

NHS Orkney Board

22 April 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 22 April 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 25 February 2021	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	Integration Joint Board Chair and Vice Chair appointments	Chair	OHB2122-01	To <u>approve</u> the appointment to the Integration Joint Board Chair
6.2	Governance Committee membership	Chair	OHB2122-02	To <u>approve</u> the amendments to committee membership and appoint Chairs and Vice Chairs as required

Item	Topic	Lead Person	Paper Number	Purpose
7	Strategy			
7.1	Implementation of the National Whistleblowing Standards	Director of Nursing, Midwifery and AHP	OHB2122-03	To <u>note</u> the progress to date and familiarise with the standards and requirements
7.2	NHS Orkney 2021 Plan on a Page	Interim Chief Executive	OHB2122-04	To <u>note</u> and <u>support</u> the priorities identified by the Executive Management Team.
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Prevention and Control Report	Director of Nursing, Midwifery and AHP	OHB2122-05	To <u>review</u> and <u>seek assurance</u> on performance
8.2	NHS Orkney Covid-19 update	Director of Public Health	OHB2122-06	To <u>note</u> the update provided and <u>take assurance</u> on progress
9	Workforce			
9.1	Reflections on the DHI Listening Exercise	Interim Chief Executive	OHB2122-07	To <u>note</u> the initial themes
9.2	Consultant Recruitment	Director of Finance	OHB2122-08	To <u>agree</u> the need for consultant recruitment, <u>approve</u> the staffing numbers and <u>support</u> the planned recruitment process.
9.3	Staff Governance Committee Chairs report and minute from meeting held on the 25 November 2020	Staff Governance Committee Chair	OHB2122-09	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
10	Organisational Performance			

Item	Topic	Lead Person	Paper Number	Purpose
10.1	Financial Management Performance Report	Director of Finance	OHB2122-10	To <u>review</u> the in year financial position and year end assumptions and outturn
10.2	Performance Management Report	Head of Assurance and Improvement	OHB2122-11	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 28 January and 18 February 2021	Finance and Performance Committee Chair	OHB2122-12	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Risk and Assurance			
11.1	Audit and Risk Committee Chair's Report and minute of meeting held on 1 December 2020	Audit and Risk Committee Chair	OHB2122-13	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
12	Any other competent business			
13	Items for Information			
13.1	Key Documentation Issued	Chair	OHB2122-14	To <u>receive</u> a list of key legislation issued since last Board meeting
13.2	Orkney Partnership Board – minutes from meeting held on 6 November 2020	Chair		To <u>note</u> the approved minutes
13.3	Board Reporting Schedule 2021/22			To <u>note</u> the timetables

Item	Topic	Lead Person	Paper Number	Purpose
13.4	Record of Attendance			To <u>note</u> attendance record
13.5	Evaluation	Reflection on meeting – led by Chair		

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 24 February 2021** 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
Issy Grieve, Non Executive Board Member
Steven Johnston, Non Executive Board Member
Joanna Kenny, Non Executive Board Member
Fiona MacKellar, Employee Director
David McArthur, Director of Nursing, Midwifery, AHPs and Acute Services
James Stockan, Non Executive Board Member
Jason Taylor, Non Executive Board Member
Louise Wilson, Director of Public Health

In Attendance

Christina Bichan, Head of Assurance and Improvement
Lorraine Hall, Interim Director of Human Resources
Emma West, Corporate Services Manager (minute taker)

1007 **Apologies**

Apologies were noted from Caroline Evans, Gillian Morrison and Marthinus Roos.

1008 **Declarations of interests**

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

1009 **Minute of previous meeting held on 17 December 2020**

The minute of the meeting held on 17 December 2020 was accepted as an accurate record of the meeting, subject to the below amendment, and was approved.

- Page 6, 8th paragraph – amend '*Aran*' to '*Arran*'

1010 **Matters Arising**

No matters arising were raised.

1011 **Board Action Log**

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

Governance

1012 **NHS Orkney Annual Review letter – OHB2021-85**

The Chair presented the letter which summarised 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.

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 remained 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.

The letter formally recorded sincere thanks to local staff for the incredible effort and commitment they had consistently shown, in the most testing of conditions and the Boards ongoing priority and focus on staff wellbeing.

Decision / Conclusion

The Board noted the letter summarising the outcomes from the Annual Review.

1013 Board Governance Arrangements during Covid-19 pandemic – OHB2021-86

The Chair presented the letter which set out the ask on Boards around their governance arrangements as they continued to manage the current Covid-19 outbreak and the importance of taking forward a local approach in an effective and secure manner.

There was a need to ensure that any revised governance mechanisms were both effective but proportionate to ensure the maximum focus on the response to the challenges faced.

There was also continuing work around making Board meetings open and accessible to the public through MS teams.

Decision / Conclusion

The Board noted the letter issued.

1014 National Trauma Training programme Leadership Pledge of support – OHB2021-87

The Interim Chief Executive presented the report advising 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. The Scottish Government had 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 was a public health priority by signing up to the public pledge of support.

S Johnston questioned how the barriers to implementation would be overcome and actions embedded into current practice taking into consideration health inequalities. The Interim Chief Executive noted that this was around understanding the experiences of individuals with a need to ensure that the programme was appropriate for Orkney.

It was suggested that Professional Advisory Committees could consider how to operationalise and evidence the actions required around the pledge following on from the presentation received by the Trauma Informed Lead.

The Chair noted the need to ensure that the pledge was centred around the commitment of the Health Board, building into the improvement work already being undertaken and ensuring visible leadership within the organisation.

Decision / Conclusion

The Board approved and signed up to Pledge of support.

It was agreed that insight would be sought from the Professional Advisory Committees around implementation and evidence.

Strategy

There were no agenda items this meeting.

Clinical Quality and Safety

1015 Infection Prevention and Control Report – OHB2021-88

The Director of Nursing, Midwifery, AHPs and Acute Services presented the report highlighting the key points as detailed in the paper. He advised that all target areas were being met or exceeded but acknowledged that there were always areas for improvement.

I Grieve questioned whether the increased and improved hand washing and hygiene measures across the population would help with general infection control in the community. The Director of Nursing, Midwifery, AHPs and Acute Services advised that information was currently only anecdotal but this had now become habit for most and would make a positive contribution to reducing the spread of all infections not just Covid-19.

The Chair suggested that current hand hygiene stations at facility entrances should continue as good hand hygiene broke the chain of infection.

S Johnston noted mention of the new Patient Assessment Booklet as sought assurance that this was uncomplicated for staff to complete as well as meeting the required governance and audit requirements. The Director of Nursing, Midwifery, AHP and Acute Services agreed that ensuring both aspects were met was important along with the work to move towards and Electronic Patient Record.

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.

The Chair acknowledged the contribution that the current Infection Prevention and Control Manager, Rosemary Wood, ahead of her retirement in March. Rosemary had made an exceptional and invaluable contribution before and throughout the Covid period conducting herself in a graceful, calm and professional manner at all times, thanks were extent to Rosemary on behalf of the Board.

1016 NHS Orkney Covid-19 Vaccination Programme – OHB2021-89

The Director of Public Health presented the report advising that delivery of COVID-19 vaccination was in line with Scottish Government policy and prioritisation groups. A mixed model of delivery had been used, and the number of vaccinations delivered remained high, with vaccination scheduling matching vaccine delivery. Ensuring resources matched need as the programme developed was essential.

Over 7000 people had currently been vaccinated across a range of settings, with the programme needing to be dynamic to match vaccine supply. This had been an outstanding community effort and thanks were given to all those that had come forward for vaccination along with the Multi agency partners behind the scenes and those at the front line delivering the vaccinations.

J Taylor questioned the capacity and resources of the Balfour pharmacy department and noted that challenges faced in the recruitment of an Immunisation Nurse Coordinator. The Director of Public Health agreed that pharmacy, as with many other departments, was being challenged by the additional work and this would continue to be monitored. With regards to the role of Immunisation Nurse Coordinator, there had been no suitable candidates, as such the job description had been reviewed and role readvertised.

J Stockan welcomed the positive public response and the planning and organisation of the vaccination programme. He noted that going forward delivery of first and second vaccinations would be required simultaneously for different age groups and questioned whether any difficulties were foreseen. The Director of Public Health advised that around 300 second dose vaccinations had already been provided and this was allowed for in the complex but robust plans and processes in place.

D Drever noted that he had been struck by the professionalism of staff, who were often working long hours or at weekends and continued to do this with a smile, giving reassurance to the public through their own confidence. He questioned future developments and whether a regular vaccination programme would be considered. The Director of Public Health welcomed the comments and advised that she would pass on thanks to staff who were all doing a fantastic job. Work was underway nationally and locally to consider the vaccination campaign going forward which would be a landscape change for the NHS for some years to come.

D Campbell questioned the supply of vaccinations available in the short term and was advised that a small dip was expected but this would then increase considerably, regular meetings were held with Scottish Government colleagues to allow planning but this remained a very variable issue.

The Employee Director noted that there was currently a small pool of staff delivering vaccination; other Boards were looking wider than nursing and dental staff and she queried if NHS Orkney had considered this. The Director of Public Health advised that the Board were looking to expand the staff groups involved in the programme but there was a requirement to ensure safe practice and governance was in place before progressing.

Decision / Conclusion

The Board noted the challenges in delivering a mass vaccination programme and took assurance around performance to date.

Thanks were extended to all staff, volunteers and members of the community for their outstanding efforts in making the roll out of the vaccination programme a success.

1017 Clinical and Care Governance Committee Chairs report and minute from meeting held on 27 October 2020 – OHB2021-90

I Grieve, Chair of the Clinical and Care Governance Committee, presented the report

advising that the Committee had met on the 26 January 2021 and agreed to highlight to the Board the 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.

It was also 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

The Head of Assurance and Improvement noted that national guidance was adopted within the local policy framework and this was currently being refreshed.

Decision / Conclusion

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

1018 Area Clinical Forum Chairs report and minute of meeting held on 4 December 2020 – OHB2021-91

Steven Johnston, Chair of the Area Clinical Forum presented the report for information and assurance. He advised that the forum had met on the 4 December and 2 February 2021 and the following had been agreed for onward reporting to the Board:

- 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.
- Members discussed Safe Staffing and noted that this work was underway after being paused due to the COVID-19 pandemic
- 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 left or retired
- The Forum welcomed the appointment of Associate Medical Directors for both the hospital and community
- 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 was created and circulated for further input
- The Forum were pleased to hear of the reformation of the Area Drugs and Therapeutics Committee and subsequently learned at their most recent meeting that an Area Pharmaceutical Committee was being formed, jointly with NHS Shetland.
- Concerns had been raised 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 had 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 would be updated and ACF members able to access this in real time via MS Teams thus improving communication.

The Interim Chief Executive advised that he understood the concern around implementation of an Electronic Patient Record (EPR) for use in the community but stressed that a bad EPR was no better than a paper record. The Balfour had been built

with a paper light process but did not have the systems and processes to support this and there was a need to ensure that correct decisions were made towards a long term solution. There was also a need to converse further with NHS Grampian around the agreement held to develop better electronic records along with the feedback from PARIS and TrakCare pilots to ensure that all options had been fully considered.

The Interim Director of Human Resources advised that the Board were in the early stages of developing programmes around leadership capability and management skills which would form part of the Staff Governance action plan.

Decision / Conclusion

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

Workforce

1019 Staff Governance Committee Chairs Report - verbal

In the absence of the Chair of the Staff Governance Committee the Interim Director of Human Resources advised that a short meeting of the Staff Governance Committee had been held on the 24 February 2021 along with a very well received development session. The following were highlighted:

- The Committee had been presented with a report around the audit of staff personnel files to ensure that they contained all pre employment checks and documentation. The Committee took assurance that processes were in place and that remedial action would be taken where appropriate. It was agreed that this information would be provided to the Audit and Risk Committee, for information only.
- It was noted that the national Whistle Blowing Standards would be implemented from April 2021.
- The Committee agreed not to proceed with the current Risk, Control and Assurance Framework to ensure that this was aligned with the action plan and assurance requirements of the Committee.
- Communication had been raised as an issue, including how the outcomes from meetings could be better communicated to staff.
- The Development Session had considered how to support the development of a Staff Governance Action Plan by applying Quality Improvement principles

J Taylor advised that a working group had been convened and were addressing the recommendations that Boards were required to have in place for the implementation in April 2021, a paper would be provided to the Board in April.

Decision / Conclusion

The Board noted the verbal update provided due to the timing of the meeting and welcomed a formal written report around these issues to the next meeting.

Organisational Performance

1020 Financial Management Performance Report – OHB2021-92

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 December 2020. Information was provided relating to

resource limits, actual expenditure, and variance against plan. NHS were currently overspent by £6.103m, this was a favourable movement of £1.683m from the previous month.

Members were advised that notification had been received from the Scottish Government that Covid related costs, including unachieved savings, would be funded in full and this would enable the Board to achieve a break-even position.

There did however continue to be several potentially volatile areas of spend that were being closely monitored, these could impact on the year end outturn. These included prescribing costs, travel expenditure and the impact of the EU exit. Spending patterns and plans continued to be reviewed and refined to ensure that updates were reflected.

Following a review of capital plans for 2020/21 an underspend in the region of £150k would be likely. This had arisen due the issues with getting contractors on island to carry out works. These works were necessary to maintain the estate and would be completed in 2021/22 assuming travel restrictions allowed. A request had been made to the Scottish Government that if the underspend was returned in 2020/21 it may be reinstated in 2021/22.

It was noted that although the funding of the Covid costs and associated unachieved savings would allow a break even position in year the scale of the challenge going forward should not be underestimated.

J Stockan noted the continuation of an overspend in prescribing and questioned if the budget was correctly aligned in this area. The Director of Finance advised that he was working with the Principal Pharmacist to better understand the spend and this would be reported to the Finance and Performance committee.

D Drever noted that previous work had been completed around reducing prescribing costs and that this should also be considered.

Decision / Conclusion

The Board noted the reported overspend of £6.103m to 31 December 2020.

1021 Performance Management Report – OHB2021-93

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

- Performance in the Emergency Department continued to be good and in line with the 95% standard.
- Performance improvements were 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 had also been adversely affected by the pandemic with some scheduled publications delayed. The most recent published information had been presented with notes made where there was no update available.
- Unpublished information on all performance measures continued 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.

- The 2021/22 remobilisation plan continued to be developed as required and would be brought to the Board for final approval once the draft document had been considered by the Scottish Government.

The Chair noted that travel expenditure was increasing and questioned if near me appointments were still being utilised to ensure that patients were only traveling when it was clinically essential to do so. The Head of Assurance and Improvement advised that developmental work had been completed around the tracking of virtual appointments, if NHS Grampian were delivering the care, this was more challenging as the data was not as readily available. Near me consultations remained very high and were being used as business as usual.

The Employee Director noted the immense impact of pausing of services and the need to support staff and manage clinical guilt around realistic expectations of remobilising services on the health and wellbeing of staff.

S Johnston noted that the Board continued to perform well against the Emergency Department Standards and questioned how the redesign of urgent care would affect this. The Head of Assurance and Improvement advised that the changes would reduce attendance levels but that this could potentially have an adverse effect on performance as it would be the more complex cases that would be seen. From a departmental perspective being able to better focus on the patients with the greatest need was a positive move.

The Director of Public Health questioned the data around psychological therapies and CAMHS as all the Island Health Boards were reported together which made assessing specific performance difficult, there was a need to be mindful around this when drawing any conclusions. The Chair agreed that the Board required assurance around service quality and improvement whilst respecting patient confidentiality.

Decision / Conclusion

The Board reviewed the report and took assurance from the information provided; it was agreed that data that was significantly out of date should not be provided in future reports as it provided no assurance.

1022 Chairs Report Finance and Performance Committee and minute of meeting held on the 26 November 2020

D Campbell, Chair of the Finance and Performance Committee, presented the report highlighting the following from the meetings on the 28 January and 18 February 2021:

- The Committee had scrutinised the financial position and noted the favourable change due to the Scottish Government advising that Covid spend and under achievement of savings in relation to this would be funded in 2020/21
- Work continued to improve the information received in the performance report to ensure that it provided the assurance that the committee required.
- Consideration was being given to the aspects of workforce reporting that had a finance and performance implication and a draft report to this effect would be brought to the next meeting.

Decision / Conclusion

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

Risk and Assurance

1023 Risk Management update – OHB2021-95

The Head of Assurance and Improvement presented the report advising that delivery of the risk management improvement plan had continued with progress being made in several areas. Most notably a comprehensive review of active risks had been undertaken resulting in realignment to a 3-tier risk register approach. This work has been led by the Risk Management Forum.

As part of the realignment activity finalisation of a renewed Corporate Risk Register would be taken forward with the Executive Team and once complete would be presented to the Audit and Risk Committee and then Board with regular Board reporting commencing thereafter.

The Employee Director welcomed the development of video guides for those who found this method of learning more achievable.

Members gave thanks to the Quality Improvement Support Officer, Callan Curtis, who would be leaving NHS shortly, for his involvement in this work.

Decision / Conclusion

The Board noted the update provided and welcomed future reporting.

1024 Any other competent business

No other competent business was raised.

Items for noting

1025 Key Documentation issued – OHB2021-96

Members noted the key legislation issued.

1026 Board Reporting timetable 2021/22

Members noted the dates of future meetings.

1027 Record of attendance

Members noted the record of attendance.

1028 Evaluation – reflection on meeting

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

1029 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 the recent appointment of two Associate Medical Directors both of whom were enthusiastic and committed to improving communications and questioned how the costs of creating these posts were being met. The Interim Chief Executive advised that no additional significant costs were expected as existing resources had been utilised.
- NHS Orkney had historic issues with recruitment and locum spend, were there any areas of specialism that were currently being recruited to. The Interim Chief Executive advised that work on a recruitment programme was taking place, as a remote and rural location it was not possible to provide all specialities locally and it needed to be acknowledged that some patients would still need to travel for treatment.
- It was excellent news that over a quarter of the population had now received a first dose of the Covid vaccination working through the priority groups as per the Scottish Government Framework. Once all priority groups had been vaccinated would a larger venue be required for vaccination of the wider population. The Director of Public Health advised that a mixed model would continue to be used taking into consideration minimising inequalities due to location along with expanding the workforce to meet the forthcoming demands.
- Testing before entry had been reported in the national media, was this something being considered by the Health Board and how would it work in principle. The Interim Chief Executive noted the discussions were in the early stages and any implementation would be on a pilot basis. There would still be a need to maintain all other social distancing and hygiene measures. As Orkney had multiple points of entry the logistics would be challenging and complicated and the full consequences needed to be considered.
- It was noted that the additional costs related to Covid had been met by the Scottish Government but there were still substantial ongoing overspends that were a concern. The Director of Finance agreed and advised that plans were being formulated in address these in the longer term.
- Capacity at the Balfour and bed shortages had been raised as an issue, was there an option to use care home beds for patients rehabilitating. The Interim Chief Executive advised that pressures in the NHS Grampian system had an effect on local bed capacity, the home first team were reviewing patient discharge pathways in a safe and effective way and there was a requirement to change the core model of care to ensure people could remain well and in their own homes.

NHS Orkney Board Action Log Updated 13 April 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
04-2020/21	<u>Corporate Risk Register</u> Reporting arrangements to Board	Board	May meeting of the Audit and Risk Committee June Board	Interim Chief Executive	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

Completed actions deleted after being noted at following meeting

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-01

This report is for approval

Integration Joint Board – Chair and Vice Chair appointments

Lead Director Author	Michael Dickson, Interim Chief Executive Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the appointment of Chair of the IJB from the 14 May 2021 • Note the Vice Chair appointment • Consider whether any amendments to current Non-voting membership is required.
Key Points	The Chair of the Integration Joint Board rotates between NHS Orkney and Orkney Islands Council, this has now reverted to NHS Orkney and it is proposed the Issy Grieve is elected as Chair and Cllr Rachael King as Vice Chair.
Timing	The membership of the Integration Joint Board is reviewed every two years as stated in the integration scheme.
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;

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Integration Joint Board appointments

Emma West, Corporate Services Manager

Section 1 Purpose

The purpose of this report is to provide the Board with information on appointments to the Chair and Vice Chair of the Integration Joint Board.

Members are also asked to consider whether any changes in membership are required to the non-voting roles.

Section 2 Recommendations

The Board is asked to:

- **Approve** the appointment of Issy Grieve as Integration Joint Board Chair from the 14 May 2021
- **Note** that Rachael King has been appointed to the Vice Chair of the Integration Joint Board
- **Consider** whether any amendments to non-voting membership is required.

The current membership voting and non-voting is attached as appendix 1

Section 3 Background

The Integration Scheme states this as follows:

Chair and Vice-chair

An Elected Member of the Council will be appointed to the role of Chair/Vice Chair by the Council and be one of the Elected Members on the Board.

A Non-Executive Member of the Health Board will be appointed to the role of the Chair/Vice Chair by the Health Board and be one of the Non- Executive Health Board Members on the Board.

Period of Office

The initial appointment of the Chair and Vice Chair will be until the end of April 2017. The Chair and Vice Chair will then rotate every two years. The Chair will not have a casting vote. All other appointments with the exception of the Chief Officer, Chief Financial Officer

6.1

of the Board and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

In addition, individual Board appointments will be made as required when a position becomes vacant for any reason. Any member of the Board can be appointed for a further term.

Section A – Voting Members		Deputies
Orkney Islands Council	Cllr. Rachael King (Chair) Cllr. John Richards Cllr. Steve Sankey	Cllr. Stephen Clackson Cllr. Sandy Cowie Cllr Heather Woodbridge.
NHS Orkney	David Drever (non-executive board member) (Vice Chair) David Campbell Issy Grieve	Caroline Evans (non executive board member) Meghan McEwen (non executive board member)
Section B – Non-Voting Members (Professional Advisors)		
Chief Social Work Officer of Orkney Islands Council	Jim Lyon (interim)	
Chief Officer of the IJB appointed under section 10(1) of the Bill	Gillian Morrison (interim)	
The proper officer of the IJB appointed under section 95.	Pat Robinson	
Registered Medical Practitioner who is a registered GP	Dr Kirsty Cole	
Registered Nurse	David McArthur	
Registered Medical Practitioner who is not a GP	Dr Louise Wilson	
Section C – Non-Voting Members (Stakeholder Members)		
Staff representative	Danny Oliver	
A third sector representative carrying out activities related to health or social care	Gail Anderson, CEO, VAO	
An unpaid carer	Joyce Harcus	
A service user	Janice Annal	
Section D – Additional Non-Voting Members		
Recommend – an additional staff representative to ensure equal representation for NHS and OIC	Fiona MacKellar	
Recommended – a representative of OIC Housing services	Frances Troup	

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-02

This report is for approval

Governance Committee Membership

Lead Director Author	Michael Dickson, Interim Chief Executive Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the reviewed and updated Governance Committee Membership as detailed in Appendix 1 • Agree Chairs/Vice Chairs for each of the Governance committees
Key Points	<p>As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members.</p> <p>In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements.</p>
Timing	Membership is reviewed every two years, changes will take effect from the 1 May 2021.
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;

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Governance Committee Membership

Emma West, Corporate Services Manager

Section 1 Purpose

The purpose of this report is to present the proposed Governance Committee membership, along with appointments to Governance Committee Chair and Vice Chair positions, to the Board for approval.

Section 2 Recommendations

The Board is asked to approve the proposed Governance Committee membership including chairs and vice chairs.

Section 3 Background

As detailed in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members which includes those Non-Executive Members who are members due to the office they hold:

Audit and Risk	Four
Finance and Performance	Four
Clinical and Care Governance	Three*
Remuneration	Four
Staff Governance	Four

*The current membership of the Clinical and Care Governance Committee is 4 Non-Executive Members but this is currently being reviewed with a proposal to reduce to 3 Non-Executive Members being presented to the Committee on the 26 April 2021.

The voting membership of the Integration Joint Board also requires three Non Executive Directors.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:

6.2

- Audit Committee – Chair of the Board together with any Executive Member or Officer.
- Remuneration Committee – any Executive Member or Officer.

The Board shall appoint Chairs and Vice-Chairs of Committees who shall hold office for two years. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

As a consequence of the personal development appraisal and review process, the Chair will decide with the relevant Non Executive Members which of the Committees they will serve on as member of as Chair or Vice Chair.

Appendix 1

- Proposed Governance Committee Membership

ORKNEY NHS BOARD

Chair: Meghan McEwen

Vice-Chairperson: David Drever

STANDING COMMITTEES: Period May 2021 to March 2023

Audit and Risk Committee: Four non executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees <u>Lead Officer – Director of Finance</u>	
Current Members: David Drever, chair Davie Campbell, vice chair Fiona MacKellar Jason Taylor	Updated Members: David Drever, chair Fiona MacKellar Jason Taylor Caroline Evans
Finance and Performance Committee: Four non executive members including the Local Authority member <u>Lead Officer – Director of Finance</u>	
Current Members: Davie Campbell, chair James Stockan, vice-chair Meghan McEwen Caroline Evans	Updated Members: Davie Campbell, chair James Stockan, vice-chair Meghan McEwen Steven Johnston
Integration Joint Board: Three non executive members	
Current Members: David Drever, Vice Chair Issy Grieve Davie Campbell Deputies:	Updated Members: Issy Grieve, chair David Drever Davie Campbell Deputies:

Caroline Evans Meghan McEwen	Caroline Evans Joanna Kenny
Clinical and Care Governance Committee: Three non executive members including Area Clinical Forum Chair. <u>Lead Director – Medical Director (Clinical)/ Chief Officer (Care)</u>	
Current Members: Issy Grieve, Chair Steven Johnston, Vice Chair David Drever Meghan McEwen	Updated Members: Steven Johnston, Chair David Drever Joanna Kenny
Staff Governance Committee: Four non executive members including the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Caroline Evans, Chair Fiona MacKellar, vice chair Jason Taylor Issy Grieve	Updated Members: Caroline Evans, Chair Fiona MacKellar, vice chair Jason Taylor Joanna Kenny
Remuneration Committee: Four non executive members including the Chair of the Board who will be chair and the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Meghan McEwen Chair James Stockan, Vice Chair Fiona MacKellar Davie Campbell	Updated Members: Meghan McEwen, Chair James Stockan, Vice Chair Fiona MacKellar Davie Campbell

<u>OTHER COMMITTEES:</u>	
Endowment Fund Sub Committee:	
Five trustees	
<u>Lead Director – Director of Finance</u>	
Current Members: Meghan McEwen, Chair Davie Campbell, Vice Chair Issy Grieve David McArthur, Director of Nursing, Midwifery and Allied Health Professions Mark Doyle, Director of Finance	Updated members: Davie Campbell, Chair To be confirmed, Vice Chair Issy Grieve David McArthur, Director of Nursing, Midwifery and Allied Health Professions Mark Doyle, Director of Finance
Orkney Alcohol and Drugs Partnership:	
Issy Grieve	Joanna Kenny Caroline Evans
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Michael Dickson Fiona MacKellar	Michael Dickson Fiona MacKellar
Area Clinical Forum:	
Steven Johnston, chair	Steven Johnston, chair
Orkney Partnership Board:	
Meghan McEwen	Meghan McEwen

Breakdown of Workload

Member	Current Committee membership	Committees as proposed
Meghan McEwen	Remuneration Committee – chair Finance and Performance Committee EFSC - chair Clinical and Care Governance Committee Orkney Partnership Board Integration Joint Board - Deputy	Remuneration Committee chair Finance and Performance Committee
David Drever	Audit Committee – Chair Clinical and Care Governance Committee Integration Joint Board	Audit Committee – Chair Clinical and Care Governance Committee Integration Joint Board
James Stockan	Finance and Performance Committee Remuneration Committee	Finance and Performance Committee Remuneration Committee
Steven Johnston	Area Clinical Forum - chair Clinical and Care Governance Committee	Area Clinical Forum - chair Clinical and Care Governance Committee – chair Finance and Performance Committee
Fiona MacKellar	Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member	Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member
Davie Campbell	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Audit and Risk Endowment Fund Sub Committee	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Endowment Fund Sub Committee, chair

Member	Current Committee membership	Committees as proposed
Caroline Evans	Staff Governance Committee, chair Finance and Performance Committee Integration Joint Board - Deputy	Staff Governance Committee, chair Audit and Risk Committee Integration Joint Board, deputy Orkney Alcohol and Drugs Partnership
Joanna Kenny	-	Staff Governance Committee Clinical and Care Governance Committee Integration Joint Board, deputy Orkney Alcohol and Drugs Partnership
Issy Grieve	Clinical and care Governance Committee, chair Staff Governance Committee Integration Joint Board Endowment Fund Sub Committee Orkney Alcohol and Drugs Partnership	Integration Joint Board, chair Endowment Fund Sub Committee
Jason Taylor	Whistle Blowing Champion Audit Committee Staff Governance Committee Ethical Advice and Support Group	Whistle Blowing Champion Audit Committee Staff Governance Committee Ethical Advice and Support Group

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-03

This report is for noting progress

The National Whistleblowing Standards

Lead Director Author	David McArthur, Director of Nursing, Midwifery and AHPs Julie Colquhoun, Head of Corporate Administration
Action Required	Board Members are invited to: <ol style="list-style-type: none"> 1. Note the progress to date 2. Familiarise themselves with the modules available on TURAS 3. Familiarise themselves with the standards and the requirements therein
Key Points	<p>NHS Orkney has put in place the necessary structures and processes to facilitate operation of the Standards and is continuing work to progress implementation via a short life implementation group.</p> <p>These standards are applicable across all NHS services. Whether employed or a contractor or student, we must ensure staff are able to raise concerns about NHS services and must have access to the support they need to do so, whoever their employer is. Any employee raising concerns about NHS services must have the concerns handled in line with these standards.</p> <p>All concerns raised about NHS services in accordance with the standards must be recorded. It is important for all services to listen to staff concerns and for this to lead to organisational learning and service improvements. Quarterly reports will be submitted through the Clinical and Care Governance Committee with annual reports coming to the IJB and to NHS Orkney Board.</p>
Timing	The Standards are live from the 1 April 2021, thereafter the Board will receive an annual report, with quarterly reports going to the Clinical and Care Governance Committee.

Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to:</p> <ul style="list-style-type: none"> • Improve the Health and Wellbeing of the people of Orkney and reduce health inequities • Value and develop our people • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services • Demonstrate behaviours that are consistent with our values and operating principles
Benefit to Patients	All concerns raised about NHS services in accordance with the standards must be recorded. It is important for all services to listen to staff concerns and for this to lead to organisational learning and service improvements.
Equality and Diversity	Whether employed or a contractor or student, we must ensure staff are able to raise concerns about NHS services and must have access to the support they need to do so, whoever their employer is.

Not Protectively Marked

NHS Orkney Board

The National Whistleblowing Standards

Julie Colquhoun, Head of Corporate Administration

Section 1 Purpose

The purpose of this paper is to provide NHS Orkney Board with assurance on the progress made in response to the requirement from the Independent National Whistleblowing Officer (INWO) to implement The National Whistleblowing Standards (The Standards).

The paper will also assure the Board on the steps taken to meet the wider requirement to ensure anyone working to deliver any NHS service, either directly or indirectly, has been provided with the information on the arrangements to report any concerns within the remit of the Standards.

Section 2 Executive Summary

NHS Orkney has put in place the necessary structures and processes to facilitate operation of the Standards and is continuing work to progress implementation via a short life implementation group.

These standards are applicable across all NHS services. Whether employed or a contractor or student, we must ensure staff are able to raise concerns about NHS services and must have access to the support they need to do so, whoever their employer is. Any employee raising concerns about NHS services must have the concerns handled in line with these standards.

All concerns raised about NHS services in accordance with the standards must be recorded. It is important for all services to listen to staff concerns and for this to lead to organisational learning and service improvements. Quarterly reports will be submitted through the Clinical and Care Governance Committee with annual reports coming to the IJB and to NHS Orkney Board.

Section 3 Recommendations

Board Members are invited to:

- Note the progress to date
- Familiarise themselves with the modules available on TURAS
- Familiarise themselves with the standards and the requirements therein

Section 4 Background

“The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a ‘whistleblowing concern’¹.”
<https://inwo.spsso.org.uk/>.

These standards must be accessible to anyone working to deliver an NHS Service, whether directly or indirectly, this includes students, volunteers, contractors, Third Sector and Health and Social Care partnerships must be made aware of these standards, how to access them and understand the support that they will receive.

The support for this process from and leadership by NHS Board members is critical in setting a tone and culture that values the contributions of all staff, particularly where they feel the need to speak up where there are concerns about safe and effective service delivery.

Additional key outcomes from the whistleblowing procedure is the implementation of the learning from the outcome of whistleblowing concerns and the identification of opportunities to improve NHS services

Section 5 Situation

In February 2020 the draft Whistleblowing Standards were published with an anticipated launch date of July 2020. Due to operational constraints imposed by the Covid-19 pandemic this did not proceed.

An update was issued on 15 October 2020 by the Cabinet Secretary for Health and Sport who wrote to all Health Boards regarding the role of the Independent National Whistleblowing Officer and the related Whistleblowing Standards. The letter provided clear direction on the planned “soft launch” of the Whistleblowing Standards on 01 April 2021.

A further letter was issued on 05 February 2021 which confirmed the date of the launch and provided additional details of the available training and information resources

In response to the direction NHS Orkney established a Short Life Working Group (SLWG)

¹ That is a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.”

with the purpose “to ensure the effective implementation of the National Whistleblowing Standards”.

The SLWG, chaired by the Executive Lead, Director of Nursing, Midwifery and AHPs, has met regularly to oversee the implementation of the requirements of the standards, the main elements have concentrated on the co-ordination of short and long term communication and training strategies, including signposting to online training modules for staff and those managers who may receive whistleblowing complaints.

The implementation effort has been a joint approach with colleagues from NHS Shetland who have provided invaluable support in the areas of Training and Communications, as well as benefiting from the collaboration.

Third Sector, Integration Joint Board and contractors have all been represented on the SLWG and all aware of the requirements for their particular areas, set out clearly in the National Standards document.

Anyone who provides service for the NHS can raise a concern, this includes current and former employees. There are a number of ways that concerns can be raised, through line managers, through OHS or counselling services or through Confidential Contacts. It is recognised that the NHS Confidential Contact pool requires to be expanded and additional training needs have been identified. These have been factored into the training plan.

The DATIX system is the recording system of choice nationally, however providers who are not NHS employees will not have access, in order to ensure access to the process and a clear pathway for reporting for those with no access, a form has been designed to give initial information, sent to a confidential e-mail address which will invoke a conversation and internal recording of information.

Appendices

- Implementation Plan
- The full standards can be viewed and downloaded at <https://inwo.spsso.org.uk/download>

Whistleblowing Standards Implementation Plan

Version 5 - updated 08/04/2021

Objective Number	Objective	Action	Lead	By when	Status Update	RAG
1	Governance - Board oversight	Governance reporting to be added to assurance framework and business cycle	Julie Colquhoun	8th March 2021	Reporting built into NHS Governance structures	
		Access available to all those who require in DATIX		22nd February 2021	Form agreed and available on the website	
2	Primary care providers and contracted services compliance	Contracts or service level agreements to be amended to include whistleblowing procedures		19th April 2021	ongoing	
		Confidential contact aligned to Primary Care Services		5th March 2021	Contact in place	
		Contractors and Independent Practices aware of the standards and process	Dawn Moody/Sharon Smith	8th March 2021	Standards communicated, leaflet developed and sent out to all GP practices and all contractors, all encouraged to access TURAS modules, JC to	
3	IJB agreement	Concerns raised within the Partnership are recorded and reported in line with the standards		22nd March 2021	Leaflet sent to all staff who work across H&SC - managers and staff encouraged to complete TURAS modules	
		Governance reporting in place for quarterly reports to the IJB including lessons learned	Gillian Morrison/Maureen Swannie	22nd March 2021	Initial report complete, first quarterly report will be June	
4	Enabling students to raise concerns	System in place to encourage students to raise concerns with an appropriate manager within the service they are working		8th March 2021	All student inductions now include whistleblowing standards	
		Practice Placement agreements with Universities to have standards included	Sylvia Campbell	8th March 2021	Sylvia Campbell to liaise with universities	
5	Working with voluntary Sectors	System in place for volunteers or those contracted to provide a service for the NHS to raise concerns through whistleblowing	Julie Colquhoun/Gail Anderson	8th March 2021	Induction updated to include whistleblowing standards. All third sector providers have been issued with the standards, the leaflet and the form.	
6	Provision of confidential Contacts	Recruit additional confidential contacts		19th April 2021	Sally Hall making contact with confidential listeners	
		Training plan in place for confidential contacts	Sally Hall	22nd March 2021	Training plan in place and training scheduled for Managers and Confidential Contacts	
7	Capability to follow process	training plan in place for managers on the 2 stage process and the difference between whistleblowing and the grievance procedure		8th March 2021	Training plan in place and training scheduled for Managers and Confidential Contacts	
		Investigation skills training to ensure and enable effective investigations into issues raised	Sally Hall	22nd March 2021	Training plan in place and training scheduled for Managers and Confidential Contacts	
8	Communication	Communication plan in place to cover all internal and external stakeholders who should have access to the procedure	Carolyn Hand	19th April 2021	Website Landing page complete, further comms planned such as using digital screens and flyers via comms bulletin	

Not Protectively Marked

<p>NHS Orkney Board – 22 April 2021</p> <p>Report Number: OHB2122-04</p> <p>This report is for noting</p> <p>NHS Orkney 2021 Plan on a Page</p>	
Lead Director Author	Michael Dickson, Interim Chief Executive Michael Dickson, Interim Chief Executive
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note and support the priorities identified by the Executive Management Team.
Key Points	<p>NHS Orkney has experienced unprecedented demands through 2020 and these events have created a unique set of circumstances and taken its toll on all those involved. It is essential that as we move into 2021 and respond to a new year, we focus our efforts on a smaller set of priority areas. This NHS Orkney 2021 Plan on a Page aims to articulate these, the reasons for them and the supportive actions under each priority.</p>
Timing	Plan to be achieved within 1 year.
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	Building confidence with patients and delivering an improved quality of care to the community.
Equality and Diversity	No EQIA required.

NHS Orkney 2021 Plan on a Page



Chief Executive's Intent. The NHS in Orkney has experienced unprecedented demands through 2020 and these events have created a unique set of circumstance and taken its toll on all those involved. It is essential that as we move into 2021 and respond to a new year, we focus our efforts on a smaller set of priority areas. This plan on a page aims to articulate these, the reasons for these and the supportive actions under each priority.

Action Plan. Each priority is to be underpinned by a set of actions at an organisational level and NHS Orkney is supportive of these priorities being taken and translated to local actions.



Not Protectively Marked

NHS Orkney Board Meeting – 22 April 2021 Report Number: OHB2122-05 This report is for discussion and noting. Healthcare Associated Infection Prevention & Control Reporting Template for Assurance.	
Lead Director	David McArthur DoNMAHP HAI Executive Lead
Author	Sarah Walker Infection Prevention & Control Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the HAIRT report • Note the performance for surveillance undertaken. • Note the detailed activity in support of the prevention and control of Healthcare Associated Infection
Key Points	<ul style="list-style-type: none"> • NHS Orkney's validated <i>Staphylococcus aureus</i> bacteraemia (SAB) is 2 cases 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) 3 cases to date up to Q3 (Oct –Dec 2020). 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 March 2021. An overall of 96%. (Green) • NHS Scotland National Cleaning Services Domestic 93.2% and Estates 99.93% for month of March 2021. (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	<p>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.</p>
Benefit to Patients	<p>Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of Healthcare Associated Infection (HAI).</p>
Equality and Diversity	<p>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.</p>

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.

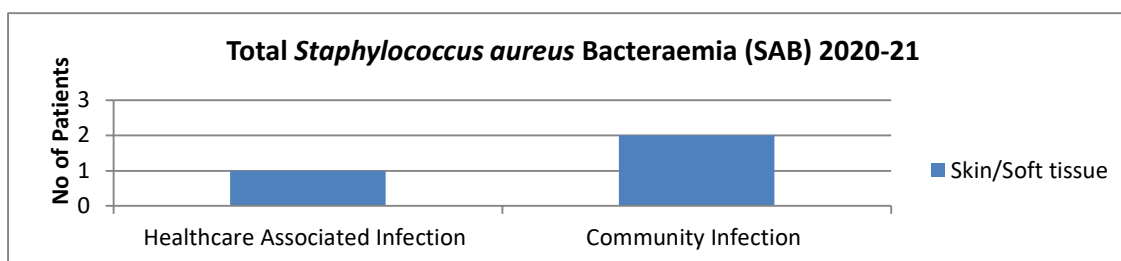
This section of the report focuses on NHSO Board wide prevention and control activity and actions.

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 still 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 case
Quarter 4	January - March	Zero



Clostridioides 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 3 confirmed validated cases at time of this report. 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>Clostridioides difficile</i> infection (CDI)		
Quarter 1.	April-June	Zero
Quarter 2	July-September	2
Quarter 3	October-December	1
Quarter 4	January- March	Zero

Multi Drug Resistant Organism Screening (MDRO)

An uptake of **90%** with application of the Multi-Drug Resistant Organism (MDRO) Screening Clinical Risk Assessment (CRA) is expected to ensure that the national policy for MDRO screening is as effective as possible and therefore a safer patient environment. The NHS Orkney CRA result remains higher than the Scottish average.

However, moving forward there is a dip in results anticipated due to a change in process of screening, following implementation of a new more in-depth CRA tool which includes other risk assessment for other pathogens, over and above the national requirement. The place of screening has also changed with the risk assessment moving from the Emergency Department to the inpatient areas. Emergency Department was previously undertaking MDRO risk assessments to identify best patient placement which is now not such an issue since moving to single room occupancy.

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%

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 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.

The March 2021, hand hygiene audits were a mix of peer review audits in departments and quality assurance undertaken by the Infection Prevention & Control team.

Hand hygiene audits include monitoring of dress code under the correct technique column and staff who are not “bare below the elbows” do not meet the criteria for correct technique. Even if they take the opportunity to clean their hands. Total scores reflect the correct technique scores only.

Total hand hygiene audits undertaken.

	Opportunities available	Correct Technique	% score by staff group
Nurses	118	117	99%
Medical	20	19	95%
AHPs	7	7	100%
Others	20	16	80%
Total overall			96%

Hand Hygiene audits by department teams.

	Opportunities available	Correct Technique	% score by staff group
Nurses	81	80	99%
Medical	13	12	92%
AHPs	2	2	100%
Others	4	4	100%
Total Overall			98%

Quality Assurance by Infection Prevention & Control Team.

	Opportunities available	Correct Techniques	% score by staff group
Nurses	37	37	100%
Medical	6	6	100%
AHPs	5	5	100%
Others	16	12	75%
Total Overall			94%

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results for March 2021 for Domestic 93.2% and Estates 99.93%. 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.

Infection Prevention & Control audits

The Infection Prevention & Control team (IPCT) continue to undertake the Quality Assurance (QA) audits, as far as possible, given the additional workload.

Spot checks on appropriate PPE use, equipment and cleaning checks have been undertaken in IP1 and IP2 to offset the reduction in full IP&C QA audits. These checks have highlighted some areas for improvement which will be moved forward with teams.

The team continue to offer support and advice, throughout the organisation as remobilisation of services develops. The team are working closely with Health & Safety and have undertaken combined IPCT & Health and Safety walkarounds in secondary care to ensure that current public health messages and guidance by Health Protection Scotland is being followed. Following these walkarounds some additional measures such increase in signage have been improved.

COVID-19 General Update

Reporting of Covid-19 Scottish Government

The total number of positive cases attributed to Orkney continue to slowly 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.

Care Home Support.

The Community Nursing teams have been undertaking monthly care assurance audits in care homes since June last year, to date all reports have been green. If any improvements are required

the community nurse undertaking the assurance checks highlight this to the person in charge at the time, so it can be addressed immediately, most areas for improvement are around signage.

The Infection Prevention & Control team have recently undertaken return support visits to all three care homes. All visits were very positive, with care home teams being engaged and supportive on visits. Areas for improvement were outlined at time of visit and then through a populated action plan to Care Home Managers. Support has been on-going with telephone support to Managers where needed.

Hand hygiene lightboxes have been shared with the Care Home Managers for refresher updates for staff, as it has been a year since the last hand hygiene training was undertaken.

The ongoing relationship between IP&C team and the Care Home staff is strong and support continues to be offered wherever and whenever its needed.

In secondary care the low/green, amber/medium, and high/red pathway's and requirement for PPE and cleaning continues. 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. Some remedial actions are still to be completed from a 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/>. Risks are being mitigated and lessons learned are to be shared with teams once completed.

Norovirus

There has been no hospital ward or bay closures due to norovirus since last report.

NHS Orkney Surgical Site Infection (SSI) Surveillance

NHS Orkney continues to participate in the Health Protection Scotland national surgical site infection surveillance programme for Caesarean Sections, hip fractures and large bowel surgery. 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 remobilisation of services, COVID-19 PPE requirements, where requested or where learning opportunities and refreshers are required.

The IPCT also continue support teams by ensuring that staff are aware of patients requiring transmission based precautions and ensure that signage is displayed for other members of the multidisciplinary team who may have contact with the patient and ensure 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/haic>

NHS ORKNEY REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

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

Clostridioides difficile infection monthly case numbers

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

New Balfour Cleaning Compliance (%) Domestic

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Board Totals	96%	95%	95%	96%	95%	95%	96%	96%	95%	98%	96%	93%

New Balfour Estates Monitoring Compliance (%)

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

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-06

This report is for noting

Title of report: COVID-19 update

Lead Director Authors	Dr Louise Wilson Director of Public Health Dr Louise Wilson Director of Public Health Mr David McArthur Director of Nursing, Midwifery and Allied Health Professionals
Action Required	The Board is asked to: 1. Note the update provided and take assurance on progress
Key Points	Contact tracing is currently resourced to support local and national contact tracing. Testing opportunities for symptomatic individuals align with the Scottish strategic direction, and additional testing opportunities for asymptomatic individuals in the community are being developed. COVID-19 vaccinations are being delivered in line with national recommendations with good uptake rates. The Nurse Director monitors a range of care standards in care homes including infection control measures and staffing.
Timing	April 2021
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; • Be trusted at every level of engagement.
Benefit to Patients	Staff and patients are kept safe through the Public Health management of COVID-19
Equality and Diversity	No EQaD review undertaken.

Not Protectively Marked**NHS Orkney Board – 22 April 2021****COVID-19 update**

Author Dr Louise Wilson Director of Public Health
Mr David McArthur Director of Nursing, Midwifery and Allied Health Professionals

Section 1 Purpose

The purpose of this paper is to provide the Board with an update on COVID-19 to provide assurance on the progress.

Section 2 Recommendations

The Board is asked to:

1. To note the update provided and take assurance on progress

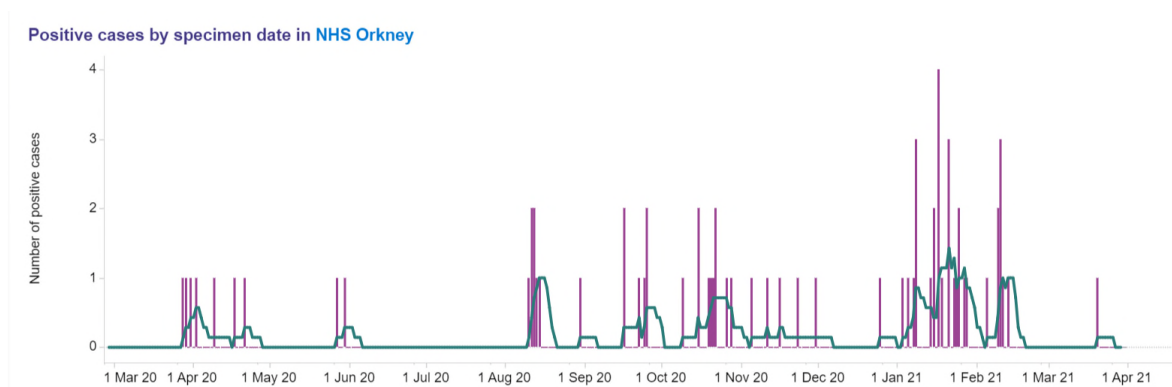
Section 3 Background

This report highlights the key updates on COVID-19.

Section 4 Issues Raised

It is now over a year since the World Health Organization's declaration of a COVID-19 pandemic. The total number of COVID-19 cases recorded for NHS Orkney as of 6th April is 71, as shown in Figure 1. The relatively low rates of COVID-19 have meant that Orkney was placed in Level 3 rather than Level 4 in the most recent "stay at home" period of restrictions. However, COVID-19 has had a major impact on how we all live our lives, and how health care services are delivered.

Figure 1: COVID-19 positive cases up to 6th April 2021



Source: Public Health Scotland

From a public health perspective, the department is now well placed at current COVID-19 rates to deal with contact tracing requirements nationally and locally. Additional staff have been recruited to support health protection delivery and contact tracing. In early April the lockdown and control measures reduced the number of COVID-19 cases being seen across Scotland. The health improvement staff who supported contact tracing are moving back to their normal roles and refocusing on the longer term post pandemic recovery and renewal.

Testing for Covid-19

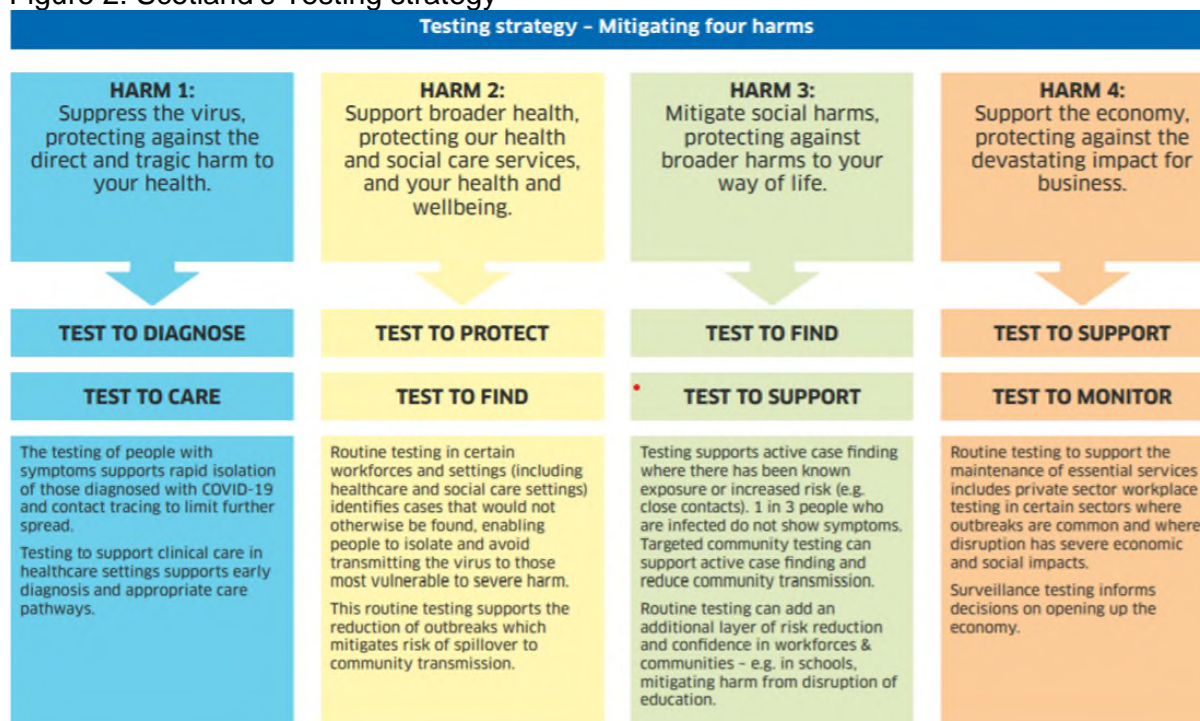
Testing remains a key strand of the management of COVID-19 and on March 17th the Scottish Government published its testing strategy.

www.gov.scot/publications/scotlands-testing-strategy-update-march-2021/

This outlines six rationales for testing (Figure 2) and links to the four major harms that are being considered by Scottish Government in its pandemic response.

- Test to diagnose
- Test to care
- Test to protect
- Test to find
- Test to support
- Test to monitor

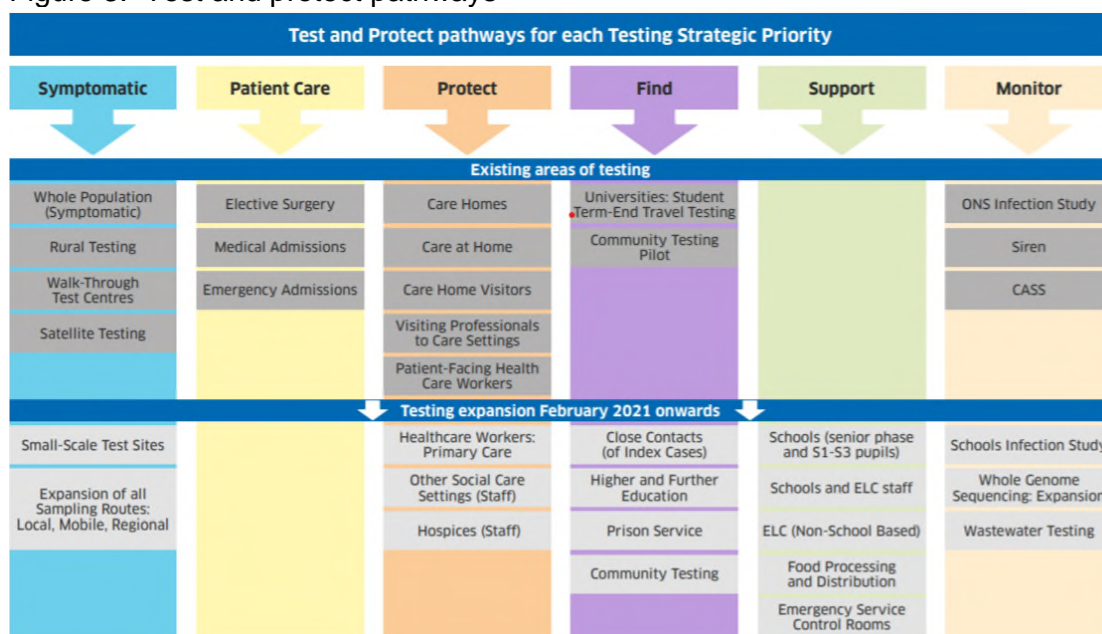
Figure 2: Scotland's Testing strategy



Source: Scotland's Testing Strategy Update March 2021

The strategy also outlines a range of test and protect pathways. (Figure 3)

Figure 3: Test and protect pathways



Source Scotland's Testing Strategy Update March 2021

The Testing Sub Group continues to meet on a fortnightly basis overseeing the implementation of changes in testing in line with Scottish Government policy. Testing

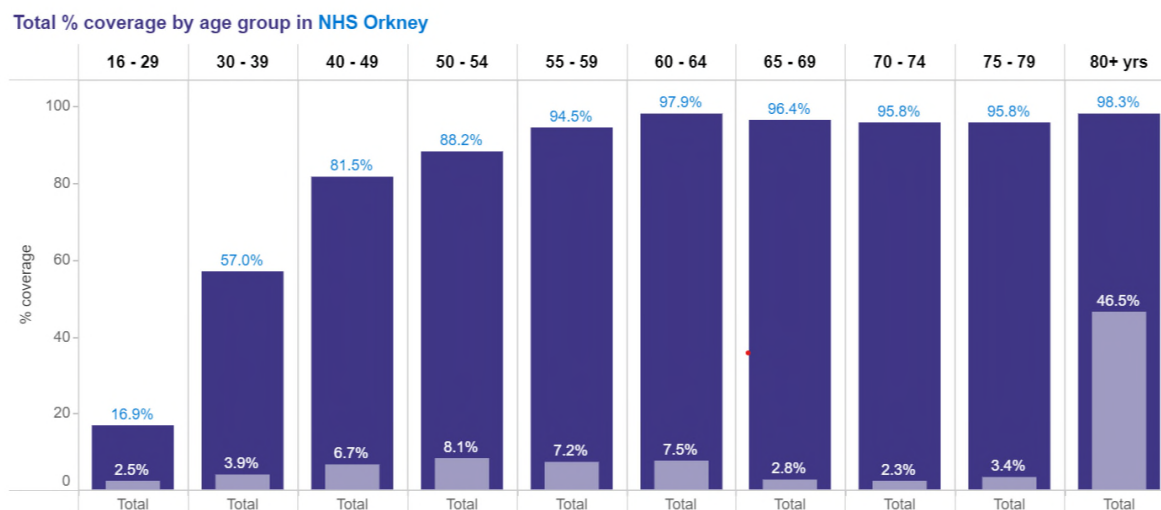
using lateral flow device (LFD) testing is increasing rapidly. This has been rolled out across a range of sectors e.g. health and education sectors who are offered kits to use at home or work to self-test.

Work has been undertaken with the Scottish Government Testing and Islands teams to identify further areas where asymptomatic testing may be beneficial. The focus is on workplaces with food manufacturing areas, with consideration also given to local hauliers and the fishing industry. Two asymptomatic testing sites, potentially one in Kirkwall and one in Stromness to facilitate access to testing for smaller businesses (and asymptomatic members of the public wishing testing) are being considered, along with other approaches to extend community based testing.

Covid-19 vaccinations

The delivery of the COVID-19 vaccinations remains a significant workstream but has been a major success. In mid-March NHS Orkney hired a hall at the Pickaquoy Centre enabling a mass vaccination clinic to be run for several days. By April 1st, approximately 14,000 people, 75% of those eligible in Orkney had received their first dose of the two-dose schedule. Delivery of second doses of vaccine are also occurring with, at April 1st, approximately 8% of the eligible population having received a second dose (Figure 4). Focus has been on the nine groups deemed at highest risk by the Joint Committee on Vaccination and Immunisation. However, progress has also been made in vaccinating well individuals under the age of fifty. The success of the programme is based on collaborative working and a strong commitment from staff and partner agencies.

Figure 4: Vaccination coverage by age



Age group breakdowns use the age of the individual as at 31 March 2021.

Source: Public Health Scotland

Care Home Assurance Process

The Director of Public Health retains an oversight function in relation to care homes, and she makes a weekly return to Scottish Government highlighting any issues.

The changes to the role of the Nurse Director, which were implemented in May 20 in regard to monitoring care standards in Care Homes are to be extended for a period of time to be confirmed. The role includes the monitoring of infection control measures, staffing levels, Personal Protective Equipment (PPE) availability and compliance with testing/vaccination. In order to achieve assurance that the required standards are being achieved monitoring is conducted using a range of methods:

Turas – Turas is a multi-functional online resource provided by NHS Education Scotland. The system includes a Care Management module which is populated by information from the Care Home huddles which take place each day. The elements monitored include:

- Key Performance Indicators (KPIs): Designed to focus on a more regional and national view of the KPIs including PPE availability and compliance with IPC standards.
- Daily Staff Screening Report: Enables oversight teams to review progress prior to the weekly Staff Screening Returns
- Registrations and Compliance Report: Registration and compliance metrics for Safety Huddle and Staff Screening Returns
- Staff and Resident Screening Dashboard: Weekly Staff Screening and Resident Screening data captured on Turas Care Management
- Care Home Dashboard: Providing a detailed analysis of Safety Huddle Returns for each Care Home

Turas is monitored regularly (weekly) and certainly before the weekly Care Home meeting by the Nurse Director and the Lead Nurse for Community.

Care Home monitoring Meeting – This meeting takes place each Friday chaired by the Lead Nurse for Community. Representation is from Care Home sector, Head of Health and Community Care or Deputy and Public Health. This meeting is an opportunity to raise relevant issues and to report on current activity, the meeting reports back to the Nurse Director.

Regular Infection Prevention Control (IPC) Team visits – These take place every quarter and are advisory visits which provides an opportunity to support the Care Home staff with additional/refresher training and to assess compliance with the current guidance. In addition this helps to maintain a dialogue between the team and the Care Home staff.

District Nurse Service – The District Nurses who visit the Care Homes regularly are another informal source of assurance on compliance and care standards.

NHS Orkney is fortunate to have good relationships with the Care Homes that have been developed pre-Covid. This has allowed further support and oversight to be developed in a collaborative environment.

Not protectively marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-07

This report is for noting

Reflections on the DHI Listening Exercise

Lead Director Author	Michael Dickson, Interim Chief Executive Michael Dickson, Interim Chief Executive
Action Required	The Board is asked to: 1. Note the initial themes
Key Points	In August 2020, the Board commissioned a listening programme to provide NHS Orkney staff with an external method to gather feedback regarding their experiences whilst working for NHS Orkney and the culture within the organisation. The outcome of the programme has been shared with staff via the bubble map attached. The Board are working in partnership with staff in taking forward the recommendations into deliverable outcomes.
Timing	NHS Orkney Board April 2021.
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; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Benefit to Patients	Building confidence with patients and delivering an improved quality of care to the community from a workforce who are informed, appropriately trained and valued.
Equality and Diversity	No EQIA undertaken.



Not protectively marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-08

This report is for approval

Consultant Recruitment

Lead Director Author	Mark Doyle, Director of Finance Kevin Fox, Associate Medical Director
Action Required	The Board is asked to: <ol style="list-style-type: none"> 1. To agree the need for consultant recruitment. 2. To approve the staffing numbers advised following the consultation as a basis for recruitment. 3. To support the planned recruitment process.
Key Points	NHS Orkney has a significant shortfall in substantive consultants with cost and governance consequences.
Timing	April 2021
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	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	Substantive clinicians would allow for continuity of care and potential future service improvements.
Equality and Diversity	N/A

Not protectively marked

NHS Orkney Board - 22 April 2021

Consultant Recruitment

Kevin Fox, Associate Medical Director

Section 1 Purpose

To update on current plans to recruit consultant staff

Section 2 Executive Summary

NHS Orkney has a significant shortfall in substantive consultants with cost and governance consequences.

Section 3 Recommendations

The Board is asked to:

1. To agree the need for consultant recruitment.
2. To approve the staffing numbers advised following the consultation as a basis for recruitment.
3. To support the planned recruitment process.

Section 4 Background

NHS Orkney offers consultant led care, and at present the Board is heavily reliant on locum consultant staff. It is noted that:

- Obtaining locums is problematic
- The cost of locum consultant staff is very high
- Locum staff provide basic care only and do not undertake service development and other roles
- Governance is less rigorous
- This occurs across all specialties but particularly in surgery where we have no permanent (substantive) staff

Section 5 Discussion

Analysis

Dr Charlie Siderfin was asked to undertake analysis and support to recruitment and I joined this process as a priority task in my role as Associate Medical Director.

Prior to undertaking recruitment we identified appropriate staffing levels.

- Based on workload including sustainable rotas (1 in 4)
- Based on need to have adequate on-site clinicians
- Based on discussions with Daniel McDonald who advises NHS Scotland on staffing

The outcome of these discussions was a recommended staffing of:

Service	Staffing needed (persons)	Current staffing	Vacancies to recruit	Notes
Surgery	2.8 – 3.5	0	2.8 – 3.5	PRIORITY
Anaesthetics	3.5 – 4.2	1+ 2x 0.5+Dr Borland until Aug	1.5 – 2.2	Pain service included in 4.2
O and G	2.3	1 + 2x 0.5	0.3	No immediate plans to recruit – 0.3 covered by regular locum
Medicine	2.8 – 3.5 (+ cover for IP2)	2x 0.5 + Dr Toms for IP2	1.8 – 2.5	Repatriating some specialist clinics included in 2.5
Orthopaedics	1.3	0 (1 on Long term leave)	0.3 + cover for sick leave	Plans on hold

- Note that these contain ranges to allow adjustment according to the skill mix

Recruitment Plan

We plan a rolling recruitment programme recruiting to surgery, medicine and anaesthetics at monthly intervals. This plan includes:

- Revised recruitment packs have been prepared, and a recruitment video created.
- Offering flexible full time, part time, annualised job plans.
- It is likely that the Board will need to offer attractive (generous) packages to recruit but this will still mean very substantial savings compared to locum costs.
- There is an understanding that recruitment to rural and remote hospitals is challenging and other island / rural Boards are wrestling with this problem.
- The advert for surgical posts will be in the BMJ at the end of April. There has been significant interest with interviews planned for mid May.
- We are liaising with rural surgeons in Shetland and Inverness to support the recruitment process.
- The physician advert is planned for the end of April, the anaesthetic advert for the end of May.
- We have expressions of interest for Physician and Anaesthetic posts

Not Protectively Marked

NHS Orkney Board Meeting – 22 April 2021

Report number: OHB2122-09

This report is for noting

Staff Governance Committee Chair's Report

Lead Director Author	Lorraine Hall, Interim Director of Human Resources Caroline Evans, Chair Staff Governance Committee
Action Required	The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance
Key Points	This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 24 February 2021 and it was agreed that these should be reported to the NHS Orkney Board.
Timing	The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to Improve the delivery of safe, effective patient centred care and our services; <ul style="list-style-type: none"> • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Staff Governance Committee is supporting the delivery of the 2020 vision for health and social care by ensuring that employees are fairly and effectively managed within a specified framework of staff governance and can reasonably expect these staff to ensure that they take responsibility for their actions in relation to the organisation, fellow staff, patients, their carers and the general public.

9.3

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

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Staff Governance Committee Chair's Report

Author Caroline Evans, Staff Governance Committee Chair

Section 1 Purpose

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

Section 2 Recommendations

The Board is asked to:

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

Section 3 Background

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 24 February 2021 and it was agreed that these should be reported to the NHS Orkney Board.

Section 4 Issues Raised

Audit of Staff Personnel Files

The Committee were presented with findings from the Audit on Employee Personnel files and evidence that requirements were being met in line with pre-employment checks, right to work requirements and where appropriate, fitness to practice guidelines being appropriately carried out prior to an employee's start date.

Members were advised that 20% of staff files had been audited, equating to 185 employees of the substantive and bank workforce employed as of the 12 January 2021. A list of criteria had been checked to ensure that the Board was adhering to NHS policy, with consideration being given to the requirements appropriate at the employees start date.

96 of the audited employees had all necessary and relevant paperwork in place within their electronic personnel file, 88 files were outstanding one or more forms of

documentation and one employee had no pre employment check held within their file.

It was proposed that Human Resources continued to conduct a review of employee personnel files across the organisation with a view to ensuring existing employees had the relevant documents as a minimum within their electronic files.

The committee welcomed the information, risks identified, and mitigating action taken.

Terms of Reference, workplan and Risk Controls and Assurance Framework

The Committee approved the updated Terms of Reference and Business Cycle for 2021/22.

The Committee agreed to remove the Risk, Controls and Assurance Framework for 2021/22 to enable substantial work to be completed in this area to understand and fully articulate the risks.

Cross Committee Assurance

The Committee agreed that the information on the Audit of Staff Personnel files would be shared with the Audit and Risk Committee for information only.

Appendices

- Approved minute of meeting held on 25 November 2020.

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday 25 November 2020** at **10:30 am**.

Present: Caroline Evans, Chair
Fiona MacKellar, Vice Chair
Issy Grieve, Non Executive Board Member
Lorraine Hall, Interim Director of Human Resources
Kathleen McKinnon, Staff Partnership Representative
Kate Smith, Partnership Representative
Jason Taylor, Whistleblowing Champion, Non Executive Board Member

In Attendance: Malcolm Colquhoun, Head of Estates and Facilities (Item 763)
Gordon Jones, Spiritual Care Lead (Item 755)
Steven Phillips, Human Resource's Manager
Ingrid Smith, Human Resource's Manager
Emma West, Corporate Services Manager (Minute taker)
Kim Wilson, Deputy Director of Nursing
Barbara Womack, Practice Education Facilitator

747	Apologies Apologies were noted from David McArthur and Michael Dickson.
748	Declaration of Interests – Agenda Items There were no declarations of interest in relation to agenda items.
749	Minute of meeting held on 18 September 2020 The minute of the Staff Governance Committee meeting held on 18 September 2020 was accepted as an accurate record and approved.
750	Matters Arising <u>636 – iMatter – Pulse survey</u> Members were advised that the national report due to be published on the 20 November 2020 had been delayed and was now expected to be published in December. <u>648 - Staff Governance Risk Report</u> It was noted that an organisational wide review of risk was being carried out and would be taken to the Board in February 2021, the Staff Governance Committee would receive a report on risks within the remit of the Committee following this.
751	Action Log The Action Log was reviewed, and corrective action agreed on outstanding issues

9.3.1

	<p>(see Action Log for details).</p> <p><u>02-2020/21 – Bullying and Harassment in the Workplace</u></p> <p>The Interim Director of HR sought further clarity around this action and articulation of the assurance that the Committee required. The Chair advised that the action had originated from the content of the Sturrock report with members requiring confirmation that this had been fully investigated and ensuring that all policies and procedures were in place.</p> <p>The Interim Director of HR noted that the Area Partnership Forum would be reviewing this as a whole in January at a Development session drawing from Sturrock, the Everyone Matter Pulse Survey and the DHI listening piece, the outcomes would then be brought to the Staff Governance Committee.</p>
752	<p>Chairman’s Report from the Board</p> <p>The Chair highlighted the following items that had been discussed at the meeting of the NHS Orkney Board on the 22 October 2020:</p> <ul style="list-style-type: none"> • There had been an in-depth update following the Children’s Services Inspection report with the Chief Social Work Officer attending the meeting • The Board had been provided with the Integration Joint Board (IJB) annual performance report • Members had been updated around the current financial situation and year end outturn, without additional funding towards Covid spend there would be a significant overspend at year end and this worst-case scenario required acknowledgement. <p>Decision / Conclusion</p> <p>The Committee noted the Chairs reported highlights from the Board meeting.</p>
	<p><u>Governance</u></p>
753	<p>Report on status of Once for Scotland Policy Implementation and progress against Workforce policy review timetable – SGC2021-28</p> <p>I Smith, Human Resources Manager, presented the report which was a regular update on the status of policy review. She advised that the NHS Scotland Programme Board were developing ‘Once for Scotland’ Workforce Policies in two cohorts. Phase 1 Core Policies were implemented on 1 March 2020 but the programme was then paused due to the covid-19 pandemic, the Programme Board would consider recommencing this in early 2021.</p> <p>The report showed the policies which had already been implemented and those which were to be considered in phase 2, other local policies were also being reviewed, updated and consulted around and would be brought to the Staff Governance Committee in due course.</p> <p>The Interim Director of HR advised that it should be made clear on the cover sheets, that those policies due to be updated in phase two were still relevant and in use.</p>

9.3.1

	<p>Decision / Conclusion</p> <p>The Committee noted progress with the introduction and implementation of 'Once for Scotland' Policies as well as the work plan for refreshing/updating current NHS Orkney Policies unaffected by the programme.</p>
754	<p>Report on Circulars – SGC2021-19</p> <p>The Vice Chair delivered the report on circulars for information and noting. The following updates were provided:</p> <ul style="list-style-type: none"> • DL(2020)30 – Covid Special Leave – this had been added to the December agenda of the Area Partnership Forum as well as being shared with colleagues and managers; all leave would be backdated appropriately and accordingly • CMO(2020)22 – SIREN research study – following robust discussion it had been agreed that NHS Orkney would not participate in this as the Board were not able to provide the infrastructure required. <p>Decision / Conclusion</p> <p>Members noted the summary of circulars provided and the updates.</p>
	<p><u>Organisational Culture</u></p>
755	<p>Spiritual Care Reporting - SGC2021-30</p> <p>G Jones, Spiritual Care Lead, presented the report providing assurance around the volume of need for the spiritual care service and meeting the support needs of staff.</p> <p>Members were advised that Spiritual Care service provision rose from 18.75hpw to 36.5hpw to increase availability of support during the Covid-19 pandemic. The temporary 6 month increase was renewed for a subsequent 6 months on 1 September 2020.</p> <p>Staff support was sought most days and patient support was ongoing, the Spiritual Care Lead also sat on a number of local and national Groups and Committees which meant that demand was dynamic, but the workload was currently manageable.</p> <p>The increased hours had enabled innovative working that had acquired national interest, but this would become unfeasible under the substantive 18.75hpw service provision. It was noted that even with the increased Spiritual Care provision, service hours still fell short of the 168hpw called for by CEL (2008) 49.</p> <p>G Jones advised that he always tried to take a proactive approach and reach out to staff, especially those who had raised concerns or anxieties in the past. Interactions could be informal 'biscuits and a blether' or more formal support in the form of a one to one session that lasted around 1 hour. Covid stress had added to the range of issues that people were already coping with in life such as loss, relationship issues, anxiety, stress and fatigue among others. If staff could be offered support in a timely manner it would often reduce the need for sickness absence through their GP.</p> <p>The Chair thanked G Jones for increasing his hours and stepping up to the role in a very challenging period and for leading in some of the current national and regional</p>

9.3.1

initiatives.

The Interim Director of HR welcomed the paper and supported the role of Spiritual Care in supporting the health, safety, wellbeing and resilience of staff, she noted the need to enable staff to have appropriate conversations and be aware of the other support mechanisms available. It would be helpful to note the information, themes and topics and consider how these were tracked to see the value and meaning to staff.

The Interim Director of HR questioned whether the 2020 Spiritual Care Audit Tool had been completed and validated for NHS Orkney, as the outcomes from this would be considered to support any increase to the service, work was ongoing nationally on the 2021-26 strategy and action plan and she very much welcomed input into this national piece. The Spiritual Care Lead advised that the audit had been started and when completed would be discussed with the auditor, signed off and validated.

I Grieve sought further information on the support pack for staff, G Jones advised that the pack had a number of leaflets with information on the services available and signposting to support and advice along with Scottish Government services.

J Taylor noted the volunteer listening model which was include in the paper and whether this was a suitable alternative to trained and permanent staff, he also questioned whether this could be delivered in partnership with other island Boards.

The Spiritual Care Lead advised that it was a requirement for all Health Boards to have a 24/7 Spiritual Care service and the current Out of Hours provision was targeted to meet inpatient support, this was a challenge for a small Board as this level of service was required regardless of the size of the Board. He added that his role also covered support for care home staff and residents and social care staff but he had not been able to reach out to these groups as he would like due to current capacity.

Around the listening service he agreed with the concerns around the welfare and wellbeing of volunteer listeners as some concerns raised would be very difficult to hear there was already a national listening service model that most Health Boards on the mainland had adopted with safeguards to protect listeners, recruitment training, regular 1:1 with supervisors along with group reflective practice to share the challenges faced and themes and issues arising. The national model was not suitable for Orkney and Shetland due to geographical access issues along with the cost of off island training.

K Smith questioned whether there would be a possibility of working with other third sector organisations and if it had been possible to reaching out to staff at home in the current circumstances. The Spiritual Care Lead advised that staff working from home did get in contact and he had emailed all staff to advise of the services available and that help should be sought if required.

The Employee Director noted the need to look past the Covid period and build reliance into the service for staff and patient support and to meet the requirements of the CEL.

Decision / Conclusion

The Committee thanked the Spiritual Care Lead for his informative paper and noted the report provided. The Committee were not able to approve the further proposals but ways to progress and strengthen these areas would be considered.

9.3.1

	<u>Well Informed</u>
756	There were no items for discussion at this meeting.
	<u>Appropriately Trained</u>
757	<p>6 monthly update on progress – Corporate Learning and Education Plan – SG2021-31</p> <p>The Workforce Development Manager presented the report advising that plans had been developed with service leads and highlighted the extensive training requirements across the organisation. The Senior management Team had requested these plans be reviewed, updated and amalgamated, to establish in totality the fiscal ask of the organisation. Approval of the plan and authorisation of funding was a priority, to ensure that staff were trained to perform all aspects of their employment duties and to meet organisational requirements.</p> <p>The Chair voiced her ongoing concern around the lack of staff appraisals and poor rates of statutory and mandatory training compliance.</p> <p>K Smith questioned if relevant managers and staff had reviewed these training plans previously as she was not aware of this; the workforce development manager gave assurance that the plans would be distributed as relevant once reviewed.</p> <p>J Taylor questioned how this could be delivered when appraisal levels were so low meaning that staff didn't have the opportunity to discuss and review their training needs and there was no assurance provided that appraisal compliance was increasing.</p> <p>The Interim Director of HR agreed that no assurance could be provided around this currently but stressed that this was no fault of the Organisational Development and Learning Team who had been honest and upfront with the current position. There was now a need to recognise, accept and move on from this position to develop a new structured plan and process for the organisation. There was a real need to consider financial resources and understand and mitigate the risks of only delivering within the finances available.</p> <p>The Interim Director of HR agreed that appraisals were absolutely vital as this was an opportunity for staff to have conversations with their managers; Orkney was not in a different position to other Boards and although this did not mitigate the fact it did show that it was a national issue. Members were advised that the appraisal process had been stood down early in the year due to the pandemic and not restarted until September/October as part of remobilisation planning. Managers and staff were responsible for completing appraisals and both needed to be aware of their role and remit within this.</p> <p>The Employee Director noted the very limited money available for training and the potential of not being able to support this was a high-level risk that the organisation required to be sighted on. Training money should be ring fenced for that purpose only and a training needs analysis well articulated.</p> <p>I Grieve welcomed the information provided and requested an update at the next meeting around plans and actions.</p>

9.3.1

	<p>Decision / Conclusion</p> <p>Members note the report and agreed that the Board should be made aware of the current position and action to be taken.</p>
758	<p>Statutory and Mandatory Training - SG2021-32</p> <p>The Workforce Development Manager presented the report advising that NHS Orkney, like all organisations, under the Health and Safety at Work 1974 (section 2), had a legal responsibility to provide a safe and healthy environment for employees, including subcontractors and members of the public, either in their care or visiting their facilities. A review of the provision and compliance of statutory and mandatory training had been carried out, in partnership with staff and representatives.</p> <p>Despite a previous consultation in 2019 the compliance with attendance between April 2019 – April 2020 overall had remained relatively static, with a marginal increase since April 2020.</p> <p>A further review of the provision and compliance of statutory and mandatory training was currently being carried out, in partnership with staff and representatives. Thus far the consultation had highlighted various actions which were currently being implemented, with a planned review of statistics in 3 months.</p> <p>The Interim Director of HR noted that over the courses of the pandemic all Boards had been considering how training could be delivered safely face to face and what could be delivered online. There was a need to ensure that training was available to staff at induction and also the need to mitigate risk around timeframes for completion.</p> <p>J Taylor questioned if sanctions would be implemented if, having gone through the process and mitigating barriers staff had still not completed the training, The Interim Director of HR advised that the conduct policy could be evoked in such circumstances.</p> <p>The Employee Director noted that it was clearly stated that incremental pay rises could be postponed in specific circumstances and this could be implemented if it was employee choice not to complete Statutory and Mandatory training. There would be a requirement to evidence why it had not been completed and that Staff had been given the capacity to enable them to attend training.</p> <p>Decision / Conclusion</p> <p>Members noted the content of the report and discussed the steps that would be taken to embed and improve compliance, an update report was requested for the next meeting.</p>
	<p><u>Involved in Decisions that Affect them</u></p>
759	<p>Partnership Forum Chair's Report – SGC2021-33</p> <p>The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 18 August, 15 September and 20 October 2020. The following were highlighted:</p> <ul style="list-style-type: none"> • Members discussed the information received around the importance of

9.3.1

	<p>improving the quality of minority ethnicity data for hospital activity returns to Public Health Scotland. It was also highlighted to the forum the need to focus on listening to the voices of our minority ethnic staff to address any concerns they have had in relation to COVID-19; and moving forward, any anxieties, they had in relation to remobilisation.</p> <ul style="list-style-type: none"> • Change proposals had generated significant discussion which had been very thought provoking for members and raised awareness around how to approach organisational change and the consideration required around potential conflict of trade union representatives when discussing individual teams and staff members. <p>The Chair agreed that it had been a challenging meeting with difficult subject matter, changed were now being embedded especially around the Senior Management Team structure.</p> <p>Decision / Conclusion</p> <p>Members noted the update provided from the Area Partnership Forum.</p>
760	<p>Minutes of the Area Partnership Forum meeting held on 18 August, 15 September, and 20 October 2020</p> <p>Members noted the approved minute as submitted.</p>
	<p><u>Treated Fairly and Consistently</u></p>
	<p><u>Policies and Procedures</u></p>
761	<p>Public Protection Learning and Development Policy - SGC2021-34</p> <p>The Workforce Development Manager presented the Public Protection Learning and Development Policy for committee approval.</p> <p>She advised that following the publication of the children's inspection report it was identified that NHS Orkney's public protection training did not align with national guidelines and the recommendation from the inspectorate were to review all training pertaining to the subject. A working group lead by the Interim Director of Nursing, Midwifery and AHPs, reviewed all actions from the inspection and agreed an organisational policy was required.</p> <p>The policy aimed to provide a clear framework, thus ensuring NHS Orkney's workforce was appropriately trained and informed of national and local public protection practice, further ensuring every staff member had the knowledge and skills to recognise when a child, young person or adult may be at risk or on the pathway to significant harm and the appropriate action taken if required.</p> <p>The Employee Director noted that the Specific Workforce- Level 2 should also include Allied Health Profession students.</p> <p>Decision / Conclusion</p> <p>Members approved the Public Protection Learning and Development Policy subject to the amendment noted above.</p>

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762	<p>Maternity Leave Policy - SGC2021-35</p> <p>The Human Resources Manager presented the policy for committee approval advising that there were very minor changes which were detailed for members information.</p> <p>Decision / Conclusion</p> <p>The Committee approved the Maternity Leave Policy.</p>
	<p><u>Provided with a Safe Working Environment</u></p>
763	<p>Occupational Health and Safety Chairs Report– SGC2021-36</p> <p>The Head of Estates and Facilities delivered the Occupational Health and Safety Chairs report advising of the items that the Committee wished to highlight from the meetings held on 24 September and the 5 November 2020.</p> <p>Members were advised that the Interim Chief Executive would be the lead in this area and that he had delegated this responsibility to the Head of Estates and Facilities in the interim.</p> <p>The Chair questioned the fire training backlog and how this would be addressed as a staff and patient safety issue, The Head of Estates and Facilities advised that the Fire Safety Advisor was working with the training team and NHS Orkney had invested heavily in a suppression system, every effort had been made to prioritise training as appropriate.</p> <p>Members were advised that no Datix had been received which were RIDDOR reportable and work was progressing to strengthen this area. Social distancing also caused challenges and the Board, as far as reasonably practical, had invested heavily and expected staff to know and follow the guidance but there was always a risk that this would be breached.</p> <p>Decision / Conclusion</p> <p>Members noted the information provided.</p>
764	<p>Workforce Report – SGC2021-37</p> <p>S Phillips, HR Manager, presented the workforce report for the information on the period July to September 2020, he advised that changes had been made as requested at the previous meeting but also acknowledged the possibility for further changes to ensure that the information was fulfilling the requirements of the Committee.</p> <p>J Taylor suggested that the further break down of the bank costs on the dashboard would be welcomed.</p> <p>The Interim Director of HR advised that the report would continue to be improved to ensure more narrative around the data and processes established around the improvement journey.</p> <p>J Taylor noted that 24% of absences related to anxiety, stress or depression and that there was a need to understand further the issues around this to enable staff to be supported and this type of absence to be reduced.</p>

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	<p>I Grieve questioned how widely the information on the dashboard was shared and was advised that it could be made available as appropriate.</p> <p>The Employee Director noted that many sectors of the workforce had a high proportion of those aged over 55 and this needed to be understood further at Directorate and service level to understand the risks and succession plan implications. S Phillips noted that the appraisal process was pivotable in succession planning.</p> <p>Decision / Conclusion</p> <p>Members note the report and welcomed further refinements to the report going forward</p>
	<u>Risks</u>
765	<p>Staff Governance Risk Report</p> <p>The report had not been provided at this meeting.</p>
766	<p>Issues Raised from Governance Committees</p> <p>No issues had been raised from other Governance Committee of the Board.</p>
767	<p>Agree any issues to be raised to Board/ Governance Committees</p> <p>The Committee agreed that the following items should be reported to the:</p> <p>Board</p> <ul style="list-style-type: none"> • Compliance with Statutory and Mandatory Training and current Appraisal rates • The widening of Workforce reporting as appropriate • The welcome discussions that had been held around Spiritual care
768	<p>Any Other Competent Business</p> <p><u>Audit of fitness to practice</u></p> <p>It was questioned if regular checks on driving licences were made as this could have implications for the organisation.</p> <p><u>Barbara Womack</u></p> <p>Members were advised that B Womack would be leaving her current role and returning to a primary care role in December, she was thanked for her commitment, dedication, and the support that she had provided.</p>
769	<p>Schedule of meetings</p> <p>The schedule of meetings for 2020/21 was noted.</p>
770	Record of Attendance

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	The record of attendance was noted.
771	Committee Evaluation No issues were raised in relation to the meeting.

Not Protectively Marked

NHS Orkney Board – 22 April 2021 Report Number: OHB2021-10 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 £0.150m to 28 February 2021 • 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 28 February 2021. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £0.150m.
Timing	April 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 – 22 April 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 28 February 2021.

Section 2 Recommendations

The Board is asked to:

- To **note** the reported overspend of £0.150m to 28 February 2021.
- To **note** the narrative to the year-end assumptions and outturn

Section 3 Background

The revenue position for the 11 months to 28 February reflects an overspend of £0.150m, a favourable movement of £0.150m from period 10. We continue to forecast a breakeven position at year end.

There are a number of volatile areas of spend that are being closely monitored, which 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 an impact on projected costs
- Travel expenditure for patients to attend appointments off island – activity has increased in recent months and remains under review
- 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 10 are:

- Prescribing costs to date - £340k overspend
- Mental Health Services - £279k overspend
- Estates and Facilities - £201k overspend
- Pharmacy - £481k
- Hospital Services - £215k overspend

There are some offsetting underspends to date which include:

- External Commissioning - £69k
- Support Services - £191k
- Pay reserve - £323k
- Prices reserve £133k
- Medical Staffing reserve £470k
- Public Health £72k

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 is now likely that we will deliver against our CRL. This area remains under review, however we have plans in place to spend £0.978m capital allocation. Further discussion has taken place between the board and the SG in regards the potential additional £750k, whilst we will not be in a position to spend this in 2020/21 we have requested that this be returned 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 11, 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.

10.1

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
GP dispensing: medicines delivery service			11,539	11,539
Adult Flu vaccine costs in 2020/21			18,454	18,454
Inequalities Fund - ref Inequalities(19)04			12,319	12,319
Annual leave additional accrual			300,000	300,000
Insulin pumps			18,180	18,180
Discovery - 2020-21		(2,774)		(2,774)
	0	(2,774)	360,492	357,718

Summary Position

At the end of February, NHS Orkney reports an in-year overspend of £0.150m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system.

Previous Month Variance M10		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(190)	Hospital Services	12,217	11,178	11,394	(215)	(1.92)	(212)
(422)	Pharmacy & Drug costs	2,613	2,390	2,871	(481)	(20.12)	(537)
(725)	Orkney Health and Care - IJB	27,875	24,753	24,753	0	0.00	(0)
(558)	Orkney Health and Care - IJB Savings	(670)	(614)	(614)	0	0.00	0
131	External Commissioning	10,834	9,903	9,834	70	0.70	62
(140)	Estates and Facilities	6,862	6,281	6,482	(201)	(3.21)	(238)
206	Support Services	7,495	6,298	6,107	191	3.03	298
4,871	Covid-19	11,135	10,277	10,277	0	0.00	0
842	Reserves	3,000	486	0	486	100.00	626
(4,313)	Savings Targets	(5,231)	(4,772)	(4,772)	0	n/a	0
(300)	Total Core RRL	76,129	66,181	66,332	(150)	(0.23)	(0)
	Non Cash Limited						
0	Ophthalmic Services NCL	298	275	275	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,818	1,740	1,740	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	280	0	0	0		0
0	Depreciation	2,418	2,148	2,148	0	0.00	0
0	Total Non-Core	2,698	2,148	2,148	0	0.00	0
(300)	Total for Board	80,943	70,344	70,494	(150)	(0.21)	(0)

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, £79k 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, £28k overspend

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

- Laboratories, £149k 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 £481k, 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

- Reserve funding has been allocated to the Internally Commissioned health budgets in the month, resulting in a breakeven position now being reported:-
 - 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.
 - Forecast underspend within Primary Care dental and specialist nurses is mainly due to vacancies in community dental services.
 - 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.

The table below provides a breakdown by area:-

10.1

Previous Month Variance M10	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(189)	Integration Joint Board	5,728	4,452	4,138	314	469
24	Children's Services & Women's Health	2,401	2,176	2,125	50	79
30	Primary Care, Dental & Specialist Nurses	10,874	9,974	9,843	131	90
(154)	Health & Community Care	4,122	3,794	3,968	(174)	(213)
(437)	Pharmacy Services	4,079	3,743	4,065	(322)	(426)
(726)	Total IJB	27,205	24,139	24,139	0	(0)

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 £201k to date, there is a significant cost pressure with the energy spend for the new hospital.

Support Services

Support Services is currently reporting an underspend of £191k to date.

Covid 19 Spend

NHS Orkney has recorded £6.991m spend to date attributable Covid 19, of this £5.665m is attributable to Health Board spend and £1.326m 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 £4.772m
- H&SCP £0.614m

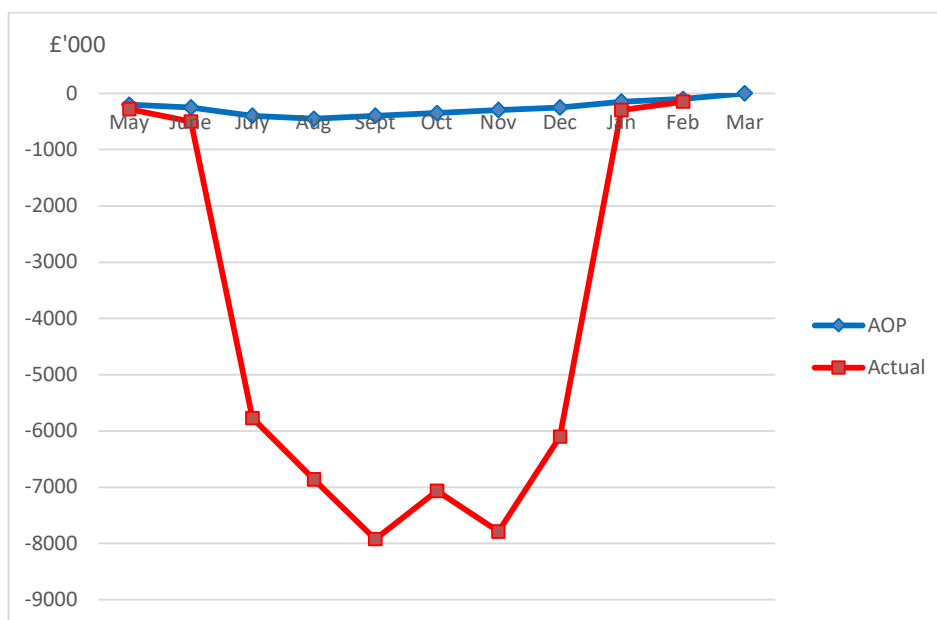
Unallocated Funds

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 breakeven position at year end. 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 funding assumptions.

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 31/1/21 £	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	48,380	14,351	
Community Pharmacy Practitioner Champions	5,000	5,000	0	
Discovery Top Slice	(2,866)	(2,774)	92	
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	18,180	7,733	
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)	(25,478)	(778)	
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)	(42,653)	(2,177)	
NSD Topslice	(227,717)	(280,067)	(52,350)	
Non-Core expenditure - Depreciation	(1,228,000)	(1,228,000)	0	
	<u>60,652,278</u>	<u>61,010,362</u>	<u>455,584</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
Reporting Radiographer Training		8,540
Reimbursement Shingles Vaccine 20/21		8,125
Top up of Fluenz vaccine costs in 20/21		(2,920)
NSD Funding return		40,439
Adult social care winter plan		83,949

10.1

Wellbeing funding	2,431
Mental Health Strategy Action 15 Workforce -Tranche 2	54,000
Reduce drug deaths	21,861
PCIF balance	404,857
COVID-19 Q1-4 Allocation - tranche 2	8,354,122
Community Living Change	81,141
Further Integration Authority Support	406,501
GP dispensing: medicines delivery service	11,539
Adult Flu vaccine costs in 2020/21	18,454
Inequalities Fund - ref Inequalities(19)04	12,319
Annual leave additional accrual	300,000
	14,649,330

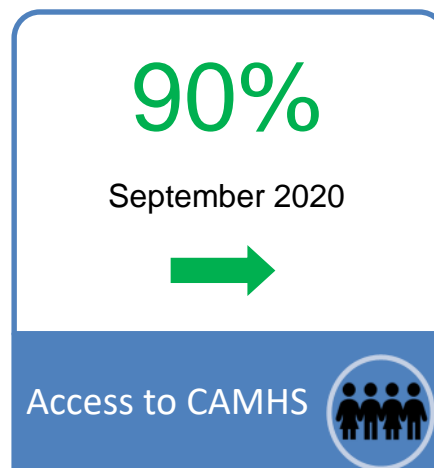
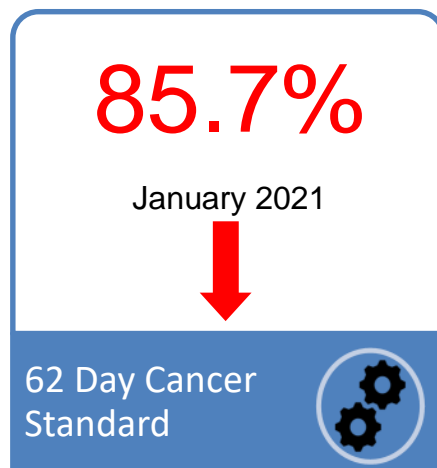
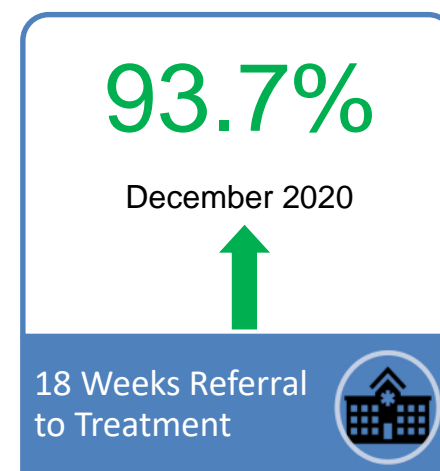
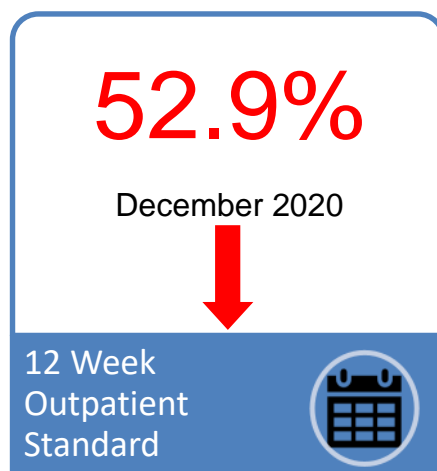
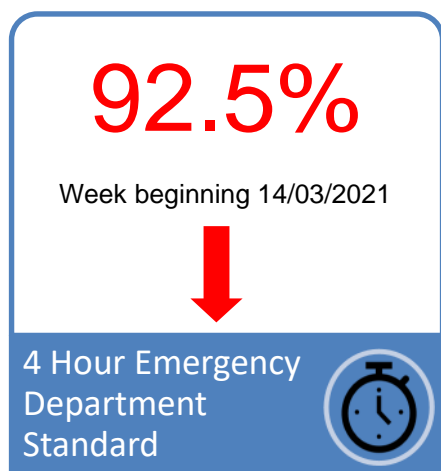
Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

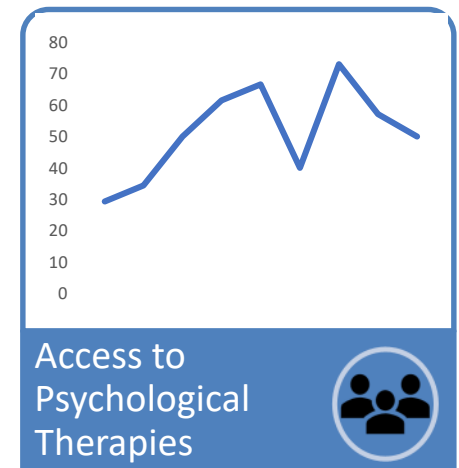
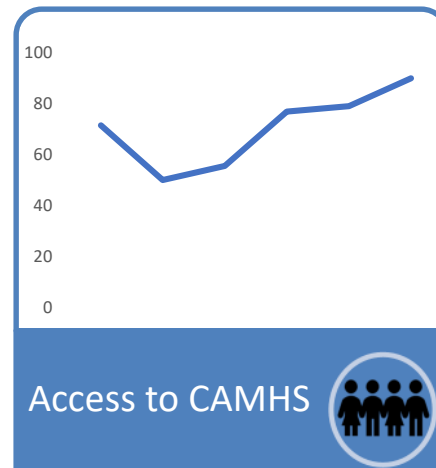
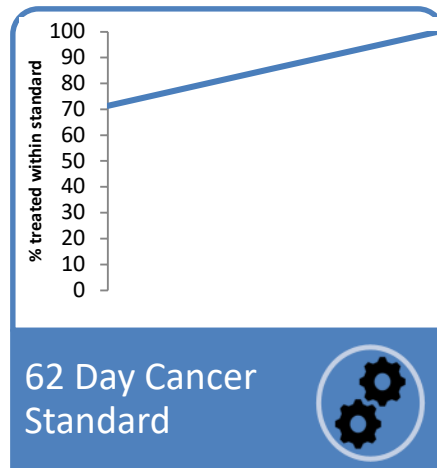
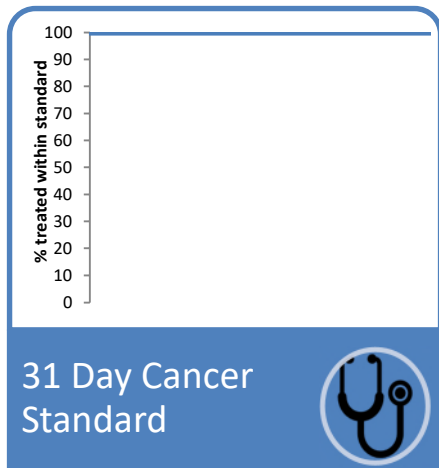
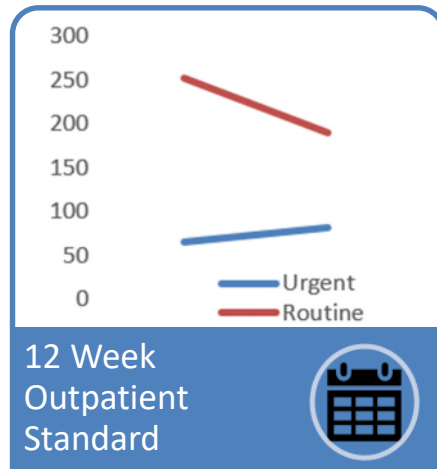
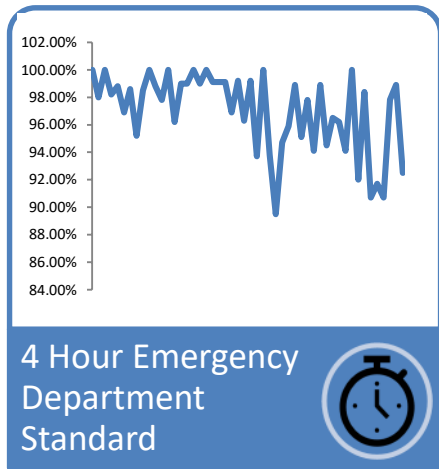
Non-Core assumed allocations				
	Included in LDP £	Received in RRL to 31/1/21 £	Variance £	Outstanding £
Standard Depreciation	2,418,000	2,418,000	0	
AME Impairment	250,000			250,000
AME provisions	5,000			
	2,673,000	2,418,000		250,000

Not Protectively Marked

NHS Orkney Board – 22 April 2021 Report Number: OHB2122-11 This report is for noting. Performance Management Report	
SMT Lead Author	Christina Bichan, Head of Assurance & Improvement Louise Anderson, Waiting Times Co-ordinator
Action Required	The Board of NHS Orkney is invited to: 1. <u>review</u> the report and <u>note</u> the update provided
Key Points	<ul style="list-style-type: none"> • 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 April 2021 meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: <ul style="list-style-type: none"> • Nurture a culture of excellence, continuous improvement and organisational learning • Improve the delivery of safe, effective and person centred care and our services
Contribution to the 2020 vision for Health and Social Care	This work is contributing to the 2020 vision by seeking to ensure that timely access to high quality, safe and effective care is available for the people of Orkney.
Benefit to Patients	More timely access to care and services.
Equality and Diversity	There are no Equality and Diversity implications identified with this item.

NHS Orkney – Board Performance Report (March 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 14th March 2021, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 92.5%. Performance in regards to the 4 hour A&E target is good as shown in Figure 1 however has been adversely affected on occasion by bed availability.

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

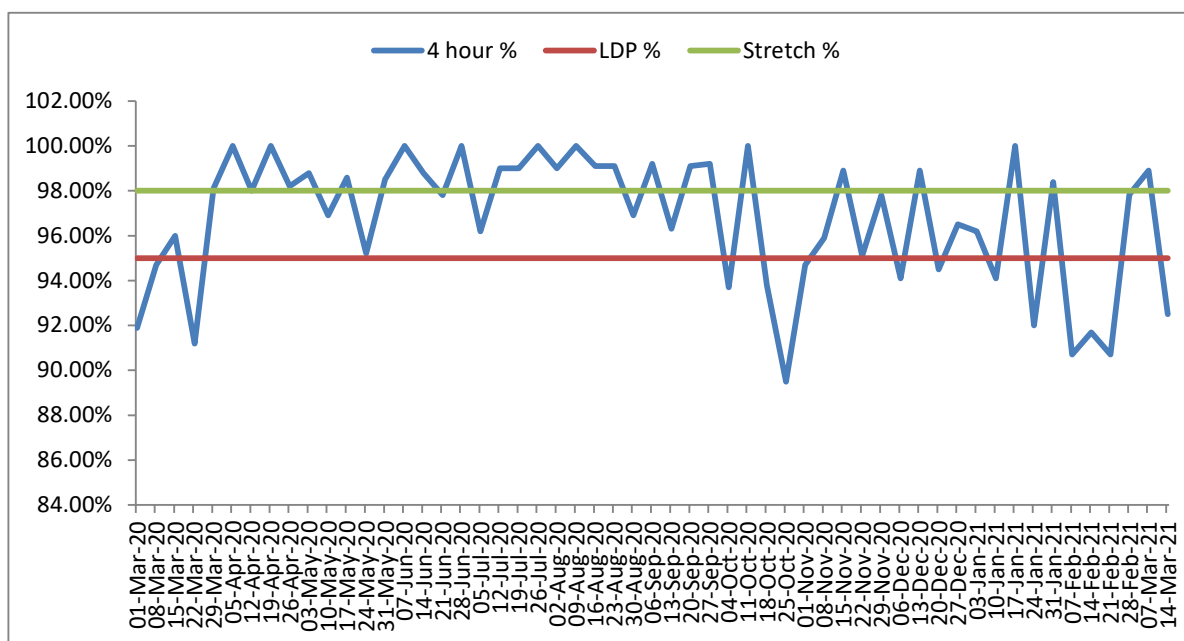
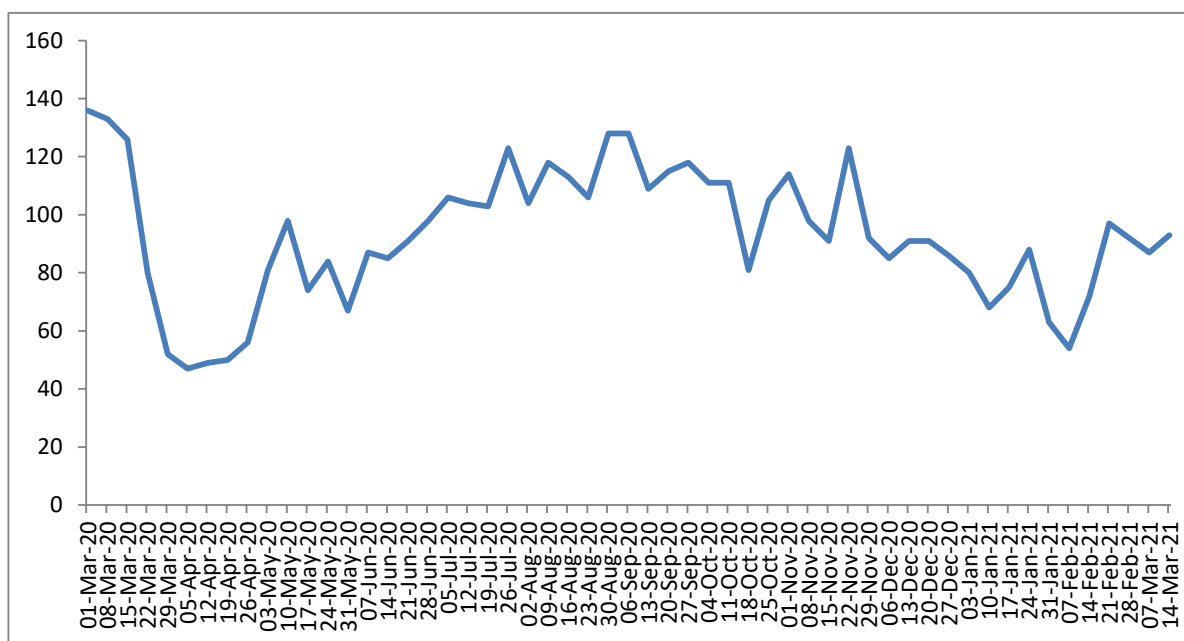


Figure 2: ED Attendances by week, March 2020- February 2021 (Source: NHS Performs)



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 the end of December 2020, there were 1085 patients waiting for a new outpatient appointment. 47.10% of these have been waiting longer than 12 weeks and 37.33% waiting greater than 26 weeks. This is an improved position since the middle of July when 69.11% were waiting greater 12 weeks and with increased access being facilitated as part of service remobilisation.

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

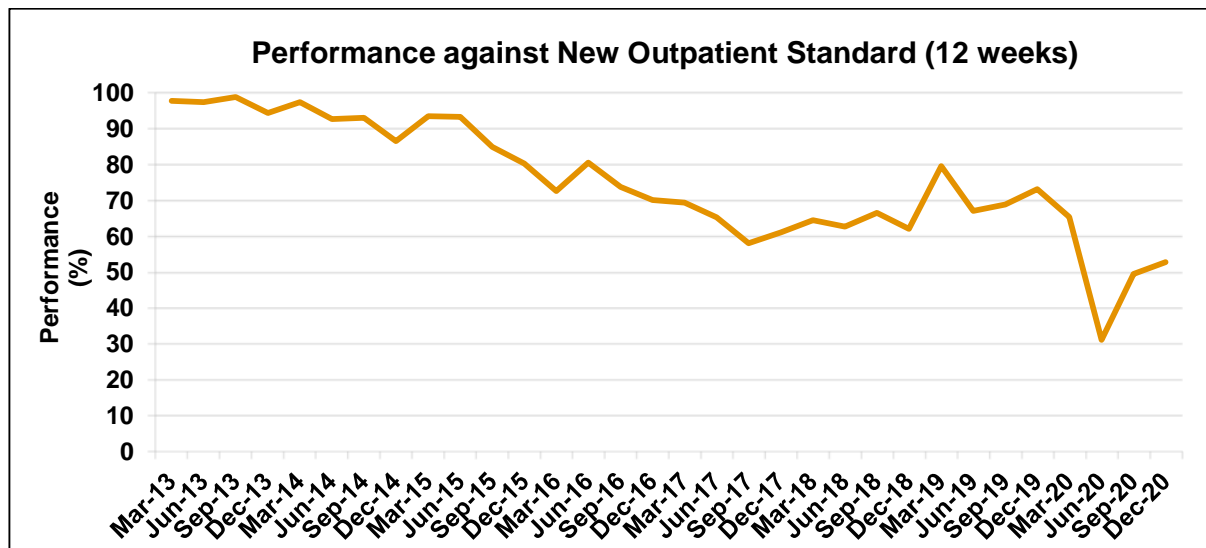
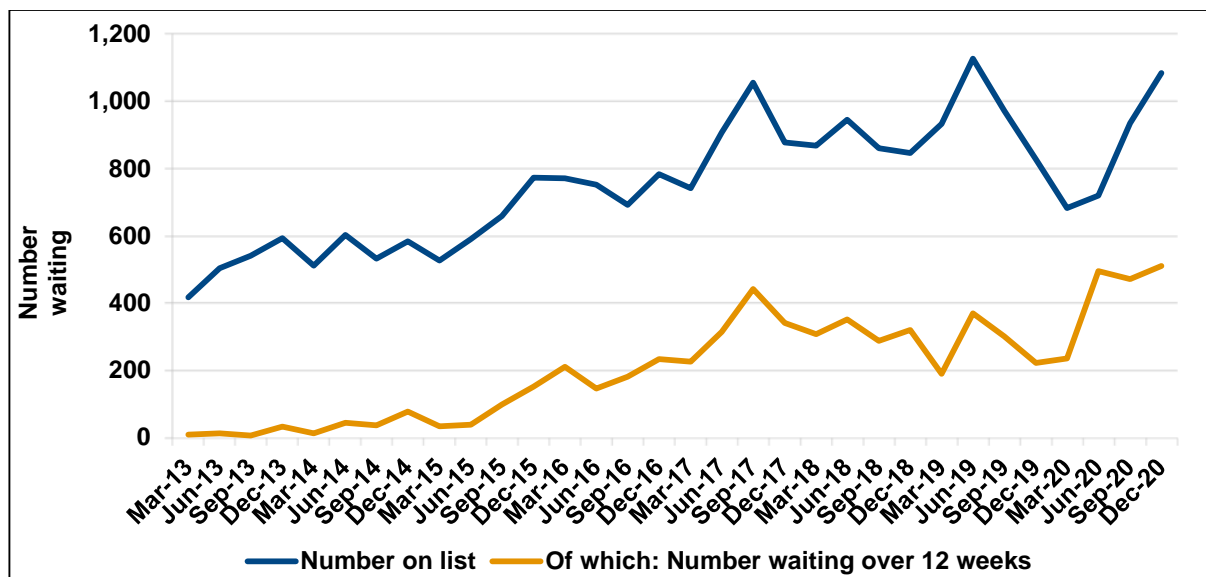


Figure 4: Outpatient waiting times – The Balfour, March 2013-June 2020



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 - As at the end of December 2020, there were 166 patients waiting for an inpatient/day case procedure. Of these, 52 (31.33%) have been waiting for more than 12 weeks. The majority of patients are within the Trauma and Orthopaedic and Oral Surgery specialties where elective cancellations in the earlier part of the year coupled with a reduction in operating capacity on an ongoing basis is creating a backlog of patients awaiting appointment both here and in Boards such as Golden Jubilee National Hospital (GJNH). Access to GJNH is being clinically prioritised in line with national guidance and as such only urgent referrals are being accepted at present although it is expected that the waiting list will open up to routine referrals again shortly. Performance in relation to general surgery and Ophthalmology is currently good and the treatment backlog generated during the pandemic has been largely addressed in these specialities.

Current performance in comparison to previous financial years is shown in Figure 10.

Figure 10: Current performance (comparison to other financial years)

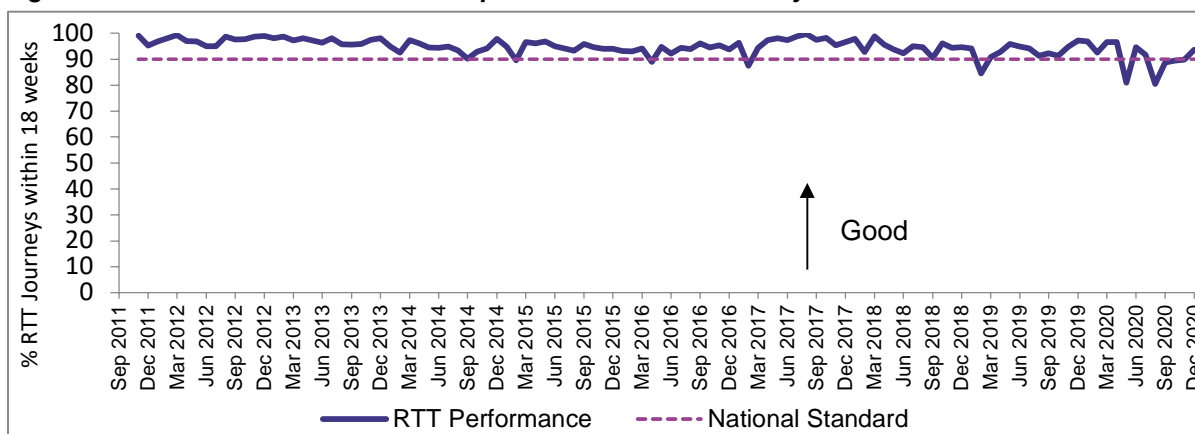


4. 18 Week Referral to Treatment

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

Update – Published data from December 2020 details 93.7% of patients were reported as commencing treatment within 18 weeks. There were 632 completed patient journeys. Of these 579 were within 18 weeks and 39 were over 18 weeks. This is an improvement on previous performance and in line with the national target.

Figure 13: 18 week referral to treatment 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%.

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 – The most recent figures (31st March 2020) show more than 95.9% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12th week of gestation.

7. Alcohol Brief Interventions (ABIs)

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

No update to report – At the end of 2019/20 there had been 437 ABIs delivered during the year; 224 in priority settings and 213 in wider settings.

8. Cancer

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

Update – Data from September 2020 shows 100% of patients started treatment within the 31-day standard. 85.7% of patients started treatment within the 62-day standard. Access to diagnostic and treatment continues to be good with minimal delays at a local level and treatment being expedited off island as far as possible.

9. Dementia

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

No update to report – The publication of more up to date information against this standard has been on hold nationally for some time but with publication now imminent this will be updated in the next Board report.

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 that 27.2% of patients were diagnosed and treated in the first stage of breast, colorectal and lung cancer. This is a 38% increase on the baseline.

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

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

Update – Child and Adolescent Mental Health - Published figures from September 2020, shows 90% of patients waited less than 18 weeks from referral to treatment. Please note that these figures include all the Island Boards to prevent disclosive numbers.

Psychological Therapy - Published figures from December 2020, shows 6 patients were seen. 50% of these were seen within 18 weeks. During December 2020 there were 198 patients waiting to be seen; of these 35.4% are waiting 0-18 weeks. Please note that these figures include all the Island Boards to prevent disclosive numbers.

13. IVF Treatment

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

Update – At the end of December 2020, 100% of eligible patients who were referred, commenced IVF treatment within 12 months of referral.

14. Smoking Cessation

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

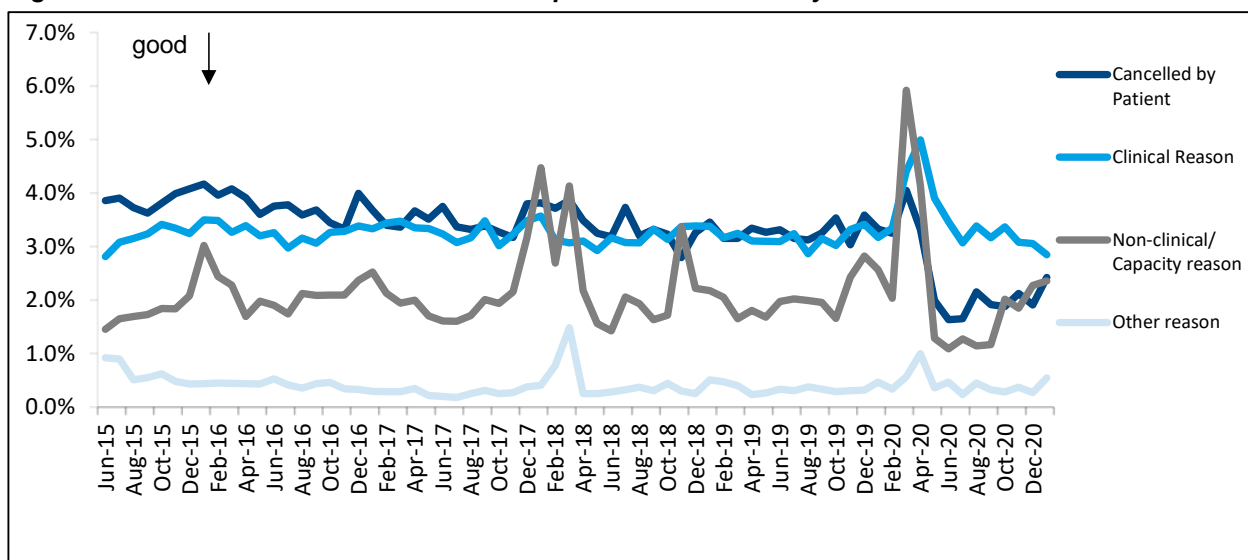
No update to report – During 2019/20 there were 18 quits (target was 31). This gives a performance against annual target percentage of 58.1%. The LDP 12 weeks quit rate performance percentage is 39.1%

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 January 2021 was 202, a decrease from 232 during December 2020. 16 operations were cancelled in January 2021. 3 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 9 were cancelled by the patient and 4 were cancelled based on clinical reason by the hospital. In comparison, 22 were cancelled in January 2020 and 15 in December 2020. Current performance at 7.9% is still ahead of the national average of 8.2%.

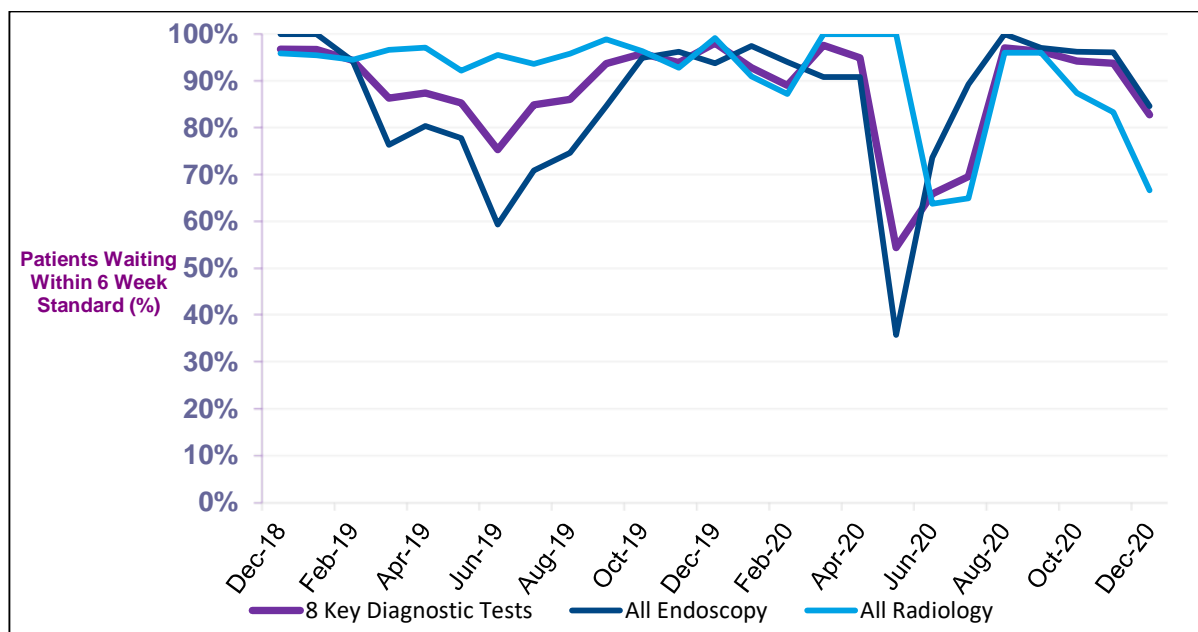
Figure 16: Cancellation Reason for Planned Operation – NHS Orkney



16. Diagnostics

At the end of December 2020 there were 29 patients on the waiting list for a key diagnostic test. Of these, 24% had been waiting greater than 4 weeks and 17% had been waiting greater than 6 weeks. This compares with 6% waiting over 6 weeks at the end of November 2020. Improvement in this area is being targeted by the surgical and radiography teams although recognising that capacity is impacted by the ongoing impacts of the pandemic in respect of social distancing. Clinical prioritisation of access to service continues to mitigate the risks of delay.

Figure 18: Patients waiting with 6 week standard (%)



17. Access to MSK Services

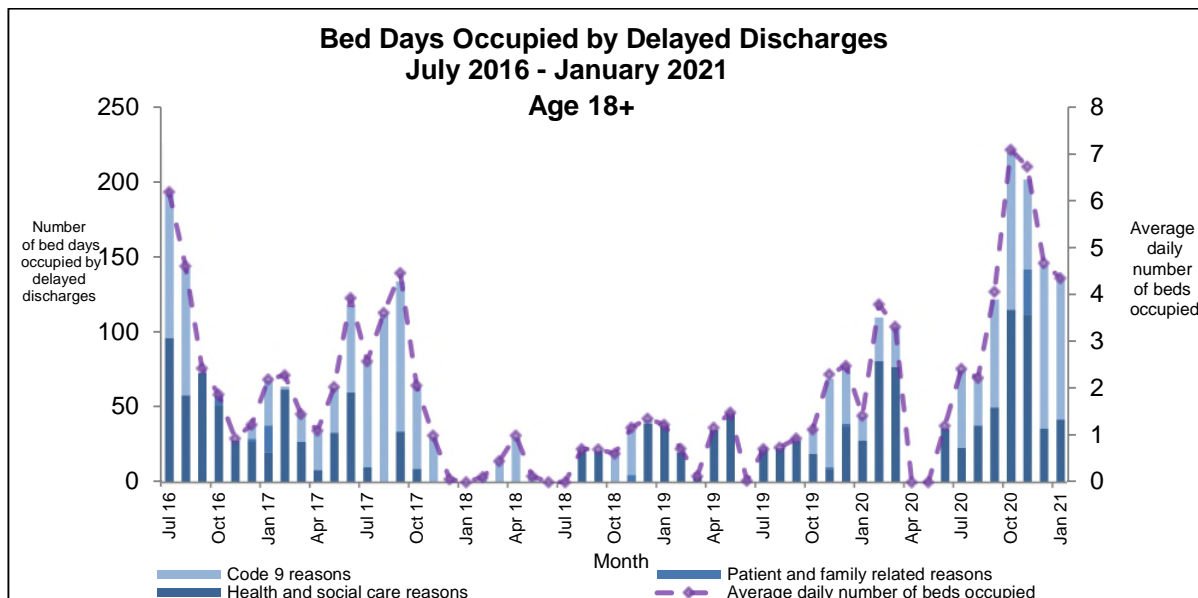
In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients). Data shown for the quarter October to December 2020 details 329 referrals to all MSK specialties. During the quarter 287 patients were seen; with the vast majority (65.9%) being seen with 4 weeks. At the end of the quarter (December 2020) there were 621 patients on the waiting list for MSK treatment; the vast majority of these waiting between 4-16 weeks.

18. Delayed Discharges

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

Latest figures (January 2021) indicate that there were 135 Bed Days Occupied by Delayed Discharges. At Census there were 4 delays. 3 of these were code 9 reasons and 1 was due to health and social care reasons. Increased delays have been reported over the last 12 months returning to levels of performance not seen since 2016.

Figure 21: Bed Days Occupied by Delayed Discharges



Not Protectively Marked

NHS Orkney Board – 22 April 2021 Report number: OHB2021-12 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	<p>The NHS Orkney Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Review</u> the report 2. <u>Note</u> the assurance given and issues raised 3. <u>Adopt</u> the approved committee minutes
Key Points	This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 25 March 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	<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 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 – 22 April 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 assurance given and 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 meeting on 25 March 2021. It was agreed that this should be reported to the Board.

Section 4 Assurance Given

1. Future Reporting- Update against Workforce

Members received an update on planned future workforce reporting to the Finance and Performance Committee, to provide assurance to the board of a crossover between Staff Governance Committee and Finance and Performance.

2. Balfour Hospital NPD Project Semi-Annual Operations Review

Members received the semi-annual review report, which had been produced by Currie & Brown.

Members praised the thorough ongoing monitoring surrounding the contract.

Section 5 Issues Raised

1. Child and Adolescent Mental Health Services (CAMHS) Performance Data

Members noted that the CAMHS performance data had not been submitted since September 2020, due to a lack of capacity within Community Mental Health Team. It was acknowledged that Public Health Scotland had been very understanding surrounding capacity issues, however it was felt that the lack of submission from the Board would soon be escalated farther, with the likelihood of the Board being asked to resubmit the full year of data.

The Committee felt it was important that the Board be made aware of the risks associated with the data being unavailable and lack of capacity within the team.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 28 January 2021 and 18 February 2021

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of Orkney NHS Board held on **Thursday, 28 January 2021** 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

In Attendance: Christina Bichan, Head of Assurance and Improvement
Colin Campbell, NHS Shetland Non-Executive Director (observing)
Christy Drever, Committee Support
Lorraine Hall, Interim Director of HR
Fiona MacKellar, Employee Director
Pat Robinson, Chief Finance Officer of the IJB (Deputising for Gillian Morrison)
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

923 **Welcome and Apologies**

The Chair welcomed Colin Campbell, NHS Shetland Non-Executive Director to the meeting in an observer capacity.

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

924 **Declarations of Interests – agenda items**

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

925 **Minutes of Meeting held on 26 November 2020**

The minute of the meeting held on 26 November 2020 was accepted as an accurate record of the meeting and was approved, subject to the following amendment:

In Attendance, Page 1 – “Christina Bichan, Chief Quality Officer” should read “Christina Bichan, Head of Assurance and Improvement”.

926 **Matters Arising**

663 Pharmacy Costs

The Director of Finance advised that he had been liaising with the Principal Pharmacist to produce an updated report on increased drug costs and their impact. He planned to include this in the Financial Performance Management Report.

927 **Action Log**

The action log was reviewed and updated as required.

Performance Management

928 Performance Management Report – FPC2021-40

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:

- A colour coded summary sheet had been added to provide an overview. Actual figures compared to projected figures had not been included yet, due to capacity within the team in light of increased reporting requirements during the Covid-19 response.
- Monthly data had been reported surrounding elective services, and performance was in line with the projection.
- Due to various factors including winter pressures and the Covid-19 pandemic, numbers with the Emergency Department had fluctuated, with access to beds challenging at times.
- Though care had been taken in relation to differing tier rules in other Boards, most visiting services had remobilised.
- The team had been working loosely with the Community Mental Health Team to improve reporting and the most recent report were much more robust, however long waits had been noted within the service. Updated data would be available in the next report.

Members praised the hard work of the Quality Improvement team and the positive performance in remobilising visiting services. They also praised the addition of the summary sheet, however noted that it might be misleading, and might not draw attention to areas where it was needed most. The Head of Assurance and Improvement suggested that the cover sheet should only show the standards which the Scottish government are currently measuring against.

Members raised concerns surrounding the increased numbers in outpatients, noting that this might have been due in part to a backlog in Golden Jubilee Hospital. The Head of Assurance and Improvement advised that due to the pandemic response the Scottish Government expected that no Board would return to normal capacity within Outpatients until month 6 of the new financial year. She advised that Boards were working together to remobilise as smoothly as possible and that NHS Grampian were in a similar position to Golden Jubilee Hospital. She stressed that all Boards were committed to working through waiting lists as fast as possible and that this was being monitored closely by the Scottish Government.

The Employee Director highlighted the effect that the backlog on waiting lists would have on the local workforce. She stressed the need for increased communication surrounding remobilisation, to allow these teams to prioritise and manage workloads. Members also noted the need to encourage a respectful workplace, to help ease tensions during periods of increased workload due to remobilisations.

Members highlighted the aging population of Orkney, meaning the increased need for intervention, and the importance of allowing capacity and resource for this.

The Head of Assurance and Improvement advised that she attended regional groups, which had facilitated conversations to allow an aligned approach across Boards for remobilisation and provide alternative ways of working in the future.

Decision/Conclusion

Members noted the update and were assured of progress.

Financial Management and Control

929 Financial Performance Management Report – FPC2021-41

The Director of Finance and Head of Finance delivered the Financial Performance Management report, detailing the current financial position of NHS Orkney. Members agreed that this should be reported to the Board, highlighting the following key points:

- The written report covered up to 30 November, which had been reported to the Scottish Government. A verbal update for month 9 would be given.
- The revenue position for the 8 months to 30 November reflects an overspend of £7.786m, this was a movement of £0.721m from period 7.
- Of this £7.786m overspend, £3.143m relates to Covid 19 spend to date and £4.042m relates to unachieved savings attributable to the impact of Covid 19.
- NHS Orkney's operational performance at month 8 was therefore £0.601m overspend.
- The Board anticipated a further £0.748m Covid 19 funding in January 2021.
- 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.
- The main areas contributing to the Board's overspent operational performance at month 8 are:
 - Prescribing costs to date - £359k overspend
 - Mental Health Services - £228k overspend
 - Estates and Facilities - £175k overspend
 - Pharmacy - £338k
 - IT - £66k
 - Hospital Services - £161k overspend
- There are some offsetting underspends to date which include:
 - External Commissioning - £477k
 - Support Services - £267k
- 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.
- The Scottish Government had advised that the capital to revenue transfer of £750k would be returned. It was acknowledged that it would be difficult to utilise these funds before the end of the financial year, with many Boards struggling to use up capital funding for 2020/21.
- The Board was currently forecasting a year end position of £7.311m, attributable to Covid 19 spend impact and the underachievement of savings.
- NHS Orkney had previously had considerable Covid-19 costs compared to other Boards; however, these costs had been reduced significantly, in line with remobilisation plans.

Members acknowledged concerns surrounding unachieved savings, and unused

capital funding.

Members noted that the Integration Joint Board (IJB) was also in an overspent position, acknowledging the significant pressures on their services. Members agreed that it had been difficult for the IJB to achieve recurring savings during 2020/21, and discussions would continue to take place surrounding longer term savings.

Decisions/Conclusion

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

930 Financial Planning 2021/22 – FPC2021-42

The Director of Finance provided a verbal update highlighting that:

- Since the last update in November 2020 there was no further information to allow the Board to update to the initial plans presented to the Committee.
- As reported in November, it was anticipated that the Board would need to deliver savings in the region of £7m, this excludes any ongoing Covid spend requirements.
- A further update would be provided once additional information was made available, following the Scottish Government budget announcement.

Members noted the need for radical thinking and review of spending and find potential areas for savings. Ongoing work surrounding clinical spend and redesign would be used to inform future financial planning and the Annual Operational Plans for the Board. Members acknowledged that the Covid-19 pandemic was likely to continue for at least a further 6month period, however there was an assumption that any associated costs would be fully funded.

The Interim Director of HR raised concerns surrounding the heavy reliance on locum staff and succession planning. She noted a need for more staff to be trained in job evaluation, to allow a quicker and smoother recruitment process.

Members highlighted that many of the issues faced by the board were historical, for instance difficulties in attracting staff to work in a remote and rural area and the need to make recurring savings. They stressed the need to think differently and realistically and work together to make positive change for the future.

Members encouraged the importance of reviewing finance and staff governance together to engage with staff and encourage culture change.

The Chair stressed the need for plans to be in place to show the Scottish Government that the Board takes the financial position and need to make recurring savings seriously. It was important for the Board to address the overspend position and provide a savings plan especially relating to the recurring spend as this was only increasing problems for future years.

Members acknowledged the importance of benchmarking and carefully reviewing data before making any decisions on services.

Decisions/Conclusion

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

Governance

931 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

932 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

933 Any Other Competent Business

The Chair informed members that an Annual Development Session had been attended by himself, the Director of Finance, Corporate Services Manager and Committee Support. The Terms of Reference, Business Cycle and Risks, Controls and Assurance Framework had been reviewed and these would come to the Committee in February for approval. He also highlighted that the Committee Effectiveness Self-Assessment would be added as an agenda item for the February meeting, to allow all members to complete the survey.

Items for information and noting only

934 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 18 February 2021.

935 Record of attendance

Members noted the record of attendance.

936 Committee Evaluation

The Chair noted that the agenda had been condensed due to other commitments for members, however he praised the high level of discussion and scrutiny surrounding the performance report and financial planning going forward.

The meeting closed at 10:36

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 18 February 2021** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non-Executive Director (Vice Chair)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Meghan McEwen, Board Chair

In Attendance: Christina Bichan, Head of Assurance and Improvement
Christy Drever, Committee Support
Fiona MacKellar, Employee Director
Pat Robinson, Chief Finance Officer of the IJB (Deputising for Gillian Morrison)
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

968 **Apologies**

Apologies were noted from David McArthur, Marthinus Roos and Gillian Morrison.

969 **Declarations of Interests – agenda items**

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

970 **Minutes of Meeting held on 28 January 2021**

The minute of the meeting held on 28 January 2021 was accepted as an accurate record of the meeting and was approved.

971 **Matters Arising**

There were no matters arising.

972 **Action Log**

The action log was reviewed and updated as required.

Performance Management

973 **Performance Highlight Report – FPC2021-43**

The Head of Assurance and Improvement presented the Performance Highlight Report which provided an update on performance with regards to the Local Delivery Plan standards. Key points highlighted were:

- Performance in the Emergency Department continued to be good, however this had been challenging to maintain at times due to pressures in the system.
- Access to the Children and Adolescent mental Health Service had improved significantly.
- Performance against the 12-week outpatient standard and Treatment Time Guarantee had been challenging.

- There had been good improvement against the 18-week referral to treatment standard.
- Performance against cancer standards had been good.

The Board Chair praised the positive performance and presentation of figures and queried whether it would be possible to delve deeper into performance over a period within a particular area.

J Stockan praised the layout of the highlight report, however raised concerns that these figures were only the patients who had presented to be seen, and did not show whether the numbers presenting had increased or decreased compared to previous years. He stressed the importance of knowing this to understand if the increased costs were providing value for money going forward.

The Head of Assurance and Improvement agreed with these comments, advising that a more in-depth view of a specific area could be included within each report. Anecdotally, she felt that most services had been increasingly busy than they had been in previous years, however this would be provided in the future reports.

Members agreed that the performance for the vaccination plan should be included in reports for the next 6-9 months.

Members noted that performance within psychological therapies had been affected by vacancies within the workforce, and the Head of Assurance and Improvement would liaise with the Interim Director of HR surrounding this.

Members agreed that while there had been few Covid cases on island, there had been significant work in developing pathways, supporting the workforce and providing training, which had impacted the high level of Covid related spend.

The Interim Chief Executive and Director of Public Health joined the meeting at 9.50am.

Decision/Conclusion

Members noted the update and were assured of progress.

Financial Management and Control

974 Financial Performance Management Report – FPC2021-44

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:

- There had been a reported overspend of £6.103m for the 9 months to 31 December 2020, which was a favourable movement of £1.683m from period 8.
- Of the £6.103m overspend, £2.868m related to Covid 19 spend to date, (£1.572m) of offsetting savings and £4.357m related to unachieved savings.
- NHS Orkney's operational performance at month 9 was £0.450m overspend.
- A further £0.748m Covid 19 funding was anticipated in January 2021.
- 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 overspend
 - 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
- The forecast year end position was an overspend of £7.311m, attributable to Covid 19 spend impact and the underachievement of savings.
- Following a recent update from the Scottish Government it had been agreed that Covid cost pressures would be funded in full.

Members stressed that fundamental change would be needed to provide recurring savings both within NHS Orkney and the Integration Joint Board, addressing structural inefficiencies within all services.

Members noted that contracts had been managed in a different way, to allow island contractors to carry out work and this allowed for a forecast breakeven position on the capital resource limit. The £750k which was returned to the Scottish Government last year would be given back to the Board in the February allocation. However, it would be difficult to utilise these funds fully before the end of the financial year so they would be returned to Scottish Government. It was hoped that the Board would receive these funds again in 2021/22 and plans were in place to utilise this for various projects.

Members were pleased that Covid costs would be covered in full, however concerns were raised around how this should be communicated. It was felt that it might send the wrong message and could be difficult to encourage services to cut costs and provide savings, whilst also advising that funding had been received and the Board would breakeven again this year.

The Director of Finance advised that there was no requirement for Annual Operational Plans to be drafted this year, as the remobilisation plans were being produced instead.

Members noted that the Interim Chief Executive had been working with senior medical staff to produce a sustainable medical model, to allow for service redesign and drive efficiency. The Director of Finance stressed that a great deal of hard work would be needed to provide assurance to the Scottish Government that recurring savings could be provided, however he felt assured by changes taking place within the senior team that recurring financial balance could be achieved.

The Board Chair praised the hard work of the team and was assured by the progress being made.

Members acknowledged that patient travel could provide significant savings, and that it was important to monitor patient travel closely to ensure that those patients who are traveling had a clinical need to do so.

Members raised concerns surrounding the overspend within the pharmacy department and the need to investigate this in more detail. There was a need to educate primary care clinicians on prescribing costs and provided cheaper alternatives, whilst still allowing the clinician to make the best clinical decision when prescribing. The Director of Finance would liaise with the Principal Pharmacist to bring a more in-depth report to the Committee. Members agreed that further information on pharmacy and prescribing costs would be contained within the Financial Performance Management Report in future.

Members noted that costs within the new Balfour had been higher than anticipated, and that discussions were taking place regarding the contract to get a rebate for this.

Decisions/Conclusion

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

Governance

975 Review of Terms of Reference – FPC2021-45

The Chair, Director of Finance, Committee Support and Corporate Services Manager met in January to review the Terms of Reference for the committee, which had been brought to the committee for review and approval.

Members agreed that the attendance should be amended to include the Interim Director of Acute Services, and that the Medical Director and Director of Nursing, Midwifery and Allied Health professionals should be invited to attend as appropriate. It was also agreed that the Chief Officer of the Integration joint Board would be removed from the attendance and replace with the Chief Finance officer.

The Board Chair stressed that to embark on transformational change, it was important to invite the appropriate representation to meetings as required.

Members raised concerns surrounding the lack of clinical representation on the meeting, if the Medical Director and Director of Nursing, Midwifery and Allied Health Professionals were removed from the attendance list. Members agreed that clinical representation should be included on the membership and were advised that a recent reshuffle of committees for Non-Executive Directors would mean that S Johnston would be attending in future. Whilst he was not attending in a clinical capacity, he would be able to provide clinical input to the committee.

Decisions/Conclusion

Members agreed that the Attendance section of Terms of Reference would be updated and brought back to the committee for final approval.

976 Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances – FPC2021-46

The Chair, Director of Finance, Committee Support and Corporate Services Manager met in January to review the Risks, Controls and Assurance Framework

for the committee, which had been brought to the committee for review and approval.

The Board Chair felt there was a need for all committees to review their frameworks in detail, as she felt they were outdated and needed to be updated in line with ongoing risk management work within the organisation. J Stockan felt that the framework was poorly presented, and difficult to understand in its current format.

Members noted that the Integration Joint Board, while not explicitly mentioned, was covered by the framework as part of the Board.

Members noted that the risk register would be a standing item from September 2021 to allow sufficient time for the initial report to be produced.

Decisions/Conclusion

Members approved the framework and acknowledged that risk management work was ongoing across the organisation and a further review might take place in line with this in future.

977 Review the business cycle – FPC2021-47

The Chair, Director of Finance, Committee Support and Corporate Services Manager met in January to review the business cycle for the committee, which had been brought to the committee for review and approval.

Decisions/Conclusion

Members approved the updated business cycle.

978 Committee Effectiveness Self Assessment

Members were advised that the link to the self-assessment had been circulated and were encouraged to complete this as soon as possible.

979 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

980 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:

- Review of Terms of Reference, Risks Controls and Assurance Framework and Business Cycle for 2021/22
- Financial Performance Management Report

981 Any Other Competent Business

There was no other competent business.

Items for information and noting only

982 **Schedule of Meetings**

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 25 March 2021.

983 **Record of attendance**

Members noted the record of attendance.

984 **Committee Evaluation**

The Chair praised the high level of scrutiny of items on a streamlined agenda.

The meeting closed at 10.42

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report Number: OHB2122-13

This report is for assurance, comment and approval

Audit and Risk Committee – Chair’s Report

Lead Director Author	Mark Doyle, Director of Finance David Drever, Audit and Risk Committee Chair
Action Required	The Board is asked to: <ol style="list-style-type: none"> 1. To note the report 2. Seek assurance on performance
Key Points	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting on Tuesday, 2 March 2021.
Timing	The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.
Link to Corporate Objectives	The Corporate Objectives this paper relates to: <ul style="list-style-type: none"> • Improve the delivery of safe, effective patient centred care and our services; • Optimise the health gain for the population through the best use of resources; • Pioneer innovative ways of working to meet local health needs and reduce inequalities; • Create an environment of service excellence and continuous improvement; and • Be trusted at every level of engagement.
Contribution to the 2020 vision for Health and Social Care	The work of the Audit and Risk Committee is supporting the delivery of the 2020 vision for health and social care through the delivery of its work programme with a specific focus on supporting the Board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge.

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

Not Protectively Marked**NHS Orkney Board – 22 April 2021****Subject** Audit and Risk Committee Chair's Report**Author** David Drever, Audit and Risk Committee Chair

Section 1 Purpose

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 2 March 2021.

Section 2 Recommendations

The Board is asked to:

1. **Review** the report and adopt the approved minutes

Section 3 Background

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday, 2 March 2021.

Section 4 Discussion**4.1 Draft External Audit Plan 2020/21**

Members of the Committee received the draft External Audit Plan for 2020/21 which gave an insight into the planned scope and timing of NHS Orkney's external audit by Audit Scotland. The plan set out the work necessary to allow Audit Scotland to provide an independent auditor's report on the NHS Orkney annual accounts for 2020/21. Members gained assurance that the plan reflected sufficiently on an unusual year due to COVID-19. The Committee found the report comprehensive and the scope of works detailed. The draft External Audit Plan for 2020/21 was approved by the Audit and Risk Committee.

4.2 Annual Accounts Timetable

Members of the Committee received the report regarding the timescale for the annual accounts for NHS Orkney for 2020/21. Due to the ongoing impact of COVID-19, the Scottish Government through the Technical Accounting Group, had

agreed an extension to the annual accounts for 2020/21 deadline until September 2021. Members were assured that NHS Orkney would continue to produce its annual accounts to the previously agreed timeline of 30 June 2021.

Appendices

Appendix 1 Approved minute from Tuesday, 1 December 2020

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 1 December 2020** at **11:30**

Present: David Drever, Chair
Davie Campbell, Vice Chair
Fiona MacKellar, Non-Executive Director and Employee Director
Jason Taylor, Non-Executive Director

In Attendance: Christina Bichan, Head of Improvement and Assurance
Ashley Bickerstaff, Internal Auditor, Azets
Michael Dickson, Interim Chief Executive
Mark Doyle, Interim Director of Finance
David Eardley, Auditor Director, Azets
Claire Gardiner, Senior Audit Manager, Audit Scotland
E McLaughlin, Associate Director of Information Security and Governance, NHS NSS
Keren Somerville, Head of Finance
Gillian Woolman, Audit Director, Audit Scotland,
Gemma Pendlebury, Senior Corporate Services Officer (Committee Support)

790 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

791 **Apologies**

Apologies were received from D McArthur, J Colquhoun, and K Somerville.

792 **Declarations of Interest**

No interests were declared.

793 **Minutes of previous meetings held on Thursday, 1 September 2020**

The minutes of the previous meeting held on Thursday, 1 September 2020 were approved as a true and accurate record.

794 **Matters Arising**

There were no matters arising additional to the agenda.

795 **Action Log**

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

796 **Independent Review of NHS Orkney's Information Governance Approach and Procedures – ARC2021-56**

797 E McLaughlin, Associate Director of Information Security and Governance, NHS NSS introduced the findings report of the independent review of NHS Orkney's Information

11.1.1

Governance approach and procedures to members of the Committee. She gave thanks to members of staff who had taken part in the review for their candid discussions and free-flowing communication. She also informed members that the report built on previous audit reports, looking at good practice within the organisation, and how it would be possible to affect culture change within staff.

Members of the Audit and Risk Committee were asked to note the report, and to discuss, review, and agree on the improvement plan to be taken forward.

D Campbell noted that he had enjoyed reading the review report and that there was a good deal of in-depth information to take on board as an organisation. He queried how much work there was ahead to make all the improvements that were required. E McLaughlin responded that the full suite of NHS NSS information governance policy and procedure documents had been provided for NHS Orkney to use as a benchmark. She provided further advice, noting that NHS Orkney's policies and procedures for information governance were currently combined as one document. Work would need to be undertaken to extrapolate the individual documents, therefore making the updating those documents easier and more efficient. E McLaughlin suggested that the deadline for having a fresh suite of information governance policies and procedures in place was by the end of the financial year.

F MacKellar commented that the report gave a lot of information to consider and digest. She noted that it was excellent news that an Executive Lead for information governance had been identified, as this would help to drive work forward. She also noted that the clinical element and the communication between clinical and operational aspects of information governance would need to be thoroughly considered to ensure an informed approach and a richness of knowledge for all members of staff.

The Chair of the Committee added that developing the culture within the organisation was fundamental to ensuring genuine engagement with staff going forward.

Decision / Conclusion

The Committee agreed that they would discuss the Information Governance Action Plan (taken as the next item) before deciding on the best method of improvement for NHS Orkney.

798 Information Governance Action Plan – ARC2021-63

With the agreement of the Chair of the Audit and Risk Committee, item 10.1 "Information Governance Action Plan" was taken out of the order as noted on the circulated agenda. This was to enable members to give a full and informed opinion and decision on the independent review of NHS Orkney's Information Governance approach and procedures.

The Director of Finance delivered the Information Governance Action Plan for members of the Committee, reiterating the important ties with the previous report. He thanked the NHS NSS team for their assistance in compiling the action plan.

The Director of Finance provided an overview of the action plan for members of the Committee, highlighting:

- There would be a complete overhaul of the Information Governance Group in December, during which the group would investigate and revise its remit, as well

11.1.1

as establishing which governance committees the group would provide assurance to.

- Correspondence would be issued to staff regarding data handling.
- The Senior Management Team (SMT) had agreed to appoint a Head of Information Governance and Deputy Data Protection Officer, with a view to providing development for existing staff. Job descriptions had been compiled, reviewed and approved and would be advertised within the following weeks.
- Work was being done in conjunction with George Vickers, Information Governance Officer, to rollout an information governance training programme for staff which would be live by February 2021.
- There was a piece of work to take place looking at the DATIX risk register, splitting it into corporate and departmental risks.
- Information Governance policies and procedures would be separated into individual documents as had been suggested in the independent review. Once the task had been completed, they would be updated in line with legislation changes on a 3-yearly basis.

J Taylor gave thanks to the Director of Finance for the comprehensive update and recognised that there would be an impact on resources, both financial and staff, to deliver the action plan.

A discussion took place regarding the various models of improvement which had been mentioned in the independent review, and which was the aspirational model for NHS Orkney. The Director of Finance noted filling the Head of Information Governance and Data Protection Officer positions were imperative to foster forward movement. Additionally, conversations were being held with NHS Shetland and NHS Western Isles regarding a piece of work to help build resilience into our health boards, as well as investigating an SLA with NHS NSS to provide support, deliver necessary change, and upskill existing staff.

E McLaughlin offered assistance on behalf of NHS NSS with regard to interviewing for resources, as well as promoting the vacancies on the NHS NSS Linked-In and Twitter pages so enable a wider reach to a bigger talent pool.

Decision / Conclusion

The Audit and Risk Committee considered the different models of improvement which had been suggested in the independent review and agreed that Model E be recommended to the Board for approval and implementation. Members were also in agreement that the Committee should recommend the recruitment of the Head of Information Governance and Data Protection Officer posts to the Board, also for approval.

The Audit and Risk Committee noted their thanks to E McLaughlin and her team for their hard work and diligence undertaking the independent review of NHS Orkney's Information Governance arrangements and procedures.

E McLaughlin withdrew from meeting at 12:12

External Audit

799 There were no external audit items for discussion at this meeting.

Internal Audit

800 **Internal Audit Progress Report – ARC2021-57**

D Eardley, Internal Audit Director, Azets, presented the Internal Audit Progress Report for members of the Committee, highlighting the following key points:

- Internal audit activity was on schedule to deliver the plan by year end.
- There had been an amendment to the timeframes noted on page 49 of the report. The amendment had been made following the reports production.

Decision / Conclusion

The Committee received the Internal Audit Progress Report and were assured that progress was being made according to appropriate timelines.

Internal Audit Reports

801 **Health and Safety – ARC2021-58**

D Eardley, Internal Audit Director, Azets, presented the Internal Audit Progress Report for members of the Committee, highlighting the following key points:

- Assurance was gained that NHS Orkney's procedures reflected good practice in a number of areas: having a comprehensive health and safety policy in place which had been approved via the Staff Governance Committee, having an easily accessible health and safety section to the staff intranet, and having an incident reporting system which captured the details of incidents and notified relevant management where remedial action was required.
- The main area for improvement was the need for a more robust monitoring of induction training delivery. Should that item be addressed, it would significantly strengthen NHS Orkney's control framework.
- The key recommendation was that NHS Orkney should implement more stringent monitoring procedures in connection with health and safety risk assessments, and the following up of overdue actions.

D Campbell welcomed the internal reports and noted that the recommendations and areas for action were testament that the correct areas had been selected for audit. He observed that there were a number of amber risks, which required management responses and queried whether realistic timescales were attached to each of the recommendations to enable management to respond. D Eardley agreed with the question and that the theme transcended all internal audit reports. He continued that it was an area that was steered by the management staff involved to set practical context for the carrying of recommendations forward.

The Employee Director commented that all health boards across Scotland had struggled with induction training due to the Coronavirus pandemic. She noted that this fact reinforced some anecdotal comments from new starters during COVID-19 that their induction process had not run smoothly. D Eardley agreed and quantified that Aztec would always attempt to stratify between pre and post COVID-19 situations and that was a key indicator for commentary and analysis. The Director of Finance additionally noted that a paper had been presented to the most recent SMT meeting regarding a move to online induction training and amendments to the prior process.

Decision / Conclusion

The Committee received the Internal Audit report on Health and Safety and were assured that recommendations would be addressed appropriately and in a timely fashion.

802 **Post Implementation Review – ARC2021-59**

A Bickerstaff, Audit Manager, Azets, presented the Post Implementation review for members of the Committee, highlighting the following key points:

- The new hospital and healthcare facility project had well designed controls, reflective of leading practice for management and governance.
- The Transformation Implementation Project Board (TIPB) meetings met with the agreed frequency and covered issues relevant to their remit with well established management of risks and issue escalation.
- Improvements which, if addressed, would strengthen NHS Orkney's control framework included: more effective financial reporting to the TIPB and NHS Orkney Board during the project, and the creation and implementation of a formal communications plan and strategy specific to the project.

Decision / Conclusion

The Committee received the Post Implementation Review report and were assured on NHS Orkney's performance during the project.

803 **Cyber Security – ARC2021-60**

A Bickerstaff, Audit Manager, Azets, presented the Cyber Security report for members of the Committee, highlighting the following key points:

- The current cyber security risk management processes within NHS Orkney were at a low level of maturity.
- Of the five control areas audited, they were all categorised as an amber risk.
- NHS Orkney would benefit from a more strategic and tactical approach for management of cyber security risks. Current processes and controls were reactive in nature and there was a need for a more formal approach to addressing the people, process, and technical elements of cyber security.
- Formal governance over cyber security risks was required.
- Penetration tests and vulnerability scans to identify threats and vulnerabilities were not performed.
- Processes should be established to allow assurance to be gained on security management controls operated by third parties, including the Scottish Wide Area Network (SWAN).
- There was a requirement to raise awareness and provide training for staff regarding cyber security.

The Director of Finance made members of the Committee aware that work would be taking place with the support of NHS NSS in order to put mitigations for the mentioned risks in place.

D Campbell welcomed the ambitions improvement plan, realistic timescales, and the NHS NSS involvement in addressing the recommendations and actions. He queried whether there was an opportunity for further collaborative working with other remote

and rural health boards in connection with cyber security. The Director of Finance recognised the limitations within NHS Orkney in relation to cyber security but acknowledged that work would need to be conducted on island to address those limitations before taking a collaborative approach with other boards.

The Employee Director noted the recommendation that a training programme be established for staff and recognised that this would be another undertaking for staff who were already dealing with considerable pressures due to the pandemic. She urged the Committee to remain aware of the additional stress that new training would cause and to acknowledge the need to support staff during the process.

Decision / Conclusion

The Committee received the Cyber Security Review report and were assured that progress was being made according to appropriate timelines.

804 **IT Controls Review – ARC2021-61**

A Bickerstaff, Audit Manager, Azets, presented the IT Controls Review report to the Committee, and highlighted the following key points:

- Assurance was gained during the internal audit regarding NHS Orkney's network policy, detailing how the access to the remote network is provided and monitored, as well as a remote working policy available to all employees and contractors. That policy explained working remotely in a safe manner.
- There was a requirement to improve the controls for new starters, staff moving roles, and staff leaving the employment of NHS Orkney. There were no current formal controls in place for the authorisation and accounts to be created, amended, or revoked.
- Weaknesses were identified in the management and monitoring of privileged accounts, with no formal processes for the creation of those accounts, nor the monitoring of account activity.
- The network password policy was not compliant with the requirements of the IT Security Policy.
- There were no formal policies or procedures in place for patch management of network devices, servers, and applications.
- NHS Orkney had no formal method for the monitoring of their network, meaning that there was no ability to proactively identify issues which could impact on the performance, availability, and security of the network.
- The Policy for the use of Portable Storage Media had no mention of the requirement to use encrypted devices when copying data from the network.

The Director of Finance provided further context that work was being progress with the assistance of NHS NSS in connection with the internal audit recommendations. He thanked the Head of Assurance and Improvement for her work in connection with the report recommendations, noting that she had been instrumental in taking the project forward.

Decision / Conclusion

The Committee received the IT Controls Review report and were assured that progress was being made according to appropriate timelines.

Members took a comfort break at 12:42

C Bichan withdrew from the meeting at 12:47

L Wilson withdrew from the meeting at 13:00

805 **Internal and External Audit Recommendations – ARC2021-46**

The Director of Finance presented the cover report and spreadsheet detailing the internal and external audit recommendations to members of the Committee and invited them to note the status and update surrounding the actions.

There were eight actions which had been brought forward from the previous report. One action was recommended for completion and deadline extensions were requested for the seven remaining open actions.

Decision / Conclusion

The Committee received the report regarding the internal and external audit recommendations and approved the extension requested for the seven open actions and the closure of one completed action.

Information Governance

806 **Information Governance Group Chair's Report and Approved Minutes – ARC2021-64**

The Director of Finance delivered the Information Governance Group chair's report to members of the Committee, highlighting key agenda items that had been discussed at the Information Governance Group which had taken place in July 2020:

- Caldicott Guardian Annual Report and the increasing workload in connection with the Caldicott Guardian role.
- Data Breaches – An update was provided on the handling of recent data breaches, taking assurance from the progress that was being made to learn from and adopt lessons into practice to ensure improvement.
- Safe Information Handling eLearning – The Group was updated that safe information handling modules had been reviewed and all staff had been encouraged to ensure they were up to date with mandatory learning.

D Campbell noted that length of time between the previous Information Governance Group meeting and receiving that update at the Audit and Risk Committee meeting. He questioned how much assurance could be taken with such a substantial time lapse and requested that the meeting dates and times be looked at to tie them in with Audit and Risk Committee schedule of meetings. The Director of Finance noted that the request was reasonable and would be taken to the next meeting of the Information Governance Group.

Decision / Conclusion

The Committee received the Information Governance Group chair's report and requested that the Group revise their meeting schedule in line with the Audit and Risk Committee timeline.

807 Information Governance Six-monthly Assurance Report – ARC2021-65

The Director of Finance presented the Information Governance Six-Monthly Assurance report for members of the Committee. Members were asked to note the content of the report, detailing significant work which had been taken forward over the previous six months:

- Developing and building on NHS Orkney's internal process of control in relation to information governance, as well as responding to and addressing issues highlighted by data breaches.
- Progress with the Information Governance Implementation plan had been monitored and the Group had maintained oversight of the risks relating to information governance and information security.
- Performance of Freedom of Information had been adversely affected by the increasing volume of work associated with Subject Access Requests, though there was a piece of work being undertaken in order to extrapolate the SAR process from the role of the FOI Officer.
- The length of time for the responses to FOI requests was still a barrier to improving performance. Support of managers had been sought to ensure priority was given to achieving compliance.
- Bring Your Own Device Rapid Impact Assessment was agreed to mitigate the risk regarding the use of own devices for work activities, which had become more widespread due to COVID-19.
- Information Asset Register (IAR) review and updating was in progress and would continue over the following six months, led by the Corporate Records Manager.
- Information Governance appropriate training for staff was being progressed, as was the monitoring of compliance with the Safe Information Handling modules already in place.
- All actions from the data breaches reported to the Information Commissioners Office (ICO) during 2020 had been completed.
- The IT Security Policy had been reviewed following feedback from wider consultation and had been amended accordingly. A more in-depth Information Security Framework had been developed without would work in conjunction with the updated policy following approval at the December meeting of the Information Governance Group.

Decision / Conclusion

The Committee received the six-monthly Information Governance Assurance Report and noted the progress being made.

Fraud

808 There were no fraud items for discussion at this meeting.

Risk

809 Risk and Assurance Report – ARC2021-53

Post meeting note: The Head of Improvement and Assurance had not re-joined the Audit and Risk Committee in order to deliver the Risk and Assurance Report.

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The Director of Finance delivered a brief update that there was an assessment being undertaken regarding the DATIX risk register and the categorisation of those risks into the most appropriate of the three risk register: Corporate, Operational, or Departmental.

J Taylor gave thanks for the update and noted that it would be beneficial to receive further commentary regarding timescales.

D Campbell queried whether there was an appropriate way to ensure that each of the Governance Committees were aware of risks which would fall within their remit. The Director of Finance confirmed that once the risk register was fit for purpose, it would then be taken to each of the Governance Committees and they would retain sight of the register going forward.

The Chair of the Audit and Risk Committee noted that it was imperative that managers were encouraged to get involved with the risk process and to take ownership for risks within their remit.

Decision / Conclusion

Members noted the beneficial, hands-on report and were assured on progress being made to strengthen the risk management approach throughout NHS Orkney.

810 Risks Escalated from Governance Committees

There were no escalated risks for discussion at this meeting.

Governance

811 Code of Corporate Governance 2020/21 – ARC2021-67

The Corporate Services Manager introduced for members of the committee, the updated version of the Code of Corporate Governance. She noted that the controlled document was updated annually, though the update for 2020/21 had been delayed due to COVID-19. She advised that the document was presented to the Audit and Risk Committee seeking a recommendation that the Board approve the update.

Members were informed that there would be a further update in July 2021 to realign with the schedule of review for the document.

Decision / Conclusion

Members of the Committee noted the updated Code of Corporate Governance and recommended it for Board approval.

812 Standing Financial Instructions

The Standing Financial Instructions were received as part of the updated Code of Corporate Governance.

813 Scottish Government – Revision to 2020/21 PV Protocol DL (2020) 26 – ARC2021-68

Members received the Scottish Government revised protocol for noting and information.

Decision / Conclusion

Members received the revised protocol.

814 **Any Other Competent Business**

There were no items for discussion.

Items for Information and Noting Only

815 **Counter Fraud Services**

Members received the Counter Fraud Services Quarterly Report for information and noting.

Decision / Conclusion

Members received the revised protocol.

Audit Scotland Reports

816 **COVID-19 Emerging Fraud Risk**

Members received the Audit Scotland report regarding COVID-19 Emerging Fraud Risks for information and noting.

Decision / Conclusion

Members noted the report.

817 **COVID-19 Financial Impact**

Members received the Audit Scotland COVID-19 Financial Impact report for information and noting.

Decision / Conclusion

Members received the report.

818 **COVID-19 Guide for Audit and Risk Committees**

Members received the Audit Scotland COVID-19 Guide for Audit and Risk Committees report for information and noting.

Decision / Conclusion

Members noted the report.

819 **Technical Bulletin 2020/03**

Members received the technical bulletin for information and noting.

Decision / Conclusion

Members noted the technical bulleting.

820 **Email Correspondence – Confirmation of one-year extension to Audit Appointments**

Members received the email correspondence confirming the one-year extension to audit appointments for information and noting.

Decision / Conclusion

Members noted the confirmation email.

821 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

822 **Record of Attendance**

The Committee noted the record of attendance.

823 **Committee Evaluation**

Members noted that the meeting had been succinct, covering key reports and items.

Meeting closed at 13:22

Not Protectively Marked

NHS Orkney Board – 22 April 2021

Report number: OHB2122-14

This report is for noting

Key Legislation

Author	Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the list of key documentation issued as attached at Appendix 1
Key Points	<p>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.</p>
Timing	<p>The list of key documentation is presented to the Board at each meeting.</p>

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:
CMO(2021)03	05.02.2021	COVID-19 vaccination programme: bringing forward priority cohorts
PCA(D)(2021)01 PCA(M)(2021)02 PCA(O)(2021)03	08.02.2021	£500 one off non-consolidated payment to persons working within an independent service provider
PCA(P)(2021)03	11.02.2021	Additional pharmaceutical services medicines: care and review service – directions and service specification
PCA(O)(2021)04	12.02.2021	General Ophthalmic Services: reminder about deadline dates for practices ordering personal protective equipment via PECOS system
DL(2021)07	19.02.2021	Working from home as a consequence of Covid-19 terms and conditions of service
PCA(M)(2021)03	22.02.2021	Covid Special Leave
PCS(AFC) 2021/01	24.02.2021	Pay and conditions for NHS Staff covered by the Agenda for change agreement
DL(2021)08	26.02.2021	Code of Practice for the recruitment of international health and social care personnel
PCA(M)(2021)04	26.02.2021	Covid-19 Vaccination Programme, primary care, GP Practices - indemnity
PCA(P)(2021)04	01.03.2021	Serious shortage protocol: levothyroxine 12.5 microgram tablets
PCS(COV) 2021/02	03.03.2021	£500 Covid payment: opt-in
DL(2021)09	08.03.2021	Promoting Partnership – Continuing to reduce the risk of Covid-19 transmission in hospital settings
PCA(O)(2021)05	09.03.2021	General Ophthalmic Services (GOS): (1) Update on the transition to the pull model of PPE ordering – NHS Borders, NHS Lanarkshire, NHS Greater Glasgow & Clyde; (2) Update on financial support for practice premises, mobile practices and peripatetic services provision
CMO(2021)04	09.03.2021	Covid-19 vaccination Programme
CMO(2021)05	19.03.2021	An update in response to concerns raised in some European Nations around a potential

13.1

Reference:	Date of Issue:	Subject:
		link between blood clots and the AstraZeneca Covid-19 Vaccine
CMO(2021)06	22.03.2021	Withdrawal of guidance – guidance on legal issue relevant to donation following cardiac death – SGHD/CMO(2010)11
CDO(2021)02	23.02.2021	An update on changes to Determination V (maternity, paternity, and adoptive leave payments) and VI (long term sickness payments) of the Statement of Dental Remuneration (SDR)
DL(2021)10	24.02.2021	Mental Health Recovery and Renewal Fund
PCS(COV)2021/03	24.03.2021	£500 Covid payment: hard FM staff
DL(2021)11	24.03.2021	Recruitment and retention Premia policy
CMO(2021)07	26.03.2021	Adult flu immunisation programme 2021/22



Minute of the meeting of the **Orkney Partnership Board**
held at **2pm** on **6 November 2020** via Microsoft Teams

Present:	James Stockan Meghan McEwen Gail Anderson Seonag Campbell Cheryl Chapman Alan Dundas Michael Dickson Raymond Fallon Graeme Harrison Thomas Knowles Gillian Morrison John W Mundell Marcus Shearer Mark Shiner Graham Sinclair Craig Spence Matt Webb Anna Whelan	Orkney Islands Council (<i>Chair</i>) NHS Orkney (<i>Vice Chair</i>) Voluntary Action Orkney Skills Development Scotland VisitScotland SEPA NHS Orkney Scottish Fire and Rescue Service Highlands and Islands Enterprise Historic Environment Scotland Integration Joint Board and Orkney Community Justice Partnership Orkney Islands Council Scottish Ambulance Service Orkney College / UHI HITRANS Orkney Housing Association Limited Police Scotland Orkney Islands Council (<i>Secretary</i>)
By invitation:	Gavin Barr Jim Lyon Glen McLellan	Orkney Islands Council Orkney Islands Council Economic Recovery Steering Group
In attendance:	Andrew Kemp	The Orkney Partnership

1. Apologies

David Drever Andy Fuller Alan Johnston Rachael King Leslie Manson Graham Neville Garry Reid	NHS Orkney Scottish Ambulance Service Scottish Government Integration Joint Board Orkney Islands Council Scottish Natural Heritage Scottish Sports Council
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2. Draft minute of the meeting of the Board on 24 August 2020

The minutes were agreed.

3. Matters arising

- 3.1. At 3.1 under matters arising, the climate emergency working group had been due to report back at this meeting but will instead report back to the next Board meeting in January. There is also a desire for the group to work with the Economic Recovery Steering group to ensure they are aligned with recovery and avoiding duplication.

Action: GN

- 3.2. At 3.2 under matters arising, James Wylie had been in touch with Maree Todd MSP on several occasions and it was agreed that the action can now be closed.
- 3.3. At 3.3 under matters arising, regarding NHS Orkney could assist with capital funding for the nursery provision. It was agreed that this had moved on since and that this action can now also be closed.
- 3.4. At 3.4 under matters arising, child poverty was on the agenda for discussion later. The Chair highlighted that was a new scheme which will be available from March with funding available for children under six years old. He encouraged all partners to help ensure that those who are eligible know to avoid families missing out.

4. Living Well Delivery Group update

- 4.1. The group were scheduled to meet on the 8th December where they will be reviewing and updating their delivery plan. They will be taking into consideration the Covid-19 pandemic and the capacity of the group members.
- 4.2. The child poverty short life working group were meeting regularly and will be reporting back at the meeting in December.
- 4.3. The Chair of the group had attended the Care 4 People group to ensure alignment and avoid duplication.
- 4.4. He also highlighted that there was a need for all partners to also be mindful of their own teams wellbeing during this challenging time and ensure they can continue to support the wider community effectively.
- 4.5. The Vice Chair had been invited to a recent physical/activity wellbeing meeting and it was expected that the intention was that this would also feed into the Living Well Delivery Group.

5. Strong Communities Delivery Group update

- 5.1. The group had met and agreed to reduce the delivery plan and actions in recognition that other organisations and partnerships were taking on some of the work during the pandemic.
- 5.2. The following items from the plan were highlighted:
- At A2 of the strong communities delivery plan – an evaluation had been completed and report provided in the meeting papers. The evaluation demonstrates the real impact of the community led project. This had enabled the funding to be extended for a further two years with the scope having been extended to all age groups and broader focus on social inclusion, community and individual resilience, and access to services.

- Additional items had been added to A3 (secure additional resource to enable effective analysis and dissemination of data currently held) and A4 (explore the value of establishing work 'hubs' in islands and rural areas) following a recent meeting.
- 5.3. The Vice Chair welcomed the enhanced wellbeing report and congratulated the group and Isles communities for delivery of a transformative project.
- 5.4. The group agreed to have a conversation with SDS about also using the community hubs to promote upskilling, reskilling, work opportunities and online learning.
- 5.5. It was agreed that the partners and groups in Orkney need to ensure that they share data effectively to avoid duplication of effort. It was acknowledged that the Economic Recovery Steering Group (ERSG) had setup a 'Data Think Tank' for this purpose.

6. Vibrant Economy Delivery Group update

- 6.1. The group had not met since the last Board but the members are heavily involved in the response efforts. The following specifics were highlighted:
- A large amount of funding had been received and distributed by the teams to communities and businesses.
 - Members of the group were also involved in the ERSG 'Think Tanks' and also engaging with the various sector groups.
- 6.2. It was noted that the delivery plan had not yet been revised but it was felt that the majority was still relevant. Brief updates were given on digital connectivity, transport, Brexit, skills and talent attraction. Marketing had also been adjusted to focus on the online selling of Orkney produce including an extensive media campaign.
- 6.3. Green recovery and the blue economy will be key to national and local recovery planning so it was anticipated that there will be significantly more work to do in the coming months.
- 6.4. It was noted that SDS were working on some information around the workforce, challenges, opportunities and replacement demand. Once available this could be presented to the partnership.

7. Covid-19 community recovery update

- 7.1. Gavin Barr introduced the report and acknowledged that a number of recovery based items were already on the agenda for discussion. He highlighted the following:
- The Community Liaison Recovery Group and Strong Communities Delivery Group were continuing to provide an effective method for routing information between the agencies and communities.
- 7.2. It was queried how tourism sector were involved in the current recovery planning. It was confirmed that the economic development team were continuing to engage with sector representatives. The ERSG were also

looking to reach-out to the local business community as they move forward with their plans.

- 7.3. There was a further query regarding the support for people who are self-isolating. It was confirmed that there were links via social work duty system to public health and also to the council benefits team.

8. Economic Recovery Steering Group report

- 8.1. Glen McLellan introduced the report and apologised that it had been sent to members late due to the short turnaround time. He highlighted the following:
- The history of the setup of the group and who the members are.
 - They had identified a need for a vision and aim to focus effort, inspire confidence and mobilise support from the wider community.
 - That cross sectoral 'Think Tanks' had been established for finance, data, skills and circular economy.
 - Following discussions with the ERSG the Community Learning Development Team were working with the Orkney Construction Training Group to deliver the government Kickstart scheme.
 - That there was now a requirement for resources to ensure that the group could move forward to deliver their plans.
- 8.2. The Chair acknowledged the effort that the group had put in so far.
- 8.3. A number of queries were raised around the length of time required to deliver the plan, what would be delivered and how this could be funded. There was also a query regarding duplication with other delivery groups.
- 8.4. Following further discussion there was general consensus that the resource requirement was not enough but there was support for needing to progress the work urgently.
- 8.5. It was agreed that the Board would support the recommendations with a view that the group will explore the timeline and financial information. The group were thanked further for their work so far.

9. Islands Deal

- 9.1. Gavin Barr introduced the progress report highlighting the following:
- The first formal stage of submission in the form of strategic outline cases was in progress and awaiting feedback.
 - That once agreed the project investment will be over a ten year period across the three island groups.
- 9.2. The importance of the Islands Deal during recovery and future was also noted.

10. Executive Group update

- 10.1. Gail Anderson declared an interest in an item in the report and left the meeting.

10.2. John Mundell introduced the update and highlighted the following:

- A Covid-19 recovery update had been received and was covered on the Board agenda
- The risk register was reviewed and updates requested regarding Brexit along with the management action plan.
- The streamlining groups project had been discussed following a proposal being received by one of the partners and had been requested to go back to the Board for consideration.

10.3. Further to the above John asked if the Board supported an outside agency undertaking this piece of work and further discussion followed where members shared their views.

10.4. It was also acknowledged that members of the executive group had supported the need to undertake the work but wondered if it was possible to undertake with existing resources.

10.5. It was noted that the money had already been agreed and allocated by the Board in March.

10.6. It was agreed to progress with the project as previously agreed.

Action: AFW

11. Services for Children and Young People – Improvement Plan

11.1. Jim Lyon introduced the improvement plan to the group and noted that the plan had now been updated and streamlined. He highlighted the following:

- An underlying multi-agency self-evaluation process was well underway and a model will be ready shortly.
- Multi-agency training was planned which will help to look in more detail at our multi-agency child protection guidelines

12. Child Poverty Action Plan

12.1. Jim Lyon gave a brief update on progress noting the following:

- The Local Child Poverty Action Report for 2019-20 was in draft and being completed by the Child Poverty Task Force, now meeting as a short life working group reporting to the Living Well Delivery Group. The final draft would be submitted to the Board on 19 January 2021 for approval prior to submission to the Scottish Government.
- The Task Force was also working on a longer-term Child Poverty Strategy which might be combined with the wider Children's Services Plan, also currently in preparation.

12.2. The Vice Chair and Chair noted that we shouldn't lose sight of child poverty as it was more important than ever with rising costs of living in the isles, the digital divide getting greater and being mindful of the lack of accurate data at a local level.

13. Corporate Parenting Plan

13.1. Jim Lyon acknowledged that the plan had been approved at the last Board meeting pending a number of adjustments which had now been made. He confirmed that it had been distributed to the relevant organisations and is here just for noting.

13.2. The plan was approved as previously agreed.

14. Community Justice Partnership Annual Report

14.1. Gillian Morrison presented the report and highlighted the following:

- That the coordinator post had been vacant for part of the year and the current person had been seconded to the Covid-19 Support Hub.
- On page 18 the three priorities are listed as alcohol and drug addiction, a strategic needs assessment, and domestic abuse.

14.2. The Board agreed to approve the report.

15. Community Planning Annual Report

15.1. The Board agreed that the draft report can be distributed to Board members for review prior to coming back in January for approval.

16. Any other business

16.1. The Vice Chair informed the Board that the sale of the old Balfour Hospital site had been delayed due to Covid-19. It was felt that this was a good opportunity to involve the community in the future of the site and that the partnership could support this opportunity.

16.2. It was asked if the Board was happy for the Vice Chair to pursue further enquiries with the Scottish Futures Trust.

16.3. OHAL had previously had some correspondence regarding the site for housing and it was agreed to share this information.

Action: CS

16.4. It was queried if it could be used as a multi-agency training centre could be good option and others noted their interest in being involved.

16.5. It was noted that the partnership has a Property Asset Management Future Property Sharing Protocol and a Joint Property Asset Management Group which would be a good basis for discussions on options for the site.

16.6. Colleagues were invited to send suggestions to the Vice Chair in the first instance and then a report can be produced to come back to a future meeting before going to an external agency.

Action: MM/AFW

17. Date of next meeting

17.1. 19th January 2021.

The meeting closed at 4.32pm.

AFW/AK
061120

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]

13.4

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	

13.4

Name:	Position:	27 August 2020	22 October 2020	17 December 2020	25 February 2021
Members:					
	Non-Executive Board Members:				
M McEwen	Chair	Attending	Attending	Attending	Attending
D Drever	Vice Chair	Attending	Attending	Attending	Attending
D Campbell	Non Executive Board member	Attending	Attending	Attending	Attending
C Evans	Non Executive Board member	Attending	Attending	Attending	Apologies
I Grieve	Non Executive Board member	Attending	Attending	Attending	Attending
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending	Attending
J Kenny	Non Executive Board member				Attending
F MacKellar	Employee Director	Attending	Attending	Attending	Attending
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending
J Taylor	Non Executive Board member	Attending	Apologies	Attending	Attending
	Executive Board Members:				
M Dickson	Interim Chief Executive	Attending	Attending	Attending	Attending
M Doyle	Director of Finance	Attending	Attending	Attending	Attending
D McArthur	Director of Nursing, Midwifery, AHP and Acute Services	Attending	K Wilson Deputised	K Wilson Deputised	Attending
M Roos	Medical Director	Attending	Attending	Apologies	Apologies
L Wilson	Director of Public Health	Attending	Attending	Attending	Attending
	In Attendance:				
G Morrison	Interim Chief Officer – IJB (from 31.08.20)		Attending	Attending	Apologies
E West	Corporate Services Manager	Attending	Apologies	Attending	Attending

13.4

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