

NHS Orkney Board

25 February 2021

Purpose of Meeting

NHS Orkney Board's ***purpose*** is simple, as a Board we aim to **optimise health, care and cost**

Our ***vision*** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

- Improve the delivery of safe, effective patient centred care and our services;
- Optimise the health gain for the population through the best use of resources;
- Pioneer innovative ways of working to meet local health needs and reduce inequalities;
- Create an environment of service excellence and continuous improvement; and
- Be trusted at every level of engagement.

Quorum:

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member

Orkney NHS Board

There will be a virtual meeting of **Orkney NHS Board** on **Thursday 25 February 2021** at **10:00 a.m.**

Meghan McEwen
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 17 December 2020	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	Governance			
6.1	NHS Orkney Annual Review letter	Chair	OHB2021-85	To <u>note</u> the letter
6.2	Board Governance Arrangement during COVID-19 pandemic	Chair	OHB2021-86	To <u>note</u> the letter to NHS Chairs

Item	Topic	Lead Person	Paper Number	Purpose
6.3	National Trauma Training Programme Leadership Pledge of Support	Chair	OHB2021-87	To <u>agree</u> the actions and support the pledge
7	Strategy			
	<i>No agenda items this meeting</i>			
8	Clinical Quality and Safety			
8.1	Infection Prevention and Control Report	Director of Nursing, Midwifery, AHP and Acute Services	OHB2021-88	To <u>review</u> and <u>seek assurance</u> on performance
8.2	NHS Orkney Covid-19 Vaccination Programme	Director of Public Health	OHB2021-89	To <u>update</u> of the progress of the implementation and delivery of the NHS Orkney Covid-19 Vaccination Programme
8.3	Clinical and Care Governance Committee Chairs report and minute from meeting held on 27 October 2020	Clinical and Care Governance Committee Chair	OHB2021-90	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.4	Area Clinical Forum Chairs report and minute from meeting held on 4 December 2020	Area Clinical Forum Chair	OHB2021-91	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
9	Workforce			
9.1	Staff Governance Committee Chairs report	Staff Governance Committee Chair	Verbal	To <u>seek assurance</u> from the update
10	Organisational Performance			
10.1	Financial Management	Director of Finance	OHB2021-92	To <u>review</u> the in year financial position and <u>note</u>

Item	Topic	Lead Person	Paper Number	Purpose
	Performance Report			the year to date position
10.2	Performance Management Report	Head of Assurance and Improvement	OHB2021-93	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
10.3	Finance and Performance Committee Chair's Report and minute of meeting held on 26 November 2020	Finance and Performance Committee Chair	OHB2021-94	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Risk and Assurance			
11.1	Risk Management update	Interim Chief Executive	OHB2021-95	To provide <u>assurance</u> on progress in the implementation of a refreshed approach to risk management across NHS Orkney.
12	Any other competent business			
13	Items for Information			
13.1	Key Documentation Issued	Chair	OHB2021-96	To <u>receive</u> a list of key legislation issued since last Board meeting
13.2	Board Reporting Schedule 2021/22			To <u>note</u> the timetables
13.3	Record of Attendance			To <u>note</u> attendance record
13.4	Evaluation	Reflection on meeting – led by Chair		

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 17 December 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
James Stockan, Non Executive Board Member
Jason Taylor, Non Executive Board Member
Louise Wilson, Director of Public Health

In Attendance

Christina Bichan, Chief Quality Officer
Lorraine Hall, Interim Director of HR
Gillian Morrison, Interim Chief Operating Officer
Emma West, Corporate Services Manager (minute taker)
Kim Wilson, Deputy Director of Nursing

862 **Apologies**

Apologies were noted from D McArthur and M Roos.

863 **Declarations of interests**

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

864 **Minute of previous meeting held on 22 October 2020**

The minute of the meeting held on 22 October 2020 was accepted as an accurate record of the meeting, subject to the below amendments, and was approved.

- Gillian Morrison to be added to in attendance
- Page 7, 1st paragraph – amend 'PARAS' to 'PARIS'

865 **Matters Arising**

687 – Neuro-Developmental Pathways

Members were advised that positive progress was being made to move the pathway forward. There were still concerns around capacity, but funding had been made available for a Speech and Language Therapist and an Educational Psychologist was being considered. A report would be provided to the Clinical and Care Governance Committee in January 2021.

866 **Board Action Log**

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

Governance

867 Code of Corporate Governance – OHB2021-70

The Corporate Services Manager introduced the Code of Corporate Governance advising that this was reviewed and updated annually but had been delayed in 2020 due to the Covid pandemic. The updated version had been presented to the Audit and Risk Committee on the 1 December with a recommendation of Board approval. Members made the following comments:

- The title of D McArthur to be changed to Director of Nursing, Midwifery and AHPs rather than Director of Acute Services
- The implementation of the national whistleblowing standards would be incorporated in the next iteration.
- Meetings of the Patient Reference Group had been paused but were now re-established with a focus on future purpose and outcomes.

D Drever welcomed the work to update the document and the clear focus on governance that this provided. He noted the importance of all staff being aware of the parts relevant to them and the emphasis around this.

Decision / Conclusion

The Board approved the Code of Corporate Governance as recommended by the Audit Committee.

868 Access Policy – OHB2021-71

The Head of Assurance and Improvement presented the policy for approval advising that the Access Policy has been reviewed and updated to ensure it reflected national policy in this area. Consultation with key groups had been completed and the appropriate changes made following this. It was acknowledged that policy would usually be approved at Governance Committee level but there was a specific requirement for Board approval in this instance.

D Campbell questioned how the positive aspects of patient feedback were recorded; he was advised this was recorded by the Patient Experience Officer and reported through the Clinical and Care Governance Committee, it was acknowledged that further work was required around capturing positive feedback received verbally by staff.

S Johnston noted that the policy had been provided to the Area Clinical Forum for review and the forum had welcomed the feedback on comments submitted.

J Taylor questioned if the content had been driven by national requirements as it was a very weighty document and he had concerns around the reasons that a patient could be declined treatment. The Head of Assurance and Improvement clarified that there was a need to provide feedback for any referral that was not accepted, all reasons for this would be clinical, such as a lack of clinical information to make a judgment on care and these were rare occurrences.

The Employee Director noted that this had also been presented to the Area Partnership Forum for review and comment and questioned how the approved policy would be cascaded throughout the organisation. Members were advised that a summary document would be produced and aligned with the Treatment Times Guarantee, there would also be communication on a team by team basis where this was required.

The Chair noted that there was a missing link regarding communication back to GPs as original referrers and questioned if this could be addressed. She was advised that average waiting time information was now provided to GPs and reported through the GP subcommittee, this had helped with the management of patient expectations.

Decision / Conclusion

The Board approved the updated access policy and gave thanks to the team for this piece of work.

869 The Orkney Partnership Annual Report – OHB2021-72

The Chair presented the report advising that the Plan complimented the statutory Local Outcomes Improvement Plan which sets out the Partnership's strategic priorities, each of which was assigned to a dedicated delivery group. There were three delivery groups, and the annual report provides an update on the work of these groups in progressing strategic priorities. The Board currently had three short life working groups child poverty, the climate emergency, and Orkney's economic recovery from the pandemic.

I Grieve questioned how the focus of the delivery groups was agreed and was advised that this was reviewed regularly to identify areas that partnerships could work together to bring greater benefit. Members were advised that a development day would be held in early 2021.

J Taylor noted that there were excellent opportunities for young people to enter a career in health and social care and the need to ensure that NHS Orkney was fully engaged in this process. The Employee Director advised that Modern Apprentices were used throughout the organisation with good uptake and positive feedback.

D Drever noted that ways to better engage as a Board in partnership working should be considered, specifically further contribution in terms of governance.

The Director of Public Health agreed that consideration could be given to improving engagement, adding that the approach needed to focus across all the workstreams with partners considering the opportunities created within the community and the sustainability of these broader issues.

The Chair noted her concern that child poverty sat outside of the workstreams as a separate issue, given the vulnerabilities within the system she asked that this and family poverty become more centrally focused within services. She noted that there had not been an increase in unemployment locally due to the pandemic, but underemployment was an issue and incomes for some families had dropped considerably.

Decision / Conclusion

The Board approved the plan. Consideration to how engagement could be improved going forward would be discussed at the development session in 2021.

Strategy

870 Public Health Annual Report 2019/20 – OHB2021-73

The Director of Public Health presented the report for the Board to review and consider the range of actions it could take to improve health and reduce inequalities whilst tackling the Covid-19 pandemic. Members were advised that the report was usually an

opportunity to showcase the work of public health, however in 2020 the importance of public health in society was very well recognised and thanks were given to teams, locally and nationally for their work and sharing learning and experiences of Covid-19, especially in a remote and island setting.

The Covid-19 pandemic had impacted on activity over the 2019/20 period and resulted in the delay of publication of some of the data that would normally be presented in the annual report. As well as the direct impact of COVID-19 ill-health the Board could anticipate a longer period of impact due to indirect effects on health care usage and broader societal and economic factors.

The report was structured around Public Health priorities to emphasise their importance for multiagency settings. Issues relating to healthy weight remained a major public health concern. The smoking cessation target had increased in 2019-2020 and had not been met which had led to review of the approach for 2020-21; although this has been significantly impacted on by COVID-19. Chronic pain work carried out locally had been presented at a European conference and well received.

The role of the community planning partnership was important in the multiagency delivery of public health. So many aspects of our health are determined by factors out with of the NHS.

Maintaining a focus on vaccination and screening performance was important as these were key preventative activities. Performance in these areas was generally good, often exceeding the Scottish performance. The national detect cancer early data was not available at the time of writing due to delayed publication of the national data. There had been a range of Health protection queries and cases, with anti-microbial resistance becoming a major issue across the world.

The Chair welcomed the report and acknowledged the work and pressure on the Public Health Department in dealing with the pandemic noting the need to ensure capacity and resources to deal with this along with the broader issues.

J Taylor questioned the numbers for infection of measles and whooping cough when vaccinations were given for these illnesses. The Director of Public Health advised that this could be due to age as immunity could wane in adults in later life, there were also some underlying diseases which affected a person's response to a vaccination along with a cohort of children and young adults that had not taken the routine MMR vaccination.

The Interim Director of Human Resources noted the need for leadership through supportive conversations with regards to healthy weight and physically active, she questioned if the Board was doing all that it could in this area. The Director of Public Health agreed that there was always more that could be done, work was being completed through the living well group with an emphasis that physical activity didn't need to be focused on sport and structured exercise but more about building activity into everyday living and making healthier lifestyle choices. The fit-2 group also had a part to play in the health and wellbeing of staff.

The Director of Finance sought further information on the childhood obesity work being carried out in the North of Scotland (NOS) and was advised that this was work planned through the NOS Planning Group to consider how Boards were dealing with childhood obesity, a gap analysis would be completed in January 2021 to review this across Boards and take a shared learning approach. The Chair questioned whether this work would consider geographic access and was advised that it would however there was an

issue across Orkney and the team were working with schools to promote healthy eating and limiting unhealthy rewards.

D Drever noted the important contribution this work made to the overall community, he sought further information around the mental wellbeing and mental health data with a suggestion that comparisons could be made against national data or a further breakdown of the information provided. The Director of Public noted that some of the measures of population health and wellbeing were difficult to capture and the Scottish Health Survey was used to consider the more general measures of health and wellbeing within the community. Inequalities in mental health were magnified due to Covid-19 and the impact on individuals; brief interventions were being offered electronically for staff and the general community and through the care for people group looking to promote existing support agencies.

S Johnston gave thanks to the Director of Public Health and the Team for a very interesting report and the excellent work completed, he noted the positive information around Breast feeding, Dental and vaccination uptakes. Antibiotic resistance was a growing concern which had escalated with remote prescribing through the Covid pandemic.

Members questioned if the pausing of screening programmes could be lifted if Covid cases remained low locally but were advised that that Screening programmes were agreed nationally which brought equity across Scotland, some programmes had continued and some were being delivered with the help of NHS Grampian; the Board would continue to follow national guidance in this area.

Financial brief interventions were taking place where required with staff having the confidence to routinely signpost people to the services and help available.

I Grieve questioned how the Public Health Annual report would be shared wider within the community and was advised that it would be published on the NHS Orkney Website, members agreed that consideration could be given to promoting this work further.

The Employee Director welcomed the learning opportunities that the report provided, she noted the positive work around breastfeeding and suggested that this could be strengthened by local businesses considering flexible working for mums returning to work and the promotion of Breast feeding within the workplace. She also welcomed the multidisciplinary approach to Chronic Pain and recommendations to strengthen this service.

Decision / Conclusion

The Board reviewed the content of the report and considered the range of actions it could take to improve health and reduce inequalities whilst tackling the COVID-19. The Board gave thanks to the Director of Public Health and the Team for the informative and useful document and the volume and breadth of work completed.

871 Winter Plan – OHB2021-74

The Head of Assurance and Improvement presented the report seeking Board approval of the final version of the Winter Plan.

Members were advised that NHS Orkney, in common with other Boards, was expected to prepare a Winter Plan, in partnership based on national guidance and from lessons learned the previous year. The Winter Plan aimed to create a set of conditions which

improve resilience by building capability to absorb, respond and recover from disruptive challenges.

Winter disruptions could 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. Given the ongoing emergency footing and the Covid-19 pandemic planning for this winter where there was a high likelihood of concurrent events was critical in ensuring services were best placed to meet the demands likely to be placed on them.

The Plan would be also presented to the next meeting of the Integration Joint Board for approval.

J Taylor questioned the investment priorities for winter funding as £36k remained unallocated. The Head of Assurance and Improvement noted that this was a standing allocation and had been used in previous years for specific initiatives along with bolstering provision and allowing for a proactive response. This would be taken to the Senior Management Team around allocation of resources to meet the demands placed on services.

The Director of Finance suggested that some of the costs to be met by this allocation had already occurred, he also questioned the provision of Occupational Health services as this was still stated as being provided by NHS Grampian.

The Head of Assurance and Improvement agreed that the allocation could be used to cover costs incurred and this would be part of the process, the Occupation Health information was an error and would be rectified in the paper going forward.

The Director of Finance highlighted Brexit and reference to Boards having issues getting supply from national procurement. Members were advised that the Resilience Officer attended Scottish Government sessions to ensure the Board was up to date with assumptions and preparedness around Brexit.

The Interim Chief Executive added that the NHS in Scotland had completed a huge amount of work in preparation for Brexit and were not expecting any disruptions in medication or supply. There would be long term consequences, but assurance was provided that preparations had been made that would keep everyone safe.

S Johnston noted the enormous effort staff had already put in through the pandemic and winter added to this, he questioned if Director level aspects had been appropriately allocated and also questioned progress with the unscheduled care work which had been piloted in Ayrshire and Aran and rolled out across Scotland.

The Interim Chief Executive noted that the unscheduled care work was different for island communities and arrangements were in place in a local context to enable the population to access the right care in the right place. With reference to allocation at Directorate level it was acknowledged that there were currently key absences within the Executive team; Louise Wilson, had taken on Medical Director status in the Interim and Kim Wilson was Acting Director of Nursing, assurance was provided that there was capacity to deliver and operational issues were assigned to Heads of Department to progress.

The Employee Director noted that the winter season caused potential of staff absence due to weather related issues and suggested that this would be a pertinent time to circulate the adverse weather guidance to all staff.

The Chair noted the number of staff currently working from home should reduce weather related travel but acknowledged that other issues like loss of Wi-Fi could be an issue. The Interim Chief Executive stated that the default position was for all staff to work from home if they were able and that this had not changed. If staff were unable to work from home and unable to come into their place of work this should be raised directly with their line manager.

The Chair noted the figures for families living in fuel poverty and suggested that clarity was required around the data which was reported differently in different formats.

Decision / Conclusion

The Board approved the Winter Plan.

Clinical Quality and Safety

872 Infection Prevention and Control Report – OHB2021-75

The Deputy Director of Nursing presented the report highlighting the key points as detailed in the paper.

The Board gave thanks to the Infection Control Team for their ongoing work throughout the Covid period and the outperform against standards which was commendable.

Decision / Conclusion

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

873 Expanded Covid-19 Testing Programme – verbal

The Interim Chief Executive advised that progress with testing had moved incredibly quickly, following the letter to all Chief Executives from the Scottish Government on the 27 November 2020. This included the expansion of routine testing in a number of areas, including all emergency and planned admissions to hospital and routine testing of patient facing healthcare workers.

The Balfour laboratory was supportive in taking this forward and in the process of rolling out twice weekly lateral flow testing, to continue to expand the work already taking place.

Members were advised that additional costs would be coded to the Scottish Government Covid budget but that the Board did not have assurance that all Covid related costs would be covered.

Decision / Conclusion

The Board noted the verbal update provided around the expansion of the testing programme.

874 Vaccination Programmes – verbal

The Interim Chief Executive advised the first vaccinations had arrived in Orkney, there were challenges as the vaccine required to be stored at minus 70 degrees. The vaccines arrived as 975 doses, which were further broken down into 5 doses vials; 350 people had been administered the vaccine, with a requirement to hold back enough doses to give the second vaccination. Priority had been given to those in care homes and health and social care staff, the vaccine could be transported by ferry but not by air and this would cause logistical challenges. Thanks were given to the Head of Primary Care and her Team in progressing this work at significant pace.

D Drever gave thanks from the Board to all those who had been involved in the vaccination programme, he questioned the capacity to administer the vaccine once further supplies arrived and the communication around this.

The Interim Chief Executive advised that the Board were in a position to increase the vaccination programme when further supplies were available, the Flu vaccination programme had been an excellent trial run for this and the volunteers that continued to help with marshalling were much appreciated. There would be programmed activity in the first half of 2021 with full communication issued around this as the priority groups were eligible to be vaccinated.

I Grieve questioned when further supplies would be received and was advised that this was not yet know.

J Taylor questioned if clinicians and health care workers would be required to provide proof of vaccination. The Interim Chief Executive advised that there were no plans for this and if needed would be introduced at Scottish Government level. Staff were always expected to wear appropriate PPE and follow current protective measures such as social distancing, hand hygiene and seeking a test if symptomatic.

S Johnston welcomed this excellent news and noted that there was a need to dispel the myths around the vaccination to promote uptake. This could be through correspondence to staff and wider public message to promote the vaccination as safe. Members were advised that the media had been very supportive, there was a need to balance the message that the vaccination was safe with the fact that there was no mandate to be vaccinated and this would be acknowledged.

J Stockan questioned the timelines for receiving the vaccination and stressed the importance locally for tourism and the economy.

The Employee Director stressed that the vaccination would not be mandatory, staff would have a choice in whether they received the vaccination, conversations would be held at the Area Partnership Forum to understand and address any barriers in a supportive manner.

Decision / Conclusion

The Board noted the verbal update and gave thanks to all involved in the vaccination programme.

875 Clinical and Care Governance Committee Chairs report and minute from meeting held on 14 July 2020 – OHB2021-76

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report advising that the committee had met on the 27 October 2020 and agreed to highlight to the Board the issues of cessation of flights to Inverness and Glasgow which had an

impact on patient travel. The Chief Executive noted that this was part of a wider issue around how patient travel was managed to ensure those needing access were treated.

The Mental Health Strategy was considered by the Committee and subsequently approved by the Integration Joint Board on the 29 October 2020, The Interim Chief Officer would convene a steering group to take forward the activity required to meet the strategy outcomes and service aspirations.

Decision / Conclusion

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

876 Area Clinical Forum Chairs report and note from Development Session held on 1 December 2020 – OHB2021-77

Steven Johnston, Chair of the Area Clinical Forum presented the report for information and assurance. He noted that the Forum had held a development session focused on the new Kirkwall Care home on 1 December 2020. A summary had been included in the papers showing the themes from these discussions, thanks were given to the Committee support for the fast turnaround of this work to help inform discussion.

The Interim Chief Officer thanked S Johnston and the Area Clinical Forum for facilitating the event and the speed with which the outcomes were made available to advise the Integration Joint Board. It had been made clear that there was a wealth of knowledge and it was planned to work further with a stakeholder group to inform developments going forward. The Care Home model had been approved at the meeting of the IJB and would form part of the Orkney Island Council capital programme.

Members were advised that the Area Clinical Forum had formally met on 4 December and had two points that they wished to raise verbally to the Board due to the timescales. The first was around Electronic Patient Records and the delay between records being written, scanned and appearing in an electronic format. The second issue was around the safe staffing act and workstreams to strengthen the advisory committees.

Decision / Conclusion

The Board noted the update provided.

Workforce

877 Staff Governance Committee Chairs Report and minute of meeting held on 18 September 2020 – OHB2021-78

C Evans, Chair of the Staff Governance Committee presented the report advising of the key issues that were discussed at the meeting of the Staff Governance Committee on the 25 November 2020:

- The Committee had welcomed Lorraine Hall to the meeting in her new role as Interim Director of Human Resources
- The Committee were provided with an update on Statutory and Mandatory training as uptake was below requirement and this was an ongoing issue, work had been prioritised to address this with a further review to be conducted in 3 months.
- Workforce reporting was being reviewed to ensure that the data provided was

- providing the assurance the committee required.
- The Committee had received a paper from the Spiritual Care Lead providing assurance and information on the volume and need for the Spiritual Care Service, including staff wellbeing and support, during the Covid period. Members welcomed the comprehensive update and noted the requirement to build resilience in the service for both staff and patient support going forward.
- The Board noted the letter from the Cabinet Secretary for Health and Sport

Decision / Conclusion

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

Organisational Performance

878 Financial Management Performance Report – OHB2021-79

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 October 2020. Information was provided relating to resource limits, actual expenditure, and variance against plan. NHS were currently overspent by £7.065m, this was a favourable movement from the previous month; of the overspend £2.864m related to Covid-19 spend and £3.578m to unachieved savings attributable to the impact of Covid-19. Of the Covid-19 funding notified £1.970m was reflected in the month 7 position.

Yearend forecast continued to be based on a number of assumptions for the remainder of the year including a reduction in prescribing costs, increased activity in off island travel for appointments and the unlikelihood of the capital allocation being reinstated.

The main areas of overspend related to prescribing costs, Mental Health Services, Estates and Facilities, IT Services and Hospital Services. There were some offsetting underspends relating to external commissioning and travel costs.

The total anticipated Capital Resource Limit (CRL) for 2020/21 was £1.728m, made up of a recurring allocation of £0.978m and £0.750m of funding returned in 2019/20. It was anticipated that the Board would deliver against its Capital Resource Limit

The Chair raised concerns around the unachieved savings and requested that these were progressed at service level for 2021/22.

The Interim Chief Executive noted that although the Board were still dealing with a pandemic it was essential to move to a position of sustainable finances. Restraints needed to be implemented and the issue of high cost locums addressed in order to balance finances.

D Drever noted the overspend in prescribing that had been an issue for several years and required cultural change in tandem with progressing the realistic medicine agenda.

Decision / Conclusion

The Board noted the reported overspend of £7.065m to 31 October 2020 along with the yearend assumptions and outturn.

879 Performance Management Report – OHB2021-80

The Head of Assurance and Improvement presented the report updating on the following:

- Performance in the Emergency Department continued to be positive and in line with the 95% standard.
- Waiting times for elective services had been adversely affected in recent months however remobilisation was having a positive impact on waiting times and access improvements were being seen in many areas.
- There was a redesign of urgent care taking place that would result in reporting changes due to the scheduling of some emergency department appointments.

J Taylor sought further information around the cancer and mental health figures.

The Head of Assurance and Improvement advised that cancer reporting was sensitive due to the low numbers involved and was also very dependent on partnership arrangements with NHS Grampian which had been especially challenging during the Covid period, for each instance that the standards were not met the case was reviewed clinically and learning taken on any improvements that could be made. Mental Health information had stopped being reported at Health Board level due to the small numbers and the potential to adversely affect confidentiality.

Decision / Conclusion

The Board reviewed the report and took assurance from the information provided.

880 Chairs Report Finance and Performance Committee and minute of meeting held on the 24 September 2020

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

- The committee had reviewed the business cycle and addressed the items deferred in previous months
- The draft Annual Operational Plan had been reviewed
- Draft financial position and year end forecast had been reviewed in detail
- The Chair had met with the Interim Director of Human Resources to consider the aspects of the workforce report that would be reported to the Committee going forward

Decision / Conclusion

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

Risk and Assurance

881 Chairs Report Audit and Risk Committee and minute of meeting held on the 1 September 2020

D Drever, Chair of the Audit and Risk Committee, presented the report, highlighting there had been an independent review of NHS Orkney's Information Governance Approach and Procedures, the key findings of the review were noted and learning was to be taken from this. Members considered the improvement models suggested and agreed that working with other similar Boards to develop a staffing compliment. The Director of Finance was progressing this work and improvements would be reported

through the committee.

Decision / Conclusion

The Board noted the update provided, the improvement model recommended and adopted the approved minutes.

882 **Any other competent business**

No other competent business was raised.

Items for noting

883 **Key Legislation – OHB2021-83**

Members noted the key legislation issued.

884 **Third Sector Survey Report – OHB2021-84**

Members noted the survey results.

885 **Orkney Partnership Board – minute of meeting held on the 24 August 2020**

Members noted the minute from the meeting on the 24 August 2020.

886 **Everyone Matters – Pulse Survey national report 2020**

Members noted the correspondence that had been issued.

887 **Board Reporting timetables 2020/21 and 2021/22**

Members noted the dates of future meetings.

888 **Record of attendance**

Members noted the record of attendance.

889 **Evaluation – reflection on meeting**

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

890 **Public Forum**

It had not been appropriate to convene the meeting in public due to the preventative measures put in place across the country, including physical distancing. The Board papers had been published on website in line with current procedures.

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

- She noted that the Code of Corporate Governance contained information around press enquiries and questioned if disciplinary action would be taken against staff if they approached the press without authorisation from their line manager. The Interim Director of Human Resources advised that this would be

dependent on the content of the conversation and if the information was suitable for sharing in the public domain or should have been kept confidential. The NHS Once for Scotland policy around conduct would be referred to in these instances.

S Sutherland advised that a member of staff had recently been advised by their line manager not to share information with the press when this would have made an interesting and informative piece for the community. The Interim Chief Executive noted that it was important to recognise that the Board had worked extensively to enable access for the media and he had spoken openly and transparently. It was important to work with staff to discuss their experiences but there was also a need to safeguard confidentially.

- A request was made for a further meeting to look at the Public health aspect of the wider vaccination programme and the possibility of a FAQ as a media release.

NHS Orkney Board Action Log Updated 15 February 2021

Purpose: The purpose of the action log is to capture short term actions to enable NHS Orkney Board members to assure themselves that decisions have been implemented appropriately.

No	Action	Source	Target date	Owner	Status / update
01-2020/21	<u>Staff Health and Wellbeing Strategy</u> Refresh of Strategy to be approved by Board	Meeting 16 July 2020	October 2020 February 2021	Head of Corporate Services	Strategy delayed until early 2021 to allow output from both the Everyone Matters Pulse Survey and DHI Improvement piece as these are both excellent engagement opportunities and will allow a strategy that reflects the needs of the staff. <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. <u>25/02/2021</u> Moved to Staff Governance Action Log as substantial work required before being brought to the Board

No	Action	Source	Target date	Owner	Status / update
04-2020/21	<u>Corporate Risk Register</u> Reporting arrangements to Board	Board	February 2021	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

NHS Orkney Public Board – 25 February 2021

Report Number: OHB2021-85

This report is for information

Annual Review 2019/20 – Feedback letter

Lead Author	Meghan McEwen, Chair Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. Note the review letter including the look forward and conclusion.
Key Points	The letter summarises the main points discussed and actions arising from the Annual Review held virtually with the Chief Executive and the Chair on the 29 October 2020
Timing	The intention was for Ministers to conduct a full round of Annual Reviews during the summer of 2020. Whilst that has not proved possible due to the Covid-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, as such, Ministers held appropriate sessions with the Chair and Chief Executive of each Board via video conference.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.

T: 0300 244 4000
E: scottish.ministers@gov.scot

Meghan McEwen, Chair, NHS Orkney

Via email: Meghan.McEwen@nhs.net

16th December 2020

Dear Meghan,

NHS ORKNEY: 2019/20 ANNUAL REVIEW

1. Thank you for attending NHS Orkney's Annual Review with your Chief Executive on 29 October via video conference. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the Covid-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by Caroline Lamb, Director of Digital Reform and Service Engagement Planning.
3. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

Pre-Covid performance during 2019/20

4. On Elective Waiting Times the Board experienced capacity issues in various specialities due to consultant vacancies throughout 2019/20. We recognise that a reduction in clinical capacity from mainland Boards also contributed to these challenges.
5. In terms of cancer waiting times NHS Orkney met the 62-day standard once in the last five quarters, however it is recognised that performance is impacted by the small numbers involved. I was pleased to note that the 31-day standard has been met with 100% performance over the last five quarters. On mental health waiting times, the Board did not meet the standards for either Child and Adolescent Mental Health Services (CAMHS) or Psychological Therapies.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

Initial response to the pandemic from February/March to July 2020

6. You provided a helpful overview of the Board's initial response to the pandemic from late February. As has been noted, this required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Orkney. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions. We were pleased to note the Board's ongoing priority and focus on staff well-being: this must be maintained as an already fatigued workforce is faced with a very challenging winter.

Forward Look

7. Routine outpatient radiology services were suspended during the peak of the COVID-19 outbreak and, as a result, there is a significant backlog of routine referrals. The capacity to clear this backlog and resume normal, safe working practice has been impacted by the need to maintain appropriate physical distancing within radiology departments, PPE requirements and the need for additional infection prevention and control measures such as rigorous cleaning of imaging equipment and waiting areas. There are some concerns regarding Trauma and Orthopaedics, including the reliance on NHS Grampian's inpatient allocation at Golden Jubilee National Hospital, due to the complexities with travel and shielding. I note that NHS Orkney has developed various interventions to support recovery, for example the Board will participate in a Colon Capsular programme to support endoscopy services.

9. NHS Orkney performed consistently well in 2019/20 against the 4 hour A&E standard, with performance generally above 95%. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were scaled down following the initial lockdown, attendances at A&E have risen and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection control measures and streaming of patients. That said, whilst the number of presentations at A&E have risen, NHS Orkney's weekly performance has been consistently at or above 95%.

Finance

10. The Board reported a small surplus in 2019/20 (£0.059 million), which was in line with the Board's financial plans. Based on receiving funding to support additional costs as a result of COVID-19, you are continuing to work towards the delivery of financial balance in 2020/21.

Conclusion

11. We want to reiterate our thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unrelenting pressures during 2020/21.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



13. We know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible. We are nonetheless confident that NHS Orkney and its staff are well placed to continue to deliver for the benefit of local people.

Clare Haughey

Clare Haughey

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



INVESTORS
IN PEOPLE

Accredited
Until 2020



Not Protectively Marked

NHS Orkney Public Board – 25 February 2021

Report Number: OHB2021-86

This report is for information

Board Governance Arrangements during COVID-19 Pandemic

Lead Author	Meghan McEwen, Chair Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. Note the letter from Richard McCallum, Interim Director of Health Finance and Governance.
Key Points	<p>The letters set out the ask on Boards around their governance arrangements as they continue to manage the current Covid-19 outbreak and the importance of taking forward our local approach in an effective and secure manner.</p> <p>There is a need to ensure that any revised governance mechanisms will be both effective but proportionate to ensure the maximum focus on the response to the challenges we face.</p> <p>There is also continuing work around making Board meetings open and accessible to the public through MS teams.</p>
Timing	There are currently no amendments to the Governance arrangements of the Board, but this will be kept under review in response to the changing nature of the pandemic locally.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local

6.2

	<p>health needs and reduce inequalities;</p> <ul style="list-style-type: none">• Create an environment of service excellence and continuous improvement; and• Be trusted at every level of engagement.
--	---



T: 0131-244 3475
E: richard.mccallum@gov.scot

NHS Board Chairs
Copy to Board Secretaries

via email

18th November, 2020

Dear Colleagues

COVID-19 AND BOARD GOVERNANCE ARRANGEMENTS

Following the recent NHS Chairs meeting on 26 October, I thought it would be helpful if I set out our ask on Boards around their governance arrangements as we continue to manage the current Covid-19 outbreak.

As incidence of the virus continues to increase, I am mindful of the other operational pressures that we must also prepare for, particularly seasonal flu and the typical impact of winter weather. It remains the primary duty of all Boards to ensure an absolute focus on the response to the current situation and that they provide all necessary support to the Chief Executive and the executive team as they lead the health system's response to the pandemic.

As I set out in my letter to you in March, effective governance will need to be maintained throughout this unprecedented period and I know that you are all taking action in this regard. You should ensure that, for your Board, the revised governance mechanisms will be both effective but proportionate to ensure the maximum focus on our response to the challenges we face. You should ensure that your Board are fully sighted on the revised model that you will adopt and you should also ensure that they are clear on the particular role that they will play in that model. As before, for good governance reasons, the Chair should not make a unilateral decision on a model unless that is unavoidable.

All Boards will have differing challenges and areas that they will want to provide additional focus on. Patient safety remains paramount but you will wish to ensure that, building on the lessons from earlier this year, the model enables agile and effective decision making, places staff and their resilience at the centre and continues to build important links with the public and community at this time.



As always, you should ensure you develop your arrangements in line with the requirements in legislation and within existing Standing Orders. Where the new arrangements don't comply, it will be important to document the reasons behind this variation and confirm that the Board was aware of this when making the changes. I am also aware that your Board Secretaries have been continuing to work on making Board papers and business open and accessible to the public through MS Teams etc. It is important that you continue to take forward your local approach to this in an effective but secure manner, so that our communities can be assured around the work that all Boards are taking forward.

If you have any queries, these should be sent to OCENHS@gov.scot .

Yours sincerely



Richard McCallum
Interim Director of Health Finance and Governance

Not Protectively Marked

NHS Orkney Public Board – 25 February 2021

Report number: OHB2021-87

This report is for information

National Trauma Training Programme Leadership Pledge of Support

Lead Director	Gillian Morrison, Interim Chief Officer, Orkney Health and Care
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note that the Scottish Government has provided investment in a National Trauma Training Programme, led by NHS Education (NES) for Scotland, to support the shared ambition of a trauma-informed and trauma-responsive workforce across Scotland. 2. Note the Scottish Government has requested senior leaders from all sectors across Scotland, to provide a strong signal of leadership to our workforce, that delivery of trauma informed care and practice across all services and sectors is a public health priority by signing up to a public pledge of support. <p>It is recommended:</p> <ol style="list-style-type: none"> 3. That, NHS Board signs up to the Pledge of Support, attached as Appendix 1 to this report. 4. That, the actions, detailed in Appendix 2 to this report, be approved in order to demonstrate the Board's commitment to the Pledge.
Key Points	<p>These are the main high-level points:</p> <p>Senior leaders from all sectors across all Scotland are being asked to sign up to a public Pledge of Support, intended to provide a signal of leadership to the workforce that the delivery of trauma informed care and practice across all services and sectors is a public health priority. The Pledge will demonstrate a shared commitment to adopting and</p>

	<p>embedding a long term, trauma informed culture in Scotland to support anyone affected by psychological trauma.</p> <p>There are currently four key areas for action which are being taken forward in partnership with stakeholders across the country:</p> <ul style="list-style-type: none"> • Providing inter-generational support for parents, families and children to prevent ACEs. • Reducing the negative impact of ACEs for children and young people. • Developing adversity and trauma-informed workforce and services. • Increasing societal awareness of trauma and adversity and supporting action across communities. <p>The overarching vision for national and local Government and many other key partners is to develop a trauma informed and responsive nation and workforce, that:</p> <ul style="list-style-type: none"> • Is informed by people with lived experience. • Recognises the importance of wellbeing in the workforce. • Recognises where people are affected by trauma and adversity. • Responds in ways that prevent further harm. • Supports recovery. • Can address inequalities and improve life chances.
Timing	Ongoing.
Link to Corporate Objectives	<p>The corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Benefit to Patients	Will this be that it will benefit patients who have suffered trauma and improve their health and wellbeing in the long term.
Equality and Diversity	There are no equality implications directly arising from this report.

Not Protectively Marked

NHS Orkney Board – 25 February 2021

Subject National Trauma Training Programme Leadership Pledge of Support

Author Gillian Morrison, Interim Chief Officer, Orkney Health and Care.

Section 1 Purpose

1.1. To advise Members of the intent of the public Pledge of Support and to provide information to allow them to discuss and agree actions that will evidence their commitment to the Pledge of Support.

Section 2 Executive Summary

2.1. Senior leaders from across Scotland are being asked to sign up to a public Pledge of Support, intended to provide a signal of leadership to the workforce that the delivery of trauma informed care and practice across all services and sectors is a public health priority. The Pledge will demonstrate a shared commitment to adopting and embedding a long term, trauma informed culture in Scotland to support anyone affected by psychological trauma.

Section 3 Recommendations

3.1. That the Scottish Government has provided investment in a National Trauma Training Programme, led by NHS Education (NES) for Scotland, to support the shared ambition of a trauma-informed and trauma-responsive workforce across Scotland.

3.2. That the Scottish Government has requested senior leaders from all sectors across Scotland, to provide a strong signal of leadership to the workforce, that delivery of trauma informed care and practice across all services and sectors is a public health priority by signing up to a public pledge of support.

It is recommended:

3.3. That the Board signs up to the Pledge of Support, attached as Appendix 1 to this report.

3.4. That the actions, detailed in Appendix 2 to this report, be approved in order to demonstrate the Board's commitment to the Pledge of Support.

Section 4 Background

4.1. In 2018 and 2019, the Scottish Government's Programme for Government made a commitment to prevent adverse childhood experiences (ACEs) and support the resilience and recovery of all children and adults affected by trauma. This commitment is anchored in the long-standing national approach of Getting It Right for Every Child (GIRFEC).

4.2. There are currently four key areas for action which are being taken forward in partnership with stakeholders across the country:

- Providing inter-generational support for parents, families and children to prevent ACEs.
- Reducing the negative impact of ACEs for children and young people.
- Developing an adversity and trauma-informed workforce and services.
- Increasing societal awareness of trauma and adversity and supporting action across communities.

4.3. On the third area for action, the Scottish Government has provided investment in a National Trauma Training Programme, led by NHS Education (NES) for Scotland, to support the shared ambition of a trauma-informed and trauma-responsive workforce across Scotland. The Programme has produced a wide range of universally accessible core resources, including a leadership development component, to support all sectors of the workforce to upskill staff to the appropriate level of trauma informed practice and critically to embed and sustain this model of working.

4.4. The National Trauma Training Programme is currently funded until 2023, and is overseen by a National Steering Group, chaired by the Deputy First Minister of Scotland. The group includes representation from senior leaders from across the workforce including justice services, social work, health, education, housing, local government, the care sector as well as experts by experience.

Section 5 Pledge of Support

5.1. Senior leaders from all sectors across Scotland are being asked to sign up to a public Pledge of Support, intended to provide a signal of leadership to the workforce that the delivery of trauma informed care and practice across all services and sectors is a public health priority. The Pledge will demonstrate a shared commitment to adopting and embedding a long term, trauma informed culture in Scotland to support anyone affected by psychological trauma.

5.2. The overarching vision for national and local Government and many other key partners is to develop a trauma informed and responsive nation and workforce, that:

- Is informed by people with lived experience.
- Recognises the importance of wellbeing in the workforce.
- Recognises where people are affected by trauma and adversity.
- Responds in ways that prevent further harm.
- Supports recovery.

-
- Can address inequalities and improve life chances.

5.3. Further details of the Pledge can be found on the NES website [here](#).

5.4. Attached as Appendix 1 to this report, is the Pledge of Support, together with a Statement of Intent.

5.5. Attached as Appendix 2 to this report, is a list of actions to evidence the Council's commitment to the Pledge.

5.6. The Committee is invited to consider signing up to the Pledge of Support. If supported, the Statement of Intent will be published on the Council's website. Further, the Committee is invited to consider the actions to evidence commitment to the Pledge. [here](#).

Section 6 Financial Implications

6.1. There are no financial implications arising from this report. However, any additional costs to ensure that the commitment can be met would need to be found within existing resources.

Section 7 Authors

7.1. Gillian Morrison (Interim Chief Officer), Integration Joint Board.

7.2. Maureen Swannie (Interim Head of Children's Health Services), Orkney Health and Care.

7.3. Jim Lyon (Interim Head of Children and Families, Criminal Justice and Chief Social Work Officer), Orkney Health and Care.

Section 8 Contact details

8.1. Email: gillian.morrison@orkney.gov.uk, telephone: 01856873535 extension 2611.

8.2. Email: maureen.swannie@nhs.scot.

8.3. Email: jim.lyon@orkney.gov.uk, telephone: 01856873535 extension 2611.

9. Appendices

- Appendix 1 – Leadership Pledge of Support and Statement of Intent.
- Appendix 2 – Proposed Actions.



Appendix 1 - Leadership Pledge of Support and Statement of Intent

The Leadership Pledge of Support

We are asking senior leaders across Scotland, to provide a strong signal of leadership to our workforce that the delivery of trauma informed care and practice across all services and sectors is a public health priority by signing up to the following public pledge of support. This pledge will demonstrate our shared commitment to adopting and embedding a long term, trauma informed culture in Scotland to support anyone affected by psychological trauma.

- We pledge to work with others to put trauma-informed and responsive practice in place across our workforce and services.
- We will deliver services that wherever possible are actively informed by people with lived experience of trauma.
- We will recognise the central importance of relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma-informed approach.
- We will respond in ways that prevent further harm, and that reduce barriers so that people affected by trauma have equal access to the services they need, when they need it, to support their own journey of recovery.

Statement of Intent

Orkney Integration Joint Board, NHS Orkney and Orkney Islands Council are committed to the leadership pledge for trauma informed practice. This has been agreed by all Board and Elected Members and we are fully committed to adopting and embedding a trauma informed culture across the workforce, our services and local communities, in collaboration with our partners.



Appendix 2 - Proposed actions to evidence the Board's Pledge of Support

1. Value the Contribution of People with Lived Experience

We will listen to and learn from people who have experienced trauma to understand what changes need to be made. We will recognise where people are affected by trauma, as well as their unique strengths and values.

We will recognise that a large number of the workforce who are providing services will have experienced their own personal trauma, and our organisation will provide a culture where people are supported to share their experiences if they choose to and value the strengths they bring.

2. Show Courageous Leadership and 'Walk the Walk'

We will communicate a shared vision and ongoing commitment to the ambition of trauma informed and responsive services. We will use our position to influence and educate staff through our own passion and belief and by providing clear communication.

We will support changes in the workplace, such as promoting policies that prioritise engagement and building understanding, rather than zero tolerance and a focus on negative behaviours.

3. Support Staff Training and Development in Trauma Informed Practice

We will promote and encourage the use of available training resources and support putting training into practice.

4. Prioritise Staff Wellbeing

We will endorse ongoing support for staff wellbeing and our workforce will know that we value their wellbeing.

5. Monitor, evaluate and improve

We will include feedback from people who use services and staff who work in them to ensure we are meeting addressing the actions outlined above. This will be included in our quality improvement and performance framework.

Not Protectively Marked

<p>NHS Orkney Board Meeting – 25 February 2021</p> <p>Report Number: OHB2021-88</p> <p>This report is for discussion and noting</p> <p>Healthcare Associated Infection Prevention & Control Reporting Template for Assurance.</p>	
<p>Lead Director Author</p>	<p>David McArthur DoNMAHP HAI Executive Lead Sarah Walker Infection Prevention & Control Nurse Specialist</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the HAIRT report • Note the performance for surveillance undertaken. • Note the detailed activity in support of the prevention and control of Healthcare Associated Infection
<p>Key Points</p>	<ul style="list-style-type: none"> • 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 GREEN) • NHS Orkney's validated <i>Clostridium difficile</i> infection (CDI) 2 cases to date up to Q2 (Jul –Sept 2020). with a further case to be validated and confirmed by Health Protection Scotland. NHS Orkney is within its LDP for 2020-2021. (RAG Status GREEN) • 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 off 86 & 85% (GREEN) • Hand hygiene observations were undertaken during January 2021. An overall of 97%. • NHS Scotland National Cleaning Services Domestic 98% and Estates 100% for month of January 2020. (GREEN) • Norovirus – no hospital bay or ward outbreaks reported since Feb 2012. Norovirus season has been declared through Health Protection Scotland. (RAG Status GREEN) • Education/guidance updates continues by the IPC team at the request of departments.

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

Healthcare Associated Infection Reporting Template (HAIRT)

Section 1 – Board Wide Issues

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

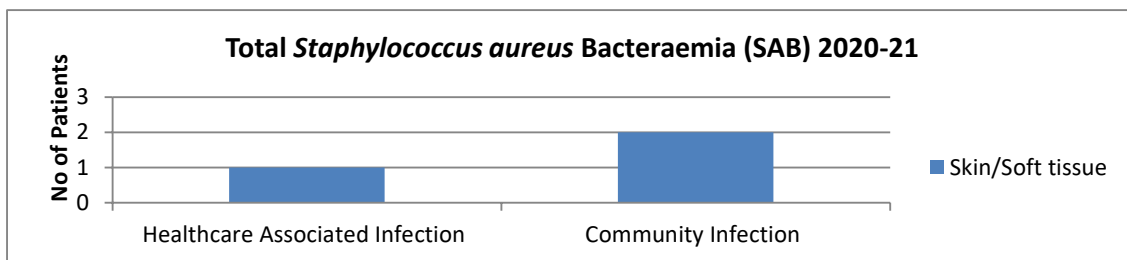
This section of the report focuses on NHSO Board wide prevention and control activity and actions

LDP Standard 1st April 2020 to 31st March 2021 for *Staphylococcus aureus* bacteraemia (SAB)

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

NHS Orkney's *Staphylococcus aureus* bacteraemia (SAB) for LDP Q2 (Jul -Sept) 2020 is 2 confirmed cases with a possible 3rd to be validated by Health Protection Scotland.

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



Clostridioides difficile (formerly known as *Clostridium difficile*)

The standard is to achieve a reduction *Clostridioides 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 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 *Clostridioides difficile* infection (CDI) for LDP Q2 (Jul–Sep 2020) is 2 confirmed validated cases at time of this report. There is one further case to be confirmed. All cases received treatment for their underlying illness and subsequently required drug therapy for their *c.difficile* infection.

LDP Standard 1 st April 2020 - 31 st March 2021 <i>Clostridium difficile</i> infection (CDI)		
Quarter 1.	April-June	Zero
Quarter 2	July-September	2
Quarter 3	October-December	1
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%	97%
Scotland	88%	87%	84%	86%

CPE Uptake	2019_20 Q3	2019_20 Q4	2020_21 Q1	2020_21 Q2
Orkney	91%	100%	87%	94%
Scotland	85%	85%	80%	85%

Improvement work is being undertaken by Catherine Edwards (IPCN) introducing a new Infection Prevention Clinical Risk Assessment, this has been integrated with a new patient assessment booklet, introduced by the Linda Merriman, Clinical Nurse Manager. This may initially impact on the screening results until implementation is embedded.

Hand Hygiene

Hand hygiene compliance is through observation whilst visiting departments and any non-compliance is addressed at time with the 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.

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

January 2021, hand hygiene audit was undertaken in IP1, IP2, Maternity and Renal Dialysis.

	Observations	Opportunity	Technique	% score by group
Nurses	53	52	52	98%

Medical	10	10	10	100%
AHPs	14	14	13	93%
Others	23	23	22	96%

Compliance with Opportunity & Technique **97%**

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 January 2021 for Domestic 98% and Estates 100%. Enhanced cleaning is in place and in line with guidance to meet the cleaning specification for COVID-19 and non-COVID-19 patient areas.

Staff continue to be 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

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, 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, which continues to be reinforced daily.

The IPCT continue to provide answers to all questions from services across both primary and secondary care, resulting from all updating of guidance.

COVID-19 update

Reporting of Covid-19 Scottish Government

The total number of positive cases attributed to Orkney continue to rise. Not all cases have tested positive in Orkney but as they are classed place of residence is Orkney therefore attribute to our local numbers.

COVID-19 General Update

The National Infection Prevention & Control Manual (NIPCM) highlights the low/green, amber/medium, and high/red pathway's and requirement for PPE and cleaning. It has come to light recently, that a change in floor cleaning product was made in November, which deviated from the recommended guidance. This has been addressed and guidance is now being followed.

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 procedure when meeting a defined 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

Risks are being mitigated and lessons learned are to be shared with teams following once completed.

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>.

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 continue to offer ongoing support to all services around clinical scenarios and COVID-19 PPE requirements, including donning and doffing training where requested or where observationally learning opportunity/refresher is required.

The team are also ensuring that the appropriate signage is displayed for patients requiring transmission/contact precautions and ensuring staff understand the principles behind each precaution. This supports new staff within the department and information gained during audit.

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 *Clostridiodes 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:

***Clostridiodes 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/hai> **NHS ORKNEY**

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Healthcare Associated	1	1	1	0	0	0	0	0	0	0	0	0	0
Community Associated	0	1	0	0	0	0	1	1	0	1TBC	0	0	0
Total	1	2	1	0	0	0	1	1	0	1TBC	0	0	0

Clostridioides difficile infection monthly case numbers

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Healthcare Associated	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Associated	0	0	0	0	0	0	0	2	0	0	0	1	0
Total	0	0	0	0	0	0	0	2	0	0	0	1	0

New Balfour Cleaning Compliance (%) Domestic

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Board Totals	94%	95%	96%	96%	95%	95%	96%	95%	95%	96%	96%	95%	98%

New Balfour Estates Monitoring Compliance (%)

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21
Board Totals	100%	100%	99%	100%	99%	100%	99%	99%	99%	99%	98%	99%	100%

Not Protectively Marked

NHS Orkney Board – 25 February 2021

Report Number: OHB2021-89

This report is to update the NHS Board of the progress of the implementation and delivery of the NHS Orkney Covid-19 Vaccination Programme

The NHS Orkney Covid-19 Vaccination Programme

Lead Director Author	Dr Louise Wilson, Director of Public Health Sara Lewis, Consultant in Public Health
Action Required	The Board is asked to: <ol style="list-style-type: none"> 1. Note the challenges in delivering this mass vaccination programme. 2. Seek assurance on the performance of the programme to date
Key Points	<p>Delivery of COVID-19 vaccination is in line with Scottish Government policy and prioritisation groups.</p> <p>A mixed model of delivery is being used, and the number of vaccinations delivered is high, with vaccination scheduling matching vaccine delivery.</p> <p>Ensuring resources match need as the programme develops will be important.</p>
Timing	Board February 2021
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services. • Optimise the health gain for the population through the best use of resources. • Pioneer innovative ways of working to meet local health needs and reduce inequalities. <p>Create an environment of service excellence and continuous improvement.</p>

8.2

Contribution to the 2020 vision for Health and Social Care	<ul style="list-style-type: none">• Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
Benefit to Patients	Patients experience high quality care, from a consistent and reliable service.
Equality and Diversity	An assessment is underway.

NHS Orkney Board - 25 February 2021

NHS Orkney COVID - 19 Immunisation Programme

Sara Lewis, Consultant in Public Health

Section 1 Purpose

This report is to update the board on the delivery of the NHS Orkney Covid-19 Immunisation Programme.

Section 2 Recommendations

The Board is asked to:

- Note the challenges in delivering this mass vaccination programme.
- Seek assurance on the performance of the programme to date

Section 3 Background

The disease COVID-19 is caused by a new strain of coronavirus (SARS-CoV-2) that was identified in Wuhan City, China in December 2019. Symptoms range from mild to moderate illness to pneumonia or severe acute respiratory infection requiring hospital care.

A range of measures are being used to control transmission of COVID-19, including physical distancing, hand hygiene, face coverings, testing and contact tracing.

Current available data suggest that increasing age and male gender are significant risk factors for severe infection. However, there are also groups of patients with underlying comorbidities, where infection may result in increased risk of serious disease.

The recognition of the pandemic has accelerated the development and testing of several vaccines two of which have been authorised for supply and have commenced being delivered through a mass vaccination programme across the United Kingdom. The Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 and the adenovirus vector AstraZeneca COVID-19 vaccine.

It is important to note that vaccination does not change the need to continue all current COVID-19 mitigation measures (for both vaccinated and unvaccinated individuals). In particular:

- A person's vaccine status does not change subsequent public health actions or interventions (including isolation) at this time
- Vaccinated people should continue to comply with all testing regimes as per unvaccinated people
- It is unlikely that the vaccines currently being used will affect PCR test results for COVID19.

This may not be the case for other vaccines with different structures or for other tests.

The Chief Medical Officer (CMO) has issued the following letters detailing the arrangements for the COVID-19 immunisation programme:

- For the Pfizer/BioNTech vaccine (4 December 2020)
- For the AstraZeneca vaccine (1 January 2021) 7
- Advice for both the Pfizer/BioNTech vaccine and the AstraZeneca vaccine (8 January 2021)

Section 4 NHS Orkney COVID-19 Vaccination Service

Prioritisation

The objective of the COVID-19 immunisation programme is to protect those who are at highest risk from serious illness or death. The Joint Committee of Vaccination and Immunisation (JCVI) have set out a prioritisation for persons at risk. JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19 specific mortality.

Table 1- Priority groups for vaccination advised by the JCVI

Priority group	Risk group
1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

Timetable for delivery

The offer of vaccination to priority groups 1 and 2 have been completed, eligibility remains open for any individuals who were unable to or chose not to be immunised at the time the offer was made. Priority groups 3,4 and 5 are to be offered vaccination concurrently

With regard to priority group 6, the information for this cohort is being prepared nationally, it is anticipated delivery will commence mid-February.

Table 2-Timetable for delivery priority groups 3-6

Priority group	Target number per cohort	Risk group	Estimated delivery times
3	938	All those 75 years of age and over	Start to late February
4	1185 657	All those 70 years of age and over Clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)	Start to late February
5	1258	All those 65 years of age and over	Start to late February
6	2445	Adults aged 16 to 65 years in an at-risk group and unpaid carers	Mid to end of February

Model of delivery

Service delivery across Orkney has been informed by the learning from the delivery of the extended influenza vaccination programme. The flu programme was led by NHS Orkney focussing on the delivery of vaccinations via mainly large centralised clinics on the mainland of Orkney in collaboration with the NHS Orkney Occupational Health Service, independent General Practices, a smaller clinic for some social care staff at Sutherlands Community Pharmacy and Community Nurses offering vaccinations to the housebound. Smaller clinics were delivered across the outer isles.

The COVID-19 vaccination programme is utilising the mixed model approach of the influenza vaccination with reduced input from the independent General Practices. The COVID-19 Vaccination Direct Enhanced Service (DES) was offered to all GP practices with Stromness Medical Practice able to fully participate in the DES. The remainder of the independent Practices are supporting the programme to a lesser extent through the provision and updating of data, the provision of clinical expertise and staff offering to support the Board delivered clinics. Sutherlands Pharmacy and other independent contractors have also offered to support the programme.

An in-reach service is being offered to The Balfour patients to ensure opportunities for receiving vaccination are maximised.

A health inequalities impact assessment is being undertaken to inform service delivery as the programme moves into the younger working age cohorts.

Vaccine

The main limiting factors in the roll out of the programme across Orkney relate to the vaccines and vaccine availability.

The Pfizer BioNTech vaccine requires very specific cold storage, and due to licensing arrangements has to be administered by NHS Orkney staff. Once the vaccine is diluted

there are also restrictions on transportation, such that it cannot be used to vaccinate housebound individuals. The restrictions around the AstraZeneca vaccine are different, and allow wider transportation and use of the vaccine.

Vaccine type and availability therefore impacts on the booking of clinics which can currently only be booked about one week in advance when vaccine delivery is confirmed. As the proportion of AstraZeneca vaccine increases, the vaccination programme can be further expanded out with NHS Orkney delivered clinics or using none NHS employed staff.

The vaccination programme has caused a significant increase in the workload of The Balfour Pharmacy. This will increase further as the programme develops and more vaccines become available.

Venues

The programme is delivered using a mixture of community and NHS premises. There is a clear request for the programme to be delivered through large centralised clinics where possible. In addition to the Kirkwall vaccination Centre a range of venues have been identified and risk assessed in collaboration with the Orkney Local Emergency Coordination Group (OLECG) in Kirkwall, St Margaret's Hope, Stromness and Dounby. The facilities within the Outpatients Department at the Balfour can accommodate the largest clinics offering 750 vaccines in a day.

Staffing

Health board Immunisation Leads have been asked to build as much resilience as possible into the COVID-19 vaccinations workforce by encouraging as much diversification as possible. In addition to readily making use of independent contractor groups, boards are also encouraged to undertake new recruitment, making use of existing role profiles at bands 3 and 5.

The operational manager role has been identified from within existing resources. Consideration is being given to the potential for backfill for them. Recruitment for the Immunisation Nurse Coordinator was unfortunately unsuccessful, and the post has gone out to advert for a second time with the option for part time/flexible working. This is a key role for the programme going forward to provide clinical oversight at the operational level.

Four full time immunisation nurses have been recruited. Further vaccination staff are available through a request for volunteers to come forward including pharmacy and dental staff. Three full time and two part time administrators are in post. Overall, there is a relatively small pool of staff delivering vaccination, and staff sickness could negatively impact on the programme delivery.

Marshalling at the venues is being provided by NHS staff and by the staff of the membership of OLECG.

Performance

Targets for performance have not been set centrally. Locally we set ourselves the target of 85% for most of the cohorts, with a stretched target to vaccinate 100% of care home residents and the clinically extremely vulnerable.

In the completed cohorts of priority group 1 **95%** of care home residents have been

vaccinated and **79.6%** of care home staff. The care home staff were the first cohort to be vaccinated. Whilst a small number of younger staff initially chose not to take the vaccine, care home managers are supporting staff, who may have changed their mind following provision of additional information on the vaccine and would now like to be immunised.

In priority group 2 **88.5%** of those age 80 and over **84.4%** of health care workers have been vaccinated.

Further information on the numbers of people vaccinated in all the cohorts is outlined in Figure 1 below. Please note the data excludes those offered vaccination by general practices on the outer isles, approximately a further 529 individuals.

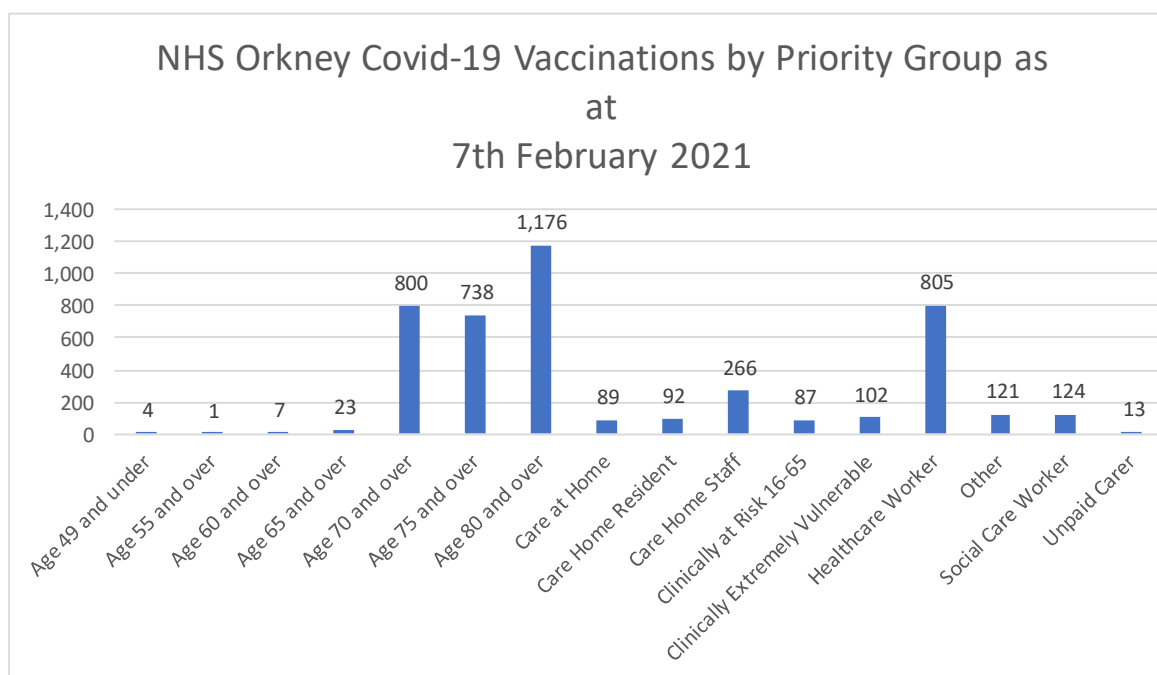


Figure 1: NHS Orkney Covid-19 vaccinations by Priority Group as at 7th February.

Conclusion

The delivery of the vaccination programme has required interdepartmental and cross organisation working. A considerable effort has been made by all involved resulting in the excellent performance to date. The foundations for a successful programme are now embedding, however, service delivery is in the early stages with expectations from Scottish Government and the public set to increase as more vaccines become available. It will be important to ensure ongoing appropriate resourcing of the programme in line with demand.

Not Protectively Marked

<p>NHS Orkney Board – 25 February 2021</p> <p>Report Number: OHB2021-90</p> <p>This report is for noting</p> <p>Clinical and Care Governance Committee Chair's Report</p>	
Lead Director Author	Louise Wilson, Interim Medical Director Issy Grieve, Chair - Clinical and Care Governance Committee
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the report • To seek assurance on performance
Key Points	This report highlights key agenda items that were discussed at the Clinical and Care Governance Committee meeting on 26 January 2021 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.
Timing	The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the 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.

8.3

Benefit to Patients	Assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board – 25 February 2021

Clinical and Care Governance Committee Chair's Report

Author Issy Grieve, Chair
Clinical and Care Governance Committee

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from the discussions held at the meeting on the 26 January 2021

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 26 January 2021 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 agreed that commendation of the whole organisation support provided by the Public Health, Primary Care and Pharmacy teams on the pandemic response and the exceptional work on the delivery of the vaccination programme should be noted to board members.

Cross Committee Assurance

It was agreed that concerns regarding clarification of the reporting route for Scottish Public Services Ombudsman reports and recommendations, alongside the requirement for additional assurance regarding the communication of learning from significant adverse events should be escalated for a view from the Audit and Risk Committee.

Appendices

- Approved minute from the Clinical and Care Governance Committee meeting held on 27 October 2021

NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Tuesday 27 October 2020** at **13.00**

- Present**
- Issy Grieve, Non-Executive Board Member (Chair)
 - Steven Johnston (Vice Chair)
 - Michael Dickson, Interim NHS Orkney Chief Executive
 - David Drever, Non-Executive Board Member
 - Rachael King, Integrated Joint Board, (IJB) Chair
 - Meghan McEwen, NHS Orkney Chair
 - John Richards, Integration Joint Board Member
 - Steve Sankey, Integration Joint Board Member
- In Attendance**
- Christina Bichan, Head of Assurance and Improvement
 - Lynda Bradford, Interim Head of Health and Community Care
 - Chris Nicolson, Director of Pharmacy
 - J Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice
 - Dawn Moody Clinical Director of Primary Care
 - Gillian Morrison, Interim Chief Office
 - Marthinus Roos, Medical Director
 - Heather Tait, Public Representative
 - John Trainor, Head of Clinical Governance and Quality Improvement
 - Brenda Wilson, Project Lead Nurse
 - Louise Wilson, Director of Public Health
 - Kim Wilson, Deputy Director of Nursing
 - Suzanne Roos, Consultant Psychologist and Professional Lead for Psychological Therapies *(for Autism Diagnosis Pathways action log item)*
 - Heidi Walls, Committee Support

701 Apologies

Apologies had been received from David McArthur, Director of Nursing, Midwifery, AHP and Acute Services

702 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

703 Minute of meetings held 14 July 2020

The minute of the Clinical and Care Governance Committee meeting held on 14 July 2020 was accepted as an accurate record of the meeting and approved subject to the following amendment.

Bottom of page 2 - addition to final sentence of the post meeting noted so it reads - *“better governance would be essential to ensure that responsibilities and decision making are clear and communicated effectively.”*

704 **Matters Arising**

391 Agenda Distribution List

It was confirmed that a report regarding vacant elected OIC membership would be submitted to the Policy and Resources Committee on 24 November 2020.

393 Mobilisation Update - CCGC 2021-16

Members noted the post meeting update and highlighted concerns regarding the impact on patients travelling to the Golden Jubilee Hospital via Glasgow and for Ophthalmology services via Inverness.

The Interim Chief Executive noted that as the Golden Jubilee services were only just restarting services the impact of changes on the Glasgow route were currently limited. He informed members that NHS Orkney was working closely with Tayside in response to the more significant implications of changes to the Inverness route, such as clinicians travelling to Orkney to provide on island services.

It was also noted that any update to tier arrangements may impact further and that these issues would be the subject of ongoing debate.

The chair thanked the Medical Director for the post meeting note provided, but highlighted concern regarding the additional issues raised. It was agreed the item should be escalated to the Chief Executive and Board to raise with Loganair.

474 Area Drugs Therapeutic Committee (ADTC) Verbal update

The Chair noted that whilst this had been on the agenda it had been agreed to defer this item to the next meeting. It was confirmed the committee had held one meeting and as the next meeting was scheduled for November there were no minutes to review.

475 Patient Feedback Annual Report 2019/20 CCGC 2021-32

The Chair advised members that it was agreed to only include a health complaints report at this meeting and confirmed the addition of a care report would be anticipated from the January 2021 meeting.

705 **Action Log**

The Committee reviewed and updated the action log noting that the verbal update on the Autism Diagnosis Pathway would be taken later in the meeting (See action log for details)

Operational Planning

706 **COVID 19 Health Remobilisation Update CCGC 2021- 35**

The Head of Assurance and Improvement presented the NHS Orkney Remobilisation update and highlighted that all services were offering routine

8.3.1

provision, but with reduced capacity in order to comply with infection control and physical distancing.

Work was also ongoing to increase community capacity and Scottish Government approval of the remobilisation plan was secured in September 2020.

Looking ahead it was noted that there would be a need to balance the demands of winter pressures and the second wave with the remobilisation, but progress was currently on track.

The Chair of the IJB queried whether the barriers to accessing outpatient clinical space noted in item 3.6 of the report related to the pressure of red /green zones.

The Head of Assurance and Improvement confirmed that capacity had been reduced and time slots increased, which reduced the availability of rooms for services to work from so it was key to ensure all services have access to delivery.

The Chair advised members that the Area Clinical Forum had also addressed this issue and understood that the current position was secure, but she also highlighted that the follow up question would be what next.

The NHS Orkney Chair noted that at some stage Orkney may be moved up the new tier arrangements and sought assurance that there would be a local voice in the step back down of elective services.

The Head of Assurance and Improvement was aware that Scottish Government were asking all health boards to identify trigger points and be clear about where the needs would be and advised members that consultants were actively reviewing lists so they would be in a good position to respond and ensure plans were in place.

The Medical Director highlighted that the prioritisation of cases would be a key factor going forward. He advised that NHS Orkney were doing alright now, but bigger boards would have problems which would impact our patients.

The Vice Chair noted that previously the remobilisation update had been an iterative process, but the attached report was a finalised document and asked if it was likely to be revisited, especially considering current circumstances.

The Head of Assurance and Improvement replied that she thought it was unlikely as the next stage of planning had started and she thought that going forward it would be more of an ongoing dialogue with perhaps exception update reporting.

D Drever highlighted table 1 in the report and asked how it linked with the risk register.

The Head of Assurance and Improvement confirmed the table was an analysis of the risks associated with the remobilisation plan as written and further assessment of how that would sit within the risk register was ongoing work in progress.

Decision / Conclusion

The Committee noted the update and took assurance

Safe and Effective Care

707 Quality Forum Chairs Report CCGC 2021 CCGC 2021- 36

The Medical Director presented the Quality Forum Chair's report noting that the group had been reconstituted from scratch. Initial meetings had been focussed on planning and identifying the changes needed to achieve greater engagement and create a forum where issues could be highlighted, and communal wisdom used to solve problems.

Greater enthusiasm and improved attendance had been noted so members were pleased with the results so far.

In response to a query from the Chair, the Medical Director confirmed that the forum Terms of Reference were complete.

The Chair, having reviewed the minutes, was hearted by the number of clinical staff in attendance and asked if all those needed were in attendance and asked if minutes were circulated wider than forum membership.

The Head of Assurance and Improvement noted the latter as a topic of some discussion at the last meeting and acknowledged it as area for improvement. Previously there had been a reliance of the dissemination of information by members, but to ensure a wider and more reliable process a communication item had been added to the agenda.

The Vice Chair confirmed that the Area Clinical Forum received copies of Quality Forum minutes.

The NHS Orkney Chair asked if the Quality Forum actively reviewed learning outcomes from the Morbidity and Mortality meetings and Significant Adverse Event reviews.

The Head of Assurance and Improvement confirmed that the forum was a key part of the learning from clinical incidents process and she described instances where people had made connections to their area from the findings of reviews submitted.

The Chair asked if the move away from a managerially to clinically led forum provided enough challenge and assurance.

The Head of Assurance and Improvement felt it was developing and noted that more people were actively participating than previously, but she hoped it would develop further.

It was agreed that as a key issue this should be reviewed again in a few months.

The Interim Chief Executive asked if there was assurance that learning was taking place when things go wrong and questioned whether it was acceptable to wait for things to improve if there was practice leading to poor outcomes for

patients. He suggested that there should be a clear matrix so that there could be confidence that practitioners were meeting outcomes for patients.

Decision / Conclusion

The Committee took some assurance from the points made but noted some outstanding challenges which would require ongoing scrutiny.

708 Integrated Staffing Programme CCGC 2021- 37

The Deputy Director of Nursing presented a brief update on the Integrated Staffing Programme and noted that the programme had recommenced at the end of September and that the work required had expanded from the original remit so the projected completion date had slipped to 2022.

Key risks and issues noted included clinical leadership and time to lead and concerns regarding organisational awareness of the financial implications of the programme.

Overall support for the programme was highlighted, links with L Hall for a HR view had been made and the staff involved were pleased to see the work restarted.

Decision / Conclusion

The Committee were pleased to hear of the restarted programme and noted the update.

709 Mental Health Strategy CCGC 2021- 38

The Interim Chief Officer presented the draft Mental Health Strategy noting the timing of an extra IJB meeting and that any comments from members would be fed back verbally.

It was recognised that the production of the strategy had been a work in progress for some time, but it was important to get it right and include the mental health impacts following the first wave of the COVID 19 pandemic. It was noted that as it was not over yet there would be ongoing implications for mental health services and care, particularly in relation to long COVID 19.

Viewed as the business of everybody with implications across the boards, wide engagement, including third sector input had been undertaken and many comments received and producing the strategy alongside all other objectives in a diminished service with limited capacity had been challenging.

Once approved at board level a group would be convened to finalise an action plan which would be included in the commissioning implementation plan.

The Chair thanked L Bradford for the comprehensive document and that confirmation that an action plan would follow once the strategy had been approved answered her main question.

The NHS Orkney Chair, noting the importance of third sector, was pleased to see their contributions incorporated. She then sought clarity regarding references to Orkney Health and Care (OHAC) in the context of the report.

8.3.1

The Chief Officer agreed that there was insufficient clarity around this subject and noted there had already been a suggestion that the term partnership be added to the OHAC title.

It was explained that the IJB was a legal entity and in Orkney there were two parent bodies NHS Orkney and Orkney Islands Council and that OHAC was the joint service that delivered the function of the IJB. It was agreed that further work was needed to provide clarity.

Members further discussed assurance issues around the range of delegated functions, but it was agreed to move on as the mental health strategy was the focus of this item.

S Sankey echoed the positive comments on third sector engagement, noted the report as testimony to the partnership approach and asked about psychiatric provision for older people.

The Acting Head of Health and Orkney Health and Care noted the Shetland model was one where an older people psychiatrist would use video conference to discuss individual

cases. It was an approach tried Orkney with Grampian colleagues pre pandemic, but they had been unable to fully implement due to staff shortages. It was hoped that when the Grampian staffing situation improved it would be revisited.

Noting mental health and wellbeing as a key issue of recent meetings of the Orkney youth forum, John Richards sought assurance that the voice of young people was listened to.

The Acting Head of Health and Orkney Health and Care described a dedicated session which had been held with M Swannie and the Child and Adolescent Mental Health Services to hear their concerns and those comments were fed back. She also noted that the strategy was viewed as live and iterative and she would be happy to talk with any other groups, as appropriate.

The Vice Chair welcomed the excellent document, was eager to get on with the action plan and implementation phase and noted the multiple mention of prevention but felt the vision not quite captured.

The Director of Pharmacy was also pleased to see the final version and further to the vice chairs comment regarding prevention, wished to highlight the term treatment. One of the end results of any psychiatric outcome or any intervention is treatment and he thought it would be good to see measurement of medicine related content in the action plan.

The Chief Officer acknowledged the very valuable and pertinent comments and agreed that delivery would be the key marker of success for the strategy. She advised members that working closely with the Head of Assurance and Improvement, a performance framework would need to be developed so that timely delivery could be demonstrated on a regular basis, but also highlighted that a performance and development officer was a current key vacancy.

The IJB Chair appreciated the level of work from all and the breadth of engagement and noted the actions around mental wellbeing of Orkney and the

strategic priorities as the stand out positives and was pleased to hear it was viewed as iterative and was keen to see how it progressed.

D Drever particularly liked the accessibility of the document as it was long but readable and covered a wide range of topics. He also welcomed the small but good section on substance abuse and was pleased to see the look to the future with narcotics anonymous and the psychological therapies services. He was also enthused by the learning outcomes of the pandemic around virtual contacts and how direct access to patients at home could be achieved.

Decision / Conclusion

The Committee reviewed the report and noted a majority recommendation for IJB and NHSO board approval.

710 Mental Health Improvement Update CCGC 2021- 39

The Project Lead Nurse presented an update on the progress of the Mental Health Task and Finish Group noting the wide membership, strong engagement with the third sector and the establishment of three initial workstreams. It was hoped that the work would fit with the national mental health strategy, the 2020 vision as well as the local strategy.

It was noted that the diverse membership had led to the group becoming a bit unwieldy,

but with the help of the quality improvement team a workshop had been held in August, which had identified some quick wins and actions along with some longer term aims.

The importance of the work being led by the Community Mental Health Team was noted, as was the ongoing challenge of capacity and delivering improvement whilst maintaining business as usual.

The Chair acknowledged the benefit of receiving both reports which had made it clear that active progress was being made.

Decision / Conclusion

The Committee noted the update and were assured that work was in place.

711 Good Parenting Plan CCGC 2021- 40

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the Good Parenting Plan and noted it had been widely circulated and approved by the council and the Partnership Board. Feedback from the recent NHS Orkney Board had also been received.

The Orkney looked after population was noted as a relatively small number with about 42 children and young people and this was proportionate for the size of the authority.

The report was standalone but also sat within, and formed part of, the overall multi agency improvement plan and work with children, young people and

vulnerable families.

A key point highlighted was the organic nature of the plan and the need for consistent active listening throughout the implementation of actions identified, to ensure that previous work was built on and that children and young people have a meaningful say.

An example from a recent engagement was described. It was noted that whilst several initial attempts at engagement were resisted, feedback, once started, was forthcoming and valuable with three areas for immediate improvement identified and addressed. This confirmed that there was more that could be done.

Members warmly welcomed the report and it was agreed that when the workplan for the committee was reviewed it would be added as an annual report.

Further comments included a request for the additional vulnerability and barriers faced by isles children and young people to be included in the next iteration, approval of the renamed plan and its vision and a query regarding governance which the Chief Officer noted as an action.

Decision / Conclusion

The Committee noted and commented on the plan

Policies for Approval

712 Management of Controlled Drugs in Secondary Care Policy CCGC 2021- 41

The Director of Pharmacy presented the updated policy noting minimal changes and highlighted the new reporting arrangements in the appendices as the main amendment.

With the move to implement the hospital electronic prescribing and medicines administration system underway, he noted that more fundamental changes would be likely to follow soon, but this update would ensure the policy remained current and appropriate and provided assurance the controlled drugs were handled appropriately

Decision / Conclusion

The Committee approved the update of the Management of Controlled Drugs in Secondary Care Policy

713 Patient Access Policy Update CCGC 2021- 42

The Head of Assurance and Improvement presented the updated Patient Access Policy noting that there were no dramatic differences.

She explained that it had been double checked for compliance and minor amendments had been made. It had also been well circulated with good discussion and feedback incorporated. One caveat regarding some minor typing errors which would be amended prior to board submission was noted.

The Vice Chaired appreciated the opportunity for the Area Clinical Forum to

review the update and suggested that the reference to trauma informed practice was adapted to accommodate mental health and that developments as a result of Covid 19 were also included.

Decision / Conclusion

The Committee approved the policy update subject to the amendments noted.

714 **NHS Orkney Public Protection Guidelines CCGC 2021- 43**

The Project Lead Nurse presented the guidelines noting them as part of the overall improvement plan following inspection and highlighted that they had been produced in partnership across all organisations.

S Sankey suggested an addition to the introductory section, noting the Children (Equal Protection from Assault) (Scotland) Act 2019 as a new piece of relevant legislation and agreed to email the details for inclusion as appropriate.

The NHS Orkney Chair sought assurance that the document would be circulated to all those that needed to see it and the lead nurse confirmed that it had been added to the blog but acknowledged that that didn't provide confirmation that it had been read.

All colleagues were asked to ensure appropriate circulation and it was hoped the Public Protection Lead Nurse coming in to post would have a role in taking this forward.

Decision / Conclusion

The Committee noted the guideline.

Person Centred Care

715 **Health Complaints Performance Report Quarter 1 CCGC 2021- 44**

The Head of Assurance and Improvement presented the quarter one report which provided an update on performance and included information on complaints received and patient contacts and feedback forms.

The Chair highlighted the increase in complaints but noted that this could be taken as a positive result of actively seeking feedback and ensuring that issues were picked up, dealt with as appropriate and lessons learnt.

The Head of Assurance and Improvement highlighted that opportunities to take learning back into teams was constantly sought and thought this had been captured in the report.

In response to a query the Head of Assurance and Improvement explained that the care opinion referred to at item 12 was an online portal where members could log on and share experiences. She noted that there was wide participation nationally but low take up in Orkney

The Chair noted that the report demonstrated a broad spread of complaints rather than a focus on singular areas, which provided good assurance.

Decision / Conclusion

The committee noted the report and took assurance

Population Health

716 Winter Plan CCGC 2021- 45

The Head of Assurance and Improvement presented the winter plan update noting that a delay in the release of the national winter planning guidance and funding confirmation had meant a final version of the plan could not be submitted for this meeting.

However, work had progressed since the update was written and she was able to confirm that the final operational planning meeting had just been held and the timeline for the final draft was the end of the week.

Decision / Conclusion

The committee noted the update

717 Public Health Update Report CCGC 2021- 46

The Director of Public Health presented the Public Health Report highlighting that a recruitment process for Test and Protect contact tracers closed last week so a review was due soon, care home work continued with a strengthened on call system and the flu vaccination programme was up and running.

In addition, Covid-19 planning was underway, health improvement work had been reduced to support contact tracing and the community morbidity report had been well received.

The Interim Chief Executive noted the Public Health Team was working exceptionally hard

and asked whether the learning from the first wave of the pandemic had highlighted any key areas to prioritise or do differently as we moved into the second wave.

The following key points were noted

- The speed at which things happened and the speed at which large organisations could respond. It was noted that plans needed to be as well developed as possible whilst remaining flexible.
- Avoiding multiple demands being cascaded down different routes which were difficult to manage by working with Scottish Government
- Although branded as a Public Health remit, ensuring the community were kept on board with restrictions needed to be a whole system co-operation. The difficulties of this were acknowledged but were noted as the best way to keep safe.

The Vice Chair appreciated the update and was particularly interested in the health inequalities and asked how the focus required on the issues highlighted

was ensured

The Director of Public Health noted that clearly the Covid-19 pandemic had widened the inequalities seen and explained that using the Health Inequality Impact assessments was really important and noted it was a role for everyone to be a champion.

The Chair of the IJB noted the report as a really important read and highlighted that although it was an internal NHS document it had relevance across the economy with some really stark and concerning statistics, particularly in relation to children and young people.

She asked if the document would be shared more widely and other members agreed they would like to see further accountability on the issues raised and sought assurance around the next steps.

The Director of Public Health confirmed she was happy for it to be shared more widely and to take comments. She further advised that the public health improvement teams should be part of this process, but staff were currently pulled to deliver on health protection so welcomed the suggestion that broader action across the community should be taken.

J Richards noted the fuel poverty figures in the report and highlighted that it was difficult to get a clear understanding of the extent of fuel poverty across Orkney and was shocked to note figures close to 90% for some sectors of the community.

The Interim Chief Executive agreed that understanding community impacts was an important discussion to be had but noted that it was not within the remit or NHS Orkney to fix all issues and it would be a question across the partnerships on how these issues were moved forward.

Decision / Conclusion

The committee noted the comprehensive Public Health update and assurance was taken

Social Work and Social Care

718 Children and Young People's Joint Inspection Action Plan- CCGC 2021- 47

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the report, acknowledged the concerns of the committee on this issue but noted

the plan as an important basis for moving forward.

Child protection using a traffic light approach was noted as the first and most important priority along with getting it right for every child and the need to ensure more general child welfare. Other key themes highlighted included:

- Partnership working
- Good parenting plan
- Importance of an underpinning self-evaluation process
- Delivery of key actions within appropriate timescales
- Support and challenge process

- Collective engagement
- Confidence in ability to make progress and achieve actions identified

The Chair noted that the reduction from 41 to 33 actions provided great reassurance

The IJB Chair ask if the amber and red actions were achievable in a timely manner and whether there was an overarching sense that progress was heading in the right direction.

The Chief Social Work Officer acknowledged the importance of the comments and linked them to the earlier discussions and the importance of the ‘*so what next*’ questions. He confirmed that whilst there may be certain quick win actions it was much more important to ensure that staff understood their role and could act effectively when matters were raised.

The key issue was to embed front line assessment mechanisms and full assurance couldn’t be provided until there was good evidence that changes, and delivery had been implemented.

The Chief Officer added emphasis on the leadership role for all services on these issues noting that the worst element of the inspection was that it wasn’t foreseen and the need to ensure continued dynamic leadership throughout the process to ensure that standards implemented were maintain was key. Interim leadership roles and the pressures of Covid 19 were highlighted as particular challenges and made monitoring capacity even more crucial.

The Chair noted that the issues raised by the inspection outcomes had caused the committee a great deal of concern, but confirmed that the reporting had provided a welcome and higher level of security as really good progress had been demonstrated and a clear way forward identified.

Decision / Conclusion

The Committee noted the progress of the improvement plan and looked forward to further assurance around implementation plans.

Chair’s Reports from Governance Committee

719 ACF Chairs Report CCGC 2021- 48

The Area Clinical Forum Chair presented the report from the August meeting and updated members on the progress made with the highlighted concerns regarding clinical space.

He confirmed that the Old Balfour site as well as Heilendi were now in use and arrangements until the end of March 2021 were in place, but also noted that the issues were not just Covid-19 related and would need to be revisited.

Autism Diagnosis Pathways was also highlighted as an area of concern raised, but it was noted as the next agenda item for discussion.

The Medical Director noted that a series of workshops had been set up by the Executives and one of the agenda items was the effective use of outpatients’ space and the booking systems so he was hopeful that improvements could be

anticipated.

Decision / Conclusion

The Committee noted the update and took assurance that action had been taken to address the issues raised.

720 Autism item from action log

The Consultant Psychologist and Professional Lead for Psychological Therapies joined the meeting to provide an update on the Autism Diagnosis Pathways item.

She described her role as the Adult Autism Pathway Coordinator and clarified that the paediatric and adult pathways were different and separate.

She advised members that requests for assessments were open to anyone in the adult population so not just those within the learning difficulties or mental health services and that what we offered was a lot more than most other boards with only Glasgow, Lothian and Ayrshire and Arran offering a similar service.

The current process had been working well for the last couple of years with 14 assessments and 12 ASD diagnoses delivered by a private Glasgow based service, after local triaging, in line with Sign guideline 145.

The Chair welcome the update which provided assurance on a clear pathway for adults but noted the need to seek an update on the route for children.

The Vice Chair noted that ACF members had highlighted the need for a wider neurological conditions pathway as there was currently a 2-year waiting listing. He reassured members that support was available for patients waiting for diagnosis but the process had been fraught with confusion for some time so clarity would be welcomed.

Risk

721 Corporate Risk Register- CCGC 2021- 49

The Head of Assurance and Improvement presented a brief Corporate Risk Register update noting that at the time of writing there were no risks assigned to the Clinical and Care Governance Committee.

Members were also advised that a strategic approach to risk and actions following on from a recent board session were being taken forward and all risks sat within the Datix system were being reviewed and would be taken to the next risk forum.

Decision / Conclusion

The Committee noted the update provided.

722 Agree any risks to be escalated to Audit and Risk Committee

The Committee agreed there were no risks for escalation to Audit Committee.

723 Emerging Issues

No emerging issues were noted

724 **Any other competent business**

No other competent business was noted

725 **Agree items to be brought to Board or Governance Committees attention**

It was agreed that the recent development regarding cessation of flights to Inverness and Glasgow should be escalated to the Chief Executive and the board along with the update and progress of the Mental Health Strategy.

Not Protectively Marked

<p>NHS Orkney Board – 25 February 2021</p> <p>Report number: OHB2021-91</p> <p>This report is for noting</p> <p>Area Clinical Forum Chair's Report</p>	
Author	Steven Johnston, Chair Area Clinical Forum
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the report 2. To seek assurance on performance
Key Points	<p>This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 4 December 2020 and 2 February 2021 and it was agreed that these should be reported to the NHS Orkney Board:</p> <ul style="list-style-type: none"> • Electronic Patient Records • Safe Staffing • Succession Planning and Leadership • Remobilisation Plan • Pharmacy Committees • Reporting Arrangements
Timing	The Area Clinical Forum highlights key issues to the Board following each meeting.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.

8.4

Contribution to the 2020 vision for Health and Social Care	The work of the Area Clinical Forum is supporting the delivery of the 2020 vision for health and social care by ensuring that a co-ordinated clinical and professional perspective and input is provided to the Board when decisions are made regarding clinical matters.
Benefit to Patients	Active engagement of all parties is essential for NHS Orkney to achieve continuous improvements in service quality which deliver the best possible outcomes for the people of Orkney.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board – 25 February 2021

Area Clinical Forum Chairs Report

Author Steven Johnston, Area Clinical Forum Chair

Section 1 Purpose

The purpose of this paper is to provide the approved minute of the meeting of the ACF and to highlight the key items for noting from recent discussions held.

Section 2 Recommendations

The Board is asked to:

1. **Review** the report
2. To **note** the issues raised
3. **Note** the approved minutes

Section 3 Background

This report highlights key agenda items that were discussed at the ACF meeting on 4 December 2020 and 2 February 2021 and it was agreed that these should be reported to the Board.

Section 4 Issues Raised

Electronic Patient Records

Members highlighted the continued need for an electronic patient record which was fit for purpose in the community. Members were aware that there was a test of change underway with Health Visitors using PARIS and though this was a positive step it did not solve the issues faced by other teams including mental health, nursing and AHPs who work out in the community. Members again highlighted the continued concerns from staff regarding their professional registration and the clinical risk posed by records which are not contemporaneous. The ACF, appreciating the significant diversion caused by COVID-19, would like assurance from the Board that this item will be given attention as soon as practicably possible.

Safe Staffing

Members discussed Safe Staffing and noted that this work was underway after being paused due to the COVID-19 pandemic. AHP staff reported having taking part in a pilot of safety huddles which had identified that some teams did not have enough staff.

The Act outlines the need to allow clinical staff “*time to lead*” and this should include a commitment from NHS Orkney to permit and promote staff contribution to the advisory committees to strengthen the clinical voice from the Board table and right through the organisation. Our Nursing and Midwifery Advisory Committee (NAMAC) continues to struggle to get representation from the acute sector at meetings despite a number of approaches. The ACF are also seeking support in the resolution of this long-standing issue.

Succession Planning and Leadership

Throughout the February meeting in particular, leadership within the organisation was a recurring theme. Members highlighted a perceived lack of succession planning within many posts, resulting in subsequent vacancies for some time after a member of staff leaves or retires. This tended to impact adversely on the remaining staff either in terms of direct workload or lack of senior decision-making causing delays to service developments or improvements. The stalled development of a Paediatric Autism Spectrum Disorder/Neurodevelopmental pathway was one example where the ACF feel that lack of assigned leadership was at the core of the issue.

Other specific concerns raised regarding leadership were resignation of the lead AHP with lack of clarity around future plans for AHP leadership and the resignation of Chair of the Hospital-sub of the Area Medical Committee with concern around the impact this will have on the committee and in turn the clinical advice of our hospital doctors. Finally, it was highlighted that where key staff involved in decision making are not present at some meetings, critical matters struggle to progress at a reasonable pace.

On a more positive note, the ACF recognise that there have been changes made at senior level and welcome the appointment of Associate Medical Directors for both the hospital and the community. The Area Partnership Forum have recently communicated the changes in nursing leadership at the most senior level. Staff are eager to have clarity over our structures in NHS Orkney.

Remobilisation Plan

Members received an update on Scottish Government intention for a remobilisation plan for 2021/22 and noted the plans to work with individual teams before a draft plan is created and then circulated for further input. The ACF welcome the approach and are keen to continue to engage further around this, appreciating the extent of the task ahead with some ambitious targets.

Pharmacy Committee

The ACF were pleased to hear of the reformation of the Area Drugs and Therapeutics Committee and subsequently learned at our most recent meeting that an Area Pharmaceutical Committee is being formed (jointly with Shetland) and plans to meet in February. The latter will ensure that the ACF will secure input from pharmacy in the hospital, GP practices and community and thus strengthen the multidisciplinary nature of our committee and in turn improve the advice we provide to the Board.

Reporting Arrangements

The ACF were made aware of some concern regarding items raised to ACF from the advisory committees and from the ACF to either the Clinical and Care Governance Committee or Board which were not being fed back to the source. In response, the committee have introduced a log to track each item raised and this serves as a prompt to feed back on the discussion. After each meeting the log will be updated and ACF members will be able to access this in real time via MS Teams thus improving our communication.

Appendices

- Minute from the meeting held 4 December 2020

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Friday 04 December 2020** at **12:15pm**.

Present: Steven Johnston – ADC, Chair
Kate Smith – TRADAC
Lindsey Kolthammer – TRADAC
Sylvia Tomison – NAMAC

In Attendance: Caroline Evans, Non-Executive Board Member
Christina Bichan, Head of Assurance and Improvement
Gillian Morrison, Interim Chief Officer
Brenda Wilson, Project Lead Nurse
Kim Wilson, Deputy Nurse Director
Louise Wilson, Director of Public Health
Lyndsay Steel, Lead GP Pharmacist
Samantha Wishart, Committee Support (Minute Taker)

95 Apologies

Apologies were received from D McArthur, M Roos, J Fraser and W Lycett

96 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

97 Minute of meeting held on 6 October 2020

The minute from the meeting held on the 6 October 2020 was accepted as an accurate record of the meeting subject to the following amendments:

- Page 2 – Autism Spectrum Disorder Pathways: The Chair noted that a communication was included in the newsletter, which failed to highlight the good work that had been done.
- Page 6 – Mental Health Services: “Level 2 of DBI” should read “Level 1 of DBI”

The minutes were approved on the motion of S Tomison seconded by S Johnston.

98 Matters Arising

Page 3: Symptom Control in the Last Days of Life

The Chair noted that from a Clinical Governance perspective guidance should not be lifted straight from NHS Grampian, but should be inspected to ensure this was fit NHS Orkney. A process may be needed to ensure policies were fit for purpose for use in Orkney but care would need to be taken that the process wasn't too laborious.

99 Area Clinical Forum Action Log

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

100 Remobilisation Plan Update

The Head of Assurance and Improvement attended the meeting to update members on the remobilisation plan. She noted that the first piece of work in the remobilisation plan was a redesign of urgent care, which had gone live on 1 December 2020. The pathway had changed to be a soft launch nationally, and a national communication would go out pushing towards calling 111 for non-emergencies. It was highlighted that the IT took longer than expected, and there had not been a shift in patient behaviour as the new system had not been advertised. As national and local communications came out the pace of uptake was expected to increase.

It was noted that the remobilisation plan would be up until the 31 March. An imminent arrival of planning guidance was expected; the 3 year planning period would normally have started in August but this had been amended to a 1 year planning period to focus on key delivery items. Refreshed guidance would be issued to give a tiered approach for items that must be front and centre, this would be shared with members once available.

The Chair noted the Area Clinical Forum Chairs Group had spoken about urgent care. Ayrshire & Arran had noted a significant drop in A&E attendances, and ambulances were used differently with a better collaboration with departments. The Chair also noted that the Western Isles had a similar concern regarding Paediatrics, and the Mental Health Pathway needed further development.

L Steel noted an issue with Pharmacy which had arisen from the remobilisation of services. Pharmacy had been struggling with the volume of prescriptions due to patients not seeing their GPs. Pharmacy had been the first port of call for patients nationally, which was usually not an issue however Pharmacies had been seeing a larger footfall in their consultation rooms, which also required additional cleaning and PPE. There had also been an issue where contractors had not migrated to Office 365 and emails had been lost. It had been exceptionally difficult to manage the increased volume of prescriptions while managing patient expectations. L Steel suggested one solution to ease these issues would be to have a window at Skerryvore for patients to collect prescriptions.

The Head of Assurance and Improvement noted the remobilisation plan had included the direction going towards pharmacy first, but agreed the impact from this was unknown. She noted that a continuous flow of support would be looked at to not overwhelm the pharmacies. The Chair suggested this be discussed at the next GP Sub Committee meeting, to which the Interim Chief Officer agreed. It was agreed that L Steel would email the Chair of GP Sub to see if this would be an appropriate item.

Decision/Conclusion:

Members noted the update provided and agreed that L Steel would progress further with the Chair of the GP Sub Committee.

101 Mental Health Task and Finish Group

B Wilson attended the meeting to provide an update on the Mental Health Task and Finish Group. She noted the main highlights were around the sub groups. The pathways group led by J Burgeon had been meeting weekly, looking at which manual processes would be automated. The first meeting of L Bradford's group would be next week, where Distress Brief Intervention (DBI) would be discussed. The communications sub group was led by V Stonehouse and were also meeting weekly. All the groups had been requested to submit terms of reference and had agreed to identify short term plans for this year, and longer term plans for next year. B Wilson noted that there had been a further few meetings to discuss DBI, which had been advocated by Scottish Ambulance and Police Scotland, which would offer an

8.4.1

alternative to someone not in crisis. She highlighted that Scottish Government were looking for all health boards to have DBI in place by 2024, which put NHS Orkney ahead of that goal. A meeting would be held in December to consider which pathway would be progressed first, as it would be an incremental process. Public Health Scotland were collating data around out of hours referrals for NHS Orkney; as DBI was a new service there was currently no data to compare to but this would start as a benchmark.

G Morrison noted she would invite B Wilson to attend the Orkney Health and Care Management meeting. She highlighted that the main concern was surrounding reverting to manual records. She noted that this would be followed up with the Deputy Nurse Director who had been speaking to Grampian. B Wilson agreed that the electronic patient record was a wider issue. She noted that this would be part of the processes J Burgeon and V Stonehouse were working on.

The Chair noted that the Area Clinical Forum had held sessions on ccube and electronic records in the past and the appetite for an EPR was huge and clearly a priority area. The Deputy Nurse Director highlighted that NHS Grampian had invited a number of people to a session on the development of their electronic records. She noted the record would have to be applicable for all, including community and AHPs. L Steel noted she had met with the Corporate Records Manager and others to discuss electronic records. She noted in Glasgow she had used Care Portal with had positive results. B Wilson noted that a test of change had been implemented as an interim measure using PARIS. The Chair noted that clinicians were not happy with the current situation as insufficient record keeping was a risk. Members agreed that clinicians had standards to meet and this could pose a risk to their registration.

102 **Bed Occupancy**

The Chair highlighted that the Medical Director was planning to attend to discuss this item but apologies had been received. The issue of bed occupancy had stemmed from a discussion at the November development session where the Medical Director raised the pressure on beds in the hospital. The Deputy Nurse Director noted that delayed discharges had decreased in the last few days due to a few significant discharges and this was not currently an issue.

103 **Orkney Public Protection Guidance**

The Chair noted that the document had been circulated to the advisory committees. He highlighted the diagram and reference guide which would be useful to clinicians. The Deputy Nurse Director noted that the Lead Public Protection Nurse would be starting post in January, and they would review the document.

Decision/Conclusion:

Members noted the paper provided.

104 **Timetable of ACF meetings 2021/22**

Members noted the Timetable for the 2021/22 meetings. The Chair noted that J Taylor would be included on the Non Executive rota in addition to the new non-executive due to be appointed in early 2021. A poll had been circulated to seek members views for their preference for the schedule of meetings and it was decided to continue the alternating Tuesday/Friday bi-monthly meetings and development sessions.

Decision/Conclusion:

Members approved the timetable.

Development Sessions

105 ACF Development Session 3 November 2020: Clinical Engagement

The Chair noted a development session had been held to discuss clinical engagement, many things could now be considered complete in terms of what was set out a year ago. The committee would continue to reach out to people for attendance, and a bimonthly update would be issued to staff. An issue that still needed resolved was ensuring that clinicians had time to attend and contribute to meetings and The Chair will continue to pursue this.

106 New Kirkwall Care home Planning Session 1 December 2020

The Chair highlighted the session held to discuss the new Kirkwall care home. G Morrison thanked the Chair and members for attending and providing the highly professional feedback, she noted that the Integrated Joint Board welcomed input from clinicians. There was an emphasis on home first support and reablement. She also noted there would be scope for further clinical and professional input. The Chair highlighted that this summary would now go to the Integrated Joint Board.

107 ACF March Development Session

The Chair asked members for suggestions of topics to discuss at the next development session in March. He suggested that electronic patient records, specifically community, mental health, and health visitors, would be a potential topic. He also highlighted that clinical guidelines would be potential topic, specifically the process of guidelines. The Chair noted that he would ask members in January/February to choose the specific topic to give notice for attendance.

Professional Advisory Committees

108 Meeting frequency and support of Professional Advisory Committees

This agenda item was not discussed.

Professional Advisory Committee Chair's Reports

109 ADC

The Chair noted that the main item discussed at the last meeting was the recommencement of dental services. He highlighted the progress was slow, but there was more freedom to carry out treatments. The main issue was around aerosol generating procedures as they required extra PPE, additional time and additional cleaning.

110 APC

No update was available as the committee had yet to meet.

111 GP Sub-Committee Chair's Report and approved minutes

No update was available.

112 Hospital Sub-Committee Chairs Report and approved minutes

The Chair highlighted that since the attached report was written, the Hospital Sub Committee had received help with Microsoft Teams. He noted the issue of hospital doctors being asked to cover in the out of hours Covid Assessment Centre, however G Morrison highlighted that this had been resolved.

113 NAMAC Chair's Report and approved minutes

S Tomison noted that NAMAC had been quorate in October but had struggled with quoracy in November and previously. She highlighted that acute services had been asked for participation, as clinical engagement had been difficult. The Chair suggested that S Tomison and the Deputy Nurse Director discuss NAMAC attendance out with the meeting.

114 TRADAC

K Smith noted that TRADAC had held an AGM where the office bearers were all re-elected. Members had agreed to continue with the alternative meetings and development sessions, scheduling the meetings to align with the Area Clinical Forum. She highlighted the main concern of TRADAC was the lack of progress following the resignation of Dr Dijkhuizen. The Board Chair had highlighted the MIRO board was there to raise concerns. Another issue of TRADAC was the feeling that items escalated to the Area Clinical Forum were not being reported back down. The Chair noted he had spoken to the Corporate Services Manager and was creating a system to track issues escalated to the Area Clinical Forum that were then escalated to the Board and the Clinical Care and Governance Committee. This would track issues and resolutions back down to the advisory committees. The chair noted that this could be used to feed information into in the bimonthly newsletter so staff would be able to see the issues raised.

For information and noting

115 Clinical Documentation Catalogue

Members noted the paper and it was noted the paper was available on the Teams page.

116 ADP Annual Report

Members noted the paper and it was noted the paper was available on the Teams page.

117 Prediabetes Documents

L Steel noted that comments had been received from the prediabetes document. She highlighted some feedback that the work should have been led by medics but clarified that the author was a GP.

118 DL(2020)29 – Publication of COVID-19 asymptomatic weekly testing guidance for employers and staff on the importance of weekly asymptomatic testing

Members noted the paper circulated.

119 Key legislation issued

Members noted the key legislation issued since the last meeting.

120 Correspondence

No correspondence had been received.

121 Items to be brought to the attention of the:

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

Board:

- Electronic Patient Records
- Safe Staffing

122 Items to be communicated with the wider clinical community

No Items were raised to be communicated to the wider clinical community.

123 Any other competent business

No other competent business was raised.

124 Schedule of Meetings 2020/21

Members noted that the next meeting of the Area Clinical Forum would be held on the 2 February 2021. The next development session would be held on the 2 March.

125 Record of Attendance

Members noted the record of attendance.

126 Committee Evaluation

No issues were raised

Not Protectively Marked

NHS Orkney Board – 25 February 2021 Report Number: OHB2021-92 This report is for discussion Financial Performance Management Report	
Lead Director Author	Mark Doyle, Director of Finance Keren Somerville, Head of Finance
Action Required	Members are asked to: <ul style="list-style-type: none"> • Note the reported overspend of £6.103m to 31 December 2020 • Note the updated narrative to the year-end assumptions and outturn.
Key Points	The report provides analysis of the financial position for the period up to 31 December 2020. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £6.103m
Timing	February 2021
Link to Corporate Objectives	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
Contribution to the 2020 vision for Health and Social Care	Value and financial sustainability – effective use of resources.
Benefit to Patients	Effective management of the financial position should be driven by and support the objective to optimise health gain for the population through the best use of resources.
Equality and Diversity	No assessment required.

Not protectively marked

NHS Orkney Board – 25 February 2021

Financial Performance Management Report

Mark Doyle, Director of Finance

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 December 2021.

Section 2 Recommendations

The Board is asked to:

- To **note** the reported overspend of £6.103m to 31 December 2020
- To **note** the narrative to the year-end assumptions and outturn

Section 3 Background

The revenue position for the 9 months to 31 December reflects an overspend of £6.103m, a favourable movement of £1.683m from period 8. Of the £6.103m overspend, £2.868m relates to Covid 19 spend to date, (£1.572m) of offsetting savings and £4.357m relates to unachieved savings. NHS Orkney's operational performance at month 9 is therefore £0.450m overspend. We continue to anticipate a further £0.748m Covid 19 funding in January 2021. We are currently forecasting a year end position of £7.311m, attributable to Covid 19 spend impact and the underachievement of savings. Following a recent update from the Scottish Government it is now likely that Covid cost pressures will be funded in full.

There continues to be a number of potentially volatile areas of spend that are being closely monitored, these may impact on the year end outturn. Forecasted figures are therefore based on professional judgement and best estimates. The main areas of concern include:

- Prescribing costs – costs (both unit cost and activity) have been high to date and may be further impacted by ongoing Covid concerns and EU Exit
- We continue discussions with other Health Boards to monitor SLA activity and the impact of Covid on these costs in year. Where appropriate, reduced costs will be recorded as offsetting savings in the Covid finance returns
- Covid cases in Orkney continue to be low, if this changes there could be a significant change to the projected costs
- Travel expenditure for patients to attend appointments off island – activity has increased in recent months, however this is an area that would be affected if further lockdown restrictions continue

- The impact of EU Exit on spend.

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

We anticipate achievement of £0.73m of the £6.6m spend reduction/ savings targets identified in the Annual Operational Plans will be met during 2020/21.

The main areas contributing to the Board's overspent operational performance at month 9 are:

- Prescribing costs to date - £384k overspend
- Mental Health Services - £240k overspend
- Estates and Facilities - £131k overspend
- Pharmacy - £345k
- IT - £148k
- Hospital Services - £185k overspend

There are some offsetting underspends to date which include:

- External Commissioning - £154k
- Support Services - £148k
- Pay reserve - £230k
- Prices reserve £95K
- Medical Staffing reserve £333k

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

Following review of our capital plans for 2020/21 it now looking likely that we will have an underspend in the region of £150k. This has arisen due the issues with getting contractors on island to carry out works. These works are necessary to allow us to maintain our estate and will be completed in 2021/22 assuming travel restrictions are lifted. We have requested of the SG that if the underspend is returned in 2020/21 that it may be reinstated in 2021/22.

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 9, per Appendix 1.

Anticipated Non-Core Revenue Resource Limit

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

Changes in the month are listed below:

Description	Baseline £	Earmarked Recurring £	Non- Recurring £	Total £
Contribution to Global Sum		(14,052)		(14,052)
2020/21 Local Improvemnet Fund Tranche 2			82,000	82,000
Adult social care winter plan			150,000	150,000
ASC Nurse Director support IPC			60,000	60,000
Carry forward of core revenue surplus 2019-20			59,000	59,000
Scottish Trauma Network Tranche 1 (70%) adjustment			2,085	2,085
District Nurse posts		10,806		10,806
	0	(3,246)	353,085	349,839

Summary Position

At the end of December, NHS Orkney reports an in-year overspend of £6.103m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An underspend of £228k is attributable to Health Board operational performance budgets, with an overspend of £678k attributable to the health budgets delegated to the Integrated Joint Board. Covid 19 spend to date accounts for £2.868m with offsetting savings of £1.572m and unachieved savings of £4.357m.

Previous Month Variance M8		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(161)	Hospital Services	12,227	9,099	9,283	(185)	(2.03)	(251)
(338)	Pharmacy & Drug costs	2,588	1,936	2,282	(346)	(17.86)	(489)
(586)	Orkney Health and Care - IJB	26,498	20,023	20,702	(678)	(3.39)	(959)
(533)	Orkney Health and Care - IJB Savings	(670)	(503)	0	(503)	100.00	(670)
477	External Commissioning	10,834	8,107	8,038	69	0.85	14
(175)	Estates and Facilities	6,808	5,067	5,212	(145)	(2.86)	(216)
267	Support Services	7,290	4,921	4,773	148	3.00	255
(3,143)	Covid-19	3,811	2,936	4,231	(1,296)	(44.15)	(1,410)
0	Reserves	2,766	686	0	686	100.00	1,646
(3,595)	Savings Targets	(5,231)	(3,854)	0	(3,854)	n/a	(5,231)
(7,786)	Total Core RRL	66,920	48,418	54,521	(6,103)	(12.60)	(7,311)
	Non Cash Limited						
(0)	Ophthalmic Services NCL	298	226	226	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,818	1,463	1,463	0	0.00	0

10.1

	Non-Core						
0	Annually Managed Expenditure	280	0	0	0		0
0	Depreciation	2,418	1,704	1,704	(0)	(0.00)	0
0	Total Non-Core	2,698	1,704	1,704	(0)	(0.00)	0
(7,786)	Total for Board	71,734	51,811	57,913	(6,103)	(11.78)	(7,311)

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, £40k overspend

Absence rates in these areas have impacted the overspend. Overall wards and theatre areas forecasting a combined overspend position.

- Hospital Medical Team including locums, breakeven
- Radiology, £42k overspend

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

- Laboratories, £129k overspend

Laboratories are overspending due to use of agency to cover vacancies and increased consumable costs.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £346k, this is mainly attributable to overspending drugs. The year end forecast overspend has increased due to new patients on Ibutinib and Trastuzumab.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £678k (excluding unachieved savings and Covid 19 spend) with a forecast outturn of £959k 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.

10.1

- Children's Therapy Services and Women's Health are both currently overspending, with the most significant overspend of £46k 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 were high resulting in a significant overspend to month 9 of £365k. We are currently forecasting a year end overspend of £497k.

The table below provides a breakdown by area:

Previous Month Variance M8	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(85)	Integration Joint Board	5,231	4,088	4,272	(184)	(197)
(447)	Integration Joint Board - Savings	(670)	(503)	0	(503)	(670)
(35)	Children's Services & Women's Health	2,382	1,717	1,742	(25)	(20)
(7)	Primary Care, Dental & Specialist Nurses	10,750	8,070	8,006	64	12
(204)	Health & Community Care	4,080	3,095	3,263	(168)	(257)
(343)	Pharmacy Services	4,055	3,054	3,419	(365)	(497)
(1,119)	Total IJB	25,828	19,521	20,702	(1,181)	(1,629)

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.7m. Following a review with NHS Grampian it has been agreed that NHSO will reflect an offsetting saving of £600k in the Covid Finance Return due to reduced activity in 2020/21. In addition, NHSO is also reflecting an offsetting saving of £500k due to reduced activity in the Mental Health SLA.

SLAs with other Health Boards will remain under review given the potential impact of Covid 19 on the activity for this financial year. Where appropriate any reduction in spend relating Covid will be highlighted in the Covid finance return. Costs are currently accrued on previous year information plus 3% inflationary uplift.

Estates and Facilities

This Directorate is reporting an overspend of £145k to date, there is a significant cost pressure with the energy spend for the new hospital. The overspend in this area has reduced significantly due to outstanding credits being received from previous utility provider.

Support Services

Support Services is currently reporting an underspend of £148k to date.

Covid 19 Spend

NHS Orkney has recorded £5.803m spend to date attributable Covid 19, of this £4.662m is attributable to Health Board spend and £1.141m 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 (Waiting Times Initiative)
- Delivery of Flu Programme
- Test and Protect Service

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

- The Covid-19 Assessment Centre
- Additional Staffing
- Loss of Income

Offsetting Savings

We anticipate £2.1m of savings at year end which is made up as follows:

NHS Grampian Acute SLA	£.600m
NHS Grampian MH SLA	£.500m
Patient Travel	£.600m
Unpacs	£.300m
Other	£.100m

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 £3.854m
- H&SCP £0.503m

Unallocated Funds

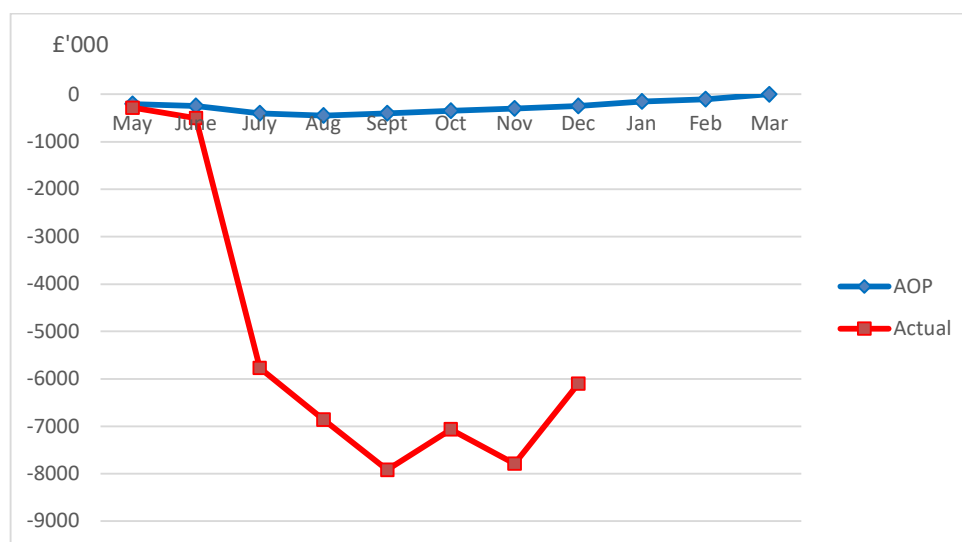
Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and

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.

Forecast Position

As outlined above, the Board is forecasting a £7.311mm 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 31/12/20 £	Variance £	Outstanding £
Allocations Received				
Initial Baseline	52,592,105	52,590,512	(1,593)	
PASS Board Costs	(2,917)	(2,796)	121	
Allocations Awaited				
Primary Medical Services - provision and support	5,315,827	5,458,000	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	40,000	10,000	
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)	(14,052)	(54)	
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)
	<u>60,652,278</u>	<u>62,242,707</u>	<u>436,363</u>	

Appendix 1 – Core Revenue Resource Limit (new allocations)

New RRL allocations	Recurring	Non-recurring
	£	£
Covid-19 Integration Authority Funding		277,000
Scottish Living Wage Uplift		16,413
Covid-19 Prescribing Cost Pressure		(66,000)
Child Healthy Weight		47,000
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
Implementation of Best Start Recommendations		15,264
General Practice Digital Improvement 2020-21		9,692
Q2-4 Primary Care and Mental Health Covid-19 Adjustment		143,897
Social Care - Additional Covid Funding		79,673
2020/21 Local Improvement Fund Tranche 2		82,000
Adult social care winter plan		150,000
ASC Nurse Director support IPC		60,000
Carry forward of core revenue surplus 2019-20		59,000
Scottish Trauma Network Tranche 1 (70%) adjustment		2,085
District Nurse posts		10,806
		4,843,972

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>

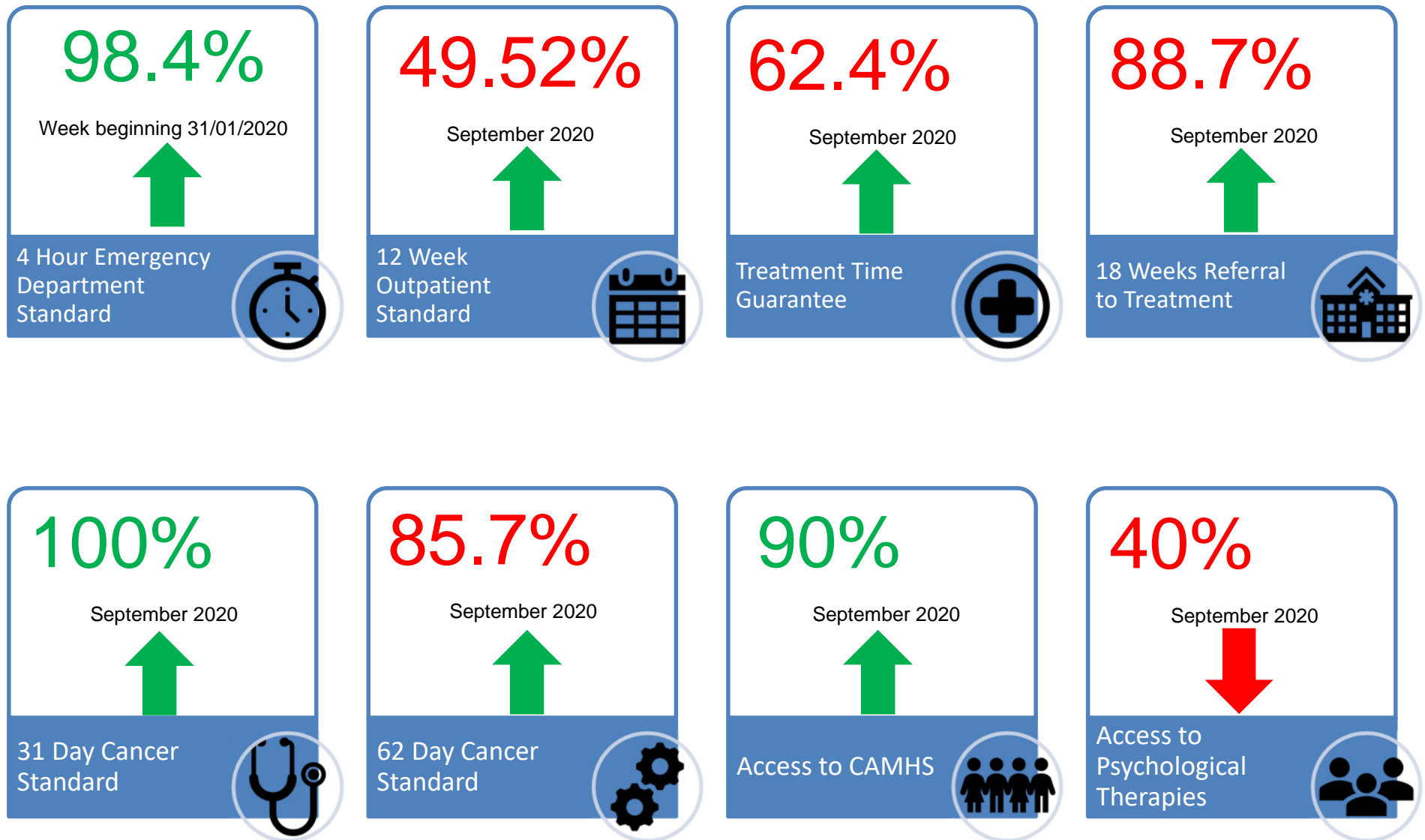
Not Protectively Marked

NHS Orkney Board – 25 February 2021 Report Number: OHB2021-93 This report is for assurance Performance Management Report	
SMT Lead Author	Christina Bichan, Head of Assurance & Improvement Louise Anderson, Waiting Times Co-ordinator
Action Required	<p>The Board of NHS Orkney is invited to:</p> <ol style="list-style-type: none"> 1. To review the report 2. To note the assurance provided
Key Points	<ul style="list-style-type: none"> • Performance in ED continues to be good and in line with the 95% standard. • Performance improvements are being seen in many areas although achievement of the access standards remain adversely affected by the impacts of the COVID-19 pandemic. • Access to up to date published information has also been adversely affected by the pandemic with some scheduled publications delayed. The most recent published information has been presented with notes made where there is no update available. • Unpublished information on all performance measures continues to be provided to the Finance and Performance Committee for scrutiny and in the summary management information circulated to all Board members weekly to increase oversight of performance.
Timing	For consideration at the February 2021 meeting.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to are:</p> <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services

10.2

Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
Benefit to Patients	More timely access to care and services.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

NHS Orkney – Board Performance Report (February 2021)
SUMMARY (Published Data)



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 31st January 2021, the number of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 98.4%. 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 January at 95.58%.

Figure 1: ED Waiting Times (% patients seen within 4 hours) (Source: NHS performs)

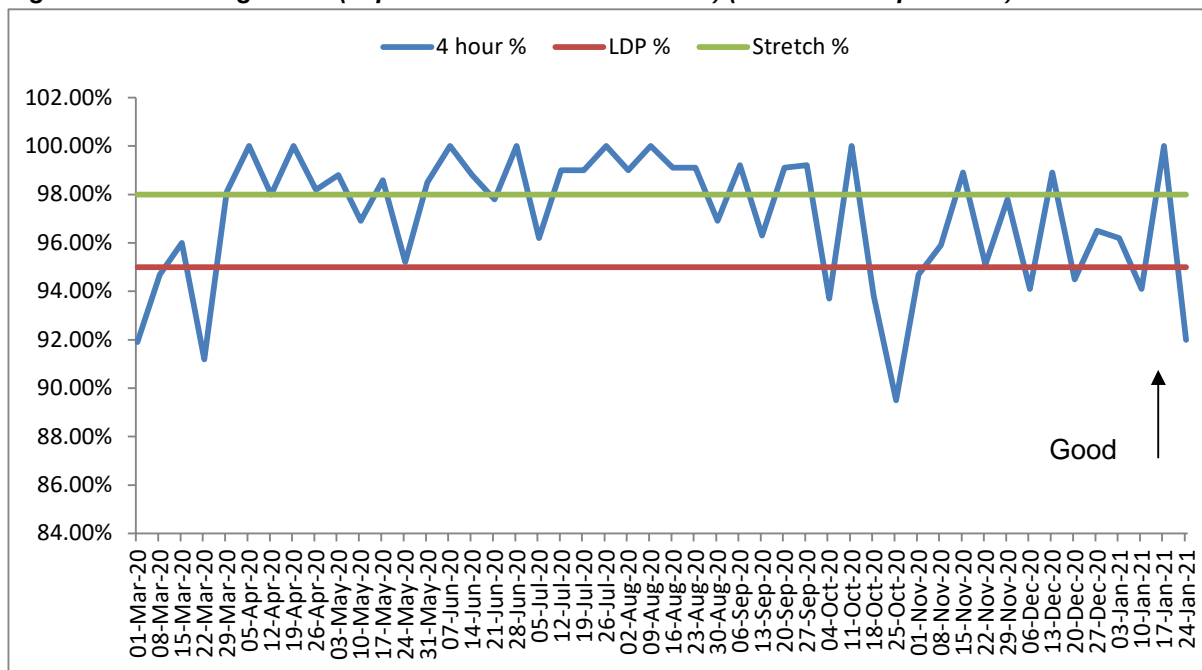
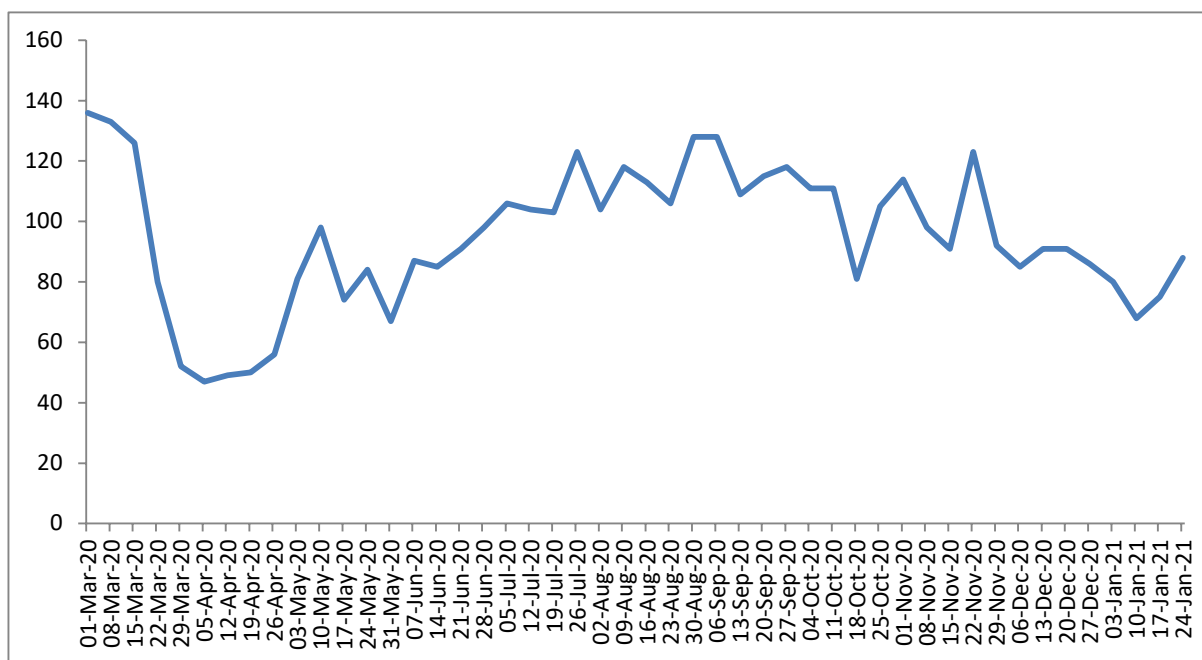


Figure 2: ED Attendances by week, March 2020- January 2021 (Source: NHS Performs)



2. Outpatients

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

Update – As at 30th September 2020, there were 935 patients waiting for a new outpatient appointment, a significant rise from 721 in June 2020. Of these 472 (50.48%) have been waiting over 12 weeks meaning that 49.52% of patients are seen within the 12 week standard. Performance in this area has reduced as a result of the pandemic however is improving as services remobilise and direct resources in line with clinical prioritisation.

Figure 3: Performance in outpatients – The Balfour, 2012 - 2020

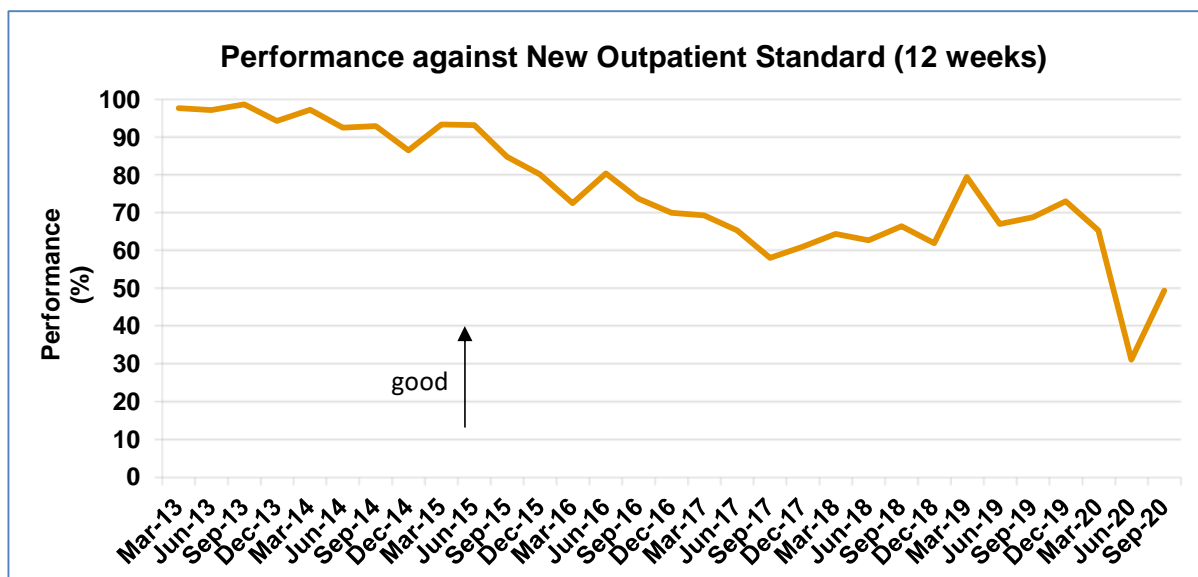
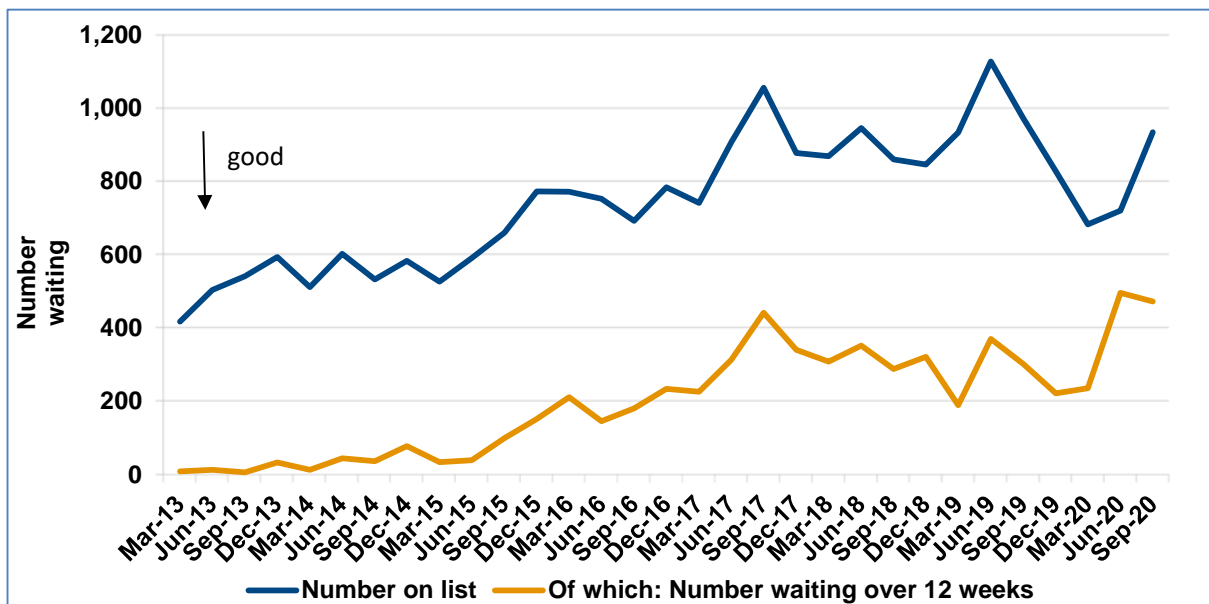


Figure 4: Outpatient waiting times – The Balfour, March 2013-June 2020

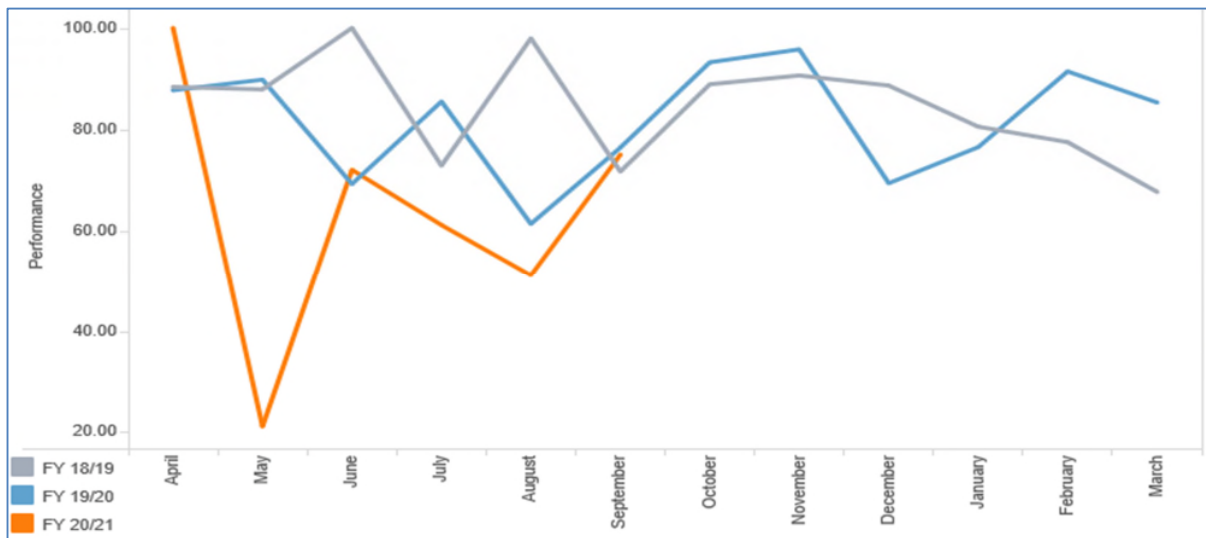


3. Treatment Time Guarantee (TTG)

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

Update - Current figures indicate that 125 patients have been seen during September 2020; an increase from 107 in June 2020. Of these 62.4% of patients waited less than 12 weeks from referral to treatment. There were 129 patients on the list in September and of these 73 (56.59%) were waiting over 12 weeks. 28 of these patients were classed as unavailable for treatment. Current performance in comparison to previous financial years is shown in Figure 5.

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

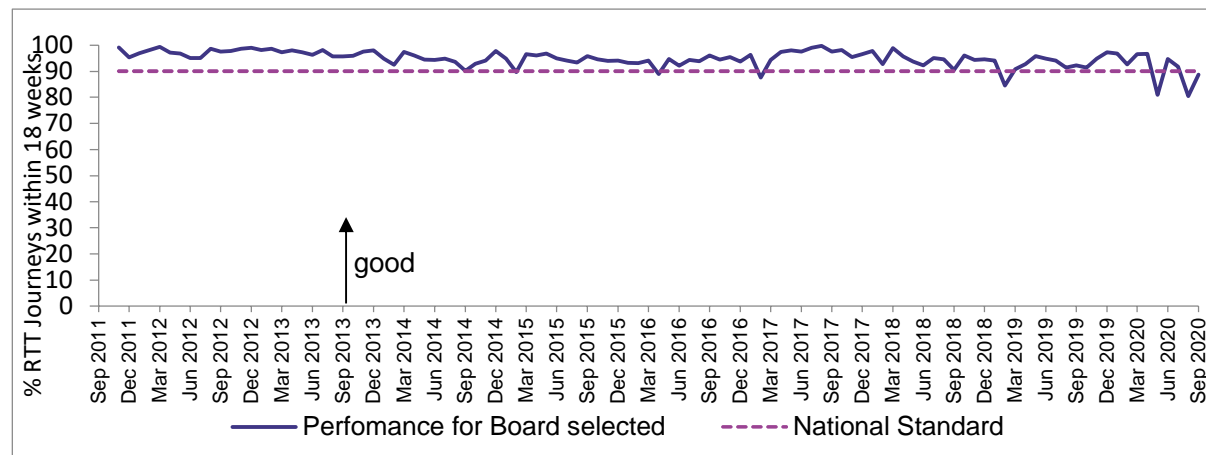


4. 18 Weeks Referral to Treatment

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

Update – Published data from September 2020 details 88.7% of patients were reported as commencing treatment within 18 weeks from the date of referral as shown in Figure 6.

Figure 6: 18 week performance – NHS Orkney



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.*

No update to report – Information provided from the Health & Care Experience Survey in 2019/20 showed that 93% of people were able to book a GP appointment more than 48 hours in advance. The Scottish average was 92%. 94% were also provided with access to an appropriate healthcare professional more than 48 hours in advance. The Scottish average was 64%. An updated position will be available after the next national survey.

6. Antenatal

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

No update to report – During 2019/20, 92.6% of pregnant women in the most deprived quintile were booked for antenatal care by the 12th week of gestation. 95.7% were in the least deprived quintile.

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*

No update to report – During 2019/20, there were 437 ABIs delivered (224 in priority settings and 213 in wider settings). The LDP standard for Orkney is 249; meaning 175.5% were delivered in 2019/20.

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 – Most recent published data (July - September 2020) shows 100% of patients started treatment within the 31-day standard. 85.7% of patients started treatment within the 62-day standard. Timely access to diagnostics has been maintained for urgent suspected cancer pathways throughout the COVID-19 pandemic with timely access to treatment being maintained with the support of NHS Grampian. As this standard relates to very small numbers significant swings in performance can be seen as a result of 1 or 2 patient pathways. Figure 7 compares NHS Orkney to the Scotland performance on the 31-day standard. Figure 8 compares NHS Orkney to the Scotland performance on the 62-day standard.

Figure 8: Performance against the 31-day standard from date decision to treat to first cancer treatment by cancer type (July – September 2020)

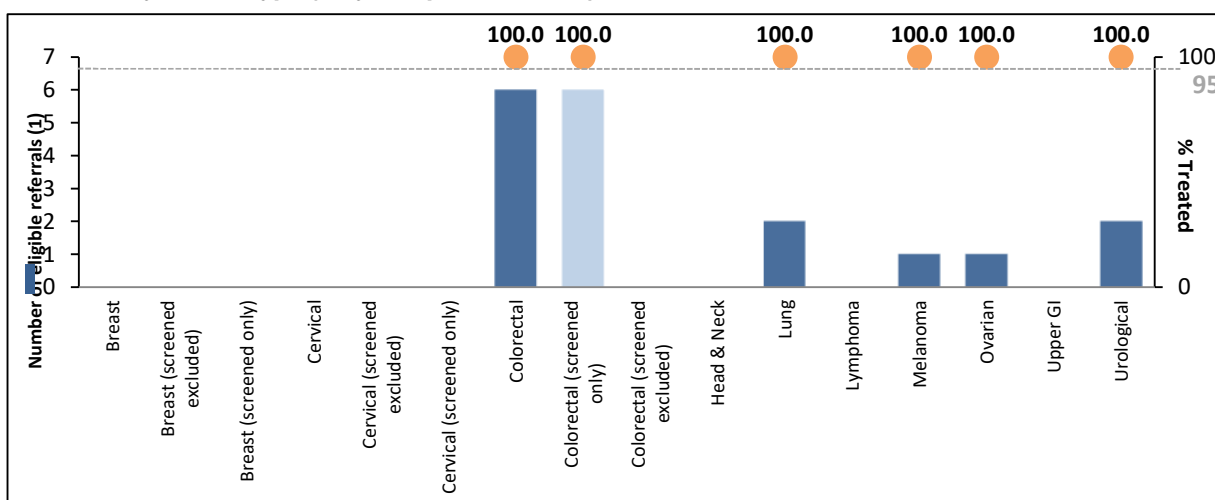
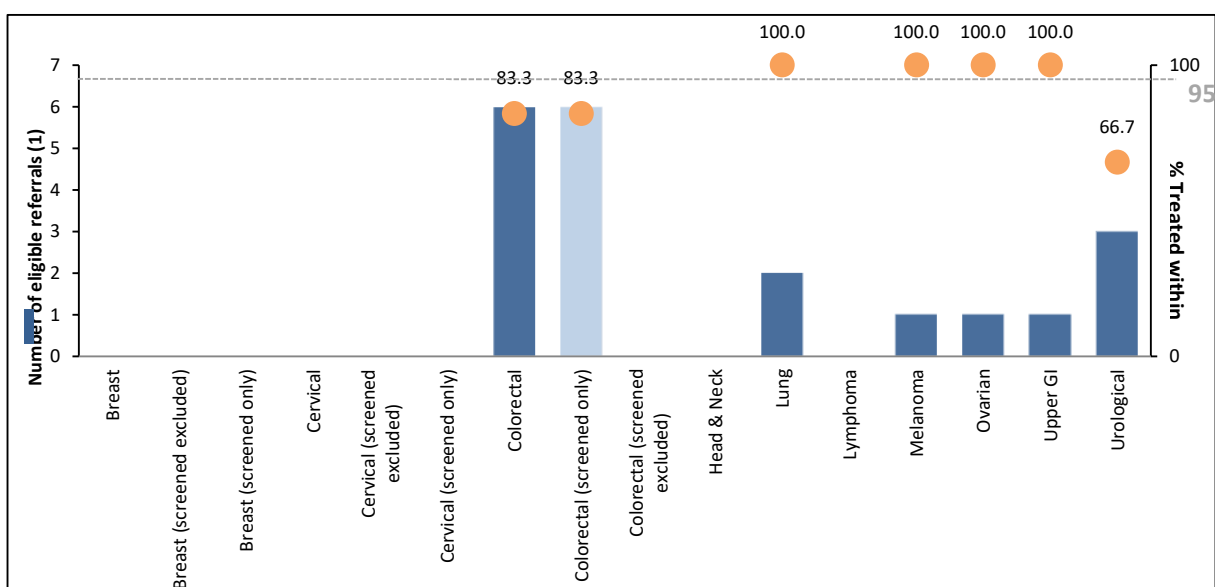


Figure 9: Performance against the 62-day standard from date decision to treat to first cancer treatment by cancer type (July – September 2020)



9. Dementia

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

No update to report –29 people were referred for dementia post-diagnostic support in 2017/18 in Orkney. This equates to 33% of people estimated to be newly diagnosed with dementia within that year. Of those referred to dementia post-diagnostic support in 2017/18, 41.4% received one year's support as proposed in the LDP standard. This data is due for refresh but has been on hold nationally for some time.

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%

No update to report – The baseline taken in 2010-2011 for NHS Orkney showed 13 (19.7%) patients were treated at stage 1. Data provided in December 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.

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

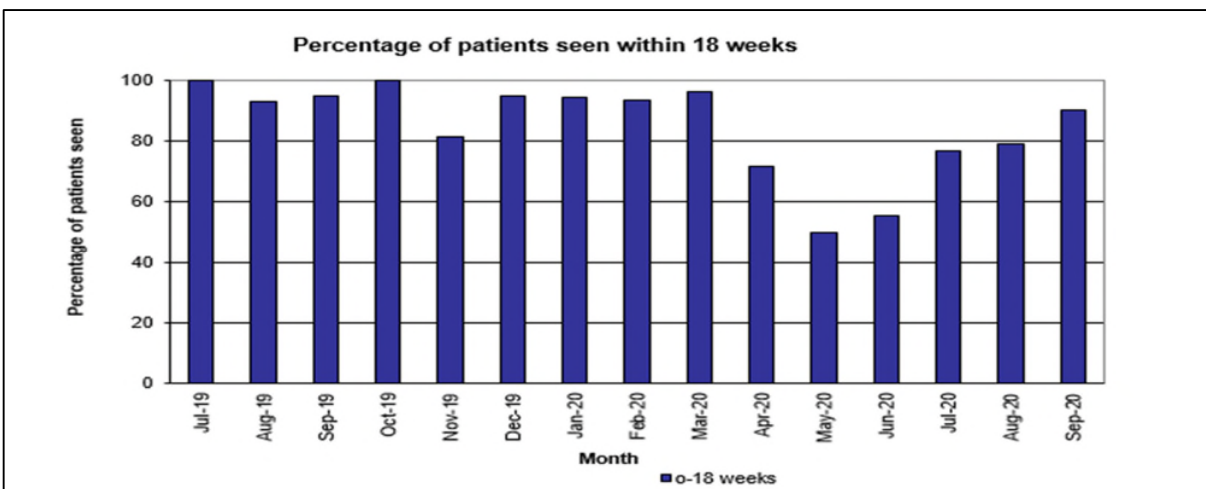
Update – The latest figures (September 2020) show 9 completed waits with 100% of people who started their first drug or alcohol treatment waited three weeks or less. This is an area where NHS Orkney continues to perform well.

12. Mental Health

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

Update – Published data from September 2020, shows 90% of patients waited less than 18 weeks from referral to treatment. Please note that these figures include all the Islands Boards to prevent disclosive numbers. This is an increase in performance and in line with the national standard.

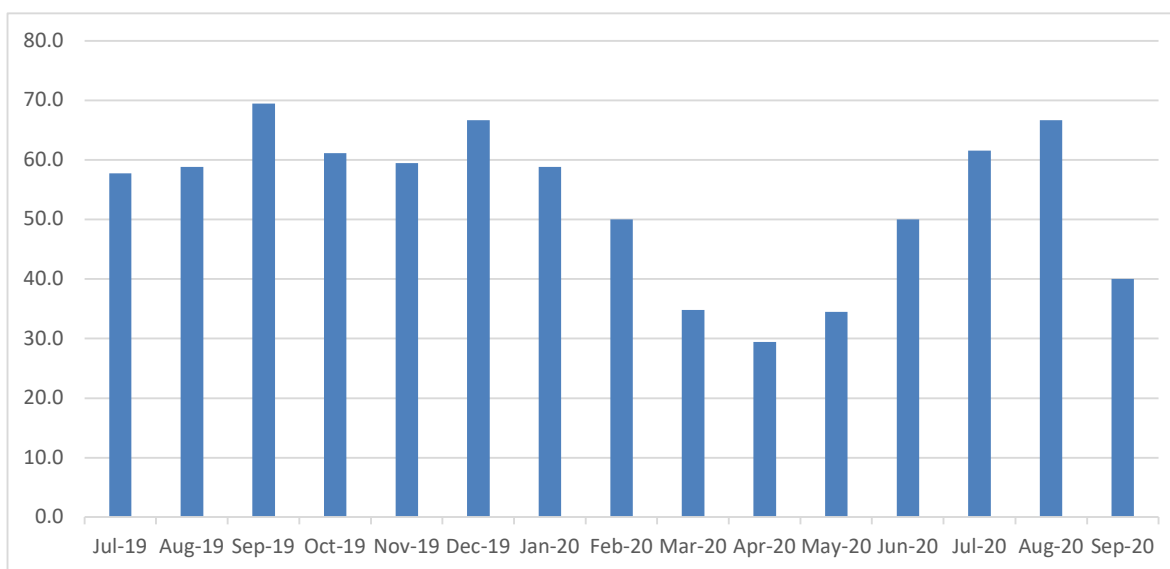
Figure 10: Percentage of patients seen within 18 weeks within the Child and Adolescent Mental Health Service



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

Update - Published data from September 2020, shows 40% of patients waited less than 18 weeks from referral to treatment within the Psychological Therapies service. 20 patients were seen from referral to treatment in September with 12 waiting over 18 weeks. Please note that these figures include all the Islands Boards to prevent disclosive numbers. This is a reduction in performance from the levels previously reported and at a local level performance is being adversely affected by reduced workforce capacity as a result of absence.

Figure 11: 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

No update to report – At the end of December 2019, 100% of eligible patients who were referred, commenced IVF treatment within 12 months of referral. Please note that due to the small numbers within Orkney for this standard, the figures have been combined with Shetland and the Western Isles to give the performance total.

14.Smoking Cessation

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

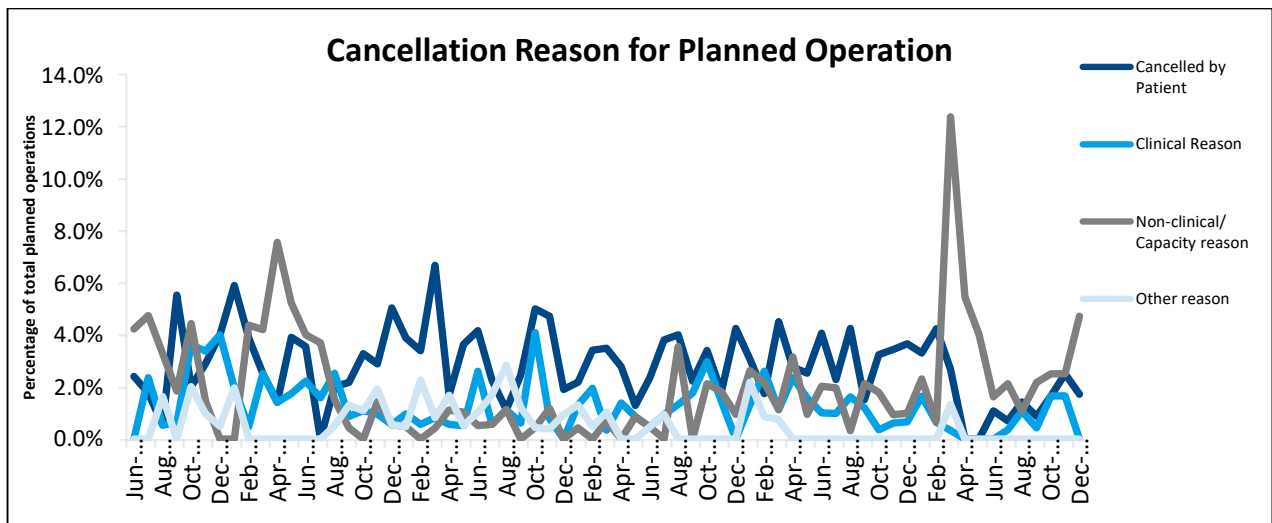
No update to report – During 2019/20 there were 18 quits (target was 31). This gives a performance against annual target percentage of 58.1%. The LDP 12 weeks quit rate performance percentage is 39.1%

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

15. Cancelled Operations

The total number of planned operations across NHS Orkney during December 2020 was 232, a decrease from 239 during November 2020. 15 operations were cancelled in December 2020. 11 were cancelled based on capacity or non-clinical reason by the hospital with the remainder being cancelled at the patients request. In comparison, 16 were cancelled in December 2019. Current performance at 6.5% remains ahead of the national average of 7.5%.

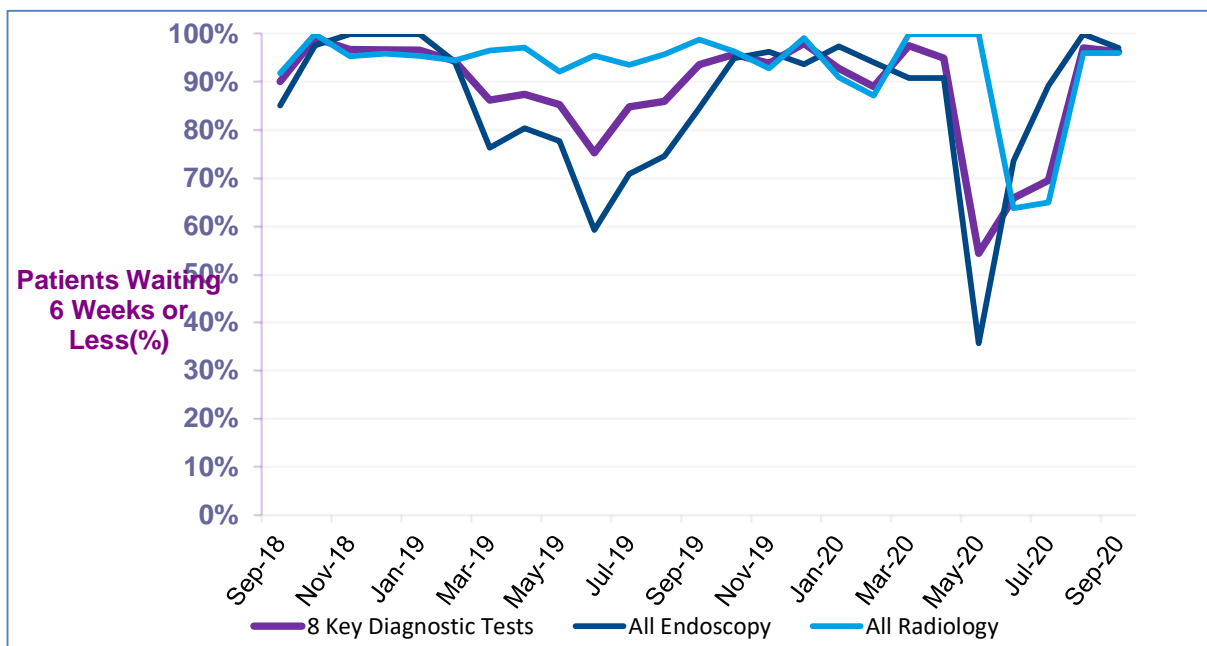
Figure 12: Cancellation Reason for Planned Operation – NHS Orkney



16. Diagnostics

At the end of September 2020 there were 137 patients on the waiting list for a key diagnostic test. Of these, 15% had been waiting greater than 4 weeks and 4% had been waiting greater than 6 weeks. This compares with 30% waiting over 6 weeks at the end of July 2020 showing an improvement in performance. The longest waits are for routine diagnostics with clinical prioritisation ensuring timely access for those on urgent suspected cancer and urgent pathways. Figure 13 provides an overview of performance over time in this area and highlights that performance has now returned to more usual levels following significant delays earlier in the year.

Figure 13: Patients waiting less than 6 week standard (%)



17. Access to MSK Services

No update to report - In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2 below. Publication of more up to date information in this area has been delayed as a result of COVID-19 and is awaited nationally.

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

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

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

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

18. Delayed Discharges

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

Latest figures (December 2020) indicate that there were 145 Bed Days Occupied by Delayed Discharges. Of these 36 were health and social care/ patient and family related, 109 were code 9 (legal) reasons. At Census point there were 4 patients whose discharge from hospital had been delayed with the majority resulting from code 9 reasons.

Figure 14: Bed Days Occupied by Delayed Discharges

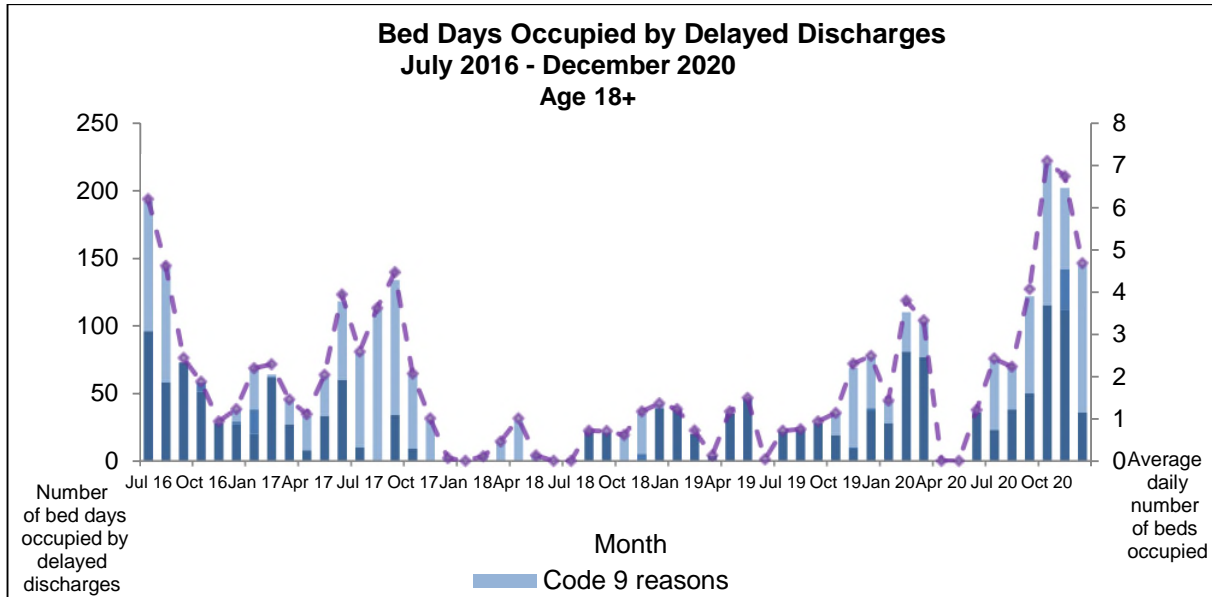
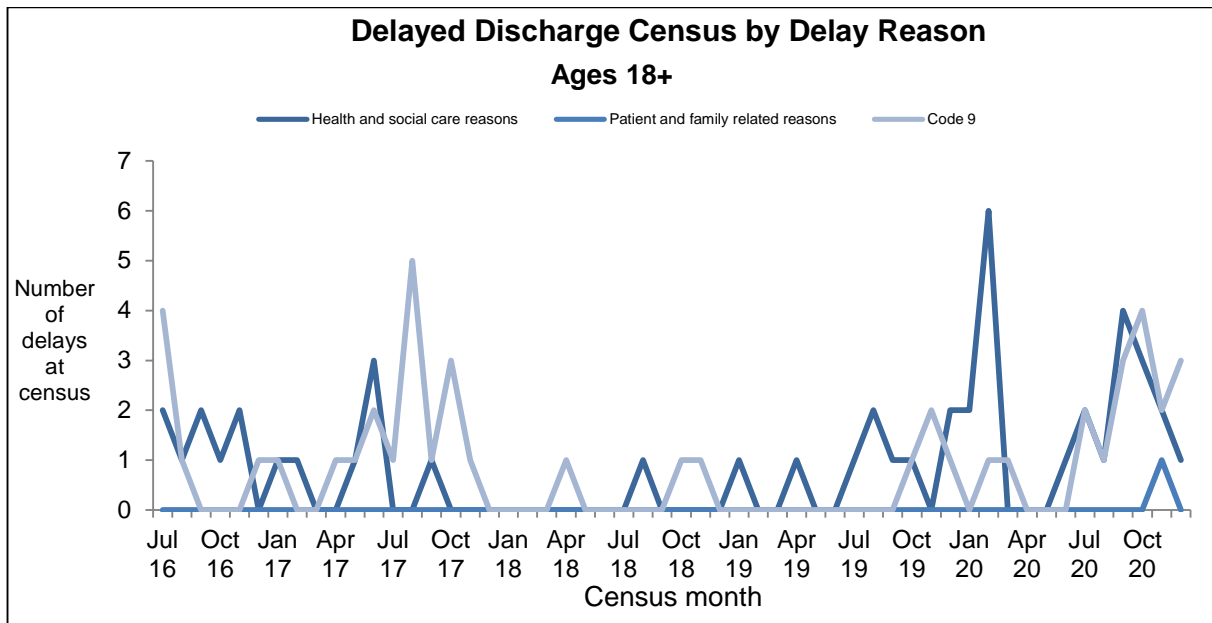


Figure 15: Delayed Discharge census by delay reason July 2016 – December 2020



Not Protectively Marked

NHS Orkney Board – 25 February 2021

Report number: OHB2021-94

This report is for noting

Finance and Performance Committee – Chair’s Report

Lead Director Author	Mark Doyle, Director of Finance Davie Campbell, Finance and Performance Committee Chair
Action Required	The NHS Orkney Board is asked to: <ol style="list-style-type: none"> 1. Review the report 2. To note the issues raised
Key Points	This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 28 January 2021 and it was agreed that these should be reported to the Board:
Timing	The Finance and Performance Committee highlights key issues to the Board as appropriate.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Finance and Performance Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability.

10.3

Benefit to Patients	Delivery of the best possible outcomes for the people of Orkney within available resources.
Equality and Diversity	No specific equality and diversity elements to highlight.

Not Protectively Marked

NHS Orkney Board – 25 February 2021

Finance and Performance Committee – Chair's Report

Davie Campbell, Chair - Finance and Performance Committee

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
2. To **note** the issues raised
3. **Adopt** the approved committee minutes

Section 3 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 28 January 2021. It was agreed that this should be reported to the Board.

Section 4 Issues Raised

1. Financial Performance Management Report

The Director of Finance and Head of Finance delivered the Financial Performance Management Report covering both November and December 2020, advising that:

- There had been a reported overspend of £7.786m for the 8 months to 30 November 2020 and £6.103m for the 9 months to 31 December 2020
- The forecast year end position was an overspend of £7.311m
- Following a recent meeting with the Scottish Government, it was now likely that Covid spend and under achievement of savings would be funded in 2020/21

Members noted the report and were assured of progress.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 26 November 2020

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of Orkney NHS Board held on **Thursday, 26 November 2020** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non-Executive Director (Vice Chair)
Mark Doyle, Director of Finance
Caroline Evans, Non-Executive Director
Meghan McEwen, Board Chair
Fiona MacKellar, Employee Director

In Attendance: Christina Bichan, Chief Quality Officer
Christy Drever, Committee Support
Eddie Graham, Resilience Officer (for item 777)
Gillian Morrison, Interim Chief Officer of the IJB
Pat Robinson, Chief Finance Officer of the IJB
Keren Somerville, Head of Finance
Kim Wilson, Deputy Director of Nursing (Deputising for Director of Nursing, Midwifery and AHPs)
Louise Wilson, Director of Public Health

772 **Apologies**

Apologies were noted from David McArthur, Marthinus Roos and Michael Dickson

773 **Declarations of Interests – agenda items**

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

774 **Minutes of Meeting held on 24 September 2020**

The minute of the meeting held on 24 September 2020 was accepted as an accurate record of the meeting and was approved.

775 **Matters Arising**

Winter planning

Members were advised that a draft winter plan had been to the Senior Management Team for consultation. Some amendments would be made, following which the plan would be taken to the NHS Orkney Board and Integration joint Board for approval.

663 - Pharmacy Costs

Members were advised that no feedback was available surrounding the high level of spend within the Pharmacy department. The Director of Finance agreed to follow this up and report any progress.

776 **Action Log**

The action log was reviewed and updated as required.

Performance Management

The Resilience Officer presented the chairs report, highlighting that:

- The 41 standards of Organisational Resilience had been submitted to the Scottish Government Health Resilience Unit; however, a response had not been received yet.
- The Resilience Officer had been chairing the PPE and Supply Chain Group matching the availability of PPE with the Boards response to the Pandemic. Face-fit testing had been a significant issue created by the fluctuations in availability of Face Filtering Protection. 10 new face fit testers from clinical and non-clinical services had been trained to undertake an intensive programme of face fit re-testing. This was designed to ensure that all relevant staff are fitted for two sustainable face mask products to build resilience.
- This year's socially distanced flu vaccination programme had been challenging. An appointment process was adopted and liaison with Orkney Local Emergency Co-ordinating Group (OLECG) provided Marshalls to control the flow of patients at all venues from their vehicles to the vaccinators. The vaccination of the first cohort of patients had been completed and planning in place for the next cohort.
- The Resilience Officer had been part of the winter planning group reviewing and updating the winter plan from a resilience perspective. The focus had been on the mitigation measures around Covid-19 from a workforce perspective supporting the re-mobilisation and delivery of services in a Covid-19 secure environment.
- As part of the ongoing Covid-19 response, the Resilience Officer was participating in resilience meetings to capture lessons learned with Highlands and Islands Resilience Partnership and OLECG which had reverted to a fortnightly cycle. There are several debriefs planned and debrief reports available to assist with planning as we move into the winter.
- The Graduated Security Plan (GraSP) was under review following the UK threat level being raised to Severe in light of terrorist attacks recently perpetrated in France and Austria.
- Over the past 10 months the Resilience Officer had taken on the responsibility for the day to day management of the Health Improvement Team and Administration Team within Public Health as a consequence of staff absence. This situation was now resolved allowing more time to focus on resilience workstreams.
- Workshops facilitated by Scottish Government and OLECG were attended on the 5th of November 2020 by the Resilience Officer to support the Board's Brexit planning process.
- The concurrency of Covid-19 and Brexit planning was adding an additional complexity particularly around the social distancing measures that manufacturers are adopting impacting on their ability to produce goods in the same quantities.
- The Resilience Officer continues to chair the PPE and Supply Chain Group together with the Board's Procurement Officer monitoring PPE stock levels and stock recalls to ensure that the Board had sufficient PPE supplies to deal with normal day to day re-mobilisation in tandem with the ability to respond to any localised outbreaks of Covid-19.
- The Resilience Officer was reviewing the Business Continuity plans to include the Recovery Point Objectives identified in the audit undertaken by the internal auditors Scott-Moncrieff. This was defined as the amount of data measured in

10.3.1

time that a service could lose before it impacts on service delivery. It focusses on back-up periods and mitigation measures. In addition, managers would be encouraged to ensure the plans document Covid-19 mitigation measures that services had introduced given the long-term nature of this pandemic.

Members raised concerns around cyber security and the vulnerability that the rapid uptake of remote working had presented. Members noted that the IT team had been working through the internal audit surrounding cyber security and that any appropriate update on this would come to the Committee in future. The Employee Director stressed that the IT team were a small team and had been extremely busy due to the roll out of remote working and new software.

Members were advised that large supplies of short dated masks, which NHS Orkney would not be able to make use of, had been redistributed to other Boards.

The Resilience Officer advised that he hoped to have had all business continuity plans back with owners by Christmas, meaning they should be back with him at the start of the New Year.

Decision/Conclusion

Members of the Committee noted the update.

The Resilience Officer withdrew from the meeting.

778

Performance Management Report – FPC2021-36

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 had reduced over recent weeks due to increased numbers and challenges around patient flow and bed availability. Work was ongoing to address flow issues over the busier winter period.
- A national redesign of the urgent care program had taken place, with a soft launch of the new triage system to begin in December. This was unlikely to cause a drastic change in numbers immediately due to the soft launch of the program.
- Performance within the Outpatients Departments continued to be poor, with patients being seen in order of clinical priority, meaning a significant backlog.
- The Global Citizen post had been filled within Ophthalmology and had visited, which had helped to ease the pressure on the service and reduce patients on the waiting list.
- Urgent suspected cancer performance continued to be positive, with access to diagnosis and treatment falling with the specified time frame. The Head of Assurance and Improvement highlighted that the team had worked hard to maintain this, where many other Boards were struggling.
- Performance within general psychiatry had improved since the previous report.

Members noted that whilst the delayed discharge numbers had fluctuated in the past, they were very small numbers, meaning that one or two patients could change the report significantly.

10.3.1

The Interim Chief Officer highlighted the need for the Integration Joint Board and NHS Orkney to work together to keep delayed discharge numbers low and allow for winter planning.

Members raised concerns surrounding the redesign of urgent care pathways, especially for those patients living in outer isles. The Head of Assurance and Improvement advised that a paper would be taken to the Senior Management Team surrounding patients in the outer isles. She also stressed that the change would not take effect immediately and would be a gradual process. Members also noted that staff who would be affected by this change had received direct communication regarding it.

Members were advised that whilst some areas were in a good position, more investment would be needed to recover in many areas, which would be covered within the Waiting Times improvement Plan as part of the Annual Operational Plan.

The Head of Assurance and Improvement advised that the rate of presentation of patients had remained relatively steady throughout the pandemic, and agreed to add in some extra detail on the level of demand to future reports, to enable members to effectively scrutinise and take assurance from the figures. Members also queried whether the Covid-19 pandemic had affected presentations in certain areas and agreed that this information would be included in the next report.

The Employee Director raised concerns surrounding the services in NHS Grampian which were not remobilising, including rheumatology which could possibly impact on NHS Orkney patients and staff. The Head of Assurance and Improvement advised that negotiations to keep the rheumatology service running had been successful and urgent patients were being seen, however a backlog of routine patients remained. She advised that a new schedule of virtual clinics and on island visits had been agreed within this service, however this was also a challenge in other areas. Members also highlighted that where substantive clinicians had left and had subsequently been replaced with a new clinician, this would not guarantee a reduction in any backlog on waiting lists.

Members were advised that where patients might have been sent to Golden Jubilee for treatment in the past, this was not able to happen at present, due to capacity within the hospital, and the difficulty of compliance with guidance for patients attending without making use of public transport within two weeks of their appointment.

Members noted a significant increase in sickness absence, and the need to ensure staff are being supported.

Decision/Conclusion

Members noted the update and were assured of progress.

Financial Management and Control

779 Financial Performance Management Report – FPC2021-37

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:

10.3.1

- There had been a reported overspend of £7.921m for the 6 months to 30 September 2020
- Of the £7.921m overspend £4.453m relates to Covid 19 spend to date and £3.027m relates to unachieved savings attributable to the impact of Covid 19. NHS Orkney's operational performance at month 6 was therefore £441k overspend. NHS Orkney had recently received £3.098m funding towards Covid 19, a further £0.748m was anticipated for January 2021.
- The main areas contributing to the Board's overspent operational performance at month 6 are:
 - Prescribing costs to date - £255k overspend
 - Mental Health Services - £163k overspend
 - Estates and Facilities - £190k overspend
 - IT Services - £52k overspend
 - Hospital Services - £114k overspend
- There are some offsetting underspends to date which include:
 - External Commissioning - £388k
- 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 that many Boards were experiencing significant increases in prescribing costs nationally.

Members were advised that the overspend within Estates and Facilities was largely attributable to significant cost pressures in the energy spend for the new hospital. This was currently under review with the expectation an element would be recoverable from the contractor.

Members queried whether the increase in costs, had been due to an increase of patients being treated, or improvement in services.

Members raised concerns surrounding unachieved savings, acknowledging that the executive management team had been leading workshops surrounding cost improvement and providing recurring savings in future. The Director of Finance advised that these workshops had been paused, to review how to take clinicians ideas forward.

Decisions/Conclusion

Members noted the Financial Performance Management report and were assured of progress.

780

Covid-19 – Q2 Finance Return – FPC2021-38

The Director of Finance provided the update on the Covid-19 Q2 Finance Return, highlighting that:

- the anticipated additional Covid-19 Health Board costs of £7.160m for 2020-21
- the anticipated Health and Social Care Partnership Covid-19 costs of £2.692m for 2020-21
- the anticipated Health Board under achieved savings for 2020-21 of £5.531m
- the anticipated Health and Social Care Partnership Board under achieved savings for 2020-21 of £1.256m

Members noted that the return was updated each month when actual figures were known, meaning some slight fluctuation in figures.

Decisions/Conclusion

The Committee welcomed the update report and were assured on progress being made.

781 Draft Annual Operational Plan Review and Assumptions – FPC2021-39

The Director of Finance presented the Annual Operational Financial Plan – Financial Outlook and Outline Plan 21/22 highlighting:

- The draft financial position in each of the three years 2021/22 – 2023/24
- There was a financial gap of £6.9m in 2021/22
- there was a potential increase in the financial gap as a result of Covid (£4.840m) if no additional funding was made available by Scottish Government.
- At this early stage, some of the figures were based on assumptions, with further information to come at the next meeting.

The Director of Finance stressed the need for the organisation to draft a plan to bring the Board back into financial balance, in order to work closely with the Scottish Government on recovery. He highlighted that the clinically led workshops surrounding savings had provided helpful discussion and ideas, however a strategy with clear priorities and steer would be needed to provide a result. Difficult decisions surrounding services would need to be made as an organisation.

Members stressed the need to handle any service redesign with care in order to manage both staff wellbeing and community expectations effectively.

The Director of finance stressed the importance of managing risks current risks including the impact of Covid-19 and Brexit.

Decisions/Conclusion

The Committee welcomed the update report and were assured on progress.

782 Integration Joint Board Update

The Interim Chief Officer provided a verbal update, highlighting key points including:

- She and the Chair had agreed that this update would not be required at the Finance and Performance Committee in future.
- The recent recruitment process for a Performance and Planning Officer had been unsuccessful. The Chief Finance Officer was currently covering responsibility for this role until recruitment was successful. The Head of Assurance and Improvement agree to work with the Integration Joint Board on recruitment and to take up a place on the interview panel.

The Chair stressed that it was the responsibility of NHS Orkney to report to the Integration Joint Board, rather than the other way.

10.3.1

Members were advised that the Integration Joint Board required to provide performance framework which informs the annual report, alongside accountability to the Orkney Islands Council and NHS Orkney in managing delegated functions. It was noted that a local element to this performance management would be built up once a Performance and Planning Officer had been recruited. Members noted that the post had been openly advertised for both Orkney Islands Council and NHS Orkney.

Governance

783 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

784 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:

- Financial Performance Management Report

785 Any Other Competent Business

Workforce Plan

Members noted that the Workforce Plan had been progressed at the Staff Governance Committee and would be circulated as appropriate to other Committees including the Finance and Performance Committee.

The Director of Finance and Chair stressed the need for finance staff input into the Workforce Plan. Members raised concerns surrounding lack of funding for staff training and the risks associated. It was stressed that some roles had training built into the terms of employment, and that this should be built into the Annual Operational Plans to ensure training was received when required.

Internal Communication

The Board Chair advised that the Senior Management Team would agree key messages at their weekly meeting, to be communicated within the weekly staff bulletin.

Items for information and noting only

786 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 28 January 2021.

787 Record of attendance

Members noted the record of attendance.

788 Committee Evaluation

10.3.1

The Chair praised the quality of reports received and level of scrutiny from the Committee.

The meeting closed at 11:43

Not Protectively Marked

NHS Orkney Board – 25 February 2021 Report Number: OHB2021-95 This report is for noting Risk Management Update	
Lead Director Author	Michael Dickson, Chief Executive Christina Bichan, Head of Assurance & Improvement
Action Required	Members are invited to: 1. <u>Note</u> the update provided.
Key Points	<p>Delivery of the risk management improvement plan has continued with progress being made in a number of areas. Most notably a comprehensive review of active risks has been undertaken resulting in realignment to a 3-tier risk register approach. This work has been led by the Risk Management Forum.</p> <p>As part of the realignment activity finalisation of a renewed Corporate Risk Register is being taken forward with the Executive Team and once complete will be presented to the Audit and Risk Committee and then Board with regular Board reporting commencing thereafter.</p>
Timing	To be considered at the February 2021 meeting.
Link to Corporate Objectives	Effective risk management supports the delivery of all corporate objectives.
Contribution to the 2020 vision for Health and Social Care	Effective risk management underpins all aspects of NHS Orkney business.
Benefit to Patients	Effective risk management should reduce the risk of harm to patients. Such harm could come in many forms including poor experiences, poor outcomes, loss of or disruption to service, or an impact arising from an error.
Equality and Diversity	The risk management strategy and policy have both been subject to equality and diversity assessments. Good risk management should support the duty of equality and diversity through identifying areas of concern and supporting processes to mitigate those concerns.



Not Protectively Marked

NHS Orkney Board

Subject Risk Management Update

Author Christina Bichan, Head of Assurance & Improvement

Section 1 Purpose

The purpose of this paper is to provide assurance on progress in the implementation of a refreshed approach to risk management across NHS Orkney.

Section 2 Recommendations

Members are invited to:

- Note the update provided.

Section 3 Background

NHS Orkney's Risk Management Strategy was approved by the Board at its December 2018 meeting and forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance. This document provides strategic direction for Risk Management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our documentation also lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation.

An effective risk management process underpins all of the Board's corporate objectives. Potential events which provide a threat to the delivery of corporate objectives must be proactively identified, analysed and assessed, with appropriate mitigation plans developed, implemented and monitored. The existence of a visible and robust process of risk management will provide assurance to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes.

A review of our position against the NHS Scotland Audit & Assurance Committee Handbook was undertaken in early 2020 with the output being used alongside the findings of internal audit to develop a Risk Management Improvement Plan. The Audit & Risk Committee maintain oversight of progress and continue to receive regular updates.

Section 4 Discussion

Delivery of the improvement plan has resulted in:

- The establishment of the Risk Management Forum
- Review and realignment of all active risks in the Datix risk register
- Streamlining and simplifying our risks and risk management processes
- The introduction of a process of internal control to support escalation and de-escalation and more robust use of risk assessment as part of the initial risk entry into the Datix system.
- Transitioning of locally held paper based Departmental risk registers to the Datix system to minimise variation and ensure oversight of all active risks within one location.
- Introduction of a process of regular engagement with risk handlers to support good risk management practice.
- Delivery of a risk appetite development session for Board members.
- A refresh of the Risk Management Strategy being progressed and
- Short video guides for staff to support them in using Datix, recording and assessing a risk being in the early stages of development.

Following the realignment activity all active risks now sit within one of 3 tiers of risk register as shown in Figure 1. 29 risks remain active across the corporate and operational risk registers, by comparison there were 63 active risks across these registers in August 2020. This reduction has been secured through review, risk assessment, de-escalation where appropriate and the closure of inactive risks. Finalisation of the Corporate Risk Register is being taken forward with the Executive Team and once complete will be presented to the Audit and Risk Committee and then Board with regular Board reporting commencing thereafter.

Figure 1: Risk Management Approach Governance Structure



Section 5 Consultation

Risk Management Forum members and the senior management team have been consulted in the development of this approach and in the realignment activities. Further consultation and engagement is planned as part of the Strategy refresh referenced in section 4.

Not Protectively Marked**NHS Orkney Board – 25 February 2021****Report number: OHB2021-96****This report is for noting****Key Legislation**

Author	Emma West, Corporate Services Manager
Action Required	The Board is asked to: 1. Note the list of key documentation issued as attached at Appendix 1
Key Points	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents.
Timing	The list of key documentation is presented to the Board at each meeting.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Circulars

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

Reference:	Date of Issue:	Subject:
PCA(P)(2020)28	07.12.2020	Pharmaceutical services amendments to drug tariff in respects of remuneration arrangements for 2020/21
DL(2020)32	09.12.2020	Guidance on expansion of HCW testing
PCA(D)(2020)15	16.12.2020	Re-routing of Low Level Concerns
CEM_CMO(2020)040	15.12.2020	COVID-19 therapeutic alert Azithromycin in the management of COVID-19 (SARS-CoV-2) positive patients
PCA(O)(2020)21	17.12.2020	General ophthalmic services (GOS) - COVID-19 recovery
CDO(2020)17	21.12.2020	Information on the practice premises revaluation exercise and quality improvement activity
PCS(COV)2020/01	23.12.2020	£500 COVID payment
CDO(2020)18	23.12.2020	Information to dental practices following introduction of Level 4 COVID restrictions
PCA(P)(2020)29	29.12.2020	Community pharmacy public health service poster campaigns 2020-21
CPO(2020)01	29.12.2020	Pfizer BioNTech COVID-19 Vaccine - Doses per Vial
CEM/CMO/2020/042	23.12.2020	COVID-19 THERAPEUTIC ALERT – Therapeutic anticoagulation (Heparin) in the management of severe COVID-19 (SARS-CoV-2 Positive) patients
CDO(2021)01	05.01.2021	Letter from Chief Dental Officer
PCA(O)(2021)01	06.01.2021	General ophthalmic services (GOS) following new COVID-19 regulations
PCS(ESM)2021/01	08.01.2021	Performance Based Increments

Reference:	Date of Issue:	Subject:
DL(2021)01	08.01.2021	Cross-border healthcare and patient mobility in Europe/EU exit: The Cross-border Health Care (EU Exit) (Scotland) (Amendment) Regulations 2020
DL(2021)02	18.01.2021	COVID-19 enhancing workforce capacity
PCA(P)(2021)01	18.01.2021	COVID 19 - Community pharmacy: NHS medicines delivery service
PCS(COV)2021/01	22.01.2021	£500 Covid payment: opt out and further Q&A
DL(2021)03	22.01.2021	Annual leave in 2020-21 and carry forward to 2021-22
CMO(2021)02	28.01.2021	National rollout of COVID-19 remote monitoring service
CMO(2021)01	28.01.2021	Adult flu immunisation programme 2020/21
DL(2021)04	01.02.2021	COVID-19 Recovery for children, young people and families
PCA(O)(2021)02	02.02.2021	General ophthalmic services (GOS)
DL(2021)05	02.02.2021	Stay at home regulations: working from home

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers 2021/22

Initial Agenda Planning Meeting ¹	Final Agenda Planning Meeting	Papers in final form ²	Agenda & Papers	Date of Meeting held via MS Teams (unless otherwise notified) at
with Chair, Chief Executive and Corporate Services Manager ³ 12:00 noon on < 1 week after previous meeting >	with Chair, Chief Executive and Corporate Services Manager 12:00 noon on < 4 weeks before Date of Meeting >	to be with Corporate Services Manager by 17:00 on < 2 weeks before Date of Meeting >	to be issued no later than 16:00 on < 1 week before Date of Meeting >	10:00 on
4 March 2021	25 March 2021	8 April 2021	15 April 2021	22 April 2021
30 April 2020	27 May 2021	10 June 2021	17 June 2021	24 June 2021 (Annual Accounts)
1 July 2021	29 July 2021	12 August 2021	19 August 2021	26 August 2021
2 September 2021	23 September 2021	14 October 2021	21 October 2021	28 October 2021
28 October 2021	18 November 2021	2 December 2021	9 December 2021	16 December 2021
6 January 2022	27 January 2022	10 February 2022	17 February 2022	24 February 2022

Chair: Meghan McEwen
Vice Chair: David Drever
Lead Officer: Michael Dickson
Corporate Services Manager: Emma West

¹ draft minute of previous meeting, action log and business programme to be available

² Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

³ draft agenda, minute and action log issued to Directors following meeting

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

[illegible]

13.3

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

13.3

Name:	Position:	27 August 2020	22 October 2020	17 December 2020	25 February 2020			
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attending	Attending	Attending				
D Drever	Vice Chair	Attending	Attending	Attending				
D Campbell	Non Executive Board member	Attending	Attending	Attending				
C Evans	Non Executive Board member	Attending	Attending	Attending				
I Grieve	Non Executive Board member	Attending	Attending	Attending				
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending				
F MacKellar	Employee Director	Attending	Attending	Attending				
J Stockan	Non Executive Board member	Attending	Attending	Attending				
J Taylor	Non Executive Board member	Attending	Apologies	Attending				
	Executive Board Members:							
M Dickson	Interim Chief Executive	Attending	Attending	Attending				
M Doyle	Director of Finance	Attending	Attending	Attending				
D McArthur	Director of Nursing, Midwifery, AHP and Acute Services	Attending	K Wilson Deputised	K Wilson Deputised				
M Roos	Medical Director	Attending	Attending	Apologies				
L Wilson	Director of Public Health	Attending	Attending	Attending				
	In Attendance:							
G Morrison	Interim Chief Officer – IJB (from 31.08.20)		Attending	Attending				
E West	Corporate Services Manager	Attending	Apologies	Attending				

13.3

Attending								
C Bichan	Chief Quality Officer	Attending	Attending	Attending				
G Pendlebury	Senior Corporate Services Officer		Attending					
L Hall	Interim Director of Human Resources			Attending				