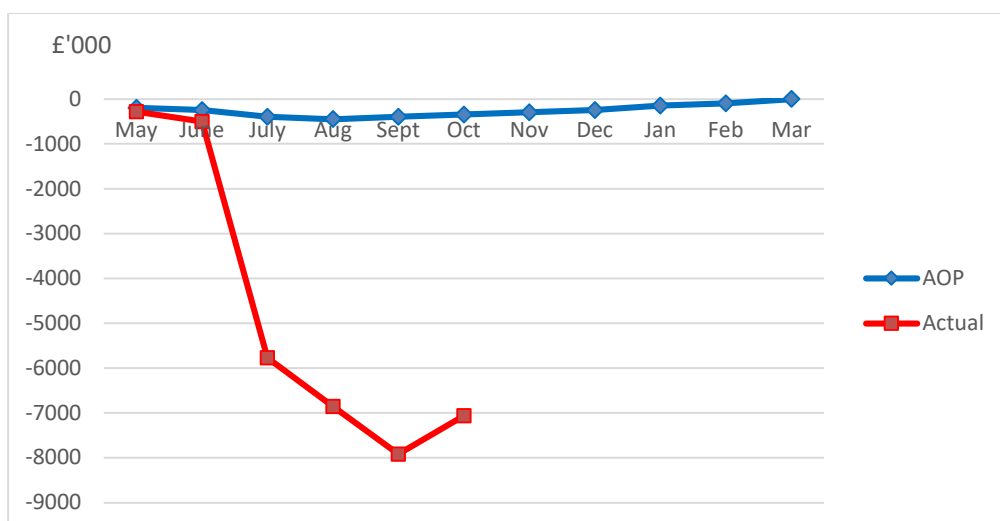
## **Unallocated Funds**

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
	<u>3,640</u>	<u>1,286</u>	<u>600</u>

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

	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
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	
	<u>2,993</u>	<u>1,286</u>	<u>600</u>

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 Covid Finance returns. 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 £11.198m overspend at year end, this directly attributable to Covid 19 spend impact and the underachievement of savings. 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.

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

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 30/09/20 £	Variance £	Outstanding £
<b>Allocations Received</b>				
Initial Baseline	52,592,105	52,590,512	(1,593)	
PASS Board Costs	(2,917)	(2,796)	121	
<b>Allocations Awaited</b>				
Primary Medical Services - provision and support	5,315,827	5,458,000	142,173	
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	383,065	207	
Mental Health Outcomes Framework	265,122	265,122	0	
Primary Care Improvement Fund 2019/20 Tranche 1	80,032	228,724	148,692	
Mental Health Strategy Action 15 Workforce - First Tranche	57,620	81,410	23,790	
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	0	
Discovery Top Slice	(2,866)			(2,866)
Pre-Registration Pharmacist Scheme	(11,762)	(11,947)	(185)	
Tariff reduction to global sum	(148,227)	(148,227)	0	
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	24,229	19	
Increase Provision of Insulin Pumps for Adults and CGMs	10,447			10,447
MenC	(869)			(869)
Therapeutic Drug Monitoring - Top Slice	(1,284)	(1,322)	(38)	
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)	(29,075)	(23)	
NDC top slicing	(34,537)			(34,537)
Positron Emission Tomography (PET Scans - Adjustment	(40,476)			(40,476)
NSD Topslice	(227,717)	(280,067)	(52,350)	
Non-Core expenditure - Depreciation	(1,228,000)			(1,228,000)
	60,652,278	62,216,759	426,417	

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

New RRL allocations	Recurring £	Non- recurring £
Covid-19 Integration Authority Funding		277,000
Scottish Living Wage Uplift		16,413
Covid-19 Prescribing Cost Pressure		(66,000)
Child Healthy Weight		47,000
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
Hospital Eyecare Services - Community Optometry Costs		15,000
Craniofacial surgery - top-slice		(3,515)
RPLND - top-slice		(1,356)
HPV - top-slice		(19,383)
Prostate cryotherapy - reverse top-slice		1,011
2020/21 DDTF ADP Funding		1,570
GP Premises Funding		7,263
Type 2 Diabetes Framework		28,200
Implementation of Excellence in Care		35,650
Staffing to oversee implementation of Health Staffing Act		32,739
Primary Care Rural Fund		39,084
Perinatal Funding Bid - 2020/21		28,333
COVID-19 Q1-4 Funding Allocation		3,098,000
Test & Protect programme - adjustment to 278		(16,961)
Neurological Care Framework		12,452
Preparing for Winter 2020/21		47,005
Covid-19 additional funding for GPs		105,368
£25m (2020-21) tariff reduction to global sum		(93,500)
6 Essential Actions - Building on Firm Foundations		32,467
Redesign of Urgent Care		47,732
		<b>4,231,555</b>

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

Non-Core assumed allocations				
	Included in LDP £	Received in RRL to 30/09/20 £	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>

[Back to Agenda](#)


## Not Protectively Marked

<b>NHS Board – 17 December 2020</b>  <b>Report Number: OHB2021-80</b>  <b>This report is for assurance and scrutiny.</b>  <b>Performance Report</b>	
<b>SMT Lead Author</b>	Christina Bichan, Head of Assurance & Improvement Louise Anderson, Waiting Times Co-ordinator
<b>Action Required</b>	The Board of NHS Orkney is invited to: 1. <u>review</u> the report and <u>note</u> the assurance provided
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• Performance in ED continues to be good and in line with the 95% standard.</li> <li>• Waiting times for elective services have been adversely affected in recent months however remobilisation is having a positive impact on waiting times and access improvements are being seen in many areas.</li> <li>• Access to up to date published information has also been adversely affected by the COVID-19 pandemic with some scheduled publications delayed. The most recent information available has been utilised with notes made where there is no update available.</li> <li>• 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.</li> </ul>
<b>Timing</b>	For consideration at the December 2020 meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to are: <ul style="list-style-type: none"> <li>• Nurture a culture of excellence, continuous improvement and organisational learning</li> <li>• Improve the delivery of safe, effective and person centred care and our services</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
<b>Benefit to Patients</b>	More timely access to care and services.
<b>Equality and Diversity</b>	There are no Equality and Diversity implications identified with this item.

## NHS Orkney Board – 17 December 2020

### Performance Report

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

### Section 1 - Purpose

The purpose of this report is to provide NHS Orkney Board members with an update 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.

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

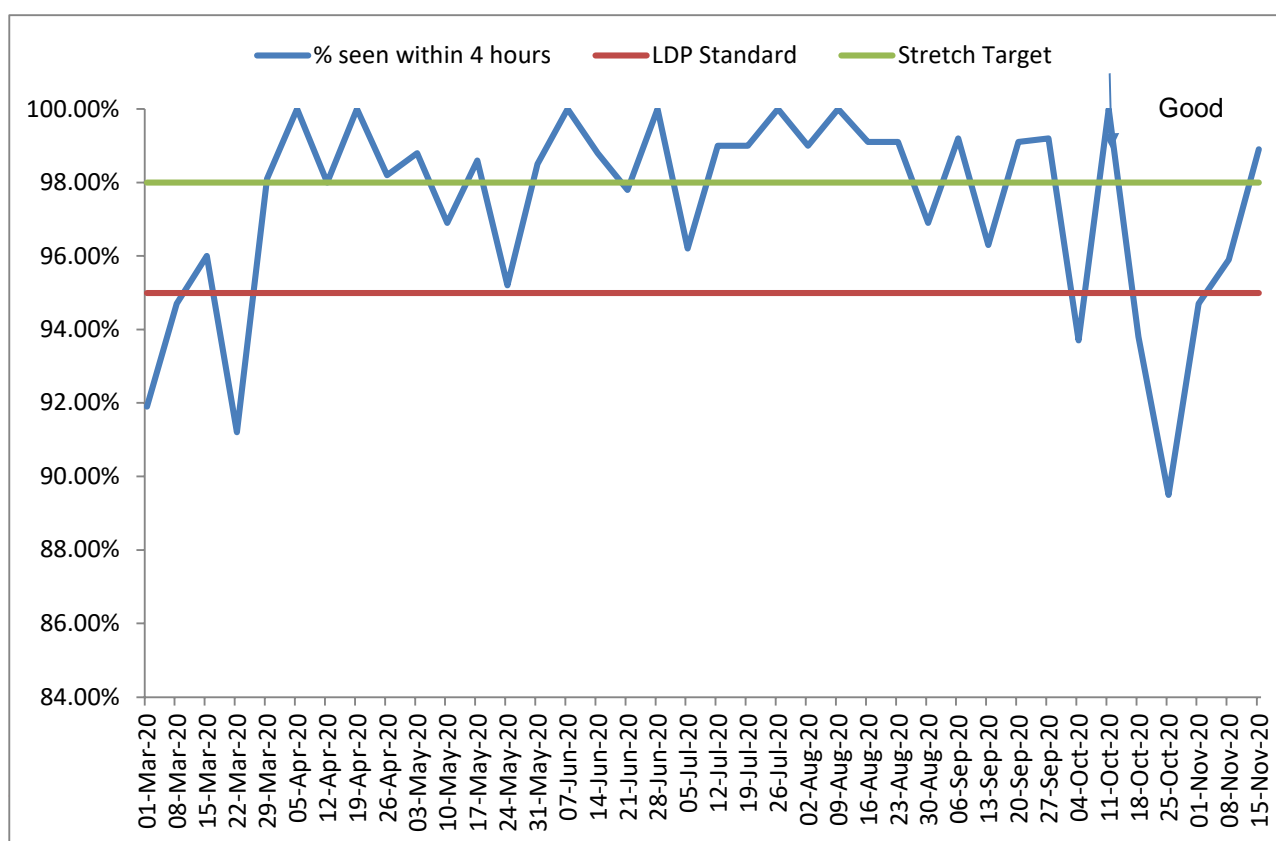
#### 1. Emergency Department Performance

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

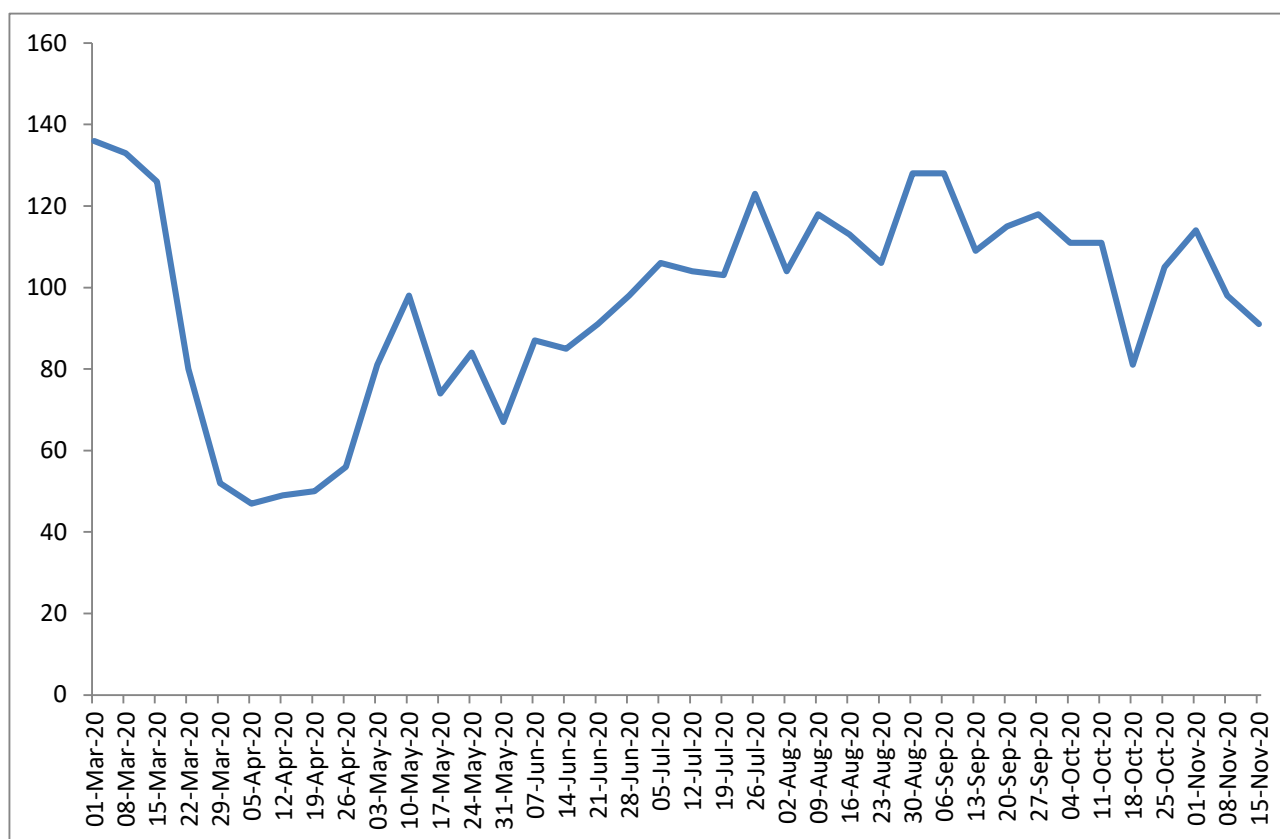
Update – As at week ending 15<sup>th</sup> November 2020, the number of patients waiting less than 4 hours from arrival to admission, discharge or transfer for A&E treatment is currently at 98.9%.

Performance in regards to the 4 hour A&E target is good as shown in Figure 1. The data remains fairly consistent with the average performance during September, October and November at 96.39%.

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



**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 30<sup>th</sup> 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. However, the accelerated roll out of NHS Near Me has facilitated many patients to be seen and therefore the backlog has been kept to a minimum.

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

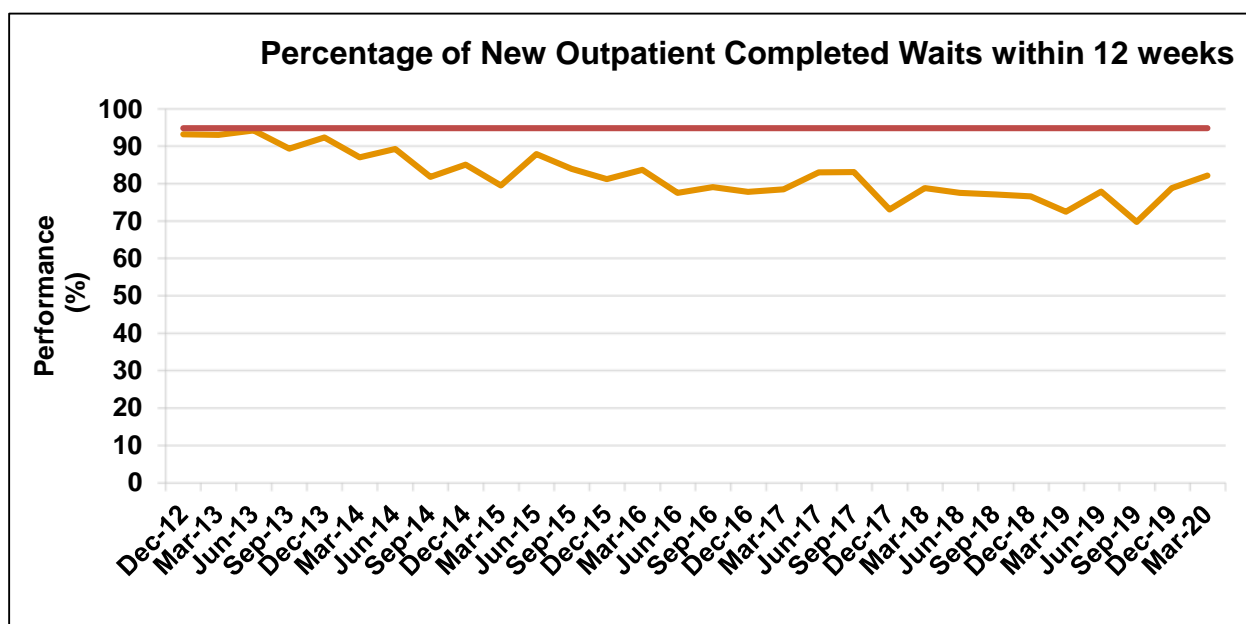
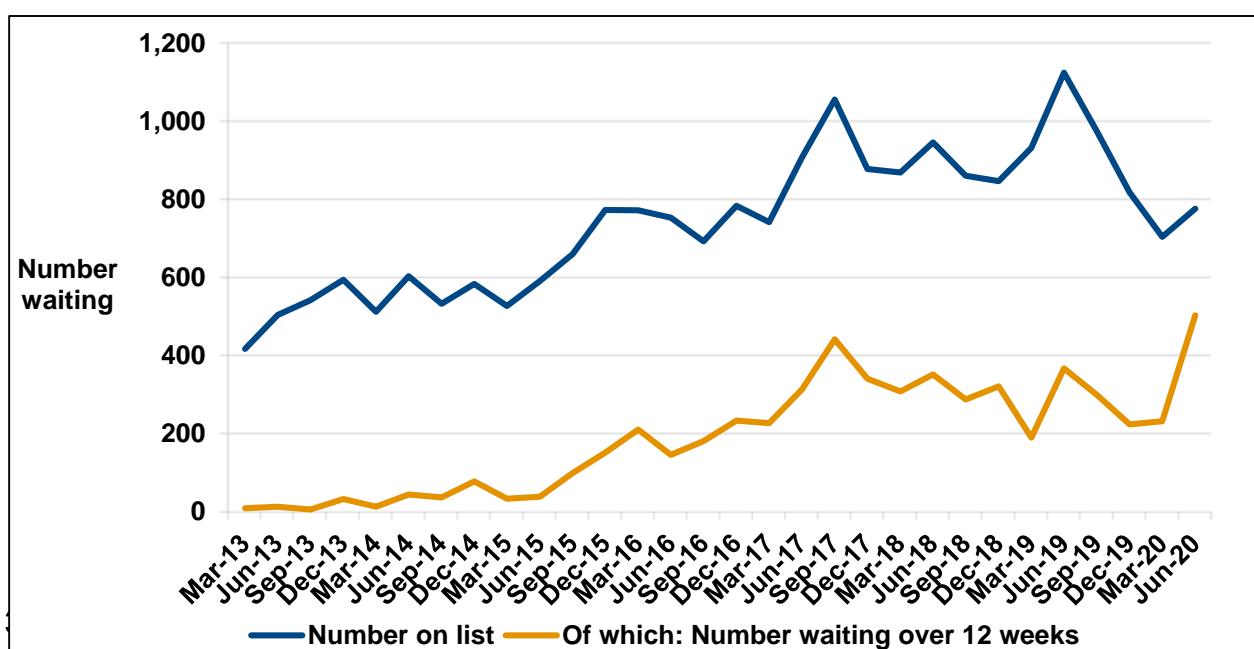


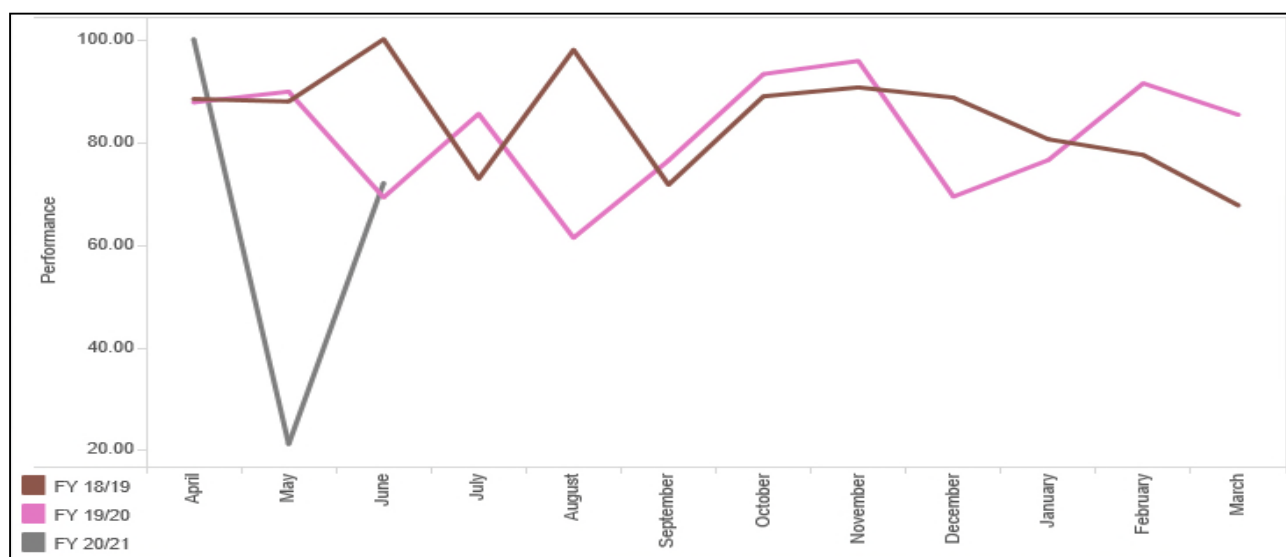
Figure 4: Outpatient waiting times – The Balfour



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

**Update** - 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. Current performance in comparison to previous financial years is shown in Figure 5.

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

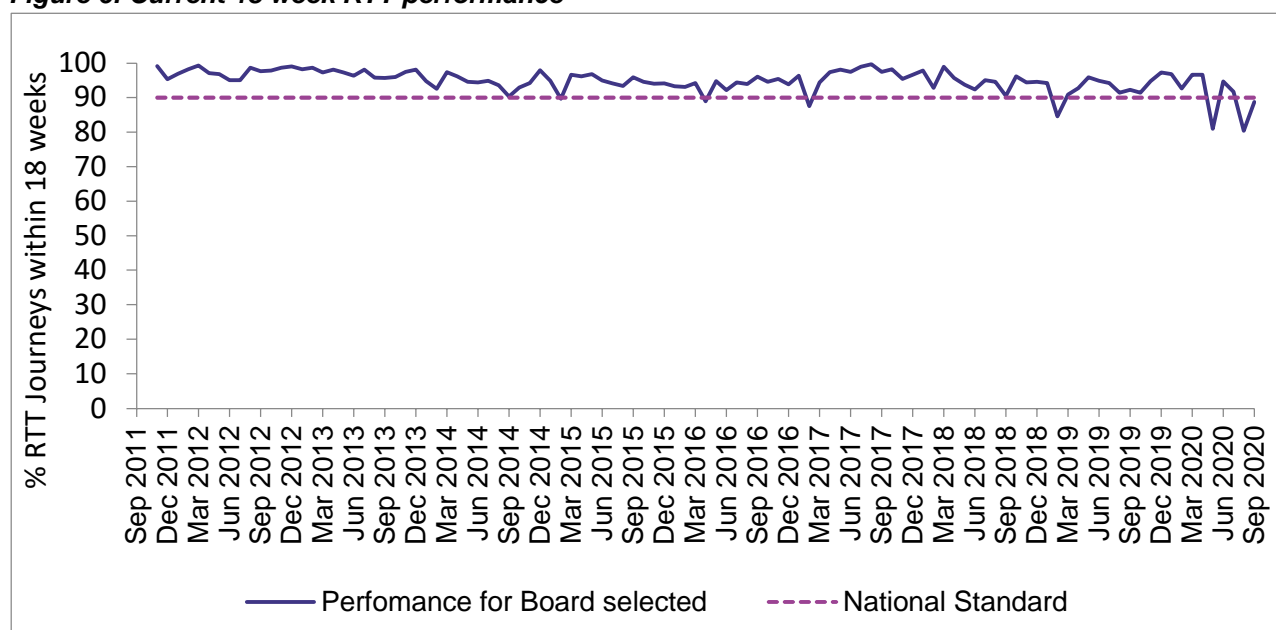


#### 4. 18 Week Referrals

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

**Update** – In September 2020, 88.7% of patients were reported as commencing treatment within 18 weeks. The average for Scotland is 66.9%.

**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.

There is no update to report.

## 6. Antenatal

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

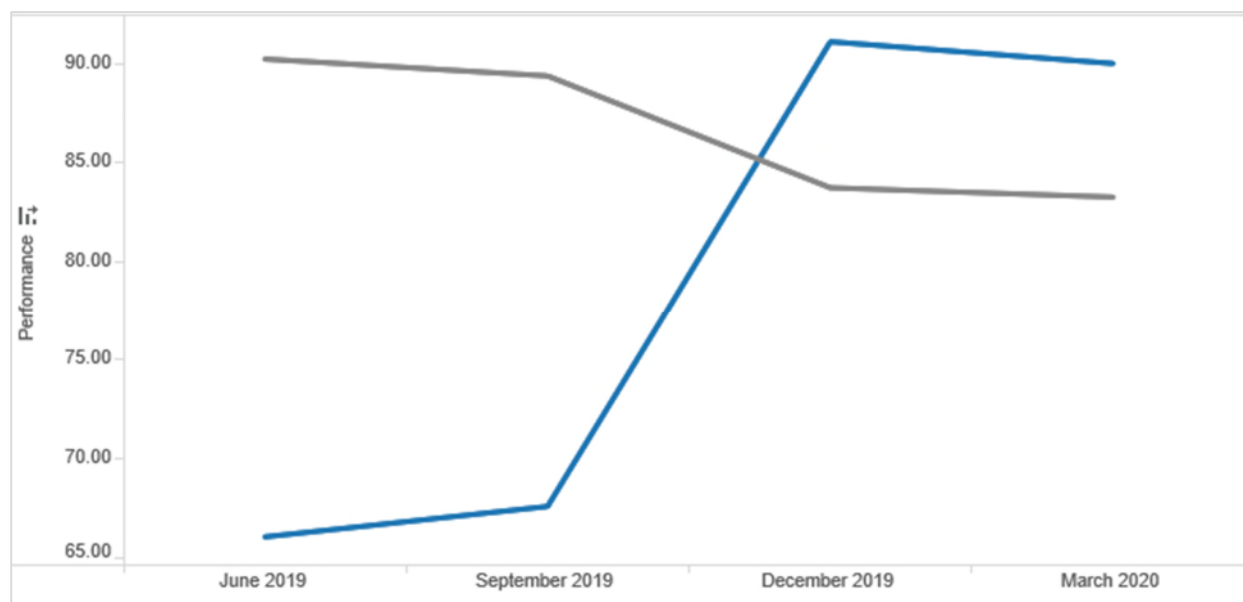
Update – During 2019/20, 92.6% of pregnant women in the most deprived quintile were booked for antenatal care by the 12<sup>th</sup> week of gestation. 95.7% were in the least deprived quintile. Data for 2020 is not yet available.

## 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 – During quarter 2 2020/21, NHS Orkney delivered 60 ABIs in priority settings, 29 in wider settings; giving a total of 89. The LDP standard for the year is to deliver 249.

**Figure 7: ABIs delivered against LDP standard, NHS Orkney (blue) & Scotland (grey)**

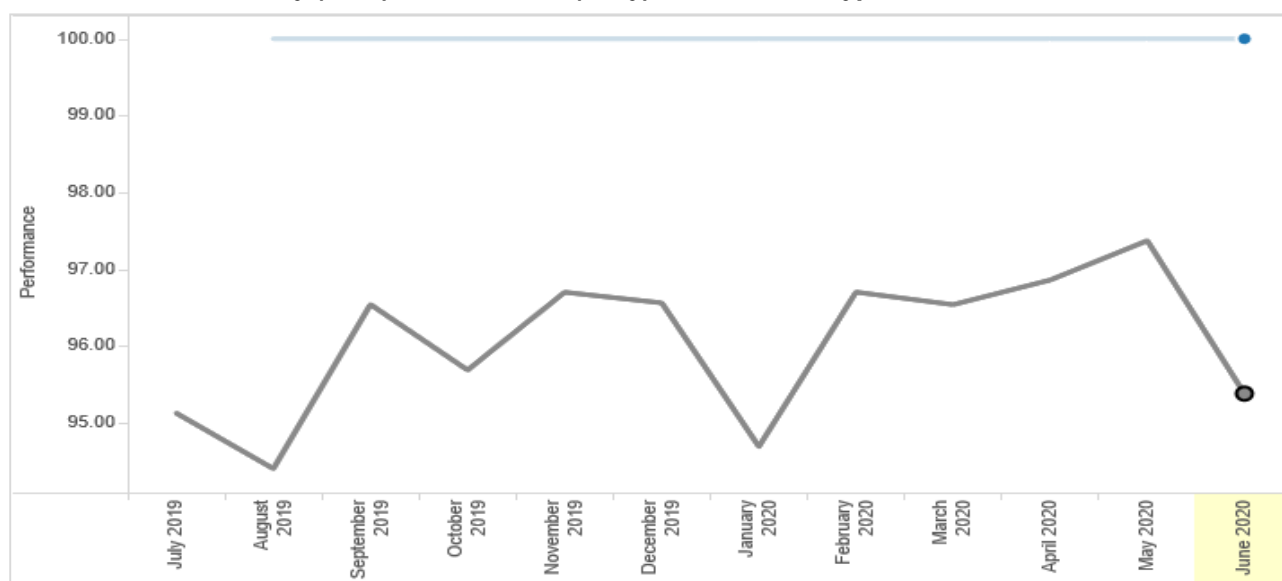


## 8. Cancer

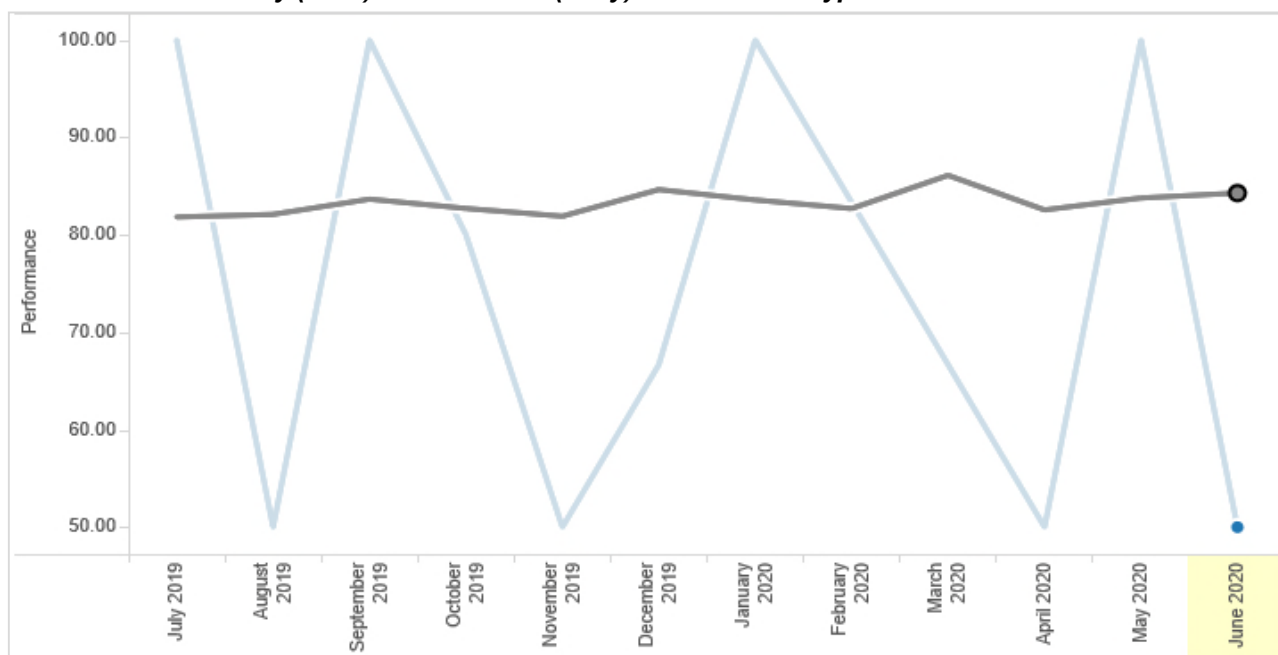
**Standard** - 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

**Update** – Data released in June 2020 shows 100% of patients started treatment within the 31-day standard. 71.4% of patients started treatment within the 62-day standard. Figure 8 compares NHS Orkney to the Scotland performance on the 31-day standard. Figure 9 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**

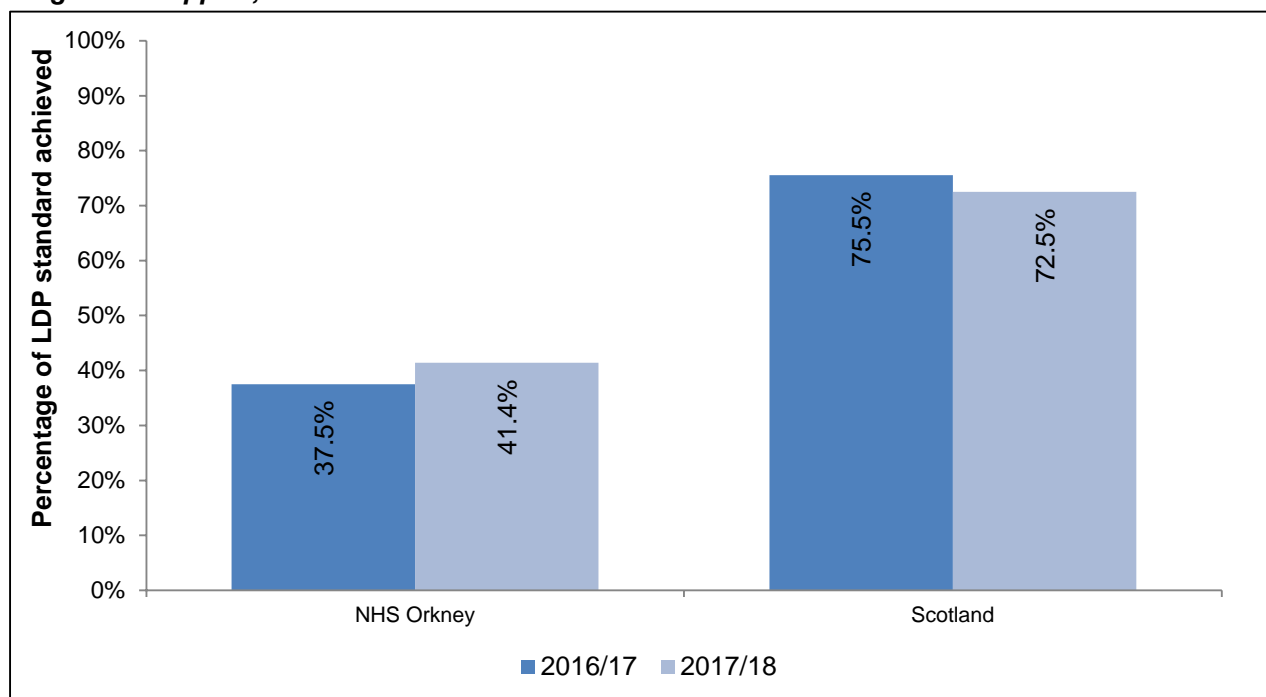


## 9. Dementia

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

There is no update to report due to a delay in the publication of more recent data. Figure 10 provides the most recent published data.

**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%*

Update - Data provided in December 2019 showed 27.2% of patients were diagnosed and treated in the first stage of breast, colorectal and lung cancer. 33% were treated at stage 2. 11.7% were treated at stage 3 and 7.8% were treated with the stage not known. The baseline taken in 2010-2011 for NHS Orkney showed 13 (19.7%) patients were treated at stage 1.

## 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. This continues to be an area of good performance.

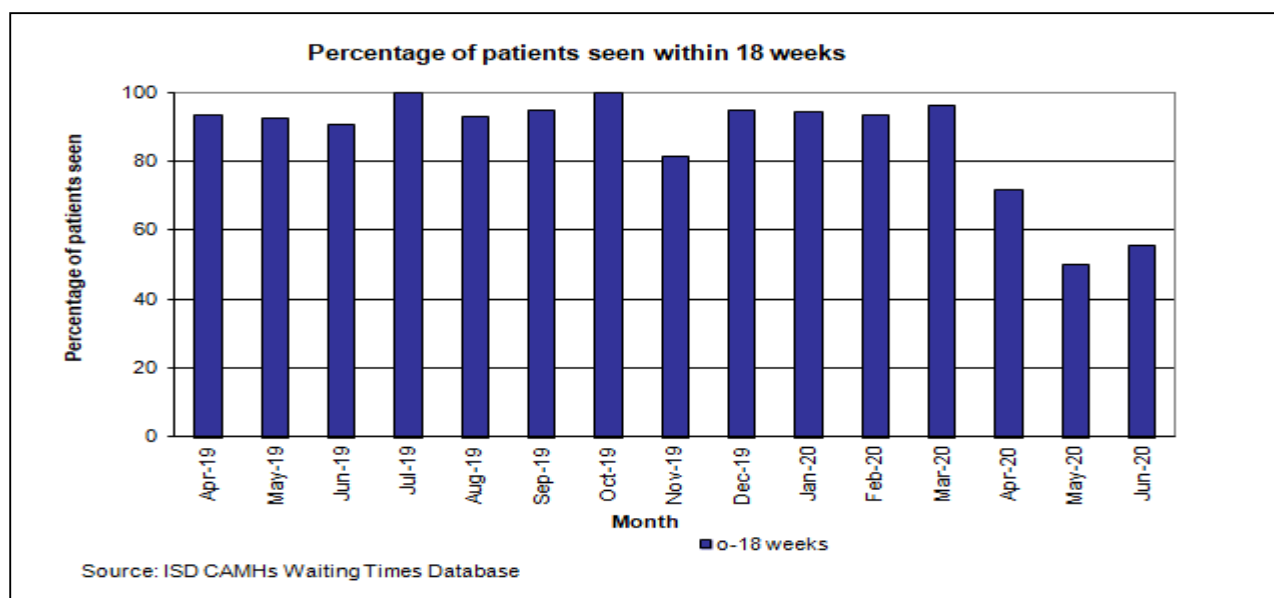
## 12. Mental Health

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

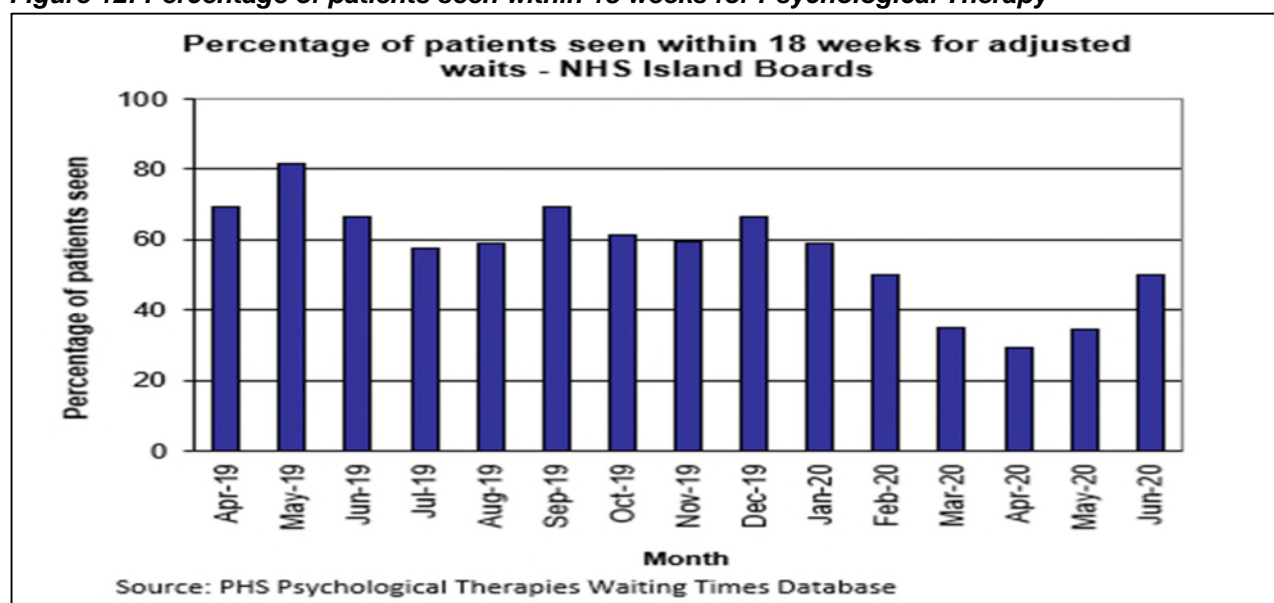
**Standard** - 90% of patients to commence Psychological therapy based treatment within 18 weeks of referral

Update – In the quarter ending June 2020, 55.6% of children and young people commenced treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral. During the same quarter 50% of patients commenced Psychological Therapy based treatment within 18 weeks. Please note that these figures combine NHS Shetland, NHS Orkney and NHS Western Isles.

**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**



### 13. IVF Treatment

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

**Update** – There is no update to report and the most recent published data (March 2020), reported that 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)

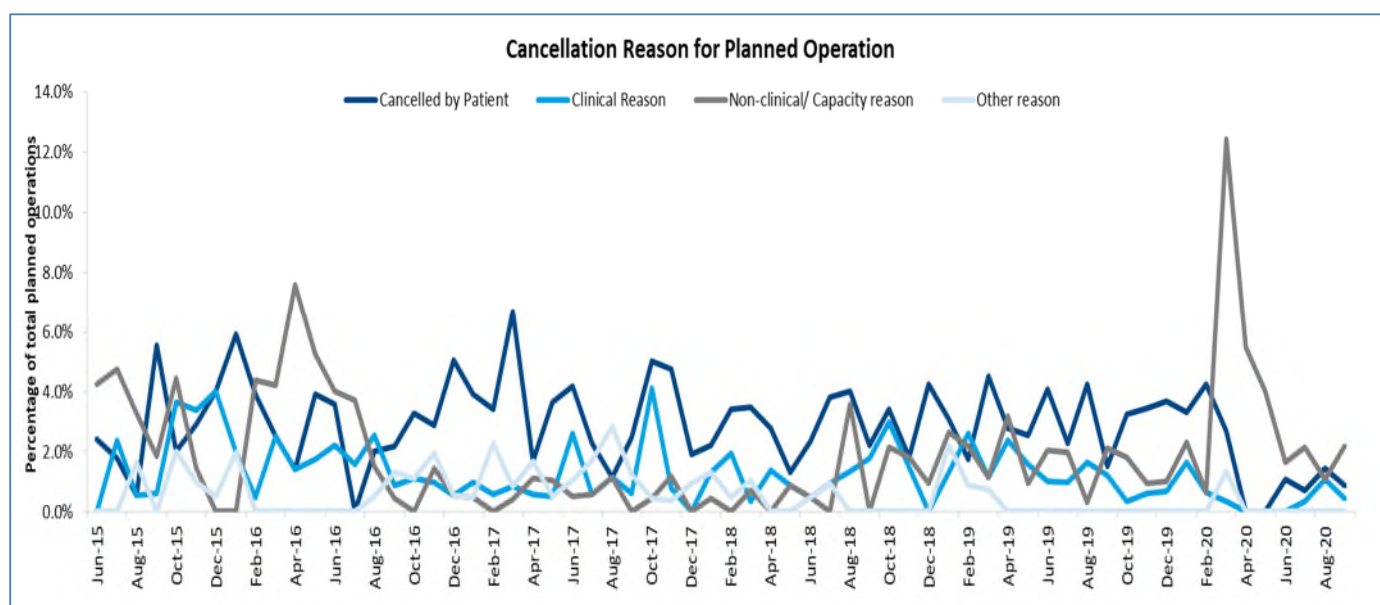
**Update** – During 2019/20 there were 32 quits (target was 31), of which 13 are in the most deprived areas giving an achievement of 41.9%. Most recent data shows that in quarter 1 of 2020/21 there was 1 successful quit and they were out with the 60 most deprived. More recent published data is not currently available.

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

### 15. Cancelled Operations

In Orkney, performance in regards to operations cancelled has continued to decrease since March 2020. The Scottish average for September is 6.6%. With the reduction in elective activity as a result of the Covid-19 pandemic surgical activity has been less in recent months with more active dialogue with patients in planning an elective episode. These have been positive factors in improving performance.

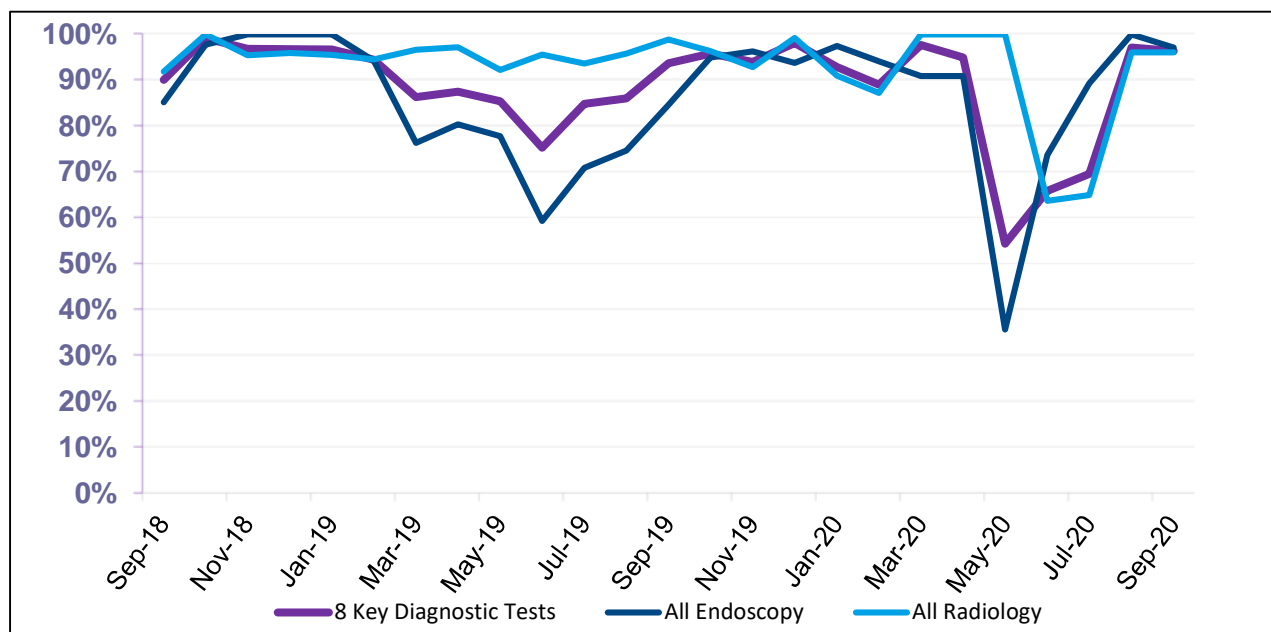
**Figure 13: Cancellation reason for planned operations**



## 16. Diagnostics

At the end of September 2020 there were 137 patients on the waiting list for a key diagnostic test. Performance in this area was adversely affected by the reduction in elective services during the initial stages of the pandemic however the backlog has been addressed and performance has regained usual levels, achieving the LDP standard.

**Figure 14: Performance showing percentage of patients waiting 6 weeks or less**



## 17. Access to MSK Services

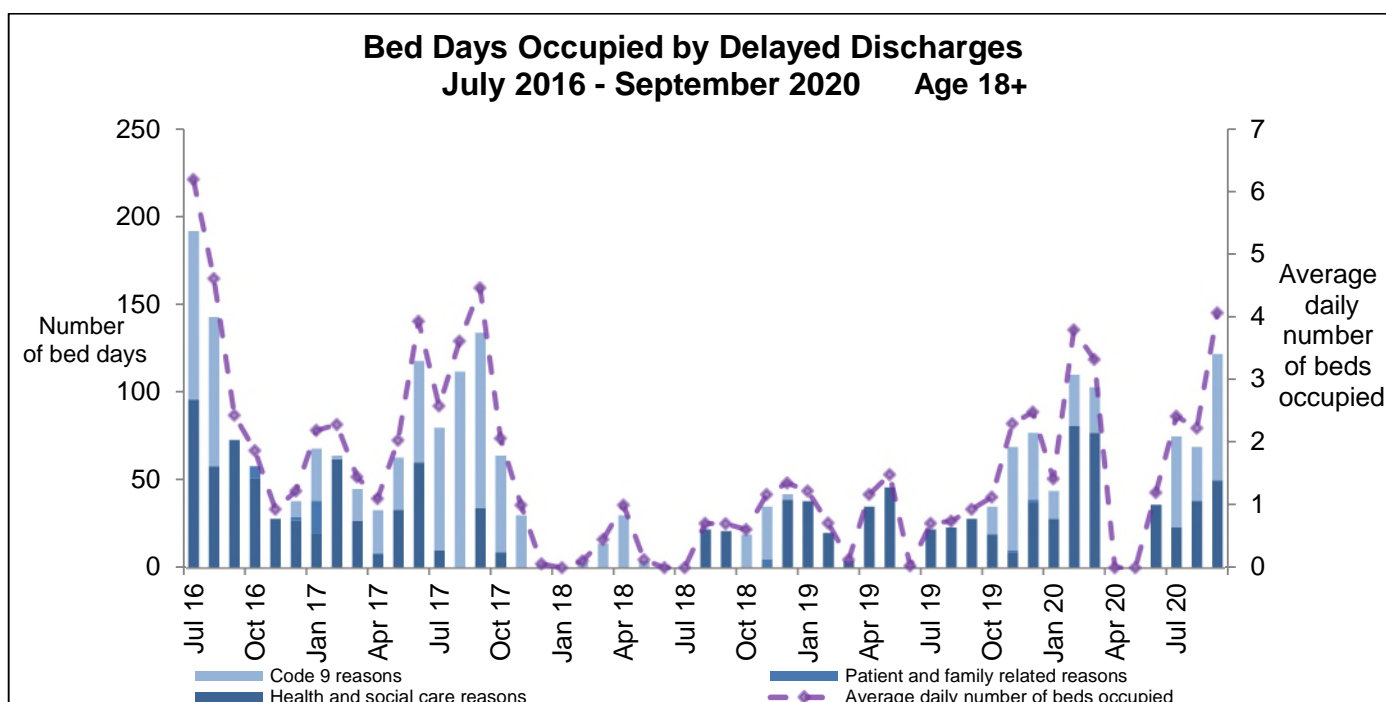
There is no update to report due to the unavailability of more recent national statistics. The last published data from December 2019 showed that 54.1% of adult AHP MSK patients were seen within 4 weeks. From 1st April 2016 the target for access to MSK services from referral to first clinical outpatient appointment is 4 weeks (for 90% of patients). Locally, with the impact of Covid-19 and the resulting reduction in elective service capacity as well as the pausing of services in the earlier part of the year there are ongoing challenges in this area.

## 18. Delayed Discharges

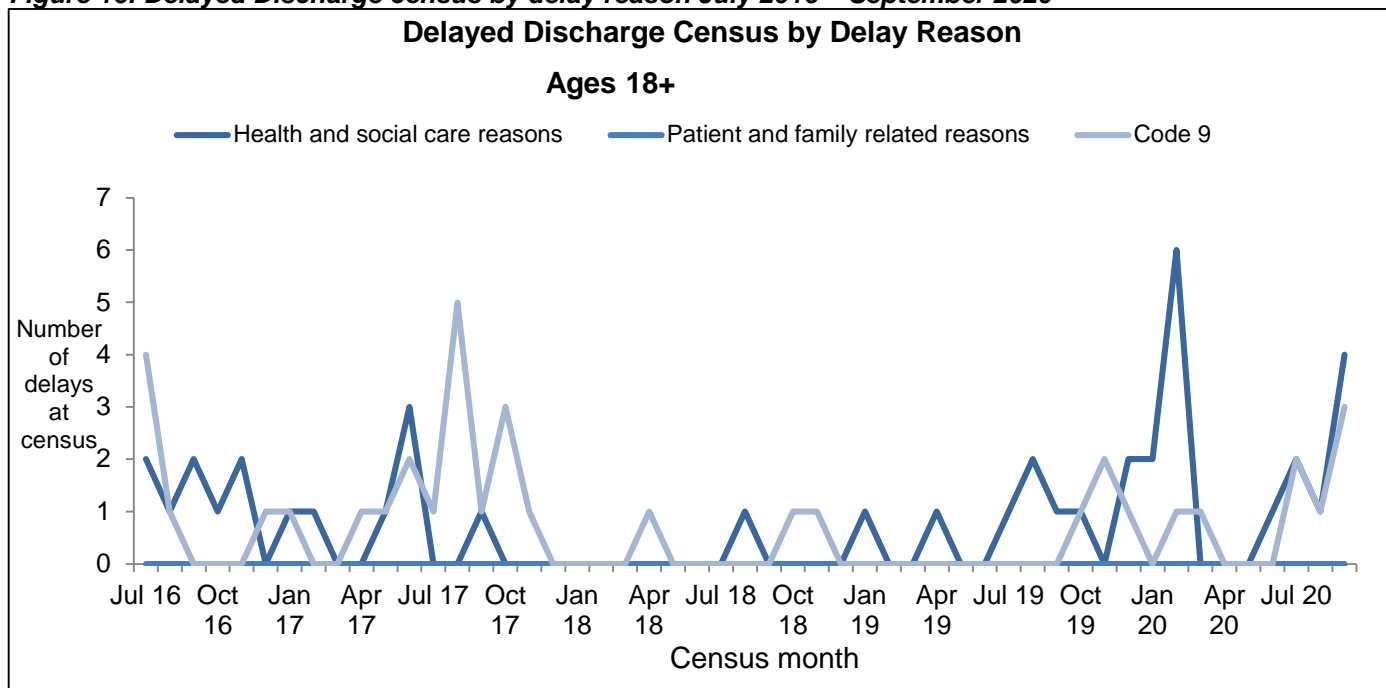
**Patients who are medically fit for discharge but whose discharge has been delayed for non medical reasons.**

At the census point in September 2020 there were 7 patients whose discharged from hospital had been delayed. Figure 15 shows the number of bed days occupied by delayed discharges. Figure 16 shows the delayed discharge census by delay reason. As can be seen the number and length of delays has increased in recent months as inpatient activity levels have returned to more usual levels.

**Figure 15: Bed days occupied by Delayed Discharges July 2016 – September 2020**



**Figure 16: Delayed Discharge census by delay reason July 2016 – September 2020**



## Appendices

None.



## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report number: OHB2021-81</b>  <b>This report is for noting</b>  <b>Finance and Performance Committee – Chair’s Report</b>	
<b>Lead Director Author</b>	Mark Doyle, Director of Finance Davie Campbell, Finance and Performance Committee Chair
<b>Action Required</b>	The NHS Orkney Board is asked to:  1. <u>Review</u> the report and note the issues raised
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 26 November 2020 and it was agreed that these should be reported to the Board:
<b>Timing</b>	The Finance and Performance Committee highlights key issues to the Board as appropriate.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability.
<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.

<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.
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**Not Protectively Marked**

**NHS Orkney Board – 17 December 2020**

**Finance and Performance Committee – Chair's Report**

**Davie Campbell, Finance and Performance Committee Chair**

## **Section 1            Purpose**

The purpose of this paper is to provide the minutes of the meetings of the Finance and Performance Committee. This paper will highlight the key items for noting.

## **Section 2            Recommendations**

The Board is asked to:

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

## **Section 3            Background**

This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 26 November 2020. It was agreed that this should be reported to the Board.

## **Section 4            Issue Raised**

### **1. Financial Performance Management Report**

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

- There had been a reported overspend of £7.921m for the 6 months to 30 September 2020
- The forecast year end position was an overspend of £11.332m
- We continue to forecast based on a number of assumptions for the remainder of the year and note the numbers are heavily caveated.

Members noted the report and were assured of progress.

## Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 24 September 2020

## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 24 September 2020** at **9:30**

**Present:** Davie Campbell, Non-Executive Director (Chair)  
Mark Doyle, Director of Finance  
Caroline Evans, Non-Executive Director  
Meghan McEwen, Board Chair

**In Attendance:** Christina Bichan, Chief Quality Officer  
Michael Dickson, Interim Chief Executive  
Eamonn Keyes, Acting Laboratory Manager (for agenda item 660)  
Fiona MacKellar, Non-Executive Director  
Gillian Morrison, Interim Chief Officer of the IJB  
Keren Somerville, Head of Finance  
Pat Robinson, Chief Finance Officer of the IJB  
Louise Wilson, Director of Public Health  
Gemma Pendlebury, Committee Support

### 655 **Apologies**

Apologies were noted from David McArthur, Director of Nursing, Midwifery, Allied Health Professionals and Acute Services.

The Chair advised that the need to appoint a delegate to attend in place of the Chief Officer had been mitigated due to Gilliam Morrison's appointment as Interim Chief Officer.

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

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

### 657 **Minutes of Meeting held on 23 July 2020**

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

### 658 **Matters Arising**

#### 337 – Technology Enabled Care Strategy

Members were advised that the Technology Enabled Care Strategy had been delayed due to staff sickness absence. The Chair requested that this be included on the action log and be discussed at the next meeting.

#### 338 – Community Electronic Patient Record (EPR)

The Board Chair clarified that she was not the appropriate action owner for this item, although it was still an important item for Committee members to be sited on. Confirmation would be sought regarding an appropriate lead to take the item forward within a more appropriate forum.

#### 506 – Workforce Report

Members were informed that due to staff sickness absence, the Workforce Report was not available for this meeting, and so the item would be included on the action log for update at the next meeting.

## 659 **Action Log**

The action log was reviewed and updated as required.

## **Performance Management**

## 660 **Laboratories – Annual update on service – FPC2021-27**

E Keyes, Acting Laboratory Manager, addressed the Committee and presented the annual update on the Laboratories services, highlighting the following:

- The previous 12 months had been challenging due to migration to the new hospital, Brexit, COVID-19, management and SLA changes, the Balfour Laboratory was continuing to provide a reliable and resilient, quality-based service and would continue to meeting this during the present pandemic
- The Laboratory would strive to rebalance the financial position following the overspend of year 2019/20
- Discussions with the Finance Department would be taking place to review Laboratory Budget statements and to ensure they were reworked to make them more applicable to present spending models
- The Laboratory response to the COVID-19 pandemic was robust, with turnaround times for urgent specimens being among the best in Scotland
- The Laboratory element of Winter Planning would help to tackle COVID testing in a layered, yet flexible, approach with the implementation of COVID antibody testing soon adding to a better understanding of past infections in NHS Orkney
- An important development is the Laboratory having been awarded Training Status, which eventually would present a pathway for the future recruitment of staff to ease issues over recruitment and retention. There was currently one member of staff beginning the training process.

The Board Chair raised a query regarding overspend and as to whether that overspend was due to COVID pressures or if there were elements of organisational structure that had contributed. E Keyes clarified that there was not much of the overspend that was attributable to COVID-19 and that issues that had arisen during the migration to the new hospital facility and also staffing pressures were the main contributing factors. The Board Chair sought further assurance that plans were in place to recover the financial situation and E Keyes confirmed that there would be a review into areas for improvement.

F MacKellar noted that there was a member of staff awaiting redeployment from the Laboratory team, adding to the financial pressures on the budget and staffing pressures as there was a job vacancy within the team. She queried whether the situation would be resolved in the near future. E Keyes clarified that the redeployment procedure was being followed, with a view to a conclusion being reached as soon as possible.

With regards to the Laboratory being awarded training status, the Chair queried when tangible results within recruitment may be expected to be seen. E Keyes

responded that there was a great deal of interest locally as there was a desire to remain within Orkney but also an appetite for career progression. It was noted that having the option of a training pathway would enable the recruitment of a local workforce.

## Decision/Conclusion

Members of the Finance and Performance Committee welcomed the review paper and took assurance that work would be conducted to bring the Laboratory budget back into balance.

*E Keyes withdrew from the meeting at 09:45*

*G Morrison joined the meeting at 09:58*

## 661 Performance Management Report – FPC2021-28

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 very positive
- Access to services was improving overall as a result of remobilisation, with clinical prioritisation continuing to be critical to ensuring this was in line with guidance and risk assessed
- Near Me service delivery uptake had been encouraging and the success of NHS Orkney's local response has attracted national interest and the opportunity to contribute towards the national "Test of Change" projects within Primary Care and Urgent Care. Those nationally supported projects have seen additional funding being provided to better equip the services as they redesign patient pathways
- The number of patients waiting for diagnosis increased during June in line with the reduction of diagnostics due to COVID-19; only diagnostics relating to Urgent Suspected Cancer referrals were actioned. However, more recently waiting times had improved as the backlog of patients have been seen as part of remobilisation
- There were some issues with capacity within Outpatients due to the increase in appointment time. This increase in appointment length was a result of social distancing measures

The Chair of the meeting queried whether there was any comparison available between NHS Orkney and other island or remote and rural health boards, with a view to sharing best practice and learning from remobilisation experiences. C Bichan responded that weekly regional remobilisation meetings were being maintained at which such discussions took place to ensure the maximisation of information sharing. The Chair further queried whether there was learning from within the organisation that could be utilised in the event of a second wave of COVID and C Bichan confirmed that NHS Orkney had gained valuable experience that could be utilised with regards to which services could be delivered remotely as well as knowing which services could be provided by partnership boards.

F MacKellar raised the issue that there were a number of services concerned that patient outcomes were going to be detrimentally affected due to the pause placed

on those services in June. She noted that as much information as possible needed to be captured in order to evidence the reason for the impact on performance of teams, as well as clearly detailing the correlation between vacancy rates, capacity within services alongside the performance figures. C Bichan noted the valid point about aligning the data presentation and agreed that this would be incorporated into future reports.

The Chief Executive noted that the diagnostics department had made significant progress up until August 2020 and queried whether that progress had increased the departments expenditure. C Bichan confirmed that there had been additional staff in place during the first wave of Coronavirus and the department had maximised their use of those additional staff members to clear the backlog of patients. The department had since returned to working within their establishment. The Interim Chief Executive continued that an element of additionality was required within the performance report, by way of a 'Traffic Light' system, to clearly show the two key data sources: performance and budget. This would enable there to be oversight and ensure that decisions were well informed.

## Decision/Conclusion

Members of the Committee received the reports and looked forwards to receiving future reports in the updated format as discussed.

### 662 **Travel Project – NHS Near Me Update – FPC2021-29**

The Chief Quality Officer presented the NHS NearMe update paper to members, highlighting:

- The report further expanded on discussions at the previous Finance and Performance Committee meeting
- The report detailed the setup of the NearMe programme, following the response during the COVID-19 pandemic and also remobilisation
- There had been a very good update of NearMe being embedded into various services, as well as other methods (such as telephone consultants, etc.) being utilised if they better suited individual patients
- The best areas of uptake were the Community Mental Health Team and Daisy Villa GP Surgery, both of whom had transformed the way in which care was delivered to their patients, allowing for timely access to care without the need for travel off island
- Uptake and implementation within Urgent Care was still a work in progress and there was a need to ensure that GPs and AHPs were able to access support within the Balfour to make clinical decisions
- There were significant savings opportunities in relation to travel as the number of patients requiring flights off island had decreased.

The Chair noted that it would be useful for the Committee to receive a progress report on the project every quarter.

The Chair further raised a query regarding whether other Island Boards were using NearMe, and if so, where was their feedback captured. C Bichan responded that there had been national survey work done to explore the experiences of both patients and clinicians utilising NearMe. Those results had been resoundingly positive and would inform future developments in remote services. It would be

possible to extrapolate NHS Orkney's survey data from that system for review locally. Furthermore, NHS Grampian had begun development of an algorithm which would predict services most likely to benefit from utilising NearMe.

The Director of Finance acknowledge that the project rollout had been resource intensive, and as to whether there was a timetable for completion of works. C Bichan clarified that the project was committed until November 2020, with investigations taking place to secure 'Business as Usual' support. Members agreed that though the full extent of both clinical and administrative requirements for the setting up and running of NearMe sessions was unknown, it offered an excellent opportunity to approach the continuation of the project with a Whole System View in mind.

F MacKellar noted that there was a need to guarantee that there was increased, appropriate technical support available for clinicians using NearMe as currently there was only a few individuals able to support. This would cause issues should several members of the clinical team require assistance at the same time, or should the individuals be on leave. C Bichan echoed that more resilience was needed within the wider eHealth team to ensure that they could facilitate and support the continuation of the NearMe project.

## **Decision/Conclusion**

Members received the positive report in connection with the NearMe project and welcomed progress reports to future meetings on a quarterly basis.

## **Financial Management and Control**

663

### **Financial Performance Management Report – FPC2021-30**

The Director of Finance delivered 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

## 10.3.1

- 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.

Following the delivery of the report, the Chair queried whether there was a potential savings plan and whether the £2m overspend was largely due to medical staffing costs. The Director of Finance responded that a paper had been submitted to the Scottish Government regarding the local mobilisation costs and that he would be working alongside the Scottish Government to address the areas of overspend and any other funding shortfalls.

The Chair of the Board raised a regarding services commissioned by the IJB and as to whether it was NHS Orkney responsibility to mitigate issues with savings within those services, giving the example of the Mental Health services which were suffering both performance and budgetary issues. The Director of Finance clarified that overspend for IJB commissioned services were largely in relation to overspends within the new Balfour, however, was confident that some form of compensation could be sought from the contractor. He also assured members that the Mental Health managers were working in close collaboration with the budget managers to address the situation.

*F MacKellar withdrew from the meeting at 10:46*

The Chief Financial Officer of the IJB address members of the Committee and provided the update that there had been a period with no Chief Officer of the IJB in position. However, she was delighted to report that G Morrison had been in situ as the Interim Chief Officer and would be reporting to the IJB Board meeting in October on savings targets and driving them forward. The Interim Chief Officer continued that she was very conscious of the challenge ahead and was looking to facilitate larger, longer term savings by way of service redesign in instances where that would be appropriate and in the correct way.

The Director of Public Health raised a query in relation to the high level of spend within the Pharmacy department and whether the high unit and high-volume costs were in relation to stockpiling due to Coronavirus and local lockdown measures. She noted that there was a need to educate the public to ensure that there was understanding around the problems that stockpiling could cause. The Director of Finance confirmed that the budgetary issues for Pharmacy were not in relation to stockpiling and investigative work was being conducted in collaboration with Pharmacy managers to understand the outliers for increased expenditure. The Interim Chief Officer of the IJB added that there had been some discussion with the Primary Care Manager in relation to this and there was no clarity as to the reason currently. However, she confirmed that the issue absolutely needed to be addresses and she would be working with the teams involved to reduce costs. The Chair of the Board questioned when NHS Orkney would start quantifying the impact of Brexit on prescribing costs and the Director of Finance clarified that

though there was no information available at present, conversations were going ahead with the Head of Pharmacy and Head of Primary Care to progress costs in terms of Brexit. That information would be presented to members at a future Committee meeting.

The Interim Chief Executive address the Committee, noting that COVID-19 had come as a surprise, and in order to respond accordingly to the situation as it had unfolded, there had been a need to commit and spend money out-with budgets. All Health Boards were operating in the same situation and so there was a need for the Scottish Government to provide some degree of additionality. With that in mind, he confirmed that the fiscal year would be conclude with a degree of deficit.

## **Decisions/Conclusion**

Members noted the Financial Performance Management report and were assured of progress.

### **664 Covid-19 – Q1 Finance Return – FPC2021-31**

The Director of Finance presented the COVID-19 Quarter One Finance Return report for the Finance and Performance Committee, 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.

## **Decisions/Conclusion**

The Committee welcomed the update report on COVID-19 quarter one finance returns and were assured on progress being made.

### **665 Property Transactions – FPC2021-32**

Members of the Committee received the Property Transaction report for noting and information.

## **Decisions/Conclusion**

Members of the Committee received and noted the Property Transaction report.

### **666 Patient Exemption Checking – Annual Report 2019/2020 – FPC2021-33**

The Committee received the Patient Exemption Checking annual report for 2019/20 for information and noting. Members were informed that the annual report was received at the September meeting of the Finance and Performance Committee every year.

## **Decisions/Conclusion**

The Committee received the Patient Exemption Checking annual report for 2019/20.

667 **Code of Corporate Governance – Standing Financial Instructions Review – FPC2021-34**

The Director of Finance advised members that the Standing Financial Instructions had been reviewed and updated for inclusion in the revised Code of Corporate Governance. It was presented for information of the Committee and was a significant document which was required to be in accordance with Scottish Public Finance. Members were informed that staff organisation-wide were required to follow the Standing Financial Instructions exactly.

The Chair of the Board thanked the Director of Finance for updating the important document and noted that there was a need to educate members of staff and budget managers about the SFIs so that they understood the legal underpinning and to empower them to make decisions in line with those legal regulations and requirements.

**Decisions/Conclusion**

Members of the Committee received and approved the updated Standing Financial Instructions.

**Governance**

668 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

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

Members agreed that the following items should be raised to the Board:

- The NHS Orkney month 5 financial position
- COVID-19

670 **Any Other Competent Business**

There was no other business raised for discussion.

**Items for information and noting only**

671 **Schedule of Meetings**

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 26 November 2020.

672 **Record of attendance**

Members noted the record of attendance.

### 673 **Committee Evaluation**

Members agreed that the meeting had contained a large quantity of detailed and well put together papers and that they had been able to effectively scrutinise and discuss those papers fully.

*The meeting closed at 11:17*

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## Not Protectively Marked

<b>NHS Orkney Board – 17 December 2020</b>  <b>Report Number: OHB2021-82</b>  <b>This report is for assurance, comment and approval</b>  <b>Audit and Risk Committee – Chair’s Report</b>	
<b>Lead Director Author</b>	Mark Doyle, Director of Finance David Drever, Audit and Risk Committee Chair
<b>Action Required</b>	The Board is asked to:  1. To <b><u>note</u></b> the report 2. <b><u>Seek assurance</u></b> on performance
<b>Key Points</b>	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Tuesday, 1 December 2020.
<b>Timing</b>	The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.
<b>Link to Corporate Objectives</b>	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> <li>• Improve the delivery of safe, effective patient centred care and our services;</li> <li>• Optimise the health gain for the population through the best use of resources;</li> <li>• Pioneer innovative ways of working to meet local health needs and reduce inequalities;</li> <li>• Create an environment of service excellence and continuous improvement; and</li> <li>• Be trusted at every level of engagement.</li> </ul>
<b>Contribution to the 2020 vision for Health and Social Care</b>	The work of the Audit and Risk Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

<b>Benefit to Patients</b>	Delivery of the best possible outcomes for the people of Orkney within available resources.
<b>Equality and Diversity</b>	No specific equality and diversity elements to highlight.

**Not Protectively Marked****NHS Orkney Board – 17 December 2020****Subject**     Audit and Risk Committee Chair's Report**Author**     David Drever, Audit and Risk Committee Chair

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**Section 1            Purpose**

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 1 December 2020.

**Section 2            Recommendations**

The Board is asked to:

1. **Review** the report and adopt the approved minutes

**Section 3            Background**

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday, 1 December 2020.

**Section 4            Discussion****4.1     Independent Review of NHS Orkney's Information Governance Approach and Procedures**

The Audit and Risk Committee received the independent review of NHS Orkney's Information Governance approach and procedures, presented by Eilidh McLaughlin, Associate Director of Information Security and Governance for NHS NSS.

The key findings from the review were:

- Information Governance needs to be embedded throughout all aspects of NHS Orkney's systems, processes and procedures and accepted by its staff as being as intrinsic and integral to the provision of quality care
- Information Security and Governance requires to be resourced adequately in order that NHS Orkney can demonstrate compliance and provide assurance to the Board that this is achieved

- 
- Information Security and Governance strategies require to be refreshed
  - A data strategy should be considered
  - NHS Orkney requires to identify and mitigate its key information governance risks
  - NHS Orkney requires to clearly cross-reference and prioritise its Technology Enabled Care Strategy with its Information Security and Governance Strategy
  - Without clear prioritisation, NHS Orkney will not succeed in its ambition of being a fully digitally enabled Board
  - A systems-based approach, combined with human factors, should be adopted in handling, and learning from information governance breaches
  - Information governance breaches should be classified in the same way as clinical events and be linked via policy and review groups in order that both are recognised as having an impact on the delivery of care
  - Quality improvement methodology should be adopted for information governance process development.

Members of the Committee were grateful to E McLaughlin for the thorough and detailed review, noting that there was a lot of information and key learning to be taken from the report.

Following due consideration, members were in agreement that the most appropriate improvement model suggested in the report was Model E: to work with other similar Boards to develop a staffing complement which would capitalise on cross-experience and learning and the benefit of having staff implement similar projects across multiple Boards.

The Audit and Risk Committee therefore recommends that the Board adopt improvement model E and approves the appointment of a Head of Information Governance and Data Protection Officer as the way forward for Information Governance within NHS Orkney.

## **4.2 Code of Corporate Governance 2020/21**

The Audit and Risk Committee received the updated Code of Corporate Governance with updated legislation, Governance Committee Terms of Reference, and removal of gender biased terminology. Members noted the revised document and recommends Board approval.

## **Appendices**

**Appendix 1**      Approved minute from Tuesday, 1 September 2020

## Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 1 September 2020** at **11:30**

- Present:** David Drever, Chair  
 Davie Campbell, Vice Chair  
 Fiona MacKellar, Non-Executive Director and Employee Director  
 Jason Taylor, Non-Executive Director
- In Attendance:** Christina Bichan, Chief Quality Officer  
 Michael Dickson, Interim Chief Executive  
 Mark Doyle, Interim Director of Finance  
 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)

### **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

### 606 **Apologies**

Apologies were received from J Colquhoun.

### 607 **Declarations of Interest**

No interests were declared.

### 608 **Minutes of previous meetings held on Thursday, 25 June 2020 and Tuesday, 7 July 2020**

The minutes of the previous meeting held on Thursday, 25 June 2020 were approved as a true and accurate record.

The minutes of the previous meeting held on Tuesday, 7 July 2020 were approved as a true and accurate records subject to the following amendment:

- M Doyle, Interim Director of Finance, to be included on the attendance list.

### 609 **Matters Arising**

There were no matters arising additional to the agenda.

### 610 **Action Log**

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

### **External Audit**

611 **Audit Scotland Annual Audit Report 2019/20 – ARC2021-44**

G Woolman, External Auditor for Audit Scotland, delivered the wider scope Annual Audit Report from Audit Scotland 2019/20 for members of the Committee, advising that the report was a more detailed, final version of the draft report received at the Audit and Risk Committee meeting held on Thursday, 25 June 2020.

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 informed that only NHS Western Isles and NHS Orkney health boards had been able to meet with original deadlines.

Part two of the report regarding financial management, informed that NHS Orkney had operated within its revised Revenue Resource Limit, reporting an underspend of £0.059m. Budget processes were appropriate, however NHS Orkney continued to rely on non-recurrent savings and additional in-year funding from the Scottish Government to ensure targets were met.

Part three of the report regarding financial sustainability informed that NHS Orkney had a three-year, medium-term financial plan, which identified a significant funding gap of £2.993m in 2020/21.

Additionally, the report noted that the true impact of COVID-19 was yet to be incorporate into the financial plan, and it was anticipated that there would be a significant increase in costs and a reduction in the level of savings which could be achieved.

Part four of the report investigated governance and transparency and it was confirmed that NHS Orkney have appropriate and effective governance arrangements, which had been reviewed and revised considering the Coronavirus outbreak in March 2020. There had been a small number of information governance failures reported post year-end, and it was deemed critical that NHS Orkney identify the underlying cause and take corrective action as soon as practicable. There had also been significant leadership changes during the latter part of 2019/20, with a new Chair of the Board and the retirement of the Chief Executive. The report highlighted the need to preserve knowledge and support the new leadership team during the transition.

Part five of the report regarding value for money, highlighted that NHS Orkney had an appropriate performance management framework in place, with service performance levels staying broadly in line with prior years.

The External Audit Report made the following recommendations which, if addressed, would strength NHS Orkney's position:

- NHS Orkney should ensure that year-end financial reports contained sufficient detail to allow for a full and complete scrutiny of performance against budget and efficiency savings targets
- NHS Orkney should consider the assurance provided by Internal Audit and ensure that sufficient assurance be received for the 2020/21 governance statement in a timely manner
- The NFI portal should be used to record the outcomes of the NFI review, and this can be done in bulk so should not result in significant additional work
- It was of critical importance that an up to date and robust workforce plan be put in place, to ensure a sustainable workforce, with the right skills and capacity over the medium to long term
- Development activities which had been postponed due to COVID-19, should be progressed
- Work to create leadership capacity and ensure minimal disruption during the recruitment and appointment of a permanent Chief Executive
- Work to ensure sufficient consideration be given to the effectiveness of subgroups and committees to ensure they are functioning appropriately and sufficiently
- Ensure that high risk audit recommendations are addressed as a matter of priority to ensure there are no weaknesses in the Board's internal system of control
- Alignment of the Performance Management Information to the Annual Operational Plan should be considered to ensure the indicators report remain useful and current.

*The Interim Chief Executive joined the meeting at 11:59*

Members agreed that the report was an important document, giving a valuable summation of NHS Orkney's performance and succeeded in effectively closing off the fiscal year for 2019/20.

F MacKellar raised the observation that, due to COVID-19, performance targets were not likely to improve significantly over the coming 24 months due to the backlog of waiting times. She felt strongly that there was a need for support for all Health Boards from the Scottish Government in connection with this. C Bichan clarified that performance targets linked into a piece of work surrounding the Performance Management review. The reporting of information to the Scottish Government would be including a wider range of information going forward, allowing for different elements within each of the targets to present all factors which would affect the ranging metrics.

The Chair raised a query in connection with recurrent savings and how NHS Orkney proposed to make progress in the coming period in connection with that. The Interim Director of Finance noting that all staff were aware of the difficulties facing the Board moving forward. There had been a recent workshop with the Senior Management Team which investigated how to achieve financial balance and the redesign of services to become more streamlined, in both financial and performance terms. Further workshops had been planned to look at recurring themes and how they could be redefined to achieve recurring savings rather than non-recurring savings. The Interim Director of Finance concluded that as an organisation, the Interim Chief Executive and Chair of the Board were both highly involved in work being undertaken to achieve financial balance going forward.

D Campbell drew the attention of members to part four of the report, regarding governance transparency and queried what measures were being taken to ensure that key knowledge was not being lost in the changeover of high-level staff and asked how the Audit and Risk Committee could take assurance from those measures. The Interim Chief Executive noted the important issue but that it did not portray the whole challenge facing NHS Orkney. Key objectives had not been delivered fully by leadership positions, largely due to the transition of responsibilities between roles. He confirmed the problem would be mitigated by way of clarity around structures and leadership. That granularity would enable NHS Orkney to move forward with recurrent changes and utilise the workforce in a more effective and efficient way.

Additionally, F MacKellar commented that future planning in connection with an ageing workforce would be imperative in the coming five to ten years. There would be significant loss of knowledge if there were no mitigations put in place swiftly. The Interim Director of Finance noted that engagement with key stakeholders within the workforce had been invited to attend the coming future planning workshops and welcomed staff side involvement in the planning process.

The Chair thanked G Woolman and Audit Scotland colleagues for their hard work around the report and summarised that NHS Orkney needed to evaluate the component parts of the report, as well as the recommendations made within it. He urged members that the document be used to inform work for the rest of the year.

## **Decision / Conclusion**

Members of the Audit and Risk Committee received the final iteration of the Annual External Audit Report for 2019/20 and gained assurance that recommendations noted within the report would be acted upon.

## **Internal Audit**

### **612 Internal Audit Progress Report – ARC2021-45**

D Eardley, Internal Audit Director, Scott Moncrieff presented the Internal Audit Progress Report for members of the Committee, highlighting the following key points:

- Currently on track with the 2020/21 audit plan
- Several assignments had progressed to fieldwork
- Since June 2020, there had been an additional review looking at the subdivision of payroll systems, staff banding and processes managing those areas. Contingency time which had been built into the plan had been utilised to undertake that review
- There was some delay with regards to the staff banding work, due to staff absence
- Hence forward, internal audit reports would no longer be branded as Scott Moncrieff, due to a change in trading name to Azets

D Campbell raised a query in connection with the timings of internal audit reports and request assurance for the Committee that there would not be a 'bottleneck' of reports as had been seen within previous years. D Eardley responded that there were no envisaged issues, with all internal audit reports (with the exception of the Annual Report) to be presented at the December 2020 and March 2021 Audit and

Risk Committee meetings. However, it was noted that the provision of information did not always run as scheduled.

J Taylor noted that staff absence had created a delay with some internal audit work and queried whether there were mitigations that could be put in place to prevent further delay and to enable the free-flow of information. D Eardley confirmed that there were protocols in place in such events and the route of escalation would be to update the Interim Director of Finance, with a direct line to D Drever as Chair of the Audit and Risk Committee.

F MacKellar queried the material element of the staff banding report and requested further information regarding the detail and granularity of the report contents. D Eardley confirmed that the scope would be shared with F MacKellar as Employee Director out with the meeting.

### **Decision / Conclusion**

The Committee received the Internal Audit Progress Report and were assured that progress was being made according to appropriate timelines.

## **613 Internal and External Audit Recommendations – ARC2021-46**

The Interim Director of Finance presented the cover report and spreadsheet detailing the internal and external audit recommendations to members of the Committee and invited them to note the status and update surrounding the actions.

There were nine audit recommendations, with three remaining in progress (items 152, 162 and 163) with a view for completion at the end of September 2020. One further recommendation had been added (item 170).

The Interim Director of Finance requested that members review and approve the extension to five recommendations (items 164, 165, 166, 167 and 168) to the end of October 2020. This was due to staff absence and capacity issues, as well as the impact of Coronavirus.

The Committee were also invited to approve the closing of two recommendations (item 169 and 170) which had been completed.

The Chair noted the collective concern of the Committee with regards to the continued requesting of extensions to certain audit recommendations and the consensus was that staff should be made aware that the deadlines were stringent. The Chair also queried if further extension to October 2020 was realistic and the Interim Director of Finance responded that, due to staff absence, there was the possibility that a further extension would be requested. The Interim Chief Executive added that there was a fundamental lack of robustness around Information Governance and was sighted on a larger piece of work in partnership with NHS NSS looking into resource capacity and appropriate amendment of action plans. Given the existing resource and time constraints, the deadline of October 2020 was considered unrealistic.

The Chair of the Audit and Risk Committee suggested to members that the Interim Director of Finance's request for an extension to the deadline for five recommendations be approved in the short term, with the qualification that the deadline may need to be amended again once the important, larger piece of work in

connection with reorganisation, information governance, and governance within the organisation as a whole is underway.

D Campbell requested further clarification regarding the realistic timetable of the larger piece of work with NHS NSS. The Interim Chief Executive responded that an external review had been undertaken, the results of which would be available for scrutiny soon. The review was investigating the number of information governance data incidents, what had led to the data breaches and an appropriate way forward. Intermediate feedback had highlighted a range of issues from systems and processes to culture and learned behaviors. There would be a considerable impact on capacity and resources in order to deal with the issues fully and properly, and this was being taken forward in partnership with NHS NES and NHS Shetland, as well as ensuring that the correct training was in place and holding managers accountable to ensuring that their staff are appropriately trained. The Interim Chief Executive estimated that it would be a 12 to 18-month improvement programme, focusing on the actions surrounding patient safety first and foremost, and then moving on to data safety.

### **Decision / Conclusion**

The Committee received the Internal and External Audit Recommendations report and approved the extension to the deadline for five items, as well as approving the completion of items 169 and 170.

*P Kelly withdrew from the meeting at 12:55*

### **Information Governance**

- 614 The following items noted on the agenda had not been received for discussion at the meeting:

- Information Governance Group Chair's Report and approve minutes
- Update on Action 01-2021: Discussion with Information Commissioners Officer regarding the reconstruction of Mental Health records
- Update on Action 03-2021: Information Asset Registers and Owners

These items would be received and updated on at the next meeting.

*Post meeting note: A discussion about the way forward for NHS Orkney's information governance is detailed in section 614 of these minutes.*

### **615 Fraud**

The Interim Director of Finance updated members in connection with the suspected case of fraud committed against NHS Orkney, highlighting that Counter Fraud Services had undertaken a considerable amount of work in their investigations. He explained to the Committee that Counter Fraud Services had contacted HMRC as well as the National Tax and Customs Administration of Hungary, however had been unable to gain any information regarding the individual in questions employment in Hungary and as such were forced to refer the case back to NHS Orkney for internal action. The Interim Director of Finance concluded for members that as the individual was no longer employed by NHS Orkney, there was no possible action to take.

### **Decision / Conclusion**

The Committee received the update on the suspected case of fraud committed against NHS Orkney and noted that due to an inability to take any further action, the case had been closed.

### **Service Audit Assurance Reports**

#### **616 NHS National Services Scotland – IT Service Audit Report – ARC2021-51**

The Interim Director of Finance advised members of the Committee that the NHS National Services Scotland IT Service Audit Report was to be received by the Committee for noting. He also noted that the report would have been presented to the early June 2020 meeting of the Audit and Risk Committee, however it had been postponed due to COVID-19.

Members found the report dense and difficult to read.

G Woolman, External Auditor, Audit Scotland, noted that ideally it would be more appropriate for the report to be received by the Committee prior to the completion of the annual accounts. She also noted that a cover report dissecting and summarising the information contained in the lengthy document should be produced to help members better understand the findings.

### **Decision / Conclusion**

The Audit and Risk Committee received and noted the report.

#### **617 NHS National Services Scotland – Practitioner Services Audit Report – ARC2021-52**

The Interim Director of Finance advised members of the Committee that the NHS National Services Scotland Practitioner Services Audit Report was to be received by the Committee for noting. He also noted that the report would have been presented to the early June 2020 meeting of the Audit and Risk Committee, however it had been postponed due to COVID-19.

*Post meeting note: As with the above item, it was agreed that a cover report should be written for the report in future years, to allow for a fuller understanding of the report contents.*

### **Decision / Conclusion**

The Audit and Risk Committee received and noted the report.

### **Risk**

#### **618 Risk and Assurance Report – ARC2021-53**

The Chief Quality Officer provided the Risk and Assurance Report to members of the committee, informing that the purpose of report was to provide an update regarding progress on a refreshed approach to risk management within NHS Orkney. She also noted that a revised Risk Strategy was currently being developed and would be presented to the Committee at a future meeting.

The Interim Director of Finance noted that there were 63 risks detailed on the risk register, which was a substantial amount. He further queried what actions were being taken to mitigate those risks and reduce the amount on the register. The Chief Quality Officer confirmed that work was being conducted in partnership with the risk managers, with one to one meetings taking place with each of them individually in order to address the risks. She also highlighted that there were several departmental level risks recorded incorrectly on the operational level risk register. It was the responsibility of risk owners to ensure an appropriate level of risk assessment was taking place within the organisation and to ensure that the risks were recorded and dealt with at the correct level.

J Taylor noted that there were 33 risks on the register which were due or overdue, with no corresponding date when each of the risks were opened. He noted that it was difficult to make an assessment on those risks without that information and queried whether future iterations of the register could be produced in a similar format to the Internal and External Audit Recommendations spreadsheet. The Chief Quality Officer confirmed that the additional data could be produced for future reports.

The Chair of the Committee noted that section five of the cover report referred to the Risk Management Forum and he queried what the function of that forum was. The Chief Quality Officer clarified that the forum consisted of all current risk leads and managers and enabled them to collectively tackle risks that affected multiple departments and services. The forum offered an opportunity for collective challenge and consideration about the appropriateness of some risks by way of peer support and discussion.

D Campbell made comment that the report would benefit from a brief narrative about how each of the risk mitigations was going to be delivered. He, and other members, were keen to get sight of the Audit and Risk Committee risks for discussion and action within the Committee. He also suggested that other Governance Committees should take ownership of their own risks, which would help to alleviate the pressure on members of the Internal and External Audit teams.

#### **Decision / Conclusion**

Members noted the beneficial, hands-on report and were assured on progress being made to strengthen the risk management approach throughout NHS Orkney.

#### **619 Update on Action 02-2021: DATIX awaiting managerial approval**

The Chief Quality Officer verbally updated members on action 02-2021, clarifying that the issue had been due to an issue of communication. The handler of said DATIX had been unaware that the issue had been placed on the risk registers as the DATIX system does not have a feature to feedback to the original handler. She noted that issues should not be placed on risk registers without full verbal communication in appropriate service areas out-with the DATIX system. Barriers have been highlighted with integration services accessing DATIX due to the system restrictions and thus it was often challenging for staff to respond to incidents. There was national work taking place to investigate a more cloud-based version of the DATIX system which would be more conducive to the home-working setup in place due to COVID-19.

#### **Decision / Conclusion**

Members of the Committee received the verbal update in connection with action 02-2021 and were assured that progress was being made.

## 620 **Risks Escalated from Governance Committees**

There were no escalated risks for discussion at this meeting.

### **Governance**

## 621 **Property Management Transactions Reports – ARC2021-54**

The Interim Director of Finance presented the Property Management Transactions Report to members of the Committee for information and noting purposes. He explained that the paper detailed the sale and acquisition of assets which were required to be reported to the Scottish Government.

### **Decision / Conclusion**

Members of the Committee noted the Property Transactions Report.

## 622 **Annual Litigation Report – ARC2021-55**

The Chief Quality Officer presented the Annual Litigation Report to the Committee to update members on current litigation cases. The report was for information and noting and members were invited to raise any queries that they may have in connection with the report.

G Woolman suggested that the timing of the report be revised so that the Committee could have sight of it prior to receiving the annual accounts.

### **Decision / Conclusion**

Members received and noted the Annual Litigation Report and agreed that it would be received by the Committee prior to the Annual Accounts in future years.

## 623 **Any Other Competent Business**

There were no items for discussion.

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

Members noted the schedule of meetings for 2020/21.

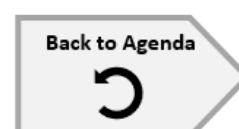
## 625 **Record of Attendance**

The Committee noted the record of attendance.

## 626 **Committee Evaluation**

Members noted that the meeting had been positive and were keen to see the actions that had been discussed, acted upon and reported back for assurance purposes.

*Meeting closed at 13:26*



## Not Protectively Marked

<p><b>NHS Orkney Board – 17 December 2020</b></p> <p><b>Report number: OHB2021-83</b></p> <p><b>This report is for noting</b></p> <p><b>Key Legislation</b></p>	
<b>Author</b>	Emma West, Corporate Services Manager
<b>Action Required</b>	<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Note</b> the list of key documentation issued as attached at Appendix 1</li> </ol>
<b>Key Points</b>	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents.
<b>Timing</b>	The list of key documentation is presented to the Board at each meeting.

## Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<b>Consultation on the revised National Guidance for Child Protection in Scotland</b>  <a href="https://consult.gov.scot/child-protection/consultation-on-the-revised-national-guidance/">https://consult.gov.scot/child-protection/consultation-on-the-revised-national-guidance/</a>	A Scottish Government consultation proposes revised National Guidance for Child Protection in Scotland which sets out how agencies should work together with children, young people, parents, families and communities to protect children from abuse, neglect and exploitation. <b>Comments by 17 January 2021.</b>
<b>Children (Scotland) Act 2020</b>  <a href="https://www.parliament.scot/parliamentarybusiness/Bills/113572.aspx">https://www.parliament.scot/parliamentarybusiness/Bills/113572.aspx</a>	A Bill for an Act of the Scottish Parliament to confer on health boards functions relating to the provision of forensic medical services to victims of sexual offences; and for connected purposes. Stage 1 completed on 1 October 2020.
<b>SPICe Briefing: Liability for NHS Charges (Treatment of Industrial Disease) (Scotland) Bill</b> <a href="#">SPICe Briefing: Liability for NHS Charges (Treatment of Industrial Disease) (Scotland) Bill</a>	A Scottish Parliament Information Centre briefing outlines the proposals in the Liability for NHS Charges (Treatment of Industrial Disease) (Scotland) Bill and the views expressed in written evidence received by the Health and Sport Committee.
<b>COVID-19, Social Care and Human Rights Monitoring Report</b>  <a href="https://www.scottishhumanrights.com/media/2102/covid-19-social-care-monitoring-report-vfinal.pdf">https://www.scottishhumanrights.com/media/2102/covid-19-social-care-monitoring-report-vfinal.pdf</a>	A Scottish Human Rights Commission report details how the removal of care plans during coronavirus (COVID-19) has had a direct and adverse effect on people's rights, including potential breaches of rights set out in the European Convention on Human Rights 1950 and the UN Convention on the Rights of Persons with Disabilities. Rights affected include people's rights to physical and psychological integrity, private and family life, and to independent living in the community.

Topic	Summary
<p><b>Consultation Paper on Ethical Standards in Public Life: Proposals for amendments to be made to the Model Code of Conduct for members of devolved public bodies</b></p> <p><a href="https://consult.gov.scot/public-bodies-unit/ethical-standards-in-public-life/">https://consult.gov.scot/public-bodies-unit/ethical-standards-in-public-life/</a></p>	<p>A Scottish Government consultation seeks views on proposals which will bring about important amendments to the Model Code of Conduct for Members of devolved public bodies since it was last reviewed in 2014. <b>Comments by 8 February 2021.</b></p>
<p><b>PPE Action Plan</b></p> <p><a href="https://www.gov.scot/news/ppe-action-plan/">https://www.gov.scot/news/ppe-action-plan/</a></p>	<p>A Scottish Government action plan on personal protective equipment covers health, social care and other essential public services where people need to wear masks, gloves, eye protection and/or gowns to combat the coronavirus (COVID-19). It will support the NHS in preparing to deal with normal winter illnesses and weather, and the potential impact of exiting the EU, and also sets out plans for a sustainable supply chain, including working with Scottish manufacturers.</p>
<p><b>Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework</b></p> <p><a href="https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework/">https://www.gov.scot/publications/supporting-elective-care-clinical-prioritisation-framework/</a></p>	<p>A Scottish Government framework provides NHS Scotland with guidance for prioritising elective care whilst ensuring appropriate coronavirus (COVID-19) safety and priority measures are in place. It covers the clinical classification of patients, protection of services, waiting list management, realistic medicine, long waiting patients and patient communication.</p>
<p><b>Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (SSI 2020/344) + amending regulations</b></p> <p><a href="https://www.legislation.gov.uk/ssi/2020/344/contents/made">https://www.legislation.gov.uk/ssi/2020/344/contents/made</a></p>	<p>These Regulations (which come into force at 6am on 2 November 2020) set out restrictions and requirements which apply in Scotland as a result of coronavirus</p>

Topic	Summary
<b>Coronavirus Act 2020 (Suspension: Adult Social Care) (Scotland) Regulations 2020 (SSI 2020/377)</b>  <a href="https://www.legislation.gov.uk/ssi/2020/377/pdfs/ssi_20200377_en.pdf">https://www.legislation.gov.uk/ssi/2020/377/pdfs/ssi_20200377_en.pdf</a>	These Regulations partially suspend the operation of the Coronavirus Act 2020 s.16 (duty of local authority to assess needs: Scotland) insofar as it relates to adult social care and adult carers, with the effect that the suspended provisions no longer have effect in Scotland but are capable of being revived under s.88(3) of the 2020 Act. They also make transitional provision.

## Circulars

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

Reference:	Date of Issue:	Subject:
<b>PCA(P)(2020)20</b>	08.10.2020	Pharmacy services amendments to drug tariff in respect community pharmacy influenza vaccination programme 2020/21- reimbursement arrangements for privately procured vaccine
<b>PCA(P)(2020)21</b>	08.10.2020	Pharmaceutical services amendments to drug tariff in respects of remuneration arrangements for 2020/21
<b>CDO(2020)15</b>	12.10.2020	NHS dental remobilisation
CMO(2020)27	14.10.2020	Adult flu immunisation programme 2020/21
DL(2020)27	15.10.2020	Update on revised workforce planning guidance - NHS version
DL(2020)28	16.10.2020	Update on revised workforce planning guidance - IJB version
PCA(P)(2020)22	16.10.2020	Community Pharmacist Practitioner Champions
CMO(2020)28	20.10.2020	Healthcare Improvement Scotland (HIS) Guidance on Consent for Systemic Anti-Cancer Therapy (SACT) in Adults
CMO(2020)29		Consultation on revised National Guidance for Child Protection

Reference:	Date of Issue:	Subject:
CMO(2020)30	22.10.2020	Management of post-vaccination fever
PCS(ESM)2020/01	26.10.2020	Pay and conditions of service: executive and senior management pay 2020-21
PCA(D)(2020)13	26.10.2020	Amendment no 148 to the Statement of Dental Remuneration: remobilisation of NHS dental services: phase 4
DL(2020)29	27.10.2020	Publication of COVID-19 asymptomatic weekly testing guidance, for employers and staff on the importance of weekly asymptomatic testing
PCA(O)(2020)16	29.10.2020	General Ophthalmic Services (GOS): COVID-19 recovery
PCA(O)(2020)17	02.11.2020	General Ophthalmic Services (GOS): COVID-19 recovery: remobilisation of face-to-face peripatetic eye care; financial support arrangements for peripatetic providers; ongoing provision of PPE
PCA(P)(2020)23	03.11.2020	Pharmaceutical services amendments to drug tariff in respects of remuneration arrangements for 2020/21
PCA(M)(2020)15	04.11.2020	Influenza and Pneumococcal DES update
CMO(2020)31	04.11.2020	Updated Guidance on decision making and consent
CA(O)(2020)18 / PCA(P)(2020)24	06.11.2020	NHS Pharmacy First Scotland: guidance and referral form for treatment of minor eye conditions
DL(2020)30	09.11.2020	COVID Special Leave
PCA(M)(2020)16	17.11.2020	GP practices; additional Funding: COVID-19: update
DL(2020)31	18.11.2020	Clinical Placements for Healthcare Students 2020-21
PCA(P)(2020)25	19.11.2020	Updated information on prescription stationary and allied health professionals who are NHS independent prescribers
PCA(M)(2020)17	26.11.2020	COVID-19 Vaccination Directed Enhanced Services (DES)
PCA(P)(2020)26	26.11.2020	Community pharmacy – COVID-19 vaccination programme
PCA(P)(2020)27	27.11.2020	Community pharmacy – COVID-19 financial support measures

Reference:	Date of Issue:	Subject:
PCA(O)(2020)19	27.11.20	General Ophthalmic Services (GOS): COVID-19 recovery
PCA(D)(2020)14	30.11.2020	Covid vaccination programme – 2020/21
PCA(O)(2020)20	02.12.2020	Community Optometry – COVID-19 vaccination programme and PPE
CMO(2020)33	04.12.2020	Covid-19 vaccination programme
CMO(2020)32	04.12.2020	Important changes to the Scottish Diabetic Eye Screening Programme





Voluntary Action Orkney

# Third Sector Survey Responses

October 2020



## Introduction

During the pandemic third sector organisations across Orkney responded with speed and creativity to the needs of their service users and wider communities and they will continue to do so by utilising all the resources currently available to them. The main challenge for the sector is becoming evident as emergency funds reduce whilst the needs of the most vulnerable intensify. There are already issues with accessing funding from traditional sources as many continue to focus on covid-19 issues for expenditure within the current financial year; most organisations are now looking for funding to sustain services beyond March 2021 and are finding that increasingly difficult. There is also less opportunity to fundraise as the financial impact on businesses and individuals mean they are less willing to donate or provide support in kind. Without adequate core funding for these organisations there is a real danger that some will disappear. That loss of service would lead to crisis situations which in the end would cost statutory services a great deal more to address.

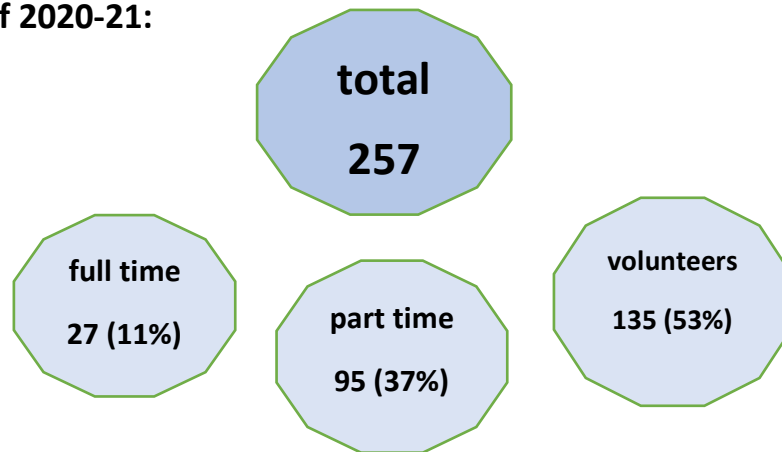
It should now be recognised that the third sector is not a 'nice to have' but is as essential as the public and private sectors in the delivery of vital services and the creation of a healthy, sustainable community and economy.

Planning for the financial year 2021-22 and beyond has now begun therefore it was thought important to ensure that commissioners and funders had up to date information about third sector services, their funding, staffing, challenges, aspirations and outcomes. A survey was issued in September 2020 and the responses from twelve local organisations are given in detail in the following pages preceded by a summary of their staffing, referrals and funding levels.

These organisations also wished to affirm their commitment to working in partnership with each other and with statutory services to ensure that scarce resources are utilised effectively to continue to meet local needs and those emerging from the Covid-19 pandemic.

# 1 Summary

## Number of Staff 2020-21:



## Total Number of New Referrals 2018-2020

3,750

## Estimated Number of New Referrals 2020-21

2,398

## Total amount of funding secured 2018-2020\*:

*\*Income for 2020-21 has not been included in the total as several organisations gave estimated figures or did not declare their full income for that year*

Total

£4,139,152

OIC/NHS

£967,736

(23%)

External/earned

£3,171,407

(77%)

## Ratio:

organisations that responded, contributed over

**£3.00** to every **£1.00** of local statutory income

(mean average)

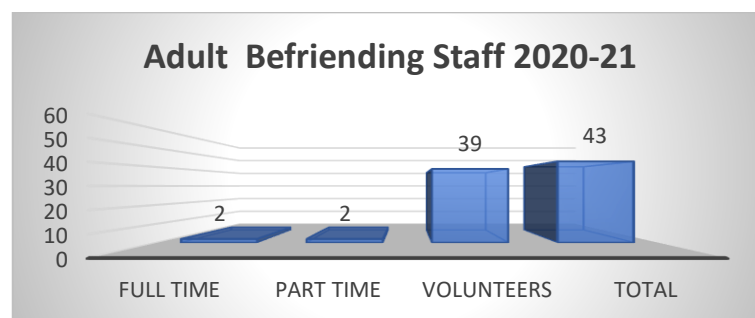
## 2 Responses by Question

### Adult Befriending Service

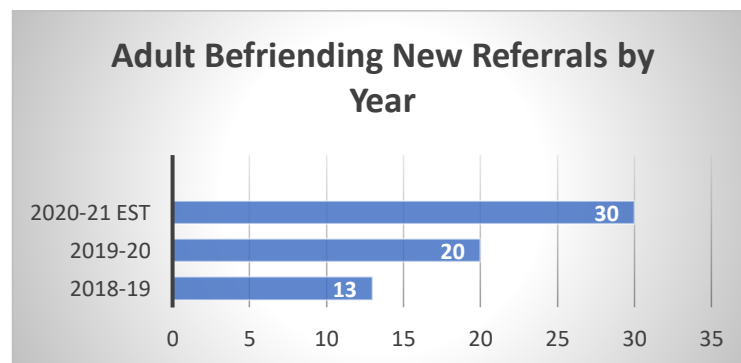
#### 1 A brief explanation of services

A befriending service for people aged 60 years or over experiencing loneliness and isolation. Group, 1:1 matches and telephone befriending are available.

#### 2 Number of Staff



#### 3 Number of referrals



#### 4 Income

Year	2018-19	2019-20	2020-21
Total	99,600	104,996	101,083
OIC/NHS	0	0	0
external/earned	99,600	104,996	101,083

#### 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

No

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

Not applicable.

**7 Please explain significant current challenges for your organisation, if any?**

Securing funding from April 2021 could be a challenge depending on funds available after COVID-19.

Increased number of referrals as a consequence of COVID 19. There is likely to be an increase in loneliness as a result of the lockdown/shielding and this will impact on people's mental health and wellbeing. The effects of this might not be known for some time.

**8 How could your service be developed further individually or in partnership with others if additional funding was made available?**

In the future, we hope to extend our service to include all adults, not just those over 60 years of age. We know there is a real demand from this. We wish to expand the geographical reach of our service so we include more people from rural areas and the island communities. We hope to set up more groups in more areas.

**9 Case Study**

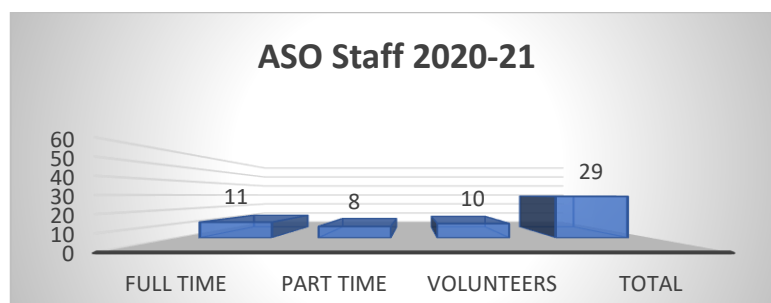
Jim is 85 years old. He was referred to the ABS by his social worker. Jim is living with dementia and lives in a rural and isolated location. This, coupled with some mobility issues, meant he was no longer able to get out and about on his own. His daughter lives in Australia and he has no family nearby. Jim was lonely, lacked confidence and his self-esteem was low. His social worker felt he would benefit from a befriender. Jim was looking for a specific type of befriender. He told of his love of sailing and how he used to like pottering in his shed fixing his boat or getting out in the garden. He was no longer able to enjoy these things because of his mobility issues and lack of confidence. He really wanted a befriender who would help him fix his boat and potentially go sailing with his befriender. Unfortunately, we had no befrienders that met Jim's requirements but we advertised on facebook for someone who liked sailing. Fortunately, Ewan responded to this advert. After Ewan had completed his training he and Jim were matched. Up until the Covid 19 lockdown they met weekly. Visits included pottering in the shed working on Jim's boat, or a fun trip out to play darts. Through this Jim's confidence grew and his hopes for sailing in the future looked achievable. Jim says that Ewan is "a good bloke." They like to chat about boats and it feels good to have someone who shares his interest. Ewan has helped Jim set up his laptop so he can email his daughter. Jim's daughter says of the project, "The Adult Befriending Service has become an integral part of my father's weekly support network. Dad thoroughly enjoys Ewan's visits and feels that he's made a good friend and kindred spirit. Thank you so much for this wonderful service."

# Age Scotland Orkney (ASO)

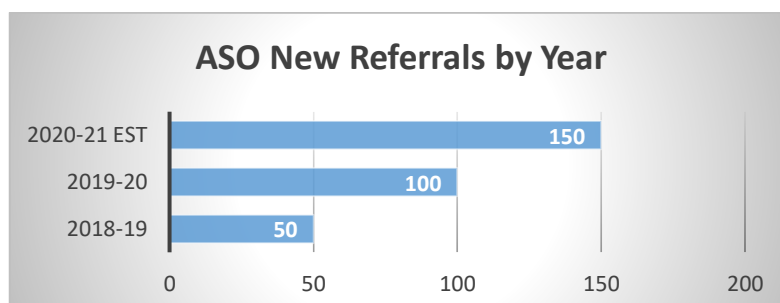
## 1 A brief explanation of services

Working with and for older people in Orkney

## 2 Number of Staff



## 3 Number referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	341,174	381,058	Not given
OIC/NHS	27,000	27,000	27,364
external/earned	314,175	354,058	Not given

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

Yes

## 6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement

The main point on our SLA has not changed. It is to provide community based social care support for older people in Orkney through the provision of a range of services. However,

the way in which we deliver services has changed totally in the last few years. We now have a registered service which allows us to deliver home care. We support people living with dementia and their unpaid carers through our Dementia Orkney project and The Hub. We run a full podiatry service for anyone over the age of 50. Our Good Day Call service has expanded to meet the needs of our community.

**7 Please explain significant current challenges for your organisation, if any**

Our organisation is expanding and the need for good quality care is growing. Ensuring that our growth does not happen too quickly without the structure to support it.

**8 How could your service be developed further individually or in partnership with others if additional funding was made available?**

We would welcome "open" commissioning of services as this would allow us to bid for work and guarantee income for a period of time. This would allow us to plan for future staffing needs and organisational requirements.

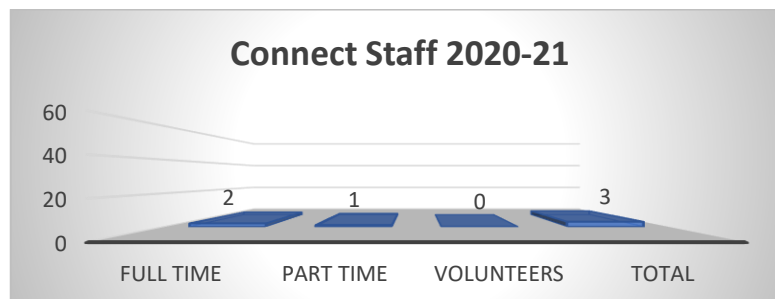
**9 Case Study**

The daughter and unpaid carer of a lady living with dementia contacted us as she could not leave her mum on her own in the house as she was frightened that something may happen to her mum when she was out as the risk of harm was too great. We carried out a care assessment and provided respite care twice weekly and this allowed the daughter to be able have time to herself and leave the home. As mum's condition deteriorated, we increased the support by providing our registered home care service whilst maintaining our domestic service. This meant the family were able to support mum at home rather than residential care as the only other option given to them. The relationship between the mum and daughter improved a great deal over the time we supported them both as the daughter did not feel trapped in the house any longer and knew there was someone else who could help her, offer advice and just be there. We achieved this positive outcome by working together with the all the family and the community nursing team. The care continued for a further 12 months until mum could no longer be supported at home. The family were very appreciative and grateful to us for the care we had given, and the daughter said she would never had managed the situation without us and that we were "life savers".

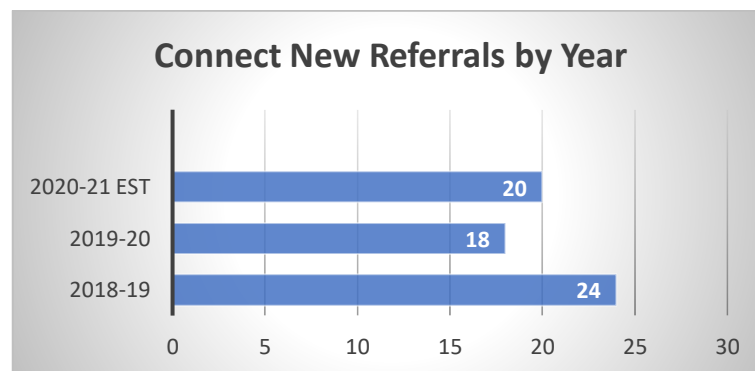
## 1 A brief explanation of services

Connect was set up to help young adults (15-21) with the transition from school into positive destinations. There was an identified cohort of young people who were facing significant barriers and had a lack of opportunities or the targeted support needed to help them have the skills and confidence to move on. With time spent and individual learning programmes agreed the young people can develop life skills, recognise their interests and strengths and make good choices about their next steps. The project provides intensive one to one and group support to enable young people to progress.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21*
Total	108,742	108,162	117,218
OIC/NHS	20,000	20,000	20,000
external/earned	88,742	88,162	97,218

\*estimated

## 6 Does your organisation have a Service Level Agreement with OIC/NHSO

Yes

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

Project delivery has been adjusted due to COVID situation but the essential service has not changed. We are open throughout the year and will engage with the young people referred to us and will work with them, as long as engaging with Connect is what they want to do, to help them build skills, make positive choices, overcome adversity and take steps on the employability pathway. During COVID we found we had an increased support of families and stepped in to support where other services were closed, we also supported ex-trainees with Connect who were still vulnerable in the community.

**7 Please explain significant current challenges for your organisation, if any**

A challenge continues to be prioritising the needs and wellbeing of the young people and their families with what we can offer. Taking details into account such as the family finances where EMA, child support and travel costs provided can all make a difference to wellbeing and mood of household at source. Issues with housing and homelessness or involvement in court system means that young people need to be supported in getting basic needs met before they can begin to progress at a more developed level of maturity and engagement in life. Making sure there is the right level of support, encouragement and challenge and helping the young person take responsibility and find self-motivation.

The barriers the young people face are different - from family situations, care experience, low self-confidence, learning difficulties, mental health difficulties, social and emotional and communication difficulties which put them at a disadvantage and if not addressed could lead to increased isolation and perpetuate cycles of disadvantage. However, these different needs and difficulties do pose challenges in engaging with them and helping them to engage with others. Funding is a continual challenge. While we have had boosts to support during COVID we do not have confirmed ongoing funding to provide certainty that our service will continue to offer consistent support for these vulnerable young people in our community. Changes to traditional transition stages which may affect referrals and the nature of young people referred to Connect for support

**8 How could your service be developed further individually or in partnership with others if funding was made available?**

There has been contact for involvement with younger people. If this was needed we would need additional funding to allow for that to be supported and the different levels of need and safeguarding addressed within a mixed age group with significant needs. We work closely with other statutory and third sector organisations. Additional funding would allow more time for staff to work directly with young people. Consistent partnerships could be established rather than temporary or 'one off' arrangements.

We could widen the experiences for young people - perhaps the opportunity to have trip outside Orkney but this takes developed partner relationships and additional funding. Staff salaries are the largest cost - more funding would allow more staffing and perhaps increase the range of skills in supporting the needs of the young people we work with

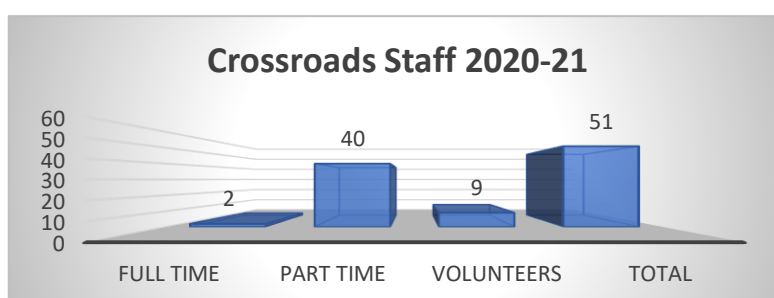
## **9 Case Study**

Young person came to full time with Connect on leaving school. They had a childhood with adverse experiences, removed from a parent because of parental substance abuse. They had also struggled in school academically as well as experiencing bullying. They felt they were “too stupid” to stay on at school. The family struggled financially. The yp had made the decision to break with a friendship group because it was not helping with making good healthy decisions for themselves and did not feel that the friendship being offered was beneficial. However this left them isolated in the town where they lived and experiencing some abuse from these ex-friends. They struggled with extremely low self-confidence and no vision for a positive future. The referral came through a school guidance counsellor and the young person had said that Connect may be “good for her mostly because she would end up at home doing nothing.” Connect offered a full time training programme and the EMA supported attendance and financially at home. Coming to Connect they took part in a range of activities, doing things they hadn't done before, working with others, and building relationships with the staff team. They made friends, dealt effectively with some difficult inter-personal issues, travelled to sites around Orkney, volunteered in the Community, discovered creative abilities, shared their own interests with others, were able to take a lead and plan events and activities. They were very supportive of others. They were able to record themselves giving an acceptance speech when the group won a Youth Achievement Award for the volunteering they had done in the community and be ok with that being shown to the public. They had not told their parent that they were going to receive the award because “he wouldn't be bothered”. However, their father was delighted to hear about it “she doesn't tell me anything” and when asked later about the time at Connect he added “she has done well at Connect – I didn't know if she'd be able to get out of bed – but she's always been going and I think it's done her good. If you ever need her for any help with anything else she will be up for it give us a shout and she'll be there” to which she responded “Daaaad” and went red but pleased to hear this praise from her father. They successfully applied for a full-time course at UHI which they hope will lead to employment. They continue to maintain some contact with Connect during the transition to make sure they have settled and are able to sustain the placement. They still struggle with self-belief but can now point to successes and achievements and are able to see that they have grown from what they thought was possible for themselves.

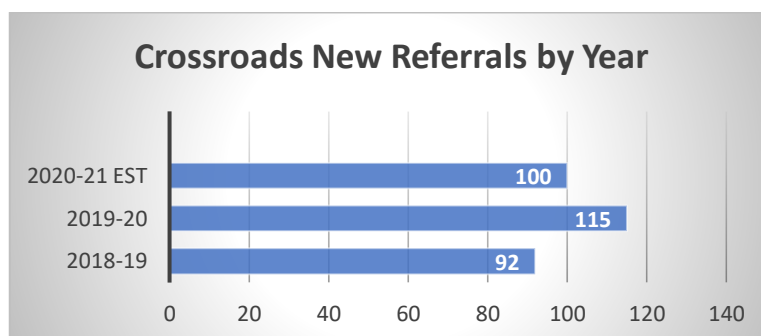
## 1 A brief explanation of services

We run a Carers Centre for information, advice, emotional support to unpaid carers. We provide a respite care scheme for unpaid carers. Our Young Carers Support Worker supports unpaid Carers under 18. The Independent Living Support Service enables disabled people to be employers. Crossroads also provides personal, social and domestic care to elderly and disabled people who do not have a Carer.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21*
Total	453,306	480,749	450,000
OIC/NHS	198,519	198,489	198,489
external/earned	254,777	282,260	200,000

\*estimated

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

Yes

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

We have not been issued with a SLA this year but still provide what is asked for in the SLA but the money allocated is not enough to cover what is asked of us, we therefore do this through providing care through option 2 of Self Directed Support. This is work which isn't included in our SLA.

**7 Please explain significant current challenges for your organisation, if any**

We are extremely busy trying to provide the additional care needed through the SDS option 2's. This has meant we have had to employ another manager who also does our training as there is no training for us to tap into other than the college.

**8 How could your service be developed further individually or in partnership with others if additional funding was made available?**

As we are working to capacity we would not be looking to develop much further. If the SLA was renegotiated we would possibly be able to offer our staff contracted hours which might help with recruitment.

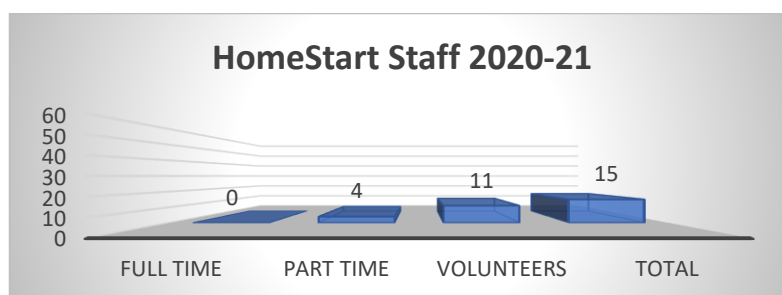
**9 Case Study**

In collaboration with development trust, we recently recruited two care attendants on one of the outer islands where there were no services. This has meant that one lady was able to go home after being in hospital instead of going into care/sheltered housing.

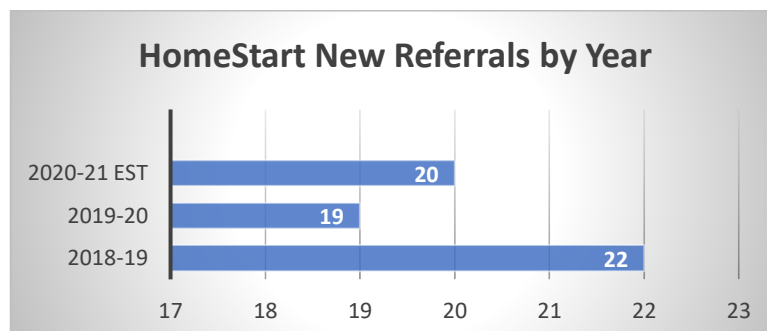
## 1 A brief explanation of services

We support parents, and their young children, who are experiencing challenges additional to those of daily parenting: mental health issues, physical health issues, loneliness & isolation, children with additional support needs being just a few reasons for support being sought from our service. This support is provided by our team of local volunteer mentors, overseen by our staff team, via weekly visits/contact, building on strengths and giving them the support they tell us they need.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	104,565	92,067	40,000
OIC/NHS	20,000	20,000	31,000
external/earned	84,565	72,067	9,000

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

Yes

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

We now offer Group support, which is in addition to the individual family support provided by volunteers. This now accounts for about 50% of our service provision, combatting loneliness/isolation, and providing peer support alongside encouraging childrens' social development, along with early language and literacy.

**7 Please explain significant current challenges for your organisation, if any**

We envisage securing ongoing funding, to ensure service sustainability, as our key challenge.

**8 How could your service be developed further individually or in partnership with others if funding was made available?**

We would like, if funding allowed, to investigate and develop the service to ensure that fathers felt they too are receiving support when needed: our colleagues in other Home-Starts have developed this, and so we would have their experience and advice, but would require funding for scoping and then introducing specific groups for fathers - and potentially more staff hours to enable this. We are always open to collaboration with other services

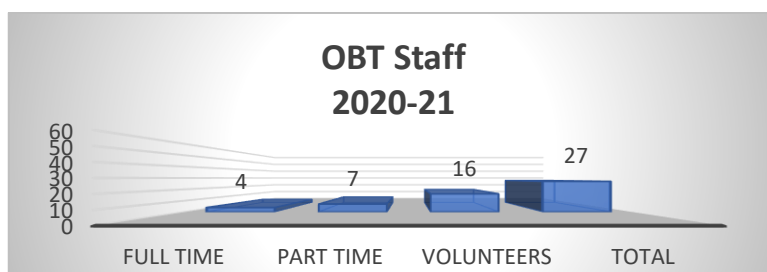
**9 Case Study**

We recently conducted a review of the service we have provided during lockdown, and can provide the results of this if felt appropriate. This contains many quotes from families we have supported. The following case study also provides an illustration of the effectiveness of our support:- We received a visit to our office from the mother of one of our supported parents. She called in at the office to tell us how much she appreciated what a huge difference Home Start had made to her daughter. Her daughter had suffered from severe depression and anxiety for many years. When I met the family, mum was so anxious and depressed that she could barely go out. She couldn't go to appointments, including the dentist. As time went by, and with support from a lovely Home Start volunteer and her co-ordinator, this gradually improved and she came each week to our Drop-in. She is a lovely mum, who engages so well with her child. Mum told the co-ordinator that she wished she had 'discovered' Home Start years ago! She has learnt to drive and passed her test, which makes a big difference to her isolation. She now comes to Drop-in on her own. She has also offered to pick up another of our families, in order to take them to Drop-in. Her mum was astonished at her now being able to do this, and she wanted us to know how grateful she is. She has gained so much independence and confidence

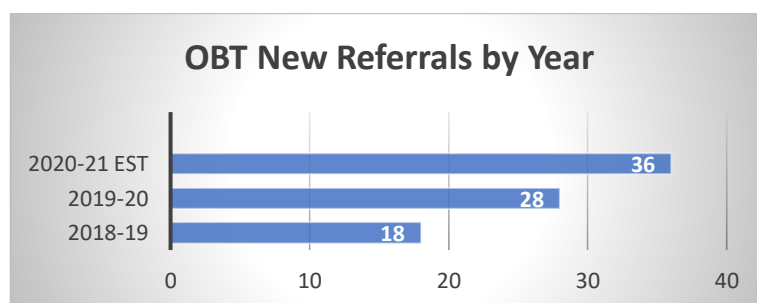
## 1 A brief explanation of services

To promote mental well-being in Orkney, through active personalised support with a focus on recovery.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	314,093	295,916	333,767
OIC/NHS	118,204	118,204	119,386
external/earned	195,889	177,712	214,381

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

Yes

## 6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement

We are unable to fully operate a Befriending Service (telephone calls instead of face to face meetings), our Housing Support Service and Drop-in service are closed as they cannot operate within the Covid guidelines.

**7 Please explain significant current challenges for your organisation, if any?**

Maintaining meaningful contact with our members eg face to face individual and group support/activities. Our operating model will have to be redesigned as the current one was based on our members being involved in everything we do eg reception duties, admin work etc. Support workers are keeping in contact with the people we support through outreach calls, video calls, etc. Referrals to other more specialised organisations continues.

**8 How could your service be developed further individually or in partnership with others if funding was made available?**

Support to carry out in depth Risk Assessments and action plans. Advice on cleaning/sterilising for Covid-19, possible recruitment/use of a specialised cleaner. Easy clean furniture

**9 Case Study**

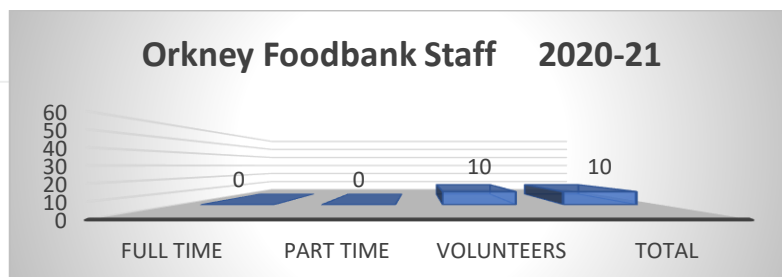
This person, on an already low income, lives on one of the outer islands and during lockdown was unable to leave the island to do food shopping in Kirkwall, resulting in their food bill more than doubling. They also incurred increased electricity costs for heating, keeping in touch with others online etc. Their phone bill increased as they were having to call various support organisations for additional support over and above the support we could offer. Orkney Blide Trust successfully applied for Community Wellbeing Funding and were able to provide this person, and 25 like them, with £228 each for the period 23 March to 31 July 2020. Here's what the person said "What a great help. I used it to pay hydro arrears and stocked up on food. Thank you."

# Orkney Foodbank

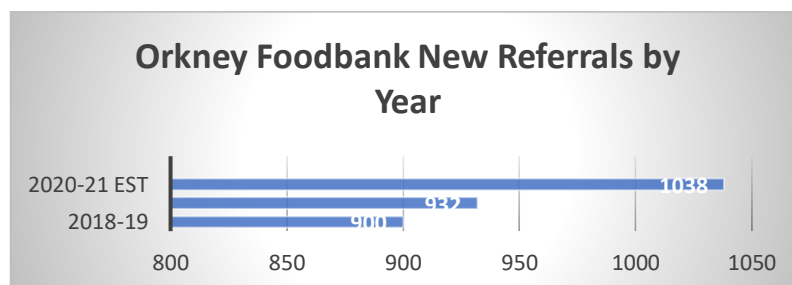
## 1 A brief explanation of services

Provision of food and other items to those in need in our community

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Income figures were not provided.

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

No

## 6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement

Not applicable

## 7 Please explain significant current challenges for your organisation, if any?

The stigma of needing to use the foodbank is an issue - we think it tops people from accessing our services Our referral rates have dropped off over the last 6 weeks which we can't understand.

**8      How could your service be developed further individually or in partnership with others if funding was made available?**

We would be willing to support other organisations who are able to identify those in need - providing additional food parcels they can issue.

Increased offer of child holiday meals so those who struggle when children are home from school can receive support

**9      Case Study**

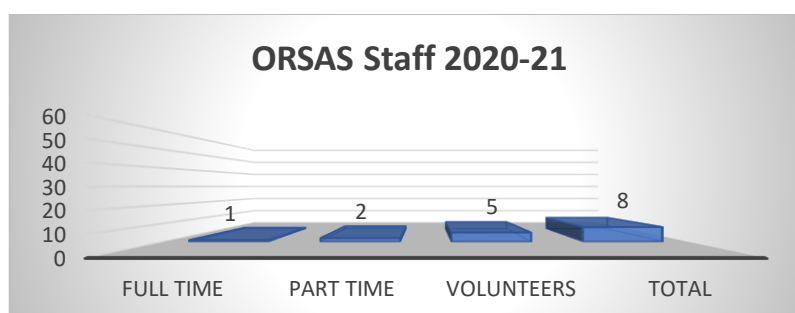
It is very difficult to get feedback but the general consensus is very much one of gratitude

# Orkney Rape and Sexual Assault Service (ORSAS)

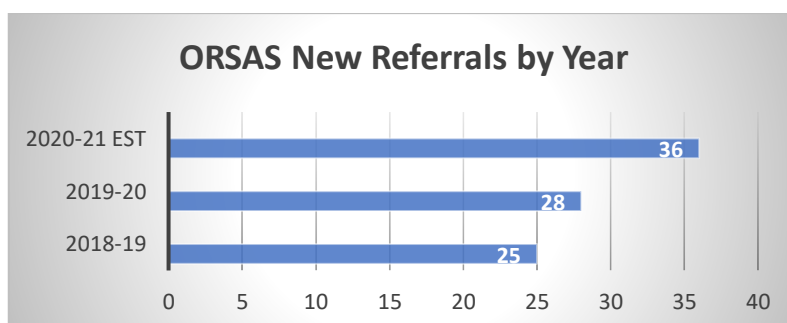
## 1 A brief explanation of services

Support for all genders of sexual violence survivor aged 13+ also the families, friends and professionals supporting survivors. Advocacy support for those in their journey through the legal & court process. Delivery of sexual violence prevention sessions in schools & youth settings. Campaigning to improve services for survivors of sexual violence. COMET+ : child sexual exploitation prevention project for children with LD, looked after and other vulnerable children.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	101,208	110,010	142,236
OIC/NHS	0	7,100	13,000
external/earned	101,208	102,910	129,236

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO

No

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

Not applicable

**7 Please explain significant current challenges for your organisation, if any**

- Currently Scottish Government core funding is secured until Oct 2021 - there are no guarantees beyond that date until the new Equally Safe Fund is allocated.
- Covid has had a significant impact and our service is planning for 20% increase in referrals relating to historic abuse and abuse that happened during lockdown coming to the fore over the next 18 months. Court closures mean that survivor's cases are not progressing through the legal system therefore we anticipate longer engagement with our service increasing from 2-4 years.
- Funding for COMET+, our CSE prevention project for vulnerable young people in Orkney is not secure past December 2020 with funding applications pending.
- Violence Against Women & Girls Funding within OIC/OHAC/NHSO budgets are not ring fenced for allocation to the Domestic Abuse Forum (inc VAWG) this means that actions across services that the Orkney DAF could take to improve Scottish Government/COSLA Equally Safe outcomes for Orkney are severely limited and that impacts on our core campaigning work.
- Fundraising opportunities are limited during COVID because traditionally charities have relied on social & musical events to raise money for unrestricted funds that help secure jobs & resilience for charities in times of crisis. ORSAS anticipates that due to the Covid recession ORSAS' reserves will be depleted if long term core funding is not secured

**8 How could your service be developed further individually or in partnership with others if funding was made available?**

- ORSAS would like to see the COMET+ project becoming one of our core programmes thus enabling and protecting the most vulnerable young people in Orkney against CSE and reducing the chances of them developing problematic behaviours and encouraging positive wellbeing. We think this project could expand from a 10 hour post to a full time or two part time specialist workers posts.
- ORSAS would like to facilitates and develop a participation group for young people to campaign on the issues of equality, diversity and YP rights.
- ORSAS would like to see the ORSAS Equality Hub consolidate its remit as a Third Party Hate Crime Reporting Centre and a "Keep Safe" space for assistance by increasing the hours of its staff and securing future funding for this popular resource for our community.

## 9 Case Study

The very nature of our day to day work and the experiences of survivors of sexual violence living in Orkney means that ORSAS do not provide individual case studies as the circumstances are just too identifiable in our community. Since ORSAS started as a project in 2016 we have supported 125 survivors and their families & friends between the ages of 5 to 75. ORSAS are most proud of the fact that our campaign made it possible for NHS Orkney to have its own forensic service for adults based on island rather than have traumatised survivors travel on public transport for examination in Aberdeen. Such is the impact of sexual violence on the lives of survivors that we work very closely with GP's & CMHT to help people survive long enough to recover. Because ORSAS exists we are able to inform Scottish Government & multi-agency partners what survivors voices say in our islands. No one ORSAS has supported through the legal and court process has said they would be willing to report again such is the weight of judgmental community scrutiny they experience as survivors in person and on social media.

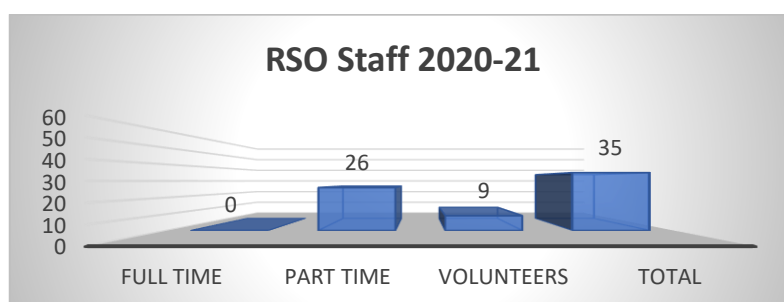
- *"I couldn't survive without the support I get from ORSAS - you are my lifeline"*
- *"Thank you for everything you do. I am so glad there is somewhere like this I can come to for support when I need it the most" - then gave a £50 donation August 2020*
- *"I am so pleased you decided to put the three of us together - I had no idea that other people felt the same as me, all the triggers and the responses I have to trauma. They understand and it makes me feel hopeful"*
- *"They weren't taking any notice of us until we asked you to come along to the meetings - nobody was taking our concerns seriously as parents"*

# Relationships Scotland Orkney (RSO)

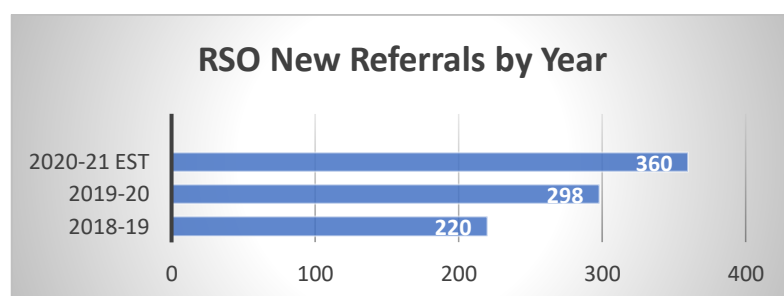
## 1 A brief explanation of services

We provide a range of support for individuals and families in Orkney struggling with their mental health and with the consequences of relationship breakdown and substance misuse. This support includes individual counselling, relationship counselling, specialist substance misuse counselling, family mediation, substance misuse and family support work and a child contact centre to enable non- resident parents to remain in contact with their children. These services are provided free of charge, although we welcome donations from those who can afford to pay.

## 2 Number of Staff



## 3 Number referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	195,030	211,086	200,914
OIC/NHS	21,234	54,409	38,153
external/earned	173,796	156,677	162,761

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

Yes

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

We have a SLA for our Substance Misuse Counselling Service for Adults and Older Adults. We are currently providing this service in line with the SLA, save that the 1:1 counselling sessions with clients are being delivered online or by phone rather than face-to-face, due to COVID. Where the counsellor assesses that a face-to-face meeting is necessary, this can be arranged but in general we are working online, with additional safety measures and emergency procedures in place.

**6 Please explain significant current challenges for your organisation, if any**

Our main challenge is capacity: we have a waiting list and face strong demand for individual counselling, in particular. We have brought in additional qualified counsellors as sessional staff in recent years to help, most of whom are now at capacity, and we do not have funding to increase the number of sessions offered at the present time. We are exploring options for securing additional funding to expand this service so we can meet the needs of more people.

**8 How could your service be developed further individually or in partnership with others if funding was made available?**

Our waiting list for individual counselling evidences the demand for this service in Orkney. If we had additional resources we could expand the Service and help more people more quickly. This is therapeutic work which takes time and is therefore costly to provide. We are exploring options for offering shorter therapeutic interventions meantime while people are waiting for long-term counselling and/or as an alternative; and our family support workers offer a safety net and day-to-day practical support for those who are struggling with daily life or work. We now have a specialist Substance Misuse Counsellor funded through the OADP and have undertaken work to understand the barriers to accessing services for clients who have regular contact with different services but fail to engage in a consistent way. We are looking at how we can develop areas of work to address these barriers, in conjunction with other OADP partners, but to take this work beyond a pilot stage would require additional funding.

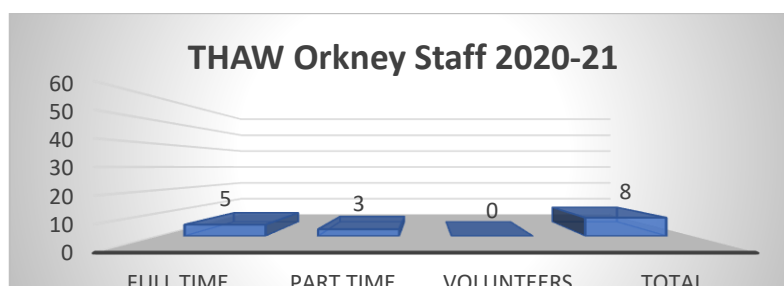
**9 Case Study**

The case involves a vulnerable young person who experiences frequent suicidal ideation. Lockdown meant they were isolated from the positive relationships with their peers and coworkers. These relationships had helped them to reduce self harm and to manage distressing emotions. Change is a major trigger for the client so counselling helped them to develop improved relationships at home and to cope in a new work environment. The client has found ways to start managing their distressing emotions, to listen to their own needs and ways to self-care with decreasing levels of shame.

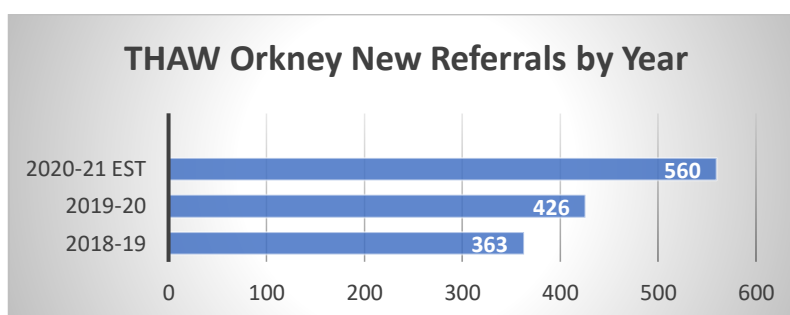
## 1 A brief explanation of services

THAW's mission statement is: "To work for households in all Orkney communities to reduce levels of fuel poverty and achieve affordable warmth." THAW provides free, confidential and independent advice and support to Orkney households, especially those most vulnerable, to reduce levels of fuel poverty and achieve affordable warmth. This includes providing: Specialist advice on energy matters and efficiency, including tariff switching support, energy monitoring and assistance with utility debt. Advice and guidance on the local and Scottish National grant programmes and assistance with third party support through these schemes in relation to energy efficiency measures. Support and advice with budgeting, benefits and income maximization. Health and Wellbeing support, Advocacy & supported referrals to other organisations for additional help. Cosy Home Packs. Emergency electricity vouchers. Our services are free to all Orkney residents.

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21*
Total	289,508	245,157	226,734
OIC/NHS	97,577	20,000	20,000
external/earned	191,931	225,157	121,780

\*estimated

**5 Does your organisation have a Service Level Agreement with OIC/NHSO?**

No

**6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement**

Not applicable

**7 Please explain significant current challenges for your organisation, if any**

Operationally our main challenge, due to the Covid-19 lockdown, was THAW staff having to move to remote/home working. This was achieved quickly and efficiently with little or no impact to service delivery, and staff have coped well and continued to provide support across all services. However, the lack of ability to visit clients at home puts added time pressure on dealing with caseloads. In addition, staff turnover has seen four new members of staff, including the manager, start work with the service since August, adding to the pressures on existing staff. Evidence from previous years suggests that this new staff team will be extremely busy in the coming winter, with a record number of referrals forecast due to the ongoing pandemic and impact of job losses or reduced hours and consequent impact on income. Further to this, our main weakness or challenge currently is insecure funding streams to help maintain the service.

**8 How could your service be developed further individually or in partnership with others if additional funding was made available?**

Additional funding – and especially a core funding agreement - would give stability and provide good evidence of the service being of local value when approaching external funders. An increase in staff capacity from any additional funding would allow a more pro-active approach to some of Orkney's most vulnerable households, particularly in the social rented sector, where fuel poverty levels remain high. It would also allow us to enhance the kind of closer partnership working that has been beneficial to clients since the Covid-19 lockdown, and is likely to be necessary for some time to come. For example, with regard to debt management and money advice we have been working with our partners at CAB and we envisage an increase in the need for this service and support going into the winter months. Additional funding would allow additional staff to be trained in money advice to allow this service to be carried out by more than the one staff member, as at present, strengthening our capacity.

## 9 Case Study

Client is very anxious meeting new people and very proud couple who don't accept help very readily. The first visit for the Development and Support Officer (DSO) was about beginning to build a trusting relationship with the client and her husband. Client's and DSO have a shared love of animals and whilst discussing various pets the client began to visibly relax, trust began to be established and all paperwork was completed.

- Client's situation was assessed and needs prioritised.
- Cosy Home Pack delivered containing blankets, warm socks, small radiator etc.
- Electricity voucher issued and voucher for Food Bank.
- Call made to electricity company to ascertain account status as estimated bills only due to meter reader denied access to the home.
- Actual readings sent to electricity company.
- Client supported to speak to electricity company, major achievement for her.
- Electricity account in credit, substantial sum to be paid back. Monthly payments reduced.
- Heating habits of the home changed drastically possibly due to heating being switched off, home visit arranged to start enquiring about the changes. All home visits suspended due to Covid-19.

Ongoing telephone support given at lockdown. Home situation changed again due to pandemic. Foodbank voucher issued and checking that she is managing her electricity account. Client outcomes:

- Cosy Home Pack £100
- Financial Assistance Benefit grant £140
- £883 over payment to electricity company returned and monthly payments reduced by £30
- Client added to Priority Service Register
- Client feels less stressed and in control of her electricity billing.

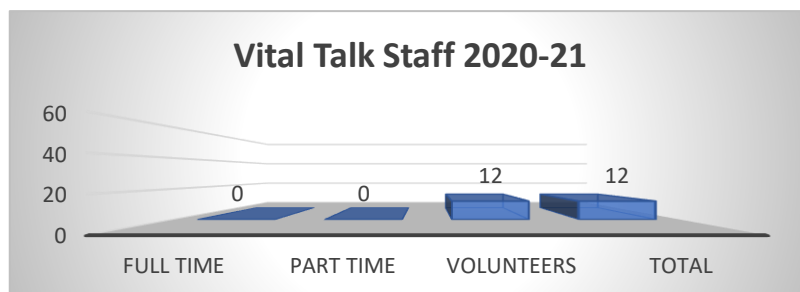
Client comment: "Thank you for all the help you are giving us, it's such a relief. Thank you ever so much."

# Vital Talk Counselling Service (Vital Talk)

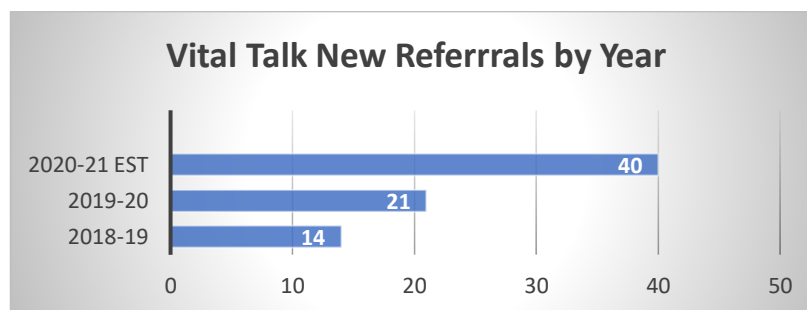
## 1 A brief explanation of services

Vital Talk provides counselling to adults and to children and young people

## 2 Number of Staff



## 3 Number of referrals



## 4 Income

Year	2018-19	2019-20	2020-21
Total	10,377	2,607	17,000
OIC/NHS	0	0	0
external/earned	10,377	2,607	17,000

## 5 Does your organisation have a Service Level Agreement with OIC/NHSO?

No

## 6 If yes, please explain how your current services/delivery model differs from those detailed in your Service Level Agreement

Not applicable

## **7 Please explain significant current challenges for your organisation, if any**

The biggest challenge we are currently facing is to raise enough funds to maintain the high level of service we offer. Vital Talk Orkney has normally been funded from donations and through fundraising but there has been a marked drop in donations during lockdown. Counsellors have had to work from home and have provided the same high standard of service as before and with the addition of two more counsellors, more clients have been seen. Fundraising has not been possible during this time due to lockdown restrictions.

Another challenge we face is keeping counsellors motivated and feeling appreciated when they remain volunteers despite having self-funded up to £11,500 to complete their full diploma training. During lockdown we have claimed some grants from the government to equip counsellors to work from home and to pay them expenses. This has encouraged them, but they are professionals and as such should be remunerated. Without adequate payments there is a risk they may decide to offer counselling privately and leave the service. We pay for supervision for counsellors, and £200-300 towards continuous professional development, but that is barely enough for them to keep up to date with all the developments in their field. We have the use of rooms and office space at The Life Centre which is a great base for us, but to have a part-time receptionist/administrator on site would improve the level of service we could offer. We have a volunteer manager and secretary who carry out the tasks of a manager but are not able to give themselves as fully to the task as an employed person would do.

## **8 How could your service be developed further individually or in partnership with others if additional funding was made available?**

If a service agreement was made available to us, then we would either use this to pay counsellors at a rate of perhaps £20 per session, or aim to employ a manager who would access further funding from other sources to allow us to pay the manager and counsellors and an administrator/receptionist to manage the day to day running of the service. Evidence based counselling, neuroscience and other areas of counselling are changing, so to keep abreast of these changes, two of our counsellors are completing a BA online this year. We are pleased that they are keen to increase the quality of the service that we provide, and both will then also be qualified to provide a service for young people and children. We are in the process of creating a nurture room for their use.

## **9 Case Study**

Client A was a teenager on referral to Vital Talk via the CMHT team. At the intake meeting the client asked for help with anger and alcohol. The client had been offered a place at University and wanted to work on unpredictable behaviour before beginning the course. Client A was assigned to a Vital Talk Youth and Children's Counsellor who is trained in psychodynamic counselling and psychotherapy. Client A was very out of touch with

emotions and in the very early days of counselling was unable to describe any feelings, unless there had been an upset on the same day as the counselling session. As the client began to develop a good therapeutic relationship with the counsellor, and as the counsellor gently and patiently gained the trust of her client, the client began to remember and share some early experiences. Client A had experienced emotional, relational and sexual abuse. On presenting for counselling, the client was experiencing risky sexual behaviours as well as other risky behaviours, and had recently been arrested for anti-social behaviour whilst under the influence of alcohol. The client was self harming before and for some time during counselling, and had experienced several attempts at suicide and continued to experience thoughts of suicidation during the early days of counselling. Familial relationships were shattered and unhealthy for the client, although there were some healthy, strong family and friendship relationships which provided a sense of security and gave us a foundation of protection from which to work safely. As the client began to remember and to process the past, a new ability to feel and to name the feelings and emotions emerged. As the client's self awareness increased, the client wanted to give up drinking alcohol completely, despite having used alcohol since 12 years old. We used the Behaviour Change model to support the process of managing addiction and moving away from using alcohol as a coping strategy, whilst simultaneously exploring the emotional reasons for the reliance upon alcohol as a means of shutting out the pain, and 'feeling alive'. The client also described alcohol as a means to 'be able to feel' and to cry, and to have confidence in social situations. The client acknowledged the gains as well as the losses associated with giving up an addiction - 'my toxic friend' was how the client described the relationship with alcohol. Through Counselling, the client began to learn and to accept strengths even though there had been frequent physical and psychological bullying at school. The client learned about toxic friendships and vulnerability and learned how to regulate emotions and build resilience. Client A attended counselling for 2 years and on moving to University, had been alcohol free for 14 months. The client continued to check in with the counsellor during his first few months at University, and by the final session was coping well with University, had made good friends, was managing the stressful times and the difficult relationships, was maintaining good friendships from home and some family relationships were easier to manage too. The client no longer self harmed, having learned coping strategies from the counsellor to recognise triggers and for dealing with strong emotions.

There were no more thoughts of suicidation for 17 months and the client was continuing to be alcohol free. The client said 'My Counsellor helped me to learn to love myself and that I deserve to be loved. I still find it difficult to believe that sometimes, but I'm getting there' The Counsellor said 'It was a privilege to work with this client who showed so much courage and strength.'



[Back to Agenda](#)



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**Minute** of the meeting of the **Orkney Partnership Board**  
held at **14:00** on **24 August 2020** via Microsoft Teams

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Present:	James Stockan Meghan McEwen Gail Anderson Dougie Campbell Seonag Campbell Cheryl Chapman Alan Dundas David Drever Graeme Harrison Rachael King Leslie Manson Gillian Morrison Graham Neville Marcus Shearer Mark Shiner Graham Sinclair Craig Spence Anna Whelan	Orkney Islands Council ( <i>Chair</i> ) NHS Orkney ( <i>Vice Chair</i> ) Voluntary Action Orkney Scottish Fire and Rescue Service Skills Development Scotland VisitScotland SEPA NHS Orkney Highlands and Islands Enterprise Integration Joint Board Orkney Islands Council Orkney Islands Council Scottish Natural Heritage Scottish Ambulance Service Orkney College / UHI HITRANS Orkney Housing Association Limited Orkney Islands Council ( <i>Secretary</i> )
By invitation:	Gavin Barr Michael Harvey Jim Lyon	Orkney Islands Council Orkney Islands Council Orkney Islands Council
In attendance:	Andrew Kemp	The Orkney Partnership

## 1. Apologies

Edward Abbott-Halpin Michael Dickson Andy Fuller Alan Johnston John W Mundell Garry Reid Sally Shaw  Matt Webb	Orkney College / UHI NHS Orkney Scottish Ambulance Service Scottish Government Orkney Islands Council Scottish Sports Council Integration Joint Board and Orkney Community Justice Partnership Police Scotland
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## 2. Draft minute of the meeting of the Board on 10 June 2020

*The minutes were agreed.*

## 3. Matters arising

- 3.1. Graham Neville updated the Board on the climate emergency working group. After their recent meeting it was highlighted that the climate emergency was

now well embedded in green recovery from Covid-19 and that there was synergy between their expected recommendations and the environmental and economic recovery. They will be reporting back to the next Board meeting in October.

**Action: GN**

- 3.2. 4.2 under matters arising from previous minutes – noted that the action to write to Maree Todd MSP regarding childcare provision needed to be followed up.

**Action: AFW**

- 3.3. Also under 4.2 0 there was a query from previous discussions as to whether the NHS could assist on a capital front as opposed to revenue.

**Action: JS/DD**

- 3.4. 6.12 under matters arising from previous minutes – It was queried if the Child Poverty Short Life Working Group had now been setup and confirmed that this had been done at the last meeting of the Living Well Delivery Group on 22 July. The workstream was being led by James Wylie.

**Action: AK/AFW**

#### **4. Living Well Delivery Group – Appointment of Chair**

- 4.1. The Chair requested proposals for the appointment. Gail Andersen nominated Craig Spence and Rachael King seconded.
- 4.2. There being no further nominations, Craig agreed to take on the role and was duly appointed.

#### **5. Stromness Place Plan**

- 5.1. Michael Harvey presented a short presentation and highlighted the following:
- Community engagement had been carried out in March 2019.
  - A community led vision was established, resulting in a Local Place Plan.
  - The plan had been endorsed by the Council in February 2020.
  - It was hope that the partnership delivery groups would have an important coordinating role in many of the projects.
  - Recovery would need to be considered as part of the plan and it was recommended that the recovery groups also considered the plan.
  - It was also recommended that the Kirkwall Place Plan should have the same level of assistance from the partnership.
- 5.2. Following questions, it was noted that:
- The various projects had different priorities, and some had already moved forward without assistance.
  - Some will be easier to deliver than others.
  - It was confirmed that to be Dementia-friendly should be a consideration for these projects and that the delivery groups could offer this expertise.

- Further engagement would be required with community and recovery groups to help communicate and reassess the projects.
  - The plan was aspirational and ambitious, and this should be seen as positive while acknowledging that it would not be possible to deliver everything.
  - Covid-19 had changed how people used their local space, as well as patterns of active travel, and this might lead to changes to the hierarchy and focus of the plan in the longer term.
- 5.3. It was agreed to endorse, as far as possible, the recommendations that the community planning partners continue to support the delivery of the Place plans.

## 6. Covid-19

### Community Recovery

- 6.1. Gavin Barr introduced the attached paper and updated the Board on progress of the recovery structure. It was highlighted that:
- Following the previous Board meeting the Chairs of the delivery groups and recovery groups had met and discussed the recovery structure resulting in this paper.
  - The Living Well Delivery Group and Care For People recovery groups had decided not to combine meetings at this time as they had less common ground at present than the other pairs of groups.
  - The Economic Recovery Steering Group had been formed and recently met for the first time.
  - Gavin now planned to re-form the BERRG to sit alongside the ERSG and ensure it coordinated with longstanding work of the VEDG.
  - The groups will continue to report back regularly to the Board.
- 6.2. Following a question about publicity for the ERSG it was confirmed that initially it would be shared with sector groups but that wider communication will need to be considered.
- 6.3. The paper was supported by the Board.

### Skills Impact and Response

- 6.4. Seonag Campbell presented the findings from Skills Development Scotland's recent review of skills planning. The highlights were:
- An Islands Charter had been previously discussed and the benefits noted.
  - The current skills structure and activity in Orkney had been reviewed along with the issues that had been identified.
  - Figures for the impact of Covid-19 was shared along with the key activities that were already taking place.

- 6.5. Seonag proposed that an education and skills partnership group could support recovery planning and that a Charter should be developed to maximise investment in skills.
- 6.6. Following questions the importance of simplifying and avoiding duplication was acknowledged. It was clarified that the new group would be formed from the current skills and employability strategic group, with a renewed remit and focus.
- 6.7. Further discussion took place regarding data and ensuring that the isles are considered individually when looking at skills. It was highlighted that there had already been some good progress with complete pathways from education to required skills in certain sectors.
- 6.8. The proposal that a charter be created refined around skills, knowledge and response was accepted by the Board.

## **7. Islands Deal**

- 7.1. The Chair introduced the item with an acknowledgement of the deal that had been recently publicised. He thanked all partners and other organisations for the effort that had been put in so far.
- 7.2. Gavin Barr explained the report and the steps that had been taken and will be taken in the future. He highlighted the following:
  - The outline business case development phase will take place over the coming months, aiming to reach Heads of Terms by the end of the year.
  - There will be further clarity on where allocation of funds will be as we move into next year.
  - Important to note that not all projects are council led and are very much multi-agency.
- 7.3. He went on to share some of the projects with the group and the climate focused projects were particularly welcomed by members. Some of the challenges were also discussed, not least finding resources in the short term for the business cases.

## **8. Services for Children and Young People - Improvement Plan**

- 8.1. Jim Lyon introduced the report and noted that the plan itself had not been circulated at this time as there were significant changes still to be made to it. He highlighted the following:
  - The plan had been driven by a small number of people and delayed by vacancies in key roles.
  - He had met with key agencies and service leads to ensure that all involved would “own” the actions and contribute to them.
  - The plan was being amended to streamline activity, focus on improvement and review timelines for achievement.
  - There was an urgent need for multi-agency interim child and adult protection guidelines which had been produced.

- Once the plans are in place there would be a need for a multi-agency self-evaluation framework.
- 8.2. It was acknowledged that there was limited capacity and infrastructure in Orkney. The challenges were the same as elsewhere, but on a different scale, with the added complication of the isles. Orkney could benefit from benchmarking against and learning from others, and most importantly by giving staff the support they needed.

## 9. Good Parenting Plan

- 9.1. Jim Lyon introduced the plan and noted that it had been approved by the council before being submitted to the Board. He acknowledged that there was still further work to do on the plan going forward.
- 9.2. A number of queries were raised including:
- Re: Section 5.3.3 - Whether there was suitable funding in place and an acknowledgment that cost savings also needed to be found.
  - Re: Improved access to sport and leisure facilities performance measures – Whether young people were actively making use of Young Scot and ActiveLife cards.
  - Re: Section 5.3.4 – It was understood that corporate parenting responsibility went up to age 26 but every local authority in Scotland had been underfunded to support this. Foster parents had no obligation to carry on but advice and support was still provided.
  - It was queried whether the roles of all the agencies and specialist officers involved had been suitably reflected in the plan. NHSO in particular would have liked to have seen a more collective approach to its drafting rather than being presented with a fait accompli. It was also felt that the introduction should better reflect the collective responsibilities of the Orkney Partnership.
- 9.3. Jim welcomed the feedback and highlighted the importance of using the correct language and involving young people in the development of any plans going forward.
- 9.4. There was further discussion around resources and responsibilities but also noted that there was some urgency to get an agreement so that work could proceed. Jim explained that the document inevitably had a local authority slant due to the Council's statutory duties with regard to child protection. He would be happy to make it more of a partnership plan but there was an urgent need to approve it so the work could be progressed without delay.
- 9.5. It was proposed that the plan be approved as a working document subject to the following amendments, and that the revised document should be circulated following the meeting:
- The roles of the child health commissioner and public protection nurse be added.
  - The Vice Chair of the partnership be added at the front as the NHS Orkney representative.

- Add a note that future commitments were 'dependant on funding' to ensure that expectations were not raised unrealistically.

9.6. This proposal was agreed by the Board.

## **10. Single Authority Model**

10.1. Gilliam Morrison introduced the update and highlighted the following:

- 2.4 – In March a draft submission to the Scottish Government's Local Governance Review was considered by the Board
- 4.3 – All members of the Board were supportive of the proposal apart from NHS Orkney who had expressed some concerns.
- The Local Governance Review had not been progressed due to redeployment of Scottish Government staff to work on Covid-19 response and recovery.

10.2. The Chair shared the background with members along with the current Scottish government position.

10.3. It was noted that HIE were not represented at the March meeting where a discussion on the Single Authority Model had taken place.

10.4. Following some discussion, it was agreed to park the SAM for the moment but continue to look at ways that the Partnership could do things differently. There was scope to learn from the joint working that had been happening most effectively during the pandemic.

## **11. Any other business**

11.1. None raised.

## **12. Date of next meeting**

12.1. 8th October 2020 at 14.00 (*post meeting note: date subsequently changed to 6 November 2020 at 14.00*).

The meeting closed at 17.00

AFW/AK  
140920

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All NHSScotland Health Board:  
Chairs  
Chief Executives

Copied to:  
HR Directors  
Employee Directors  
Chief Officer – HSCPs

16 November 2020

Dear Colleagues,

## **EVERYONE MATTERS PULSE SURVEY NATIONAL REPORT 2020**

The Everyone Matters Pulse Survey closed on 23 September 2020 and to date you will have received the Part A quantitative report for your Board and Directorates.

The National Report will incorporate national themes on this quantitative data but will be enhanced by the analysis of the open, qualitative data and inclusion of staff groupings and demographics. Due to the wealth and volume of information received by staff in the qualitative questions, our external analyst requires some further time to complete the full analysis.

We will no longer be publishing the National Report on 20<sup>th</sup> November. We are instead working towards publication in early December. We will share an embargoed copy with you on the day prior to publication and will update you as soon as we have a firm publication date.

I would like to thank you in advance for your continued co-operation with this work.

Yours sincerely

Victoria Bowman  
Deputy Director of Health Workforce Pay, Practice and Engagement

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## NHS ORKNEY BOARD

### Timetable for Submitting Agenda Items and Papers – 2020/2021

<b>Initial Agenda Planning Meeting<sup>1</sup></b> with Chair, Chief Executive and Corporate Services Manager <sup>2</sup> <b>12 noon</b> <i>&lt; 1 week after previous meeting &gt;</i>	<b>Final Agenda Planning Meeting</b> with Chair, Chief Executive and Corporate Services Manager <b>12 noon</b> <i>&lt;4 weeks before Date of Meeting&gt;</i>	<b>Papers in final form<sup>3</sup></b> to be with Board Secretariat by <b>1700 hrs on</b> <i>&lt; 2 weeks before Date of Meeting &gt;</i>	<b>Agenda &amp; Papers</b> to be issued no later than <b>1600 hrs on</b> <i>&lt;1 week before Date of Meeting&gt;</i>	<b>Date of Meeting</b> held via MS Teams (unless otherwise notified) at <b>10:00 am</b>
5 March 2020	26 March 2020	9 April 2020	16 April 2020	<b>23 April 2020</b>
30 April 2020	28 May 2020	11 June 2020	18 June 2020	<b>25 June 2020</b> <b>(Annual Accounts)</b>
2 July 2020	30 July 2020	13 August 2020	20 August 2020	<b>27 August 2020</b>
3 September 2020	24 September 2020	8 October 2020	15 October 2020	<b>22 October 2020</b>
29 October 2020	19 November 2020	3 December 2020	10 December 2020	<b>17 December 2020</b>
7 January 2021	28 January 2021	11 February 2021	18 February 2021	<b>25 February 2021</b>

Chair: Meghan McEwen  
 Vice Chair: David Drever  
 Lead Officer: Michael Dickson

Corporate Services Manager: Emma West

<sup>1</sup> draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> draft agenda, minute and action log issued to Directors following meeting

<sup>3</sup> Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

## NHS ORKNEY BOARD

### Timetable for Submitting Agenda Items and Papers 2021/22

Initial Agenda Planning Meeting <sup>1</sup>	Final Agenda Planning Meeting	Papers in final form <sup>2</sup>	Agenda & Papers	Date of Meeting held virtually via MS Teams (unless otherwise notified) at
with Chair, Chief Executive and Corporate Services Manager <sup>3</sup> <b>12:00 noon</b> on < 1 week after previous meeting >	with Chair, Chief Executive and Corporate Services Manager <b>12:00 noon</b> on < 4 weeks before Date of Meeting >	to be with Corporate Services Manager by <b>17:00</b> on < 2 weeks before Date of Meeting >	to be issued no later than <b>16:00</b> on < 1 week before Date of Meeting >	<b>10:00</b> on
4 March 2021	25 March 2021	8 April 2021	15 April 2021	<b>22 April 2021</b>
30 April 2020	27 May 2021	10 June 2021	17 June 2021	<b>24 June 2021 (Annual Accounts)</b>
1 July 2021	29 July 2021	12 August 2021	19 August 2021	<b>26 August 2021</b>
2 September 2021	23 September 2021	7 October 2021	14 October 2021	<b>21 October 2021</b>
28 October 2021	18 November 2021	2 December 2021	9 December 2021	<b>16 December 2021</b>
6 January 2022	27 January 2022	10 February 2022	17 February 2022	<b>24 February 2022</b>

Chair: Meghan McEwen  
Vice Chair: David Drever  
Lead Officer: Michael Dickson  
Corporate Services Manager: Emma West

<sup>1</sup> draft minute of previous meeting, action log and business programme to be available

<sup>2</sup> Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

<sup>3</sup> draft agenda, minute and action log issued to Directors following meeting

## 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
<b>Members:</b>								
	<b>Non-Executive Board Members:</b>							
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
	<b>Executive Board Members:</b>							
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
	<b>In Attendance:</b>							
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

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

Name:	Position:	27 August 2020	22 October 2020	17 December 2020	25 February 2020			
<b>Members:</b>								
	<b>Non-Executive Board Members:</b>							
M McEwen	Chair	Attending	Attending					
D Drever	Vice Chair	Attending	Attending					
D Campbell	Non Executive Board member	Attending	Attending					
C Evans	Non Executive Board member	Attending	Attending					
I Grieve	Non Executive Board member	Attending	Attending					
S Johnston	Area Clinical Forum Chair	Attending	Attending					
F MacKellar	Employee Director	Attending	Attending					
J Stockan	Non Executive Board member	Attending	Attending					
J Taylor	Non Executive Board member	Attending	Apologies					
	<b>Executive Board Members:</b>							
M Dickson	Interim Chief Executive	Attending	Attending					
M Doyle	Director of Finance	Attending	Attending					
D McArthur	Director of Nursing, Midwifery, AHP and Acute Services	Attending	K Wilson Deputised					
M Roos	Medical Director	Attending	Attending					
L Wilson	Director of Public Health	Attending	Attending					
	<b>In Attendance:</b>							
G Morrison	Interim Chief Officer – IJB (from 31.08.20)							
E West	Corporate Services Manager	Attending	Apologies					

<b>Attending</b>								
C Bichan	Chief Quality Officer	Attending	Attending					
G Pendlebury	Senior Corporate Services Officer		Attending					