

# NHS Orkney Board

## 24 June 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 24 June 2021**  
at **10:00am**.

Meghan McEwen  
**Chair**

### **Agenda**

| Item | Topic   | Lead Person     | Paper Number | Purpose  |
|------|---|-----------------|--------------|--|
| 1    | <b>Apologies</b>  | Chair           |              | To <u>note</u> apologies   |
| 2    | <b>Declaration of interests</b>   | Chair           |              | To <u>update</u> the Board on new general or specific declarations of interest                                       |
| 3    | <b>Minutes of previous meetings held on 22 April 2021</b>   | Chair           |              | To check for accuracy, <u>approve</u> and <u>signature</u> by Chair  |
| 4    | <b>Matters arising</b>  | Chair           |              | To <u>seek assurance</u> that actions from the previous meeting have been progressed                                 |
| 5    | <b>Board action log</b>   | Chief Executive |              | To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required |
| 6    | <b>Governance</b>   |                 |              |  |
| 6.1  | Governance Committee Annual Reports for 2020-21 <ul style="list-style-type: none"> <li>• Audit and Risk</li> <li>• Clinical and Care Governance</li> <li>• Finance and Performance</li> <li>• Staff Governance</li> </ul> | Chair           | OHB2122-15   | To <u>provide</u> a summary of the assurance process and note the Governance Committee Annual Reports                |

| Item     | Topic   | Lead Person  | Paper Number | Purpose  |
|----------|---|--|--------------|--|
|          | <ul style="list-style-type: none"> <li>• Remuneration</li> </ul>  |  |              |  |
| 6.2      | Governance Committee Terms of Reference for 2021-22   | Chair  | OHB2122-16   | To <u>approve</u> the Governance Committee Terms of Reference  |
|          | <ul style="list-style-type: none"> <li>• Audit and Risk</li> <li>• Joint Clinical and Care Governance</li> <li>• Finance and Performance</li> <li>• Staff Governance</li> <li>• Remuneration</li> </ul> |  |              |  |
| <b>7</b> | <b>Strategy</b>   |  |              |  |
| 7.1      | Corporate Health and Safety Strategy  | Head of Estates and Facilities                     | OHB2122-17   | To <u>approve</u> the Strategy as recommended by the Staff Governance Committee                      |
| <b>8</b> | <b>Clinical Quality and Safety</b>  |  |              |  |
| 8.1      | Annual Infection Prevention and Control Report  | Director of Nursing, Midwifery and AHP             | OHB2122-18   | To take <u>assurance</u> on performance  |
| 8.2      | Infection Prevention and Control Report   | Director of Nursing, Midwifery and AHP             | OHB2122-19   | To <u>review</u> and <u>seek assurance</u> on performance  |
| 8.3      | Local Child Poverty Action Report 2020/21   | Chief Officer                                      | OHB2122-20   | To <u>approve</u> the plan on the recommendation of the Joint Clinical and Care Governance Committee |
| 8.4      | Joint Clinical and Care Governance Committee Chairs report and minutes from meetings held on 26 January and 27 April 2021   | Joint Clinical and Care Governance Committee Chair | OHB2122-21   | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes                       |

| Item      | Topic  | Lead Person                             | Paper Number | Purpose   |
|-----------|--|---|--------------|---|
| 8.5       | Area Clinical Forum Chairs report and minutes from meetings held on 2 February and 30 April 2021 | Area Clinical Forum Chair               | OHB2122-22   | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes            |
| <b>9</b>  | <b>Person Centred</b>  |   |              |   |
| 9.1       | Patient Feedback Annual report 2020/21   | Head of Corporate Administration        | OHB2122-23   | To <u>approve</u> for submission to the Scottish Government                               |
| <b>10</b> | <b>Workforce</b>   |   |              |   |
| 10.1      | Staff Governance Committee Chairs report and minute from meeting held on the 24 February 2021    | Staff Governance Committee Chair        | OHB2122-24   | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes            |
| 10.2      | NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21                            | Interim Director of Human Resources     | OHB2122-25   | To <u>approve</u> for publication as recommended by the Staff Governance Committee        |
| <b>11</b> | <b>Organisational Performance</b>  |   |              |   |
| 11.1      | Financial Management Performance Report  | Director of Finance                     | OHB2122-26   | To <u>review</u> the in year financial position and <u>note</u> the year to date position |
| 11.2      | Performance Management Report  | Head of Assurance and Improvement       | OHB2122-27   | To <u>scrutinise</u> the report and <u>seek assurance</u> on performance                  |
| 11.3      | Finance and Performance Committee Chair's Report and minute of meeting held on 25 March 2021     | Finance and Performance Committee Chair | OHB2122-28   | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes            |



| Item      | Topic  | Lead Person                             | Paper Number | Purpose  |
|-----------|--|---|--------------|--|
| 11.4      | North Regional Asset Management Plan   | Director of Finance                     | OHB2122-29   | To <u>note</u> the plan  |
| <b>12</b> | <b>Risk and Assurance</b>  |   |              |  |
| 12.1      | Corporate Risk Register  | Interim Chief Executive                 | OHB2122-30   | To <u>review and approve</u> the new set of corporate risks which have been agreed by the Executive Management Team. |
| 12.2      | Audit and Risk Committee Chair's Report and minute of meeting held on 4 May 2021 | Finance and Performance Committee Chair | OHB2122-31   | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes                                       |
| <b>13</b> | <b>Any other competent business</b>  |   |              |  |
| <b>14</b> | <b>Items for Information</b>   |   |              |  |
| 14.1      | Key Documentation Issued   | Chair                                   | OHB2122-32   | To <u>receive</u> a list of key legislation issued since last Board meeting  |
| 14.2      | Board Reporting Schedule 2021/22   |   |              | To <u>note</u> the timetables  |
| 14.3      | Record of Attendance   |   |              | To <u>note</u> attendance record   |

## Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 22 April 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  
Caroline Evans, Non Executive Board Member  
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 and AHPs  
James Stockan, Non Executive Board Member  
Jason Taylor, Non Executive Board Member  
Louise Wilson, Director of Public Health

### **In Attendance**

Lorraine Hall, Interim Director of HR  
Gillian Morrison, Interim Chief Operating Officer  
Emma West, Corporate Services Manager (minute taker)  
Kim Wilson, Interim Director of Acute Services

### **1 Welcome and Apologies**

No apologies were noted.

The Chair advised that April was Care Experienced History Month, this would be recognised across Social Media on the 30 April 2021. The Board's commitment to safe, effective, and meaningful care experiences to all would be reaffirmed.

### **2 Declarations of interests**

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

### **3 Minute of previous meeting held on 25 February 2021**

The minute of the meeting held on 25 February 2021 was accepted as an accurate record of the meeting and was approved.

### **4 Matters Arising**

No matters arising were raised.

### **5 Board Action Log**

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

## **Governance**

### **6 Integration Joint Board Chair and Vice Chair appointments – OHB2122-01**

The Chair presented the report providing the Board with information on appointments to the Chair and Vice Chair positions of the Integration Joint Board. Members were advised that the Chair of the Integration Joint Board rotated between NHS Orkney and Orkney Islands Council, this had now reverted to NHS Orkney and it was proposed that Issy Grieve be elected as Chair, Rachael King had been elected as Vice Chair through Orkney Islands Council.

I Grieve accepted the nomination of Chair; Board Members approved this.

Members were also asked to consider whether any changes in membership were required to the non-voting roles. It was agreed that no changes were required.

#### **Decision / Conclusion**

The Board approved the appointment of Chair of the IJB and noted the Vice Chair appointment from the 14 May 2021. Members agreed that no amendments to current non-voting membership were required.

### **7 Governance Committee Membership – OHB2122-02**

The Chair presented the report of proposed Governance Committee membership, along with appointments to Governance Committee Chair and Vice Chair positions, for approval.

The following amendments were requested:

- Caroline Evans to be replaced on the Audit and Risk Committee by Issy Grieve
- Jason Taylor to be elected as Vice Chair of the Audit and Risk Committee
- Joanna Kenny to join the Endowment Fund Sub Committee, the Vice Chair of this Committee would be agreed at the May meeting and presented to the Trustees in June for approval along with the Chair appointment.
- David Drever and Davie Campbell would be members of the Integration Joint Board Audit Committee.

The Chair gave thanks to the outgoing members for their input and involvement and to those joining Committees for embracing new challenges.

#### **Decision / Conclusion**

The Board approved the reviewed and updated Governance Committee Membership as detailed including Chairs and Vice Chairs, subject to the amendments noted above.

## **Strategy**

### **8 Implementation of the National Whistleblowing Standards – OHB2122-03**

The Director of Nursing, Midwifery and AHPs presented the report advising that NHS Orkney had put in place the necessary structures and processes to facilitate operation of the Standards and work continued to progress implementation via a short life implementation group.

The standards were applicable across all NHS services for those employed, contracted or students and there was a need to ensure all were able to raise concerns about NHS services and had access to the support they need to do this.

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

J Taylor advised that in his role of Whistleblowing Champion he had a critical oversight and assurance role that the Board had implemented the standards and were operating within them. Communication around the implementation of the standards had been issued to all staff and work to align with the Integration Joint Board and Primary Care continued.

The implementation plan had been provided to Board members and all actions were being progressed or had been finalised.

The Employee Director noted that there was to be a designated confidential contact for primary and community care and questioned if staff would be able to use any confidential contact if they chose. The Director of Nursing, Midwifery and AHPs advised that staff would be able to use any confidential contact and discussions were also being held with NHS Shetland to consider joint confidential contacts.

The Interim Director of Human Resources noted that there had been useful and helpful joint working across the Island Boards, Whistleblowing was not a new concept but the revised standards brought consistency across all boards with learning able to be taken and cascaded accordingly, providing staff with the confidence to report when appropriate.

J Taylor advised that staff could always raise concerns within the normal course of business, which would be dealt with operationally if this were appropriate.

D Drever noted that Whistleblowing had also been on the agenda for the Integration Joint Board where it had been acknowledged that other sets of similar protocols existed elsewhere within Orkney Islands Council and the third sector and would need adjusted accordingly.

*Post meeting note: In discussions with the Third Sector and Interim Chief Officer it was made clear that there was an ask in the standards for consistency across the various policies. A guide has been sent to Third Sector and OHAC personnel, providing information on the training and the protection that comes with using the NHS Whistleblowing process.*

### **Decision / Conclusion**

The Board noted the progress to date along with the need to familiarise themselves with the standards and the requirements therein.

## **9 NHS Orkney 2021 Plan on a Page – OHB2122-04**

The Interim Chief Executive presented the plan advising that NHS Orkney had experienced unprecedented demands through 2020 and these events had created a

unique set of circumstances and taken its toll on all those involved. It was essential that as the Board moved into 2021 and responded to a new year, efforts were focused on a smaller set of priority areas. This NHS Orkney 2021 Plan on a Page aimed to articulate these, the reasons for them and the supportive actions under each priority.

D Campbell noted that the culture priority could be difficult to monitor and questioned how communication with staff would maximise engagement. The Interim Chief Executive advised that a Communication Strategy was being developed that covered both internal and external engagement; it was everyone's responsibility to ensure that teams were informed and conversations were being held at all levels.

The Interim Chief Executive noted that elements of this would also feed into the DHI improvement work and there would be a need to regularise relationships and monitor outcomes through the existing committee structure and regular engagement with staff.

The Employee Director welcomed the Staff Governance elements which were embedded in the priorities and the emphasis on staff health and wellbeing which was critical.

### **Decision / Conclusion**

The Board supported the priorities identified by the Executive Management Team and approved the plan on a page.

### **Clinical Quality and Safety**

#### **10 Healthcare Associated Infection Prevention and Control Report – OHB2122-05**

The Director of Nursing, Midwifery and AHPs presented the report advising that NHS Orkney were performing within the required standards for all key areas and that education and guidance continued to be undertaken by the team at the request of departments.

D Campbell questioned the areas for improvement shown through the quality assurance audits and was advised that these related to Personal Protective Equipment (PPE) use with higher risk patients. No real concern had been raised but staff were being refreshed to ensure that there was not over or under use of equipment as this became routine.

The Employee Director questioned the accessibility of PPE for groups that struggled to use the standard equipment and was advised that there had been no recent issues or shortages of specific equipment.

### **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.

#### **11 NHS Orkney Covid-19 update – OHB2122-06**

The Interim Chief Executive introduced the report noting the huge commitment of staff, volunteers, partner agencies and the community.

Members were advised that:

- Contact tracing was currently resourced to support local and national contact tracing.
- Testing opportunities for symptomatic individuals aligned with the Scottish strategic direction and additional testing opportunities for asymptomatic individuals in the community were being developed.
- COVID-19 vaccinations were being delivered in line with national recommendations with good uptake rates.
- The Nurse Director monitored a range of care standards in care homes including infection control measures and staffing.

The Interim Chief Executive noted that there were changes in travel to be implemented shortly and access to Lateral Flow Testing would be possible for those intending to travel. Recommendations were to test 3 days before travel and on the day of travel, if either of these tests showed a positive result a PCR test should be taken. This guidance was also applicable to those resident in Orkney who were travelling to the Scottish Mainland and although a useful step in reducing the risk of infection it should be stressed that this did not mitigate the need to adhere to other hygiene and social distancing guidance.

With regards to vaccination roll out there had been an astonishing time commitment from staff and support from volunteers and other services had been immense, with a shared ambition that vaccinating was a key priority in a return to normality. All members of the community over the age of 34 had now been offered a first dose vaccination, those below 30 would not be offered the AstraZeneca vaccine due to the extremely small risk of blood clotting.

S Johnston welcomed the local position, achieving such a high proportion of the population vaccinated, he questioned the reporting around the care home assurance process and how this was reported locally through governance systems and committees.

The Director of Public Health advised that this was reported through the Quality Forum and Joint Clinical and Care Governance Committee, with the Director of Nursing providing the oversight role.

It was agreed by members that a quarterly report would be provided to the Joint Clinical and Care Governance Committee around care homes and assurances in this area.

*Post meeting note: Care Home Reporting has been added as a standard agenda item to all meetings of the Joint Clinical and Care Governance Committee.*

J Taylor sought assurance that all those who had received a first dose of the vaccine would receive a second vaccine within the 12 week period. The Interim Chief Executive advised that a small number of people had not received their second vaccination within the 12 week period, but this had been for clinical reasons. Scottish Government were clear that the focus must remain on administering first doses and there was flexibility within the vaccination team to utilise opportunity around supply.

J Stockan noted those using care in the community and care at home and sought assurance that all these groups and their carers had been vaccinated. The Chief Officer advised that the vaccination programme for the most vulnerable within the community was at an advanced stage. Meetings were attended with the Scottish Government Performance Team regarding care home protection with a focus on the key roles of

social care workers and clinicians in the community around vaccination, testing and ensuring that all other regulations were followed.

The Director of Public Health added that there had been a high uptake in all key groups and an excellent response from the community in general.

D Drever questioned whether the Covid vaccination programme would have any implications for the winter flu vaccination programme and was advised that planning was already underway, including reviewing models of delivery and staffing requirements if both vaccinations programmes were required ahead of winter 2021.

### **Decision / Conclusion**

The Board noted the report and took assurance on progress, it was agreed that a quarterly assurance report around care homes would be provided to the Joint Clinical and Care Governance Committee.

### **Workforce**

#### **12 Reflections on the DHI Listening Exercise – OHB2122-07**

The Interim Chief Executive advised that in August 2020, the Board had 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 Board were working in partnership with staff to take forward the recommendations into deliverable outcomes.

Members were advised that the DHI team had reflected on feedback and produced a draft report with a strong message and recommendations, this report was seen as a moment in time and it was the role of the Board to consider the ambition for the future rather than look backwards. The recommendations would be regularised into normal working practices and existing governance and reporting structures rather than an independent stream and progress would be monitored.

Members welcomed the initial themes which reflected the ambitions of the organisation and the contribution that could be made for delivering the best for the people of Orkney.

The Employee Director noted the importance of the positive language to move this work forward and the monitoring of outcomes which the Area Partnership Forum were fully committed to.

### **Decision / Conclusion**

The Board noted the initial themes.

#### **13 Consultant Recruitment – OHB2122-08**

The Director of Finance presented the paper noting the contributions of Dr Kevin Fox and Dr Charlie Siderfin in driving this work forward.

Members were advised of the need for a sustainable medical model as NHS Orkney currently had a significant shortfall in substantive consultants with cost and governance consequences. The paper detailed staffing requirements by speciality, allowing adjustments for skill mix.

It was noted that there had been positive levels of expressions of interest in the posts that had been advertised and further work progressed around clear job planning considering also if further services could be provided locally.

The Interim Director of Human Resources advised that Daniel McDonald from the Scottish Government had been able to assist with the planning. It was essential to ensure that appropriate appointments were made through the formal selection process, this would lead to savings for Board but the real driver was to increase the quality of patient care and safety across the clinical teams.

D Campbell questioned what additional support the Board provided in helping new staff to transition to working in Orkney. The Interim Director of Human Resources advised that help was provided to all staff joining the organisation including communication and information about transition for staff and their families to make the move as easy as possible. There was also a need to ensure that staff received a well balance and grounded induction with support requirements considered on an individual basis.

S Johnston noted the importance of substantive roles to support the structure of teams and governance aspects of the organisation; these roles were extremely important clinically as well as the financial savings.

S Johnston noted that chronic pain and living with a long-term disability carried a significant burden within the population and sought assurance that the Board were heading towards a sustainable service in this area. The Director of Public Health advised that work was ongoing around the management of chronic pain, it was essential to have services throughout the system and collaborate with other health boards to maintain the higher level services.

J Stockan highlighted that distinction should be made between regular locums and those sourced from agency at very high costs, regular locums had an essential role to play and would still be required to be an element of the workforce going forward.

The Director of Finance agreed that permanency of staff was required, alongside this the team were progressing work to bring regular locums onto the payroll as this had financial savings but also increased elements of patient safety.

The Interim Chief Executive agreed that this was the right direction in considering those that have given commitment to the Board out with the traditional model.

### **Decision / Conclusion**

The Board agreed with the need for consultant recruitment, approved the staffing numbers advised and supported the planned recruitment process.

## **14 Staff Governance Committee Chairs Report and minute of meeting held on 25 November 2020 – OHB2122-09**

C Evans, Chair of the Staff Governance Committee, presented the report advising of the key issues that were discussed at the meeting of the Committee on the 24 February:

- Members had discussed the Audit of Staff Personnel Files and the mitigating action that were being taken to ensure that the relevant minimum documentation was captured in all staff files.



- Members approved the amended Terms of Reference and Workplan and agreed that the Risk Controls and Assurance Framework would not be used for the coming year to allow for full development of the Staff Governance Action Plan and an articulation of risks following this.

### **Decision / Conclusion**

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

### **Organisational Performance**

#### **15 Financial Management Performance Report – OHB2122-10**

The Director of Finance presented the report which provided analysis of the financial position for the period up to 28 February 2021. Information was provided relating to resource limits, actual expenditure and variance against plan. It was advised that to date, NHS Orkney was overspent by £0.150m, a breakeven position at year end continued to be forecast.

There had been a significant impact on the Board's ability to meet savings targets and cost reduction plans due to the Covid-19 pandemic, this had been an issue across all Boards and the Scottish Government were well sighted. The sustainable medical model would address some of the issues but there would be a time delay in seeing the benefits and as such issues in meeting savings targets were being carried forward to 2021/22.

I Grieve welcomed the narrative behind the areas of overspend and requested an update on the sale of the old Balfour site. The Director of Finance advised that the site was still being used for Covid-19 testing and vaccinations and this would remain the case for the short-term future.

J Taylor noted the significant cost pressure around spend on energy and questioned whether this was a contractual issue, the Director of Finance confirmed that there was a considerable overspend and work continued with the provider in terms of costs and energy release schemes.

*Post meeting note: The Renewable Heat Incentive (RHI) application has been processed and accepted by OFGEM. NHS Orkney's application is being reviewed and should be signed off in July 2021, with an expected refund in excess of £100k.*

### **Decision / Conclusion**

The Board noted the reported overspend of £150,000 along with the year end assumptions and outturn.

#### **16 Performance Management Report – OHB2122-11**

The Director of Finance presented the report updating on the following:

- Performance improvements were being seen in many areas although achievement of the access standards remained 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.

I Grieve raised concerns around waiting times for some procedures especially orthopaedics and sought further information and assurance around this. The Interim Chief Executive advised that issues were being resolved and more scheduled work was returning but this was a reflection of the wider picture across Scotland and the additional time requirements for each patient to maintain pathways. Many issues could not be addressed locally as they required travel to specialist centres to receive treatment.

D Drever acknowledged that some information could not be disclosed due to confidentiality but sought assurance that this was being reported. The Director of Public Health advised that this would be progressed through the Quality Forum and consideration given to how visibility of this data in a correct and confidential format could be obtained.

*Post meeting note: The Quality Forum will review the local Orkney numbers in relation to CAHMS and psychology services and the Interim Medical Director discussed with the Chief Officer the issue of importance of data reporting.*

The Employee Director noted that delayed access to treatment placed increased physical and mental challenges on patients and impacted their families adversely. There was also a huge impact on the economy due to being unable to work whilst waiting for procedures.

### **Decision / Conclusion**

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

## **17 Chairs Report Finance and Performance Committee and minutes of meetings held on the 28 January and 18 February 2021 – OHB2122-12**

D Campbell, Chair of the Finance and Performance Committee, presented the report highlighting the following items which has been discussed by the Committee on the 25 March 2021:

- Members had received an update on the planned future workforce reporting to the Committee, this was a fresh approach to ensure that the relevant information aligning to finance was presented.
- Members received the Balfour Hospital NPD review report, which had been produced by Currie & Brown.
- Concerns were raised that the Child and Adolescent Mental Health Services 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 further, with the likelihood of the Board being asked to resubmit the full year of data.
- The Committee welcomed the favourable movement in the financial position.

- Thanks were given to those leaving the committee and new members were welcomed following the amendments to membership.

*Post meeting note: The Community Mental Health Team administration staff continue to work to bring the data quality up to a level where reporting can be undertaken. The Finance and Performance Committee are sighted on the matter and have asked for an update from the service at its next meeting.*

### **Decision / Conclusion**

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

### **Risk and Assurance**

#### **18 Chairs Report Audit and Risk Committee and minute of meeting held on the 1 December 2020 – OHB2122-13**

D Drever, Chair of the Audit and Risk Committee, presented the report, highlighting the issues raised from the meeting held on the 2 March 2021.

- 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 which was approved.
- The Committee were advised around timescale for the annual accounts 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.

The Chair questioned whether it would be appropriate for Board to review the Audit recommendations and it was agreed that a summary account of these would be included in the next Chair's report to the Board.

### **Decision / Conclusion**

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

#### **19 Any other competent business**

No other competent business was raised.

### **Items for noting**

#### **20 Key Documentation issued – OHB2122-14**

Members noted the key legislation issued.

#### **21 Orkney Partnership Board – minute of meeting held on the 6 November**

Members noted the minute from the meeting on the 6 November 2020.

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

Members noted the dates of future meetings.

23     **Record of attendance**

Members noted the record of attendance.

24     **Evaluation – reflection on meeting**

Members agreed that it had been a positive, well chaired meeting with focused discussion and assurance appropriately provided. The plan on a page was welcomed as a positive move forward in focusing the priorities of the Board.

25     **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.

Adam Johnston from the Orcadian Newspaper attended the meeting virtually, no comments or questions were raised.

## NHS Orkney Board Action Log Updated 9 June 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><br>Reporting arrangements to Board | Board  | <b>May meeting of<br/>the Audit and<br/>Risk<br/>Committee</b><br><br><b>June Board</b> | Interim Chief<br>Executive | As part of the realignment<br>activity finalisation of a<br>renewed Corporate Risk<br>Register is being taken forward<br>with the Executive Team and<br>once complete will be<br>presented to the Audit and Risk<br>Committee and then Board<br>with regular Board reporting<br>commencing thereafter<br><br>COMPLETE – on agenda |

Completed actions deleted after being noted at following meeting

## Not Protectively Marked

**NHS Orkney Board – 24 June 2021**

**Report Number: OHB2122-15**

**This report is for assurance**

### **Governance Committee Annual Reports 2021/22**

|                                 |  |
|---------------------------------|--|
| <b>Lead Director<br/>Author</b> | Michael Dickson, Interim Chief Executive<br>Emma West, Corporate Services Manager  |
| <b>Action Required</b>          | The Board is asked to:<br><br>1. <b>Note</b> the Governance Committee Annual Reports for year 2020/21  |
| <b>Key Points</b>               | In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance required that all Standing Committees submit an annual report to the Board for scrutiny and assurance.<br><br>Furthermore, this is a requirement of the Governance Statement as part of the approval of NHS Orkney's Annual Accounts.<br><br>This report is submitted in fulfilment of this requirement. |
| <b>Timing</b>                   | This report is submitted to the Board on an annual basis, following the end of the financial year.   |
| <b>Link to Priority areas</b>   | How does this paper link to one or more of the priority areas as agreed for the Board in 2021:<br><br><ul style="list-style-type: none"> <li>The Annual reports are part of the Systems and Governance priority in ensuring enhanced governance processes across NHS Orkney.</li> </ul>  |
| <b>Consultation</b>             | The Annual reports have all been scrutinised and approved by the respective Governance Committees and were presented to the Audit and Risk Committee on the 4 May 2021 to provide assurance that remits were being met.  |

# Audit and Risk Committee

## Annual Report 2020/21

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Review Schedule                     |                                     |
| Last Change and Approval Date       | March 2021                          |
| Last Review Date                    | May 2021                            |
| Next Formal Review Date             | March 2022                          |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | David Drever                        |
| Vice Chair                          | Davie Campbell                      |
| Lead Executive                      | Mark Doyle                          |
| Committee Support                   | Gemma Pendlebury                    |

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# **1 Executive Summary**

An effective Audit and Risk Committee is essential to a strong corporate governance culture within the NHS.

The role is a challenging one and needs strong, independent members with an appropriate range of skills and experience.

The Audit and Risk Committee benefits from a strong, collaborative relationship with NHS Orkney, which helps to ensure that the committee gets the support and information that it needs.

The committee also acts as the conscience of the organisation, which means providing insight and strong constructive challenge where required, such as on risks arising from fiscal and resource constraints, cyberattack and transformation programmes. It also challenges the agility of NHS Orkney Board to respond to emerging risks.

In order to assist the NHS Orkney Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board.

Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

## **2 Committee Membership**

### **2.1 Committee Leadership**

The Chair of the Audit and Risk Committee is David Drever, Non-Executive Board Member.

The Vice-Chair of the committee is Davie Campbell, Non-Executive Board Member.

### **2.2 Committee Members**

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Audit and Risk Committee:

- Fiona MacKellar, Employee Director
- Jason Taylor, Non-Executive Board Member

In order to preserve its independence from Operational Management, the Audit and Risk Committee does not have any members from the Executive Team. It is also the only standing Governance Committee for which the Chair of the Board does not have ex-officio status.

### **2.3 Other Attendees**

- External Audit representative
- Internal Audit representative
- Chief Executive of NHS Orkney
- Director of Finance NHS Orkney
- Head of Finance

Other managers or senior members of staff are invited to attend as required by the Committee.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on eight occasions during the period from 1 April 2020 to 31 March 2021. This is an increase from previous years:

- 5 May 2020
- 20 May 2020 – Additional due to COVID-19
- 2 June 2020
- 25 June 2020
- 7 July 2020 – Additional due to COVID-19
- 1 September 2020
- 1 December 2020
- 2 March 2020

The attendance schedule is attached as **Appendix 2**.

### 3.2 Business Cycle and Work Plan

The Audit and Risk Committee reviews its business cycle and work plan on an annual basis and has worked to this cycle throughout the year.

The business cycle and work plan for 2020/21 is attached as **Appendix 3**.

The Committee dealt with sixty items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

Specifically, the Committee has considered the following during 2020/21 as laid down in the approved work plan:

- Approved terms of reference
- Considered and approved work plan for year
- Received internal audit reports and action plans
- Considered audit follow up progress reports
- Approve the internal Audit Plan and Annual Report
- Received regular Chairs reports and minutes from the Information Governance Group and approved relevant policies
- Reviewed several Audit Scotland publications
- Reviewed the Governance Committee Annual Reports for 2019/20
- Reviewed the Annual Governance Statement
- Reviewed the Annual Accounts (2019/20) prior to submission to Orkney NHS Board

- Reviewed the Orkney Health Board Endowment Fund Annual Accounts prior to submission to the Endowment Trustees
- The Freedom of Information and Caldicott Guardian Annual Reports

The Committee will scrutinise the Annual Accounts (2020/21) at meetings in June 2021 prior to submission to Orkney NHS Board.

The Committee has received and reviewed the Audit Scotland Technical Bulletins as a means of independently keeping abreast of NHS accounting and audit developments. In addition, the Committee has received regular reports on other issues arising from the extended role of the Counter Fraud Services.

The approved minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for noting and adoption.

### **3.3 Annual Performance Review and Development Session**

The Audit and Risk Committee Chair, Lead Officer and Corporate Services Manager reviewed the Committee Terms of Reference, Risks, Controls and Assurance Framework and Programme of Business on 8 January 2020 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee approved these amendments at the meeting on the 5 March 2020.

## 4 Risks, Concerns and Successes

### 4.1 Risks, Controls and Assurance Framework

The Audit and Risk Committee's Risks, Controls and Assurance Framework is attached at **Appendix 5**.

### 4.2 Issues Raised by other Governance Committees to the Audit and Risk Committee

The following issues were raised by the other Governance Committees via Cross Committee Assurance Report:

#### Clinical and Care Governance Committee

- Clarification on the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations on the communication of learning from Significant Adverse Events (SAEs)

### 4.3 Issues Raised by the Audit and Risk Committee to other Governance Committees

The following issues were raised by the Audit and Risk Committee to the other Governance Committees via Cross Committee Assurance Report:

#### Clinical and Care Governance Committee

- Reporting route for the SPSO reports and communication of learning from SAEs to be raised via Clinical and Care Governance Committee on the appropriate risk register for that committee

### 4.4 Issues Raised by the Audit and Risk Committee to the Board

The Audit and Risk Committee raised the following issues to NHS Orkney Board:

- Internal Audit Progress Report
- Information Governance
- Annual Accounts Timetable for 2019/20
- Risk and Assurance

- Additional meeting of the Audit and Risk Committee due to COVID-19
- External Audit Update
- Internal Audit Progress Report
- Governance Committee Annual Report 2019/20
- Governance Committee Workplans 2020/21
- Governance Committee Terms of Reference 2020/21
- Draft Annual Accounts 2019/20
- Equalities External Audit Report
- Internal Audit Progress Report
- Workforce Strategy Internal Audit Report
- Draft Annual Accounts 2019/20
- Virtual Meetings
- Digital Strategy Internal Audit Report
- NHS Orkney Annual Accounts 2019/20
- Independent Review of NHS Orkney's Information Governance Approach and Procedures
- Code of Corporate Governance 2020/21

#### **4.5 Concerns**

The Audit and Risk Committee raised the following concerns for the attention of the Board:

- Information Governance Data Breaches
- Information Governance Group – lack of engagement and commitment from Senior Managers in relation to attending meetings and compliance with statutory and mandatory information governance training.

#### **4.6 Successes**

The Audit and Risk Committee has been successful in meeting the following achievements during the period covered:

- Managing the earlier backlog of audit actions
- Coronavirus challenges were managed by the Committee within capacity
- Gaining assurance on and guiding the improvement of Information Governance processes
- Meeting original timescales and deadlines for the Annual Accounts 2019/20 and audit recommendations
- Ensuring the appropriate individuals were focused on improving the Information Governance arrangements for the organisation
- Agreeing an extensive plan of internal audit of our key risk areas

- Adapting to the shifting environment presented by Coronavirus and change of Chief Executives

## **5 Conclusion**

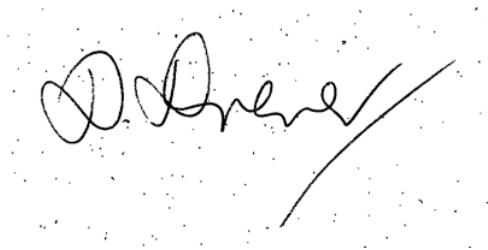
As Chair of the NHS Orkney Audit and Risk Committee during financial year to 31 March 2021, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee comprises corporately an appropriate skill mix to allow it to carry out its overall function.

The Audit and Risk Committee had in place adequate arrangements for reviewing Best Value associated with the work of the Committee.

Throughout 2020/21, COVID-19 has had a significant impact on every aspect of society in Scotland. It has exacerbated many pre-existing risks and challenges facing public bodies in areas such as financial sustainability and service demand pressures. The Audit and Risk Committee has had a crucial role to play in providing effective scrutiny and challenge of these areas. They have helped NHS Orkney to focus on important aspects of the business, and have maintained an effective oversight of spending, performance, and governance arrangements.

As a result of the work undertaken during the year, I can confirm that adequate and effective governance and internal control arrangements were in place through NHS Orkney during the year.

I would thank all those members of staff who have prepared reports and attended meetings of the Committee and responded positively to challenge from committee members. I would also pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees.

A handwritten signature in black ink, appearing to read 'D. Drever', with a long horizontal stroke extending to the right.

**David Drever**  
Chair

On behalf of NHS Orkney Audit and Risk Committee



## **Appendix 1**

### **Audit and Risk Committee – Terms of Reference 2020/21**

#### **Purpose:**

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

#### **Composition:**

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

The Chair and Vice Chair of the Committee will be appointed by the NHS Board.

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

Committee membership will be reviewed annually.

#### **Attendance:**

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

#### **Quorum:**

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

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

#### **Meetings:**

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

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

Extraordinary meetings may be called by:

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

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

**Remit:**

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

- The strategic process for risk, control and governance and the Governance Statement
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, and management's letter of representation to the external auditors
- The planned activity and results of both internal and external audit
- The adequacy of management response to issues identified by audit activity, including external audit's management letter / report
- The effectiveness of the internal control environment and risk management arrangements
- Assurances relating to the corporate governance requirements for the organisation
- Proposals for tendering for internal audit services
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- Assurances that structures are in place to undertake activities which underpin safe and effective information governance
- Links to Integration Joint Board Audit Committee around jointly commissioned audits, annual planning etc.

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

**Best Value:**

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

**Authority:**

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

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

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

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

**Reporting Arrangements:**

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

**Updated January 2020**

## Appendix 2

### NHS Orkney - Audit and Risk Committee Attendance Record - Year 1 April 2020 to 31 March 2021:

| Name:                 | Position:                   | 5 May 2020 | 20 May 2020 | 2 Jun 2020 | 25 Jun 2020 | 7 Jul 2020               | 1 Sep 2020 | 1 Dec 2020 | 2 Mar 2021 |
|-----------------------|-----------------------------|------------|-------------|------------|-------------|--------------------------|------------|------------|------------|
| <b>Members:</b>       |                             |            |             |            |             |                          |            |            |            |
| D Drever              | Chair                       | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Attended   | Attended   |
| D Campbell            | Vice Chair                  | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Attended   | Attended   |
| F MacKellar           | Employee Director           | Attended   | Attended    | Attended   | Attended    | Apologies                | Attended   | Attended   | Attended   |
| J Taylor              | Non-Executive Board Member  | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Attended   | Attended   |
| C Evans               | Non-Executive Board Members |            |             |            |             | Attended on behalf of FM |            |            |            |
| <b>In Attendance:</b> |                             |            |             |            |             |                          |            |            |            |
| C Bichan              | Chief Quality Officer       | Attended   | Apologies   | Apologies  | Apologies   | Apologies                | Attended   | Attended   | Attended   |
| J Colquhoun           | Head of Corporate Services  | Attended   | Apologies   | Apologies  | Apologies   | Attended                 | Apologies  |            |            |
| M Dickson             | Interim Chief Executive     |            |             |            |             | Attended                 | Attended   | Attended   | Attended   |
| M Doyle               | Interim Director of Finance | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Attended   | Attended   |
| G O'Brien             | Chief Executive             | Attended   | Attended    | Attended   | Attended    | Attended                 |            |            |            |
| K Somerville          | Head of Finance             | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Apologies  | Attended   |
| I Stewart             | Chief Executive Designate   | Attended   | Attended    | Attended   | Attended    |                          |            |            |            |
| L Wilson              | Director of Public Health   | Attended   | Attended    | Attended   | Attended    | Attended                 | Apologies  | Attended   | Apologies  |
| G Pendlebury          | Committee Support           | Attended   | Attended    | Attended   | Attended    | Attended                 | Attended   | Attended   | Attended   |

| Name:                              | Position:                       | 5 May 2020 | 20 May 2020 | 2 Jun 2020 | 25 Jun 2020 | 7 Jul 2020 | 1 Sep 2020 | 1 Dec 2020 | 2 Mar 2021 |
|------------------------------------|---------------------------------|------------|-------------|------------|-------------|------------|------------|------------|------------|
| <b>Internal Audit:</b>             | <b>Azets</b>                    |            |             |            |             |            |            |            |            |
| D Eardley                          | Chief Internal Auditor          | Attended   | Attended    | Attended   | Attended    | Attended   | Attended   | Attended   | Attended   |
| P Kelly                            | Director of Audit and Assurance |            |             |            | Attended    |            | Attended   |            |            |
| M Swann                            | Internal Audit Manager          | Attended   | Attended    | Apologies  | Apologies   | Attended   | Apologies  | Apologies  | Attended   |
| A Bickerstaff                      | Internal Auditor                |            |             |            |             |            |            | Attended   |            |
| <b>External Audit:</b>             | <b>Audit Scotland</b>           |            |             |            |             |            |            |            |            |
| G Woolman                          | Audit Director                  | Attended   | Attended    | Attended   | Attended    | Apologies  | Attended   | Attended   | Attended   |
| C Gardiner                         | Senior Audit Manager            |            | Attended    | Attended   | Attended    | Attended   | Attended   | Attended   | Attended   |
| C Morrison                         | External Auditor                |            |             |            |             |            |            |            |            |
| <b>Attending for specific item</b> |                                 |            |             |            |             |            |            |            |            |
|                                    |                                 |            |             |            |             |            |            |            |            |

*Denotes no requirement to attend*

## Appendix 3

### Audit and Risk Committee Business Cycle and Work Plan 2020/21

| Month     | Content 2018/19  |
|-----------|--|
| May       | Draft Internal Audit Opinion<br>Draft Executive Directors Report on Internal Control<br>Internal Audit Annual Report 2019/20<br>Annual Internal Audit Plan 2020/21 – Final for approval<br>Audit Committee Annual Report 2019/20<br>Governance Committee Work Plans<br>Governance Committees Annual Reports<br>Service audit reports from National Services Scotland<br>Litigation six monthly report  |
| June      | Internal Audit Annual Report 2019/20 – final<br>Draft Directors' Subsidiary Statement on Governance – Final<br>Orkney Health Board Endowment Fund Governance Statement<br>Draft Audit Committee Governance Statement<br>Draft Annual Audit Assurance Statement<br>Draft NHS Orkney Annual Accounts documentation 2019/20<br>Orkney Health Board Endowment Fund Annual Accounts 2019/20<br>Private meeting with Internal and External Auditors<br>Code of Corporate Governance bi-annual review including Governance Committee Terms of Reference |
| June      | NHS Orkney Annual Accounts documentation 2019/20<br>Annual Audit Report from External Auditor 2019/20  |
| September | Review of compliance with Property Transaction Monitoring<br>Annual Litigation Report<br>Information Governance six monthly assurance update   |
| December  | Annual SFI Waiver Report<br>External Audit Plan 2020/21  |
| March     | Annual Internal Audit Plan 2021/22 – Draft<br>Information Governance six monthly assurance update<br>Audit Committee Annual Development Session output   |

#### Work Plan

At each meeting of the Committee, the following business shall be transacted:

- Minutes
- Audit and Risk Committee Action Plan
- Internal and External Audit Recommendations Action Plan
- Audit Scotland - Technical Bulletins
- Audit Scotland – National Reports
- Internal Audit Reports, Status Reports and Plans

- Chair's Report – Information Governance Group
- Review of Corporate and Strategic Risks

The Committee shall consider at regular intervals:

- Reports from the Chief Internal Auditor against the Annual Internal Audit Plan
- Progress reports from the appointed External Auditor together with consideration of specific reports
- Specific internal and external audit reports and action plans
- Counter Fraud Services Quarterly Reports
- Fraud Liaison Officer report
- Payment Verification Reports

Every six months

- Review of audit publications relevant to economy, efficiency and effectiveness of services
- Progress and exception reports on Risk Management/Health and Safety
- Litigation monitoring
- Information Governance half yearly update on key progress and actions

Annually, the Committee shall consider and make recommendations to the Board where necessary, with regard to:

- Approval of terms of reference and a work plan for all Governance Committee meetings for the forthcoming year;
- Review with the appointed External Auditor, the Audit Planning Memorandum including fees and reporting arrangements;
- Review of Annual Accounts for Exchequer and Patients Funds;
- Review previous year's Report to Members on the audit of NHS Orkney
- Review of NHS Orkney's Losses and Compensation payments
- Review of the effectiveness of co-operation between internal and external audit
- Annual report from the Chief Internal Auditor relating to the previous year and interim report from the External Audit
- Review of annual Internal Audit Statement of Internal Control
- Review of the changes to the Code of Corporate Governance
- Approval of Annual Report of the Audit Committee
- Approval of Internal Audit Plan
- Review compliance with Property Transaction Monitoring requirements for onward submission to the Scottish Government Health Directorate

Ad Hoc Business:

- NHS National Services Scotland, Service Audit Reports
- Risks raised through exception reporting by Governance Committees
- Best Value
- Reports on non compliance with Code of Corporate Governance

Annual Development Session:

- Review Terms of Reference
- Review the Business Cycle and Workplan

- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of the committee process (including Development Plan, Action Log, self-assessment process, minutes, and administrative arrangements)
- Get development / input on learning areas identified by training needs assessment

**January 2020**



## Appendix 4

### Record of Business 2020/21

| Date of Meeting | Paper Number | Title   |
|-----------------|--------------|---|
| 05/05/2020      | ARC2021-01   | Terms of Reference                                      |
| 05/05/2020      | ARC2021-02   | Programme of Business/Workplan                          |
| 05/05/2020      | ARC2021-03   | Committee Risks, Controls and Assurance Framework       |
| 20/05/2020      | ARC2021-04   | Risk Management Internal Audit Report                   |
| 20/05/2020      | ARC2021-05   | Clinical Governance Internal Audit Report               |
| 20/05/2020      | ARC2021-06   | Waiting Times Internal Audit Report                     |
| 20/05/2020      | ARC2021-07   | Finance and Performance Committee Annual Report         |
| 20/05/2020      | ARC2021-08   | Staff Governance Committee Annual Report                |
| 20/05/2020      | ARC2021-09   | Finance and Performance Committee Workplan              |
| 20/05/2020      | ARC2021-10   | Remuneration Committee Workplan                         |
| 20/05/2020      | ARC2021-11   | Staff Governance Committee Workplan                     |
| 20/05/2020      | ARC2021-12   | Finance and Performance Committee Terms of Reference    |
| 20/05/2020      | ARC2021-13   | Remuneration Committee Terms of Reference               |
| 20/05/2020      | ARC2021-14   | Staff Governance Committee Terms of Reference           |
| 02/06/2020      | ARC2021-15   | Equalities Report (External Audit)                      |
| 02/06/2020      | ARC2021-16   | Internal Audit Progress Report                          |
| 02/06/2020      | ARC2021-17   | Workforce Strategy Internal Audit                       |
| 02/06/2020      | ARC2021-18   | Draft Directors' Subsidiary Statement on Governance     |
| 02/06/2020      | ARC2021-19   | Draft Annual Assurance Statement                        |
| 02/06/2020      | ARC2021-20   | Orkney Health Board Endowment Fund Governance Statement |

| Date of Meeting | Paper Number | Title   |
|-----------------|--------------|---|
| 02/06/2020      | ARC2021-21   | Significant Issues that are Considered of wider interest - Draft letter to the Scottish Government, Health Finance Division |
| 02/06/2020      | ARC2021-22   | NHS Orkney Draft Annual Accounts for year ended 31 March 2020   |
| 02/06/2020      | ARC2021-23   | Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2020   |
| 02/06/2020      | ARC2021-24   | Information Governance Chairs Report and Terms of Reference   |
| 02/06/2020      | ARC2021-25   | Risk and Assurance Report   |
| 02/06/2020      | ARC2021-26   | Remuneration Committee Annual Report  |
| 02/06/2020      | ARC2021-27   | Clinical Governance Committee Annual Report   |
| 02/06/2020      | ARC2021-28   | Audit and Risk Committee Annual Report  |
| 02/06/2020      | ARC2021-29   | Clinical and Care Governance Committee Workplan   |
| 02/06/2020      | ARC2021-30   | Clinical and Care Governance Committee Terms of Reference   |
| 25/06/2020      | ARC2021-31   | Digital Strategy Internal Audit Report  |
| 25/06/2020      | ARC2021-32   | Internal Audit Annual Report 2019/20  |
| 25/06/2020      | ARC2021-33   | Internal Audit Plan 2020/21   |
| 25/06/2020      | ARC2021-34   | Extension of Audit Appointment and Code of Audit Practice   |
| 25/06/2020      | ARC2021-35   | Representation Letter   |
| 25/06/2020      | ARC2021-36   | NHS Orkney Annual Accounts for year ended 31 March 2020   |
| 25/06/2020      | ARC2021-37   | 2019/20 Annual Audit Report from External Auditor   |
| 25/06/2020      | ARC2021-38   | Significant Issues that are Considered of wider interest - Draft letter to the Scottish Government, Health Finance Division |
| 07/07/2020      | ARC2021-39   | Internal and External Audit Recommendations Follow-up Report  |
| 07/07/2020      | ARC2021-40   | Information Governance Group Chairs Report and Workplan   |
| 07/07/2020      | ARC2021-41   | Information Governance Group Annual Report 2019/20  |
| 07/07/2020      | ARC2021-42   | Counter Fraud Services Report on suspected fraud committed against NHS Orkney   |

| Date of Meeting | Paper Number | Title   |
|-----------------|--------------|---|
| 07/07/2020      | ARC2021-43   | Risk and Assurance Report   |
| 01/09/2020      | ARC2021-44   | Audit Scotland Annual Audit Report 2019/20  |
| 01/09/2020      | ARC2021-45   | Internal Audit Progress Report  |
| 01/09/2020      | ARC2021-46   | Internal and External Audit Recommendations Follow-up Report                      |
| 01/09/2020      | ARC2021-47   | Papers not tabled at meeting  |
| 01/09/2020      | ARC2021-48   | Papers not tabled at meeting  |
| 01/09/2020      | ARC2021-49   | Papers not tabled at meeting  |
| 01/09/2020      | ARC2021-50   | Counter Fraud Services Report on Suspected Fraud committed against NHS Orkney     |
| 01/09/2020      | ARC2021-51   | NHS National Services Scotland – IT Service Audit Report                          |
| 01/09/2020      | ARC2021-52   | NHS NSS – Practitioner Services Audit Report                                      |
| 01/09/2020      | ARC2021-53   | Risk and Assurance Report   |
| 01/09/2020      | ARC2021-54   | Property Transaction Monitoring   |
| 01/09/2020      | ARC2021-55   | Annual Litigation Report  |
| 01/12/2020      | ARC2021-56   | Independent Review of NHS Orkney's Information Governance approach and procedures |
| 01/12/2020      | ARC2021-57   | Internal Audit Progress Report  |
| 01/12/2020      | ARC2021-58   | Health and Safety Internal Audit Report   |
| 01/12/2020      | ARC2021-59   | Post Implementation Review  |
| 01/12/2020      | ARC2021-60   | Cyber Security Internal Audit Report  |
| 01/12/2020      | ARC2021-61   | IT Environment Internal Audit Report  |
| 01/12/2020      | ARC2021-62   | Internal and External Audit Recommendations Follow-up Report                      |
| 01/12/2020      | ARC2021-63   | Information Governance Action Plan  |
| 01/12/2020      | ARC2021-64   | Information Governance Group Chair's Report and approved minutes                  |

| Date of Meeting | Paper Number | Title   |
|-----------------|--------------|---|
| 01/12/2020      | ARC2021-65   | Information Governance Six-Monthly Assurance Report                       |
| 01/12/2020      | ARC2021-66   | Risk and Assurance Report   |
| 01/12/2020      | ARC2021-67   | Code of Corporate Governance 2020/21                                      |
| 01/12/2020      | ARC2021-68   | Scottish Government - Revision to 2020/21 PV Protocol - DL(2020)26        |
| 02/03/2021      | ARC2021-69   | External Audit Plan 2020/21   |
| 02/03/2021      | ARC2021-70   | Internal Audit Progress Report  |
| 02/03/2021      | ARC2021-71   | Strategic and Operational Planning Internal Audit Report                  |
| 02/03/2021      | ARC2021-72   | Amendments to Staff Banding Internal Audit Report                         |
| 02/03/2021      | ARC2021-73   | Internal and External Audit Recommendations follow up report              |
| 02/03/2021      | ARC2021-74   | Information Governance Data Breach Update                                 |
| 02/03/2021      | ARC2021-75   | Information Governance Group Chair's Report and approved minutes          |
| 02/03/2021      | ARC2021-76   | Annual Accounts Timetable   |
| 02/03/2021      | ARC2021-77   | Risk and Assurance Report   |
| 02/03/2021      | ARC2021-78   | Clinical and Care Governance Committee - Cross Committee Assurance Report |
| 02/03/2021      | ARC2021-79   | Audit and Risk Committee Terms of Reference                               |
| 02/03/2021      | ARC2021-80   | Audit and Risk Committee Business Cycle and Workplan                      |
| 02/03/2021      | ARC2021-81   | Audit and Risk Committee Risk, Control, and Assurance Framework           |
| 02/03/2021      | ARC2021-82   | Papers not tabled at meeting  |
| 02/03/2021      | ARC2021-83   | Papers not tabled at meeting  |
| 02/03/2021      | ARC2021-84   | Papers not tabled at meeting  |
| 02/03/2021      | ARC2021-85   | NHS NSS Practitioner Services Letter - Partnership Agreement Meetings     |

## Appendix 5

### NHS Orkney Audit Committee Risks, Controls and Assurance Framework

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principles objectives of the Audit Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Audit Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.*

| <b>Principle Objectives</b><br>(What we aim to deliver)                         | <b>Principle Risks</b><br>(What could prevent this objective being achieved)   | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)   | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)   | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|---|--|---|--|--|
| <b>Effective internal control and corporate governance system is maintained</b> | NHS Orkney fails to have in place a Code of Corporate Governance, standing orders, scheme of delegation and financial instructions which adhere to relevant guidance and legislation | <ul style="list-style-type: none"> <li>Review changes to the Code of Corporate Governance</li> <li>The Audit Committee reviews the Standing Orders on a biannual basis</li> <li>The Audit Committee receives the Standing Financial Instructions for review and approval on a biannual basis</li> <li>The Audit Committee reviews the Scheme of Delegation when changes are made within the organisation</li> </ul> | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The Code of Corporate Governance (including Standing Orders and Standing Financial Instructions) have been reviewed and updated</li> <li>The Scheme of Delegation has been reviewed and updated</li> <li>That Governance Committee Terms of Reference have been reviewed and updated</li> <li>That Governance Committee Annual Reports have been presented</li> </ul> |  |

| <b>Principle Objectives</b><br><i>(What we aim to deliver)</i> | <b>Principle Risks</b><br><i>(What could prevent this objective being achieved)</i> | <b>Key Controls</b><br><i>(What controls and systems do we have in place to assist us in delivering our objective)</i>   | <b>Assurance on Controls</b><br><i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>   | <b>Gaps in Controls and Assurance</b><br><i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i> |
|--|---|--|---|---|
|  |   | <ul style="list-style-type: none"> <li>• Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions</li> <li>• Receipt of Register of Circulars issued from Scottish Government Health and Social Care Directorate</li> <li>• The Audit Committee receives Governance Committee Terms of Reference when amended for review and approval</li> <li>• The Audit Committee receives regular reports from the Governance Committees providing assurance on systems of internal control and raising any issues of concern</li> </ul> | <ul style="list-style-type: none"> <li>• That any issues of concern have been raised to the Audit Committee by the Governance Committee Chair</li> <li>• The Committee reviews reports on local implications and actions required from circulars or other documents listed in Audit Scotland's Technical Bulletins</li> </ul> |   |

| <b>Principle Objectives</b><br>(What we aim to deliver) | <b>Principle Risks</b><br>(What could prevent this objective being achieved)       | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)   | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)  | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|---|--|---|---|--|
|   | NHS Orkney fails to implement an effective Risk Management Strategy and procedures | <ul style="list-style-type: none"> <li>Oversee the operation of risk management strategy, policy and procedures, and provides assurance to the Board on internal controls</li> <li>Monitor and review the processes for assessing, reporting and owning business risks and their financial implications</li> </ul>  | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The Governance Committees are providing assurance that the risk process within their remit are operating effectively</li> <li>The Governance Committees have raised issues of concern regarding the risk process or any significant risks not being addressed</li> <li>Each of the committees will prepare their annual report to the Audit Committee including risks raised.</li> </ul> |  |
|   | NHS Orkney's Code of Corporate Governance is not well understood or complied with  | <ul style="list-style-type: none"> <li>The Code of Corporate Governance is issued as a controlled document to all managers / budget holders who are required to email confirming receipt of and subscribing to compliance with the document</li> <li>Receipt of reports on circumstances associated with each occasion when Standing Orders are waived or Standing Financial Instructions not adhered to</li> </ul> | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has examined circumstances associated with each occasion when there has been significant departure from the Code of Corporate Governance</li> </ul>  |  |

| <b>Principle Objectives</b><br><i>(What we aim to deliver)</i> | <b>Principle Risks</b><br><i>(What could prevent this objective being achieved)</i> | <b>Key Controls</b><br><i>(What controls and systems do we have in place to assist us in delivering our objective)</i>   | <b>Assurance on Controls</b><br><i>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)</i>   | <b>Gaps in Controls and Assurance</b><br><i>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective)</i> |
|--|---|--|---|---|
|  | <p>Insufficient evidence to provide assurance for the Governance Statement</p>      | <ul style="list-style-type: none"> <li>• The Audit Committee receives an Annual Report from the Clinical and Care Governance Committee confirming whether it has fulfilled its remits and whether there are adequate and effective clinical governance arrangements in place</li> <li>• The Audit Committee receives an Annual Report from the Staff Governance Committee confirming whether it has fulfilled its remit and whether there are adequate and effective Staff Governance arrangements in place</li> <li>• The Audit Committee receives an Annual Report from the Finance and Performance Committee confirming whether it has fulfilled its remit and whether there are adequate and effective Financial Governance arrangements in place</li> <li>• The Audit Committee receives formal assurance from Executive</li> </ul> | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>• The Governance Committees have submitted Annual Reports confirming that they have fulfilled their remits and providing assurance that there are adequate and effective internal controls in place throughout the organisation</li> <li>• The Audit Committee received formal assurance from the Executive Directors that there were adequate and effective controls in place and that there have been no breaches of Standing Orders or Standing Financial Instructions</li> </ul> |   |



| <b>Principle Objectives</b><br>(What we aim to deliver) | <b>Principle Risks</b><br>(What could prevent this objective being achieved)   | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)  | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)  | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|---|--|--|---|--|
|   |  | Directors and managers within the organisation who have responsibility for the development and maintenance of the internal control framework and risk management arrangements, that adequate and effective controls have been in place within their area of responsibility, and that there have been no breaches of Standing Orders of Standing Financial Instructions, nor failures of Internal Control |   |  |
| <b>Effective Internal Audit Service</b>                 | NHS Orkney fails to make effective and efficient use of Internal Audit service | <ul style="list-style-type: none"> <li>• Review of Internal Audit Strategy and Work Plan</li> <li>• Assess effectiveness of internal Audit</li> <li>• Receipt and review of Internal Audit progress reports</li> <li>• Monitoring progress of action on internal audit recommendations</li> <li>• Reviewing Internal Audit Annual Report</li> </ul>  | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>• The committee has reviewed and approved the Internal Audit Strategy and Work Plan</li> <li>• The committee has assessed the effectiveness of Internal Audit</li> <li>• Internal Audit progress reports are scrutinised</li> <li>• Implementation of audit (internal and external) recommendations are monitored routinely</li> </ul> |  |

| <b>Principle Objectives</b><br>(What we aim to deliver)                    | <b>Principle Risks</b><br>(What could prevent this objective being achieved)    | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)   | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)   | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|--|---|---|--|--|
|  |   | <ul style="list-style-type: none"> <li>Holding discussions with the Chief Internal Auditor without Executive Directors present</li> </ul>   | <ul style="list-style-type: none"> <li>The committee has reviewed an Internal Audit Report</li> <li>That discussions have taken place in private with the Chief Internal Auditor</li> </ul>  |  |
| <b>Reinforce the importance and Independence of External Audit Service</b> | NHS Orkney fails to oversee effective independent relations with external audit | <ul style="list-style-type: none"> <li>Review of External Audit Strategy and Work Plan</li> <li>Review External Audit Management Letters</li> <li>Monitoring progress of action on external audit recommendations</li> <li>Assess effectiveness of External Audit</li> <li>Holding discussions with the Chief External Auditor without Executive Directors present</li> </ul> | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has reviewed and approved the External Audit Strategy and Work Plan</li> <li>The committee has reviewed external audit management letters</li> <li>The committee has assessed the effectiveness of External Audit</li> <li>Implementation of audit (internal and external) recommendations are monitored routinely</li> <li>That discussions have taken place in private with the Chief External Auditor</li> </ul> |  |
| <b>Produce compliant Annual Accounts</b>                                   | NHS Orkney fails to complete the Annual Accounts process                        | <ul style="list-style-type: none"> <li>Receives timetable for annual accounts process</li> <li>Receives updates on any changes to process for completion</li> <li>Reviews draft Annual Accounts</li> <li>Receives Governance Committee Annual Reports</li> </ul>  | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has received and considered the timetable for annual accounts process</li> <li>The committee has received and reviewed the draft Annual Accounts</li> </ul>   |  |

| <b>Principle Objectives</b><br>(What we aim to deliver)  | <b>Principle Risks</b><br>(What could prevent this objective being achieved) | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)  | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)  | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|--|--|--|---|--|
|  |  | <ul style="list-style-type: none"> <li>Receives other Statement of Internal Control assurances</li> <li>Reviews and Approves changes to accounting policies</li> </ul>   | <ul style="list-style-type: none"> <li>The committee has received the Governance Committee Annual Reports</li> <li>The committee has received Statement of Internal Control assurances</li> </ul>   |  |
| <b>Reduce the risks of illegal of improper acts</b>      | NHS Orkney fails to identify fraud or inappropriate behaviour                | <ul style="list-style-type: none"> <li>Reviews NHS Orkney Fraud Policy</li> <li>Receives quarterly reports on fraud activity and action taken</li> <li>Receives reports when Standing Financial Instructions not followed</li> <li>Aware of all referrals submitted to Counter Fraud Services (CFS)</li> </ul>                 | <p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has reviewed the Fraud Policy</li> <li>The committee has received quarterly reports from the Fraud Officer</li> <li>The committee has received reports when the Standing Financial Instructions have been contravened</li> <li>The Board has appointed a Counter Fraud Champion</li> </ul> |  |
| <b>Keep aware of topical legal and regulatory issues</b> | NHS Orkney fails to keep up to date with legislation                         | <ul style="list-style-type: none"> <li>Receives updates from Director of Finance on any topical issue</li> <li>Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions</li> <li>Information Governance Committee receives Register of Circulars issued from Scottish</li> </ul> | <p>The minute of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> <li>The committee has received updates on changes in legislation</li> <li>The Information Governance Committee provides assurance through the Chairs Report</li> </ul>  |  |

| <b>Principle Objectives</b><br>(What we aim to deliver)   | <b>Principle Risks</b><br>(What could prevent this objective being achieved)   | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)   | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)  | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|---|--|---|---|--|
|   |  | Government Health and Social Care Directorate   |   |  |
| <b>The Board complies with statutory responsibilities in relation to Information Governance</b> | The Board fails to comply with the national requirements as set out in the Data Protection Act 1996 and Freedom of Information (Scotland) Act 2002 | <ul style="list-style-type: none"> <li>Information Management and Governance Group established to oversee and provide leadership / ensure the Board complies with legislation</li> </ul>  | The Committee receives assurance from the Information Governance Group that the Board's responsibilities are being met through regular Chair's reports on business and minutes of meetings  |  |
| <b>Best Value</b>   | NHS Orkney fails to secure Best Value  | <ul style="list-style-type: none"> <li>Receives assurance from Governance Committees that there are systems and processes in place to secure best value in areas delegated to each Committee by the Board.</li> </ul>   | The minute of the Audit Committee meetings would provide evidence that: <ul style="list-style-type: none"> <li>The committee has received assurance from the Governance Committees as part of the governance committee mid-year and annual reports</li> </ul>   |  |
| <b>The Audit Committee operates effectively</b>   | The Committee does not provide adequate challenge and scrutiny when reviewing the reliability of integrity of assurances provided                  | <ul style="list-style-type: none"> <li>Annual training needs assessment conducted with members.</li> <li>Core document set made available to each member and updated as guidance changes.</li> <li>Business cycle and minimum information requirements used to ensure all areas of assurance are covered within an annual cycle.</li> </ul> | <ul style="list-style-type: none"> <li>Committee performance evaluation at end of each meeting</li> <li>Completed training needs assessment</li> <li>Business cycle exists and is used.</li> <li>Annual development sessions take place.</li> <li>All members have copy of Core Document Set</li> </ul> |  |

| Principle Objectives<br>(What we aim to deliver) | Principle Risks<br>(What could prevent this objective being achieved)                      | Key Controls<br>(What controls and systems do we have in place to assist us in delivering our objective)  | Assurance on Controls<br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)            | Gaps in Controls and Assurance<br>(Where are we failing to put controls / systems in place and /or where are we failing to make controls effective. Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|--|--|---|--|---|
|  |  | <ul style="list-style-type: none"> <li>Annual development session conducted to review performance, review annual report and risks, controls and assurance framework.</li> </ul>   |  |   |
|  | The Committee operates sub optimally because it fails to identify gaps in its performance. | <ul style="list-style-type: none"> <li>The Committee holds an annual development event where it assesses its performance, reviews the risks, controls and assurance framework, addresses development needs identified through the training needs assessment and agrees the development plan for the coming year.</li> </ul> | <ul style="list-style-type: none"> <li>Outcome from Development Session presented to Committee and included in final version of Annual Report</li> </ul> |   |

Updated February 2020

# Clinical and Care Governance Committee

## Annual Report 2020/21

| Approval Record                        | Date                                |
|--|-------------------------------------|
| Clinical and Care Governance Committee | 27 April 2021                       |
| Audit and Risk Committee               | 4 May 2021                          |
| Board                                  | 24 June 2021                        |
| Location and Access to Documents       |                                     |
| Location of master document            | Corporate Services folder – G:Drive |
| Location of backup document            | Meetings folder – G:Drive           |
| Location of E&D assessment             | n/a                                 |
| Post holder(s) names at last review    |                                     |
| Chair                                  | Issy Grieve                         |
| Vice Chair                             | Steven Johnston                     |
| Lead Executive                         | Louise Wilson / Gillian Morrison    |
| Committee Support                      | Heidi Walls                         |

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# **1 Executive Summary**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.



## 2 Committee Membership

### 2.1 Committee Leadership

The Chair of the Clinical and Care Governance Committee is Issy Grieve, Non-Executive Board Member.

The Vice-Chair of the Clinical and Care Governance Committee is Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum.

### 2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Clinical and Care Governance Committee:

- David Drever, Non-Executive Board Member
- Michael Dickson, Interim Chief Executive (from 14 July 2020)
- Meghan McEwen, Chair of Orkney NHS Board
- Gerry O'Brien, Chief Executive (until 26 June 2020)
- Iain Stewart, Chief Executive Designate (from 4 June 2020 until 26 June 2020)

There are four elected Orkney Island Council members of the Clinical and Care Governance Committee:

- Rachael King, Integration Joint Board (IJB) Vice-Chair
- John Richards, Elected Member of the IJB
- Steve Sankey, Elected Member of the IJB
- Heather Woodbridge, Elected Member of the IJB (from 26 January 2021)

Deputies for the elected Orkney Island Council members are:

- Stephen Clackson
- David Dawson (deputy until December 2020)
- Sandy Cowie (from 26 January 2021)

### 2.3 Other Attendees

- Marthinus Roos, Medical Director (Executive Lead)
- Sally Shaw, Chief Officer (Care Lead) (until 14 July 2020)
- Christina Bichan, Head of Assurance and Improvement

- Lynda Bradford, Acting Head of Health and Orkney Health and Care (from 26 June 2020)
- Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families, and Criminal Justice (from 14 July 2020)
- David McArthur, Director of Nursing, Midwifery and Allied Health Professions and Acute Services
- Mary McFarlane, Interim Director of Pharmacy (from 29 January 2021)
- Gillian Morrison, Interim Chief Officer of the IJB (from 27 October 2020)
- Chris Nicolson, Director of Pharmacy (until 27 October 2020)
- SA Paget, Interim Social Work Officer (from 4 June 2020 until 26 June 2020)
- Heather Tait, Public representative
- Brenda Wilson, Interim Director of Nursing (from 4 June 2020 until 14 July 2020)
- Dr Louise Wilson, Director of Public Health

The terms of reference are attached as **Appendix 1**.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on six occasions from 1 April 2020 to 31 March 2021. This is an increase from the previous year due to the COVID-19 pandemic:

- 28 April 2020 (cancelled due to COVID-19)
- 13 May 2020 (additional due to COVID-19)
- 4 June 2020 (additional due to COVID-19)
- 26 June 2020 (additional due to COVID-19)
- 14 July 2020
- 27 October 2020
- 26 January 2021

The detailed attendance schedule is attached at **Appendix 2** which also shows occasional observers and presenters of individual reports.

### 3.2 Business Cycle and Work Plan

The Clinical and Care Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year.

The business cycle and workplan for 2020/21 is attached as **Appendix 3**.

The Committee has dealt with sixty-four items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

### 3.3 Action Plan and Progress

The Clinical and Care Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

### 3.4 Annual Performance Review and Development Session

The Clinical and Care Governance Committee reviewed its Terms of Reference, Business Plan and Risks, Controls and Assurance Framework at the meeting on 15 March 2021 to ensure that all areas within the Committee remit were being reported on appropriately. The Committee

also reviewed its performance over the year to identify any areas for improvement.

### **3.5 Governance Review**

The Clinical and Care Governance Committee has a number of functions that serve both the NHS Board and the Integration Joint Board. In regard to NHS Orkney, it provides assurance in respect of clinical quality and patient safety, effectiveness and experience through robust performance monitoring and reporting regarding those functions not delegated to the IJB. The Clinical and Care Governance Committee also provides assurance to the IJB for the delegated functions of both NHS Orkney and Orkney Islands Council.

The governance structure was reviewed following the establishment of the Quality Improvement Hub and the Quality Forum, which is responsible for providing assurance to the Clinical and Care Governance Committee.

The new Quality Forum was introduced to provide a focus for discussion of governance issues by clinical staff, and although initial establishment was impacted upon by COVID-19 this forum is now established and covers a wide range of clinical issues.

The Quality Forum's overarching aim is to eliminate preventable deaths, seek out and reduce harm, improve patient outcomes, demonstrate delivery of high quality reliable care based on what matters most to patients, their families and carers.

The Chair and/or Vice Chair of the Clinical and Care Governance Committee have an open invitation to observe the working of the Quality Forum.

## **4 Risks, Concerns and Successes**

### **4.1 Risks, Controls and Assurance Framework**

The Clinical and Care Governance Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Board, the Integration Joint Board (IJB) or the Audit and Risk Committee.

There were no risks to be escalated to the Board, IJB or the Audit and Risk Committee during 2020/21.

### **4.2 Issues Raised by other Governance Committees to the Clinical and Care Governance Committee**

**Area Clinical Forum:**

- Complex Cases update - CCGC2021-24

### **4.3 Issues Raised by the Clinical and Care Governance Committee to other Governance Committees**

**Audit and Risk Committee:**

- Clarification of the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations and the requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs)

### **4.4 Issues Raised by the Clinical and Care Governance Committee to the Board and the Integration Joint Board**

- COVID Workforce plan
- COVID Testing of Peripatetic Workers
- COVID Testing of Essential Workers
- Recovery plan
- Children's services inspection plan
- Mental Health Update
- Children's Inspection Report
- Cessation of flights to Inverness and Glasgow
- Mental Health Strategy

- Commendation of the whole organisation support provided by the Public Health, Primary Care, and Pharmacy teams on the pandemic response
- Exceptional work on the delivery of the vaccination programme

#### **4.5 Concerns**

The Clinical and Care Governance Committee's concerns during the year were:

- Not being an integrated Committee. Differences remain between the elements of social care and health care
- Further work is needed for integration and the governance functions need to be clearly defined
- Lack of assurance around social care
- All matters of concern were raised either directly with the Board of NHS Orkney and the Integration Joint Board (IJB) or referred to a relevant committee

#### **4.6 Successes**

The Clinical and Care Governance Committee's successes during the year were:

- It is moving in a good direction with an appetite for progress
- Responding to the demands of the pandemic and monitoring appropriate actions.

#### **4.7 COVID-19 Pandemic Response**

Additional meetings of the clinical and care governance committee occurred in response to the COVID-19 pandemic.

An Ethical and Advisory Support Group was established and although separate from, links with the NHS Grampian group and reported to Clinical and Care Governance. As the COVID-19 pandemic raised a range of new issues to consider especially around prioritisation of services, this group enabled a broad societal perspective to be considered.

The committee scrutinised reports in relation to testing for COVID-19 and infection control standards in care homes. A further focus was on the testing for COVID-19 for a range of workers and community testing, and utilisation of appropriate personal protective equipment. Regular updates from a public health perspective were received.

The committee also scrutinised the health and care remobilisation plan in the light of the pandemic and changes required to services, both in terms of additional services created and those that were paused.

Relevant issues were highlighted to the NHS Board and Integrated Joint Board.

## 5 Conclusion

During 2020 the Clinical and Care Governance Committee responded appropriately to the pandemic and has continued to apply itself to relevant scrutiny, whilst seeking assurance in a rigorous manner. There were challenges around members engagement with the agenda throughout the height of the pandemic, but members were astute in ensuring staff were not overburdened at peak times. The committee was able to focus on key issues and this is well evidenced by the significant numbers of business items and levels of attendance. The committee is an integrated committee within the Integration Joint Board (IJB), but despite the refresh of the risk assurance framework, terms of reference and supporting documentation the IJB seeks further development around these areas, they will remain a priority for 2021/22. I look forward to the further empowerment of this committee and its members, by ensuring that this committee continues to inform the IJB of the health and social care scrutiny of our joint services, in a cohesive partnership lead approach. The re-establishment of the Quality Forum has witnessed increased staff engagement, and this has truly been welcomed by this committee.

I would like to express my heartfelt thanks to all committee members who have engaged so openly in our robust and frank dialogue during the last twelve months. I would also like to express my thanks to staff across health and social care for their hard work and diligence through out what has been one of the most challenging periods in recent history.

Issy Grieve  
Chair NHS Orkney Clinical and Care Governance Committee



# Appendix 1

## **TERMS OF REFERENCE 2020-21**

### **1.1 Purpose**

To provide the NHS Orkney Board and the Integration Joint Board (IJB) with the assurance that robust clinical and care governance and risk management systems and processes are in place and effective throughout the health and social care systems in Orkney. That these systems and processes are the framework to support effective clinical and care risk management, clinical and care effectiveness, person centeredness and continual improvement.

### **1.2 Composition**

- Four Non-Executive Members of NHS Orkney, including the Chair of the Area Clinical Forum
- Four Orkney Islands Council (OIC) Elected Members, who are members of the IJB and/or the Orkney Health and Care Committee.
- Chief Executive, NHS Orkney
- Chair and vice-chair is appointed by the NHS Orkney Board.

### **IN ATTENDANCE**

- Medical Director (lead officer for clinical governance).
- Director of Public Health.
- Director of Nursing, Midwifery, Allied Health Professionals & Acute Services.
- Director of Pharmacy.
- Chief Officer (lead officer for care governance)
- Chief Social Work Officer.
- Head of Community Care
- Clinical Director for Primary Care
- Chief Quality Officer
- Public representative.

### **1.3 Meetings**

The meeting will meet at least quarterly.

### **1.4 Quorum**

Meetings of the Committee will be quorate when attendance consists of at least five members and at least:

- Two should be Non-Executive Members.
- One of whom is the Chair or Vice Chair.
- Two OIC Elected Member. two
- One who is a member of the IJB.

**1.5 Remit**

To provide NHS Orkney Health Board and the IJB, with assurance that robust governance, management systems and processes are in place and are effective throughout the whole system. This applies to health and care services provided by NHS Orkney, services provided by OIC and services commissioned by the IJB from other sources.

**CLINICAL AND CARE RISK MANAGEMENT**

To provide assurance regarding Adverse Event Reporting, Regulating Compliance, Risk Management, Significant Event Analysis (SEA) and Patient Safety and that there are adequate systems and processes in place across the whole system for health and care services provided by NHS Orkney, OIC and services commissioned by the IJB from other sources to ensure:

- Robust clinical and care control frameworks are in place for the effective management of clinical and care risk and that they are working effectively across the whole system.
- Clinical and care standards are not adversely impacted through efficiency programmes.
- Adverse event management and reporting is in place and lessons are learnt from adverse events and near misses. Learning is applied across all relevant services.
- Data and measurement systems underpin the delivery of care and these are monitored through organisational performance review and reported to the Quality and Safety Group within NHSO and within the relevant committee of OIC.
- Care delivery is supported by robust evidence-based workforce and workload planning.
- Assurance of standards and quality of care.
- The Committee will receive an update at each meeting in relation to strategic risks aligned to the Committee.
- There is a clear escalation process in place for identified risks that cannot be mitigated.

**CLINICAL, CARE AND PUBLIC HEALTH EFFECTIVENESS**

To provide assurance regarding evidence-based practice, research and development, outcome measures, clinical and care audit and guidelines and that there are adequate systems and processes in place across the whole system of health and care services provided by NHS Orkney, OIC and services commissioned by the IJB from other sources to ensure:

- Highest quality of care and support is everyone's responsibility.
- Compliance with national standards for quality and safety.

- Where results of inspections of health and social care services are below required standards, appropriate action plans will be developed and monitored by the relevant committee in each partner organisation and reported to the Committee.
- The Committee will receive reports on the effectiveness of controls in place to mitigate against clinical and care risks.
- Where the requirement for performance improvement is identified and evidenced by an appropriate individual or agency, the Committee will approve appropriate improvement intervention and seek assurance regarding the reliability of the improvement intervention.
- Unacceptable clinical and care practice where detected will be addressed.

**PERSON CENTEREDNESS**

To provide assurance regarding patient care and experience, quality and diversity, feedback, patient and client information, participation and communication and engagement.

- Feedback and complaints are handled in accordance with national guidance and lessons are learnt and improvements made from complaints investigations and their resolution. Improvements are also made from investigations undertaken by the Scottish Public Services Ombudsman (SPSO), Mental Welfare Commission (MWC), the Equality and Human Rights Commission (EHRC) and from legal proceedings against the Board and/or the IJB.
- To provide assurance that health and care services provided by NHS Orkney, OIC and services commissioned by the IJB from other sources are complying with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and to provide assurance that robust equality and diversity systems and processes are in place and effective throughout the NHS Orkney and Orkney Health and Care.
- Full account is taken of the perspective of patients and service users in shaping services and organisational practices.

**CONTINUOUS IMPROVEMENT AND PROFESSIONAL STANDARDS**

To provide assurance regarding Healthcare Improvement Scotland and Care Inspectorate collaborative, improvement programmes and professional standards and regulations and that there are adequate systems in place across health and social care in Orkney pertaining to:

- Staff Governance issues which impact on patient or client care, service delivery and quality of services are appropriately

managed through clinical and care governance mechanisms and effective training and development is in place for all staff.

- Assurance is provided about training and education. The Committee will review and approve clinical and social care policies.
- Assurance is provided that staff are appropriately supported and developed within a culture of openness, learning and high performance.

### **1.6 Best Value**

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and the IJB. The Committee will review and scrutinize the arrangements which are in place and will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney and the IJB has systems and processes in place to secure best value. The assurance to the Chief Executives should be included as an explicit statement in the Committees Annual Report.

#### **Authority**

The Committee is accountable to NHS Orkney for clinical matters and is authorised by the Board of NHS Orkney and the IJB to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires.

The Committee may obtain whatever professional advice it requires, and requires Directors or other officers of NHS Orkney, OIC, the Chief Officer of the IJB and Chief Social Work Officer to attend whole or part of any meetings.

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

#### **Reporting Arrangements**

The Clinical and Care Governance Committee reports to the Orkney NHS Board and the IJB.

Following a meeting of the Clinical and Care Governance Committee the approved minute of that meeting should be presented at the next NHS Orkney Board and the next IJB.

The Clinical and Care Governance Committee should annually, and within three months of the start of the financial year, provide a work plan detailing the work to be taken forward by the Clinical and Care Governance Committee.

The Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the IJB. The Annual

report will describe the outcomes from the Committee during the year and provide assurance to the Audit Committee of both Boards.

**April 2020**

## Appendix 2

NHS Orkney – Clinical and Care Governance - Attendance Record – Year 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021:

| Name:                 | Position:  | 28 April<br>2020<br>Cancelled | 4 June<br>2020 | 26 June<br>2020 | 14 July<br>2020 | 27 October<br>2020 | 29 January<br>2020 |
|-----------------------|--|-------------------------------|----------------|-----------------|-----------------|--------------------|--------------------|
| <b>Members:</b>       |  |                               |                |                 |                 |                    |                    |
| I Grieve              | Chair  |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| S Johnston            | Vice Chair   |                               | Attending      | Attending       | Apologies       | Attending          | Attending          |
| G O'Brien             | Chief Executive  |                               | Apologies      | Apologies       |                 |                    |                    |
| I Stewart             | Chief Executive (Designate)  |                               | Attending      | Apologies       |                 |                    |                    |
| M Dickson             | Interim Chief Executive  |                               |                |                 | Apologies       | Attending          | Attending          |
| D Drever              | Non Executive Board Member   |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| R King                | Integration Joint Board Vice Chair   |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| M McEwen              | Non Executive Board Member   |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| J Richards            | Elected Orkney Islands Council Member  |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| S Sankey              | Elected Orkney Islands Council Member  |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| D Campbell            | Non Executive Board Member   |                               |                |                 | Attending       |                    |                    |
| H Woodbridge          | Elected Orkney Islands Council Member  |                               |                |                 |                 |                    | Attending          |
| <b>In Attendance:</b> |  |                               |                |                 |                 |                    |                    |
| M Roos                | Lead Officer and Medical Director  |                               | Attending      | Attending       | Attending       | Attending          | Apologies          |
| C Bichan              | Chief Quality Officer  |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| S Hunter              | Chief Social Work Officer  |                               |                |                 |                 |                    |                    |
| SA Paget              | Interim Chief Social Work Officer  |                               | Attending      | Attending       |                 |                    |                    |
| J Lyon                | Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice |                               |                |                 | Apologies       | Attending          | Attending          |
| D McArthur            | Director of Nursing, Midwifery, AHP and Acute Services                             |                               | Apologies      | Apologies       | Attending       | Apologies          | Apologies          |
| B Wilson              | Interim Director of Nursing  |                               | Attending      | Attending       | Attending       |                    |                    |
| K Wilson              | Interim Director of Nursing  |                               |                |                 |                 | Attending          |                    |

| Name:                                     | Position:   | 28 April<br>2020<br>Cancelled | 4 June<br>2020 | 26 June<br>2020 | 14 July<br>2020 | 27 October<br>2020 | 29 January<br>2020 |
|---|---|-------------------------------|----------------|-----------------|-----------------|--------------------|--------------------|
| C Nicolson                                | Director of Pharmacy  |                               | Apologies      | Apologies       | Apologies       | Attending          |                    |
| W Lycett                                  | Principal Pharmacist  |                               |                |                 | Attending       |                    |                    |
| M McFarland                               | Interim Director of Pharmacy  |                               |                |                 |                 |                    | Attending          |
| S Shaw                                    | Chief Officer   |                               | Apologies      | Apologies       | Apologies       |                    |                    |
| L Bradford                                | Acting Head of Health and Orkney Health and Care / Head of Community Care |                               |                | Attending       | Attending       | Attending          | Apologies          |
| G Morrison                                | Interim Chief Officer   |                               |                |                 |                 | Attending          | Apologies          |
| H Tait                                    | Public Representative   |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| L Wilson                                  | Director of Public Health   |                               | Attending      | Attending       | Attending       | Attending          | Attending          |
| H Walls                                   | Committee Support   |                               |                | Attending       | Attending       | Attending          | Attending          |
| E West                                    | Committee Support   |                               | Attending      |                 |                 |                    |                    |
| <b>Attending for specific agenda item</b> |   |                               |                |                 |                 |                    |                    |
| D Moody                                   | Clinical Director of Primary Care   |                               |                |                 | Attending       | Attending          | Apologies          |
| B Wilson                                  | Project Lead Nurse  |                               |                |                 |                 | Attending          |                    |
| T Baillie                                 | Independent Chair Orkney Public Protection Committee                      |                               |                |                 | Attending       |                    |                    |
| M Berry                                   | Public Protection and Children's Health Service Lead                      |                               |                |                 | Attending       |                    |                    |
| N Gentlemen                               | Strategic Inspector, Care Inspectorate                                    |                               |                |                 | Attending       |                    |                    |
| J Trainor                                 | Head of Clinical Governance and Quality Improvement                       |                               |                |                 | Attending       |                    |                    |
| S Roos                                    | Consultant Phycologist and Professional Lead for Psychological Therapies  |                               |                |                 | Attending       |                    |                    |
|   | Denotes attendance not required   |                               |                |                 |                 |                    | Attending          |

## Appendix 3

### Clinical and Care Governance Committee Business Cycle / Work Plan 2020/21

| Month   | Agenda Item  | Lead Officer  |
|---------|--|---|
| April   | Committee Annual Report  | Chair   |
|         | Quality and Safety Group Annual Report   | Quality and Safety Group Chair                        |
|         | Annual Development Session – review: <ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Business cycle / Work Plan</li> <li>• Risk Control and Assurance Framework</li> <li>• Committee Self Assessment</li> </ul> | Chair   |
|         | Orkney Community Justice Partnership Annual Report   | Chief Social Work Officer                             |
|         | Dementia Diagnosis Rates Annual Report   | Chief Officer   |
| July    | Health & Social Care Combined Complaints Performance Annual Reports  | Chief Quality Officer & Chief Officer                 |
|         | Annual report on Adults with Incapacity  | Director of Nursing , Midwifery, AHP & Acute Services |
|         | Learning from Clinical Incidents Annual Reports  | Medical Director                                      |
|         | Duty of Candour Annual Report  | Director of Nursing , Midwifery, AHP & Acute Services |
|         | Mental Health Strategy six month progress report   | Chief Officer   |
| October | Infection Control Annual Report  | Medical Director                                      |
|         | Partnership Equality and Diversity Annual Report   | Equality & Diversity Manager NHSO & OIC               |
|         | Winter Plan  | Chief Quality Officer                                 |
|         | Pharmacy Annual Report   | Director of Pharmacy                                  |
|         | Chief Social Workers Annual Report   | Chief Social Worker                                   |
|         | Corporate Parenting Plan Review  | Chief Officer   |



|         |                                     |                     |
|---------|-------------------------------------|---------------------|
| January | Adult Social Care Annual Report     | Chief Social Worker |
|         | Looked After Children Annual Report | Chief Social Worker |
|         | Mental Health Annual Report         | Chief Social Worker |
|         | Children & Families Annual Report   | Chief Social Worker |

## Clinical and Care Governance Committee Standing Agenda Items

- Minutes
- Action Log
- Policy
- NHSO Quality and Safety Group minutes of meetings
- Operational Planning
- Integrated Staffing Programme (Health & Social Care)
- Complaints Performance Reports
- Significant Adverse Event Report
- Area Drugs and Therapeutics Committee Chair's report and minutes
- Public health update report
- Mental Health Strategy six monthly progress report
- Adult Social Care Annual Report
- Looked After Children Annual Report
- Mental Health Annual Report
- Children & Families Annual Report
- Corporate Parenting Annual Report
- Child Protection Annual Report
- Corporate Risk Register
- Risks to be escalated to Audit Committee
- Mental Health Strategy progress report
- Emerging Issues
- Committee Evaluation

## Ad Hoc Matters

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- High level reporting on significant service changes which have patient, service user implications
- Approving changes to the operational arrangements for sub groups that feed into the committee
- In times of active pandemic the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

## Set Agenda Items For Annual Development Sessions

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective

- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Agree development plan for future

**April 2020**

# Appendix 4

**Record of Business 2020/21**

| Date of Meeting | Paper Number | Title  |
|-----------------|--------------|--|
| 13/05/2020      | CCGC2021-01  | Workforce  |
| 13/05/2020      | CCGC2021-02  | Testing – Peripatetic Workers                                |
| 13/05/2020      | CCGC2021-03  | Testing - Essential Workers                                  |
| 13/05/2020      | CCGC2021-04  | Ethical Support  |
| 13/05/2020      | CCGC2021-05  | Utilisation of PPE in settings/sustained transmission        |
| 04/06/2020      | CCGC2021-06  | COVID-19 Update  |
| 04/06/2020      | CCGC2021-07  | Coronavirus and Care Home Update                             |
| 04/06/2020      | CCGC2021-08  | Care Homes - Additional Clinical Responsibilities            |
| 04/06/2020      | CCGC2021-09  | NHS Orkney Protocol for Community Testing                    |
| 04/06/2020      | CCGC2021-10  | Ethical Support Group Terms of Reference                     |
| 04/06/2020      | CCGC2021-11  | Recovery Plan  |
| 04/06/2020      | CCGC2021-12  | Child Protection Improvement Plan Register                   |
| 04/06/2020      | CCGC2021-13  | Children's Services Inspection Progress Update               |
| 04/06/2020      | CCGC2021-14  | Committee Annual Review                                      |
| 04/06/2020      | CCGC2021-15  | Clinical and Care Governance Committee Annual Report 2019/20 |
| 26/06/2020      | CCGC2021-16  | Mobilisation Update  |
| 26/06/2020      | CCGC2021-17  | Peripatetic Workers and COVID-19 Transmission Risk           |
| 26/06/2020      | CCGC2021-18  | Testing Update   |
| 26/06/2020      | CCGC2021-19  | Care Home Testing Update                                     |
| 26/06/2020      | CCGC2021-20  | Complains Performance Report April 2020                      |

|            |             |   |
|------------|-------------|---|
| 26/06/2020 | CCGC2021-21 | Children's Services Inspection Report Improvement Plan  |
| 26/06/2020 | CCGC2021-22 | Mental Health Update  |
| 26/06/2020 | CCGC2021-23 | Risk Register Report  |
| 26/06/2020 | CCGC2021-24 | Internal Audit Report Clinical Governance Adverse Event Management                            |
| 26/06/2020 | CCGC2021-25 | Area Clinical Forum - CMHT Complex Cases Update   |
| 14/07/2020 | CCGC2021-26 | Quality and Safety Group Update   |
| 14/07/2020 | CCGC2021-27 | Significant Adverse Event Update  |
| 14/07/2020 | CCGC2021-28 | Mental Health Service and Strategy Update   |
| 14/07/2020 | CCGC2021-29 | Duty of Candour Annual Report   |
| 14/07/2020 | CCGC2021-30 | Elective Waiting Times Update   |
| 14/07/2020 | CCGC2021-31 | Prevention, Control, and Management of VHF and Ebola  |
| 14/07/2020 | CCGC2021-32 | Patient Feedback Annual Report 2019/20  |
| 14/07/2020 | CCGC2021-33 | Children's Services Inspection Report   |
| 14/07/2020 | CCGC2021-34 | Corporate Risk Register   |
| 27/10/2020 | CCGC2021-35 | COVID-19 Health and Care Remobilisation   |
| 27/10/2020 | CCGC2021-36 | Quality Forum Chair's Report and minute from meetings held on 28 July 2020 and 25 August 2020 |
| 27/10/2020 | CCGC2021-37 | Integrated Staffing Programme   |
| 27/10/2020 | CCGC2021-38 | Draft Mental Health Strategy  |
| 27/10/2020 | CCGC2021-39 | Mental Health Improvement Update  |
| 27/10/2020 | CCGC2021-40 | Good Parenting Plan   |
| 27/10/2020 | CCGC2021-41 | Management of Controlled Drugs in Secondary Care Policy                                       |
| 27/10/2020 | CCGC2021-42 | Patient Access Policy Update  |
| 27/10/2020 | CCGC2021-43 | NHS Orkney Public Protection Guidelines   |
| 27/10/2020 | CCGC2021-44 | Health Complaints Performance Report  |

|            |             |   |
|------------|-------------|---|
| 27/10/2020 | CCGC2021-45 | Winter Plan Update  |
| 27/10/2020 | CCGC2021-46 | Public Health Update Report   |
| 27/10/2020 | CCGC2021-47 | Children and Young People's Joint Inspection Action Plan  |
| 27/10/2020 | CCGC2021-48 | Area Clinical Forum Chair's Report  |
| 27/10/2020 | CCGC2021-49 | Corporate Risks aligned to the Clinical and Care Governance Committee   |
| 26/01/2021 | CCGC2021-50 | Planning and Delivery Update  |
| 26/01/2021 | CCGC2021-51 | North of Scotland Services  |
| 26/01/2021 | CCGC2021-52 | Quality Forum Chair's Report and minute from meetings held on 29 September 2020, 29 October 2020 and 24 November 2020 |
| 26/01/2021 | CCGC2021-53 | Performance Report  |
| 26/01/2021 | CCGC2021-54 | Re-Design of Urgent Care Update   |
| 26/01/2021 | CCGC2021-55 | Area Drugs Therapeutic Committee (ADTC)   |
| 26/01/2021 | CCGC2021-56 | Future of Pharmacy: A Strategic Overview of Pharmacy in Orkney and Shetland   |
| 26/01/2021 | CCGC2021-57 | Health Complaints Performance Report - Quarter 2  |
| 26/01/2021 | CCGC2021-58 | Social Care and Social Work Complaints Report   |
| 26/01/2021 | CCGC2021-59 | NHS Orkney Equality and Diversity Annual Report 2019/20   |
| 26/01/2021 | CCGC2021-60 | Public Health Update Report   |
| 26/01/2021 | CCGC2021-61 | Joint Inspection of Services for Children and Young People in Need of Care and Protection Update                      |
| 26/01/2021 | CCGC2021-62 | Chief Social Worker's Annual Report   |
| 26/01/2021 | CCGC2021-63 | Ethical Advice and Support Group Chair's Report   |
| 26/01/2021 | CCGC2021-64 | Corporate Risks aligned to the Clinical and Care Governance Committee   |

# Finance and Performance Committee

## Annual Report 2020/21

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Finance and Performance Committee   | 25 March 2021                       |
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | Davie Campbell                      |
| Vice Chair                          | James Stockan                       |
| Lead Executive                      | Mark Doyle                          |
| Committee Support                   | Christy Drever                      |

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# **1 Executive Summary**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.



## 2 Committee Membership

### 2.1 Committee Leadership

The Chair of the Finance and Performance Committee is Davie Campbell, Non-Executive Board Member.

The Vice-Chair of the Finance and Performance Committee is James Stockan, Non-Executive Board Member and Orkney Island Council representative.

### 2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Finance and Performance Committee:

- Mark Doyle, Director of Finance
- Caroline Evans, Non-Executive Board Member
- Meghan McEwen, Chair of Orkney NHS Board
- Gerry O'Brien, Chief Executive (until 25 June 2020)
- Michael Dickson, Interim Chief Executive (from 23 July 2020)

There are no noted deputies.

### 2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement
- Keren Somerville, Head of Finance
- Fiona MacKellar, Employee Director
- David McArthur, Director of Nursing, Midwifery, and Allied Health Professionals
- Marthinus Roos, Medical Director
- Gillian Morrison, Interim Chief Officer of the IJB (from 24 September 2020)
- Louise Wilson, Director of Public Health
- Iain Stewart, Chief Executive Designate (until 17 June 2020)

Where relevant to the subject matter, other officers attend meetings of the Committee. During the year seven officers attended meetings.

All Board members have the right to attend and are routinely sent copies of agenda and papers.

The Finance and Performance Committee Terms of Reference is attached at **Appendix 1**.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on nine occasions during the period from 1 April 2020 to 31 March 2021. This is an increase in number compared to previous years due to the global Coronavirus pandemic:

- 6 May 2020 (additional meeting due to Coronavirus)
- 27 May 2020 (additional meeting due to Coronavirus)
- 17 June 2020 (additional meeting due to Coronavirus)
- 23 July 2020
- 24 September 2020
- 26 November 2020
- 28 January 2021
- 18 February 2021
- 25 March 2021

The attendance schedule is attached as **Appendix 2**.

### 3.2 Business Cycle and Work Plan

The Finance and Performance Committee has worked to this cycle throughout the year. The business cycle 2020/21 is attached as **Appendix 3**.

The Committee dealt with fifty-five items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

The minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for its information.

### 3.3 Action Plan and Progress

The Finance and Performance Committee Action Plan is included as a standing agenda item and progress is monitored at each meeting of the Committee.

**3.4****Annual Performance Review and Development Session**

The Finance and Performance Committee Chair, Director of Finance, Corporate Services manager and Committee Support reviewed the Terms of Reference, Business and Risks, Controls and Assurance Framework and the Committee approved these on 12 January 2021 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee also reviewed its performance over the year to identify any areas of improvement on 18 February 2021.

## **4 Risks, Concerns and Successes**

### **4.1 Risks, Controls and Assurance Framework**

The Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Audit Committee or Board.

The Committee Risks, Controls and Assurance Framework is attached at **Appendix 5**.

### **4.2 Issues Raised by other Governance Committees to the Finance and Performance Committee**

There were no issues raised to the Finance and Performance Committee via Cross committee assurance and reporting.

### **4.3 Issues Raised by the Finance and Performance Committee to other Governance Committees**

The Finance and Performance Committee raised the following issues to other Governance Committees:

#### **Staff Governance Committee**

- Long-term staff absence due to Covid-19
- Transformational change required to provide recurring savings

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

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

### **4.4 Issues Raised by the Finance and Performance Committee to the Board**

The Finance and Performance Committee raised the following issues to other Orkney NHS Board:

- Annual accounts including an agreed timetable for completion and sign off
- Revised Annual Operational Financial Plans
- Mobilisation Costs and Plans
- Financial Performance Management Report
- Positive Performance Management Report including use of Near Me facilities by services
- Detailed review of Balfour Contract
- Near me Update
- Technology Enable Care Strategy 2020-2023
- Financial Performance Management Report
- Covid-19 – Local Mobilisation Plan Weekly Finance
- Annual Accounts / Audit Update
- Workforce Report
- 41 Standards of Organisational Resilience
- Financial Performance Management Report
- Covid-19 – Local Mobilisation Plan Weekly Finance Return
- The NHS Orkney month 5 financial position
- COVID-19 – Q1 Finance Return
- Financial Performance Management Report November 2020
- Financial Performance Management Report January 2021
- Financial Performance Management Report February 2021
- Future Reporting – Update against Workforce
- Balfour Hospital NDP Project Semi-Annual Operations Review

#### **4.5 Concerns**

The main concerns of the Committee were around:

- Achieving financial balance
- Providing supporting evidence to facilitate transformational change and bringing the workforce alongside both in terms of skill sets required, capacity and feeling valued and respected throughout this agenda
- Identifying high-value non-recurring savings
- Balancing pace and need for change with capacity of staff and services to move
- Challenges of Coronavirus and the associated impact on finance and performance
- Gaining a better understanding of performance
- Finding recurring savings
- Recovery piece

#### **4.6 Successes**

The Finance and Performance Committee has been successful in meeting the following achievements during the period covered:

- Navigating and monitoring the re-mobilisation finances
- Introducing workforce performance reporting discussions
- High levels of scrutiny on papers received
- Efficient use of time and personnel
- Understanding risk management
- Maintaining business and scrutiny throughout the Coronavirus pandemic
- Maintaining a fully participating Committee with open and honest dialogue
- Functioning well through difficult times and new ways of working (virtual meetings)

## 5 Conclusion

NHS Orkney has had yet a challenging financial year in 2020/21 like no other, dealing with the COVID-19 pandemic which will impact the organization for years to come. It is testament to all the dedicated, amazing staff that we are still in a position to achieve financial balance. The level of recurring savings is still the main concern for the Finance and Performance Committee and is at the forefront of our discussions and plans for 2021-22 onwards, as well as ensuring we are able to address the backlog in our service performance created by the pandemic in a way that best serves our patients.

We have extremely challenging but exciting times ahead; ambitious but achievable savings plans that we need to continue to work on collectively with difficult decisions attached to them. The Finance & Performance Committee will have a crucial part in the process going forward in scrutinising and adding reassurance to the Board. I am especially pleased that NHS Orkney was able to appoint a Director of Finance on a permanent basis which will be a major factor in achieving short term and long term financial stability as well as providing financial leadership for NHS Orkney.

I would like add my personal thanks to the staff, executives and non-executives who have all contributed to a successful year within this virtual setting.

Davie Campbell

**Chair**

On behalf of the NHS Orkney Finance and Performance Committee



## **Appendix 1**

### **Finance and Performance Committee – Terms of Reference**

#### **Purpose:**

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

#### **Composition**

The membership of the Committee shall consist of:

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

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

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

#### **Attendance:**

In addition, there will be in attendance:

- Chief Officer
- Head of Finance
- Director of Nursing, Midwifery, Allied Health Professionals and Acute Services
- Chief Quality Officer

All Board members shall have the right of attendance and may request copies of agendas and papers.

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

**Quorum:**

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

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

**Meetings:**

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

**Remit:**

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans;
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities;
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required;

- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property);
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value ; The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report;
- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken;
- To ensure better reporting links between services and financial inputs, to allow the Board to demonstrate that it provides value for money to the public;
- To ensure adequate risk management is employed in all areas within the remit of the Committee;
- Review performance, effectiveness and Terms of Reference of the Committee on an annual basis;
- To develop an annual cycle of business;
- To ensure robust arrangements are in place in relation to digital transformation and cyber security providing assurance to the Board in this regard;
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

**Best Value**

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

**Authority:**

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

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

**Reporting Arrangements:**

- The Finance and Performance Committee reports to Orkney NHS Board;

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

Updated March 2020

## Appendix 2

### NHS Orkney - Finance and Performance Committee Attendance Record - Year 1 April 2020 to 31 March 2021:

| Name:                 | Position:                                      | 6 May 2020 | 27 May 2020 | 17 June 2020 | 23 July 2020 | 24 Sept 2020 | 26 Nov 2020 | 28 Jan 2021 | 18 Feb 2021 (AOP) | 25 March 2021 |
|-----------------------|--|------------|-------------|--------------|--------------|--------------|-------------|-------------|-------------------|---------------|
| <b>Members:</b>       |  |            |             |              |              |              |             |             |                   |               |
| D Campbell            | Chair  | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| J Stockan             | Vice Chair                                     | Apologies  | Attended    | Attended     | Apologies    | Apologies    | Attended    | Attended    | Attended          | Attended      |
| G O'Brien             | Chief Executive                                | Attended   | Attended    | Apologies    |              |              |             |             |                   |               |
| M Dickson             | Interim Chief Executive                        |            |             |              | Apologies    | Attended     | Apologies   | Apologies   | Attended          | Apologies     |
| M Doyle               | Director of Finance                            | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| C Evans               | Non Executive Director                         | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Apologies         | Attended      |
| M McEwen              | Chair, NHS Orkney                              | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| <b>In Attendance:</b> |  |            |             |              |              |              |             |             |                   |               |
| C Bichan              | Head of Assurance and Improvement              | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| K Somerville          | Head of Finance                                | Apologies  | Attended    | Apologies    | Apologies    | Attended     | Attended    | Attended    | Attended          | Attended      |
| F MacKellar           | Employee Director                              | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| D McArthur            | Director of NMAHP                              | Apologies  | Apologies   | Apologies    | Apologies    | Apologies    | Apologies   | Apologies   | Apologies         | Apologies     |
| M Roos                | Medical Director                               | Apologies  | Apologies   | Apologies    | Apologies    | Apologies    | Apologies   | Apologies   | Apologies         |               |
| S Shaw                | Chief Officer, Integration Joint Board         | Apologies  | Apologies   | Apologies    | Apologies    | Apologies    | Apologies   |             |                   |               |
| G Morrison            | Interim Chief Officer, Integration Joint Board |            |             |              |              | Attended     | Attended    | Apologies   | Apologies         | Apologies     |
| L Wilson              | Director of Public Health                      | Attended   | Attended    | Attended     | Attended     | Attended     | Attended    | Attended    | Attended          | Attended      |
| C Drever              | Committee Support                              | Attended   | Attended    | Attended     | Attended     |              | Attended    | Attended    | Attended          | Attended      |
| G Pendlebury          | Committee Support                              |            |             |              |              | Attended     |             |             |                   |               |
| I Stewart             | Chief Executive Designate                      | Attended   | Attended    | Attended     |              |              |             |             |                   |               |

| Name:                                     | Position:  | 6 May 2020               | 27 May 2020 | 17 June 2020 | 23 July 2020 | 24 Sept 2020 | 26 Nov 2020 | 28 Jan 2021 | 18 Feb 2021 (AOP) | 25 March 2021 |
|---|--|--------------------------|-------------|--------------|--------------|--------------|-------------|-------------|-------------------|---------------|
| D Drever                                  | Non Executive Director                                       | Deputising for J Stockan |             |              |              |              |             |             |                   |               |
| J Taylor                                  | Non Executive Director                                       |                          | Attended    | Attended     |              |              |             |             |                   |               |
| B Wilson                                  | Interim Director of Nursing                                  |                          | Attended    |              |              |              |             |             |                   |               |
| S Wishart                                 | Committee Support  |                          |             |              | Attended     |              |             |             |                   |               |
| K Wilson                                  | Deputy Director of Nursing                                   |                          |             |              |              |              | Attended    |             |                   |               |
| <b>Standing Invitation –</b>              | <b>all Board Members:</b>                                    |                          |             |              |              |              |             |             |                   |               |
| <b>Attending for specific agenda item</b> |  |                          |             |              |              |              |             |             |                   |               |
| M Colquhoun                               | Head of Support Services, Logistics and Contracts Management | Attended                 | Attended    |              |              |              |             |             |                   |               |
| K Low                                     | Value and Sustainability Lead                                | Attended                 |             |              |              |              |             |             |                   |               |
| P Robinson                                | Chief Finance Officer, Integration Joint Board               | Attended                 |             |              |              | Attended     | Attended    | Attended    | Attended          | Attended      |
| D Anderson                                | Currie & Brown   |                          | Attended    |              |              |              |             |             |                   |               |
| D Cunningham                              | Currie & Brown   |                          | Attended    |              |              |              |             |             |                   |               |
| K Wilson                                  | Deputy Nurse Director  |                          |             | Attended     |              |              |             |             |                   |               |
| D Crohn                                   | Head of Digital Transformation and IT                        |                          |             | Attended     |              |              |             |             |                   |               |
| J Colquhoun                               | Head of Corporate Services                                   |                          |             | Attended     | Attended     |              |             |             |                   |               |
| E Graham                                  | Resilience Officer   |                          |             |              | Attended     |              | Attended    |             |                   |               |
| E Keyes                                   | Laboratory Manager   |                          |             |              |              | Attended     |             |             |                   |               |
| C Campbell                                | NHS Shetland Non-Executive Director                          |                          |             |              |              |              |             | Attended    |                   |               |
| Denotes no Attendance Required            |  |                          |             |              |              |              |             |             |                   |               |

## Appendix 3

### **NHS Orkney Finance and Performance Committee Business Cycle 2020/21**

| <b>Month</b> | <b>Agenda Item</b>  |
|--------------|---|
| May          | <ul style="list-style-type: none"> <li>• Integrated Emergency Planning update</li> <li>• Updated Standing Financial Instructions</li> </ul>   |
| July         | <ul style="list-style-type: none"> <li>• Capital Plan</li> <li>• Cost Reduction Framework</li> <li>• Property and Asset Management Strategy Update</li> <li>• Workforce Projections Report</li> </ul>   |
| September    | <ul style="list-style-type: none"> <li>• Laboratories – Annual update on service including workload and testing</li> <li>• eHealth update</li> <li>• Future financial planning</li> </ul>   |
| November     | <ul style="list-style-type: none"> <li>• Integrated Emergency Planning update</li> <li>• Sign off the Operational Plan development process and timetable</li> <li>• Financial Plan review and Assumptions going forward</li> <li>• Regional Delivery Plan</li> <li>• Update against Workforce Projections</li> </ul>  |
| January      | <ul style="list-style-type: none"> <li>• Feedback from Operational Plan</li> </ul>  |
| February     | <p><b>Special meeting</b> to review:</p> <ul style="list-style-type: none"> <li>• draft Regional Delivery Plan</li> <li>• draft Operational Plan, and its various elements,</li> <li>• draft Financial Plan for coming financial year</li> <li>• draft Integration Joint Board Strategic Commissioning Plan</li> </ul> <p>(with input from Board members, Area Partnership Forum and Area Clinical Forum members)</p>   |
| March        | <ul style="list-style-type: none"> <li>• Final Operational Plan and sign off letter from Scottish Government</li> <li>• Sign off Financial Plan</li> <li>• Sign off delegated budget - Integration Joint Board</li> <li>• Finance and Performance Committee Annual Report</li> </ul> <p>Committee Annual Review</p> <ul style="list-style-type: none"> <li>• Review of Terms of Reference</li> <li>• Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances</li> <li>• Review the business cycle</li> </ul> |

#### **Standing Items**

- Action Log

- Financial Management Performance Report
- Savings Report
- Performance Management Report
- Risk Register

**Quarterly Reports:**

- Chair's Report - Enabling Technology Programme Board and minutes
- Chair's Report - NHS Orkney's Resilience Planning Group and minutes

**Six monthly reports**

- Update on the 3 year financial plan

**Ad Hoc Matters**

- Relevant strategies prior to Board approval
- Relevant policies
- Relevant business cases
- Capital Grants
- Banking arrangements
- Tenders
- Property Disposal
- Commissioning
- Audit Scotland Reports – when relevant
- Major Incident Plan

**Set Agenda Items for Annual Development Session**

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self assessment process, minutes and administration arrangements)
- Agree Development Plan for future year

**Updated March 2020**



**Appendix 4**

| <b>Date of Meeting</b> | <b>Paper Number</b> | <b>Title</b>   |
|------------------------|---------------------|--|
| 06/05/2020             | FPC2021-01          | Performance and Management Report                              |
| 06/05/2020             | FPC2021-02          | COVID-19 - Local Mobilisation Plan weekly Finance Return       |
| 06/05/2020             | FPC2021-03          | Financial Performance Management Report                        |
| 06/05/2020             | FPC2021-04          | NHS Orkney Annual Accounts for year ended 31 March 2020        |
| 06/05/2020             | FPC2021-05          | Annual Operational Financial Plan 2020/21 – 2022/23            |
| 06/05/2020             | FPC2021-06          | NHS Orkney 2020-21 Budget Setting                              |
| 06/05/2020             | FPC2021-07          | Banking Arrangements   |
| 06/05/2020             | FPC2021-08          | Finance and Performance Committee Annual Report                |
| 27/05/2020             | FPC2021-09          | Performance Management Report                                  |
| 27/05/2020             | FPC2021-10          | New Balfour Hospital NPD Project Semi-Annual Operations Review |
| 27/05/2020             | FPC2021-11          | COVID 19 – Local Mobilisation Plan Weekly Finance Return       |
| 27/05/2020             | FPC2021-12          | Annual Accounts / Audit Update                                 |
| 17/06/2020             | FPC2021-13          | Performance Management Report                                  |
| 17/06/2020             | FPC2021-14          | Near Me Update   |
| 17/06/2020             | FPC2021-15          | Technology Enabled Care Strategy 2020 – 2023                   |
| 17/06/2020             | FPC2021-16          | Community Electronic Patient Record (EPR)                      |
| 17/06/2020             | FPC2021-17          | Financial Performance Management Report                        |
| 17/06/2020             | FPC2021-18          | COVID 19 – Local Mobilisation Plan Weekly Finance Return       |
| 23/07/2020             | FPC2021-19          | Workforce Update   |
| 23/07/2020             | FPC2021-20          | Integrated Emergency Management                                |
| 23/07/2020             | FPC2021-21          | 41 Standards of Organisational Resilience                      |

|                   |            |   |
|-------------------|------------|---|
| <b>23/07/2020</b> | FPC2021-22 | Chairs Resilience Report 23/07/2020                                   |
| <b>23/07/2020</b> | FPC2021-23 | Performance Management Report   |
| <b>23/07/2020</b> | FPC2021-24 | Financial Performance Management Report                               |
| <b>23/07/2020</b> | FPC2021-25 | COVID 19 – Local Mobilisation Update                                  |
| <b>23/07/2020</b> | FPC2021-26 | Capital Plan  |
| <b>24/09/2020</b> | FPC2021-27 | Laboratories – Annual update on service                               |
| <b>24/09/2020</b> | FPC2021-28 | Performance Management Report   |
| <b>24/09/2020</b> | FPC2021-29 | Travel Project – NHS Near Me Update                                   |
| <b>24/09/2020</b> | FPC2021-30 | Financial Performance Management Report                               |
| <b>24/09/2020</b> | FPC2021-31 | COVID-19 – Q1 Finance Return  |
| <b>24/09/2020</b> | FPC2021-32 | Property Transactions   |
| <b>24/09/2020</b> | FPC2021-33 | Patient Exemption Checking – Annual Report 2019/2020                  |
| <b>24/09/2020</b> | FPC2021-34 | Code of Corporate Governance – Standing Financial Instructions Review |
| <b>26/11/2020</b> | FPC2021-35 | Integrated Emergency Planning update                                  |
| <b>26/11/2020</b> | FPC2021-36 | Performance Management Report   |
| <b>26/11/2020</b> | FPC2021-37 | Financial Performance Management Report                               |
| <b>26/11/2020</b> | FPC2021-38 | Covid-19 – Q1 Finance Return  |
| <b>26/11/2020</b> | FPC2021-39 | Draft Annual Operational Plan review and Assumptions.                 |
| <b>28/01/2021</b> | FPC2021-40 | Performance Management Report   |
| <b>28/01/2021</b> | FPC2021-41 | Financial Performance Management Report                               |
| <b>28/01/2021</b> | FPC2021-42 | Financial Planning 2021/22  |
| <b>18/02/2021</b> | FPC2021-43 | Performance Highlight Report  |
| <b>18/02/2021</b> | FPC2021-44 | Financial Performance Management Report                               |
| <b>18/02/2021</b> | FPC2021-45 | Review of Terms of Reference  |
| <b>18/02/2021</b> | FPC2021-46 | Review of Risks, Controls, and Assurance Framework                    |

|                   |            |  |
|-------------------|------------|--|
| <b>18/02/2021</b> | FPC2021-47 | Review of Business Cycle                                   |
| <b>25/03/2021</b> | FPC2021-48 | Future Reporting - Update against Workforce                |
| <b>25/03/2021</b> | FPC2021-49 | Balfour Hospital NPD Project Semi-Annual Operations Review |
| <b>25/03/2021</b> | FPC2021-50 | Performance Management Report                              |
| <b>25/03/2021</b> | FPC2021-51 | Financial Performance Management Report                    |
| <b>25/03/2021</b> | FPC2021-52 | Financial Plan 2021/22                                     |
| <b>25/03/2021</b> | FPC2021-53 | Finance and Performance Committee Annual Report 2020/21    |
| <b>25/03/2021</b> | FPC2021-54 | Terms of Reference Review                                  |
| <b>25/03/2021</b> | FPC2021-55 | Committee Self Effectiveness Results                       |

## Appendix 5

### NHS Orkney Finance and Performance Committee Risks, Controls and Assurance Framework

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principles objectives of the Finance and Performance Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.*

| Principle Objectives<br>(What we aim to deliver)                          | Principle Risks<br>(What could prevent this objective being achieved)              | Key Controls<br>(What controls and systems do we have in place to assist us in delivering our objective) | Assurance on Controls<br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered)   | Gaps in Controls and Assurance |
|---|--|--|---|--------------------------------|
| <b>The Board proactively drives performance improvement at all levels</b> | Failure to develop, implement and monitor an organisational performance framework. | Continued development and implementation of an organisational performance framework.                     | <ul style="list-style-type: none"> <li>Committee receives performance framework that identifies performance targets for Local Operational Plan and Corporate Objectives for next financial year in February.</li> <li>Committee signs off the final version of the performance framework prior to submission to the April Board.</li> </ul> |                                |

|   |  |  |  |  |
|---|--|--|--|--|
|   |  |  | <ul style="list-style-type: none"> <li>• Receives performance reports against the framework at each meeting.</li> <li>• Committee reviews the effectiveness of the organisational performance frameworks every 6 months.</li> </ul>  |  |
|   | Failure to ensure that baseline data is accurate and reliable. | Continued review of data and information sources to support performance framework by Health Intelligence Team supported by external expertise  | <ul style="list-style-type: none"> <li>• Committee receives a report every year upon completion of an Operational Plan to identify where the information to support targets is obtained and any gaps in data.</li> </ul>   |  |
| <b>Operational Plan targets are met</b> | Inadequate planning to enable the delivery of the targets.     | The production of a well thought through an Operational Plan that triangulates the targets, with the resources required to deliver the targets and the costs of meeting the targets. | <ul style="list-style-type: none"> <li>• Committee is briefed on the key outcomes from the annual Operational Plan launch meeting</li> <li>• The Committee has visibility of key assumptions at an appropriate stage</li> <li>• Sign off the Operational Plan development process in January each year ahead of it being presented to the February Board</li> <li>• Review the draft Operational Plan submission ahead of the February Finance and Performance Committee meeting / Board Development workshop</li> </ul> |  |

|  |  |   |   |  |
|--|--|---|---|--|
|  |  |   | <ul style="list-style-type: none"> <li>Review the final submission prior to it being submitted to Scottish Government and presented to the April Board.</li> </ul>  |  |
|  | Failure to monitor performance and therefore correct adverse performance.  | Production of timely high quality reports on organisational performance.            | <ul style="list-style-type: none"> <li>Committee receives reports against the performance framework at each meeting.</li> <li>Committee receives evidence that action taken on adverse performance is having the desired result.</li> </ul> |  |
|  | Failure to identify and manage risks.  | The identification of key risks as part of the Operational Plan production process. | <ul style="list-style-type: none"> <li>Review of risks incorporated into the draft submission.</li> <li>Exception reporting of the main risks at all meetings.</li> </ul>   |  |
|  | Inaccurate trajectories are set at the start of the year making effective monitoring difficult.                            | Detailed scrutiny of the planned trajectories as part of the sign off process.      | <ul style="list-style-type: none"> <li>Committee receives evidence to support the setting of the trajectories at the planned level.</li> <li>Accuracy of the trajectories is reviewed throughout the year.</li> </ul>                       |  |
|  | Failure to reflect on learning from performance and take opportunities to improve performance and culture in future years. | Ongoing review of performance against targets                                       | <ul style="list-style-type: none"> <li>Committee receives and considers a review of performance at its meetings.</li> </ul>   |  |
| <b>Waiting Times performance is within nationally agreed targets</b> | Inadequate planning to enable the targets to be met.   | Development and implementation of a waiting times delivery approach.                | <ul style="list-style-type: none"> <li>Waiting times performance data is presented at each meeting.</li> </ul>  |  |
| <b>The Board drives Sustainability and Value agenda</b>              | The Board fails to participate in national benchmarking and therefore does not understand how its                          | Developing and delivering the Board action plan in response to the                  | <ul style="list-style-type: none"> <li>Committee scrutinises Board's local efficiency and productivity plan at January meeting.</li> </ul>  |  |

|  |  |  |   |  |
|--|--|--|---|--|
|  | efficiency compares to other boards.   | national Efficiency and Productivity Programme.  |   |  |
|  | Board fails to apply or act on the results of national best practice toolkits.   | Where possible use benchmarking tools to identify efficiencies within activity and cost. | <ul style="list-style-type: none"> <li>Committee receives reports against the performance framework benchmarked against other areas</li> </ul>  |  |
| <b>The Board secures best value</b>                        | The Board fails to achieve best value from the resources provided by the Scottish Government to provide healthcare to the population of Orkney | Where possible use benchmarking tools to identify efficiencies within activity and cost. | <ul style="list-style-type: none"> <li>Committee scrutinises reports that include a section on best value</li> </ul>  |  |
| <b>Workforce costs are controlled effectively</b>          | The Board fails to develop a strategic workforce plan which enables a cost effective staffing model.   | Measured performance against agreed Workforce Plan and Projections                       | <ul style="list-style-type: none"> <li>The development and the delivery of the workforce plan is currently governed by the Staff Governance Committee with assurance provided through Staff Governance Committee Chair's report directly to Board</li> <li>The Committee would be alerted to any issues through cross committee governance reports</li> <li>The Committee will monitor against the agreed workforce plan and projections</li> </ul> |  |
| <b>The Boards delivers its statutory financial targets</b> | The Board fails to make adequate one year plans.   | The development of a robust financial plan within the annual Operational Plan.           | <ul style="list-style-type: none"> <li>The Committee receives the draft financial plan for the coming year as part of the draft Operational Plan submission ahead of the February Finance and</li> </ul>  |  |

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|  |   |  | <p>Performance Committee Meeting / Board Development workshop</p> <ul style="list-style-type: none"> <li>The Committee receives that final financial plan prior to it being submitted to Scottish Government and presented to the April Board</li> </ul>  |  |
|  | The Board fails to robustly test its financial planning assumptions                 | The development of a robust financial plan within the annual Operational Plan          | <ul style="list-style-type: none"> <li>The financial planning assumptions and risks are presented as part of the above process.</li> </ul>  |  |
|  | The Board fails to deliver against the one year plans.                              | Bi monthly finance report to Finance and Performance Committee and the Board.          | <ul style="list-style-type: none"> <li>The Committee receives a finance report at each meeting that clearly sets out the current financial position and predicted year end position.</li> <li>The Committee is made aware of significant risks which might impact on delivery</li> <li>The committee monitors corrective action and holds the Executive Team to account for delivery</li> </ul> |  |
|  | The Board fails to deliver against its longer term financial plan and recovery plan | The development and monitoring of a robust 5 year financial strategy and recovery plan | <ul style="list-style-type: none"> <li>The Committee receives monitoring reports against the 5-year financial plan at each meeting.</li> <li>The Committee is made aware of significant risks which might impact on delivery</li> <li>The Committee monitors corrective action and holds the Executive Team to account for delivery.</li> </ul>   |  |



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|  | The Board fails to embed behaviours that lead to good financial management.  | The development and monitoring of a robust financial plan as part of the Operational Plan through engagement, empowerment and delegation of responsibility to service leads and budget managers  | <ul style="list-style-type: none"> <li>The Committee receives monitoring reports against the financial plan at each meeting.</li> <li>The Committee is made aware of significant risks which might impact on delivery</li> <li>Executive Team hold the service managers and budget holders to account for delivery</li> <li>Budget holder in attendance as required to provide assurance that budgets are being managed effectively and there are no barriers to this</li> </ul> |  |
| <b>The Board delivers its statutory capital targets</b>  | The Board Fails to deliver to its capital allocation.  | Development of a robust 5 year capital plan to support the Operational Plan.   | <ul style="list-style-type: none"> <li>Capital report to Committee at least quarterly.</li> </ul>  |  |
| <b>The Committee effectively reviews business cases to ensure that they fit with strategy and have clear Recommendations ahead of them being approved or going to Board.</b> | The Board fails to implement and operate an effective business case decision making process which results in resources not being directed at high priority areas | <ul style="list-style-type: none"> <li>Standard business case template and process for decision making</li> <li>Clearly defined authority levels setting out where decisions are made</li> <li>Clear process for prioritising business cases / developments based on strategy</li> </ul> | <ul style="list-style-type: none"> <li>The Committee on behalf of the Board reviews business cases with a value of greater than the delegated authority of the Chief Executive</li> <li>At least annually the Committee reviews the business case process to ensure that it is robust and fit for purpose.</li> <li>The Committee on behalf of the Board reviews the Capital Plan at the start of each year and the spend at year end</li> </ul>                                 |  |

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| <b>The Board delivers its Digital Transformation agenda including the Digital Strategy</b>  | The Board fails to implement the priorities as set out in the Strategy   | <ul style="list-style-type: none"> <li>Enabling Technologies Programme Board established to review and oversee the eHealth Strategy and ensure that it is consistent with developments in the local clinical and national eHealth strategies</li> <li>establish and review priorities for implementation</li> </ul> | <ul style="list-style-type: none"> <li>The Committee receives assurance from the Enabling Technologies Programme Board that the Board's responsibilities are being met through regular Chair's reports on business and minutes of meetings</li> </ul>  |  |
| <b>The Board embeds Integrated Emergency Management to ensure a co-ordinated response to an emergency in partnership with other organisations</b> | Inadequate Emergency Plan developed in partnership by all organisations in place   | The development and monitoring of: <ul style="list-style-type: none"> <li>Major Incident Plan</li> <li>Departmental Business Continuity Plans to deal with all types of incidents and disruptions to services</li> </ul>  | <ul style="list-style-type: none"> <li>Committee receives reports from the Director of Public Health (Resilience Officer) providing assurance on the development of the Emergency Plan; outcome from testing; monitoring and reviews;</li> <li>Committee receives reports from the Director of Public Health on the development of Business Continuity Plans.</li> </ul> |  |
| <b>The Finance and Performance Committee operates effectively leading to improved organisational performance.</b>                                 | The Committee is not properly constituted.   | The Committee is constituted in line with its Terms of Reference. It is appointed by the full Board   | <ul style="list-style-type: none"> <li>The existence of up to date terms of reference which have been approved by the Audit Committee and Board.</li> <li>Evidence that the terms of reference were reviewed as part of the annual development session.</li> </ul>   |  |
|   | The Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the | <ul style="list-style-type: none"> <li>Risk, Controls and Assurance framework that identifies the assurance that the Committee needs and therefore the business cycle of the committee.</li> </ul>  | <ul style="list-style-type: none"> <li>The existence of the Risk, Controls and Assurance framework</li> <li>The existence of a business cycle</li> </ul>   |  |

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|  | Committee to fulfil its responsibilities.   | <ul style="list-style-type: none"> <li>Agreed business cycle that stipulates the nature and frequency of reports.</li> </ul>  | <ul style="list-style-type: none"> <li>The existence of agreed templates.</li> </ul>   |  |
|  | The Committee does not provide adequate challenge and scrutiny.                           | <ul style="list-style-type: none"> <li>Annual training needs assessment conducted.</li> <li>Core data set identified and made available to each member.</li> <li>Business cycle used to ensure all areas of assurance are covered.</li> </ul> | <ul style="list-style-type: none"> <li>Completed training needs assessment and delivery of this</li> <li>Each member has a core data set</li> <li>Business cycle exists and is used.</li> <li>Annual development sessions take place.</li> </ul> |  |
|  | The Committee's arrangements and performance are not adequately scrutinised by the Board  | <ul style="list-style-type: none"> <li>Minutes and / or report submitted each Board meeting.</li> <li>Annual work plan submitted to the Board for approval.</li> <li>Annual report submitted to Audit Committee and Board.</li> </ul>         | <ul style="list-style-type: none"> <li>Board minutes show that Finance and Performance Committee Minutes have been submitted and noted.</li> </ul>   |  |
|  | The Committee operates sub optimally because it fails to identify gaps in its performance | The Committee holds an annual development event where it assess its performance, receives the annual report, reviews the assurance framework, addresses development and agrees the plan for the coming year.                                  | <ul style="list-style-type: none"> <li>Outcome from development event included in minute and Annual Report</li> </ul>  |  |
|  | The Committee fails to keep a clear record of decisions taken.                            | <ul style="list-style-type: none"> <li>Agreed standard of minute.</li> <li>Central electronic file of all papers and minutes held by Corporate Services. Draft</li> </ul>   | <ul style="list-style-type: none"> <li>Annual External Audit report</li> </ul>   |  |

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|  |                                     | minutes agreed by Chair of Committee.  |   |  |
|  | Decisions are not followed through. | <ul style="list-style-type: none"> <li>The Committee uses a short-term action log to record and monitor progress.</li> </ul> | <ul style="list-style-type: none"> <li>Existence of an up to date action log and assurance that actions have been completed in a timely manner</li> </ul> |  |

Updated March 2020

# Staff Governance Committee

## Annual Report 2020/21

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Staff Governance Committee          | 24 February 2021                    |
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | Caroline Evans                      |
| Vice Chair                          | Fiona MacKellar                     |
| Lead Executive                      | Lorraine Hall                       |
| Committee Support                   | Rose Rendall                        |

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# 1 Executive Summary

In line with sound Governance principles and the Blueprint for Good Governance to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. This annual report covers the complete financial year, April 2020 to March 2021 and is a requirement of the governance statement which forms part of NHS Orkney's annual accounts.

The Staff Governance progress against its agreed plan is submitted as part of a pan Scotland review of adherence to the Standard to Scottish Government and is part of the Board's annual review process ensuring appropriate scrutiny at both local and national level.

Staff Governance is defined as

**“a system of corporate accountability for the fair and effective management of all staff”**

The Staff Governance Standard (4<sup>th</sup> edition) sets out what each NHS Scotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. NHS Orkney recognises the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with both their job, their team, and their organisation. Not only will achieving such an outcome have a positive impact on organisational performance, and therefore on quality of service provision, but it is also an important component of providing all employees with dignity at work.

The Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained and developed;
- involved in decisions which affect them;
- treated fairly and consistently with dignity and respect, in an environment where diversity is valued; and
- provided with an improved and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;

- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

In the performance year 2020/21, which has been shaped by the COVID-19 pandemic, the Staff Governance Committee has continued to focus its monitoring activities in respect of the five standards. The Committee members recognised their obligations to support a culture within the Board where the delivery of the highest possible standard of staff management and wellbeing is understood to be the responsibility of everyone working within the organisation and is built upon the principles of partnership, leadership and demonstrating good behaviours. Culture, Communications and Leadership had been highlighted as areas for the Committee to focus upon and to provide Board assurance upon. This was recognised through the commissioning of Digital Health and Care Innovation Centre (DHI) to support work that Listened to staff to hear the issues within the organisation, supported Planning the Changes, to shift the organisation from current to future state (Changes will be highlighted as a “golden thread” in the 2021/22 SG Action Plan)

It should be noted that during the year the organisation had a shift in its leadership structure and as part of this review a new Interim Chief Executive took up post (June), a new Interim Director of Human Resources took up post (late October), the Director of Nursing and Acute was redeployed to the Louisa Jordan; and from December we have the Director of Nursing back in post and an Interim Director of Acute. Clinical Leadership has been supported with two new interim roles Associate Medical Directors for Acute and Primary Care and the Director of Public Health undertaking on an interim basis the Medical Director portfolio along with their substantive work.



## 2 Committee Membership

### 2.1 Committee Leadership

The Chair of the Staff Governance Committee is Caroline Evans, Non-Executive Board Member.

The Vice-Chair of the Staff Governance Committee is Fiona MacKellar, Employee Director.

### 2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Staff Governance Committee:

- Michael Dickson, Interim Chief Executive
- Lorraine Hall, Interim Director of Human Resources from November 2020
- Issy Grieve, Non-Executive Board Member
- Jason Taylor, Non-Executive Board Member – Whistleblowing Champion
- Kate Smith, Partnership Representative
- Staff partnership Representative

There are no noted deputies.

### 2.3 Other Attendees

Other Officers of the Board including the Director of Nursing, Midwifery, Allied Health Professions and Acute Services will also be invited to attend for specific agenda items as required.

The Staff Governance Committee Terms of Reference is attached as **Appendix 1** and attendance list at **Appendix 2**.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on five occasions during the period from 1 April 2020 to 31 March 2021:

- 25 May 2020
- 9 July 2020
- 18 September 2020
- 25 November 2020
- 24 February 2021

The attendance schedule is attached as **Appendix 2**.

### 3.2 Business Cycle and Work Plan

The Staff Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year. The business cycle and workplan for 2020/21 is attached as **Appendix 3**.

The Committee has dealt with thirty-seven items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

Assurance that the Area Partnership Forum operates within its terms of reference is provided through receiving the minutes of all Partnership Forum meetings and, although a substantive Governance Committee of the Board, the Staff Governance Committee provides its Annual Report, for information, to enable the Committee to provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

### 3.3 Action Plan and Progress

The Staff Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee. It has been recognised that the plan does not meet the requirements and needs of the Governance Committee in that it doesn't describe with meaningful measures each of the outcomes under the five pillars of the standard that will move the Board forward. At the Staff Governance Committee Development Session (held on the 24<sup>th</sup> February 2021) it was agreed that the Executive Lead would construct a more meaningful action plan for

2021/2022 which (in draft) would be reviewed by the Committee in May 2021.

### **3.4 Annual Performance Review and Development Session**

The Staff Governance Committee Chair, Vice Chair, Lead Director and Corporate Services Manager reviewed the Committee Terms of Reference, Business Plan and Risks, Controls and Assurance Framework at the meeting on 22 January 2021 to ensure that all areas within the Committee remit were being reported on appropriately. The Committee also reviewed its performance over the year to identify any areas for improvement. At this meeting it was agreed to a) review the Risk Assurance Framework to define actual workforce risks and b) that a Committee Development session be held to support the Development of a Staff Governance Action Plan by applying Quality Improvement principles. This session was held on the 24 February 2021 and an agreed way forward proposed and in progress.

### **3.5 External Reviews**

Due to the COVID-19 pandemic and the NHS Scotland's move into emergency measures the Staff Governance Monitoring Return exercise was not undertaken for 2019/20. Discussion is ongoing nationally and agreement as to timescales have been under review. We are now aware that this review will take place by August 2021 with feedback towards the latter part of the calendar year. Members will be kept updated as to progress.

## 4 Risks, Concerns and Successes

### 4.1 Risks, Controls and Assurance Framework

The Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Audit Committee or Board.

The Staff Governance Committee's Risks, Controls and Assurance Framework is attached at **Appendix 5**.

At the scrutiny review (22 January 2021) it was agreed that in its current state (as attached) the framework does not narrate the workforce risks in a way that the Committee can be assured and track progress (or lack of), examples of which are the Board's response to Sturrock, which was incomplete and its review of the Wellbeing Strategic direction. A Corporate review of Risks, Controls and Assurance Frameworks is to be taken forward led by the Chair of the Board in May 2021. The Staff Governance Risk, Controls and Assurance Framework will be updated post the outcome of the Board Development session.

### 4.2 Issues Raised by other Governance Committees to the Staff Governance Committee

There were no issues raised to the Staff Governance Committee via Cross committee assurance and reporting. However, the Chair of the Finance and Performance Committee, who was present for the Staff Governance Development Session has questioned what workforce narrative needs to be split between the committees (SGC and F&P). The Executive Leads; the Director of Finance and the Interim Director of Human Resources are meeting with the Chair of the F&P Committee to engage in this conversation in March 2021, the findings of which will be shared with each Committee at its next meeting cycle.

### 4.3 Issues Raised by the Staff Governance Committee to other Governance Committees

There were no issues raised by the Committee to any of the other Governance Committees.

#### **4.4 Issues Raised by the Staff Governance Committee to the Board**

The Staff Governance Committee raised the following issues to NHS Orkney Board:

- Temporary Staffing Contracts – Covid19
- Action planning from the Sturrock Review
- Positive news around the number of face fit tests and the staff flu vaccination uptake
- Staff Compliance – Fire Training
- Data Protection – use of Spreadsheets
- Medical Education within NHS Orkney
- Suitability and availability of student accommodation
- Attend anywhere presentation
- The concerns raised by the audit on Agency Locum Medical Staff Fitness to Practice File and further audit work requested on the wider workforce
- Compliance with the Safe Staffing Act
- Move to a virtual Corporate Induction
- Statutory and Mandatory training
- Workforce reporting
- Spiritual Care
- Audit of staff files
- Terms of Reference

#### **4.5 Concerns**

##### **1. Emerging issues and key issues to address/improve the following year**

- Workforce Planning
  - By 30<sup>th</sup> April 2021, The Interim Workforce Plan will provide further detail on:
    - Supporting Staff Physical and Psychological Wellbeing
    - Short term workforce drivers (living with COVID-19)
    - Medium term workforce drivers (12-36 months)
    - Supporting the Workforce through Transformational Change
    - Stakeholder Engagement
    - Supporting Whistleblowing Champion
  - Communications and training plan for staff
- Once for Scotland Policies:
  - Management training bundles are in preparation for delivery in a virtual setting

- Leadership and Succession planning:
  - programmes that support all five strands of Staff Governance
- A focus on staff wellbeing post pandemic
- Increase number of staff appraisals following COVID-19,
- Increase in compliance with staff mandatory training
- Improved Health and Safety reporting
- Progress with iMatter and the Listening project outcomes

## **4.6 Successes**

### **Supporting the Workforce**

- Risk assessments are in place to enable staff to work in their current location, another location (including home) and where necessary, the safe return to work of shielded staff,
- Diversifying the COVID-19 vaccinations workforce, has allowed us to set up mass vaccination clinics which have been very successful
- Development events for both Area Partnership Forum (APF) and SGC. APF had a development session on Compassionate, Collaborative & Collective Leadership in January 2021. The Area Partnership Forum acknowledged this as a leadership style they would like to see throughout NHS Orkney
- Gaining assurance around the high levels of face fit testing,
- uptake of staff Flu vaccinations and the positive numbers of COVID-19 vaccinations given to the public through the teams delivering the vaccination program.
- Our Non-Exec Whistleblowing lead, and member of the Committee provided additional support over a three-month period to listen to issues/concerns raised by staff which then supported the engagement of the Listening project

### **Health and Wellbeing**

- A local partnership group established a tiered staff health and wellbeing support process, in addition to the creation of a drop in space with wellbeing packs for staff who need to take some time out. The Balfour has lots of wide-open space designed to give an overall feeling of wellbeing and outdoor space,
- Grampian Psychological resilience hub which offers psychological first aid and signposting by phone and virtual appointments
- National Wellbeing Hub which provides online resources for individual staff members and for managers.
- A Webinar Programme for Health and Social Care Staff which focuses on wellbeing and is intended to empower and encourage

health and social care staff to enhance personal resilience and self-care.

- NES Coaching for Wellbeing and Information Pack which involves two hours of online coaching, designed to support staff with issues they may be facing during these challenging times.
- Virtual session for managing and leading teams remotely. A day long session which discussed many aspects of new ways of working, working from home, the feelings and challenges this brings and how we can best support our teams. The course covered the importance of emotional intelligence as a leader, the importance of flexibility of leadership styles and how to develop resilience within teams.
- “Before you Head Home” resource.
- Commissioning of other activities for staff to be done virtually such as Yoga and Mindfulness
- Increasing the hours of our Spiritual Care Lead to Full time to support staff
- Our staff groups have also been creative in developing opportunities to come together (whilst maintaining social distance) through activities such as music and lockdown quiz nights which promote solidarity during these difficult times.
- Nomination of a dedicated Mental Health and Wellbeing Champion who would liaise with and support the organisation in providing connectivity between frontline clinicians influencing future policy and commissioning of services.
- Following the repatriation of the Occupational Health Service from NHS Grampian in April 2020 there was an increase in the need for Occupational Health support, both in relation to management of shielding or high-risk staff and also from a support perspective.

#### **Listening and Engaging with Staff**

- The commissioning of the Listening Project via Digital health and Care Innovation Centre, the first phase of which has produced an initial report to be taken forward.

## 5 Conclusion

As Chair of the NHS Orkney Staff Governance Committee during financial year to 31 March 2021, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has undertaken a review where it has identified gaps and has in place a plan of learning, development and mitigation. The Committee comprises corporately an appropriate skill mix to allow it to carry out its overall function.

The Committee had in place adequate arrangements for reviewing Best Value associated with the work of the Committee.

As a result of the work undertaken during the year, I can confirm that overall adequate and effective governance and internal control arrangements were in place through NHS Orkney during the year.

I would thank all those members of staff who have prepared reports and attended meetings of the Committee and responded positively to challenge from committee members. I would also pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees.

**Caroline Evans**

Chair

On behalf of NHS Orkney Staff Governance Committee



**Appendix 1****Staff Governance Committee – Terms of Reference 2020/21****Purpose**

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

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

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

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

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

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

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

**Composition**

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

- Chief Executive
- Head of Corporate Services - Lead for Committee
- Director of Nursing, Midwifery, Allied Health Professionals and Acute Services

**Attendance:**

In addition, there will be in attendance:

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

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

**Quorum:**

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

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

**Meetings:**

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

**Responsibilities**

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

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard are being achieved;
- Monitoring and evaluating strategies and implementation plans relating to people management;
- Support policy amendment, funding or resource submissions to achieve the Staff Governance Standards;
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum;

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

**Best Value**

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

**Authority**

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

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

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

**Reporting Arrangements:**

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

**January 2020**

## Appendix 2

### NHS Orkney - Staff Governance Committee Attendance Record - Year 1 April 2020 to 31 March 2021:

| Name:                 | Position:  | 25 May 2020 | 9 July 2020 | 18 September 2020 | 25 November 2020 | 24 February 2021 |
|-----------------------|--|-------------|-------------|-------------------|------------------|------------------|
| <b>Members:</b>       |  |             |             |                   |                  |                  |
| Caroline Evans        | Chair  | Attending   | Attending   | Attending         | Attending        |                  |
| F MacKellar           | Vice Chair   | Attending   | Attending   | Attending         | Attending        |                  |
| G O'Brien             | Chief Executive  | Attending   |             |                   |                  |                  |
| I Stewart             | Chief Executive Designate  | Attending   |             |                   |                  |                  |
| M Dickson             | Interim Chief Executive  |             |             | Attending         | Apologies        |                  |
| J Colquhoun           | Head of Corporate Services   | Attending   | Attending   | Attending         |                  |                  |
| R McLaughlin          | Staff Representative   | Attending   |             |                   |                  |                  |
| K McKinnon            | Staff Representative   |             |             | Attending         | Attending        |                  |
| K Smith               | Partnership Representative   | Attending   | Attending   | Attending         | Attending        |                  |
| I Grieve              | Non Executive Board Member   | Attending   | Attending   | Attending         | Attending        |                  |
| J Taylor              | Non Executive board Member   | Attending   | Attending   | Attending         | Attending        |                  |
| L Hall                | Interim Director of Human Resources                                    |             |             |                   | Attending        |                  |
| <b>In Attendance:</b> |  |             |             |                   |                  |                  |
| I Smith               | Human Resources Manager  | Attending   | Attending   | Attending         | Attending        |                  |
| S Philips             | Human Resources Manager  |             | Attending   | Attending         | Attending        |                  |
| D McArthur            | Director of Nursing, Midwifery AHP's and Acute Services                | Apologies   | Attending   | Attending         | Apologies        |                  |
| B Wilson              | Interim Director of Nursing, Midwifery and Allied Health Professionals | Attending   |             |                   |                  |                  |
| B Womack              | Workforce Development Manager  | Attending   | Attending   | Attending         | Attending        |                  |
| K Wilson              | Interim Director of Nursing, Midwifery, Allied Health                  |             |             |                   | Attending        |                  |

|                                    |                                |             |                                |         |        |  |
|------------------------------------|--------------------------------|-------------|--------------------------------|---------|--------|--|
|                                    | Professions and Acute Services |             |                                |         |        |  |
| Minute taker                       | Corporate Services             | L Johnstone | L Johnstone                    | E West  | E West |  |
|                                    | <b>Deputising:</b>             |             |                                |         |        |  |
|                                    | Denotes no Attendance Required |             |                                |         |        |  |
| Attending for specific agenda item |                                |             | H Freeman<br>K Low<br>C Curtis | L Adams |        |  |

**Appendix 3**

| Meeting | Fixed Agenda Items   | Responsible Officer                                     |
|---------|--|---|
| May     | Final Governance Committee Annual Report                                 | Chair   |
|         | Staff Governance Action Plan   | Employee Director                                       |
|         | Remuneration Committee Annual Report                                     | Director of Workforce                                   |
|         | Annual Nursing Revalidation Report                                       | Director of Nursing, Midwifery, AHPs and Acute Services |
|         | Workforce Projections  | Head of Corporate Services                              |
|         | Area Partnership Annual Report   | Employee Director                                       |
|         | Report on status of PINs and progress against HR policy review timetable | Human Resources Manager                                 |
|         | Whistleblowing Standards Compliance Report                               | Head of Corporate Services                              |
| August  | Health and Care (Staffing) (Scotland) Act Report                         | Lead Nurse  |
|         | Annual Report on Workforce Equality Measures                             | Human Resources Manager                                 |
|         | Annual Report on Workforce Development Activity                          | Head of Corporate Services                              |
|         | 6 monthly report on Induction Compliance                                 | Human Resources Manager                                 |
|         | Annual Fitness to Practice report, Audit and Workplan                    | Human Resources Manager                                 |
|         | iMatter Report   | Head of Corporate Services                              |
|         | Staff Governance Annual Monitoring return response                       | Human Resources Manager                                 |

|          |  |  |
|----------|--|--|
|          | Staff Health and Wellbeing Report  | Human Resources Manager / Head of Corporate Services |
| November | 6 monthly update on progress in Corporate Learning and Education Plan  | Head of Corporate Services                           |
|          | Report on Staff Governance and Staff Survey Action Plan  | Human Resources Manager / Employee Director          |
|          | Report on status of Once For Scotland Policy Implementation and progress against Workforce policy review timetable | Human Resources Manager                              |
| February | Annual Report on Workforce Performance   | Head of Corporate Services                           |
|          | Health and Social Care Staff Experience Report   | Head of Corporate Services                           |
|          | 6 month update on progress against the Workforce Development Plan  | Head of Corporate Services                           |
|          | 3 Year Workforce Plan  | Head of Corporate Services                           |
|          | Staff Governance Standards Monitoring Return   | Human Resources Manager                              |

## Standing Agenda Items

- Action Log
- Workforce Report
  - Staff Profile
  - Retention (starters, leavers and turnover)
  - Sickness Absence Report
  - Fixed Term Contracts
  - Bank / Excess Hours / Overtime
  - eKSF Progress Report
  - Redeployment
  - Locum Usage
  - Use of policies / Family Friendly Leave
  - Employee Relations
  - Freedom of Information
  - Learning and Development



- Health Care Care Support Worker
  - Flying Start
  - Occupational Health activity
- Escalated Staff Governance Matters
- Exception reports on Self Assessment Audit Tool
- Risks / Staffing and HR related incidents raised through the IR1 (Datix) process and the action taken
- Learning and Education Steering Group Minutes
- Information Governance Group Chairs Report
- Occupational Health and Safety Chairs Report
- Area Partnership Forum Chairs Report and Exception Report
  - Minutes of Area Partnership Forum

**Ad Hoc Matters**

- Policies
- Equality and Diversity Scheme
- Staff Health and Wellbeing
- Workforce Strategy
- Reports on audits undertaken
- iMatter reports
- Medical Revalidation Assurance Reports
- Nursing Revalidation Assurance Reports
- Leadership for Volunteering

**Set Agenda items for Annual Review**

- Review of Terms of Reference
- Review of the Risks
- Review nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Development Plan, Action Log, Self Assessment Process, minutes and administrative arrangements)
- Review committee Business Cycle
- Review and agree Committee work plan

**Appendix 4**

| <b>Date of Meeting</b> | <b>Paper Number</b> | <b>Title</b>   |
|------------------------|---------------------|--|
| 25/05/2020             | SGC2021-01          | Final Staff Governance Annual report   |
| 25/05/2020             | SGC2021-02          | Staff Governance and Sturrock Improvement Plan                                       |
| 25/05/2020             | SGC2021-03          | Statutory and Mandatory Training Report  |
| 25/05/2020             | SGC2021-04          | COVID-19 Temporary Staff   |
| 25/05/2020             | SGC2021-05          | Information Governance Chairs Report   |
| 25/05/2020             | SGC2021-06          | Staff Health and Wellbeing Update  |
| 25/05/2020             | SGC2021-07          | Staff Governance Risk Report   |
| 09/07/2020             | SGC2021-08          | Area Partnership Forum Annual Report   |
| 09/07/2020             | SGC2021-09          | Remuneration Committee Annual Report   |
| 09/07/2020             | SGC2021-10          | HRD Update   |
| 09/07/2020             | SGC2021-11          | HR / OHS Transition  |
| 09/07/2020             | SGC2021-12          | Medical Education  |
| 09/07/2020             | SGC2021-13          | Annual Nursing Revalidation Report   |
| 09/07/2020             | SGC2021-14          | Face to Face Training  |
| 09/07/2020             | SGC2021-15          | Information Governance Chairs Report   |
| 09/07/2020             | SGC2021-16          | Staff Governance Risk Report   |
| 09/07/2020             | SGC2021-17          | Testing of Asymptomatic Health and Social Care Workers Relating to Off Island Travel |
| 18/09/2020             | SGC2021-18          | Health and Care (Staffing) (Scotland) Act Update                                     |
| 18/09/2020             | SGC2021-19          | Report on Circulars  |
| 18/09/2020             | SGC2021-20          | iMatter  |
| 18/09/2020             | SGC2021-21          | Staff Health and Wellbeing Report  |
| 18/09/2020             | SGC2021-22          | Audit on Agency Locum Medical Staff Fitness to Practice File                         |

|                   |            |  |
|-------------------|------------|--|
| <b>18/09/2020</b> | SGC2021-23 | Corporate Induction  |
| <b>18/09/2020</b> | SGC2021-24 | Partnership Forum Chair's Report   |
| <b>18/09/2020</b> | SGC2021-25 | Occupational Health and Safety Chairs Report and COPVI-19 Update   |
| <b>18/09/2020</b> | SGC2021-26 | Workforce Report   |
| <b>18/09/2020</b> | SGC2021-27 | Staff Governance Risk Report   |
| <b>25/11/2020</b> | SGC2021-28 | Report on status of Once for Scotland Policy Implementation and progress against Workforce policy review timetable |
| <b>25/11/2020</b> | SGC2021-29 | Report on Circulars  |
| <b>25/11/2020</b> | SGC2021-30 | Spiritual Care Reporting   |
| <b>25/11/2020</b> | SGC2021-31 | 6 monthly update on progress – Corporate Learning and Education Plan   |
| <b>25/11/2020</b> | SGC2021-32 | Statutory and Mandatory Training   |
| <b>25/11/2020</b> | SGC2021-33 | Partnership Forum Chair's Report   |
| <b>25/11/2020</b> | SGC2021-34 | Public Protection Learning and Development Policy  |
| <b>25/11/2020</b> | SGC2021-35 | Maternity Leave Policy   |
| <b>25/11/2020</b> | SGC2021-36 | Occupational Health and Safety Chairs Report   |
| <b>25/11/2020</b> | SGC2021-37 | Workforce Report   |

## Appendix 5

### NHS Orkney Staff Governance Committee Risk, Controls and Assurance Framework

#### A system of corporate accountability for the fair and effective management of all staff

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. Key elements of corporate governance relate to the management of organisation performance, including financial performance. In NHS Orkney some aspects of Corporate Governance are delivered through the Staff Governance Committee. The Staff Governance Committee is responsible for oversight of staff governance within NHS Orkney and for assuring the Board that the necessary systems and structures are in place and working. This document aims to set out the principal objectives of the Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Committee's controls and assurances that will be closed through actions within the Committee's annual business cycle/work plan.*

| <b>Principal Objectives</b><br>(What we aim to deliver)                         | <b>Principal Risks</b><br>(What could prevent this objective being achieved)  | <b>Key Controls</b><br>(What controls and systems do we have in place to assist us in delivering our objective)  | <b>Assurance on Controls</b><br>(Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered) | <b>Gaps in Controls and Assurance</b><br>(Where are we failing to gain evidence that our controls / systems on which we place reliance are effective) |
|---|---|--|--|---|
| Well Informed<br>Ensuring that staff have access to the information required to | Failure to provide all staff with access to accurate, consistent and timely information about NHS Orkney and Orkney Health and Care | <ul style="list-style-type: none"> <li>Communication and Engagement Strategy</li> <li>Adhering to the Staff Governance Standards as measured by iMatter and</li> </ul> | <p>Annual assurance provided to SGC of adherence to Staff Governance Standards.</p> <p>Monitoring staff policy reviews to ensure that</p>            | None  |

|  |  |   |  |      |
|--|--|---|--|------|
| deliver safe services.   |  | the Staff Governance annual return.   | policies have been updated in accordance with Once for Scotland direction and are fit for purpose.<br><br>iMatter Board Report and feedback    |      |
|  | Failure to provide two-way communication flows results in staff concerns not being heard.  | <ul style="list-style-type: none"> <li>• Communication and Engagement Strategy</li> <li>• Adhering to the Staff Governance Standards as measured by iMatter and the Staff Governance annual return.</li> </ul>  | Annual assurance provided to SGC of adherence to Staff Governance Standards.<br><br>iMatter Board Report and feedback                          | None |
|  | Communications systems are not available to all staff resulting in some people being excluded from communication.                | <ul style="list-style-type: none"> <li>• Communication and Engagement Strategy.</li> <li>• Adhering to the Staff Governance Standards as measured by iMatter and the Staff Governance annual return.</li> <li>• Access to IT systems</li> <li>• Appropriate training</li> </ul> | Annual assurance provided to SGC of adherence to Staff Governance Standards.<br><br>iMatter Board Report and feedback                          | None |
| <b>Appropriately Trained and Developed</b><br><br>Ensuring that our staff have equal access to | Failure to provide appropriate training, development and education resulting in failure to meet patient safe and effective care. | <ul style="list-style-type: none"> <li>• Development Workforce Strategy</li> <li>• Annual Learning and Development plan</li> <li>• Organisational Development Plan</li> </ul>   | That the Workforce Development strategy is being implemented and that the annual Learning and Development plan is delivered. Demonstrated by:- | None |

|   |   |   |  |      |
|---|---|---|--|------|
| learning, education and development opportunities to enable them to deliver safe services |   |   | <ul style="list-style-type: none"> <li>• Sign off of the Workforce and Organisational Plan</li> <li>• 6 monthly update on Workforce Development</li> </ul> |      |
|   | Failure to provide all staff with a regular, effective Personal Development Plan (PDP) and review discussion, in order to appraise past performance and identify any necessary learning and development opportunities via TURAS | <ul style="list-style-type: none"> <li>• Six monthly update on implementation.</li> </ul>   | Annual audit of staff who have received a performance review and have a personal development plan. Results reported to SGC as part of Turas reporting      | None |
|   | Failure to provide all staff with equity of access to training, irrespective of working arrangements or profession, and without discrimination on any other grounds   | <ul style="list-style-type: none"> <li>• Quarterly update to APF</li> <li>• Equality monitoring of those attending training</li> <li>• iMatter questionnaire</li> </ul>       | Annual report to SGC of the Learning Equality data<br><br>iMatter Board Report   | None |
|   | Failure to offer adequate induction results in staff working unsafely   | <ul style="list-style-type: none"> <li>• Provision of Corporate and departmental Induction programme</li> <li>• Evaluation of Corporate and departmental Induction</li> </ul> | 6 monthly reporting on corporate induction “best start” compliance.  | None |
|   | Failure to implement national learning, education and   | <ul style="list-style-type: none"> <li>• O D and Learning to identify national learning, education and</li> </ul>   | <ul style="list-style-type: none"> <li>• SGC to receive regular updates on the key national strategies</li> </ul>  | None |

|                              |   |   |  |      |
|------------------------------|---|---|--|------|
|                              | development strategies results in NHSO not exploiting nationally developed opportunities  | development strategies and monitor progress   | <ul style="list-style-type: none"> <li>Reviewing service provision from NHS NES</li> </ul>   |      |
| <b>Involved in Decisions</b> | The Partnership structure is not well embedded resulting in failure to involve staff in decisions that affect them.                     | <ul style="list-style-type: none"> <li>Active Area Partnership Forum</li> </ul>   | <ul style="list-style-type: none"> <li>Review of minutes of Area Partnership Forum</li> </ul>  | None |
|                              | Service redesign and organisational change is not developed in partnership resulting in staff having no sense of ownership for changes. | <ul style="list-style-type: none"> <li>APF being updated on key changes and developments that need staff engagement and obtaining regular updates from the Lead Officers on the impact of the changes.</li> <li>Organisational policies and procedures being followed.</li> </ul> | <ul style="list-style-type: none"> <li>Demonstrated by updates to the SGC outlining partnership involvement through Partnership Forum minutes</li> </ul> | None |
|                              | Failure to demonstrate improvement in engagement of staff through iMatter results in increase in workforce turnover.                    | <ul style="list-style-type: none"> <li>Continued Implementation of i-matter including action planning and delivery of agreed actions</li> </ul>   | <ul style="list-style-type: none"> <li>iMatter Board Report</li> </ul>   | None |

|   |  |  |   |      |
|---|--|--|---|------|
|   | Failure to develop and deliver a workforce plan results in NHSO being unable to deliver services.  | <ul style="list-style-type: none"> <li>• Development of three yearly workforce plan and action plan</li> <li>• Contributing to the Regional and National Workforce plan</li> </ul>   | <p>That NHSO is planning its future workforce requirements demonstrated by:-</p> <ul style="list-style-type: none"> <li>• SGC reviewing and signing off the workforce plan</li> <li>• SGC receiving regular updates on progress with implementing the action plan</li> <li>• SGC reviewing and signing off the annual workforce projections</li> </ul>  | None |
| <b>Treated Fairly and Consistently, with Dignity and Respect, in an environment where diversity is valued</b> | Failure to implement Once for Scotland and PIN guidelines results in employment arrangements in NHSO being less favourable to NHS Scotland resulting in potentially disengage staff and increase turnover. | <ul style="list-style-type: none"> <li>• Notification of Once for Scotland and PINs is received through Scottish Government circulars, these will be circulated to the APF for comment and implemented in accordance with national agreements</li> </ul> | <p>That all Once for Scotland and PIN Guidelines are fully implemented in NHSO demonstrated by:-</p> <ul style="list-style-type: none"> <li>• Evidence of Once for Scotland and PIN Guideline documents being discussed at APF and brought to the SG</li> <li>• NHSO policies arising from Once for Scotland and PIN Guidelines being noted/approved on behalf of the Board by the SGC</li> <li>• Annual report on Once for Scotland and PIN</li> </ul> | None |



|  |   |  |  |      |
|--|---|--|--|------|
|  |   |  | Guideline implementation including pre and post employment checks policies and procedures are working resulting in staff possessing and maintaining qualifications, registration and accreditation required                  |      |
|  | Failure to put in place adequate workforce policies results in staff being treated unfairly and exposes NHSO to legal challenge.                  | <ul style="list-style-type: none"> <li>• Implementation of Once for Scotland Policies and PIN Guidelines in accordance with national direction.</li> <li>• Monitoring changes to employment law</li> </ul> | <ul style="list-style-type: none"> <li>• NHSO policies arising from Once for Scotland and PIN Guidelines being noted/approved on behalf of the Board by the SGC</li> </ul>   | None |
|  | Failure to manage organisational change well results in perceived lack of security of employment.   | APF being consulted on key changes and developments that need careful management and requesting regular updates from the Lead Officers on the impact of the changes.                                       | <ul style="list-style-type: none"> <li>• Demonstrated by updates to the SGC outlining partnership involvement through Partnership Forum minutes</li> <li>• Quarterly Workforce Report shows redeployment activity</li> </ul> | None |
|  | Pay and terms and conditions are not applied fairly or equitably resulting in staff feeling disengaged and NHSO being exposed to legal challenge. | <ul style="list-style-type: none"> <li>• Agenda for Change matching process embedded</li> <li>• Agenda for Change or Hospital Medical and Dental Terms and Conditions implemented.</li> </ul>              | <ul style="list-style-type: none"> <li>• Annual audit of Executive Cohort reported to Remuneration Committee</li> <li>• Any Terms and Conditions out with</li> </ul>   |      |

|   |  |  |   |  |
|---|--|--|---|--|
|   |  | <ul style="list-style-type: none"> <li>GMS and GDS contracts follow national guidelines</li> <li>All pay awards adhered to as per CEL</li> </ul>   | AFC, Hospital Medical and Dental, GMS or GDS to be exceptionally approved in accordance with NHS Orkney's Standing Financial instructions |  |
| <b>Provided with a continuously Improving and Safe Working Environment, promoting the health and wellbeing of staff, patients and the wider community</b> | Failure to put adequate Occupational Health and Safety arrangements in place results in higher levels of sickness absence.   | <ul style="list-style-type: none"> <li>Monthly Departmental review of sickness absence data</li> </ul>   | <ul style="list-style-type: none"> <li>Quarterly reporting on Sickness absence via quarterly Workforce Report</li> </ul>                  |  |
|   | Failure to adhere to Whistle Blowing Standards, ensuring staff feel it is safe and acceptable to speak up without wrongdoing or malpractice within the organisation. | <ul style="list-style-type: none"> <li>Whistle Blowing Policy including               <ul style="list-style-type: none"> <li>Whistle blowing Champion</li> <li>National Whistle Blowing helpline</li> <li>Confidential Contacts</li> </ul> </li> <li>Ensure compliance with Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (SSI 2220/5)</li> </ul> | <ul style="list-style-type: none"> <li>Regular reporting as per requirements set out in the National Whistle Blowing Standards</li> </ul> |  |

|  |  |   |   |      |
|--|--|---|---|------|
|  | Failure to proactively inform and support staff to manage and maintain their health, and to manage ill health  | <ul style="list-style-type: none"> <li>Staff Health and Wellbeing Strategy</li> </ul>   | <ul style="list-style-type: none"> <li>6 monthly report on progress of implementation</li> <li>HWL Gold Award and attainment of the HWL Mental Health commendation award</li> </ul> | None |
|  | Failure to implement national health and safety arrangements results in NHSO staff experiencing a less safe working environment than their colleagues in NHS Scotland. | <ul style="list-style-type: none"> <li>Exception reports from Health and Safety Committee if there are any staff incidents</li> </ul> | <ul style="list-style-type: none"> <li>SGC receive exception reports from Health and Safety if there are any staff incidents</li> </ul>   | None |

# Remuneration Committee

## Annual Report 2020/21

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Remuneration Committee              | 20 April 2021                       |
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | Meghan McEwen                       |
| Vice Chair                          | James Stockan                       |
| Lead Executive                      | Lorraine Hall                       |
| Committee Support                   | Lauren Johnstone                    |

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# 1 Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

## 2 Committee Membership

### 2.1 Committee Leadership

The Chair of the Remuneration Committee is Meghan McEwen, Chair of the Orkney HNS Board.

The Vice-Chair of the Remuneration Committee is James Stockan, Non-Executive Board Member and Orkney Island Council Representative.

### 2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Remuneration Committee:

- Davie Campbell, Non-Executive Board Member
- Fiona MacKellar, Employee Director

### 2.3 Other Attendees

- Julie Colquhoun, Head of Corporate Services (until 27 July 2020)
- Michael Dickson, Interim Chief Executive (from 1 July 2020)
- Gerry O'Brien, Chief Executive (until 30 June 2020)
- Lorraine Hall, Interim Director of Human Resources (from 19 October 2020)

The Remuneration Committee Terms of Reference is attached as **Appendix 1**.

## 3 Meetings

### 3.1 Meetings Held During Period Covered

The Committee has met on six occasions during the period 1 April 2020 to 31 March 2021, on the undernoted dates. This is an increase from previous years.

- 27 April 2020
- 27 July 2020
- 13 November 2020
- 14 December 2020
- 1 February 2021
- 10 March 2021

The Attendance List is attached as **Appendix 2**

### 3.2 Business Cycle and Work Plan

All business of the Committee has been conducted in private session.

The Remuneration Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year.

The business cycle and workplan for 2020/21 is attached as **Appendix 3**.

The Committee has dealt with fifteen items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

### 3.3 Action Plan and Progress

The Remuneration Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

### 3.4 Annual Performance Review and Development Session

The Chair, Interim Director of Human Resources and Corporate Services Manager reviewed the Committee Terms of Reference, Business Plan and Risks, Controls and Assurance Framework on the 8 March 2021 to ensure that all areas within the Committee remit were being reported on appropriately. The amended documents were then circulated to all committee members for review and approval.



A Committee effectiveness self-evaluation questionnaire has also be issued and the outcomes will be reported to the Committee.

## 4 Risks, Concerns and Successes

### 4.1 Risks, Controls and Assurance Framework

The Committee has a Risks, Controls and Assurance Framework, attached as **Appendix 5**, which is reviewed annually.

### 4.2 Concerns

The Remuneration Committee's concerns during the year were:

- Ensuring the full board understand the business and remit of the Committee
- The Remuneration Committee business cycle was impacted on by the Coronavirus pandemic, and as a result was not synchronous with meeting national deadlines. As such, Executive Performance Reviews were not submitted in a timely manner
- The deadlines for key matters within the remit of the Committee were not enforced by the Executive leadership
- The objectives agreed for the Executive members were not Specific, Measurable, Achievable, Realistic, and Timely (SMART)
- The TURAS appraisal system was not being utilised in a full and appropriate way
- The Committee and Executive cohort were lacking support and guidance around the Annual Performance Review process, and as a result they were unable to truly provide value to individuals within the wider organisation, specifically ensuring that all staff felt:
  - Respected and that they were treated with dignity
  - That communication with them was effective, open and honest
  - That they were treated with care and compassion
  - That they were a trusted member of the team, given appropriate responsibility and able to perform their roles with quality through teamwork.
- There was an ongoing concern regarding effective communication with the Executive cohort, and the resulting effects on them achieving their designated objectives, feeling supported in the important work they provide for the organisation in a transparent manner.

### **4.3 Successes**

The Remuneration Committee has been successful in meeting the following achievements during the period covered:

- Being reactive and responsive to certain items out with the business cycle
- Considering changes within the Executive Management Team
- The Committee has considered and agreed a planned timetable and workplan in line with Scottish Government guidance and directive
- Under the Interim Chief Executive and Interim Director of Human Resources, all Executive Director objectives will be input onto the TURAS platform and will focus on specific, organisational-driven outcomes.

### **4.4 Committee Response to COVID-19**

During 2020/21, the Remuneration Committee adjusted its meeting arrangements in response to a number of items as they arose and met digitally via MS Teams from (start date).

Committee members have responded well to these new arrangements and have participated well in committee business.

These arrangements will be reviewed when it is safe and practical to do so. The Committee has approved overtime arrangements for Executives and senior managers to enable them to be recognised for the exceptional circumstances brought about by the pandemic. Staff wellbeing and support arrangements will need to be a focus for the whole organisation in the next phase of the pandemic, and the Remuneration Committee is no different.

Changes in senior positions in the organisation as well as key appointments at Executive Level have meant the Remuneration Committee has had to meet several times out with its normal cycle.

Committee members have been thoughtful, constructive, and responsive to this increase in workload.

## 5 Conclusion

As Chair of the Committee during the period covered, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, ensuring best value, and the range of attendees at the meetings of the Committee has allowed us to fulfil our remit as far as possible as detailed in the Code of Corporate Governance.

As a result of the work undertaken during the period this report covers, I can confirm that adequate and effective scrutiny and monitoring arrangements were in place throughout NHS Orkney.

Signed

Meghan McEwen

**Chair**

On behalf of the NHS Orkney Remuneration Committee

## Appendix 1

### Remuneration Committee – Terms of Reference

**Purpose:**

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

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

**Composition:**

The Remuneration Committee shall consist of:

- The Chair of the Board (who will be the chair);
- Three other non executive members one of whom should, in normal circumstances, be the Employee Director.

Non Executive Members cannot be members of this Committee if they are independent primary care contractors.

**Attendance:**

In addition, there will be in attendance:

- Chief Executive
- Head of Corporate Services

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

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

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

**Quorum:**

Meeting of the Remuneration Committee will be quorate when two non-executive members are present, one of whom must be the chair or vice-chair.

Any non-executive Board member, except if they are independent primary care contractors, with the agreement of the Chair may deputise for a member of the Committee at any meeting.

**Meetings:**

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

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

**Remit:**

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors of the Board and also to discharge specific responsibilities on behalf of the Board as an employing organisation.

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

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

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

When appropriate, in accordance with procedures, consider any redundancy, early retiral or termination arrangement, including Employment Tribunal Settlements (approved by Scottish Government) in respect of all NHS Orkney Employees and, after due scrutiny, obtain a

separate individual direction to make the actual payment. Other challenging cases, not involving Executive Directors, may be discussed by the Committee, with the approval of the Chair.

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

**Confidentiality and Committee Decisions:**

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

**Minutes and Reports**

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

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

**Best Value**

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

**Authority**

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

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

**Reporting Arrangements**

The Remuneration Committee is required to provide assurance that systems and procedures are in place to manage the responsibilities contained within its remit.

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

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

The annual report will also be provided to the Staff Governance Committee for assurance that that systems and process are in place to manage the issues set out in MEL(1993)114 and subsequent amendments.

Approved - January 2020



## Appendix 2

### NHS Orkney - Remuneration Committee Attendance Record - Year 1 April 2020 to 31 March 2021:

| Name:                                 | Position:  | 27 April 2020 | 27 July 2020 | 13 November 2020 | 14 December 2020<br>(Extraordinary Meeting) | 1 February 2021 | 10 March 2021<br>(Extraordinary Meeting) |
|---------------------------------------|--|---------------|--------------|------------------|---|-----------------|--|
| <b>Members:</b>                       |  |               |              |                  |   |                 |  |
| M McEwen                              | Chair  | Attending     | Attending    | Attending        | Attending                                   | Attending       | Attending                                |
| J Stockan                             | Vice Chair   | Attending     | Attending    | Attending        | Attending                                   | Apologies       | Attending                                |
| F MacKellar                           | Employee Director                                  | Attending     | Attending    | Attending        | Attending                                   | Attending       | Attending                                |
| D Campbell                            | Non Executive Board Member                         | Attending     | Attending    | Attending        | Attending                                   | Attending       | Attending                                |
|                                       |  |               |              |                  |   |                 |  |
| <b>In Attendance:</b>                 |  |               |              |                  |   |                 |  |
| G O'Brien                             | Chief Executive (until 30 June 2020)               | Attending     |              |                  |   |                 |  |
| M Dickson                             | Interim Chief Executive (from 1 July 2020)         |               | Attending    | Attending        | Attending                                   | Attending       | Apologies                                |
| J Colquhoun                           | Head of Corporate Services (until 19 October 2020) | Attending     | Attending    |                  |   |                 |  |
| L Hall                                | Interim Director of HR (from 19 October 2020)      |               | Attending    | Attending        | Attending                                   | Attending       | Attending                                |
| E West                                | Corporate Services Manager                         | Attending     | Attending    | Attending        |   | Attending       |  |
| L Johnstone                           | Committee Support                                  |               |              | Attending        | Attending                                   | Attending       | Attending                                |
| <b>Attending for specific item:</b>   |  |               |              |                  |   |                 |  |
|                                       |  |               |              |                  |   |                 |  |
| <b>Denotes no Attendance Required</b> |  |               |              |                  |   |                 |  |

# Appendix 3

## NHS Orkney Remuneration Committee Business Cycle 2020/2021

| Month                | Agenda Item   | Lead Officer   |
|----------------------|---|--|
| January/<br>February | <b>Annual Development Session</b><br><br>Review the effectiveness of the Committee by undertaking an annual self-assessment review and development event.<br><br>Produce Remuneration Committee Annual Report to the Board<br><br>Approve work-plan for future year   | Chair<br><br>Chair<br><br>Chair  |
| May                  | Remuneration Committee to act as the Discretionary Points Committee to determine which applicants should receive discretionary points each year in line with NHS Circular PCS(DD)1995/6 (Appendix I) as amended by the SEHD in its letter to Trusts dated 12 January 2000 (Appendix II).  | Head of Corporate Services   |
| July                 | Review formal reports on outcomes of the 2019/2020 annual assessment of performance of the Executive Directors and seek assurance that the process has been carried out robustly for other members of the senior manager cohort.<br><br>Report to National Performance Management Committee<br><br>Review and approve final 2020/2021 performance objectives for the Executive Directors with clear evidence that the objectives will deliver the Board's corporate objectives and corporate plan.<br><br>Receive and scrutinise report setting out severance payments made during the year to ensure that they are in line with national guidance and receive assurance that no severance payments are being made without approval | Chief Executive/Chair<br><br>Head of Corporate Services<br><br>Chief Executive/Chair<br><br>Head of Corporate Services |
| December             | Receive recommendations of the allocation of discretionary points for consultant staff and timetable for progressing  | Head of Corporate Services   |

|  |  |   |
|--|--|---|
|  | <p>Review and approve implementation of the 2019/20 performance related pay (on receipt of NPMC letter) and Discretionary Points for Medical Director.</p> <p>Seek assurance that the performance of Executive Directors and senior managers is being actively managed by reviewing reports from the Chair and Chief Executive and seeking assurance that the mid review process has been carried out robustly for other members of the senior manager cohort.</p> | <p>Chair/ Head of Corporate Services</p> <p>Chief Executive/Chair</p> |
|--|--|---|

## Standing Items

- Matters Arising
- Action Log

## Ad Hoc Matters

- Executive Director appointment arrangements, job descriptions, starting salaries
- Scottish Government Health Workforce and Performance Directorate guidance and circulars
- Participate in national Remuneration Committee member development workshops.

## Set Agenda Items For Annual Development Session

- Performance self evaluation
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review of Terms of Reference
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Log, self assessment process, minutes and administration arrangements)
- Get development / input on learning areas identified

Updated and approved January 2020

## Appendix 4

| Date of Meeting | Paper Number | Title   |
|-----------------|--------------|---|
| 27/04/2020      | RC2021-01    | Salary placing for Interim Director of Finance                              |
| 27/04/2020      | RC2021-02    | Salary placing for Director of Nursing, Midwifery, AHP's and Acute Services |
| 27/04/2020      | RC2021-03    | Executive Directors and Senior Manager Overtime                             |
| 24/07/2020      | RC2021-04    | Appointment and Remuneration of Interim Chief Executive NHS Orkney          |
| 24/07/2020      | RC2021-05    | Recruitment and Salary Placing of Director of Finance                       |
| 24/07/2020      | RC2021-06    | Discretionary Points 2018/19 and 2019/20                                    |
| 24/07/2020      | RC2021-07    | Severance Payments and Settlement Agreements 2019/20                        |
| 24/07/2020      | RC2021-08    | Remuneration Committee Annual Report 2019/20                                |
| 24/07/2020      | RC2021-09    | Remuneration Committee Terms of Reference                                   |
| 24/07/2020      | RC2021-10    | Remuneration Committee Business cycle 2020/21                               |
| 24/07/2020      | RC2021-11    | Remuneration Committee Risks Controls and Assurance Framework               |
| 13/11/2020      | RC2021-12    | 2019/2020 Executive Directors – Year End Performance Reviews                |
| 14/12/2020      |              | NO PAPERS   |
| 01/02/2021      | RC2021-13    | Executive Managers Performance Achievement Scores 2019/20                   |
| 01/02/2021      | RC2021-14    | 2020-2021 Executive Directors – Draft Objectives                            |
| 01/02/2021      | RC2021-15    | Consultants Discretionary Points 2018/2019 and 2019/20                      |

## Appendix 5

### NHS Orkney Remuneration Committee Risks, Controls and Assurance Framework

*The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest. The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these. This document aims to set out the principles objectives of the Remuneration Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working. The document also identifies gaps in the Remuneration Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.*

| Principle Objectives   | Principle Risks   | Key Controls  | Assurance on Controls   | Gaps in Controls and Assurance |
|--|---|---|---|--------------------------------|
| <b>Executive and senior managers are paid fairly and appropriately</b> | NHS Orkney fails to implement a fair and transparent job evaluation system for executive and senior managers. | <ul style="list-style-type: none"> <li>Remuneration Committee members are kept up to date with SGHSCD job evaluation arrangements and guidance contained in HDL(2006)23 and HDL(2006) 59 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager job evaluation arrangements.</li> <li>The Remuneration Committee approves all new and revised executive and senior manager job descriptions.</li> <li>All new and revised executive and senior manager job</li> </ul> | <p>NEC outcome letters are on file for all executive and senior managers.</p> <p>The minutes of the Remuneration Committee would provide evidence that: -</p> |                                |

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | <p>descriptions are submitted to the National Evaluation Committee for grading (NEC).</p> <ul style="list-style-type: none"> <li>The Remuneration Committee receives reports from Head of Corporate Services on the outcomes from NEC and any pay implications arising from new and revised evaluations.</li> </ul> | <ul style="list-style-type: none"> <li>The Committee has received copies of SGHSCD guidance on the national job evaluation system HDL(2006)23 and HDL(2006) 59 and clear reports summarising content and local impact.</li> <li>Committee has received new and revised job descriptions for approval.</li> <li>Committee has received reports from Head of Corporate Services showing outcome of grading and agreed salary implications.</li> <li>Committee has received an annual report listing all executive and senior manager posts, the NEC scores and lettered grading, the pay range, actual salaries and explanations of any variance. Where possible this should be backed up with the Auditors report.</li> </ul> |  |
|  | <p>Acting up payments are applied without reference to appropriate guidance or without adequate authorisation.</p> | <ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with SGHSCD guidance on executive and senior manager acting up arrangements contained in CEL(2007)4 so that they can provide effective challenge,</li> </ul>   | <p>The minutes of the Remuneration Committee would provide evidence that the: -</p>  |  |

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | <p>scrutiny and performance monitoring of NHS Orkney executive and senior manager acting up proposals.</p> <ul style="list-style-type: none"> <li>• Remuneration Committee approves all executive and senior managers acting up payments before payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee.</li> </ul>  | <ul style="list-style-type: none"> <li>• Committee received copies of SGHSCD guidance on acting up arrangements and clear reports summarising content and local impact.</li> <li>• Committee received report from Head of Corporate Services on acting up payment proposals affecting executive or senior managers and authorised any payments.</li> </ul>   |  |
|  | <p>Start salaries are set without reference to appropriate guidance or without adequate authorisation.</p> | <ul style="list-style-type: none"> <li>• Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on starting salary arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager starting salary arrangements.</li> <li>• Remuneration Committee approves all new executive and senior manager start salaries before payment.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the</li> </ul> | <p>The minutes of the Remuneration Committee would provide evidence that: -</p> <ul style="list-style-type: none"> <li>• The Committee received copies of SGHSCD guidance on start salary arrangements and clear reports summarising content and impact.</li> <li>• The Committee received report from Head of Corporate Services containing proposal for start salaries and authorised any salaries.</li> </ul> |  |

|  | amount approved by the Committee.   |  |  |
|--|---|--|--|
| Pay increases and non consolidated performance payments are applied without reference to appropriate guidance or without adequate authorisation. | <ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on pay increases and non consolidated payments contained in HDL(2006)23, CEL(2007)4 and CEL(2007)22 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager performance arrangements.</li> <li>Remuneration Committee approves the application or any pay increases or non consolidated payments before payment.</li> <li>Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee.</li> </ul> | <p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> <li>-</li> <li>The Committee received copies of SGHSCD guidance on executive and senior manager pay increases and non consolidated performance arrangements and a clear report summarising the content and local impact.</li> <li>The Committee received a report setting out the annual pay increases for executive and senior managers and authorised any increases.</li> </ul> |  |
| Executive and senior manager relocation expense packages are not adequately controlled.  | <ul style="list-style-type: none"> <li>NHS Orkney has a clear relocation expenses policy.</li> <li>Remuneration Committee members are kept up to date with the policy.</li> <li>The Remuneration Committee receives reports on executive and senior manager expense</li> </ul>  | <p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> <li>-</li> </ul>  |  |



|   |  |   |   |  |
|---|--|---|---|--|
|   |  | <p>claims that are within policy (i.e. up to £8,000).</p> <ul style="list-style-type: none"> <li>The Remuneration Committee agrees in advance any relocation expenses packages for executive and senior managers that are greater than £8,000.</li> </ul>   | <ul style="list-style-type: none"> <li>Any relocation expense packages for executive and senior manager were explicitly identified in the start salary report presented by the Head of Corporate Services-</li> <li>The Committee received reports on executive and senior manager removal expense claims.</li> <li>The Committee received an annual report setting out the relocation expense packages agreed for executive and senior managers compared to the actual amount paid.</li> </ul> |  |
|   | Executive and senior managers' expenses are not adequately controlled.                                 | <ul style="list-style-type: none"> <li>NHS Orkney has a clear policy on expenses that complies with Agenda for Change Handbook.</li> </ul>  | <ul style="list-style-type: none"> <li>Payroll control processes are in place to prevent unauthorised payments being processed and if issues raised Committee would be alerted and investigated by Internal Audit as part of work plan</li> </ul>   |  |
| Executive and Senior Management recruitment follows National policy and procedure | Executive and senior manager recruitment arrangements fail to meet the Board's policies and procedures | <ul style="list-style-type: none"> <li>NHS Orkney has clear policies and procedures on recruitment.</li> <li>Remuneration Committee members are kept up to date with the Board's recruitment policy and procedures and sections of the Code of Corporate Governance that set out recruitment arrangements.</li> </ul> | <p>The minutes of the Remuneration Committee provide evidence that:</p> <p>-</p>  |  |

|  |   |   |  |  |
|--|---|---|--|--|
|  |   | <ul style="list-style-type: none"> <li>Remuneration Committee receives reports from Head of Corporate Services on all planned executive manager recruitment covering background to vacancy, evidence that post has been evaluated at advertised level, relevant guidance from policy or Code of Corporate Governance, selection tools and interview panel arrangements and proposed advertising method. Committee approve the report prior to advertising.</li> <li>Where the Board is proposing to use long term secondments to cover an executive or senior manager vacancy the accommodation and travel costs are identified and reported to the Committee.</li> </ul> | <ul style="list-style-type: none"> <li>The Committee received recruitment reports for all executive manager vacancies and approved the plans ahead of advertising.</li> <li>The Committee received reports on the costs associated with long-term secondments.</li> </ul>              |  |
| Any decision to use public money to fund premature retirements severance or redundancy payments stands up to public scrutiny | NHS ORKNEY agrees severance payments to <del>Executive Directors</del> without reference to appropriate guidance or without adequate authorisation or makes unlawful payments | <ul style="list-style-type: none"> <li>Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on severance payments set out in Section 16 of Agenda for Change Handbook so that they can provide effective challenge and scrutiny to any proposals bought before them.</li> <li>Remuneration Committee receives reports from Head of Corporate Services on any proposed redundancy or severance settlement to</li> </ul>  | <p>The minutes of the Remuneration Committee provide evidence that:</p> <p>-</p> <ul style="list-style-type: none"> <li>Remuneration Committee received Agenda for Change Handbook – Section 16 – Redundancy pay</li> <li>Annual audit of severance payments was conducted.</li> </ul> |  |

|   |   |  |  |
|---|---|--|--|
|   | <p>Executive Directors. The reports contain costed options that include all elements of costs e.g. notice.</p> <ul style="list-style-type: none"> <li>• Committee approval is granted before any payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed.</li> <li>• The Committee acts in accordance with DL(2019)15 NHS Scotland Guidance on Settlement and Severance Agreements</li> </ul>   | <ul style="list-style-type: none"> <li>• Head of Corporate Services prepared and presented an annual report for the committee summarising all severance payments that have been made, whether they were approved and whether the amount agreed by the Committee corresponds with the amount paid out.</li> </ul>   |  |
| <p>NHS Orkney oversees, approves and scrutinises severance scheme payments to employees when managing organisational change</p> | <ul style="list-style-type: none"> <li>• Remuneration Committee receives reports from the Head of Corporate Services during period of managing organisational change on any proposed redundancy or severance scheme settlements to employees . The reports contain costed options that include all elements of costs e.g. notice.</li> <li>• Committee approval is granted before any payment is made.</li> <li>• Payroll control processes are in place to prevent unauthorised payments being processed.</li> </ul> | <p>The minutes of the Remuneration Committee provide evidence that:</p> <p>-</p> <ul style="list-style-type: none"> <li>• Remuneration Committee received and approved a Voluntary Severance Scheme.</li> <li>• Remuneration Committee received reports on requests for redundancy, severance and tribunal payments and authorised or rejected payments.</li> <li>• Annual audit of severance payments was conducted.</li> </ul> |  |

|   |  |  |   |  |
|---|--|--|---|--|
|   | NHS Orkney scrutinises severance payments (premature retirements, severance or redundancy) to employees  | <ul style="list-style-type: none"> <li>Remuneration Committee receives reports from Head of Corporate Services on any severance payments made to employees, including costs, providing assurance that Agenda for Change terms and conditions have been followed.</li> </ul>  | <p>The minutes of the Remuneration Committee provide evidence that:</p> <p>-</p> <ul style="list-style-type: none"> <li>Remuneration Committee received and scrutinised report on annual audit of severance payments.</li> <li>Annual audit of severance payments was conducted.</li> </ul>   |  |
| Executive and senior manager performance is managed in an effective, fair and transparent way | The Chair and Chief Executive fail to identify specific, measurable, attainable, realistic and timely performance objectives for their direct reports. | <ul style="list-style-type: none"> <li>The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1.</li> <li>The Board implements and communicates a clear performance management timetable.</li> <li>The Chair and CEO are trained on the performance management arrangements and system.</li> <li>The Chair and CEO agree the CEO's performance objectives for the current performance year by the end of April each year. The CEO and executive team</li> </ul> | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Remuneration Committee received and approved a document outlining NHS Orkney's approach to implementing the NHS Scotland executive and senior manager performance arrangements.</li> <li>The Remuneration Committee received and approved a performance management timetable.</li> <li>The Remuneration Committee received assurance that the</li> </ul> |  |

|  |   |  |   |  |
|--|---|--|---|--|
|  |   | members agree their objectives for the current performance year by the end of April each year.   | Chair and CEO had received training on the NHS Scotland executive and senior Manager performance management arrangements and were competent to apply them.<br><ul style="list-style-type: none"> <li>The Remuneration Committee received, challenged and approved the objectives for the CEO and executive managers by the end of July each year.</li> </ul>  |  |
|  | Executive and senior managers do not buy into the performance management framework. | <ul style="list-style-type: none"> <li>The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1.</li> <li>The Board implements and communicates a clear performance management timetable.</li> <li>Executive and senior managers are familiar with the performance management arrangements and system.</li> <li>The Remuneration Committee challenges, scrutinises and approves the performance objectives for executive managers.</li> </ul> | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Remuneration Committee received and approved a document outlining NHS Orkney's approach to implementing the NHS Scotland executive and senior manager performance arrangements.</li> <li>The Remuneration Committee received and approved a performance management timetable.</li> <li>The Remuneration Committee received assurance that the executive managers had received training on the NHS Scotland executive and senior manager performance management arrangements</li> </ul> |  |

|   |   |   |  |
|---|---|---|--|
|   |   | and were competent to apply them.   |  |
| The executive and senior managers' objectives are not aligned with the Annual Operational Plan or corporate objectives.                                 | <ul style="list-style-type: none"> <li>The Strategic and Operational Plans and corporate objectives are signed off by April each year to enable the targets to be cascaded to individual's performance objectives by the start of the financial year.</li> <li>The Senior Management Team conducts a mapping session to ensure that all the targets and objectives are captured appropriately within their own and their teams' performance plans.</li> </ul>   | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee received a report or presentation from the CEO demonstrating how the strategic and Operational Plans and corporate objectives were covered within the executive team's performance plan.</li> </ul>  |  |
| The Chair and Chief Executive fail to adequately manage their direct reports performance by failing to conduct mid year and annual performance reviews. | <ul style="list-style-type: none"> <li>The Board has clear guidance in place on implementing the NHS Scotland Government executive and senior manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1.</li> <li>The Board implements and communicates a clear performance management timetable.</li> <li>The Chair conducts an interim performance review with the CEO by no later than the end of November each year.</li> <li>The CEO conducts interim performance reviews with the</li> </ul> | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Chair presented a copy of the CEO's mid-year performance review documentation in December and final appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that it was</li> </ul> |  |

|  |  |  |  |
|--|--|--|--|
|  | <p>executive managers by no later than the end of November each year.</p> <ul style="list-style-type: none"><li>• The Chair conducts an annual performance review with the CEO no later than the end of May each year.</li><li>• The CEO conducts annual performance reviews with the executive managers by no later than the end of May each year.</li></ul>  | <p>robust, evidenced and auditable.</p> <ul style="list-style-type: none"><li>• The CEO presented copies of the executive teams interim performance review documentation in December and final appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that they were robust, evidenced and auditable.</li></ul>   |  |
| Performance scores in NHS Orkney are more generous or harsher than other Boards in NHS Scotland. | <ul style="list-style-type: none"><li>• The Board has clear guidance in place on implementing the Scottish Government executive and senior Manager performance management arrangements. In particular the guidance creates a common understanding of performance category indicators.</li><li>• Members of the Remuneration Committee provide effective challenge and scrutiny of the assessments provided by the Chair and CEO.</li><li>• The Chair signs off the performance scores as a true record of the position agreed by the Remuneration Committee.</li><li>• The Board submits its performance scores for review by the National Performance Management Committee.</li></ul> | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"><li>• The Committee received a summary of the final performance scores awarded to each objective for the CEO and executive managers.</li><li>• The Committee received a copy of the data submitted to the National Performance Management Committee.</li><li>• The Committee received a copy of any correspondence between the Chair and the</li></ul> |  |

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|---|---|--|---|--|
|   |   | <ul style="list-style-type: none"> <li>Remuneration Committee members participate in national and regional workshops provided by the National Performance Management Committee.</li> </ul>   | National Performance Management Committee.  |  |
|   | The Remuneration Committee fails to put in place effective arrangements to provide challenge and scrutiny to the performance management arrangements. | <ul style="list-style-type: none"> <li>Remuneration Committee members are trained on the Scottish Government executive and senior Manager performance management arrangements.</li> <li>Remuneration Committee members are kept up to date with SGHWPD guidance on performance by the Head of Corporate Services circulating revised guidance and providing a report summarising the guidance and the implications.</li> </ul> | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee received copies of SGHSCD guidance on performance management.</li> <li>Members of the Committee received training on the performance management arrangements.</li> <li>Members attended national and regional workshops and agreed and documented lessons learnt.</li> </ul> |  |
| Consultant Discretionary points are allocated in a fair and transparent way | The process for awarding points is flawed and / or unfair.  | <ul style="list-style-type: none"> <li>NHS Orkney has a clear process in place for awarding consultant discretionary points.</li> <li>The process complies with national guidance PCS (DD)1995/6 as amended by the SEHD in its letter to Trusts dated 12 January 2000</li> <li>Remuneration Committee members are trained on the process.</li> </ul>   | <p>The minutes of the Remuneration Committee evidence that: -</p> <ul style="list-style-type: none"> <li>The Committee was made aware of national guidance on the application of consultant discretionary points.</li> </ul>  |  |



|   |   |   |   |  |
|---|---|---|---|--|
|   |   | <ul style="list-style-type: none"> <li>NHS Grampian scores the applications on behalf of NHS Orkney and presents to the Remuneration Committee - the decision making body with regard to the allocation of points</li> </ul>  | <ul style="list-style-type: none"> <li>The Committee received and approved a process for awarding points that complied with the national guidance.</li> <li>The Committee received reports from NHS Grampian setting out the scoring of the applications to consider and allocate as appropriate</li> </ul> |  |
| The Remuneration Committee operates effectively | The Remuneration Committee is not properly constituted.   | <ul style="list-style-type: none"> <li>NHS Orkney's Remuneration Committee is constituted in line with Annex 3 of MEL (1993) 114</li> <li>It is appointed by the full Board</li> <li>It has agreed terms of reference that comply with the MEL</li> </ul>   | <ul style="list-style-type: none"> <li>The existence of up to date terms of reference which have been approved by the Audit Committee and Board.</li> <li>Evidence that the terms of reference were reviewed as part of the annual development session.</li> </ul>  |  |
|   | The Remuneration Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities. | <ul style="list-style-type: none"> <li>Risk, Controls and Assurance framework that identifies the assurance that the Committee needs and therefore the business cycle of the committee.</li> <li>Agreed business cycle that stipulates the nature and frequency of reports.</li> <li>Agreed templates for summary, job descriptions, NEC outcome, mid-year and annual performance review, objectives, relocation expenses, severance and redundancy reports.</li> </ul> | <ul style="list-style-type: none"> <li>The existence of the Risk, Controls and Assurance framework</li> <li>The existence of a business cycle</li> <li>The existence of agreed templates.</li> </ul>  |  |
|   | The Remuneration Committee fails to   | <ul style="list-style-type: none"> <li>Agreed standard of minute taking</li> </ul>  | <ul style="list-style-type: none"> <li>Annual External Audit report</li> </ul>  |  |

|  |   |  |  |
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| keep a clear record of decisions taken.  | <ul style="list-style-type: none"> <li>Central electronic copies of all papers and minutes held by Corporate Services</li> <li>Draft minutes agreed by Chair of Committee</li> </ul>  |  |  |
| Decisions are not followed through.  | <ul style="list-style-type: none"> <li>The Committee uses a short-term action log to record and monitor progress against actions.</li> <li>The Committee explicitly identifies how it will assure itself that decisions have been implemented as part of the self-assessment process.</li> </ul>  | <ul style="list-style-type: none"> <li>Existence of an up to date action log.</li> <li>Verbal evaluation carried out after each meeting led by Chair.</li> </ul>   |  |
| The Remuneration Committee does not provide adequate challenge and scrutiny.             | <ul style="list-style-type: none"> <li>Annual training needs assessment conducted with members.</li> <li>Core data set outlined in Self Assessment guide made available to each member and updated as guidance changes.</li> <li>Business cycle used to ensure all areas of assurance are covered within an annual cycle.</li> <li>Annual development session conducted to review performance, review annual report and risks, controls and assurance framework.</li> </ul> | <ul style="list-style-type: none"> <li>Completed training needs assessment</li> <li>Business cycle exists and is used.</li> <li>Annual development sessions take place.</li> <li>All members have copy of Core Document Set</li> </ul> |  |
| The Committee's arrangements and performance are not adequately scrutinised by the Board | <ul style="list-style-type: none"> <li>Full minutes produced and available to Committee members</li> <li>Annual Report submitted to Board, for assurance and Staff</li> </ul>   | <ul style="list-style-type: none"> <li>Annual Report to Board for assurance and Staff Governance Committee for information.</li> </ul>   |  |

|  |   |   |  |  |
|--|---|---|--|--|
|  |   | <p>Governance Committee for information.</p> <ul style="list-style-type: none"> <li>Annual report providing assurance on all executive pay, grading and recruitment arrangements, severance payments, executive and senior managers expenses and consultant discretionary points submitted to Board</li> </ul>              |  |  |
|  | <p>The Committee operates sub optimally because it fails to identify gaps in its performance.</p> | <ul style="list-style-type: none"> <li>The Committee holds an annual development event where it assesses its performance, reviews the risks, controls and assurance framework, addresses development needs identified through the training needs assessment and agrees the development plan for the coming year.</li> </ul> | <ul style="list-style-type: none"> <li>Outcome from Development Session presented to Committee and included in final version of Annual Report</li> </ul> |  |

Reviewed and approved January 2020

## Not Protectively Marked

**NHS Orkney Board – 24 June 2021**

**Report Number: OHB2122-16**

**This report is for assurance**

### **Governance Committee Terms of Reference for 2021-22**

|                                 |   |
|---------------------------------|---|
| <b>Lead Director<br/>Author</b> | Michael Dickson, Interim Chief Executive<br>Emma West, Corporate Services Manager   |
| <b>Action Required</b>          | The Board is asked to:<br><br>1. <b>Approve</b> the Governance Committee Terms of Reference for 2021/22   |
| <b>Key Points</b>               | Each Governance Committee of the Board reviews Terms of Reference annually to ensure that they are up to date, relevant and meeting current legislation.<br><br>The Terms of Reference once updated are provided to the Audit and Risk Committee to provide assurance around the remits of the Governance Committees. |
| <b>Timing</b>                   | Governance Committee Terms of Reference are provided to the Board for approval after amendment as required in the Model Standing Orders.  |
| <b>Link to Priority areas</b>   | How does this paper link to one or more of the priority areas as agreed for the Board in 2021:<br><br><ul style="list-style-type: none"> <li>The Terms of Reference are part of the Systems and Governance priority in ensuring enhanced governance processes across NHS Orkney.</li> </ul>                           |
| <b>Consultation</b>             | The Terms of Reference have all been reviewed, updated and approved by the respective Governance Committees and were presented to the Audit and Risk Committee on the 4 May 2021 to provide assurance that remits were being met.   |

# Audit and Risk Committee

## Terms of Reference

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Last Change and Approval Date       | 3 March 2020                        |
| Last Review Date                    | 8 January 2020                      |
| Next Formal Review Date             | January 2022                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | David Drever                        |
| Vice Chair                          | Davie Campbell                      |
| Lead Executive                      | Mark Doyle                          |
| Committee Support                   | Gemma Pendlebury                    |

**1 Purpose**

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

**2 Composition**

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

The Chair and Vice Chair of the Committee will be appointed by the NHS Board.

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

Committee membership will be reviewed annually.

**3 Attendance**

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

**4 Quorum**

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

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

**5 Meetings**

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

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

Extraordinary meetings may be called by:

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

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

## **6 Remit**

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

- The strategic process for risk, control and governance and the Governance Statement
- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, and management's letter of representation to the external auditors
- The planned activity and results of both internal and external audit
- The adequacy of management response to issues identified by audit activity, including external audit's management letter / report
- The effectiveness of the internal control environment and risk management arrangements
- Assurances relating to the corporate governance requirements for the organisation
- Proposals for tendering for internal audit services
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- Assurances that structures are in place to undertake activities which underpin safe and effective information governance
- Links to Integration Joint Board Audit Committee around jointly commissioned audits, annual planning, etc.

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

## **7 Best Value**

The Committee is responsible for reviewing those aspects of delivering Best Value which are delegated to it from Orkney NHS Board. The

Committee will put in place arrangements which will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas. This assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

## **8 Authority**

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

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

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

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

## **9 Reporting Arrangements**

The Audit and Risk Committee reports to Orkney NHS Board.

Following a meeting of the Audit and Risk Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes.

The Audit and Risk Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Audit and Risk Committee.

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

|  |                         |
|--|-------------------------|
| <i>Updated</i>                           | <i>15 December 2020</i> |
| <i>Annual Development Session Review</i> | <i>12 January 2021</i>  |
| <i>Committee Approved</i>                | <i>4 May 2021</i>       |
| <i>Next Formal Review</i>                | <i>January 2022</i>     |





# Joint Clinical and Care Governance Committee



## Terms of Reference 2021/22

### 1 Purpose

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

- It fulfils the function of the Non-executive members of NHS Orkney and advisors providing the Board of NHS Orkney with the assurance that robust clinical governance controls and management systems are in place and effective in NHS Orkney, in relation to delegated and non-delegated services it delivers.
- It fulfils the function of providing the Integration Joint Board with assurance that robust clinical and care governance controls and management systems are in place and effective for the functions that NHS Orkney and Orkney Islands Council have delegated to it.
- It fulfils the requirements set out in MEL (1998)75, MEL(2000)29 and HDL(2001)74 around the guidance on the implementation of Clinical Governance in the NHS in Scotland.

### 2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

- Three Non-Executive Members of NHS Orkney, one of whom must be the Area Clinical Forum Chair and one of whom must be a voting member of the Integration Joint Board.
- Three Orkney Islands Council voting members of the Integration Joint Board, excluding the Chair of the IJB when this is an Orkney Islands Council appointment, in which case a substitute will be appointed.
- A public representative.
- A third sector representative.

All members shall have decision-making authority and all decisions must be reached by consensus. In the absence of a consensus, the status quo shall be maintained until a consensus is reached.

Committee membership will be reviewed annually.

# Joint Clinical and Care Governance Committee

## 3 Chair and Vice Chairs

The Chair and two Vice Chairs of the Committee will be jointly appointed by the NHS Board and the Integration Joint Board. The appointment of the Chair will be reviewed biennially in line with current legislation.

There will be two vice chairs, one from NHS Orkney and one Orkney Islands Council voting member of the Integration Joint Board.

In the absence of the Chair, either Vice Chair may Chair the meeting.

For items relating solely to non-delegated NHS functions, only the NHS Orkney Vice Chair may Chair that item.

## 4 Attendance

In addition, there will be in attendance:

- Medical Director (lead officer for clinical governance)
- Director of Public Health
- Chief Executive, NHS Orkney
- Chief Officer, Integration Joint Board (lead officer for care governance)
- Director of Nursing, Midwifery and Allied Health Professions
- Director of Pharmacy
- Chief Social Work Officer
- Head of Assurance and Improvement
- Associate Medical Directors
- Interim Director of Acute Services
- Head of Corporate Administration
- Alcohol and Drugs Partnership Representative

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

Where an officer is unable to attend a particular meeting, a named representative shall attend in their place.

## 5 Quorum

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of



# Joint Clinical and Care Governance Committee



NHS Orkney, one of whom must be the Chair or Vice Chair, and two voting members of the Integration Joint Board.

Meetings will not take place unless at least one Clinical Executive Director of NHS Orkney and the Chief Social Work Officer, or nominated deputy, is present.

It will be expected that another Non-Executive Board Member or Integration Joint Board proxy member will deputise for a member of the Committee at a meeting if required.

For the avoidance of doubt, advisors in attendance at the meeting, shall not count towards a quorum.

## 6 Meetings

The Committee will meet at least quarterly.

The Chair may, at any time, convene additional meetings of the Committee.

Two development workshops/activities will be held each year. These may be attended by both members and advisors.

## 7 Conduct of Meetings

A calendar of Committee meetings, for each year, shall be approved by the members and distributed to members.

The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.

Notice of each meeting will confirm the venue, time and date together with an agenda and shall be made available to each member of the committee.

All JCCGC meetings shall be minuted, including the names of all those present or absent. Administrative support shall be provided by NHS Orkney.

Draft minutes shall be circulated promptly to the Chair of the JCCGC, normally within 10 days.

The approved minutes of the JCCGC will be made publicly available.

A rolling work plan will be developed and maintained which will be reviewed and approved annually. The approved work plan will be

# Joint Clinical and Care Governance Committee

submitted to NHS Orkney's Audit and Risk Committee and the Integration Joint Board.

The JCCGC shall, at least once per year, review its own performance. This shall be by means of a Self-Evaluation Form which will be sent to all members in attendance at any meeting during the relevant year.

## 8 Remit

### Person-Centred

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

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

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

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

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.

# Joint Clinical and Care Governance Committee

- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

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

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

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

## Population Health

# Joint Clinical and Care Governance Committee

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

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

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

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

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

## **9 Best Value**

# Joint Clinical and Care Governance Committee

The Committee is responsible for reviewing those aspects of Best Value delegated to it from Orkney NHS Board and Orkney Islands Council in line with Local Government in Scotland Act 2003 Best Value: Revised Statutory Guidance 2020. The key themes are:

- vision and leadership;
- governance and accountability;
- effective use of resources;
- partnerships and collaborative working;
- working with communities;
- sustainability;
- fairness; and
- equality.

The Committee will put in place arrangements which will provide assurance to the Chief Executives (of NHS Orkney and of Orkney Islands Council), as accountable officers, that NHS Orkney and the Integration Joint Board have systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executives should be included as an explicit statement in the Committee's Annual Report.

## 10 Authority

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

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

The External Auditors and Chief Internal Auditors shall have the right of direct access to the Chair of the Committee for audit purposes.

## 11 Reporting Arrangements

The Joint Clinical and Care Governance Committee reports to Orkney NHS Board for non-delegated matters and the Integration Joint Board for delegated matters.

The Chair of each meeting will be responsible for producing a Chair's Report, to be presented, along with the approved minute, to the next Board





# Joint Clinical and Care Governance Committee



meeting of NHS Orkney and the next meeting of the Integration Joint Board immediately following the JCCGC.

The Joint Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Joint Clinical and Care Governance Committee. This will be used to set agendas and monitored throughout the year.

The Joint Clinical and Care Governance Committee will produce an annual report for presentation to Orkney NHS Board and the Integration Joint Board. The Annual Report will describe the outcomes from the committee during the year and provide assurance to the Audit and Risk Committee of Orkney NHS Board and the Audit Committee of the Integration Joint Board that the Committee has met its remit during the year.

The Committee will prepare an action log which will be monitored and updated at each meeting.

The Committee will review the Terms of Reference annually.

|  |                      |
|--|----------------------|
| <i>Updated</i>                           | <i>15 April 2021</i> |
| <i>Annual Development Session Review</i> | <i>15 March 2021</i> |
| <i>Committee Approved</i>                | <i>27 April 2021</i> |
| <i>Next Formal Review</i>                | <i>March 2022</i>    |



# Finance and Performance Committee

## Terms of Reference

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Finance and Performance Committee   | 28 January 2021                     |
| Audit and Risk Committee            | 2 March 2021                        |
| Board                               | 22 April 2021                       |
| Last Change and Approval Date       | 3 March 2020                        |
| Last Review Date                    | 8 January 2020                      |
| Next Formal Review Date             | January 2022                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | Davie Campbell                      |
| Vice Chair                          | James Stockan                       |
| Lead Executive                      | Mark Doyle                          |
| Committee Support                   | Christy Drever                      |

## **1 Purpose**

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

## **2 Composition**

The membership of the Committee shall consist of:

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

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

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

## **3 Attendance**

In addition, there will be in attendance:

- Head of Finance
- Chief Finance Officer
- Director of Acute Services
- Medical Director
- Director of Nursing, Midwifery, and Allied Health Professionals
- Head of Assurance and Improvement

All Board members shall have the right of attendance and may request copies of agendas and papers.

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

**4 Quorum**

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

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

**5 Meetings**

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

**6 Remit**

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required
- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property)

- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value, ensuring that this assurance is included as an explicit statement in the Committee's Annual Report
- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken
- To ensure better understanding between service provision and financial impact and to allow the Board to demonstrate that it provides value for money.
- To ensure adequate risk management is employed in all areas within the remit of the Committee
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- To develop an annual cycle of business
- To ensure robust arrangements are in place in relation to digital transformation and cyber security providing assurance to the Board in this regard
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

## **7 Best Value**

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

## **8 Authority**

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

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

## **9 Reporting Arrangements**

The Finance and Performance Committee reports to Orkney NHS Board.

Following a meeting of the Finance and Performance Committee the Chair will present at the next Orkney NHS Board meeting an update from the meeting and any approved minutes.

The Finance and Performance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Committee.

The Finance and Performance Committee will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide assurance to the Board that the Committee has met its remit during the year.

|  |                         |
|--|-------------------------|
| <i>Updated</i>                           | <i>15 December 2020</i> |
| <i>Annual Development Session Review</i> | <i>12 January 2021</i>  |
| <i>Committee Approved</i>                | <i>25 March 2021</i>    |
| <i>Next Formal Review</i>                | <i>January 2022</i>     |

# Staff Governance Committee

## Terms of Reference

| Approval Record                     | Date                                |
|-------------------------------------|-------------------------------------|
| Staff Governance Committee          | 11 February 2021                    |
| Audit and Risk Committee            | 4 May 2021                          |
| Board                               | 24 June 2021                        |
| Last Change and Approval Date       | 3 March 2020                        |
| Last Review Date                    | 8 January 2020                      |
| Next Formal Review Date             | January 2022                        |
| Location and Access to Documents    |                                     |
| Location of master document         | Corporate Services folder – G:Drive |
| Location of backup document         | Meetings folder – G:Drive           |
| Location of E&D assessment          | n/a                                 |
| Post holder(s) names at last review |                                     |
| Chair                               | Caroline Evans                      |
| Vice Chair                          | Fiona MacKellar                     |
| Lead Executive                      | Lorraine Hall (Interim)             |
| Committee Support                   | Rose Rendall                        |

## **1 Purpose**

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

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

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

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

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

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

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

## **2 Composition**

Four Non-Executive Members, including Employee Director, plus two lay representatives from Trade Unions and professional organisations nominated by the Area Partnership Forum.

Interim Chief Executive  
Interim Director of Human Resources - Lead for Committee  
Director of Nursing, Midwifery, and Allied Health Professionals.

**3 Attendance**

In addition, there will be in attendance:

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

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

**4 Quorum**

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

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

**5 Meetings**

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

**6 Remit**

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

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard are being achieved
- Monitoring and evaluating strategies and implementation plans relating to people management
- Support policy amendment, funding, or resource submissions to achieve the Staff Governance Standards
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum
- Review and approve workforce plans and workforce projections ensuring that appropriate processes have been followed



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

## **7 Best Value**

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

## **8 Authority**

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

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

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

## **9 Reporting Arrangements**

The Staff Governance Committee reports to Orkney NHS Board.

Approved minutes of the Staff Governance Committee will be presented to the NHS Orkney Board.

The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Committee.

The Staff Governance Committee will produce an annual report for presentation to the Audit and Risk Committee and Orkney NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Audit and Risk Committee that the committee has met its remit during the year.

The Staff Governance Committee will receive the Remuneration Committee Annual Report for assurance while remaining a substantive standing Committee of the Board itself, to enable the Committee to provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

|  |                         |
|--|-------------------------|
| <i>Updated</i>                           | <i>15 December 2020</i> |
| <i>Annual Development Session Review</i> | <i>14 January 2021</i>  |
| <i>Committee Approved</i>                | <i>11 February 2021</i> |
| <i>Next Formal Review</i>                | <i>January 2022</i>     |

# Remuneration Committee

## Terms of Reference

| <b>Approval Record</b>                     | <b>Date</b>                         |
|--|-------------------------------------|
| Remuneration Committee                     | 11 February 2021                    |
| Audit and Risk Committee                   | 4 May 2021                          |
| Board                                      | 24 June 2021                        |
| Last Change and Approval Date              | 19 April 2021                       |
| Last Review Date                           | 8 March 2021                        |
| Next Formal Review Date                    | January 2022                        |
| <b>Location and Access to Documents</b>    |                                     |
| Location of master document                | Corporate Services folder – G:Drive |
| Location of backup document                | Meetings folder – G:Drive           |
| Location of E&D assessment                 | n/a                                 |
| <b>Post holder(s) names at last review</b> |                                     |
| Chair                                      | Meghan McEwen                       |
| Vice Chair                                 | James Stockan                       |
| Lead Executive                             | Lorraine Hall                       |
| Committee Support                          | Lauren Johnstone                    |

## **1 Purpose**

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

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

## **2 Composition**

The Remuneration Committee shall consist of:

- The Chair of the Board (who will be the Chair)
- Three other Non-Executive Members one of whom should, in normal circumstances, be the Employee Director.

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

## **3 Attendance**

In addition, there will be in attendance:

- Chief Executive
- Interim Director of Human Resources

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

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

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

## Quorum

Meeting of the Remuneration Committee will be quorate when two non-executive members are present, one of whom must be the chair or vice-chair.

Any non-executive Board member, except if they are independent primary care contractors, with the agreement of the Chair may deputise for a member of the Committee at any meeting.

## 5 Meetings

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

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

## 6 Remit

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors of the Board and also to discharge specific responsibilities on behalf of the Board as an employing organisation.

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

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

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

When appropriate, in accordance with procedures, consider any redundancy, early retiral or termination arrangement, including

Employment Tribunal Settlements (approved by Scottish Government) in respect of all NHS Orkney Employees and, after due scrutiny, obtain a separate individual direction to make the actual payment. Other challenging cases, not involving Executive Directors, may be discussed by the Committee, with the approval of the Chair.

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

## **7 Best Value**

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

## **8 Confidentiality and Committee Decisions**

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

## **9 Minutes and Reports**

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

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

## 10 Authority

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

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

## 11 Reporting Arrangements

The Remuneration Committee is required to provide assurance that systems and procedures are in place to manage the responsibilities contained within its remit.

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

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

The annual report will also be provided to the Staff Governance Committee for assurance that that systems and process are in place to manage the issues set out in MEL(1993)114 and subsequent amendments.

|  |                      |
|--|----------------------|
| <i>Updated</i>                           | <i>17 March 2021</i> |
| <i>Annual Development Session Review</i> | <i>8 March 2021</i>  |
| <i>Committee Approved</i>                | <i>19 April 2021</i> |
| <i>Next Formal Review</i>                | <i>January 2022</i>  |

Not protectively marked

## NHS Orkney Public Board – 24 June 2021

Report Number: OHB2122-17

This report is for approval

### Corporate Health and Safety Strategy

|                                 |   |
|---------------------------------|---|
| <b>Lead Director<br/>Author</b> | Michael Dickson, Interim Chief Executive<br>Malcolm Colquhoun, Head of Estates, Facilities and NPD  |
| <b>Action Required</b>          | The Board is asked to:<br><br>1. Approve the Strategy as recommended by the Staff Governance Committee.   |
| <b>Key Points</b>               | <p>The Health and Safety at Work Act 1974 is the primary piece of legislation covering Occupational Health, Safety and Welfare in the workplace.</p> <p>The General duties of HSWA and The Management of Health &amp; Safety at Work Regulations 1999, aim to help employers to set goals, but leave them sufficient freedom to decide on how they control any hazards and risks which are identified locally.</p> <p>The overall aim of NHS Orkney's Corporate Health and Safety Strategy is to ensure the continued development and sustainability of high-quality Health and Safety support services and systems</p> |
| <b>Timing</b>                   | The Strategy was presented to the Staff Governance Committee on the 26 May 2021.  |
| <b>Link to Priority areas</b>   | Health and Safety underpins all we do in the workplace. Therefore NHS Orkney must ensure the availability of professional, good quality Health and Safety advice is available to all staff. Effective and constructive Health and Safety message across the organisation will help to support the safety and wellbeing of our workforce in NHS Orkney.  |
| <b>Consultation</b>             | Consultation groups and dates are listed on the covering page of the Strategy. The Staff Governance Committee, at their meeting on the 26 May 2021, recommended the Strategy for Board approval.  |



# Corporate Health and Safety Strategy

## 2021- 2024

|  |   |
|--|---|
| Policy Author:                                 | Head of Estates, Facilities & NPD   |
| Policy Owner (for updates)                     | Head of Estates, Facilities & NPD   |
| Engagement and Consultation Groups:            | Occupational Health and Safety Committee;<br>Quality and Improvement Committee; |
| <b>Approval Record</b>                         | <b>Date</b>   |
| Occupational Health and Safety Committee       | 28 April 2021   |
| Partnership Forum                              | 18 May 2021   |
| Staff Governance Committee                     | 26 May 2021   |
| Board  | 24 June 2021  |
| Equality and Diversity Rapid Impact Assessment | 10 October 2014   |
| <b>Version Control</b>                         |   |
| Version Number                                 | 2.1   |
| Date of Original Document                      | 23 October 2014   |
| Last Change and Approval Date                  | <b>October 2016</b>   |
| Last Review Date                               | March 2021  |
| Next Formal Review Date                        | 3 years from date of approval   |
| <b>Location and Access to Documents</b>        |   |
| Location of master document                    |   |
| Location of backup document                    |   |
| Location of E&D assessment                     | Attached  |
| Access to document for staff                   |   |
| Access to document for public                  | website   |
| <b>Post holders names at last review</b>       |   |
| Head of Estates, Facilities & NPD Contract     | Malcolm Colquhoun   |
|  |   |

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please contact the author:

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  - 2.1 Current Situation**
  - 2.2 The Future**
- 3. The Aim of this Corporate Health and Safety Strategy**
- 4. Objectives**
- 5. Objectives in Detail**
- 6. Delivering the Objectives**
- 7. Summary**

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| <b>Appendix1</b> | <b>Diagram of key elements of successful health and safety management (HS (G) 65)</b> |
|------------------|---|

## **1. Executive Summary**

The [Health and Safety at Work etc Act 1974](#) (HSWA) is the primary piece of legislation covering Occupational Health, Safety and Welfare in the workplace. The General duties of HSWA and [The Management of Health & Safety at Work Regulations 1999](#), aim to help employers to set goals, but leave them sufficient freedom to decide on how they control any hazards and risks which are identified locally.

This can be achieved through the continued implementation of [HS\(G\)65](#), the standardised Health and Safety Management System.

By adhering to this system, it will help to encourage and develop a positive safety culture within NHS Orkney. As part of our continued compliance with legislation, NHS Orkney should continue to review the policies and procedures that are in place, which are intended to help maintain good health and safety standards within the workplace.

NHS Orkney's executive, senior managers, supervisors, and staff should all be aware of the 'duty of care' for themselves, each other and for all those who come into the NHS Orkney workplace. This should include contractors and sub-contractors across all service departments operating on behalf of NHS Orkney.

NHS Orkney's Estates Department will be expected to ensure that all contractors and sub-contractors are suitably supervised and comply with NHS Orkney's processes and procedures as laid out within the NHS Orkney Control of Contractors guidance. NHS Orkney will ensure that its management and leadership staff have the knowledge and competence to ensure effective health and safety management systems and processes are in place.

Positive involvement with the workforce and their representative's is essential to ensuring the success of this strategy. Constructive communication of health and safety messages across the organisation will help to support effective health and safety in the workplace. The forum for discussing health and safety will be through the Area Partnership Forum (APF).

NHS Orkney must ensure that professional and good quality health and safety advice is available to all staff, managers, and supervisors and that leaders at all levels have a working knowledge of, and are competent in the administration of, effective Health and Safety management. The appointment of competent people to offer advice is essential. The Head of Estates, Facilities & NPD Contract is the nominated lead person for the Board and reports directly to the CEO.

## **2. NHS Orkney - Setting the scene**

As an introduction to the strategy, it is recognised that there is a level of importance associated with NHS Orkney's origins, from both an organisational and Health and Safety perspective. This, coupled with a brief synopsis of the current Health and Safety arrangements, is necessary to provide a reasonable status report of the current situation.

## **2.1 Current Situation**

NHS Orkney has taken significant steps to create a positive Health and Safety culture and has invested in training, and education for staff. However, there is a requirement for further development which will entail a greater investment of time and effort throughout the organisation. This should include a program of training for managers and leaders at all levels and specific education for front line staff that is in addition to the learn-pro modules.

NHS Orkney has an Occupational Health and Safety Committee made up from members of the workforce that includes management, staff representatives and risk and safety advisors who specialise in specific subjects.

Those staff who are elected and participate as safety representatives or are nominated by unions to act on behalf of the workforce, have an open invitation to attend meetings at any time, either as a member of the committee or to raise and discuss a specific subject as a one off.

## **2.2 Going Forward**

### **Key drivers**

- It is considered that NHS Orkney has a clear and coherent direction to the overall management of Health and Safety across all services.
- There are good management processes in place as well as a committee made up of staff, safety specialists and management.
- The OH&S committee is chaired by the executive lead or their nominated deputy.
- NHS Orkney must have an Occupational Health and Safety Committee that is truly representative of the organisation and has the authority to make OHS decisions on behalf of the organisation. It is therefore a requirement that the committee remains representative of the departments and services that make up NHS Orkney. This must include representation from the private GP practices and Robertson's FM.
- NHS Orkney has worked to improve on the reviewing and updating of policies however there is still work to do in this area.
- NHS Orkney Managers/Supervisors should ensure that all staff are aware of their individual responsibilities and obligations under health and safety legislation. Appropriate levels of supervision, information, instruction, and training are essential in ensuring that staff know how to undertake their duties safely.

Addressing these points in a co-ordinated manner is of utmost importance to NHS Orkney, especially in the climate of financial challenges within which the Board is operating. This is compounded by the societal changes that have occurred, in relation to health and safety, over the past decade namely that public attitudes have changed in terms of blame, redress, and compensation. Thus, the Organisation must embrace strong, systematic direction to the management of Health and Safety.

Some of the key links for the future of such a co-ordinated approach to NHS Orkney's Health and Safety support services are:

- Staff and Management
- The Partnership Link
- Health and Safety Management/Supervisors
- The Corporate Health and Safety Strategy - the directional link
- The NHS Orkney Occupational Health and Safety Committee

The implementation of this Strategy initiative should be via the Occupational Health and Safety Committee which will report to the Executive Management Team (EMT) in terms of governance monitoring.

It is intended that with the implementation of the co-ordinated approach detailed within this strategy document, NHS Orkney will be in a position where:

- All levels of staff are regularly updated as to the progress and implementation of Health and Safety information and systems and are aware of their obligations.
- Health and Safety policies, guidance notes, general documentation and risk assessment information are stored in one place which can be easily viewed by all staff that have access to the Blog.
- The importance of Health and Safety is clearly understood within NHS Orkney which is reflected by positive safety leadership at every level.
- Healthcare environment and safety audits will be undertaken to help identify both positives and deficiencies, to ensure the safety of staff, patients, and others within the organisation.
- Regular Health and Safety inspections are conducted at local level, with non-conformances being dealt with by managers wherever reasonably practicable.
- The level of competency of NHS Orkney's staff and management is raised to a level where Health and Safety is integrated as an operational norm, and the organisation is moving towards a truly positive health and safety culture.
- NHS Orkney will continue to improve, and develop new systems to support key health and safety topics, such as: moving and handling, fire, infection control, violence and aggression, radiation safety, business continuity etc.

### **3. The Aim of this Corporate Health and Safety Strategy**

The overall aim of NHS Orkney's Corporate Health and Safety Strategy is to ensure the continued development and sustainability of high-quality Health and Safety support services and systems.

This should be delivered in a timely, efficient, effective, and affordable manner to ensure the organisation meets its legislative obligation to safeguard the health, safety, and welfare of people and property. This will enable the Board to meet, and exceed, the statutory obligations placed upon the organisation to safeguard the health, safety and welfare of staff, patients and others who might otherwise be affected by the actions and/or omissions of NHS Orkney.

### **4. Objectives**

The principal Occupational Health and Safety objectives for NHS Orkney:

1. Continue to review and improve the organisation's health and safety management structures and arrangements, with an emphasis on monitoring the implementation of policies, processes, and associated outcomes.
2. To support managers and staff in achieving suitable levels of knowledge and competency in health and safety.
3. To maximise the communication and consultation arrangements currently in place.
4. To ensure that staff are aware of the need and how to comply with health and safety standards.
5. To increase staff involvement in health and safety performance through line management, with a view to increased emphasis on partnership working.
6. To ensure that there is an identifiable top-down commitment to health and safety, to progress the acceptance of effective health and safety working arrangements as the daily operational norm.
7. To assess workplace risks on an ongoing basis and review the safe systems of work implemented

### **5. Objectives in Detail**

- 5.1 To continue to review and improve NHS Orkney's Health and Safety management structures and arrangements, with an emphasis on monitoring the implementation of policies, processes, and associated outcomes.**

For NHS Orkney, the foundation of our safety management systems are the people who are expected to lead on and manage health and safety. It is therefore imperative to provide support to those people as they require to be competent and active in the pursuit of health and safety best practice. These competencies can be monitored and brought together by the Occupational Health and Safety Committee with clear agreed targets and goals.

It is essential that realistic timeframes are agreed, and this strategy should be implemented and embedded in NHS Orkney's corporate objectives. The audit tools and processes used by the organisation to undertake and record health and safety checks, non-conformances, and good practice, must be reviewed on an ongoing basis. At this time NHS Orkney has an effective incident reporting tool (Datix), however investigation and learning should be reviewed, streamlined, and shared to assist Health and Safety management.

Outcomes:

- Effective and easy to use audit tools/processes should be in place within all departments and services.

## **5.2 To support Managers and Staff in achieving suitable levels of competency and Health and Safety knowledge.**

The effective management of occupational health and safety will be best achieved by the continued involvement of staff utilising their knowledge and skills to create a healthy and safe working environment. To achieve this in an effective and meaningful way, staff need to know what is required of them, therefore it is vital that Line Managers /supervisors have the necessary knowledge, skills, and competencies to do so.

Outcomes:

- NHS Orkney will develop Managers' competency in health and safety by ensuring 'Health and Safety management' is a mandatory aspect within their training and development. Those staff who are employed in the management of Health and Safety will be offered (NEBOSH/IOSH) training to further enhance their competencies. All staff, as a very minimum, must have completed the appropriate learn-pro modules and health and safety must form part of every staff members PDP. This is an ongoing continuous improvement initiative.
- The Institute of Occupational Safety and Health accredited 'Managing Safely' course will be the standard course for all NHS Orkney managers to complete. This will meet the outcome for all NHS Orkney's managers to have some accredited and formal Health and Safety training. NEBOSH will be offered to those specialising in H&S for the organisation

## **5.3 To build upon, and maximise, the communication and consultation arrangements currently in place.**

NHS Orkney should continue building upon the existing arrangements for communication and consultation with staff, and to enhance these by taking a more focused approach through:



- a comprehensive Health and Safety committee structure. In essence, this will be a central NHS Orkney Occupational Health and Safety Committee; with input from various sector / departmental committees. This structure will be further supported by communication links with a number of specialist committees and groups e.g. risk management.
- continuous development of line management responsibilities and holding managers accountable for staff briefings and for training and development.
- utilising and maximising existing resources.
- using new skills (IOSH/NEBOSH) to communicate and embed best practice and new safer ways of working to direct reports/staff.

In addition to the Committee structure, NHS Orkney will endeavour to take a more proactive stance in the engagement of staff, when addressing areas / items for improvements in health and safety. Work should be undertaken in conjunction with the Orkney Area Partnership Forum to explore more innovative methods of communicating the health and safety message to many of our remote, lone worker, or hard to reach sites and staff.

Outcomes:

- Implement best practice to carry out ongoing workplace assessments and audits, recording the findings and highlighting/reporting non-conformance or system failure to the appropriate people. Assessments/audits should be carried out by representatives from individual wards/areas/departments.
- The Occupational Health and Safety Committee will be represented more effectively on the other various partnership committees.
- A representative from NHS Orkney's Occupational Health and Safety Committee should be co-opted onto the Orkney Area Partnership Forum, with the key remit of promoting improved health and safety communication across the Board.

#### **5.4 To ensure that staff understand the need to be involved in achieving compliance with Health and Safety standards.**

Employees are required to complete their statutory and mandatory training. In doing so they should understand the duty of care they have to themselves and their colleagues and what is expected of them i.e. the Health and Safety at Work etc Act 1974 (section 7) states that all employees have a duty to take reasonable care and behave in a responsible and safe manner while in the workplace. They should also understand the statutory requirement of the organisation's need to protect staff.

Outcomes:

- All Staff will be required to complete mandatory training and be reminded that they are accountable for the health and safety of themselves and people around them, and that their actions can have both positive and negative consequences.

#### **5.5 To increase Staff involvement in Health and Safety performance through line management with an increased emphasis on partnership working.**

As well as a Committee structure, closer partnership working will be essential to deliver the measures identified in this Strategy. Due to the finite resources available for Health and Safety related roles within NHS Orkney, further involvement of trained Health and Safety representatives will increase the potential number of active staff hours available for the promotion of Health and Safety.

It is intended that wherever practicable, staff and partnership representatives will be consulted and actively involved in any new, or altered working practice proposals that affect the health, safety and/or welfare of staff.

Outcomes:

- A short life working group will be formed to enable the continued development of Health and Safety representatives which shall be chaired by the executive lead for Health and Safety. The purpose of the group will be that suitably trained and competent Health and Safety representatives, including staff side representation, shall be active within NHS Orkney. The chair will produce a short report to the Occupational Health and Safety Committee, which will be presented at the first meeting of the Committee in each new financial year. This will detail points from the previous year group meeting, for example, changes in the number of safety representatives, key health and safety issues from staff side, and how the partnership arrangements have worked in terms of addressing these issues etc.
- An annual report from the Chair of the NHS Orkney Occupational Health and Safety Committee will be presented to the Corporate Management Team, the Staff Governance Committee and to Quality Improvement Committee each meeting. This will detail, amongst other Health and Safety performance items, an overview of the effectiveness of Health and Safety partnership arrangements.

#### **5.6 To ensure that there is identifiable top-down commitment to Health and Safety, in order to drive forward the acceptance of effective Health and Safety working arrangements as the daily operational norm.**

As mentioned under section 2.1 above, Senior Management within NHS Orkney has already taken several steps to enable health and safety to be improved throughout the organisation. Although this has been viewed as a positive measure, their continued support to drive health and safety forward and to build a positive and informed culture is essential.

It is recognised that achieving health and safety cultural change is not a quick-fix solution. NHS Orkney must take account of the fact that the existing culture has evolved over a long period of time and attempts to improve it too quickly may result in resistance or lack of engagement. Accordingly, this may well prove

to be the most difficult element of the Strategy to achieve. However, it must be recognised that a lot of good practice does exist and the positive cultural elements that are already in place in NHS Orkney should be used as exemplars.

Outcomes:

- Health and Safety Management audits will continue to be implemented to gain an overall picture of the level of understanding that NHS Orkney's Senior Managers have of their health and safety obligations. Where elements of good practice are found, these will be shared. In areas where improvements are required, support will be provided.
- Continue to adapt Departmental/Ward/Area health and safety inspections which will be used as a means of measuring operational level compliance with statutory obligations within NHS Orkney. The results of these inspections will be reported to the NHS Orkney's Occupational Health and Safety Committee.
- Progress will be monitored via the Corporate Management Team to ensure an effective governance process.

#### **5.7 To assess workplace risks and introduce safe systems of work**

There is a requirement that NHS Orkney continues to review and develop their risk assessment tool, to ensure that it is accessible for all staff and 'user friendly' enough to complete. Risks require to be assessed, managed and recorded to ensure that measures are taken to reduce potential harm to people and/or property, however generic risk assessments for repetitive tasks can be created to support the establishment of safe systems of work for certain tasks. The Risk Assessment process is the responsibility of all staff and not just a management process.

Outcomes:

- All staff should have the ability to assess risk, record it on the correct paperwork, and implement or contribute to the implementation of safe systems that take into account possible harm to people or property and appropriately mitigate against this.

### **6. Delivering the Objectives**

To achieve the points identified in the objectives, it is necessary to consider how the Strategy will be delivered over the next three years. The present financial challenges faced by NHS Orkney restrict the options but do not remove their statutory Health and Safety obligations.

It is recognised that a practical system is required that will allow the Strategy to be implemented within the operational constraints of the organisation, thus it is recommended that NHS Orkney continues with the Health and Safety Executive's HS(G)65 "Successful Health and Safety Management" system. This was selected for a number of reasons: it is a no-cost option to acquire; it is the system that the Health and Safety Executive (the principal Health and Safety regulators) measure us against if/when NHS Orkney is

inspected; it does not require costly third party accreditation in order to demonstrate compliance; and it is a relatively easy-to-understand system with which to work.

[Appendix 1](#) provides an overview of the key elements of HS(G)65.

## **7. Summary**

Good Health and Safety management in the workplace is a legal requirement consisting of many pieces of legislation intended to protect people and property. NHS Orkney must continue to develop the processes and systems already in place. At the same time work to achieve good quality communication and interaction with staff, the implementation of safety processes and procedures in their departments by Managers, and the governance and audit of these processes. This strategy is intended to build on the good work done to date and help provide leadership at all levels and direction to future work to ensure full compliance with current health and safety legislation.

## Appendix 1

### HS(G)65 – Successful Health and Safety Management, HSE

| <b>Plan, Do, Check, Act</b> | <b>Conventional health and safety management</b>                      |
|-----------------------------|---|
| <b>Plan</b>                 | Determine your policy/Plan for implementation                         |
| <b>Do</b>                   | Profile risks/Organise for health and safety/Implement your plan      |
| <b>Check</b>                | Measure performance (monitor before events, investigate after events) |
| <b>Act</b>                  | Review performance/Act on lessons learned                             |

A more detailed summary of HS(G) 65 can be found here:  
[Managing for health and safety \(HSG65\)](#)

|   |   |
|---|---|
| NHS Orkney – Equality and Diversity Impact Assessment<br>Rapid Impact Checklist: Summary Sheet<br>Document title: <b>Health and Safety Strategy</b>   |   |
| <b>Positive Impacts (Note the groups affected)</b><br><br>➤ All staff, patients and visitors<br><br>➤ NHS Orkney will be enabled and encouraged to develop a culture, whereby staff, patients and others are afforded optimum protection to their health, safety and wellbeing. | <b>Negative Impacts (Note the groups affected)</b><br><br>None identified |
| <b>Additional Information and Evidence Required</b><br><br>None required  |   |
| <b>Recommendations</b><br><br>None made   |   |
| <b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b><br><br>No full EQIA necessary   |   |

Names and Signature(s) of Level One Impact Assessor(s)

Name:

Date:

**Not Protectively Marked****NHS Orkney Board – 24 June 2021****Report Number: OHB2122-18****This report is for Assurance****Infection Prevention & Control Annual Report**

|                                 |   |
|---------------------------------|---|
| <b>Lead Director<br/>Author</b> | David McArthur DoNMAHP<br>Sarah Walker/Rosemary Wood, Infection Control Managers  |
| <b>Action Required</b>          | The Board is being asked to discuss and note the report.  |
| <b>Key Points</b>               | <ul style="list-style-type: none"> <li>• HAI LDP targets achieved in the year 2020-21</li> <li>• Update of progress against HAI Standards over the year.</li> <li>• COVID-19 update for the year</li> </ul> |
| <b>Timing</b>                   | This the Annual Infection Prevention and Control Report for 2020/2021   |
| <b>Link to Priority areas</b>   | <p>How does this paper links to the priority areas:</p> <ul style="list-style-type: none"> <li>• Covid-19</li> <li>• Quality and Safety</li> <li>• Systems and Governance</li> </ul>                        |
| <b>Consultation</b>             | <p>This report has been reviewed at:</p> <ul style="list-style-type: none"> <li>• Infection Control Committee – March 2021</li> <li>• Clinical and Care Governance committee – April 2021</li> </ul>        |



# Infection Prevention and Control Annual Report 2020-21



|               |                   |   |
|---------------|-------------------|---|
| Created by:   | Rosemary Wood     | Infection Control Manager                           |
|               | Sarah Walker      | Infection Control Manager                           |
|               | Catherine Edwards | Infection Prevention & Control Nurse Specialist     |
| Supported by: | Dr Becky Wilson   | Infection Control Doctor/Consultant Microbiologist. |



## Foreword

A year with a difference for us all and no matter what your role in healthcare or in society we have all been affected one way or the other and have learned to rapidly adapt to change.

Firstly, I would like to thank all staff for their versatility in stepping up to the mark in every possible way in dealing with the ongoing pandemic. Every member of staff and volunteers have embraced the continuous ask from the Scottish Government to implement guidance at short notice. Our Healthcare facility has certainly demonstrated the adaptability to change to meet the needs of services. Ensuring there is provision for receiving COVID-19 positive patients into a safe environment.

Staff have received intense education sessions to ensure safety in the application of Personal Protective Equipment (PPE), the safe removal and disposal of contaminated PPE. Face fit test for higher grade PPE use. The development of pathways for patients in COVID and non COVID areas. Testing in community and then through the COVID Assessment Centre, which was supported initially by teams from areas where their service had been reduced. There have been some real innovative developments during lockdown to support the people of Orkney to ensure they are kept safe as possible.

This report reflects some good news stories and some challenges for improvement. The infection prevention and control motto is: to reduce infection where possible, through identifying the cause and support improvement work.

New initiatives have been established and tougher target dates to be achieved. More surveillance is required and undertaken to support the monitoring, to achieve required reduction.

***“Infection Prevention & Control is everyone’s business”.***

## **The Team**

### **Management Team**

Michael Dickson Interim Chief Executive

David McArthur HAI Executive Lead

Dr Becky Wilson, Consultant Microbiologist, Infection Control Doctor

Rosemary Wood, Infection Control Manager

Sarah Walker, Infection Control Manager

### **Infection Prevention & Control Nursing Team**

Catherine Edwards IPC Nurse Specialist

Vacant post IPC Nurse x2

Vacant post Support/ Worker /Administration

## **Introduction**

Preventing and controlling Healthcare Associated Infection (HAI) continues to be a challenge in healthcare and this past year has been no exception as there has been the need for huge investment into Healthcare for COVID-19. A significant proportion of HCAs are considered to be avoidable hence the need for infection prevention & control team to embrace this challenge to make a difference in providing safe, effective, patient centred care to ensure where possible teams are provided with the right guidance to reduce healthcare associated infections.

The purpose of this Infection Prevention & Control (IPC) Annual Report is to provide an overview of the IPC activities over the past twelve months highlighting key changes, challenges and service achievements along with identification of areas for improvement for NHS Orkney for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021.

## Executive Summary

### ***Clostridioides* (formerly *Clostridium*) *difficile* infection (CDI)**

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI where possible is therefore essential and an important patient safety issue.

The standard is to achieve a reduction in *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)

NHSO performance in 2020/2021

Healthcare associated cases per 100,000 bed days (ages 15 & over) was 0 cases.

Community associated cases per 100,000 populations (ages 15 & over) **3 cases**

**LDP TARGET ACHIEVED**



### **Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* (*S. aureus*) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. Infection can occur if *S. aureus* breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP TARGET: 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 3 cases

**LDP TARGET ACHIEVED**



### **Hand Hygiene**

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

**TARGET ACHIEVED**



### **Surgical Site Infection (SSI)**

SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSO performance in 2020/2021

Total procedures = 59

Caesarean sections - 1 case

Hip Arthroplasty – zero cases

Large bowel – zero cases



### **Outbreaks of Infection**

The role of the IPC Team in healthcare is to prevent, prepare for, detect, and manage outbreaks of infection. In 2020/2021 in NHSO, there were no outbreaks of infection.

The last norovirus outbreak was February 2012.



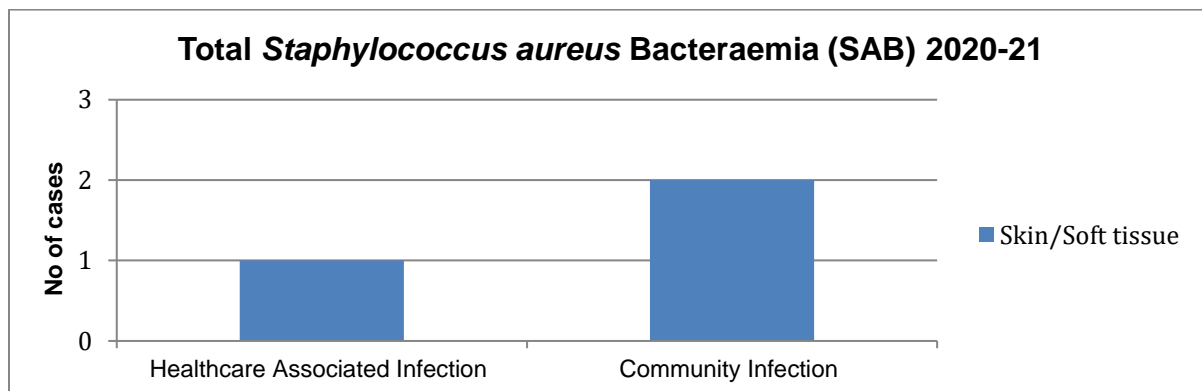
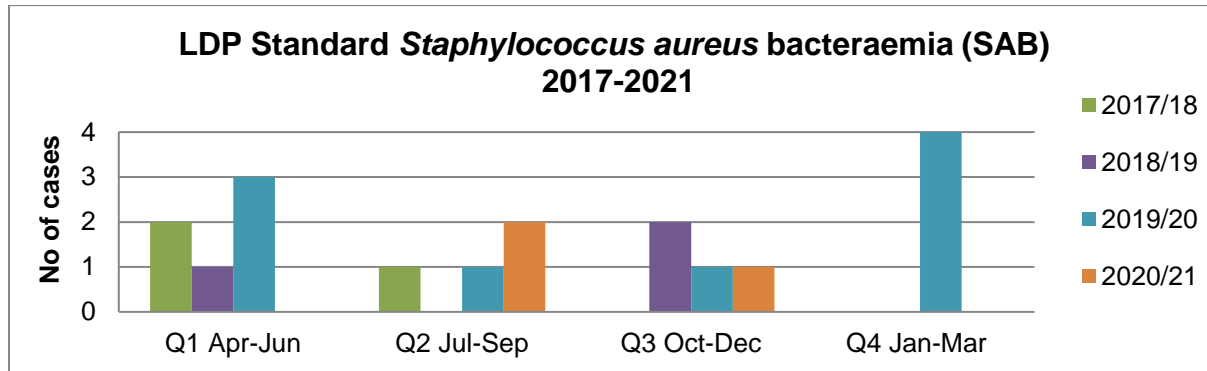
### **Incidents**

In 2020/21, Problem assessment groups initiated 1 incident which was reported to Health Protection Scotland

- MDRO- closed and actions now devolved to services areas for monitoring.

## HAI Surveillance – LDP Targets

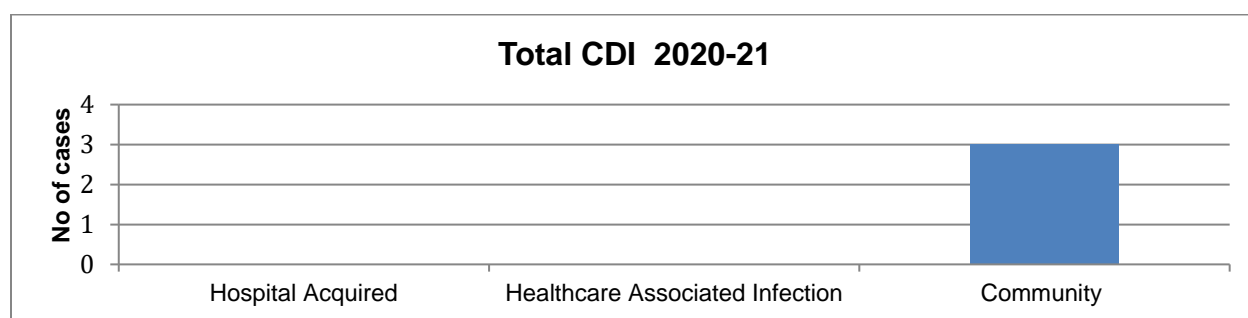
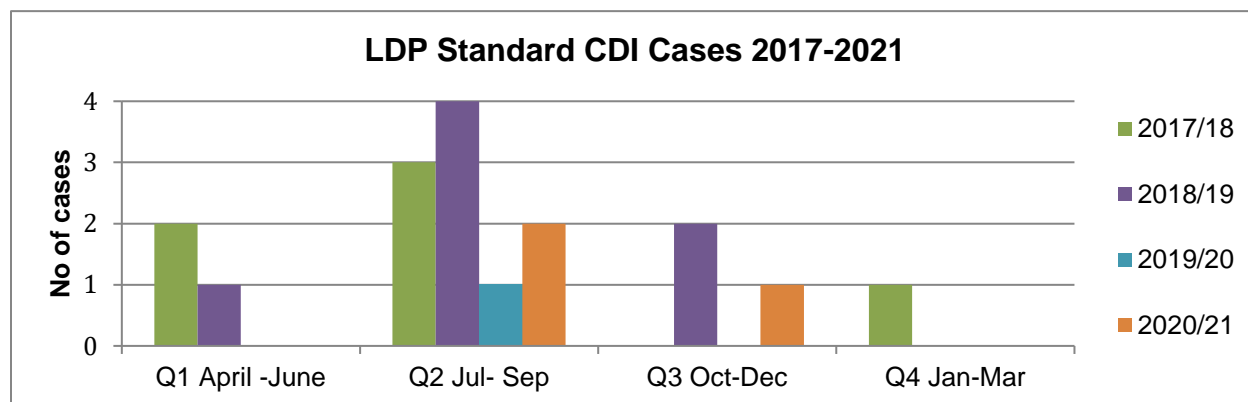
### *Staphylococcus aureus* Bacteraemia



Total 3 cases, data reflects all positive cases. Any samples taken in hospital after 48 hrs of admission are considered hospital acquired and any cases within the Board who have undergone any medical intervention (e.g., venepuncture) within 30 days prior to samples being taken are considered Healthcare Associated Infections. True community cases have had no medical intervention in any care setting within the previous 30 days of sample the sample being taken.

Each individual SAB gets investigated by the IPCT together with clinical teams to implement any necessary action.

## ***Clostridioides difficile* infection (CDI)**



Total cases 3 and were all treated in line with their underlying infection and were all non-preventable.

## **Multi Drug Resistant Organism Clinical Risk Assessment (CRA)**

The current Key Performance Indicator has been developed to measure compliance at a Scottish level on an annual basis. The CRA was developed initially to address risk of Meticillin resistant *Staphylococcus aureus* (MRSA) at time of admission; however, this has further developed to encompass a more resistant pathogen known as Carbapenemase-producing *Enterobacteriaceae* (CPE).

There is a minimum number of records that require to be submitted each quarter by boards NHSO aims to submit over the required number, to understand that this is an essential patient safety assessment.

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary to ensure that the national policy for MRSA screening is as effective.

NHSO continues to be above the average NHS Scotland compliance rate for undertaking the CRA for all new admission and elective surgery.

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

| MRSA Uptake | 2019_20 Q4 | 2020_21 Q1 | 2020_21 Q2 | 2020_21 Q3 |
|-------------|------------|------------|------------|------------|
| Orkney      | 100%       | 87%        | 97%        | 100%       |
| Scotland    | 87%        | 84%        | 86%        | 82%        |

| CPE Uptake | 2019_20 Q4 | 2020_21 Q1 | 2020_21 Q2 | 2020_21 Q3 |
|------------|------------|------------|------------|------------|
| Orkney     | 100%       | 87%        | 94%        | 96%        |
| Scotland   | 85%        | 80%        | 85%        | 79%        |

## Escherichia coli (E. coli) Bacteraemia Surveillance

The IP&C team have been undertaking mandatory surveillance of all *E.Coli* bacteraemia within the Board, which was requested by the Scottish Government Health and Social Care Directorate for in-depth analysis of the epidemiology of *E.Coli* bacteraemia, as it's currently the most common cause of bacteraemia in Scotland. *Escherichia coli* (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. However, when this pathogen gets into your blood stream, it can cause a blood stream infection (bacteraemia). This can be because of an underlying infection or procedure such as:

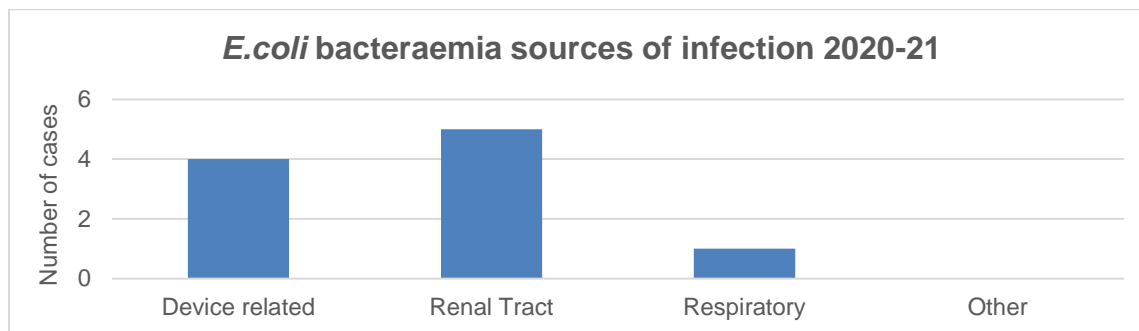
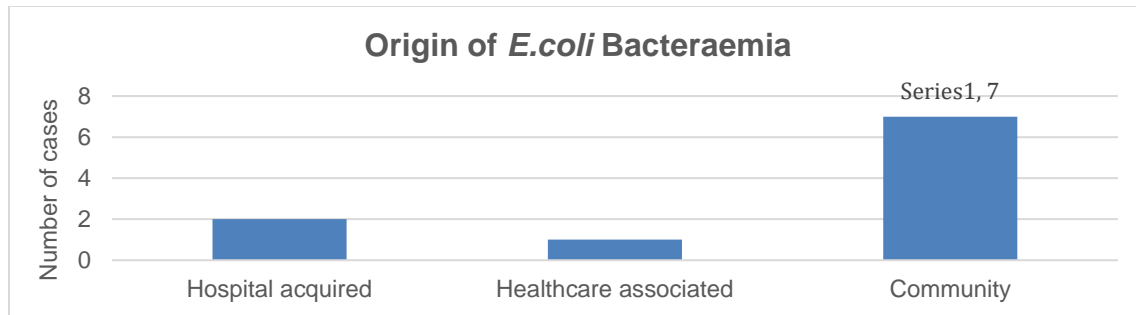
- urinary tract
- surgery
- inappropriate use of medical devices

Sometimes the source of the bacteraemia cannot be identified.

This work will be moving forward as an LDP over the next few years with a stepped anticipated reduction of 50% in this type of bacteraemia by 2024.

In the last year as a baseline for reduction NHSO has recorded 10 *E.coli* bacteraemia cases, which is a reduction from last year's 19 cases.

Below is a breakdown of origin, as described in the HPS Protocol and related causes.



## Hand Hygiene Monitoring Compliance

Hand hygiene is a term used to describe the decontamination of hands by various methods including routine hand wash and/or hand disinfection which includes the use of alcohol gels and rubs.

The World Health Organisation outline “5 key moments for hand hygiene”. These key opportunities define when health-care staff should perform hand hygiene.



1. **Before touching patient**
2. **Before clean/aseptic procedure**
3. **After body fluid exposure risk**
4. **After touching patient**
5. **After touching patient surroundings**

Hand hygiene has been one of the many areas highlighted for its importance during the current pandemic. Refresher hand hygiene training has been delivered across all services. Compliance has been good for all audits undertaken throughout the year. There are enhanced opportunities

with hand sanitising stations setup throughout the organisation to support not only hand hygiene but the wearing of surgical masks and the need to decontaminate hands prior to the removal of mask and after placing mask into waste.

Hand Hygiene quality assurance continues to be undertaken by IP&C Team bimonthly and informally on a daily observational basis.

## **Surgical site infections**

NHS Orkney IPCT is required to undertake surgical site infection surveillance for three procedures undertaken within the Balfour. Surveillance is undertaken on: all Caesarean Sections, elective and emergency, Large Bowel operations, on all cases where there is some element or pre theatre work-up, (cases taken directly to Theatre from the Emergency Department, are not included) and lastly on all orthopaedic hip surgery. In Orkney this is all hip trauma surgeries as electives are not undertaken here.

In the last year, there have been 1 infection recorded out of a total of 59 procedures.

Below is a breakdown of procedures over the last year.

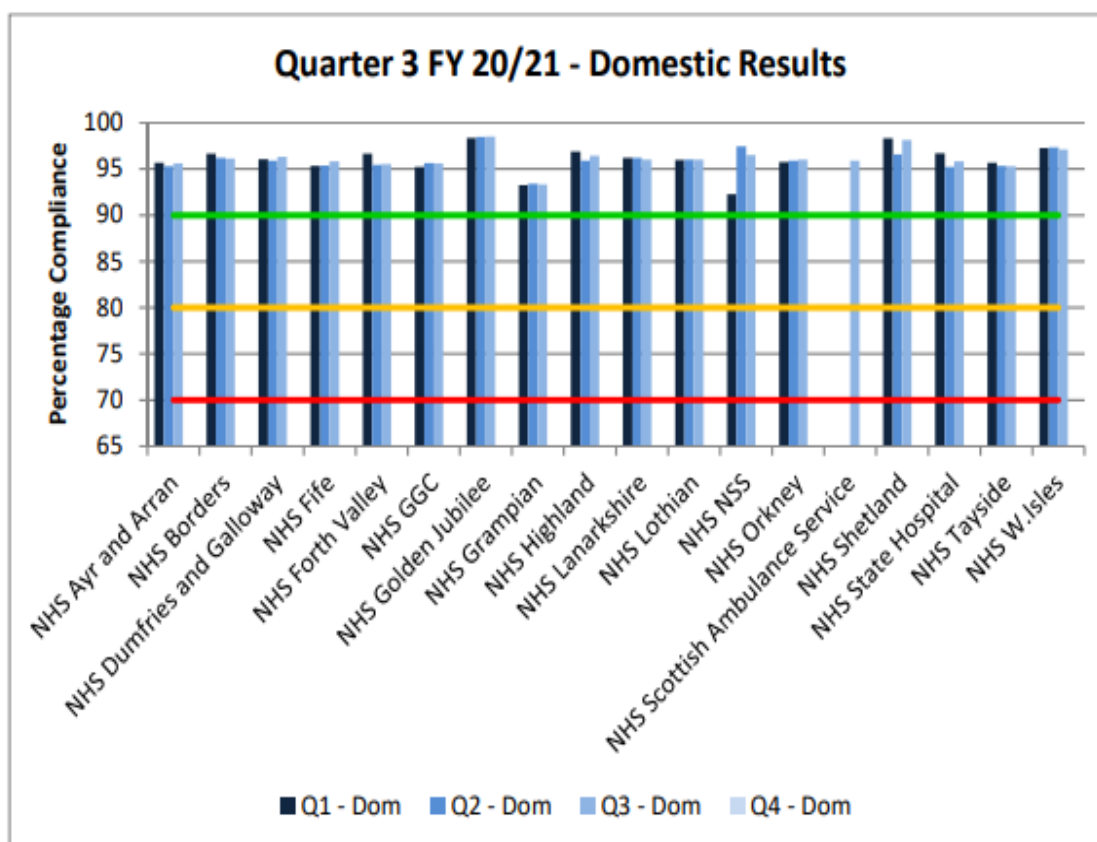
| Category of procedure   | Operations | Infections | SSI rate (%) |
|-------------------------|------------|------------|--------------|
| Caesarean section       | 44         | 1          | 2.33         |
| Large bowel surgery     | 5          | 0          | 0.00         |
| Repair of neck of femur | 10         | 0          | 0.00         |
| Total                   | 59         | 1          | 1.85         |



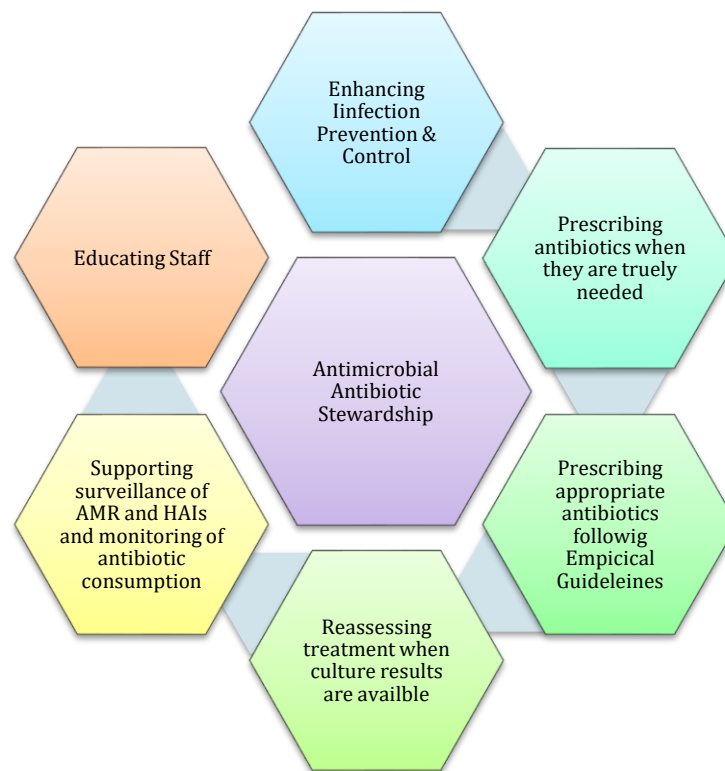
## Cleaning and the Healthcare Environment

The National Target is to maintain compliance with standards above 90%. Data taken from NHS Scotland National cleaning Compliance Report Performance 2020/21

### Domestic Cleaning Services Monitoring Tool – NHS Boards' Performance



## Antimicrobial Stewardship



### Antimicrobial Point Prevalence Audits for Balfour Hospital, Orkney July 2020 & February 2021

NHS Orkney monitors compliance with their antimicrobial prescribing guidelines. One of the methods used is point prevalence audit (PPA) of antimicrobial prescribing across all hospital wards. A PPA captures data on antimicrobial prescribing on a given day and can be compared against audit standards and practice in other hospitals. It was agreed in July 2014 (the first regular PPA) that Balfour hospital wide PPAs would be performed twice yearly.

This audit, although only a snapshot with a small number of patients, demonstrates continued consistency in some elements of good antimicrobial stewardship. Due to small numbers anything less than 100% compliance, will result in the standards not being met. Additionally, the reported percentages fluctuate significantly between audits making it challenging for consistency in improvement to be accurately demonstrated.

A new electronic tool has been devised by Russell Mackay (Pharmacist) for the February data collection and for easier data collection going forward.

**Data Table 2018-2021**

|   | June<br>2018 | Feb<br>2019 | June<br>2019 | Jan<br>2020   | July<br>2020 | Feb<br>2021 |
|---|--------------|-------------|--------------|---------------|--------------|-------------|
| No of audited wards                                     | 5            | 5           | 5            | 5             | 4            | 3           |
| No of audited patients                                  | 35           | 42          | 26           | 38            | 36           | 40          |
| No of patients receiving antibiotics                    | 10           | 16          | 13           | 12            | 7            | 9           |
| Percentage of patients receiving antibiotics            | 29%          | 38%         | 50%          | 32%           | 19%          | 23%         |
| No of indications for which antibiotics were prescribed | 10           | 11          | 13           | 6             | 7            | 8           |
| Total number of antibiotics prescribed.                 | 14           | 10          | 11           | 12            | 13           | 9           |
| % OF Prescribed Doses administered                      | 98% (N = 56) | 98% (n=80)  | 98% (n=148)  | 96% (108/112) | 100% (n= 88) | 100%        |

## Central Decontamination Unit (CDU) Audit

### Central Decontamination Unit audit on the 8<sup>th</sup> February 2021 –

All requirements of ISO13485:2016 were effectively implemented within the management system. The management system met the requirements of MDD 93/42/EEC Annex V 3.2 Limited for Sterility/methodology/Article 12. There were no nonconformities requiring attention. This is an excellent result for the team.

Although production has been down due to limited surgical procedures and reduction in dental and podiatry work. The team have continued to perform audits, ensure all equipment has been maintained and serviced in line with the Quality Management System for CDU's.

The team has also provided support and help to other services during their downtime.

The next audit is due Feb 2022 which will be carried out by a different auditor for the next 3 years with the same company.

## **Education**

Catherine Edwards is now undertaking further advanced infection prevention & control modules relevant of the role of IPCNS. This provides the career pathway for a masters in the future.

Sarah Walker has completed her Scottish Coaching, Leadership for Improvement Programme and is to start her Masters in June 21.

## **Transmission Based Precautions**

Education has been very much focussed on Transmission Based Precautions (TBPs) and Personal Protective Equipment (PPE).

Further education on managing Aerosol Generating Procedures (AGPs) in line with all Scottish Government and 4 Nations guidance continues to be ongoing. With the added education around duration of time for AGP and post AGP fallow times, which is the time a room should be left following of an AGP, before staff can enter without FFP3 level PPE. Ensuring the right PPE is worn by staff when caring for a patient undergoing or completed AGPs.

The IPC team has supported all teams across Primary and Secondary care for PPE, Hand Hygiene and the updating of any COVID related guidance.

## **Outbreaks/Exceptions**

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

A HIIORT (Red) was submitted to Health Protection Scotland which required thorough investigation through the Incident Management team. This is routine for when certain criteria are met as per definitions of Healthcare Infection Incident, Outbreak and Data Exceedance. Chapter 3 National Infection Prevention & Control Manual (NIPCM)  
<http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

### **A healthcare associated infection outbreak**

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

Or

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

This incident is now closed and actions resulting from investigation has now been devolved to the appropriate groups and committees for monitoring and to ensure any outstanding actions are closed.

A report will be compiled, and lessons learned from this incident will be shared with the relevant committees and staff involved in IMT. The IPC have gleaned much information regarding our new build, systems and process that are in place and the robustness of monitoring throughout our healthcare facility. Although there have been many hours contributed to investigating this opportunistic finding, teams feel they have learned a great deal and the willingness of all parties to work together to find solutions has been tremendous.

## **Norovirus**

NHSO has had no norovirus outbreaks since Feb 2012.

## COVID-19

New year, new challenges for all services during the current COVID-19 pandemic, which has seen the establishment of the Bronze, Silver and Gold command and the bringing in of the Army to facilitate, support teams with systems, processes in preparedness for the unknown. This was a particularly intense time for all staff in both primary and secondary care. Anxiety levels ran high, as both staff and public were all nervous as to how the pandemic was going to develop and progress within our community.

March 2020 saw “Lockdown” for all services, emergency admissions only, staff were redeployed to support the unknown levels of COVID-19 presentations to our healthcare facility.

Immediate preparedness saw Estates Team quickly and efficiently making adaptations to control entry and exit to and from building. One-way systems, physical distancing and signage and security of the premises.

Clinical teams and services started to look at patient pathways throughout the building, which led to the writing of many standard operating procedures. The first tranche of pathways established green and red patient pathways. The two isolation rooms, in IP1, were allocated for the first triage of possible cases. These first cases tested our standard operating procedures and highlighted the need to improve systems and processes, whether it be the route taken to the department, transportation, confidentiality within ward area, staff performing the correct order for donning and doffing of PPE, processes for the taking and handling of swabs and for the delivery of swabs in a timely manner to labs. Communication between all stakeholders was key for systems and process to work. The lessons learned during the early days led to the growing of confident competent teams going forward.

Next the setting up of the community testers to undertake swabbing for potential cases in family homes. The IPCT took this on initially until more staff were trained in the process. Adaptations to the Heilendi Practice to make community testing more efficient in the early phase, allowing more patients to be clinically assessed and screened away from the hospital site.

Further adaptations were then made to have a high risk (Red) patient pathway by turning the Macmillan Unit into the Surge area for COVID positive capacity. This area was identified as it

had its own entry and exit and is adjacent to Day Surgery, which is now converted into a ventilation area for patient requiring more intensive support.

The whole healthcare facility has gone through much change during this pandemic to meet the guidance from Scottish Government and Health Protection Scotland.

Theatre utilised one of its theatres into a recovery room for urgent emergency care. Emergency Department made provision for receiving symptomatic patients and ensuring patient pathways to access other services where mapped out and adhered to, to ensure no staff or other patients were put at risk.

Allied Health Professions/Physiotherapy teams, all allocated into Red and Green teams to ensure there was no crossover of working between hospital and community. This was hard to establish with such small teams but, services have implemented this way of working keeping both hospital and community safe.

Bank staff and agency workers brought in to cover the staff reduction due to staff shielding. Cross over of staff in acute services and Care Homes was implemented to reduce the risk of transmission between areas. It also helped to support contact tracing if an index case was identified in an area and limited the potential for spread of the virus.

The Laboratory and Radiology teams split into two teams to ensure the whole team did not go down at any time, ensuring resilience.

The introduction of a stepdown rehabilitation unit in Brinkies Brae within the new Hamnavoe Care Home provided additional beds within the Balfour for potential COVID cases. This was a very successful pilot and one that has shown much potential for future development of services.

Infection Prevention and Control have been very much part and at the heart of each stage of this ongoing pandemic. Their contribution has been to facilitate and support teams to maintain services through risk assessments, implementation of frequently updated guidance which was often daily. To provide training on use of the different levels of PPE for both donning and doffing. Provide information on COVID to teams. To provide assurance to teams they had made ways of working as safe as possible adhering to guidance available. Supporting with patient placement, staff working in new environments and new ways of working and ensuring personal

safety in all aspects of patient care. Supporting domestic teams with the high level and increased frequency of cleaning and safe disposal of waste.

The setting up of the Nightingale Ward in old Balfour site to maximise capacity for COVID cases or stepdown of COVID cases.

The most challenging part for the IPCT has been when different professional groups have different guidance for their services which in the early days differed from the Health Protection Scotland (HPS) and Scottish Government advice. This has improved over time through supporting networks for the Infection Prevention & Control, supported by HPS and Scottish Government. Frequently asked questions were developed with regular updates sent through from the 4 Nations and Clinical CEL groups.

The introduction of COVID testing for all patients 70 years and over and every 4<sup>th</sup> day thereafter. This increased the workload for Labs greatly but provided a confidence to staff and patients, through negative results.

The setting up of COVID Assessment Centre at the old Skerryvore Practice was transformed over one weekend to accommodate a drive through area for the public to have a COVID test. This was led by a Dentist, Dental team and GP along with staff redeployed from other services. A huge amount of work was undertaken in streamlining COVID testing and clinically assessing patients in the community. Voluntary staff from out with NHS Orkney joined this group, to transport patients to and from the assessment centre and support the timely delivery of any viral swabs taken. This was an incredibly busy service with many ongoing protocols, guidelines and standard operating procedures developed quickly and maintained as guidance changed. The setting up of the COVID Testing Group led by Consultant in Public Health to inform of any guidance changes and reporting to Scottish Government.

A CNO letter made a plea for IPCT to act as a supporting role for all Care Homes following some outbreaks on mainland Scotland. This was led by the Associated Director of Nursing; all Care Homes were audited by telephone calls initially by our Infection Prevention & Control Nurse Specialist and this was then followed up with a supportive visit to provide any advice on guidance published. IPCT were involved in these visits with senior members of NHS Orkney.



The Care Home staff were very welcoming and very well prepared in dealing with any COVID cases. This was mainly due to the ongoing support the IPCT had provided in the previous years in supporting Care Homes with outbreaks and offering Winter Planning educational sessions each year. The Care Homes have very good supporting networks from medical practitioners and community nursing teams. The IPCT offered a package of educational training for all Care Home staff to undertake based on the National Infection Prevention and Control Manual. Primarily online training from the Standard Infection Prevention and Education Control Education Pathway SIPCEPs, plus some online videos for donning and doffing of PPE and hand hygiene. The IPCT visited Care Homes and provided face to face PPE donning and doffing along with hand hygiene plus general information and advice re COVID 19.

Since the launch of supporting Care Homes, they now have established daily Safety Huddles reporting on residents, staff and any other issues arising. The community nursing teams have continued to support the Care Homes through ongoing audits to reduce footfall into building as these nursing teams are visiting most days to see their residents. All audits have been reviewed by the IPCT and discussed at the fortnightly Care Home meetings where there is representation from DON, Community Manager, Social Care staff, dementia nurse specialist and representative from the Care Commission. Assurances are updated at these meetings. Additional guidance discussed and sent for appropriate dissemination to Care Home Managers. Care Home residents have been involved in COVID testing and were closely followed by the care home staff.

It has been a difficult time keeping our precious residents safe and all teams have worked hard to achieve this to date.

The vaccination programme has been established for all Care Home residents and staff, plus the opportunity to utilise the Lateral flow testing for staff and visitors.

## **Remobilisation of services**

This has certainly been more comprehensive and sometimes challenging and complex to identify safe systems of work, to enable services to resume some face-to-face clinical appointments. IT Services 'Near Me 'has been greatly used to review patients at home in the community. Again, much work has been undertaken by the Estates teams in providing

protective screens, reviewing staff pathways such as one-way systems, and ensuring desk spacing is maintain.

All other social care, private and independent sectors have asked for specific IPC advice especially in the remobilisation of services. Services have completed endless risk assessments which have been frequently updated as guidance changed, and districts were placed within the different levels of restrictions.

More recently there has been a further introduction of an additional patient pathway, amber (medium Risk) This covers all patients in community who are not a COVID positive and who are admitted to hospital. All admissions being tested on day 1 and day 5 and at any other time if the patient becomes symptomatic of COVID-19.

The green pathway (LOW risk) for planned elective surgery where patients follow a strict pathway prior to their appointment. This relies following the FACTs, having a COVID test 48-72 hours prior to admission and to self-isolate at home from the time of test to admission.

Theatre staff have systems in place to cover both green and amber pathway patients to ensure there is no crossover of pathways at any one time. The team are aware of the different levels of PPE to be applied to accommodate all green, amber and red patient pathway groups requiring surgery.

The IPCT have also supported Health & Safety around all non-clinical COVID-19 related risk assessments to ensure guidance has been implemented and adhered to, such as, accommodation and physical distancing.

## Lessons learned to date.

Lessons learned themes from COVID-19 clusters and single case reports across NHS Boards and NHS Orkney response.

|                           | Action by other Boards   | NHS Orkney response  |
|---------------------------|--|--|
| <b>General Management</b> | IPC<br>IPCT informed quickly of case/s and appropriate precautions put in place  | Communication through Clinical Nurse Manager/Patient Care Co-Ordinator, TrakCare<br>Patient COVID testing starts in ED and onward admission to amber or red depending on test result and clinical assessment of patient.<br>Out of hours patient admitted if clinically unwell and await result of COVID test. |
|                           | Prompt identification of positive cases and movement to high-risk COVID pathway  | Process in place for admission as above.<br>To date no positive case in hospital patients requiring transfer from amber to red.  |
|                           | Outbreak well managed with minimal spread, early closure of ward and isolation of patient cases prevented further exposure | No outbreaks to report at time of report.<br>Measures above adhered to and patients in amber pathway continue to be tested on admission and day 5 and thereafter if they become symptomatic.   |
| <b>Communication</b>      | Social distancing Champions identified. H&S conducting social distancing reviews and                                       | IPCT and H&S have reminded staff to challenge each other when they see noncompliance.  |

|                                 |  |  |
|---------------------------------|--|--|
|                                 | identifying any shared learning  |  |
|                                 | Good communication between IPCT and ward staff<br>IPCN visiting wards and identifying improvements. This has had positive feedback from staff. | IPCT follow up with ward staff daily to ensure identified infections have appropriate signage and precautions in place as per guidance.<br>Staff are grateful for the support.   |
|                                 | Good staff engagement with PAGs/IMTs   | This has been the same for other non COVID related PAGs/IMT to date. All staff work well together across the different services.   |
| <b>Screening patients/staff</b> | Admission screening and day 5 screening identified asymptomatic positive patient cases.  | Admission screen starts ED and followed up in ward. There had been some issues with follow up day 5, this is improving. Prompt action card on outside of all patient doors to highlight when day 5 screening is required.  |
|                                 | Staff engagement with enhanced testing was good  | Staff have been offered lateral Flow testing, uptake initially was low but has since increased.  |
| <b>Staff</b>                    | Compliance with physical distancing at break times has improved  | NHSO has had to remind staff not to be off their guard when taking mask off during breaktimes and to ensure social distancing is maintained.<br>Chairs placed appropriately to ensure social distancing.<br>Reminder to put mask back on during breaktimes when finished eating.<br>Hand Gel and masks available at all sitting areas to support compliance. |

|  |  |  |
|--|--|--|
| <b>Patients</b>                            | Patients encouraged to wear fluid resistant surgical masks if able to do so.   | Staff encourage patients where clinically possible to wear mask during direct care.  |
| <b>Personal Protective Equipment (PPE)</b> | <p>Compliance with PPE good.</p> <p>Reduced glove usage, as previous overuse highlighted.</p> <p>Good supply of PPE in all areas</p> | <p>During visits, hand hygiene audit and environmental audits staff have been observed in the wearing of correct PPE.</p> <p>Where non-compliance has been witnessed this is addressed at the time.</p> <p>As guidance has changed over time the level of PPE has changed to reflect the current virus. Double gloving is no longer required, and hand hygiene is encouraged.</p> <p>Ongoing monitoring throughout the organisation.</p> |

#### Lessons learned identified for improvement.

|   | <b>NHS Boards</b>                                    | <b>NHS Orkney response</b>   |
|---|--|--|
| <b>Patient placement/Assessment of risk</b> | Inappropriate patient placement due to bed pressures | <p>3 times a day bed report highlighting bed pressures.</p> <p>Delayed discharges – no home care</p> <p>Delayed discharges for Guardianship</p> <p>Facilitated discharge planning and Home 1<sup>st</sup> pilot over next few months and evaluation of service.</p> <p>To date have been able to utilise Surge as additional beds for patients which does mean having any potential COVID positive patients in isolation rooms in an area where staff in “at risk groups” work. This is an area of weakness within our organisation and could be detrimental or lead to an outbreak situation, with mixing of the medium and high-risk patients in one area.</p> |

|  |   |  |
|--|---|--|
|  | Patients moved without results known or discussed with IPCT, resulting in inappropriate placement | IPCT have access to TrakCare for most up to date COVID results, risk assessment undertaken for reason to move patient.<br>NHSO is 100% single room accommodation which is beneficial to ensure patient placement is met.   |
|  | Patients inappropriately moved for single room to a shared bay, cross transmission.               | As above 100% single room accommodation except HDU.  |
| <b>Patient screening</b>                   | Screening protocol not always followed – day 5 screening missed                                   | Prompt action card on outside of all patient doors to highlight when day 5 is as this has been an identified area for improvement.   |
| <b>Outbreak management</b>                 | Shared equipment being cleaned with detergent and environmental clutter                           | All equipment cleaned as per patient pathway. Identified a floor cleaning product change which was not chlorine based. This has now been addressed. The recent IPC and H&S walk around has highlighted the need to support departments in the control level of stores delivered as departments just do not have the space to utilise for stores.   |
| <b>Personal Protective Equipment (PPE)</b> | Staff not face fit tested for FFP3 masks and found to be carryout AGPs in inappropriate PPE       | NHSO has invested in more face fit testers to ensure staff groups have been face fit tested for different masks available going forward.<br>There has been a great deal of work undertaken by the IPCT to support teams through training for AGPs and appropriate PPE plus fallow times following any AGPs being performed. Ongoing work in identifying ventilation and air changes throughout this current build. |
|  | Staff being observed in ward corridor not wearing FRSM  | Teams have been encouraged to challenge staff members when they see incorrect use or no use of FRSM. Staff need to have confidence in challenging each other.  |

|              |   |   |
|--------------|---|---|
|              | Single use PPE being decontaminated and reused due to stock shortages                 | No stock issues for PPE single use only and not reused.   |
| <b>Staff</b> | Staff attended work whilst awaiting COVID PCR result                                  | Staff offered lateral flow test to be undertaken outwith working hours. To inform Line manager if inconclusive or positive, stay at home until staff member had COVID PCR test.   |
|              | Significant staff shortages which impact the ability to maintain pathway segregation. | The IPCT have ensured strict segregation of all staffing groups to maintain pathway segregation. The same for hospital, community, care homes etc.  |
|              | Staff not physically distancing or wearing mask                                       | IPCT challenge this and ask other to do the same.   |
|              | Staff movements restricted which demonstrated improvement                             | IPC have asked for teams not to be working across the different pathways to reduce as far as possible any chance of transmission between teams.   |
|              | Poor adherence to physical distancing noted in staff break rooms                      | H&S has made a conscious effort to reduce seating to maximise physical distancing, Signage throughout the organisation.<br>IPCT raise this at safety huddle daily the need to physical distance and wear mask after eating during staff breaks. The same in ward areas for small gatherings. Constant reminding to staff. |
|              | Reiterated to staff to refrain from sharing food                                      | This must be constantly monitored within the organisation as staff groups make tea and bring in cakes for sharing. Education and rational as to why not to, does not seem to make any difference, but is required to be reinforced throughout organisation from time to time.   |

## **Changes in Staffing within the Infection Prevention & Control Team**

After taking up the post of Infection Control Manager in 2011 Rosemary Wood is retiring end of March 2021. Her successor, Sarah Walker, will take up post on 1<sup>st</sup> March 2021, as Infection Control Manager to ensure there is a streamlined approach to handing over workload. Catherine Edwards has been successful in securing the Infection Prevention & Control Nurse Specialist role. The team has secured funding to support a further two Infection Prevention & Control Nurse development posts along with a support worker/administrative person. This is great news for the team in taking the service forward as there are more targets to be met and more work to support Care Homes and Care at Home. Support to Island Practices and ongoing audits for all areas within healthcare.

## **Summary**

This has been an unprecedented year. Life has changed for every single one of us, and to have achieved as an IPC team everything we have this year, despite everything, has been truly exceptional. A huge thank you goes out to the IPCT and all those who have worked tirelessly with us to ensure our patients and staff have kept as safe as possible.

All of the additional demands placed on us this year have not let us see standards slip, and this report demonstrates our continued meeting of targets for HAIs, for adherence to screening principles, hand hygiene, cleaning and the healthcare environment. Our CDU achieved an outstanding audit result. Together with pharmacy colleagues, antimicrobial stewardship has been audited with improved methodology, which will ensure more efficient use of our combined resources going forward.

Through the COVID-19 pandemic, the IPC team has demonstrated, together with colleagues, a responsiveness and resilience that showcases their dedication to the safety of others, their outstanding work ethic, and their desire to enact positive change. It is with great sadness, therefore, that we will be losing Rosemary Wood, who has led and supported the team here with enthusiasm, dedication, and an ability to “get it done” that is worthy of high praise indeed – we will really miss you! However, this change sees us welcoming new members to the team, together



with our successful new appointments of IPCM and Nurse specialist roles. This growth will ensure that our IPC team continues to support NHSO in delivering the exceptional care our community expects and deserves in the coming year.

Becky Wilson

NHS Grampian/NHS Orkney

Consultant Microbiologist

& Infection Prevention and Control Doctor

Not Protectively Marked

|   |  |
|---|--|
| <b>NHS Orkney Public Board – 24 June 2021</b><br><br><b>Report Number: OHB2122-19</b><br><br><b>This report is for discussion and noting.</b><br><br><b>Title of report - Healthcare Associated Infection Prevention &amp; Control Reporting Template for Assurance - June 2021</b> |  |
| <b>Lead Director<br/>Author</b>   | David McArthur DoNMAHP HAI Executive Lead<br>Sarah Walker Infection Prevention & Control Manager   |
| <b>Action Required</b>  | The Board is asked to: <ul style="list-style-type: none"> <li>• Note the HAIRT report</li> <li>• Note the performance for surveillance undertaken.</li> <li>• Note the detailed activity in support of the prevention and control of Healthcare Associated Infection</li> </ul>  |
| <b>Key Points</b>   | The report supports the continued progress of the Healthcare associated infection agenda including the key performance targets set out by the Scottish Government and any locally led initiatives.<br>There had been some delays in undertaking some of the routine quality assurance work due to COVID-19 work pressures, but this is now in the process of being resolved. |
| <b>Timing</b>   | This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template.  |
| <b>Link to Priority areas</b>   | This paper links priority areas for; <ul style="list-style-type: none"> <li>• Covid-19</li> <li>• Quality and Safety</li> <li>• Systems and Governance</li> </ul>  |
| <b>Consultation</b>   | This report is produced by the Infection Prevention & Control Manager.   |

## HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

### SECTION 1 – BOARD WIDE REPORTING

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.

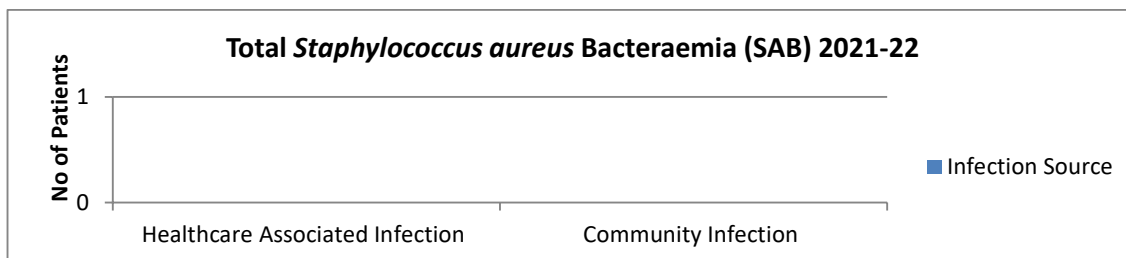
This section of the report focuses on NHSO Board wide prevention and control activity and actions.

#### LDP Standard 1st April 2021 to 31<sup>st</sup> March 2022 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 meeting pre-set targets.

NHS Orkney's *Staphylococcus aureus* bacteraemia (SAB) for LDP Q1 (April - June) 2021 is zero to date.

| LDP Standard 1 <sup>st</sup> April 2021 -31 <sup>st</sup> March 2022 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero. |                    |              |
|--|--------------------|--------------|
| Quarter 4 2020-21  | January -March     | Zero         |
| Quarter 1.   | April - June       | Zero to date |
| Quarter 2  | July - September   |              |
| Quarter 3  | October - December |              |
| Quarter 4  | January - March    |              |



## ***Clostridioides difficile* Infection**

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 meeting pre-set targets.

Every board aims for zero cases or a reduction in previous year. Although ARHAI Scotland (Antimicrobial Resistance and Healthcare Associated Infection) has set a target of 3 cases per year for our board, NHS Orkney aim for zero preventable cases.

NHS Orkney *Clostridioides difficile* infection (CDI) for LDP target is currently 1 case which is awaiting validation by ARHAI.

| <b>LDP Standard 1<sup>st</sup> April 2021 - 31<sup>st</sup> March 2022 <i>Clostridioides difficile</i> infection (CDI)</b> |                  |       |
|--|------------------|-------|
| <b>Quarter 4 2020 - 2021</b>   | January March    | Zero  |
| <b>Quarter 1.</b>  | April-June       | 1 TBC |
| <b>Quarter 2</b>   | July-September   |       |
| <b>Quarter 3</b>   | October-December |       |
| <b>Quarter 4</b>   | January- March   |       |

## **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 consistently remained above the Scottish average.

However, as predicted there has been a drop in results due to a change in the screening process. A new more in-depth CRA tool which includes other risk assessment for other pathogens, over and above the national requirement has been implemented and the location for CRA to be undertaken also changed, from the Emergency Department to the Inpatient wards. As with any change or improvement process it takes some time to embed. The Infection Prevention & Control Team (IPCT) are monitoring closely for improvement and highlighting daily with teams, patients that require MDRO screening, to assist implementation.

**Red** indicates a decrease from the previous quarter; **green** indicates an increase; black indicates no change. NB this does not indicate statistically significant change.

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

| MRSA Uptake | 2020_21 Q1 | 2020_21 Q2 | 2020_21 Q3 | 2020_21 Q4 |
|-------------|------------|------------|------------|------------|
| Orkney      | 87%        | 97%        | 100%       | 77%        |
| Scotland    | 84%        | 86%        | 82%        | 83%        |

| CPE Uptake | 2020_21 Q1 | 2020_21 Q2 | 2020_21 Q3 | 2020_21 Q4 |
|------------|------------|------------|------------|------------|
| Orkney     | 87%        | 94%        | 96%        | 83%        |
| Scotland   | 80%        | 85%        | 79%        | 82%        |

## Hand Hygiene

Hand hygiene peer review through Standard Infection Control Precautions in departments continues as does quality assurance audits undertaken by the IPCT.

Any failure to meet the requirements for dress code or hand hygiene is addressed at time with the staff member. Department leads play an important role in ensuring best practice is always maintained by all staff groups and every one of us whether we be staff or visitors have a responsibility us to ensure hand hygiene is undertaken to protect our patients.

Hand hygiene data from April - May 2021

|                      | Opportunity | Technique | % score by group |
|----------------------|-------------|-----------|------------------|
| <b>Nurses</b>        | 67          | 62        | 93%              |
| <b>Medical</b>       | 20          | 18        | 90%              |
| <b>AHPs</b>          | 12          | 12        | 100%             |
| <b>Others</b>        | 21          | 19        | 93%              |
| <b>Total Overall</b> | 120         | 111       | 93%              |

## Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results over time are included on the reporting page for ease but as of April 2021; Domestic score 99% and Estates 100%. Enhanced cleaning of frequently touched areas remains in place as recommended in the guidance for COVID-19.

### IP&C update

First a welcome to our new Infection Prevention & Control Team members. The team now consists of;

- Infection Prevention & Control Manager
- Infection Control Doctor/Consultant microbiologist.
- Infection Prevention and Control Nurse (IPCN) Specialist
- IPCN with experience working in Inpatients 2 and has experience in other healthcare roles. This role will focus on care home support.
- IPCN has joined us from Day Surgery but also has a Theatre and Endoscopy background.
- A part Administrative Assistant and part Healthcare Support Worker.

We are delighted to have our new team together to continue to support the Healthcare Associated Infection agenda, both in primary, secondary and social care.

With the Infection Prevention & Control Team now fully staffed, the team have now fully remobilised the quality assurance audits within secondary care with and are currently arranging to revisit the island practices to recommence IP&C audits there.

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 recently completed support visits to mainland GP practices for environmental control of assessing symptomatic COVID-19 patients at the request of the Primary Care Lead.

The team continue to provide staff update training on PPE related to each patient pathway including cleaning, and general information of COVID-19 patient pathways. There is evidence that as the current situation in regard to the use of PPE continues that patient facing teams require to be reminded to maintain the appropriate standards of PPE and infection control precautions. This applies in Orkney as much as anywhere else therefore training is being reinforced including donning and doffing where its noted through observation or incident that there is a learning opportunity/refresher required.

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

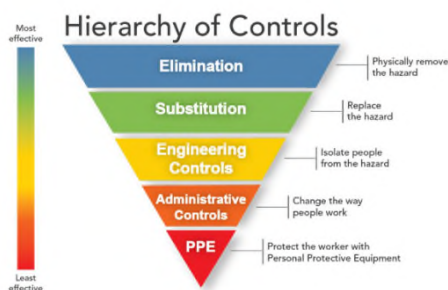
## COVID-19 update

### Reporting of Covid-19 Scottish Government

The total number of positive cases attributed to Orkney postcodes continues to be variable, with weekly reporting to Scottish Government on any healthcare associated cases, which currently sits at zero.

### COVID-19 General Update

The Scottish COVID-19 Infection Prevention & Control addendum for Acute Settings, now contains a section on “Hierarchy of Controls” which primarily focuses on controlling occupational hazards. This raises awareness to staff the other important mitigations in COVID-19 transmission in addition to PPE use addition. There is some work to complete around the hierarchy of controls but as we have single room accommodation in most areas any required work will focus on areas for further investigation.



### Care Home Support.

The Community Nursing teams continue to undertake monthly care assurance audits in care homes; all reports continue to be 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 plans to revisit the care homes following on from the support visits undertaken in March. This will allow assessment of closed actions or any requiring further work and will also allow the introduction of our new Infection Prevention & Control Nurse

(IPCN) Kirsti Jones, who is primarily focussing on the Care Homes and Primary Care. Kirsti, once trained into her new role, will be the link IPCN and provide training and support to the teams.

On the 24<sup>th</sup> May, the new Care Home National Infection Prevention and Control Manual, was released. This is being supported by implementation webinars, which have been widely attended. Our local team look forward to assisting our Health& Social Work colleagues with its implementation.

### **Outbreaks/Exceptions**

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

No new HIIORT's have been submitted to Health Protection Scotland. There are still some remedial actions being taken forward from previous investigation through the Incident Management Team but these are ongoing and slowly being addressed.

#### **A healthcare associated infection outbreak**

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

Or

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

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

### **Norovirus**

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

### **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, although no new SSIs have been confirmed during Q4 or to date in Quarter 1.

### APPENDICIES

#### SECTION 2– HEALTHCARE ASSOCIATED INFECTION REPORTING 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 *Clostridioides 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:

<https://www.hps.scot.nhs.uk/>

##### Understanding the Report Cards – Cleaning Compliance

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

## NHS ORKNEY REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

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

### *Clostridioides difficile* infection monthly case numbers

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

### New Balfour Cleaning Compliance (%) Domestic

|              | May 20 | Jun 20 | Jul 20 | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 | Apr 21 | May 21 |
|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Board Totals | 95%    | 95%    | 96%    | 95%    | 95%    | 96%    | 96%    | 95%    | 98%    | 96%    | 93%    | 99%    | TBC    |

### New Balfour Estates Monitoring Compliance (%)

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

**Not Protectively Marked**

**NHS Orkney Public Board – 24 June 2021**

**Report Number: OHB2122-20**

**This report is for Approval**

## **Child Poverty Action Report 2020-21**

**Lead Director** Stephen Brown, Chief Officer/Executive Director, Orkney Health and Care

**Author**

Maureen Swannie, Interim Head of Children's Health

**Action Required**

The Board is asked to:

1. Approve Local Child Poverty Action Report 2020-21 as recommended by the Joint Clinical and Care Governance Committee.

**Key Points**

The Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty. Reports must be submitted to the Scottish Government by 30 June following the end of the reporting year.

A Local Child Poverty Action Report for 2018-19 was compiled by the Orkney Child Poverty Task Force, a multi-agency group supported by the Northern Alliance. The report was approved by the Orkney Partnership Board on 10 June 2020 and submitted to Scottish Government by the deadline of 30 June 2019.

In June 2020 the Child Poverty Task Force was adopted by the Orkney Partnership Board as a short life working group reporting to the Living Well Delivery Group.

The preparation of Local Child Poverty Action Reports for 2019-20 was delayed nationally by the diversion of staff capacity to the Covid-19 emergency response and the original deadline of 30 June 2020 was extended by the Scottish Government.

Orkney's Local Child Poverty Action Report 2019-20 was approved by the Orkney Partnership Board on 19 January 2021 and submitted to the Scottish Government.

## 8.3

A Local Child Poverty Action Report for 2020-21 has been drafted by the Child Poverty Task Force and is in circulation for consideration by partner agencies prior to submission to the Scottish Government by this year's deadline of 30 June 2021.

The Child Poverty Task Force is currently drafting a Child Poverty Strategy for 2021-23 which will provide a coherent framework for future partnership action planning, implementation, monitoring, reporting and scrutiny from 2021-22 onwards.

### **Timing**

2020-21

### **Link to Priority areas**

This paper links to the following priority areas agreed for the Board in 2021:

- Quality and Safety
- Systems and Governance

### **Consultation**

We consulted and engaged with young people via the Youth Forum and pupil councils.

The Plan was discussed by the Joint Clinical and Care Governance Committee on the 9 June, the Committee recommended Board approval subject to minor amendments which have been made.

**Not Protectively Marked**

**NHS Orkney Board**

**Child Poverty Action Report 2020-21**

**Stephen Brown, Chief Officer / Executive Director, Orkney Health and Care**

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## **Section 1            Purpose**

To approve the Orkney Partnership's draft Local Child Poverty Action Report for 2020-21.

## **Section 2            Recommendations**

That the draft Local Child Poverty Action Report 2020-21 be approved by the NHS Orkney Board.

## **Section 3            Child Poverty Action Reporting**

The Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty. Reports must be submitted to the Scottish Government by 30 June following the end of the reporting year.

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## **Section 4            Consultation**

We consulted and engaged with young people via the Youth Forum and pupil councils.

## **Appendices**

- Appendix 1: Child Poverty Action Report 2020-21.



*DRAFT at 14 June 2021*

# Orkney's Local Child Poverty Action Report 2020-2021

*Getting it right, for every child:  
no child left out; no child left behind*



If you would like this plan in a different language or format, please contact the Community Planning Business Manager, Orkney Islands Council, School Place, Kirkwall KW15 1NY.

Tel: 01856 873535. Email: [communityplanning@orkney.gov.uk](mailto:communityplanning@orkney.gov.uk)

DRAFT



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## Overview

Orkney's Local Child Poverty Action Report for 2019-2020 was published in January 2021 and covered activity up to the end of March 2020. Since March 2020, alongside normal work to support children and families in poverty, partner organisations in The Orkney Partnership have been focused on responding to additional need due to the impact of the Covid-19 pandemic. This report therefore highlights the impacts of the pandemic both on the children and families at the heart of this report, and on the organisations themselves.

This report was compiled by the Orkney Partnership's Child Poverty Task Force, which brings together all of the agencies with their logos on the front cover. Hundreds of agencies, community groups and individuals have been supporting children and families throughout the past year, with some of those families experiencing poverty for the first time as a result of the pandemic. Many agencies in the Third Sector have had their resources stretched, some to breaking point, by the demands of responding to this sudden increase in need.

At the same time as writing this report, the Child Poverty Task Force has been developing a Child Poverty Strategy for 2021-23. The strategy, and an accompanying action plan, will set out the context, purpose and aims of our collective work to combat child poverty in Orkney. The Child Poverty Strategy will complement the Children's Services Plan 2021-23 and build on its strategic priority "Overcoming Disadvantage". Synchronising our reporting timelines will allow for better co-ordination of planning, implementation, monitoring, reporting and scrutiny, and better partnership working in future.

The present report contains an outline action plan for 2021-22. These actions will be detailed further in the SMART (specific, measurable, assigned, realistic and timely) action plan accompanying the Child Poverty Strategy. This will include further actions arising in response to new policy drivers, opportunities and emergency measures taken to mitigate the effects of the Covid-19 pandemic and associated socio-economic hardship.

Child Poverty Task Force  
June 2021

## The impact of the Covid-19 pandemic during 2020-2021

### Impact of Covid-19 on children and families in poverty

The essential measures taken to mitigate the risk of Covid-19 mean that families, children and young people at times in Orkney have not been as visible as usual to the people and services who would normally have a role in supporting them.

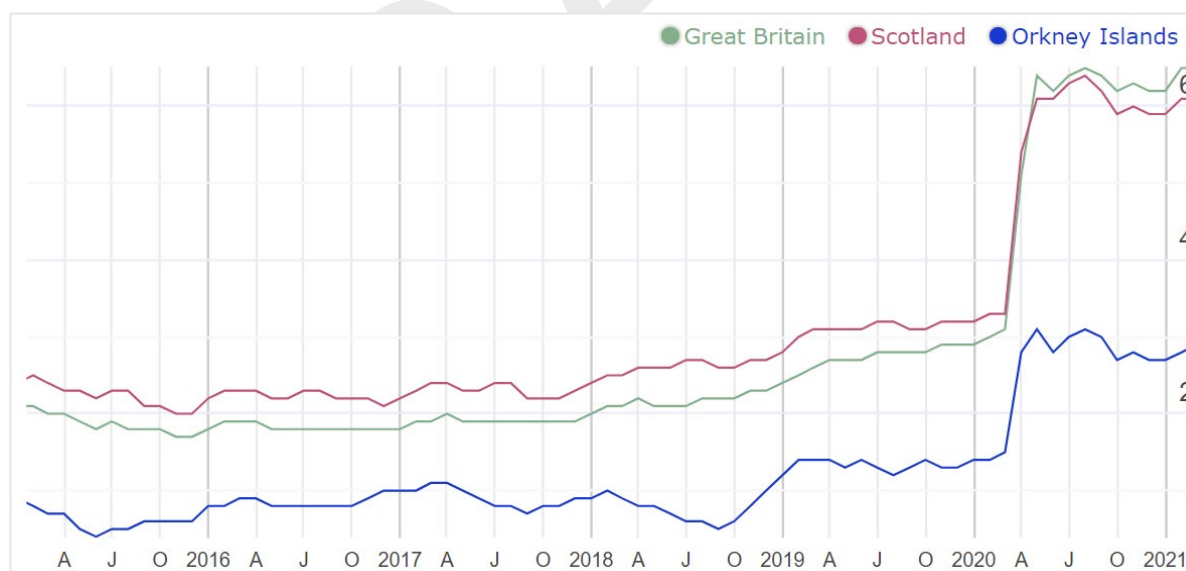
Many families have experienced – and continue to experience – extensive challenges. These may have included a loss of employment and financial insecurity and/or less support and protection with regard to pre-existing vulnerabilities such as domestic abuse, drug and alcohol use, and/or physical or mental health difficulties. This has undoubtedly placed additional strains on the families affected.

We know that these challenges will have a long term impact on families in Orkney. There have of course been some short term policy initiatives, such as money that was given to families to overcome food and fuel poverty as an immediate measure during the pandemic.

As can be seen in Figure 1, at the start of the pandemic, the number of unemployment benefit claimants almost doubled.

**Figure 1**

**Out-Of-Work Benefits, All Claimants 2015-2020 (Source: Nomis<sup>1</sup> 06/05/2021)**



Although some businesses were eligible for emergency grant support, many businesses (27%) furloughed staff, or ceased trading. Orkney's high proportion of microbusinesses, with many individuals working part-time in several occupations, meant that some people received no government support.

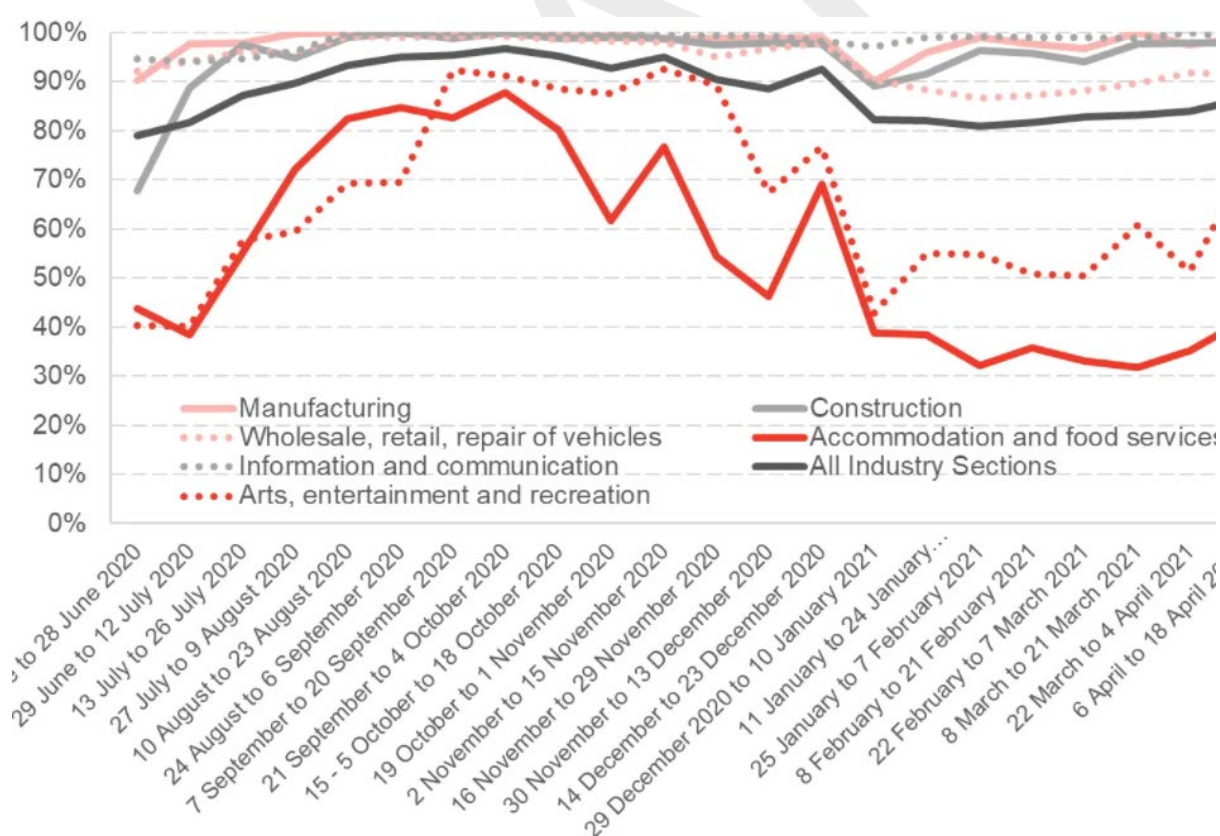
<sup>1</sup> <https://www.nomisweb.co.uk/reports/lmp/la/1946157427/report.aspx?#wab>

Although access to food stabilised, economic impacts increased with sudden unemployment and furlough, and extra costs resulting from lockdown, hygiene requirement, shielding and social distancing measures. Travel restrictions, especially for families on the isles, meant their grocery prices were higher than normal because of having to use their local isles shops<sup>2</sup>, and those who needed food deliveries had extra charges to meet. Budgets were again stretched beyond the means of disadvantaged families, especially hard on those with reduced incomes and increased food prices. As the pandemic continued, more families experienced hardship for the first time and needed information and help to access support networks and services.

Across Scotland, accommodation & food services and the arts sectors had the lowest shares of businesses trading with just 41% and 71% of businesses trading respectively. Orkney's economy is very dependent on tourism, so the closure of accommodation, food and recreation businesses hit particularly hard, with greater impacts on self-employed and seasonal workers. People whose income relies on summer tourism continue to be badly affected.

**Figure 2**

**Share of businesses currently trading, Scotland, 7 June 2020 – 18th April 2021<sup>3</sup>**



<sup>2</sup> OIC stepped in to support these families – see table item 56 on p30

<sup>3</sup> <https://fraserofallander.org/latest-data-on-the-scottish-economy-update-4th-may-2021/>

The Highlands & Islands are likely to take longer to recover than Scotland based on:

|                         |                                       |  |   |
|-------------------------|---------------------------------------|--|---|
| Greater impacts to date | Higher proportion of micro-businesses | Higher proportion of self-employed – especially across some of the hardest hit sectors (construction, distribution hotels and restaurants) | Greater proportion of businesses in sectors likely to be slowest to recover |
|-------------------------|---------------------------------------|--|---|

Recovery is still not likely till 2023, based on:

- Ongoing disruption to overseas visitors and visitor spend, which sustains a disproportionate number of jobs in the region;
- The composition of the Highlands and Islands and its dominance of localised service-based firms, where consumer confidence is likely to remain fragile longest;
- The dominance of small and micro-businesses, those remaining at greatest risk.

#### <sup>4</sup>The Impact of Covid-19 on The Highlands & Islands, September 2020

### Impact of Covid-19 on Partner organisations

Partner organisations were hugely impacted by the pandemic, with many front line staff focused on implementing national strategies for Covid-19 protection and support, and some taken from normal working to support the emergency response. It became more difficult for services and support to reach disadvantaged families and children, and for those families and children to access the help they needed.

By the end of the reporting year on 31 March 2021, although the ongoing crisis had put huge pressure on service provision, partner organisations had worked exceptionally hard to meet the needs of families and children at particular disadvantage as a result of the pandemic. The Care for People Group, one of the Local Resilience Partnership's new emergency response groups, co-ordinated emergency provision for children and families while the Orkney Coronavirus Community Support Hub, based at the Pickaquoy Centre, was set up to support those at high risk and shielding at home

Virtually all of Orkney's public and third sector agencies played a role in supporting the emergency response. Community Resilience Groups and local support networks on the isles were co-ordinated variously by the Community Councils, Isles Development Trusts, Community Wellbeing Co-ordinators, the Orkney CV Mutual Aid Group (on Facebook) and other community associations.

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<sup>4</sup> <https://www.hie.co.uk/media/9646/the-impact-of-covid-19-on-the-highlands-and-islands.pdf>

## Background/Context

### What is Child Poverty?

The Joseph Rowntree Foundation defines poverty as:

“when a person’s resources are well below their minimum needs, including the need to take part in society.”

Measuring poverty accurately is difficult due to the factors that can impact on individual circumstances. A commonly used definition in Scottish and UK government policy is:

“someone is living in poverty when they live in a household with less than 60% of median income, adjusted for household size and type.”<sup>5</sup>

Rates of poverty vary between different groups and there are some segments of the population that are more vulnerable than others. In Scotland, poverty is significantly highest among families with children. Mitigating the impacts of this and improving long term outcomes for these children, particularly in respect of educational attainment, is critical in addressing future levels of poverty. Within this, certain families will be more at risk of poverty, such as families with a disabled child or adult, lone parents, young mothers, larger families, and/or minority ethnic families.

The risk of poverty is much higher among people living in workless households than those where one or more adults are in work. Paying for housing, whether rent or mortgage payments, is the single biggest cost for many households. The cost of housing therefore has a significant impact on the resources that people have left over to meet their other needs.

Being in work is, however, no guarantee of protection from poverty. Many families in poverty are working, the issue being the scope to access employment which offers income to meet the needs of the family. Almost 1 in 4 children in Scotland (24%) were living in relative poverty in 2017/18. While the risk of poverty is higher for children who live in families where no adult is in paid employment, two thirds of children in relative poverty in Scotland live in families where at least one parent is working.

While economic factors are often the primary determinant of individual or household poverty, these can also be underpinned or exacerbated by other dimensions of social inequality, such as differences in power and opportunities, as well as discrimination on the basis of gender, race, disability, age, sexuality or religion.

There are also complex but clear links between poverty and poor health outcomes. Health inequalities exist to varying degrees throughout Scotland. They are defined as unfair and avoidable differences in people’s health; across social groups and

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<sup>5</sup> <https://www.jrf.org.uk/press/poverty-costs-uk-£78-billion-year---jrf-report>



between different population groups (NHS Health Scotland 2015)<sup>6</sup>. They represent thousands of unnecessary premature deaths every year in Scotland. The gaps between those with the best and worst health and wellbeing in Scotland still persist.

For many people good health is difficult to achieve due to a range of factors. Some of these are out with their control, with experiences and deprivation in early years persisting into adulthood. Nonetheless, behaviour change interventions, aligned to local interventions and supported by policy, can impact upon population health; for example, smoking interventions. Many of these programmes operate across the whole population but, where appropriate, the scale or intensity of those actions should be proportionate to need or disadvantage.

During 2019-20, Children's Neighbourhoods Scotland conducted a Critical Review of Rural Poverty & Social Exclusion with a focus on children and young people. CNS is a partnership which takes a place-based approach to improving outcomes for children, young people and their communities. The review report<sup>7</sup> was published in November 2020 and will inform future national child poverty priorities.

### **The Child Poverty (Scotland) Act 2017**

The intention of the Child Poverty Act is to 'set targets relating to the eradication of child poverty' as well as making provision for plans and reporting relating to achievement of these targets. The Child Poverty (Scotland) Act 2017 requires the Scottish Government to meet four income-based child poverty targets by 2030 and four interim income targets by 2023, and report on the actions they will take to meet those targets. In addition, the Act places a duty on local authorities and health boards to report annually on what they are doing to contribute to reducing child poverty.

The targets state that by 2030, of children living in Scottish households:

- less than 10% should be living in relative poverty (how many families are on low incomes compared with middle income households)
- less than 5% should be living in absolute poverty (how many low-income families are not seeing their living standards improving over time)
- less than 5% should be living with combined low income and material deprivation (how many lower income families cannot afford basic necessities)
- less than 5% should be living in persistent poverty (how many families live on low incomes three years out of four)

During 2013-2017, 17% of children in Scotland were living in persistent poverty, meaning they had lived in poverty for at least three out of the four years. Children within certain groups have been identified as being at higher risk of poverty, and these have been identified as 'priority groups' within the Scottish Government

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<sup>6</sup> <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>

<sup>7</sup> <https://childrensneighbourhoods.scot/wp-content/uploads/2020/11/CYP-Rural-Review-02112020.pdf>

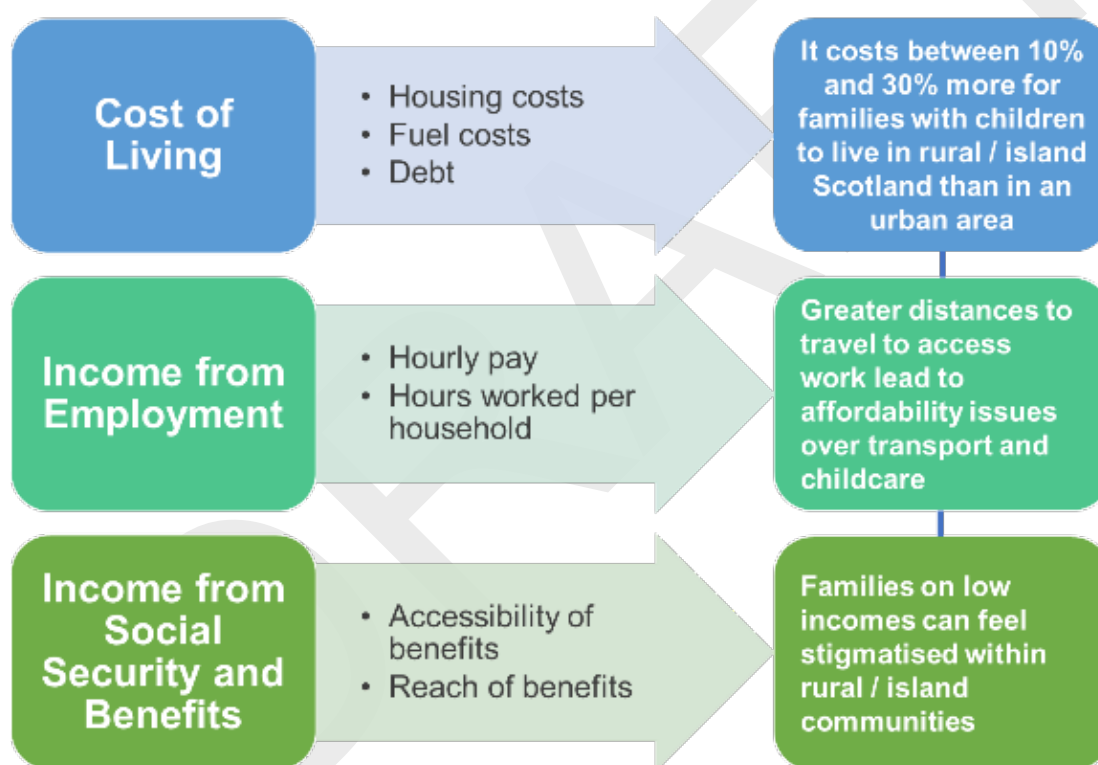
Tackling Child Poverty Delivery Plan; Every Child, Every Chance (2018-2022)<sup>8</sup>. The Delivery Plan focuses on three main drivers of poverty, which Local Authorities and Health Boards are required to take action against and report on each year.

The local child poverty action report must set out a range of commitments to address the key drivers of poverty:

- Increasing income through employment
- Maximise income from the social security system
- Reducing household costs

It is important while addressing these commitments to take into account the rural/island nature of Orkney and the specific issues that are therefore relevant to our local context, illustrated in Figure 3 below.

**Figure 3**



Our approach has been to:

- Mitigate the barriers created by the additional cost of living
- Ensure that travel opportunities meet the needs of the whole community
- Work towards the expansion of Early Years childcare from 600 to 1140 hours.
- Work in partnership with the community to reduce the perceived stigma of poverty
- Increase community participation and agency of children and young people

<sup>8</sup> <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22>



## Equality Impacts

The Act also sets out that a local child poverty action report must describe:

*“any measures taken during the reporting year, or which are proposed to be taken, in the area of the local authority in relation to children living in households whose income is adversely affected, or whose expenditure is increased, because a member of the household has one or more protected characteristics.”*

The Protected Characteristics, as set out in the Equality Act 2010, are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation. This provision reflects the need to consider whether families with a member or members with one or more protected characteristics may face particular challenges in terms of:

- Being able to access a level of income which can sustain a family
- Having to meet costs linked to one or more family members having one or more protected characteristics, additional to the costs incurred in raising a family.

In Orkney, peripherality is also considered an equality characteristic, with the impact of any new policy on isles residents to be considered alongside the protected characteristics. This requirement was placed on a statutory footing in December 2020 with the coming into force of regulations under the Islands (Scotland) Act 2018 pertaining to Island Communities Impact Assessment.

An Equality Impact Assessment and an Island Communities impact Assessment will be conducted as part of the preparation for the Child Poverty Strategy 2021-23 to identify any differential impacts on these groups and how they will be mitigated.

## Priority groups

### Nationally identified priority groups

- Lone Parents
- Families where a member of the household is disabled
- Families with 3 or more children
- Minority ethnic families
- Families where the youngest child is under 1
- Mothers aged under 25

### Locally identified priority groups

In addition to the nationally identified priority groups, local partnership working has emphasised the need to include in our plans:

- Families and children with experience of the care system
- Families with children residing on the isles

## The impact of poverty on children and families in Orkney

Orkney and its islands are often seen as a rural idyll and much of the available data backs up this view, with consistently high satisfaction rates whenever people are interviewed regarding their quality of life on the islands. The lack of visible poverty can make it more difficult to evaluate the true nature of the problem and therefore the policy and practice necessary to mitigate effectively against its effects.

Rural and island poverty has its own set of characteristics and presents its own set of unique challenges that may not be the uniform experience of poverty across Scotland. Rural households face an increased cost of living between 10% to 30% more than children and families living in urban Scotland, and for those living on islands the premium can exceed 40%.<sup>9</sup> This poverty is often less visible than in urban areas.

New research by the Centre for Research in Social Policy at Loughborough University<sup>10</sup>, for the End Child Poverty coalition, shows the full extent of child poverty across the UK and how it has changed between 2014-15 and 2018-19, before the Covid-19 pandemic. These tables are based on the DWP/HMRC statistics "Children in low income families: local area statistics" (March 2020) combined with information about housing costs at the local level to estimate poverty rates after housing costs. Figure 4 shows 21.9% of children in Orkney and 24% in Scotland overall are living in households with incomes net of housing costs that are below 60% of the median.

**Figure 4**

| Number of children aged 0-15 living in low income households     |         |         |         |         |         | 5-year change |
|--|---------|---------|---------|---------|---------|---------------|
| Area   | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |               |
| Orkney   | 691     | 716     | 762     | 757     | 779     | 88            |
| Scotland   | 200,505 | 209,824 | 219,912 | 220,146 | 220,686 | 20,181        |
| Percentage of children aged 0-15 living in low income households |         |         |         |         |         | 5-year change |
| Area   | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |               |
| Orkney   | 19.8%   | 20.6%   | 21.7%   | 21.3%   | 21.9%   | 2.1%          |
| Scotland   | 22.0%   | 23.0%   | 24.0%   | 24.0%   | 24.0%   | 2.0%          |

Figure 5<sup>11</sup> shows the percentage of children in working households, which is higher than the Scottish average but this masks the reality that many of these households will be on low incomes. A key issue in Orkney, notably on the smaller isles, is that people often have to hold down a number of jobs to attain a reasonable income, let alone compensate for the high cost of living on the isles. Orkney has a shortage of

<sup>9</sup><https://www.hie.co.uk/media/6441/aplusminimumplusincomeplusstandardplusforplusremoteplusruralplusScotlandplus-plusapolicyplusupdateplus2016.pdf>

<sup>10</sup> <http://www.endchildpoverty.org.uk/child-poverty-in-your-area-201415-201819/>

<sup>11</sup> Figures 2-5 and 8: <https://www.gov.scot/publications/local-child-poverty-statistics-december-2019/>

affordable housing, with a lack of both social housing and affordable private housing in the main towns. The housing shortage impacts especially on young people moving into adulthood, with significant waiting lists in Kirkwall for single person dwellings.

**Figure 5**

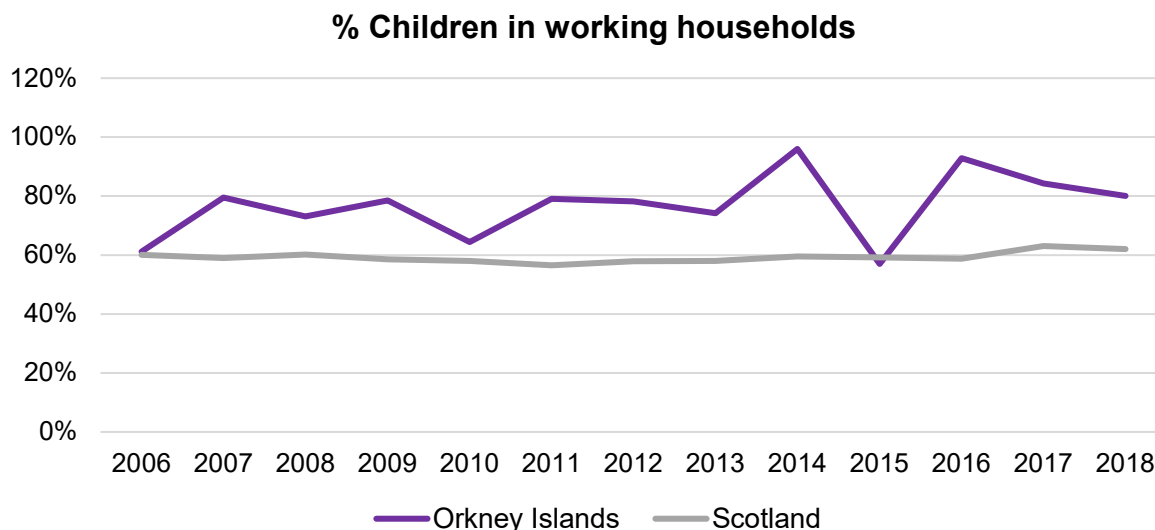
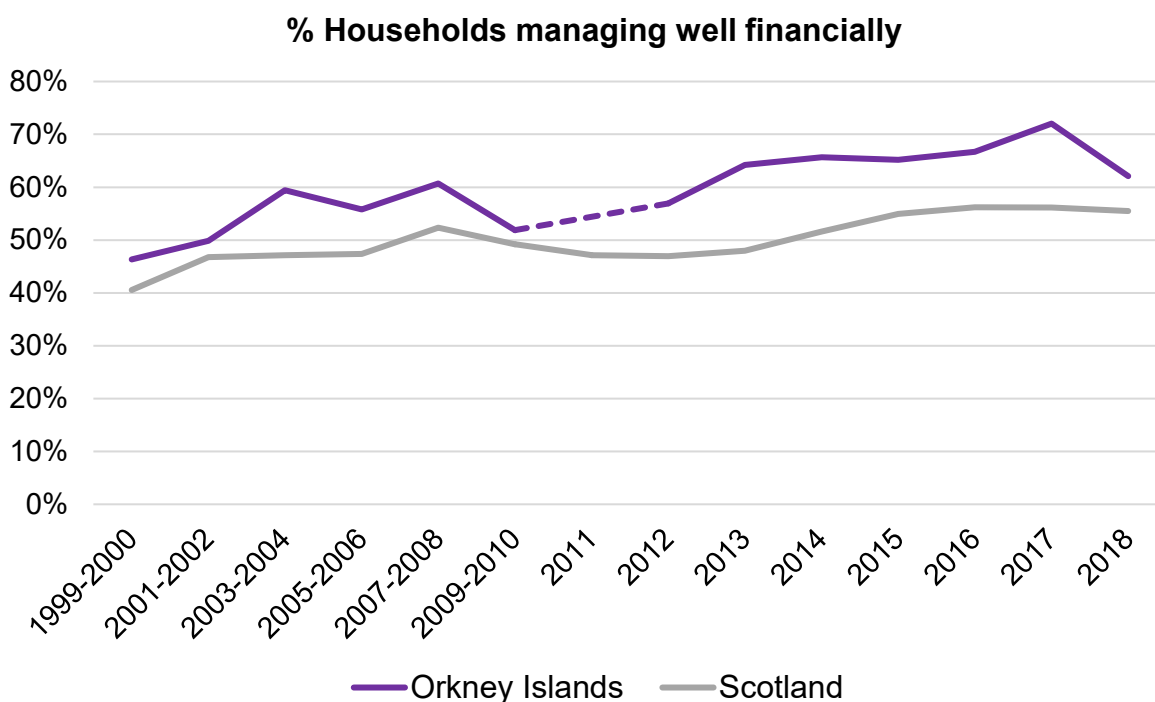


Figure 6 shows that the number of families in Orkney who are managing financially has decreased in recent years. This can be attributed to the increase in cost of living on the islands in comparison to rises in income from wages and benefits. The cost of living in some parts of Orkney in terms of food, fuel and transport can be almost double that on the mainland. The number of residents stating they have access to good public transport facilities is approximately 55% compared with 91% in the rest of Scotland.

**Figure 6**

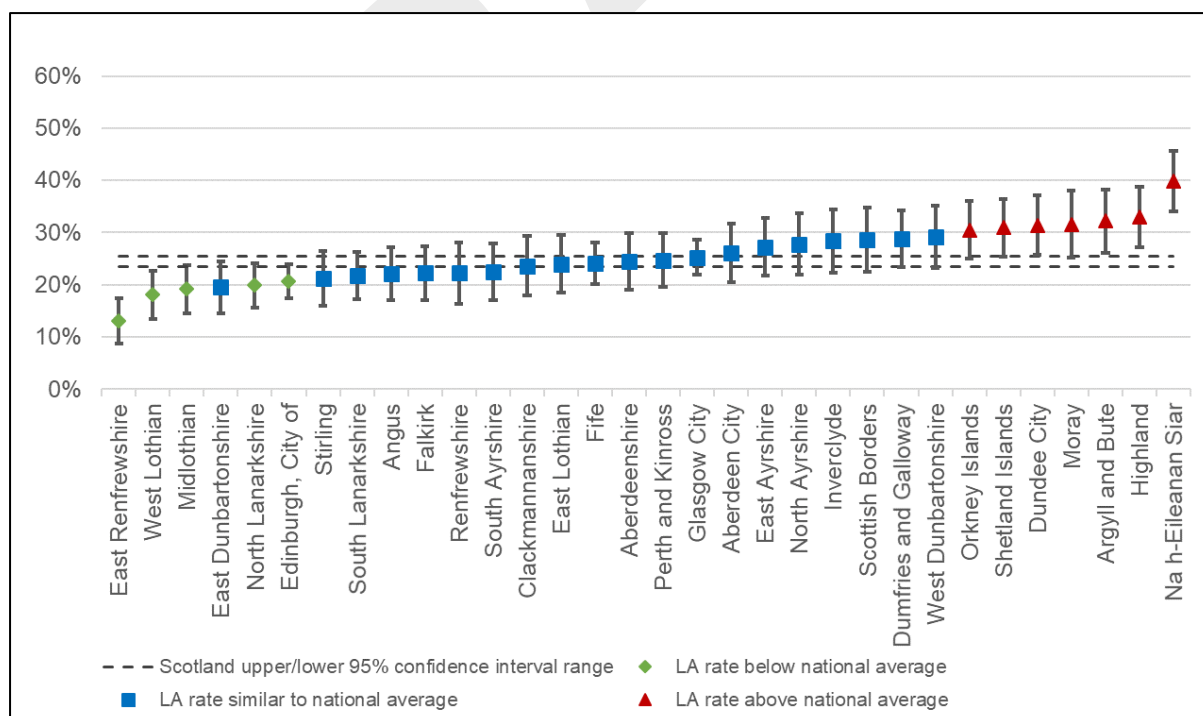


According to the new definitions in the [Fuel Poverty \(Targets, Definition and Strategy\) \(Scotland\) Act 2019](#), a household is in fuel poverty if, in order to maintain a satisfactory heating regime, total fuel costs necessary for the home are more than 10% of the household's adjusted net income (after housing costs), and if after deducting fuel costs, benefits received for a care need or disability and childcare costs, the household's remaining adjusted net income is insufficient to maintain an acceptable standard of living. The remaining adjusted net income must be at least 90% of the UK Minimum Income Standard to be considered an acceptable standard of living, with an additional amount added for households in remote rural, remote small town and island areas. Extreme fuel poverty follows the same definition as fuel poverty except that a household would have to spend more than 20% of its adjusted net income (after housing costs) on total fuel costs to maintain a satisfactory heating regime.

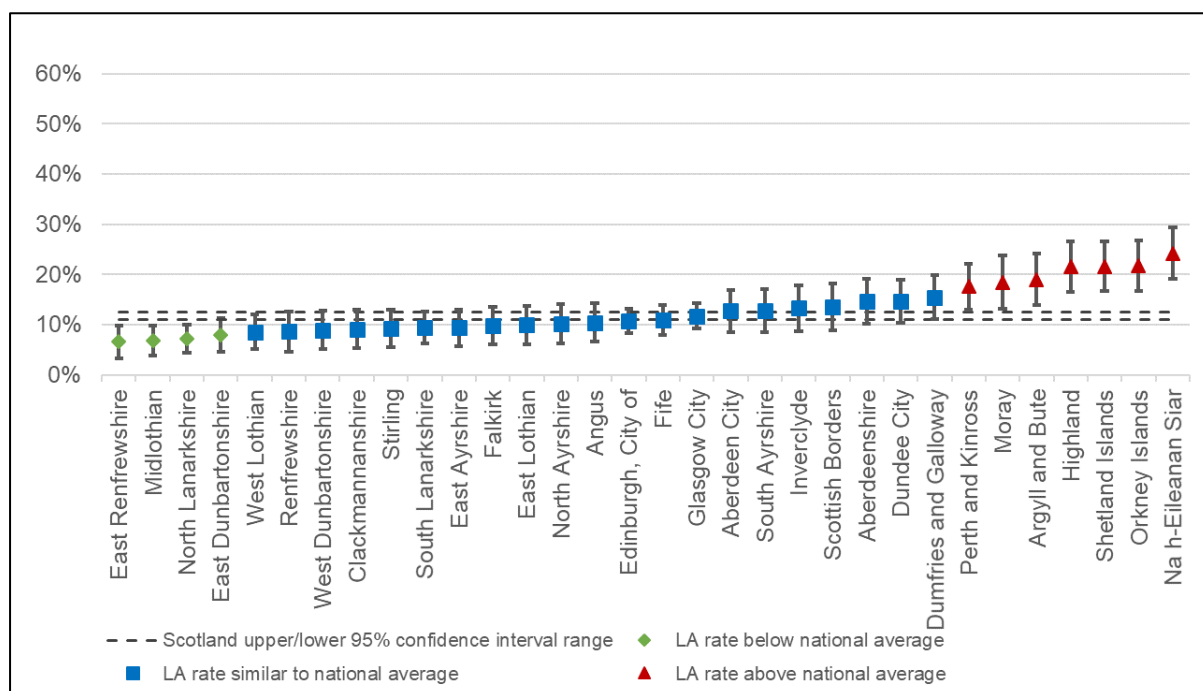
In February 2021, the Scottish Government published a [new analysis](#) of data from the Scottish House Condition Survey for the three years 2017-19. In the period 2017-2019, the 3-year average fuel poverty rate in Scotland was 24%. Seven local authorities had significantly higher fuel poverty rates than the national average, including Orkney at 31%. Figure 7 shows the local rates and 95% confidence intervals which are quite wide for authorities with smaller sample sizes – Orkney's sample size was 80 households.

**Figure 7**

**Percentage of dwellings in Fuel Poverty by local authority. SHCS 2017-2019**



Across the same period, seven local authorities had significantly higher extreme fuel poverty rates than the national average, with Orkney at 22%.

**Figure 8****Percentage of dwellings in Extreme Fuel Poverty by local authority. SHCS 2017-2019**

Island and rural local authorities generally had the highest proportion of the least energy efficient dwellings. Figure 9 shows that eleven local authorities had rates above the national average (4%), with the highest being Na h-Eileanan Siar (18%), Orkney (17%), Dumfries & Galloway (15%) and Shetland (14%). These local authorities also had the lowest proportions of properties in the highest efficiency bands. Detached houses and housing which is off the gas grid are more likely to be F or G rated than other housing types.

Where a household is in fuel poverty, the fuel poverty gap is the annual amount that would be required to move the household out of fuel poverty. In the period 2017-2019, the median fuel poverty gap was generally higher in island and rural local authorities and ranged from £440 in Clackmannanshire and Renfrewshire to £1,640 in Orkney, with a national average of £690.

**Figure 9**

**Percentage of dwellings in Lowest Energy Efficiency Bands F or G (SAP 2012) by local authority, compared to Scotland average. SHCS, 2017-2019.**

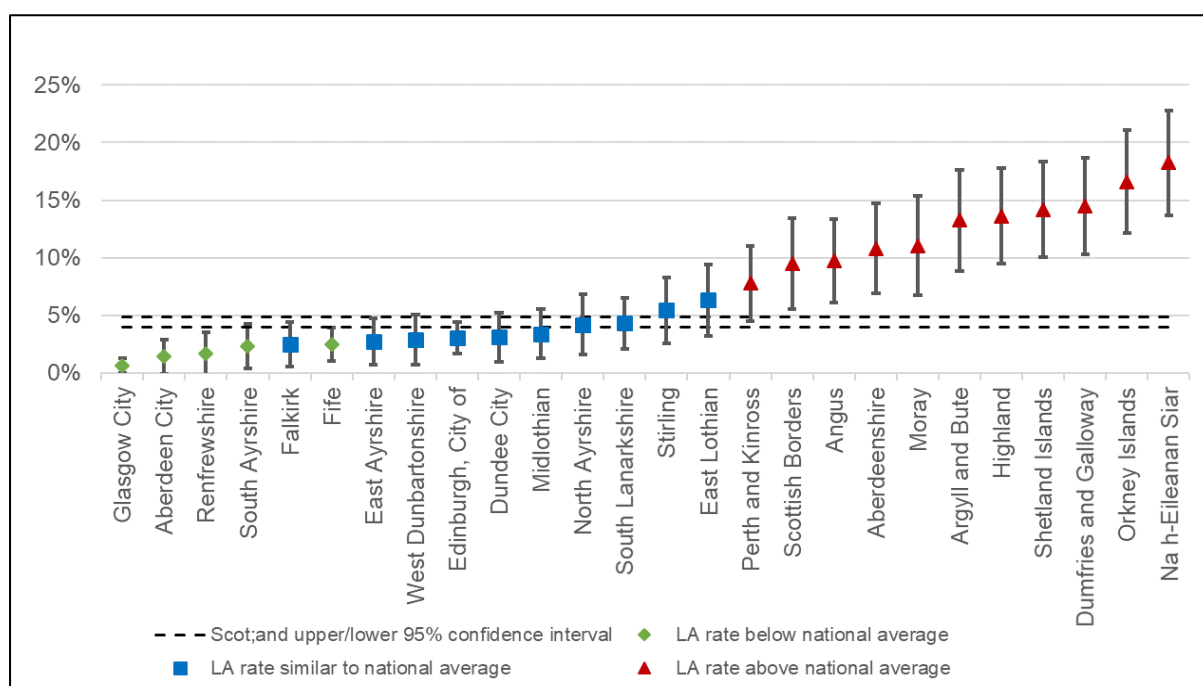
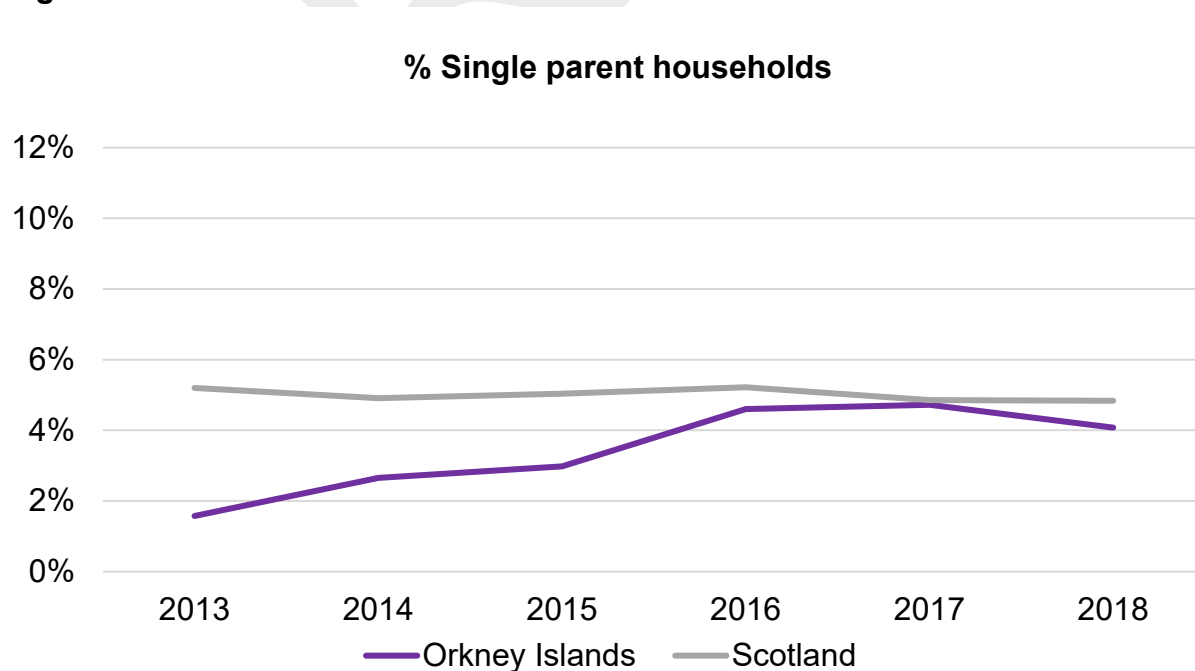
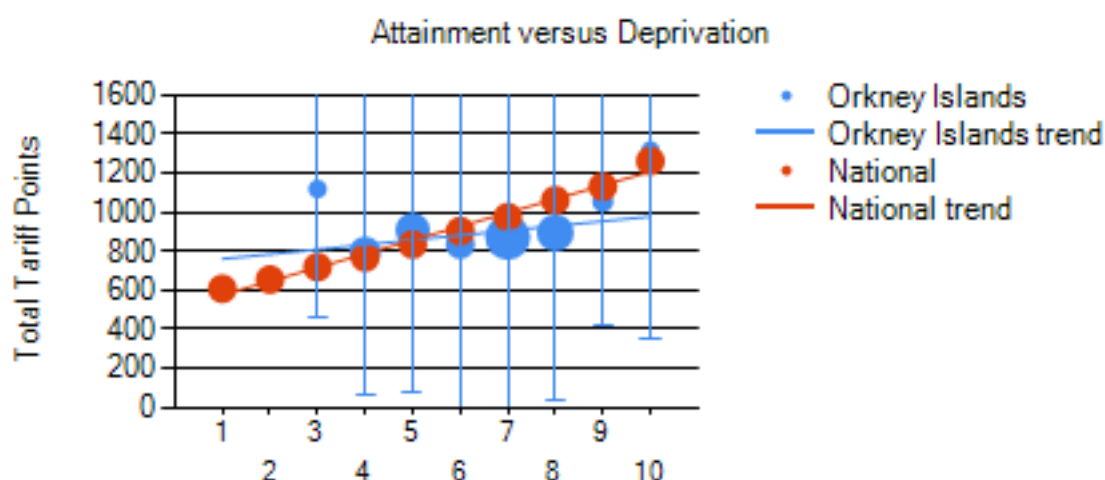


Figure 10 shows the number of lone parents which, although lower than the Scottish average, has risen over the past five years. Lone parents in Orkney are vulnerable due to the nature of the island economy. Poor transport links lead to isolation and are a barrier to employment.

**Figure 10**

**Figure 11**

Tackling disadvantage by improving the attainment of lower attainers relative to higher attainers



National attainment figures for 2018/2019 show that in Orkney, there appears to be no significant relationship between the Scottish Index of multiple Deprivation (SIMD) and attainment. The attainment gap in Orkney is low giving a near horizontal line. Further consideration is perhaps needed to link more relevant measures of deprivation in Orkney to attainment.

Health/wellbeing and poverty are often closely connected. It is useful to consider some health markers to paint the picture of health in Orkney, compared to the national levels. Figure 12 shows a selection of indicators from Public Health Information Scotland<sup>12</sup>, comparing Orkney with the Scottish national average. It shows that in Orkney there are some distinctive challenges compared with the national picture. Orkney has fewer children of a healthy weight at birth but by Primary 1 is slightly better than the Scottish average. Alcohol-related hospital admissions are nearly twice the national average, while drug-related hospital admissions are not far below the national average, with the caveat that both of these measures may be skewed by small numbers. It should also be noted that there have been delays in updating some of these indicators nationally due to the pandemic and the reporting periods are not always comparable.

<sup>12</sup> [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

**Figure 12**

| ScotPHO Health indicator  |  | Orkney | Scotland | Period             | Measure   |
|---|--|--------|----------|--------------------|---|
| Healthy birth weight  |  | 75.2   | 84.1     | 2017-18 to 2019-20 | 3 year rolling average %  |
| Child healthy weight in Primary 1   |  | 85.5   | 83.7     | 2019-20            | % as used for clinical management and planning individual interventions |
| Drug-related hospital admissions, age 11-25                                       |  | 127.5  | 142.9    | 2016-17 to 2018-19 | 3 year rolling average age/sex standardised rate per 100,000            |
| Alcohol-related hospital admissions, age 11-25                                    |  | 523.2  | 271.9    | 2017-18 to 2019-20 | 3 year rolling average age/sex standardised rate per 100,000            |
| Households with children in homes that fail the Scottish Housing Quality Standard |  | 35.0   | 38.0     | 2015-17            | 3 year rolling average %  |
| Teenage pregnancies   |  | 11.7   | 30.5     | 2016-18            | 3 year rolling average per 1000 females age 15-19                       |
| Percentage of P1 children showing no obvious signs of tooth decay                 |  | 88.5   | 71.5     | 2018-19            | %   |

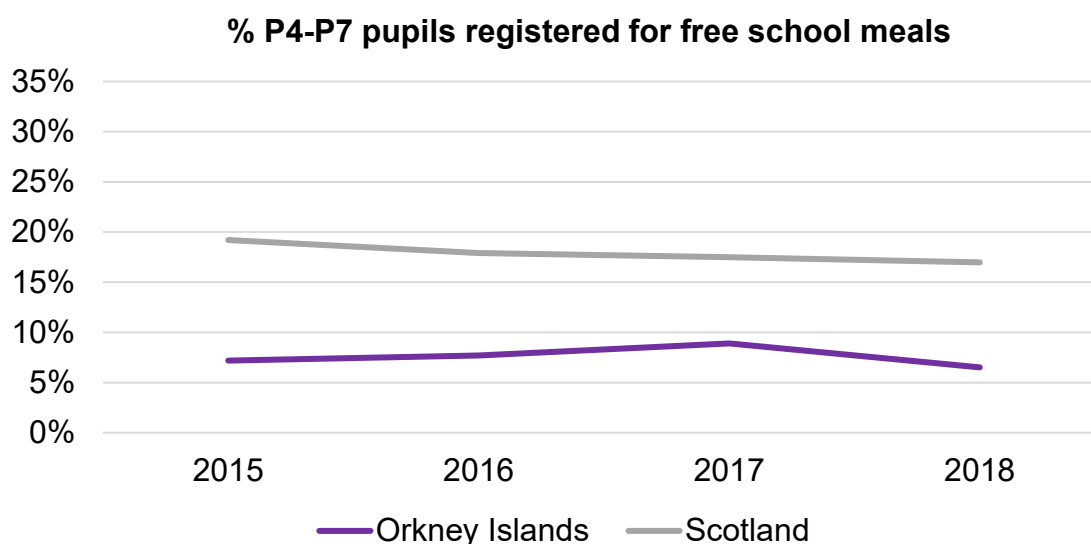
How Orkney compares with Scotland (not all differences are statistically significant)

Worse than Scotland       Better than Scotland



Figure 13 shows lower than Scottish average levels of free school meals take-up, much lower than it should be in Orkney in terms of the levels of family and child poverty. This could be related to the stigma attached to poverty which is often more pronounced in rural and island communities. Addressing this discrepancy is a key element of the partnership and multi-agency approaches that Orkney is working on.

**Figure 13**



In the last year, across the different sectors, children in Orkney were in receipt of free school meals as shown below. The Council paid cash in lieu of free school meals during lockdown periods, at a rate of £3 per child per day. Almost all families requested these payments to be made direct to their bank account.

| Cohort                | Number | Percentage |
|-----------------------|--------|------------|
| Early Learning Centre | 22     | 6.4%       |
| P1-P7                 | 178    | 11.5%      |
| S1-S6                 | 98     | 7.8%       |
| Total                 | 298    | 9.5%       |

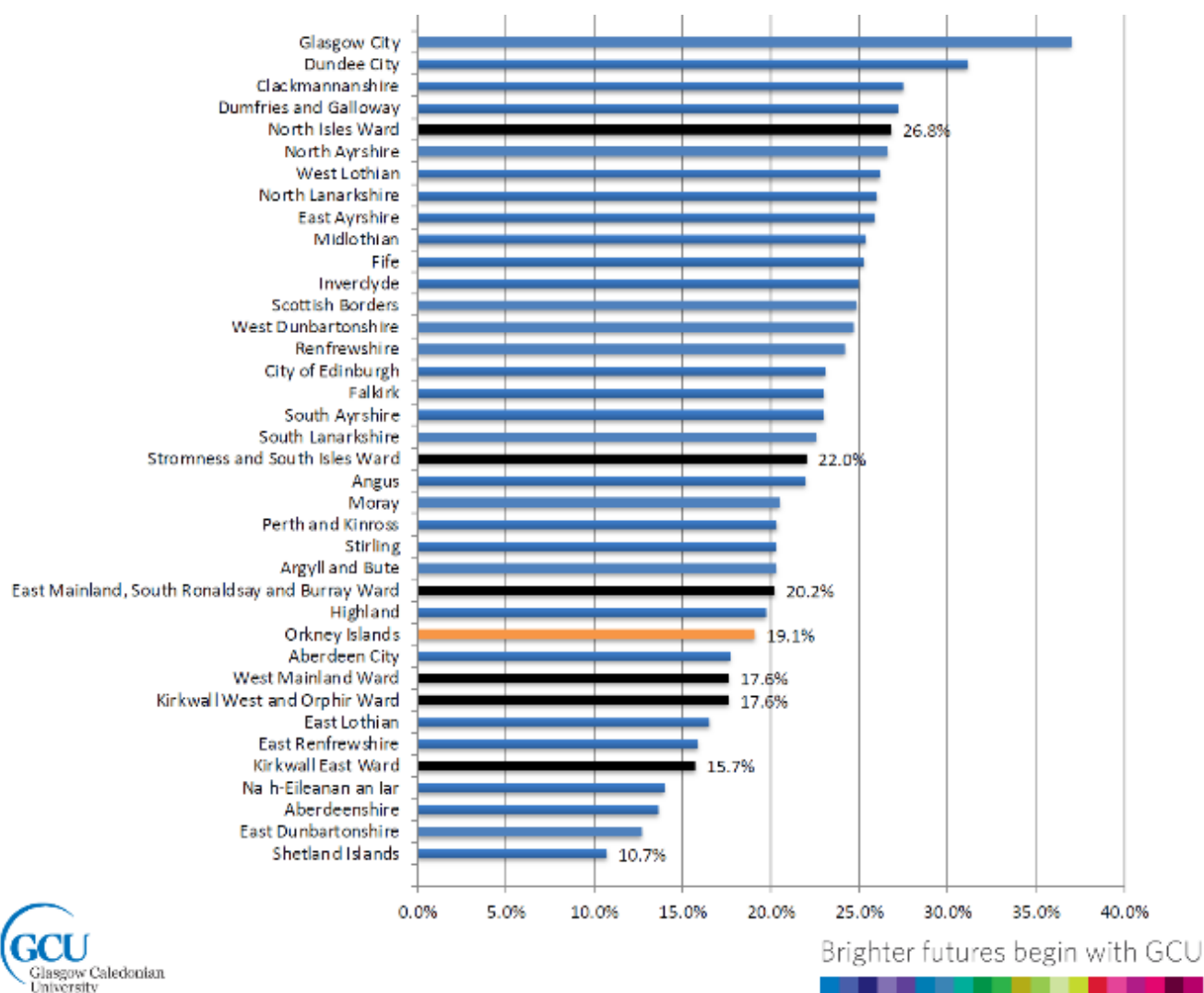
Scottish Government paid a 2020 Christmas grant of £100/child to families in receipt of free school meals, to which the Council added an additional £100/child. Uptake of the Christmas Grant increased applications for free school meals by 21 families (16.3%) with 34 children (13.8%) with 152 grants given out. There was also an increase in free school meals applications when an Easter grant was offered, to 160 grants. Families accessing these payments during holidays in the academic session 2020-2021 were as follows:

| Period             | Number of families | % of applicants | Number of children | % of total children |
|--------------------|--------------------|-----------------|--------------------|---------------------|
| October Holidays   | 118                | 100%            | 232                | 7.3%                |
| Christmas Holidays | 148                | 100%            | 279                | 8.9%                |
| Easter Holidays    | 158                | 100%            | 295                | 9.4%                |

Figure 14, supplied by Glasgow Caledonian University, shows the percentage of children who live in families with limited resources, defined as combined low income and material deprivation. Orkney's individual electoral wards are compared with Orkney as a whole, and with other local authorities in Scotland.

**Figure 14**

Percentage of children living in families with limited resources in Orkney electoral wards / Orkney / other local authorities in Scotland



There is a striking disparity between Orkney's most and least deprived wards. It is notable that the ferry-linked isles, both north and south, are the two most deprived wards. There is a strong correlation here with SIMD 2020 findings for relative deprivation by datazone, listed below in Figure 15.

**Figure 15**

Scottish Index of Multiple Deprivation (SIMD 2020) rankings and corresponding household incomes for datazones in Orkney

| Data Zone | Location                                | Overall<br>SIMD 2020<br>rank | Overall<br>decile<br>2020 | Lower<br>quartile<br>household<br>income | Mean<br>household<br>Income | Upper<br>quartile<br>household<br>income |
|-----------|---|------------------------------|---------------------------|--|-----------------------------|--|
| S01011821 | Kirkwall - Pickaquoy                    | 1,995                        | 3                         | £13,202                                  | £27,665                     | £36,627                                  |
| S01011827 | Hoy, Walls & Flotta                     | 2,097                        | 4                         | £10,915                                  | £24,092                     | £31,307                                  |
| S01011831 | Stronsay, Sanday & North Ronaldsay      | 2,476                        | 4                         | £12,354                                  | £25,674                     | £33,566                                  |
| S01011822 | Kirkwall - Town Centre                  | 2,679                        | 4                         | £14,125                                  | £29,352                     | £38,940                                  |
| S01011830 | Shapinsay, Rousay, Egilsay & Wyre       | 2,710                        | 4                         | £15,161                                  | £30,587                     | £40,254                                  |
| S01011824 | Kirkwall - The Meadows East             | 2,749                        | 4                         | £13,943                                  | £30,876                     | £41,800                                  |
| S01011820 | Kirkwall - Glaitness Road & Hornersquoy | 3,074                        | 5                         | £14,729                                  | £34,474                     | £46,610                                  |
| S01011832 | Eday, Westray & Papay                   | 3,153                        | 5                         | £13,123                                  | £27,604                     | £36,556                                  |
| S01011804 | Stromness - South                       | 3,187                        | 5                         | £15,239                                  | £32,734                     | £43,753                                  |
| S01011808 | Firth                                   | 3,402                        | 5                         | £18,273                                  | £37,753                     | £50,105                                  |
| S01011828 | South Ronaldsay                         | 3,421                        | 5                         | £15,969                                  | £34,307                     | £45,863                                  |
| S01011819 | Kirkwall - South                        | 4,336                        | 7                         | £14,788                                  | £30,833                     | £41,204                                  |
| S01011829 | Burray                                  | 4,356                        | 7                         | £20,895                                  | £41,094                     | £54,104                                  |
| S01011813 | Holm                                    | 4,373                        | 7                         | £21,412                                  | £42,433                     | £56,600                                  |
| S01011823 | Kirkwall - KGS & Bignold Park           | 4,412                        | 7                         | £17,039                                  | £36,474                     | £48,449                                  |
| S01011810 | Harray                                  | 4,434                        | 7                         | £18,945                                  | £38,175                     | £50,365                                  |
| S01011809 | Orphir                                  | 4,446                        | 7                         | £20,655                                  | £39,834                     | £52,300                                  |
| S01011825 | Kirkwall - Papdale West                 | 4,471                        | 7                         | £17,314                                  | £35,743                     | £47,441                                  |
| S01011814 | Holm East, Toab & Deerness              | 4,607                        | 7                         | £21,139                                  | £40,849                     | £53,943                                  |
| S01011812 | Evie, Rendall & Gairsay                 | 4,790                        | 7                         | £20,558                                  | £41,212                     | £54,840                                  |
| S01011817 | St Ola - West                           | 4,836                        | 7                         | £20,719                                  | £41,422                     | £54,711                                  |
| S01011826 | Kirkwall - Harbour and North            | 4,851                        | 7                         | £19,226                                  | £38,188                     | £49,974                                  |
| S01011811 | Birsay & Dounby                         | 4,902                        | 8                         | £20,168                                  | £39,741                     | £52,667                                  |
| S01011806 | Stromness - Outer Town                  | 4,911                        | 8                         | £19,093                                  | £38,916                     | £51,152                                  |
| S01011815 | Tankerness                              | 4,977                        | 8                         | £21,532                                  | £43,412                     | £57,938                                  |
| S01011818 | Kirkwall - Holm Road                    | 5,263                        | 8                         | £18,129                                  | £38,884                     | £52,062                                  |
| S01011807 | Sandwick and Stenness                   | 5,424                        | 8                         | £21,943                                  | £43,139                     | £57,183                                  |
| S01011805 | Stromness - North                       | 5,566                        | 8                         | £16,724                                  | £35,085                     | £46,288                                  |
| S01011816 | St Ola - East                           | 5,616                        | 9                         | £26,740                                  | £50,836                     | £66,972                                  |

Figure 15 shows the correlation between SIMD 2020v2<sup>13</sup> data and household incomes<sup>14</sup>, supplied by CACI Paycheck data.

There are 6,976 datazones in SIMD 2020, with the most deprived being no. 1 and the least deprived no. 6976. A decile corresponds to 10% of datazones. Orkney does not have any datazones in the most deprived 20% in Scotland but due to the

<sup>13</sup> Corrected release see <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

<sup>14</sup> The applicable copyright notices for CACI data can be found at [https://www.caci.co.uk/sites/default/files/imce/Copyright\\_and\\_Third\\_Party\\_Notices.pdf](https://www.caci.co.uk/sites/default/files/imce/Copyright_and_Third_Party_Notices.pdf)

disseminated pattern of poverty in Orkney, there will be individuals and families in all areas experiencing multiple deprivation.

Income reflected by CACI Paycheck is gross household income from all sources including earnings, benefits and investments. The table shows average (mean) household income overall for each datazone, and average (mean) household incomes for households in the bottom quartile and top quartile, a quartile being a quarter or 25% of households.

Orkney's most deprived datazones are heavily skewed towards the ferry-linked isles and certain areas of Kirkwall, and this is reflected in the income data. The Orkney Partnership selected the ferry-linked isles for its first Locality Plan 2018-21<sup>15</sup>, addressing socio-economic inequality.

Looking at individual domains within the SIMD, no fewer than 14 of Orkney's 29 datazones are among the most deprived 10% in Scotland for 'Access' (to services) with a score of 698 or less, with Hoy, Walls & Flotta scoring only 12. This measure evidences the poverty drivers illustrated in Figure 1.

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<sup>15</sup> <http://www.orkneycommunities.co.uk/communityplanning/index.asp?pageid=681664>

## What we did in 2020-2021 to combat child poverty

Much of the work done by the Partnership is ongoing but Covid-19 has impacted disadvantaged families and children more than usual, and affected the ability of supporting organisations to help them. Covid-19 restrictions caused difficulties for all partner organisations and some Third Sector agencies have struggled to maintain their own income. It is possible that the support they offer to mitigate child poverty will be unavailable on similar terms in future.

All agencies and partners had to adapt, scale up and enhance services as far as possible to offer more support to families who are struggling with pressures exacerbated by the pandemic and associated economic and social issues. New ways of working were adopted to engage with families and children and to deliver services safely, for example switching from face-to-face meetings to telephone and online interactions. Staff also needed training, support and equipment to work remotely.

Actions planned for 2020-2021 and foreseen in the 2019-2020 report had to be modified to take account of pandemic restrictions, and new actions to mitigate the effects of the pandemic were put in place by Partners to meet the needs of frontline staff, families and children in particular difficulty, and the wider community.

The Covid-19 emergency impacted directly or indirectly on most actions taken by Partner organisations during 2020-2021, with increased demand for support due to loss of income, increased costs of living and other social constraints resulting from lockdowns. Partners reported increased need for advice services, financial and practical support, and support for children.

At the time of writing this report we do not have the means to collate budgetary information on the total resource dedicated by partner agencies to combating child poverty. This will be addressed in the forthcoming Child Poverty Strategy. Meanwhile the volume and variety of activity can be ascertained from the table below.

Local abbreviations: Orkney Islands Council (OIC); Orkney Health and Care, (OHAC)<sup>16</sup> is a partnership between Orkney Islands Council and NHS Orkney, aiming to improve and develop social care, community health and wellbeing; Community Learning & Development (CLD); Orkney Citizens Advice Bureau is CAB Orkney; Voluntary Action Orkney (VAO).

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<sup>16</sup> [OHAC - Orkney Strategic Plan 2019 - 2022](#)

| What is the action that has taken place? |   | Who carried out the action?   | Which poverty driver(s) was it addressing?                              |
|--|---|---|---|
| <b>ADVICE &amp; ADVOCACY</b>             |   |   |   |
| 1  | <b>Advocacy services</b>  | Advocacy Orkney<br>CAB Orkney   | Income from employment<br>Income from social security                   |
| 2  | <b>Assistance with benefit checks</b>   | CAB Orkney  | Income from social security<br>Cost of living                           |
| 3  | <b>Assisting clients to identify and claim their full financial entitlements</b>  | CAB Orkney  | Income from social security<br>Cost of living                           |
| 4  | <b>Parent Employability Support</b><br>Supporting individuals and families access information, support and essential services including welfare, training and employment. | CLD Employability   | Income from employment<br>Income from social security                   |
| 5  | <b>Providing one-to-one support, advice and signposting</b><br><br><b>Gathering and sharing insights</b> on the needs of island communities with strategic partners       | Island Wellbeing Project – a partnership between Voluntary Action Orkney and the Development Trusts of Hoy, Shapinsay, Stronsay, Sanday, and Rousay, Egilsay and Wyre | Income from employment<br>Income from social security<br>Cost of living |
| 6  | <b>Ensuring access to council funds, free school meals and clothing allowances</b>  | OHAC (Early Learning and Childcare)   | Income from social security   |
| 7  | <b>Ensuring access to free national health services</b> e.g. Minor Ailments and continence products   | OHAC  | Cost of living  |
| 8  | <b>Lobbying and prompting services providers</b> to improve standards of living e.g. housing  | OHAC  | Cost of living  |
| 9  | <b>Regular discussions with families</b> about finances, debt, benefits   | OHAC (Social Work)  | Cost of living  |
| 10                                       | <b>Signposting and referrals to THAW, CAB, Foodbank, Orkney Charitable Trust, and other partner agencies</b>  | OHAC  | Income from employment<br>Income from social security<br>Cost of living |

|                          | What is the action that has taken place?  | Who carried out the action?   | Which poverty driver(s) was it addressing?                              |
|--------------------------|---|---|---|
| 11                       | <b>Referrals to CAB</b> for benefit checks/money advice for people in financial difficulties  | OHAC & OIC (Housing staff)  | Income from employment<br>Income from social security<br>Cost of living |
| 12                       | <b>Signposting to services</b> such as mental health services, Coronavirus Community Hub, etc.  | OHAC & OIC (Housing staff)  | Cost of living  |
| 13                       | <b>Child Poverty data gathering and analysis</b>  | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 14                       | <b>Support with Scottish Welfare Fund Community Care Grant applications</b>   | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 15                       | <b>Holistic advice service</b><br>Assisting clients to identify and claim their full financial entitlements.<br><br>Information circulated to families via schools and Facebook page to raise awareness of the benefits available and encourage local people to get in touch for a benefit check. | CAB Orkney  | Income from employment<br>Income from social security                   |
| 16                       | <b>Support for individuals and families to manage relationships, improve mental health and reduce substance use</b> plus onward referrals to other services e.g. CAB, Women's Aid   | Relationships Scotland - Orkney   | Income from social security<br>Cost of living                           |
| 17                       | <b>Support for women and children affected by domestic abuse</b>  | Women's Aid Orkney  | Cost of living  |
| <b>FINANCIAL SUPPORT</b> |   |   |   |
| 18                       | <b>Assisting families to apply for Best Start grants</b>  | OHAC (Health Visitors, School Health, Maternity unit)                             | Income from social security   |
| 19                       | <b>Sourcing funding</b> (local and national) to assist families to purchase items, e.g. bicycles  | OHAC (Social Work)  | Cost of living  |
| 20                       | <b>Financial support for local children in need</b> including <ul style="list-style-type: none"> <li>General fund</li> </ul>  | Orkney Charitable Trust   | Income from employment<br>Income from social security                   |



|                     | What is the action that has taken place?   | Who carried out the action?                                   | Which poverty driver(s) was it addressing?                              |
|---------------------|--|---|---|
|                     | <ul style="list-style-type: none"> <li>• Help from Home Scheme</li> <li>• Bairns Need Nappies</li> <li>• Every Child Deserves A Christmas grant scheme</li> <li>• Supporting Christmas presents</li> </ul> |   | Cost of living  |
| 21                  | <b>Funding for the electricity vouchers fulfilled by the Foodbank, and directly</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| <b>FOOD POVERTY</b> |  |   |   |
| 22                  | <b>Referrals to Foodbank</b>   | OHAC & OIC (Housing staff)                                    | Income from employment<br>Income from social security<br>Cost of living |
| 23                  | <b>Foodbank</b> fulfilled 574 vouchers, supporting 768 adults, 594 children (total 1362 people)  | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| <b>FUEL POVERTY</b> |  |   |   |
| 24                  | <b>Combating Fuel Poverty</b> through the Home Energy Efficiency Programme for Scotland  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 25                  | <b>Electricity top ups</b> – so those in receipt of food parcels can heat/cook their food  | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| 26                  | <b>Cosy Home Packs and small grants</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| 27                  | <b>Processing of electricity top ups for Orkney Foodbank</b>   | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| 28                  | <b>Provided information and advice on energy efficiency, tariff</b>  | THAW Orkney   | Income from employment  |



|  | What is the action that has taken place?  | Who carried out the action?                                   | Which poverty driver(s) was it addressing?                              |
|--|---|---|---|
|  | <b>switching support</b> , assistance with accessing grant funding, advocacy, income maximisation and budgeting support   |   | Income from social security<br>Cost of living                           |
| 29                                     | <b>Providing support to householders in fuel poverty to heat their homes</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| <b>HOUSING &amp; HOUSEHOLD SUPPORT</b> |   |   |   |
| 30                                     | <b>Support for families on low incomes</b>  | Homestart Orkney  | Income from employment<br>Income from social security<br>Cost of living |
| 31                                     | <b>Community larder boxes, pop-up charity shops, fuel voucher schemes etc</b><br><br><b>Acting as a link between the community and services</b> e.g. supporting Orkney Foodbank with referrals from the islands | Island Wellbeing Project                                      | Income from employment<br>Income from social security<br>Cost of living |
| 32                                     | <b>Enabling access to IT</b> computers etc for families   | OHAC (Social Work)  | Cost of living  |
| 33                                     | <b>Reminding clients about the free period products</b> available locally   | OHAC (Health Visitors, School Health)                         | Cost of living  |
| 34                                     | <b>Addressing poor housing</b>  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 35                                     | <b>Funding for starter-packs of essential household items</b>   | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 36                                     | <b>Funding of Restart Orkney</b>  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 37                                     | <b>Housing support for vulnerable families</b>  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security                   |

|                             | What is the action that has taken place?  | Who carried out the action?   | Which poverty driver(s) was it addressing?                              |
|-----------------------------|---|---|---|
|                             |   |   | Cost of living  |
| <b>MOTHERS &amp; BABIES</b> |   |   |   |
| 38                          | <b>Provision of baby boxes</b>  | OHAC (Maternity unit)   | Cost of living  |
| 39                          | <b>Support for pregnant women and families with children</b>  | OHAC (Maternity Services and Health Visitors)                                     | Cost of living  |
| 40                          | <b>Hungry Baby service</b> - baby milk, baby food, nappies etc (referred to Health Visitors where child/children under 2 years) | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| 41                          | <b>Childsmile</b> – improving children's oral health  | OHAC (Dental & Oral Health)   | Income from employment<br>Income from social security<br>Cost of living |
| <b>YOUNG PEOPLE</b>         |   |   |   |
| 42                          | <b>Informal learning programme for young people transitioning out of school</b>   | The Connect Project (VAO)   | Income from employment<br>Income from social security<br>Cost of living |
| 43                          | <b>Active Schools</b>   | OIC & SportScotland   | Income from employment<br>Income from social security<br>Cost of living |
| 44                          | <b>ActiveLife Budget Membership</b>   | OIC & The Pickaquoy Centre  | Income from employment<br>Income from social security<br>Cost of living |
| 45                          | <b>Provision of school uniform/toiletries/laundry items</b>   | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| 46                          | <b>Young persons' Supported Accommodation</b>   | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security                   |
| 47                          | <b>Young Scot cards<br/>Youth Achievement Groups<br/>Orkney Youth Forum</b>   | OIC (Community Learning and Development Team)                                     | Cost of living  |

|  | What is the action that has taken place?   | Who carried out the action?                   | Which poverty driver(s) was it addressing?                              |
|--|--|---|---|
| 48   | <b>Supporting vulnerable young adults</b> , helping them build confidence and positive relationships while focussing on life and employability skills  | The Connect Project (VAO)                     | Income from employment<br>Income from social security                   |
| <b>DIRECT RESPONSES TO THE COVID-19 PANDEMIC</b> |  |   |   |
| 49   | <b>Circulated support information to families</b> via local schools and Facebook to raise awareness of the benefits available  | CAB Orkney                                    | Income from social security<br>Cost of living                           |
| 50   | <b>Community Resilience Funding</b> to purchase products to provide over 430 families across Orkney with packs   | OIC (Community Learning and Development Team) | Income from employment<br>Income from social security<br>Cost of living |
| 51   | <b>Family Activity Packs</b> - working with the West Mainland Youth Achievement Group and Firth Youth Club to apply for  | OIC (Community Learning and Development Team) | Income from employment<br>Income from social security<br>Cost of living |
| 52   | <b>Mobile Top Ups</b><br>£10 top-up vouchers available to all young people in Orkney   | OIC (Community Learning and Development Team) | Income from employment<br>Income from social security                   |
| 53   | <b>Adapt, scale up and enhance services as far as possible</b><br>Welfare checks by Housing Officer via telephone during lockdown to ascertain that tenants were coping and referrals made to services if required | OHAC & OIC (Housing staff)                    | Income from employment<br>Income from social security<br>Cost of living |
| 54   | <b>Critical Childcare Holiday Hub</b><br>5 weeks July – August. Providing childcare when school provision was not available, allowing key workers to continue delivering essential services                        | OIC   | Income from employment<br>Cost of living                                |
| 55   | <b>Child Holiday Meals</b> – for children missing out on school meals during periods of lockdown   | Orkney Foodbank                               | Income from employment<br>Income from social security<br>Cost of living |
| 56   | <b>Free School Meals lockdown cash payments</b>  | OIC   | Income from employment  |

|    | What is the action that has taken place?  | Who carried out the action?     | Which poverty driver(s) was it addressing?                              |
|----|---|---------------------------------|---|
|    | Parents of all children entitled to free school meals were paid £3 per child per day to buy meals during school closures.   |                                 | Income from social security<br>Cost of living                           |
| 57 | <b>Scottish Government's Food Fund</b> - using OIC's allocation of £99,000, weekly payments of £5/person to all isles residents during the first lockdown to offset higher isles shop prices  | OIC                             | Income from employment<br>Income from social security<br>Cost of living |
| 58 | <b>Welfare checks to all council tenants</b> during COVID-19 lockdown to ensure tenants had appropriate support   | OHAC & OIC (Housing staff)      | Income from employment<br>Income from social security<br>Cost of living |
| 59 | <b>New ways of working</b> to engage with service users and deliver services safely<br>Housing Service moved most interactions with service users to telephone and online. This has worked relatively well and staff have adapted well to this change in working practice.  | OHAC                            | Income from employment<br>Income from social security<br>Cost of living |
| 60 | <b>Ad hoc essential clothing items for Papdale Halls of Residence pupils</b>  | Papdale Hall of Residence staff | Cost of living  |
| 61 | <b>All Papdale Halls of Residence pupils provided with one-off pack including facemasks &amp; hand gel</b>  | Papdale Hall of Residence staff | Cost of living  |
| 62 | <b>Adapt the Child Contact Centre</b> to enable children to have Covid-safe contact with parents they no longer live with.<br>Face-to-face, safe and socially distanced contact was maintained throughout most of the pandemic (temporary suspension during first lockdown) | Relationships Scotland Orkney   | Cost of living  |

## Reports from Third Sector partner organisations

### Orkney Foodbank

Orkney Foodbank has provided food and other provisions, and support to pay for electricity (in order to be able to heat/cook the food), over 2020-2021 to:

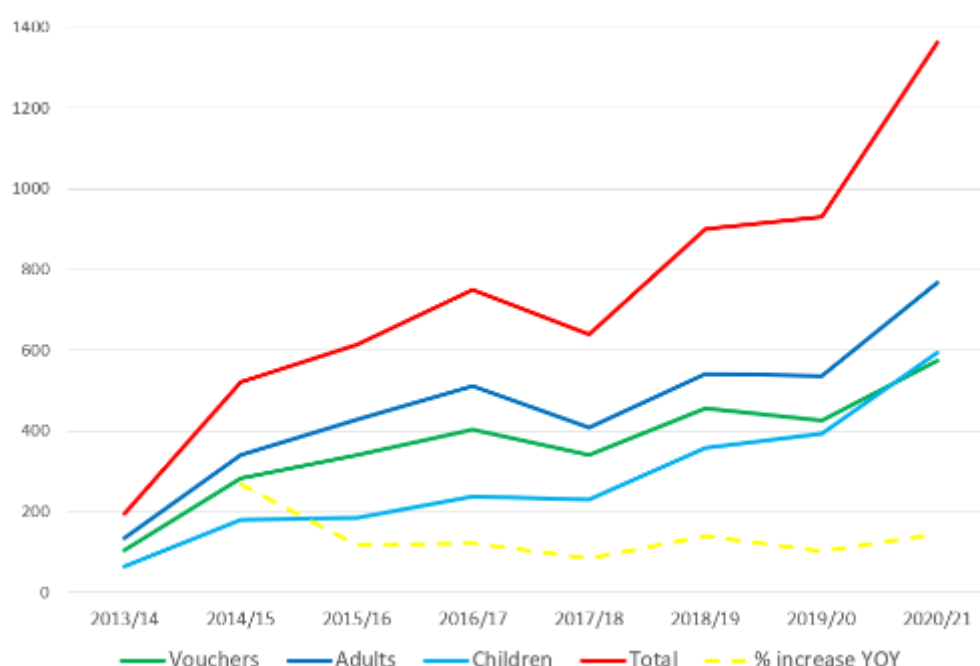


- 768 adults
- 594 children  
(1362 people in total)

The total number of vouchers used this year = 574 vouchers.

The number of people needing our support increased by 146 % from 2019-2020. – this table and graph show a sharp rise during 2020-2021 and a steady increase year-on-year.

|         | Vouchers | Adults | Children | Total | % people increase YOY |
|---------|----------|--------|----------|-------|-----------------------|
| 2013/14 | 104      | 135    | 65       | 195   |                       |
| 2014/15 | 284      | 342    | 180      | 522   | 268                   |
| 2015/16 | 342      | 430    | 185      | 615   | 118                   |
| 2016/17 | 404      | 513    | 238      | 751   | 122                   |
| 2017/18 | 342      | 408    | 231      | 639   | 85                    |
| 2018/19 | 457      | 541    | 359      | 900   | 141                   |
| 2019/20 | 427      | 538    | 394      | 932   | 104                   |
| 2020/21 | 574      | 768    | 594      | 1362  | 146                   |



## THAW Orkney

THAW's mission is:

*to work for households in all Orkney communities to reduce levels of fuel poverty and achieve affordable warmth*



### Summary of activity

THAW Orkney's support to fuel-poor households during 2020-21 has escalated from 2019-20 when around £6000 of emergency electricity support was provided, to a total of over £50,000 of support for electricity, oil and solid fuel.

Support for families with children during 2020-21 includes:

- Emergency electricity, solid fuel or oil: £10,5050.38
- Scottish Government Home Heating Support Fund: £8,838.81
- Benefits/Income Max: £10,007
- Cosy Home Packs: £5200

At least 262 children were supported during 2020-2021, in families as follows:

| No of Children | Clients |
|----------------|---------|
| Not specified  | 95      |
| 0              | 276     |
| 1              | 55      |
| 2              | 30      |
| 3              | 17      |
| 3+             | 24      |

### Report for 2020-2021

Over £320,000 has been secured by THAW Orkney in the past year to help folk throughout the islands with their energy costs, maximise their income, or improve their heating systems in a bid to make their homes more affordable to heat.

In a year dominated by the Covid-19 pandemic lockdown and the associated impact on jobs and income, over £50,000 of emergency electricity vouchers, grants to help to clear energy debt, or Warm Home Discount has been secured by THAW Orkney as folk struggled to heat their homes or have electricity to cook food.

The charity, based in Kirkwall but with staff working from home across Orkney, has found help for over 1000 new or existing clients in the past 12 months, with the

majority of these coming during the first lockdown period and then over the past winter.

Over 130 Cosy Home Packs have been issued to folk in this time, which include thermal blankets, hats and gloves, oil-filled radiator, low-energy bulbs, thermal mugs, and a damp trap. Items such as draught excluders, hot water tank jackets or chimney balloons can also be included as required.

The most significant increase the staff team has seen is in emergency electricity vouchers. In the financial year 2019-20 THAW Orkney issued vouchers worth just over £6000. This year that figure is £28,868 for vouchers alone. Added to that is over £2500 of awards from the Fuel Bank Foundation's heat fund, which paid for oil tank fills or solid fuel for clients, and almost £4000 of Warm Home Discount secured for clients.

But the most phenomenal boost for folk has come through the Scottish Government's Home Heating Support Fund, which has allowed us to secure over £26,000 of awards for some of our most vulnerable clients in just one month. This was a £4 million fund announced by the Scottish Government in late February, with the statement that no household should suffer in fuel poverty or have to ration fuel to get by. As it closed on 31 March, it has been a focus of our work in the past month, and to great effect, clearing debts for clients and giving them a bit of breathing space on their energy bills.

This fund recognised that awards could be made to any households in remote, rural, or island communities, to reflect the higher energy costs that we face.

The significant increase in demand for support has come as folk have spent longer periods at home - either furloughed or working from home - and as families have had children at home when schools and nurseries have been closed. This all adds to energy usage and costs, and electricity prices continue to rise far ahead of income, hitting folk hard.

Referrals to THAW Orkney during the year have come from Orkney Foodbank, for whom THAW Orkney now administers electricity vouchers to help folk cook the food they receive, and other agencies including Orkney Islands Council (OIC), Orkney Housing Association Ltd (OHAL), NHS Orkney, Orkney Health and Care, Orkney Citizen's Advice Bureau, Women's Aid Orkney, Macmillan, CLAN, Orkney Blide Trust, Home Energy Scotland, Orkney Care and Repair, YPeople, and Homestart as well as over 200 self-referrals.

Clients come from all housing tenures, including homeowners, OIC tenants, OIC emergency housing tenants, OHAL tenants and sharing owners, private rented tenants, and those life rented in properties.

Many of the new clients have required additional support, making full use of THAW Orkney's Community Support service, which works closely with other agencies including the pilot Community Link Practitioners based in GP practices.



THAW Orkney's Welfare Support service has seen significant income gains for clients throughout the year, including over £40,000 of Attendance Allowance secured, over £18,000 of Personal Independence Payments, £10,000 of Employment and Support Allowance, £7500 of debt written off, along with Council Tax reductions of over £2000.

At the same time as offering these frontline services to clients, THAW Orkney has again administered the SSE-funded Aiming Beyond Cancer programme, delivering 22 heating systems and 37 energy efficient white goods to clients who have an active cancer diagnosis. These clients are referred to THAW Orkney by CLAN and Macmillan, and by GP practices, as well as some self-referrals.

The THAW staff team - like so many other organisations - transformed from office-based to working from home, in Birsay, Papa Westray, Shapinsay, Deerness, and Kirkwall, with minimal staff in the office.

One client responding to a staff member after receiving a Home Heating Support Fund award said "you're my guardian angel who has literally changed my life. Makes me so happy and safer to know the electricity debt has gone. It's so lovely having a guardian angel."

## Orkney Citizens Advice Bureau

We offer a holistic advice service which includes income maximisation, benefit take up and assistance with debt issues. We offer a full benefit check and assistance to claim any relevant benefits identified by this check. We provide a full debt advice service if required an assistance with employment, tax etc. We represent clients in court who are facing eviction action and assist with Simple Procedure cases (previously known as Small Claims). We encourage other agencies to refer clients to us for assistance and many clients also self-refer.



During 2020-2021 we carried out some work targeted at increasing household income for families. This involved providing local schools with information on the financial benefits and entitlements available for families which was distributed to all parents and guardians. We also regularly used our Facebook page to raise awareness of the benefits available and encouraged local people to get in touch for a benefit check.

In 20/21 our benefits advisers recorded Client Financial Gain (financial entitlements secured for clients) of £1,702,106.43. Assistance with claiming disability benefits is one of our key areas of work, during 2020-21 we recorded £727,348 of CFG relating to ill health/disability benefit claim for those of working age and £41,051 in benefits and entitlements for children including Child DLA and the new Scottish Child Payment.



## Island Wellbeing Project

The Island Wellbeing Project is a partnership between Voluntary Action Orkney and the Development Trusts of Hoy, Shapinsay, Stronsay, Sanday, and Rousay, Egilsay and Wyre.



We work to improve the health, economic and social wellbeing of island residents. We provide one-to-one support, whilst also developing new groups, projects and relationships to build the long-term capacity of the community.

The project employs five coordinators who use the 'I.N.C.A' approach:

- **Innovator:** Developing new groups, projects and ways of working with mainland providers (e.g., community larder boxes, pop-up charity shops, fuel voucher schemes)
- **Navigator:** Providing one-to-one support, advice and signposting
- **Connector:** Acting as a link between the community and services (e.g., supporting Orkney Foodbank with referrals from the islands)
- **Advocate:** Gathering and sharing insights on the needs of island communities with strategic partners

Projects and groups with a focus on alleviating poverty in 2020-2021:

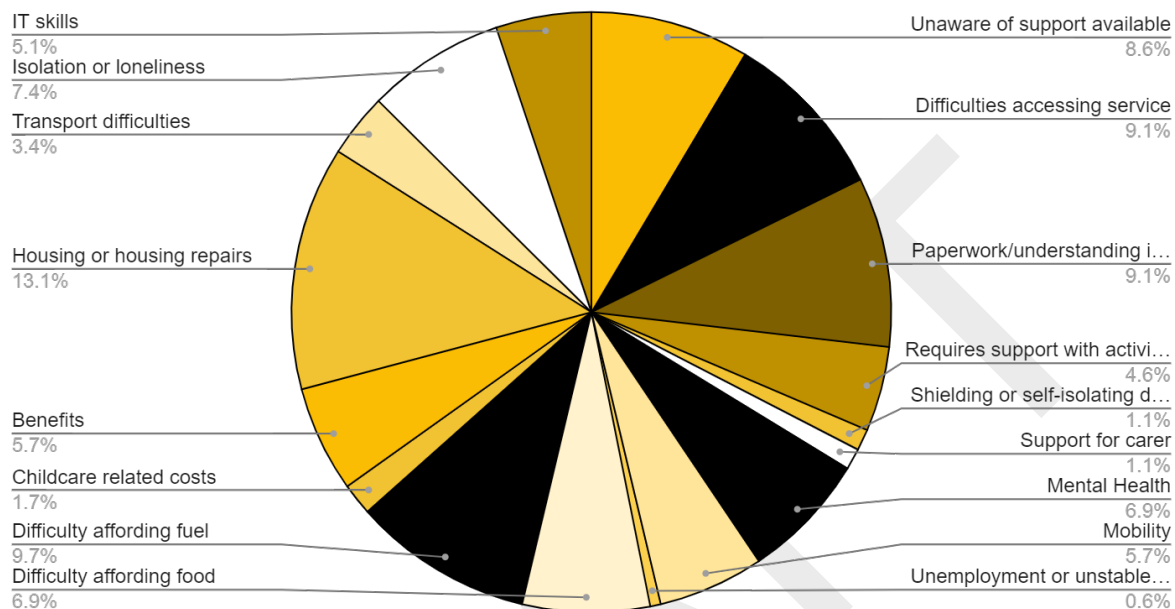
| Project                     | Where     | Details   |
|-----------------------------|-----------|---|
| Tackling period poverty     | All isles | Sanitary products made available free of charge across the isles and on the ferries.  |
| Covid Grocery Boxes         | Shapinsay | Grocery boxes made available to those facing food insecurity as a result of higher cost of living.  |
| Cast Affs                   | Shapinsay | Charity shop which makes cheap clothing, homeware, crockery etc. available to residents unwilling or unable to travel to the mainland. All profits redistributed to groups on the island. |
| Community Larder Scheme     | Hoy       | Grocery boxes made available to those facing food insecurity as a result of higher cost of living.  |
| Information and support Hub | Hoy       | Drop-in centre created for people to come with any personal issues, including difficulties accessing benefits, affording food or fuel, or finding services.                               |
| Christmas Meal Delivery     | Hoy       | Free hot meal delivered to any household that wanted it.  |
| Clothes Zone                | Hoy       | Appointment only sessions which provides children clothes free of charge to those who need it   |
| Community Support Fund      | Hoy       | Grants available to those struggling with the cost of living  |
| Community Pantry            | Sanday    | Container full of food stocked by shop, available for residents to use  |

Peedie Larder  
Box scheme

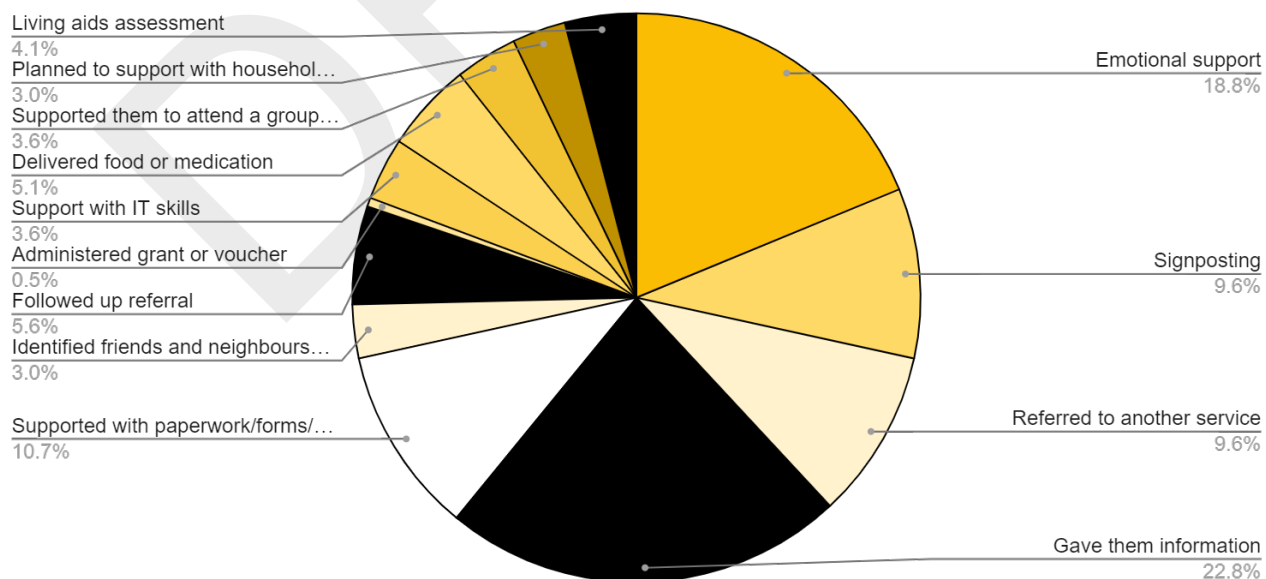
Stronsay

Partnership with local growers to provide fresh fruit  
and veg

### Reasons for support (uncategorized)



### Support provided



## OIC Critical Childcare Holiday Hub

The Holiday Hub ran from 3 July to 7 August 2020, providing childcare over a 5 week period when school provision was not available, allowing key workers to continue delivering essential services. Key workers were identified as those who were helping to support us through the challenges presented by the pandemic.



The Hub, which operated within Papdale Halls of Residence, also provided spaces for children requiring support over this period. Provision for these children was increased over the 5 week period as and when slots became available.

Although numbers attending varied from 10-20 each day, approximately 40 young people in P1 to S2 age range and their families benefited from the service.

The Hub operated for 10 hours each day and was staffed by members of the Council's CLD Service, Active Schools Service, and support/teaching staff from Papdale Primary School. Activities on offer included team games, climbing, archery and bushcraft. Children also had full access to the wide range of recreational facilities within the Hub.

From the word go, Council staff worked tirelessly to make the provision available on an extremely tight time scale and although authorisation was given by the Government to end the provision a week early, the Council stood by its commitment to continue this valuable provision until August 7th.

Parents and carers of children attending the Hub were extremely grateful for the service and voiced their personal thanks to staff on many occasions.



*"To everyone. Thank you for being the best club ever."*

*"Thank you for everything at the holiday hub. The girls enjoyed every minute. Plus it has allowed me to do my job as a staff nurse."*  
(Parent)



## The Connect Project VAO

The Project is an informal learning programme to support vulnerable young adults after school and help them build confidence and positive relationships while focussing on life and employability skills with the goal to support them into the next steps that are right for the young person and a positive sustained transition.



Young people referred to connect have come with a variety, and often multiple, disadvantages. All these are recognised as reasons that affect a young person's life chances and ability to move out of and not move into economic disadvantage and poverty.

Needs of young people:

- Care experienced; childhood trauma; experience of food and fuel poverty; experience of family break downs; homelessness and joblessness.
- Physical and mental ill health, involvement in the justice system
- Learning difficulties and disabilities, social and emotional communication difficulties, isolation within the community.

The relationships built through the programme help us uncover and work with issues such as family neglect, suicidal ideation and homelessness that become issues for our young people and there is a level of trust that may exist from being outside statutory services that allow us to support, link with partner agencies and be flexible in our approach that helps.

Many issues within Orkney can remain hidden because of geography and social stigma and poverty and the lack of opportunities it leads to can be insidious in its effects on young people and vulnerability. Many people can be unaware of the difficulties others face with comments such as “everyone in Orkney has access to a car” or “there are lots of opportunities for young people in Orkney” that show a complete lack of awareness of aspects of lack of family support, transport, money for subscriptions, uniforms, lessons, entry as well as social discomfort within peer groups that can be insurmountable barriers.

Connect has been a point of stability and support in the lives of many young people. It has been extremely challenging already for the young people at this time of COVID and it will take time to rebuild confidence, socialisation and communication. However, it would have been even harder had they not had a regular pattern of support in their lives at this time so they will be far more able and willing to move forward and access any opportunities as and when we can. We can help to recognise where existing problems have been exacerbated by the current situation and how we can support young people.

## Case Studies of Young people supported by Connect

### Case Study B

**B** was referred to the Connect Project in March 2019, via the school and Skills Development Scotland. This young person was indicating that they may go to college at a later date but needed some support to build their personal skills prior to making any next stage progression.

**B** started at Connect in April 2019 at the age of 16, they had left school. **B** was very quiet and withdrawn and struggled in medium to large groups, they were most comfortable in small groups of 3 or 4 others. They had very low self confidence and self-esteem. Their experience at school had not been positive with instances of bullying and being segregated from the mainstream to be in a group of 'low achievers' as defined by the school. **B** had been repeatedly told by the school that they were too stupid to continue at school, which they had come to accept as their truth. **B** was also diagnosed as dyslexic. **B** had a challenging home life and also disclosed that a person they had looked to as a mentor had been lost to them through suicide

On starting at the project, **B** was given a key support worker and encouraged to join in with activities. **B** had a negative dialogue about themselves and was convinced that they could not do anything well. **B**'s body language was self-deprecating keeping their hood up, head down and not making eye contact and very little communication with others. The support staff worked with **B** and encouraged their participation. The staff also used positive framing to help to move away from the negative self-beliefs. As **B** continued to be involved in the project they found things that they enjoyed doing and started to slowly grow in confidence. This displayed in their body language; not keeping their hood up, voluntarily joining in group activities and talking to others.

As their participation at the Connect project continued **B** decided that they didn't want to go to college but wanted to work instead. The staff supported **B** with employability skills and supported volunteering. They took part in a great range of projects to benefit the community. As **B** continued to grow in confidence they became a much brighter person and an integral part of the group. They received a Youth Team Award for their participation in a project to clear the paths and walkways of a local nature reserve.

In October 2020, **B** moved into their own accommodation at the local Y People supported premises in Kirkwall. **B** is continuing to be supported by the Connect project and Skills Development Scotland both with their confidence and in looking for work. Once the pandemic restrictions are lifted **B** will begin supported work experience at a local work project and will move into employment when they are ready.

### Case study C

**C** started with Connect after finishing at school at age 16. They were care experienced and had some difficult early memories of life with their mother with a history of familial alcohol and domestic abuse. They had not enjoyed school for



many reasons including bullying and did not consider the possibility of staying on because “I was too stupid”.

**C** lacked self-confidence, spoke very little and also felt quite isolated in the community. They had previously had a group of friends who had become quite anti-social and involved in activities that they had become uncomfortable with. Taking a step back from them, they had been verbally and physically attacked, had their home egged and felt they had no option but to stay at home by themselves. They didn't have a lot of trust as “people don't care” and had little positive aspirations.

They started the Connect programme and attended regularly for the full programme of a range of activities. They enjoyed the learning through ‘doing’ and being able to take part in opportunities around the community. Support staff encouraged them to explore what interested them and found they enjoyed creative writing, Viking culture, art and working with animals.

**C** gained more confidence, began offering their opinion more and were involved in choosing and planning activities. They had positive relationships with the staff and other young people taking on a leadership role at times.

**C** recorded a thank you speech for a team to receive a Youth Award which was being delivered through an online live event instead of in person. This was a huge step forward in their confidence knowing that the speech would be viewed by hundreds of people. In Connect photos you can see a progression from them blocking their face from the camera, frowning or making a face, to smiling and being more comfortable in pictures.

When lockdown came in 2020 it affected their stated aim of a move into the workplace for **C** and they had conversations with their key-worker about the options available. They decided to apply to college and although nervous prepared with their key worker for the interview. They were accepted for a place on an employability skills course.

They kept in contact with the Connect staff and other young people, took part in activities and also found time in lockdown to develop their creative writing - submitting fan-fiction and working on art and sharing it with us.

Due to limited contact and changes due to govt. guidance the college course is operating on a one week in/one out programme for attendance. **C** has continued at their discretion to keep in touch with Connect, asked questions regarding coursework, taken part in some activities and have taken up the offer of studying Viking History in an online course so they “won't be bored”.

Their time with Connect has allowed them to grow in confidence and maturity and feel more prepared and less anxious about what the future will hold for them.

## Homestart Orkney

Many of the parents in the families supported by our service are either on a very low wage, or are not working: predominately due to health issues, but also there are those who are caught in a cycle of poverty, and there is a family history of unemployment.



During 2021-21, as with many services, our support to families changed overnight when the nation went into lockdown. Volunteers and staff remained in regular contact with supported families, and we continued to receive referrals. Despite, and in some instances because of, restrictions we supported those affected by poverty in the following ways:

- Advising on financial assistance from other sources eg Social Security Scotland
- Sourcing additional grants to distribute to those affected by the pandemic, whose income had reduced as well as those already receiving benefits

Additionally, our staff team also supported families by:

- Distributing grants received for those affected by Covid-19 pandemic
- Applying for 'Every Child Deserves a Christmas' grants from Orkney Charitable Trust for eligible children
- Assisting families in accessing other services, such as THAW Orkney, for further assistance and advice with heating
- Applying for food vouchers from Orkney Foodbank for those families who struggled to afford meals for their children while schools/nurseries were closed, and those who would have struggled regardless of the pandemic
- Compiled and distributed activity packs to families
- Sourced and distributed outdoor clothing and toys so as children could enjoy outdoor play
- Distributed donations of toys/books/clothes (acting more as an intermediary)
- Worked as intermediary to ensure those children learning from home had suitable devices to enable them to do so (via contact with relevant services)
- Applying for grants for specific, essential, household items, such as cookers, etc

We continued to offer weekly Group Support sessions online during the pandemic and initial lockdown. After moving into Tier 1 (and subsequently Tier 3), we have been offering indoor Group Support, following national guidance. Many of those who attend our Group Support often struggle to attend mainstream groups, due to anxiety and also not being able to afford some of the activities on offer, or indeed to travel to participate.

We have also been able to offer face to face support to families, with volunteers meeting with families in public spaces and, in some instances, within family homes. These meetings and support all follow national guidance in terms of Covid

Priority groups we have worked with include:

- Lone parents
- Families with a disability
- Families with 3+ children
- Minority ethnic families
- Families with the youngest child aged under 1
- Mothers who are under the age of 25
- Families with children residing on the isles
- Families with experience of the care system

## Orkney Charitable Trust

Orkney Charitable Trust raises and distributes funds to help people under 25 who live in the Orkney Islands. Our funds are available to young people in times of ill health, disability, hardship or disadvantage and are open to all.



- **Orkney Fund** – responsive to families needs when the most
- **Bairns Need Nappies** – working in partnership with NHS Orkney Health Visitors & Midwives, we help with the supply and cost of nappies for people who need some help providing these for young children in Orkney.
- **Help from Home** – aims to provide financial support to local families who require it when a child, or young person, needs treatment in a hospital out-with Orkney.
- **Every Child Deserves A Christmas** – to help reduce festive inequalities and bring some Christmas magic to Orkney children where a little help is needed. Also supporting Christmas presents with the Salvation Army.

We gave out more than £11,000 in Spring 'helping hand' grants in May 2021, using a £3,000 grant from Youth Scotland, working alongside families using the Food Bank and THAW.



## Community Learning & Development Orkney

- Parent Employability Support
- Mobile Top Ups – 2020-2021
- Orkney Youth Forum
- Family Activity Packs



### Parent Employability Support

At a strategic level the newly established Local Employability Partnership will have a wider membership and a remit for longer term planning, coordination and delivery of the employability agenda in Orkney and ensuring NOLB principles to service delivery are developed and maintained across provision. Parent Employability Support will be an agenda item so provision can be coordinated and targeted to those most in need with the overarching target to reduce child poverty within the local community.

CLD Employability team have met with various Statutory and Third sector partners including early years, housing, and health to discuss support and identify potential families/ parents who would benefit from employability support. All partners have referral forms and have agreed to engage with highlighted families to progress referrals for support.

Exploring potential of working within early years settings once this can happen to have a regular presence in Early Years setting to build relationships with and support parents.

The CLD Employability team has worked with various partners across sectors to identify individuals and families on low incomes that have little or no access to digital connectivity and devices. We received 26 referrals and submitted a bid to Connecting Scotland for 26 devices which was successful. The devices were distributed in January and have support individuals/families access information, support and essential services including welfare, training and employment. Employability Support information leaflets were distributed with each device and the Employability team have offered one to one bespoke support to individuals who have requested it. After talking to parents during this project we are currently working with Learning Link to develop and deliver a series of digital literacy sessions to meet parents needs including basic set up, setting up emails, online banking, internet safety etc.

CLD Employability team have met with HomeStart Orkney to explore potential for art-based consultation project with families to gather their lived experience and views which could feed into the Child Poverty Plan. Also discussed was the potential for the CLO work with Homestart volunteers to provide informal training re Social Security Scotland Benefits, Confidence to Cook and personal budgeting resources. This would increase their knowledge and confidence when working with families.

The CLD Employability Team are working with WhoCares Scotland colleagues to plan and deliver holistic and bespoke programme of activities/opportunities for young people and families with care experience. The group will be supported to look at collective advocacy opportunities that could feed into various strategic plans and service design.

The CLD Employability team has established links with the new Enhancing Wellbeing Project Manager based at Voluntary Action Orkney and who is responsible for coordinating the Wellbeing Coordinators on 4 of the ferry-linked isles. We are working with the team to establish specific needs identified on the islands for parents/ families and the wider community and how we can potentially work in partnership to ensure support and provision is provided to meet needs of individuals and communities.

### **Mobile Top Ups – 2020-2021**

It became apparent that as young people were accessing school work and other youth work activities at home that often access to wi-fi was poor or where they were using mobile data this was limited and expensive.

Therefore, CLD Youth Clubs applied to Youth Scotland for funding to support with this. This funding provided the opportunity for young people to apply for a free £10 top up to enable them to stay connected.

The vouchers were made available to all young people in Orkney, who, after completing a short application form, would be issued a £10 top-up to their mobile phone to keep in touch and stay connected.

Many areas of Orkney have poor broadband service, and this allowed young people to stay connected using their mobile device 4G without the worry of cost or poor connectivity. The Top-Up scheme allowed 90 young people, some applying more than once, to stay connected where they may otherwise not have.

*“We have very poor internet connection where we live and these 2 x £10 vouchers for the girls have supported them to continue online use on their mobile devices for a period of time (a month). The process was very easy and straightforward with effective and quick communication.”* A parent

### **Orkney Youth Forum**

Orkney Youth Forum is a group of young people who come from across Orkney to address issues that are relevant to them. The group is supported by a member of OIC CLD team, who also supports the 2 elected Members of the Scottish Youth Parliament (MSYP's) whom are also members of this forum. The forum is open to young people across Orkney aged 12-25 years old. There are currently 14 young people who regularly attend meetings from across Orkney.

Lockdown forced us to facilitate more sessions online rather than face to face and as a result of this the Youth Forum has grown and have started meeting more regularly via MS Teams. The meetings are better attended online than they have ever been on the past, with approximately 10 members attending on a regular basis. The forum has also attracted a number of new members, although not necessarily ready to put on their camera or contribute to the discussions, they have indicated that they enjoy being part of this group and hope to be able to contribute to the discussions more soon.

Since the start of the pandemic the forum have been involved in a number of discussions/projects and have met with numerous key partners. They have been involved in shaping 'Orkney's vision for Children and Young People, gave their feedback to a Child and Young People Healthy Weight questionnaire and have met with MSP's in parliament to discuss employability and career opportunities, amongst a plethora of others.

### **Family Activity Packs**

The Community Resilience Fund was established by Orkney Islands Council, through hardship Funding from the UK Government, to support, among others,

'Vulnerable isolated people and families, particularly those living in remote rural areas, families where a parent or both parents have lost employment or children living in poverty'.

The CLD team worked with the West Mainland Youth Achievement Group and Firth Youth Club to apply for this funding to purchase products to provide over 430 families across Orkney with Family Activity Packs full of interactive ideas for the whole family. Packs included: pens, pencils, paper, glue, scissors, colouring sheets, story books, recipes, puzzles, board game, outdoor games, seeds, upcycling ideas, time capsules, information from the Scottish Fire and Rescue Service, online Safety from Police Scotland and information on Youth Accreditation Programmes such as Hi5 and Dynamic Youth Awards.

Through working in partnership with schools across Orkney we were able to identify the young people and families in most need of receiving an Activity Pack. With support from local hauliers, the packs were transported to the Outer Isles and the CLD team delivered to mainland schools who distributed the packs to their families on our behalf.

These packs were gratefully received from families from across Orkney. Especially in such an uncertain time for families and for children, it gave them a nice surprise and some focus for the children to receive some free resources to take some time out for themselves away from the fact that they were not able to do their normal routines, such as attend school.

“My children are ages 6 and 16. It was great for the 6 year old and fire safety for all. We used the materials to make cards for birthdays and being able to adjust the skipping rope to suit any age was great. It was well thought of and a super surprise.”  
Parent

*“Just wanted to say a big thank you from my daughters. The activity packs are a big success!”*

DRAFT

## Outline action plan for 2021-2022

Many actions already in train will continue. New actions are being planned, including using the Scottish Government's Parental Employability Support Fund (PESF). This fund aims to deliver a more flexible and user-based model of employability, supporting our ambition to reduce child poverty. PESF provides support for service users both in and out of employment and will help service users to access or progress in employment, improving their own and their family's circumstances with the aim of ultimately reducing child poverty rates.

|                              | What is the action that is continuing for 2021-2022?   | Who is carrying out the action?                         | Which poverty driver(s) is it addressing?                               |
|------------------------------|--|---|---|
| <b>ADVICE &amp; ADVOCACY</b> |  |   |   |
| C1                           | <b>Advocacy services</b><br>Advocacy Service commissioned by NHS Orkney and Orkney Islands Council   | TBC following a tender process but currently CAB Orkney | Income from employment<br>Income from social security                   |
| C2                           | <b>Assisting clients to identify and claim their full financial entitlements</b>   | CAB Orkney  | Income from social security<br>Cost of living                           |
| C3                           | <b>Assistance with benefit checks</b>  | CAB Orkney  | Income from social security<br>Cost of living                           |
| C4                           | <b>Parent Employability Support</b><br>Supporting individuals and families access information, support and essential services including welfare, training and employment | CLD Employability                                       | Income from employment<br>Income from social security                   |
| C5                           | <b>Ensuring access to council funds, free school meals and clothing allowances</b>   | OHAC  | Income from social security   |
| C6                           | <b>Ensuring access to free national health services</b> e.g. Minor Ailments, continence products   | OHAC (NHS Orkney)                                       | Cost of living  |
| C7                           | <b>Signposting and referrals to THAW, CAB, Foodbank, Orkney Charitable Trust, and other partner agencies</b>   | OHAC  | Income from employment<br>Income from social security<br>Cost of living |
| C8                           | <b>Regular discussions with families</b> about finances, debt, benefits  | OHAC (Social Work)                                      | Cost of living  |
| C9                           | <b>Lobbying and prompting services providers</b> to improve standards of living e.g. housing   | OHAC (Social Work)                                      | Cost of living  |

|                          | What is the action that is continuing for 2021-2022?   | Who is carrying out the action?   | Which poverty driver(s) is it addressing?                               |
|--------------------------|--|---|---|
| C10                      | <b>Referrals to CAB</b> for benefit checks/money advice for people in financial difficulties   | OHAC & OIC (Housing staff)  | Income from employment<br>Income from social security<br>Cost of living |
| C11                      | <b>Signposting to services</b> such as mental health services, Coronavirus Community Hub, etc .  | OHAC & OIC (Housing staff)  | Cost of living  |
| C12                      | <b>Support with Scottish Welfare Fund Community Care Grant applications</b>  | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C13                      | <b>Child Poverty data gathering and analysis</b>   | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C14                      | <b>Holistic advice service</b><br>Assisting clients to identify and claim their full financial entitlements.   | CAB Orkney  | Income from employment<br>Income from social security                   |
| C15                      | <b>Support for individuals and families to manage relationships, improve mental health and reduce substance use</b> plus onward referrals to other services e.g. CAB, Women's Aid        | Relationships Scotland - Orkney   | Income from social security<br>Cost of living                           |
| C16                      | <b>Support for women and children affected by domestic abuse</b>   | Women's Aid Orkney  | Cost of living  |
| <b>FINANCIAL SUPPORT</b> |  |   |   |
| C17                      | <b>Sourcing funding</b> (local and national) to assist families to purchase items, e.g. bicycles   | OHAC (Occupational therapists, Health Visitors)                                   | Cost of living  |
| C18                      | <b>Assisting families to apply for Best Start grants</b>   | OHAC (Social Work)  | Income from social security   |
| C19                      | <b>Financial support for local children in need</b> including <ul style="list-style-type: none"> <li>General fund</li> <li>Help from Home Scheme</li> <li>Bairns Need Nappies</li> </ul> | Orkney Charitable Trust   | Income from employment<br>Income from social security<br>Cost of living |

|                     | What is the action that is continuing for 2021-2022?   | Who is carrying out the action?                               | Which poverty driver(s) is it addressing?                               |
|---------------------|--|---|---|
|                     | <ul style="list-style-type: none"> <li>• Every Child Deserves A Christmas grant scheme</li> <li>• Supporting Christmas presents</li> </ul>   |   |   |
| C20                 | <b>Funding for the electricity vouchers fulfilled by the Foodbank, and directly</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| <b>FOOD POVERTY</b> |  |   |   |
| C21                 | <b>Referrals to Foodbank</b>   | OHAC & OIC (Housing staff)                                    | Income from employment<br>Income from social security<br>Cost of living |
| C22                 | <b>Foodbank</b>  | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| <b>FUEL POVERTY</b> |  |   |   |
| C23                 | <b>Combating Fuel Poverty</b> through the Home Energy Efficiency Programme for Scotland  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C24                 | <b>Providing information and advice on energy efficiency, tariff switching support,</b> assistance with accessing grant funding, advocacy, income maximisation and budgeting support | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| C25                 | <b>Providing support to householders in fuel poverty to heat their homes</b>   | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| C26                 | <b>Cosy Home Packs and small grants</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |



|  | What is the action that is continuing for 2021-2022?  | Who is carrying out the action?                               | Which poverty driver(s) is it addressing?                               |
|--|---|---|---|
| C27                                    | <b>Electricity top ups</b> – so those in receipt of food parcels can heat/cook their food   | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| C28                                    | <b>Processing of electricity top ups for Orkney Foodbank</b>  | THAW Orkney   | Income from employment<br>Income from social security<br>Cost of living |
| <b>HOUSING &amp; HOUSEHOLD SUPPORT</b> |   |   |   |
| C29                                    | <b>Support for families on low incomes</b>  | Homestart Orkney  | Income from employment<br>Income from social security<br>Cost of living |
| C30                                    | <b>Community larder boxes, pop-up charity shops, fuel voucher schemes etc</b><br><br><b>Acting as a link between the community and services</b> e.g. supporting Orkney Foodbank with referrals from the islands | Island Wellbeing Project                                      | Income from employment<br>Income from social security<br>Cost of living |
| C31                                    | <b>Enabling access to IT</b> computers etc for families   | OHAC (Health Visitors, School Health, Paediatric therapists)  | Cost of living  |
| C32                                    | <b>Reminding clients about the free period products</b> available locally   | OHAC (Health Visitors, School Health)                         | Cost of living  |
| C33                                    | <b>Addressing poor housing</b>  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C34                                    | <b>Funding of Restart Orkney</b>  | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C35                                    | <b>Funding for starter-packs of essential household items</b>   | OIC (Housing and Homelessness Services, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |



|                             | What is the action that is continuing for 2021-2022?  | Who is carrying out the action?   | Which poverty driver(s) is it addressing?                               |
|-----------------------------|---|---|---|
| C36                         | <b>Housing support for vulnerable families</b>  | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C37                         | <b>Ad hoc essential clothing items for Papdale Halls of Residence pupils</b>  | Papdale Hall of Residence staff   | Cost of living  |
| <b>MOTHERS &amp; BABIES</b> |   |   |   |
| C38                         | <b>Provision of baby boxes</b>  | OHAC (Maternity unit)   | Cost of living  |
| C39                         | <b>Support for pregnant women and families with children</b>  | OHAC (Maternity Services and Health Visitors)                                     | Cost of living  |
| C40                         | <b>Hungry Baby service</b> - baby milk, baby food, nappies etc (referred to Health Visitors where child/children under 2 years) | Orkney Foodbank   | Income from employment<br>Income from social security<br>Cost of living |
| C41                         | <b>Childsmile</b> - improving children's oral health  | OHAC (Dental & Oral Health)   | Income from employment<br>Income from social security<br>Cost of living |
| <b>YOUNG PEOPLE</b>         |   |   |   |
| C42                         | <b>Informal learning programme for young people transitioning out of school</b>   | The Connect Project (VAO)   | Income from employment<br>Income from social security<br>Cost of living |
| C43                         | <b>Active Schools</b>   | OIC & SportScotland   | Income from employment<br>Income from social security<br>Cost of living |
| C44                         | <b>ActiveLife Budget Membership</b>   | OIC & The Pickaquooy Centre   | Income from employment<br>Income from social security<br>Cost of living |

|  | What is the action that is continuing for 2021-2022?   | Who is carrying out the action?   | Which poverty driver(s) is it addressing?                               |
|--|--|---|---|
| C45  | <b>Young persons' Supported Accommodation</b>  | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security                   |
| C46  | <b>Provision of school uniform/toiletries/laundry items</b>  | OIC (Housing and Homelessness Services, Halls of Residence, and appointed agents) | Income from employment<br>Income from social security<br>Cost of living |
| C47  | <b>Young Scot cards<br/>Youth Achievement Groups<br/>Orkney Youth Forum</b>  | OIC (Community Learning and Development Team)                                     | Cost of living  |
| C48  | <b>Supporting vulnerable young adults</b> , helping them build confidence and positive relationships while focussing on life and employability skills  | The Connect Project (VAO)   | Income from employment<br>Income from social security                   |
| <b>CONTINUING IMPACTS OF THE COVID-19 PANDEMIC</b> |  |   |   |
| C49  | <b>New ways of working</b> to engage with service users and deliver services safely<br>Housing Service moved most interactions with service users to telephone and online. This has worked relatively well and staff have adapted well to this change in working practice. | OHAC & OIC (Housing staff)  | Income from employment<br>Income from social security<br>Cost of living |
| C50  | <b>Moratorium on increase of rents within emergency housing</b>  | OHAC & OIC (Housing and Homelessness Services)                                    | Income from employment<br>Income from social security<br>Cost of living |

|                                  |  | Who is carrying out the action? | Which poverty driver(s) is it addressing? |
|----------------------------------|--|---------------------------------|---|
| <b>NEW ACTIONS FOR 2021-2023</b> |  |                                 |   |
| N1                               | <b>Explore passporting of benefits</b> to reduce the bureaucracy and perceived stigma for families having to make multiple | OHAC                            | Income from social security               |

|    |  | Who is carrying out the action? | Which poverty driver(s) is it addressing?                               |
|----|--|---------------------------------|---|
|    | applications for benefits to which they are entitled.  |                                 |   |
| N2 | <b>Explore implications of new Scottish Government policy on universal free school meals</b> for P4 and P5 pupils due to take effect during 2021-22. This may have the unintended effect of excluding families from linked benefits. | OIC                             | Income from social security<br>Cost of living                           |
| N3 | <b>Winter project</b> of kids and coats  | Orkney Charitable Trust         | Income from employment<br>Income from social security<br>Cost of living |
| N4 | <b>Seek to ensure dental and wider health services are accessible</b> without barriers of finance  | The Orkney Partnership Board    | Income from employment<br>Income from social security<br>Cost of living |

## Not Protectively Marked

|  |   |
|--|---|
| <b>NHS Orkney Board – 24 June 2021</b><br><br><b>Report Number: OHB2122-21</b><br><br><b>This report is for noting</b><br><br><b>Joint Clinical and Care Governance Committee Chair's Report</b> |   |
| <b>Lead Director Author</b>  | Louise Wilson, Interim Medical Director<br>Steven Johnston, Chair – Joint Clinical and Care Governance Committee  |
| <b>Action Required</b>   | The Board is asked to: <ul style="list-style-type: none"> <li>• <u>Review</u> the report and <u>note</u> the issues raised and recommendations.</li> </ul>  |
| <b>Key Points</b>  | This report highlights key agenda items that were discussed at the Joint Clinical and Care Governance Committee meeting on 27 April 2021 and 9 June 2021 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board: |
| <b>Timing</b>  | The Clinical and Care Governance Committee highlights key issues to the NHS Orkney Board and Integration Joint Board on a quarterly basis following each meeting.   |
| <b>Link to Priority Areas</b>  | <ul style="list-style-type: none"> <li>• Covid-19 4.2&amp;4.4</li> <li>• Quality and Safety 4.1 – 4.5</li> <li>• Systems and Governance 4.5 &amp;4.6</li> </ul>   |
| <b>Consultation</b>  | Joint Clinical and Care Governance Committee<br>27 April 2021<br>9 June 2021  |

## **Not Protectively Marked**

### **NHS Orkney Board – 24 June 2021**

### **Joint Clinical and Care Governance Committee Chair's Report**

**Author** Steven Johnston, Chair  
Joint Clinical and Care Governance Committee

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#### **Section 1 Purpose**

The purpose of this paper is to highlight the key items for noting from the discussions held at the meetings on the 27 April 2021 and 9 June 2021

#### **Section 2 Recommendations**

The Board is asked to:

1. Review the report and note the issues raised and recommendations.

#### **Section 3 Background**

This report highlights key agenda items that were discussed at the virtual Joint Clinical and Care Governance Committee meetings on 27 April 2021 and 9 June 2021 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

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

27 April 2021

##### **4.1 Quality Forum Chairs Report**

The Acting Medical Director presented the Quality Forum Chairs Report, summarising work which had taken place over recent months. There was a focus on an audit of clinical policies which would require significant work, and an audit around clinical documentation with a short life working group set up to take the latter forward.

Members noted the issues raised and agreed to highlight the work required to the Audit and Risk Committee and Board.

## **4.2 Infection Control Annual Report**

The Director of Nursing, Midwifery and Allied Health Professionals presented the Infection Control Annual report highlighting the increased workload and significant efforts made by the Infection Control Team throughout the pandemic response.

Members noted the update, praised the work of the Infection Control Team, and all other teams involved for their hard work and efforts throughout the pandemic response and agreed this should be highlighted to board.

## **4.3 Paediatric Autism Diagnosis/Neurodevelopmental Pathway Report**

The Interim Head of Children's Health Services presented the report, highlighting that further service funding had been secured and that a short life working group had been established to progress a six-month test of change model which had proved successful within other boards

Members agreed the progress made should be highlighted to board.

## **4.4 Public Health Annual Report**

The Director of Public Health presented the Public Health Update and members agreed the following key points should be highlighted to the Board

- Recruitment had allowed health improvement staff to focus on their main areas of work, whilst also keeping up contact tracing services.
- The flu vaccination programme concluded at the end of March, with the Covid-19 vaccination programme continuing.
- Screening services had resumed, with the breast screening van due in Orkney in June 2021.
- Members acknowledged that it would be difficult to predict the effect of Covid long term, including the potential for "long Covid", further variants and a possible rise in cases in September-October 2021

9 June 2021

## **4.5 Local Child Poverty Action Report 2020-21**

The Chief Officer presented the Local Child Poverty Action Report 2020-21 and following detailed discussion and debate and subject to limited amendments as agreed, recommended it for board approval. Key points of discussion included: the intention for a 3-year child poverty strategy including action plan (using *SMART* methodology) to be driven by the Child Poverty Taskforce; a desire for truly integrated services and for this to be reflected in the report; the need for a strong focus on our ferry-linked isles; and finally consideration towards methods to reduce the stigma of poverty and improve wider engagement with this work.

#### **4.6 Committee Vice Chair Appointment**

Joanna Kenny had been nominated to take on the role of the NHS Orkney Vice Chair of the Joint Clinical and Care Governance Committee, Joanna has accepted, and the Committee recommends that the Board approve this appointment.

#### **Cross Committee Assurance**

A Quality Forum update highlighted an audit of clinical documentation carried out in the inpatient areas at The Balfour which members wished to highlight to the Audit and Risk Committee. A short life working group had been set up to take this forward.

#### **Appendices**

- Approved minutes from the Clinical and Care Governance Committee meeting held on 27 January 2021 and 27 April 2021

## NHS Orkney Board

Minute of a virtual meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** on **Tuesday 26 January 2021 at 13.00**

|                      |   |
|----------------------|---|
| <b>Present</b>       | Issy Grieve, Non-Executive Board Member (Chair)<br>Steven Johnston (Vice Chair)<br>Michael Dickson, Interim NHS Orkney Chief Executive<br>David Drever, Non-Executive Board Member<br>Rachael King, Integrated Joint Board, (IJB) Chair<br>Meghan McEwen, NHS Orkney Chair<br>John Richards, Integration Joint Board Member<br>Steve Sankey, Integration Joint Board Member<br>Heather Woodbridge, Integration Joint Board Member   |
| <b>In Attendance</b> | Christina Bichan, Head of Assurance and Improvement<br>Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice<br>Mary McFarlane, Interim Director of Pharmacy<br>Heather Tait, Public Representative<br>Louise Wilson, Director of Public Health<br>Jacqui Hirst, Interim Service Manager – Children's ( <i>For action log item @ 13.15</i> )<br>Wendy Lycett, Principal Pharmacist ( <i>For item 10.1 @13.30</i> )<br>Heidi Walls, Committee Support |

899. The chair opened the meeting with an acknowledgement to the late Jeremy Richardson, noting his contribution as a member of the NHS Orkney Board and as previous chair of this committee.

The Chair also noted the retirement of Chris Nicholson, Director of Pharmacy and warmly welcomed Mary McFarlane, Interim Director of Pharmacy and Heather Woodbridge, IJB member to the meeting.

### Apologies

Apologies had been received from Lynda Bradford, David McArthur, Dawn Moody, Gillian Morrison, and Marthinus Roos.

The chair noted that staff absence would mean the meeting, although quorate, would have a reduced level of clinical input.

### 900. **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items

### 901. **Minute of meetings held 27 October 2020**

The minute of the Clinical and Care Governance Committee meeting held on 27 October 2020 was accepted as an accurate record of the meeting and approved on the motion of David Drever and seconded by Steven Johnston, subject to the following amendments,

Page 1, In attendance section, *J Lyon* should be amended to read *Jim Lyon*

Page 3, fourth paragraph, first sentence, the word '*addressed*' should be amended to read '*highlighted*'.



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Page 4, third paragraph, first sentence, the word '*hearted*' should be amended to read '*heartened*'

Page 4, fourth paragraph, the end of first sentence should be amended to read 'and acknowledged it as *an* area for improvement'

Page 4, fourth paragraph, start of second sentence should be amended to read 'Previously there had been a reliance *on* the dissemination of information'

Page 4, final eleventh paragraph, final sentence should be amended to read, 'He suggested that *a clear matrix should be developed* so that there could be confidence that practitioners were meeting outcomes for patients'

Page 6, start of first sentence should be amended to read, 'It was an approach tried in Orkney'

Page 6, fourth paragraph, first sentence, the words '*get on with*' should be amended to read '*now see progress*'

Page 6, fourth paragraph, end of sentence should be amended to read, 'but felt the vision *did not quite capture this*'

Page 12, ninth paragraph, first sentence the words '*neurological conditions*' should be amended to read '*paediatric neurodevelopmental*'

### 902. **Matters Arising**

It was agreed that outstanding updates for this item would be added to the action log for review at the next meeting.

#### **COVID 19 Health Remobilisation Update CCGC 20201-35**

*Post meeting note in response to queries arising from the 27 October 2020 minute:*

*As set out in the Remobilisation Plan the additional outpatients space secured in the Health Centre will continue for the first half of 21/22 whilst social distancing measures must be adhered to. Options for space utilisation for the second half of the financial year are being explored.*

#### **Quality Forum Chairs Report CCGC 20201-36**

*Post meeting note in response to queries arising from the 27 October 2020 minute:*

*The group is continuing to develop in its approach and to embed new ways of working since reformatting. Matters such as SIGN guidance implementation and improving the quality of clinical record keeping are examples of areas where the Forum has moved into a space of greater challenge and scrutiny.*

*Quality Forum are actively taking forward the development and implementation of a regular report relating to the learning arising from incidents and adverse events. This is scheduled to be presented to the May 2021 meeting of the Forum.*

### 903. **Action Log**

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

#### **04 – 2020/21 – Paediatric Autism/Neurodevelopmental Conditions Pathway**

The Interim Children's Service Manager joined the meeting for this item and provided a verbal update and Paediatric Autism was highlighted as the only currently defined pathway

working across NHS Orkney and Orkney Islands Council but there was national and local intent for there to be one paediatric neurodevelopmental pathway.

An Autism Spectrum Disorder (ASD) coordination group meets monthly and a similar approach to discuss all children of concern was under consideration, but challenges relating to capacity for paediatrician input, leadership and support of the clinical team, waiting lists, outstanding requests for admin support and staff absence were noted and discussed.

In response to queries the Interim Chief Executive agreed that there were some accountability issues around the management of services, but confirmed if the executive team were sighted a response would be provided.

The NHS Orkney Chair queried links with the Children Inspection report and was advised that whilst child protection was the focus on the inspection report there were indirect links which were being reviewed.

D Drever asked if school closures had created delivery issues and the Interim Children's Service Manager confirmed there were implications as it was difficult to observe children in context, but work to mitigate issues had been undertaken.

Members noted the update provided and the agreed a full report to update on the issues raised should be scheduled for the next meeting.

### **Operational Planning**

#### **904. Planning and Delivery Update CCGC 2021- 50**

The Head of Assurance and Improvement presented the update highlighting the stepping up and stepping down care model to ensure that those most in need of care have access.

The inevitable build-up of a backlog was acknowledged, but the mitigation offered by the use of virtual interventions was also highlighted.

The Chair questioned whether it was feasible for small boards to deliver on the detailed requirements contained within the NHS Scotland letter appended to the update.

The Head of Assurance and Improvement agreed it would be a challenge for all boards and that the scale of the task would not be underplayed, but was heartened by the new degree of realism and expectation of Scottish Government representatives, particularly in relation to elective care. She noted that there would be ongoing conversations at board level as to what could be prioritised.

In response to queries regarding planning for issues such as clinical space and access to realistic data on connectivity issues, the Head of Assurance and Improvement advised that challenges around clinical space had been an identified issue before the additional impacts and changes of recent events and was part of ongoing work. Equally model of care changes and the opportunities offered by NearMe technology would be considered going forward.

The Head of Assurance and Improvement, further to a question regarding the chronic pain Service, explained that it was similar to other visiting services. A small amount of clinical capacity for patients who required ongoing management of chronic pain had been provided

for a long time, but work with primary care and community colleagues to develop a wider approach was in progress.

The Vice Chair advised members that he would be working with the Head of Assurance and Improvement on ACF involvement with a couple of the standout challenges around back to normal and discharge planning raised in the appended NHS Scotland letter.

### **Decision / Conclusion**

The Committee noted the update and took assurance.

#### **905. North of Scotland Services Update CCGC 2021- 50**

The Acting Medical Director presented a short update paper which highlighted key meetings relating to North of Scotland regional work.

Members agreed it was useful to hear about the work taking place and looked forward to receiving further updates, as appropriate.

### **Decision / Conclusion**

The Committee noted the service update provided.

### **Safe and Effective Care**

#### **906. Quality Forum Chairs Report CCGC 2021 - 52**

The Acting Medical Director presented the report highlighting that she had chaired the last two meetings of the forum and noted that as the group was still in a forming stage and learning where to focus and how to take things forward she was heartened by the issues being addressed..

The Chair acknowledged the current stage of the group, was keen to encourage further development and was reassured by the level of clinical discussion and challenge evidenced in the minutes but wondered who would be monitoring highlighted actions.

The Head of Assurance and Improvement agreed that taking ownership of issues and self-monitoring actions, rather than handing on to another team was a different but key area of work for the group and the acting Medical Director had helped to highlight it as a key focus for all group members.

Members further discussed shared concerns around the interface between the Clinical and Care Governance committee and the Quality Forum and finding an appropriate balance of empowerment and assurance.

Digital connectivity issues were also highlighted, but it was noted that clinical care could be delivered in a number of different ways and whilst digital solutions were acknowledged as an enabler it was important to ensure clinical care and the outcomes achieved should be the forum's key focus.

The Chair noted the importance of the issues raised and concluded the discussions by highlighting the section at the end of the Quality Forum minutes where issues for escalation could be captured and confirmed its use would be monitored going forward.

### **Decision / Conclusion**

The Committee reviewed the report, noted the assurances provided and looked forward to the forum's future developments.

#### **907. Performance Report CCGC 2021 - 53**

The Head of Assurance and Improvement presented a position statement on development work being progressed to respond to recommendations for improvements following participation in the national Quality of Care Approach.

The Chair welcomed the update, noting the Quality Framework as a critical tool for work moving forward.

### **Decision / Conclusion**

The Committee noted the update

#### **908. Redesign of Urgent Care Update CCGC 2021 - 54**

The Head of Assurance and Improvement presented the report noting that the changes to local urgent care pathways went live in December 2020 as part of the implementation of the national programme.

Members were advised that in terms of shifting activity there had not been a significant change with a continuation of hospital presentations. However, it was noted that there had been a soft launch locally and the applicability of national programmes for local geographical circumstances was a key issue.

The development of excellent working relationships with other islands boards and NHS Highland was highlighted as a positive longer-term implication of the programme and work with ambulance and out of hours colleagues, as well as the Isle of Care Network, was helping to progress work in the right direction.

The NHS Orkney Chair highlighted the importance of recognising that national programmes were not always applicable to outer islands and that inequalities were exacerbated by geography, particularly in relation to urgent care access and the secondary care support of remote clinicians.

In response to a query regarding the use of informal feedback, particularly in relation to the mental health pathway, the Head of Assurance and Performance confirmed that data was reviewed on a weekly basis and provided information on the common contact streams. The data was provided nationally and currently there was no local assessment in place, but work on how the information could be collated in the future was being considered.

It was noted that an Equality Impact Assessment, which included an isles element, was available on the Scottish Government website, but it was noted that a query on how it linked to the Islands Bill was an issue that had been highlighted with the national team and the final version was pending.

The Vice Chair advised members that he had received reports that there had been a good

## 8.4.1

reduction in Emergency Department attendance and better experiences, but wondered whether the right things were being measured so that a local assessment of success could be made and if so how was it reported.

The Head of Assurance and Improvement explained that we were directed on what to report and not what to measure so the data that was required was submitted, but she also noted that different and more regular information was sent to NHS Highland and there was a weekly meeting to review whether the right outcomes for patients were achieved. She provided examples of how improvement conversations identified issues and noted that C Siderfin was the lead for the programme and that engagement for softer evidence was the key, as the numbers were too small if only data reviewed.

A concern that a the lack of enough data for assessment would negatively impact the outer islands was raised, but The Head of Assurance and Improvement advised that the pathway for outer islands hadn't changes but they had been unable to put to put a localised stop on the wider communication which had presented challenges. Some other boards were also having to look at localised messaging and suggestions to ensure the mechanisms were right for local communities would be welcomed.

The NHS Orkney Chair highlighted the project nationally as a huge success and noted that whilst some of the project outcomes might not benefitted all members of the local population, its transformational nature and ensuing collaborative thinking had.

It was agreed that a six-monthly report to update on the progress and outcomes of the programme would be useful.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance on performance.

### **Medicines Management**

#### **909. Area Drugs Therapeutic Committee (ADTC) CCGC 2021 - 55**

The Principal Pharmacist joined the meeting to present the report and provided members with an update on the work of the Area Drugs Therapeutic Committee.

The relaunch of the reviewed terms of reference that had been aligned with other boards and aimed to ensure the committee was able to provide strategic leadership on all aspects of medicines management was highlighted as was the continued development of services in Primary Care.

Oversight of The North of Scotland Regional Hospital Electronic Prescribing and Administration (HEPMA) project was also noted as a significant focus for the committee.

In response to a query regarding pharmacist representation at the GP Sub Committee, the Principal Pharmacist confirmed that responses had been received and were pending final confirmation.

The Chair welcomed the detailed report which identified several changes and challenges, but showed great reflection and a clear plan. She was pleased the committee was meeting regularly again and looked forward to future updates.

### **Decision / Conclusion**

The Committee reviewed the report and noted the high degree of assurance provided.

#### **910. Future of Pharmacy: A Strategic Overview of Pharmacy in Orkney and Shetland CCGC 2021 - 56**

The interim Director of Pharmacy presented the above report which had been submitted in place of the Annual Report to provide a strategic overview of services and was offered to inform organisational decisions which would need to be made in the coming months. She outlined the three main sections of the report and summarised the key points.

The Vice Chair asked if there were plans to set up an Area Pharmaceutical Committee (APC) and whether the Redesign of Urgent Care (RUC) work would help with directing patients.

The Interim Director of Pharmacy confirmed an APC would be looked at in the coming months and noted that Orkney and Shetland had many similar issues to address. She agreed that community pharmacy needed to be highlighted in RUC work as it was an area where there was progress to be made.

Members welcomed the comprehensive document, but raised several queries including geographical implications, links with local further education, IJB commissioning and the consultation and engagement process.

The Principal Pharmacist provided some assurance that work was progressing in collaboration with Primary Care and advised members that the author had consulted with Director of Pharmacy colleagues, the local team and Scottish Government. She also confirmed it had not been through the NHS Orkney committee process so had not been officially considered or adopted and the thoughts and opinions were offered as a discussion point to be progressed, as appropriate.

Members contemplated escalating the report for further reading to the board and IJB but agreed that as the report had generated many questions it required further discussion and consideration and invited the Interim Director of Pharmacy to submit a further report to the July 2021 meeting.

### **Decision / Conclusion**

The Committee noted and commented on the paper and looked forward to the next update.

### **Person Centred Care**

#### **911. Health Complaints Performance Report for Quarter 2 CCGC 2021-57**

The Head of Assurance and Improvement presented the update on the current position regarding complaints performance noting the challenge of competing priorities, but highlighting the number of stage one resolutions as a positive.

The chair noted that as complaints were actively sought it was acceptable to see the submission a higher number, but asked what had changed within acute services to account for the diminished number of complaints.

## 8.4.1

The Head of Assurance and Improvement explained that each complaint was reviewed on its own merit, but it was an area which received a high number of complaints and discharge was a theme which had been identified as an area for improvement. She added that external support to lead work to build collective clinical will to make changes was ongoing.

J Richards updated members on issues relating to noise from the siting of the play area and highlighted an outstanding action which the chair recommended should be followed up directly with the Interim Chief Executive.

The NHS Orkney Chair sought clarification of the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations, alongside a requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs)

The Vice Chair noted that the Quality Forum reviewed SPSO reports and recommendations, but it was agreed that both issues should be escalated for a view and comment from the Audit and Risk Committee.

### **Decision / Conclusion**

The committee noted and took assurance

#### **912. Social Care and Social Work Complaints Performance CCGC 2021-58**

The Interim Chief Social Work Officer presented the report highlighting the good stage one data and noted the importance of ensuring regular communication if more complex cases were delayed. He also noted the opportunity for learning as the most valuable element of the process, hoped there would be an opportunity to identify any themes across services but also highlighted a resource gap as an ongoing challenge.

Members warmly welcomed the first submission of the report, but suggested that narrative to explain how service areas seek feedback, to describe the nature of complaints and the service areas covered along with any common themes and the changes made as a result of complaints received would be useful additions.

### **Decision / Conclusion**

The committee noted the report

#### **913. NHSO Equality and Diversity Annual Report CCGC 2021-59**

The chair explained that the Equality and Diversity Manager's commitments had been rescheduled at short notice, so he was unable to join the meeting to present the above report.

Members noted that any comments or queries relating to the attached document could be submitted to committee support for onward circulation and, if appropriate, could be captured as a post meeting note in the minute.

### **Decision / Conclusion**

The committee noted the report but sought further clarity from the author which would be progressed out with the meeting.

*Post meeting note – all queries were addressed by the Equality and Diversity Manager, these did not affect the content of the report and as such it was approved for publication.*

### **Population Health**

#### **914. Public Health Update CCGC 2021-60**

The Director of Public Health presented a brief update report noting that the focus of the department continued to be the public health management of COVID-19. She highlighted NHS Orkney as the highest performing board and gave credit and thanks to all staff for the collaborative work to achieve this.

At a national level, participation in the national incident management team, which advises Scottish Government on policy, continued and Directors of Public Health were working closely to ensure resources were utilised in the most effective and efficient manner.

J Richards passed on positive feedback from a constituent who had received comprehensive information and support after raising concerns about a family member and wished to offer sincere thanks for the superb response.

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

### **Decision / Conclusion**

The committee noted the update

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

#### **915. Joint Inspection of Services for Children and Young People in Need of Care and Protection Update - CCGC 2021-61**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the update report, highlighting the core areas of progress and identified gaps and delays.

The Chair, referring to the second page of the plan within the report and the update that education procedures were at an advanced stage, asked what that meant for operational staff and whether there were clearer timescales for completion.

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice noted the children and families' procedures were pending but would be delivered by the end of the month.

Members were particularly concerned about progress on the local service for Forensic Medical Examination, which was highlighted as a red item in the plan.

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice described the frustrations caused by the lack of understanding of island and remote communities but advised that it had been made clear that national models would not be appropriate. He confirmed that the island view was represented, but the complexities and geographical challenges were not easily overcome.



## 8.4.1

Members seeking assurance that timescales in the report were being met were advised by the Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice that there was some slippage and whilst there was acceptance of a requirement for assurance, he could not confirm they would be met.

Actions to strengthen governance and accountability was noted as a positive and confirmation that there would be an annual report in relation to governance arrangements from the Chief Officers Group was provided.

It was noted that the attached report was overseen by the Chief Officers Group and the Chair concluded by highlighting that the report had been submitted for noting and it was hoped that the update to the next meeting would provide some assurance.

### **Decision / Conclusion**

The Committee noted the update report

#### **916. Chief Social Worker's Annual Report - CCGC 2021-62**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the annual report and highlighted that apart from the issues discussed in the last item, the two biggest challenges were recruitment and the implications of COVID-19.

The Chair welcomed the comprehensive report but confirmed that as an integrated committee she would hope to see performance reporting for delegated services and looked forward to the opportunity to discuss this further at the Clinical and Care Governance Committee annual development session in March 2021.

### **Decision / Conclusion**

The Committee noted the report

### **Chairs Reports from Governance Committee**

#### **917. Ethical Advice and Support Group Chairs Report CCGC 2021- 63**

The Chair noted that the attached report covered the establishment of the Ethical Advice and Support Group, the trial run of an urgent meeting which had gone well and the update that one request for ethical advice had been received.

### **Decision / Conclusion**

The Committee noted the update

### **Risk**

#### **918. Corporate Risks Aligned to Clinical and Care Governance Committee CCGC 2021-64**

The Head of Assurance and Performance provided an update on progress with the realignment of risk and was pleased to report that a refreshed report which would identify the risks assigned to the Clinical and Care Governance Committee would be provided to the next meeting.

It was noted that significant operational work around making the right thing to do the

easiest thing was still required and the next meeting of the Risk Forum was scheduled for February 2021.

### **Decision / Conclusion**

The Committee noted the update provided and took assurance on progress.

#### **919. Agree any risks to be escalated to Audit Committee**

The Committee agreed that clarification of the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations alongside a requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs) should be escalated for a view and comment from the Audit and Risk Committee.

#### **920. Emerging Issues**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice highlighted an issue regarding the lack of a whole system approach for young people involved in offending.

The Chair asked if there was any immediate risk and he advised that whilst there was no direct risk the partnership was left without a consistent approach for the treatment of young people.

It was noted that this item would be added to the Chief Officer Group agenda

#### **921. Any other competent business**

In response to a query relating to the attendance record it was confirmed that annotation to indicate when individuals attended meetings for specific items was usually added to the first section of the minute. Delayed arrival or early departures were also usually noted in this way, although the move to virtual meetings had made this harder to observe and capture.

#### **922. Agree items to be brought to Board or Governance Committees attention**

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

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee** on  
**Tuesday 27 April 2021 at 13.00**

**Present**

Issy Grieve, Non-Executive Board Member (Chair)  
Steven Johnston, Non-Executive Board Member (Vice Chair)  
David Drever, Non-Executive Board Member  
Joanna Kenny, Non- Executive Board Member  
Meghan McEwen, NHS Orkney Chair  
John Richards, Integration Joint Board Member  
Steve Sankey, Integration Joint Board Member  
Heather Woodbridge, Integration Joint Board Member

**In Attendance**

Michael Dickson, Interim NHS Orkney Chief Executive  
Lynda Bradford, Head of Health and Community Care  
Julie Colquhoun, Head of Corporate Administration  
Gillian Coghill, Alzheimer Scotland Clinical Nurse Specialist (*for item 58*)  
Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice (*for item 41*)  
Mary McFarlane, Interim Director of Pharmacy  
Gillian Morrison, Interim Chief Officer  
Heather Tait, Public Representative  
Wendy Lycett, Principal Pharmacist (*For item 55*)  
David McArthur, Director of Nursing, Midwifery and Allied Health Professionals  
Katie Spence, Orkney Alcohol & Drugs Partnership Coordinator (*For item 43*)  
Maureen Swannie, Interim Head of Children's Health Services (*For items 41, 49 and 52*)  
Louise Wilson Director of Public Health and Acting Medical Director  
Jay Wragg, Clinical Dental Director (*For item 46*)  
Christy Drever, Committee Support

**36. Welcome and Apologies**

Due to unforeseen technical issues, some members were unable to connect and arrived slightly late to the meeting. For this reason, S Johnston chaired the meeting until 14.00, and I Grieve joined and chaired from 14.00 onwards.

Apologies had been received from Christina Bichan, Dawn Moody, Sandy Cowie, Rachel King

**37. Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

**38. Minute of meetings held 27 January 2021**

The minute of the Clinical and Care Governance Committee meeting held on 27 January 2021 was accepted as an accurate record of the meeting and approved.

**39. Matters Arising**

There were no matters arising.

## 40. Action Log

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

### Strategy

## 41. Orkney's Children Services Plan 2021-23 – JCCGC 2122-01

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the Orkney's Children Services Plan 2021-23, highlighting the following key points:

- The plan follows the 5 criteria set out by the statutory guidance.
- The plan had been taken in draft form to the Integration Joint Board and Policies and Resource Committee of Orkney Islands Council and would be taken to the Community Planning partnership.
- The accountability for the plan would sit with the Orkney Islands council and NHS Orkney.
- The plan had been submitted to Scottish Government, as a final draft, subject to internal governance structure approval. The final plan might be subject to slight amendments, however the main themes would remain unchanged.
- The plan would be dynamic and develop further over time, with potential for members to contribute to this draft.

Members acknowledged the work which had gone into the plan; however, concerns were raised surrounding the process for informal and formal consultation and scrutiny prior to attending governance committees for approval. It was felt that plans should be taken through the Executive Management Team and appropriate supporting committees for engagement and consultation, before a final draft was taken through the governance structure for recommendation or approval by NHS Orkney Board and submission to Scottish Government.

Members emphasised the need for clarity that services had the ability to deliver the plan once it has been committed to. Assurance was needed that the plan would strengthen and safeguard services for vulnerable young people in our community, with further engagement with the youth forum and other young people. It was agreed that outcomes should be measurable to ensure that the plan was being delivered and provide assurances to the Board and Scottish Government.

### **Decision / Conclusion**

The Committee was unable to recommend the plan for NHSO Board approval in its current version and agreed that further work would take place to address concerns, with a final draft to be circulated to the committee virtually for approval.

*Post meeting note 21/05/2021: Additional JCCGC meeting arranged for 9 June 2021 with the item tabled for further discussion having been to EMT for consideration.*

## 42. Clinical Strategy Situation Report and Plan – JCCGC 2122-02

The Director of Nursing, Midwifery and Allied Health Professionals presented the Clinical Strategy Situation Report and Plan, highlighting the following key points:

- Work had initially begun in 2018, with further refining of the plan and significant work undertaken in late 2019 and early 2020.
- The Covid-19 pandemic had halted progress; however, work had begun to reinstate this project.
- Before the pandemic, engagement had taken place, with a large amount of information having been obtained. This information would now be updated as appropriate to allow the plan to move ahead, with further cycles of engagement planned to take place within NHS Orkney, the public, third sector and Integration Joint Board.
- Following discussions held at the Executive Management Team Meeting, it had been agreed to continue with a similar process to that used by NHS Shetland, with a vision for the next 3-5 years.
- There would be a whole system approach to provide a continuity of care, determined by the individual patient or service user, across the whole spectrum of services provided.
- It was acknowledged that after a tough year, staff might feel fatigued, and might have been undertaking different roles throughout the pandemic response.
- External support had been approved by the Executive Management Team as an additional resource.
- The Director of Public Health, who was also the Acting Medical Director had been heavily involved in the clinical strategy and would ensure it was heavily centred around public health, with links to North of Scotland strategies.

### Decision / Conclusion

The Committee noted the update and were assured of progress.

## 43. Alcohol and Drugs Partnership Strategy – JCCGC 2122-03

The Orkney Alcohol & Drugs Partnership Co-ordinator presented the Alcohol and Drugs Partnership Strategy, highlighting that the strategy had been to the Integration Joint Board and the Alcohol & Drugs Partnership Strategic Group. Following consultation and direct engagement with younger people, the timescale had been shortened to 5 years. Members welcomed the level of consultation which had taken place, as detailed in the appendices.

### Decision / Conclusion

The Committee noted the comprehensive report and were assured of progress.

### **Operational Planning**

#### **44. Planning and Delivery Update – JCCGC 2122-04**

Members received the planning and delivery update from the Acting Medical Director.

#### **Decision / Conclusion**

The Committee noted the update and were assured of progress.

#### **45. Regional Clinical Services Updates – JCCGC 2122-05**

Members received the update report from the Acting Medical Director, outlining the ongoing North of Scotland work.

#### **Decision / Conclusion**

The Committee noted the update and were assured of progress.

### **Governance**

#### **46. Governance around repatriation of low-level concerns in dentistry SBAR – JCCGC 2122-06**

The Clinical Dental Director attended to present the report highlighting the following key points:

- From 1<sup>st</sup> January NHS Orkney had been given responsibility by Scottish Government and the General Dental Council (GDC) to handle low level concerns returned from the GDC.
- An island approach to this had been proposed, due to the small constituency of dentists in each Board. This would allow for any tribunals held or decisions made to be independent.
- Full details were still being established, however it was hoped to have had the Screening Group set up quickly, to support remobilisation where required.

Members were supportive of the group, however felt that an alternative name would be helpful as Screening Group might cause confusion. They also felt that the group should report into the governance structure, at least in the form of an annual report and by exception where appropriate.

#### **Decision / Conclusion**

The Committee approved the proposal and looked forward to an update on progress in future through the appropriate Governance Committee.

## Safe and Effective Care

### 47. **Quality Forum Chairs Report and minutes from meetings held 16 December 2020, 27 January 2021 & 23 February 2021 – JCCGC 2122-07**

The Acting Medical Director presented the Quality Forum Chairs Report, summarising work which had taken place over recent months. There was a focus on an audit of clinical policies which would require significant work, and an audit around clinical documentation with a short life working group set up to take the latter forward.

#### **Decision / Conclusion**

The Committee noted the update, and significant work to be done and looked forward to future updates on progress.

### 48. **Performance Report – JCCGC 2122-08**

Members received the Performance Report.

#### **Decision / Conclusion**

The Committee noted the update and were assured of progress.

### 49. **Paediatric Autism/Neurodevelopmental Pathway Report – JCCGC 2122-09**

The Interim Head of Children's Health Services presented the report, highlighting that:

- Further funding had been secured at the start of April 2021 for services.
- The current pathway was found to create a bottle neck in the system.
- A short life working group had been set up, proposing an initial 6-month test of change model, which had proven successful within other boards.

Members were pleased to see progress made and keen to see clarity on pathways for clinicians in future. It was questioned whether six months was long enough for the test of change and an extension might be considered.

#### **Decision / Conclusion**

The Committee noted the update and were assured of progress.

### 50. **Integrated Staffing Programme Update – JCCGC 2122-10**

The Director of Nursing, Midwifery and Allied Health Professionals presented the update on progress, noting that all historical elements had been captured, and the review had now expanded to cover the full workforce, meaning wider engagement work would be required.

Members noted that work was ongoing, and updates on progress would be brought to the committee in future.

**Decision / Conclusion**

The Committee noted the update and were assured of progress.

**51. Joint Inspection of Services for Children and Young People in Need of Care & Protection Update – JCCGC 2122-11**

The Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice presented the update, noting that progress had been made, and it was hoped to be completed by July this year. Members highlighted that significant work had gone into the inspection so far, and a further update would come to the committee later in the year. The commitment towards sustained improvement was welcomed by the committee.

**Decision / Conclusion**

The Committee noted the update and were assured of progress.

**52. NHS Orkney Children's Services Improvements Update – JCCGC 2122-12**

The Interim Head of Children's Health Services presented the update, highlighting that work was ongoing across main improvement areas. It was highlighted that this improvement work should be prioritised, in order to make positive changes to service provision. Further to a considerable amount of improvement, the following remaining key challenges were highlighted:

- The lack of an Electronic Patient Record (EPR) system for all of Children's Health Services
- Capacity within the team to drive the improvement work forward.
- Challenges around providing forensic medical examinations for children and young people.

Members agreed that with regards to the latter, there was a regional challenge associated with our location, however, it was important to still strive to provide the best possible service for patients.

**Decision / Conclusion**

The Committee noted the update and were assured of progress.

**53. Infection Control Annual Report – JCCGC 2122-13**

The Director of Nursing, Midwifery and Allied Health Professionals presented the report highlighting the increased workload and significant efforts made by the Infection Control Team throughout the pandemic response. The team had provided support to local authority care homes, whilst working with NHS Orkney teams and staff to ensure compliance throughout and sharing lessons learnt across all areas.

Members agreed that the hard work of the Infection Control Team throughout the pandemic response should be highlighted and communicated to the public, via the next Public Board meeting.

The Antimicrobial Point Prevalence Audits for The Balfour were noted and it was clarified that Antibiotic prescribing in the community setting was also monitored.



## Decision / Conclusion

The Committee noted the update and praised the work of the Infection Control Team, and all other teams throughout the Biard for their hard work and efforts throughout the pandemic response.

## Policies for Approval

### 54. **Complaints Handling Policy and Procedure – JCCGC 2122-14**

The Head of Corporate Administration presented the Complaints Handling Policy and Procedure, highlighting that some amendments had been made, and references to the whistleblowing policy had been added.

The Unacceptable Actions Policy was pulled after meeting papers had been distributed, due to a notification from the SPSO of future changes to be made to the policy. The current version would still be in place until these changes were made.

Members suggested the addition of a section on use of video calls, after increased use of this facility in recent months and were advised this was already being considered.

## Decision / Conclusion

The Committee noted the update.

## Medicines Management

### 55. **Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes – JCCGC 2122-15**

The Principal Pharmacist presented the report, highlighting the following key points:

- The committee welcomed Mary McFarlane as Interim Director of pharmacy for both NHS Orkney and Shetland, following the retirement of Christopher Nicolson. The committee was advised that Christopher would continue in his role as Controlled Drugs Accountable Officer for both boards.
- Indicative allocations for NHS Orkney were adequate to meet the proposed Covid-19 vaccine administration schedule.
- The need for an over-arching Safe and Secure use of Medicines Policy (SSMP) was approved.
- A paper detailing recent changes to the supply of medicines to support the prescribing and dispensing of medicines in acute and urgent circumstances in Isles with non dispensing GPs was discussed and approved. The pharmacy Department at the Balfour would issue stock for use by NHS Orkney employed Advanced Nurse Practitioners (ANPs). All repeat and non-urgent acute prescriptions would be processed via the Isles Dispensing Scheme, which improves patient safety, and the governance associated with ANPs working in isolation.

- The nationally approved off-licence use of Tocilizumab for patients with Covid-19 pneumonia was approved for use within NHS Orkney
- The committee approved a proposal to introduce local adaptations / updates to Scriptswitch the prescribing support tool used by GP's. This would allow adaption of the NHS Grampian advice to reflect agreed local prescribing practices which should improve the uptake rate of advice and associated savings. Previously, NHS Orkney adopted the NHS Grampian advice in its entirety, however, this did not always reflect clinical practice and was sighted as one of the reasons for not always accepting the suggested changes to prescribing.

### **Decision/Conclusion**

Members noted the update and looked forward to seeing the Safe and Secure use of Medicines Policy (SSMP) for approval in future.

### **Person Centred Care**

#### **56. Health Complaints Performance Report Quarter 3 – JCCGC 2122-16**

The Head of Corporate Administration presented the report, highlighting the following key points:

- There had been an improvement in the complaints able to be resolved at stage 1.
- There had been a small reduction in the number of complaints received during the quarter.
- Training had been held for the Community Mental Health Team which had been well attended.
- Since the writing of the report, the SPSO had confirmed they would provide virtual training, and a bid had been submitted for funding to support this training.
- A gap had been recognised in the ability to undertake good quality investigations.
- There had been several enquiries during the period from the Local MSP surrounding waiting times, as well as outpatient clinics and Loganair patient travel.

Members queried whether issues raised via the local MSP were converted to a formal complaint, the Head of Corporate Administration agreed to check the process with the Patient Experience Officer.

### **Decision/Conclusion**

The Committee noted the report and were assured of progress.

#### **57. Social Care and Social Work Complaints Report – JCCGC 2122-17**

The Interim Chief Officer presented the Social Care and Social Work Complaints Report, highlighting that 15 complaints had been received within the period and had been closed off, with actions taken and lessons learnt. Members welcomed the additional narrative to support the data.

## Decision/Conclusion

The Committee noted the report and were assured of progress.

### 58. **Dementia Diagnosis Rates Annual Report – JCCGC 2122-18**

The Alzheimer Scotland Clinical Nurse Specialist presented the annual report, highlighting the following key points:

- Between 2011 and 2019, diagnosis rates had increased from 71 to 169 patients.
- Due to the Covid-19 response, patients had been unable to access diagnostic services. The pandemic had had an indirect impact on patients with dementia in Orkney.
- The Orkney Dementia Strategy had been adopted in 2020, and a steering group had recently been formed to drive forward improvements, with initial commitments to improve diagnosis rates and expertise.
- Waiting lists were significant, even prior to the pandemic.
- A review of the service would take place to assess needs, provide a joined-up approach and proactive focus going forward.

Members noted that some patients had been disadvantaged by the limited use of digital consultation in recent months, however this might present an opportunity going forward to provide improved services to patients in remote isles.

## Decision/Conclusion

The Committee noted the report and were assured of progress.

## Population Health

### 59. **Public Health Update Report – JCCGC 2122-19**

The Director of Public Health presented the Public Health Update, highlighting the following key points:

- Recruitment had allowed health improvement staff to focus on their main areas of work, whilst also keeping up contact tracing services.
- The flu vaccination programme ended at the end of March, with the Covid-19 vaccination programme continuing.
- Screening services had resumed, with the breast screening van due in Orkney in June 2021.

Members acknowledged that it would be difficult to predict the effect of Covid long term, including the potential for “long Covid”, further variants and a possible rise in cases in September-October 2021.

## Decision/Conclusion

The Committee noted the report and were assured of progress.

## **Social Work and Social Care**

### **60. Derek Feeley's Review update – Verbal Update**

Members were advised that the review had been discussed at the Integration Joint Board Development Session. Views were being sought from service users and carers, in order to update all assessment and care management procedures in a person-centred way. Further guidance from Scottish Government would be awaited.

### **Decision/Conclusion**

The Committee noted the update and were assured of progress.

## **Chairs reports from Governance Committees**

### **61. No items this meeting**

### **Risk**

### **62. Corporate Risks aligned to the Clinical and Care Governance Committee – Verbal Update**

The Head of Assurance and Improvement was unable to attend. This item would be carried forward to the following meeting.

D Drever gave an update following the previous meeting, where the reporting route for Scottish Public Services Ombudsman (SPSO) reports and recommendations alongside a requirement for additional assurance on the communication of learning from Significant Adverse Events (SAEs) was escalated to the Audit and Risk Committee. It was advised that the Joint Clinical and Care Governance Committee should highlight this risk on their risk register. This would be reported officially by the Head of Assurance and Improvement to the next meeting.

### **63. Agree any risks to be escalated to Audit and Risk Committee**

- Audit of Clinical Documentation

### **64. Emerging Issues**

No issues raised.

## **Committee Annual Review**

### **65. Committee Self Evaluation Questionnaire – JCCGC 2122-20**

Members received the results of the Committee Self Evaluation Questionnaire, noting that only two responses had been received.

The Board Chair advised that response levels were low across all governance committees and this would be reviewed in future. Members felt that the questions should be adapted to reflect the exceptional challenges of 2020/21 faced by NHS Orkney.

**66. Draft Terms of Reference and Business Cycle 2021-2022 – JCCGC 2122-21**

Members received the Draft Terms of Reference and Business Cycle for 2021-2022, noting that a great deal of work had gone into producing the documents.

Following an ongoing review by the Head of Corporate Administration, it had been raised that there were some gaps within the documentation, however it was felt that the current versions should be approved for use throughout 2021-22, with a plan to further review the documentation through coming months.

**Decision/Conclusion**

The Committee approved the Terms of Reference and Business Cycle for 2021/2022, on the understanding that a further review of the documentation would be led by the Head of Corporate Administration, in conjunction with members of the Integration Joint Board going forward.

**67. Draft Clinical and Care Governance Committee Annual Report – JCCGC 2122-22**

Members received the Draft Clinical and Care Governance Committee Annual Report.

**Decision / Conclusion**

The Committee approved the annual report.

**68. Any other competent business**

The Board Chair thanked I Grieve for her competent chairing of the Committee and welcomed S Johnston as the new Chair of the Committee.

**69. Agree items to be brought to Board or Governance Committees attention**

- Audit of Clinical Documentation
- Infection Control Annual Report
- Paediatric Autism Diagnosis/Neurodevelopmental Pathway Report
- Public Health Annual Report

**Items for Information and Noting only**

**70. Schedule of Meetings 2021/22**

Members noted that the next meeting would be held virtually at 13:00 on Tuesday, 13 July 2021.

**71. Record of Attendance**

Members noted the record of attendance.

## Not Protectively Marked

### NHS Orkney Board – 24 June 2021

**Report Number: OHB2122-22**

**This report is for noting**

### Area Clinical Forum Chair's Report

|                               |  |
|-------------------------------|--|
| <b>Lead Director Author</b>   | David McArthur, Director of Nursing, Midwifery and AHPs<br>Steven Johnston, Chair of the Area Clinical Forum   |
| <b>Action Required</b>        | The Board is asked to:<br><br>1. <u>Note</u> the report and <u>seek assurance</u> on performance   |
| <b>Key Points</b>             | This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 30 April 2021 and 1 June 2021 and it was agreed that these should be reported to the NHS Orkney Board:<br><br><ol style="list-style-type: none"> <li>1. Paediatric Neuro-developmental Pathway</li> <li>2. ACF Involvement in the Remobilisation Plan</li> <li>3. Concerns around Waiting Times</li> <li>4. Remaining concern around Electronic Patient Records in the community settings</li> <li>5. Attendance at Advisory Committee Meetings</li> </ol> |
| <b>Timing</b>                 | The Area Clinical Forum highlights key issues to the Board following each meeting.   |
| <b>Link to Priority areas</b> | How does this paper link to one or more of the priority areas as agreed for the Board in 2021:<br><br><ul style="list-style-type: none"> <li>• Covid-19: Items 2 and 3</li> <li>• Culture: Item 5</li> <li>• Quality and Safety: Items 1, 3 and 4</li> <li>• Systems and Governance : Items 1, 3 and 4</li> <li>• Sustainability: Items 1-5</li> </ul>   |
| <b>Consultation</b>           | Area Clinical Forum <ul style="list-style-type: none"> <li>• 30 April 2021</li> <li>• 1 June 2021</li> </ul>   |

**Not Protectively Marked**

**NHS Orkney Board 24 June 2021**

**Area Clinical Forum Chairs Report**

**Steven Johnston, Chair of the Area Clinical Forum**

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## **Section 1            Purpose**

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

## **Section 2            Recommendations**

The Board is asked to:

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

## **Section 3            Background**

This report highlights key agenda items that were discussed at the ACF meeting on 30 April 2021 and 1 June 2021 and it was agreed that these should be reported to the Board.

## **Section 4            Discussion**

### **Neuro-developmental Pathway**

Members wanted to highlight the positive work done surrounding Fetal Alcohol Spectrum Disorder. The ACF commended the efforts to raise awareness of the significant condition and in particular welcomed the move towards a paediatric neurodevelopmental conditions diagnostic pathway. The latter encompasses Autistic Spectrum Disorder (ASD) diagnosis, an area which the ACF have been eager to see develop for some time, in addition to Attention Deficit Hyperactivity Disorder (ADHD), FASD and Developmental Coordination Disorder (DSD). Clinicians who refer patients into this service have expressed concern over lack of clarity over where to direct referrals and this pathway is a welcome development. It has been requested that information for referrers is communicated and made easily available for staff.

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*The Board is asked note the positive progress and the ACF are seeking assurance that the pathway will be available for referrers in due course.*

### **ACF Involvement in the Remobilisation Plan**

The letter from Scottish Government (SG) containing guidance on the content of the 2021/22 round of Remobilisation Plans recommended the involvement of the Area Clinical Forum in the process. The short notice provided by SG didn't allow for any meaningful input prior to submission of the first draft however, as this is being used as a 'live', adaptable document, an ACF development session with a wide and open invitation was held to help influence the mid-point review prior to the winter period and further iterations of this plan. In addition, feedback received from clinical staff via email was collated and passed on.

*The Board is asked to note the involvement of the ACF to date and our willingness to continue to participate.*

### **Concerns around Waiting Times**

The secondary care waiting times (raised through GP-sub) caused concern for members. An subsequent progress update was provided which included information on average waiting times being fed to primary care (to keep patients informed), a favourable position when benchmarked with the rest of Scotland, the imminent reopening of services at Golden Jubilee and news that SG are making waiting times a key focus moving forward. ACF members then gave accounts of staff, particularly administrative or reception staff being contacted by patients regarding their wait from treatment and in some case being verbally abused. There was a need to manage patient expectations by raising awareness of these waiting times, the difficult position resulting from the COVID-19 pandemic and the efforts being made to improve the situation. Further, an NHS Orkney message of support for staff, reiterating the zero-tolerance policy was requested. The Interim Director of Acute Service took the issue to the waiting times group on behalf of the ACF.

*The Board was initially being asked by the ACF to send a strong message to the public and staff around this but this matter has already been actioned.*

### **Remaining concern around Electronic Patient Records in the community settings**

Despite an update indicating that a trial of the PARIS electronic system was underway for Health Visitors and the Community Mental Health Team were looking to utilise TrakCare, the ACF (through the Nursing and Midwifery Advisory Committee – NAMAC and Therapies, Rehabilitation and Diagnostics Advisory Committee – TRADAC), continue to receive notes of concern from clinical staff in community settings regarding the limitations of c-cube and a plea for an Electronic Patient Record. Colleagues felt at risk using the current system due to the lag from creation of a clinical note to it being electronically available on c-cube, particularly if a patient was being seen more than once in quick succession and therefore clinical information was not readily available. Clinicians have highlighted this issue was causing concern and was time consuming.

The ACF were not clear if this risk was being monitored on a risk register however noted that it has been highlighted as a priority through the NHSO Children's



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Services self-evaluation. It was also noted that progressing this significant piece of work whilst trying to remobilise from pandemic would be challenging and would have a bearing on the pace of progress.

*The Board is asked to provide the ACF with an update on progress with a community EPR.*

#### **Attendance at Advisory Committee Meetings**

Members highlighted the need for advisory committee members to be given time to attend and prepare for meetings in order to achieve meaningful clinical input from the necessary range of disciplines. It was also highlighted that space for meetings was difficult to find from staff based in some of the clinical areas, such as the wards. Through NAMAC, the Director of Nursing, Midwifery and Allied Health Professions has been liaising with the Senior Nursing staff to strengthen this message and trying to improve the acute representation at NAMAC.

*The Board is asked to note the update and reaffirm its commitment to supporting attendance at Professional Advisory Committees.*

## **Section 5            Consultation**

Area Clinical Forum

### **Appendices**

- Minute from the meeting held 2 February 2021 and 30 April 2021

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Tuesday 2 February 2021 at 12:15pm.**

**Present:** Steven Johnston – ADC, Chair  
Nigel Pendrey – ADC, Secretary  
Kirsty Cole – GP Sub Committee  
Lynne Spence – TRADAC  
Sylvia Tomison – NAMAC

**In Attendance:** Christina Bichan, Head of Assurance and Improvement (*left at 1:05*)  
Davie Campbell, Non-Executive Board Member  
Louise Wilson, Director of Public Health (*left 1:30*)  
Lyndsay Steel, Lead GP Pharmacist  
Samantha Wishart, Committee Support (Minute Taker)

### 127 Apologies

Apologies were received from D Moody, K Smith and W Lycett

### 128 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

### 129 Minute of meeting held on 4 December 2020

The minute from the meeting held on the 4 December 2020 was accepted as an accurate record of the meeting and were approved on the motion of S Tomison, seconded by S Johnston.

### 130 Matters Arising

#### Item 100: Remobilisation Plan Update

There had been an issue with the volume of prescriptions issued from Skerryvore and Heilendi and GPs were concerned about the footfall this created in the hospital, however the hospital have confirmed no changes are required.

#### Item 102: Bed Occupancy

The Chair highlighted that the issue of bed occupancy had arisen again and suggested this be discussed during the Remobilisation Update item.

### 131 Area Clinical Forum Action Log

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

### 132 Log of Items Escalated

The Chair highlighted to members that a log of items escalated was available on the Area Clinical Forum Teams page. This log would track all items raised to ACF from each of the advisory committees and any items escalated from ACF to Board and Clinical & Care

## 8.5.1

Governance Committee (CCGC). After every Board and CCGC meeting the Chair would update the log with any feedback and a progress update.

### **Decision/Conclusion:**

Members agreed to the log being trialled.

### **133 COVID-19 Update**

The Director of Public Health provided members with an update on COVID-19. She highlighted the increase in cases Orkney had seen and explained the rise was partly due to the relaxation of rules over the festive period. There were a number of variants that were causing a rising degree of concern as they sometimes needed to be dealt with differently. The variation from Kent seemed to spread more easily and had become a dominant variant across much of the UK. Due to a specific gene that was identifiable through the usual testing process, it had been possible to follow that variant across Scotland.

The Director of Public Health highlighted that the delivery of vaccinations was the priority, occurring in line with the Joint Committee on Vaccination and Immunisation (JCVI) policy to prevent mortality and preserve NHS services. There had been a huge amount of work by Primary Care, Pharmacy and Public Health to ensure supply was matched to clinics to avoid any delays and ensure public expectations were met. She thanked all those involved in the delivery of the vaccine and highlighted the fantastic response across the organisation in terms of commitment to protect the population.

Members questioned how the vaccines were allocated to Orkney. The Director of Public Health noted that the vaccine was allocated by population, but due to the small population and large packs of vaccines, Orkney had been fortunate in its allocation.

### **Decision/Conclusion:**

Members noted the update provided.

### **134 Remobilisation Plans for 2021/22**

The Head of Assurance and Improvement attended the meeting to provide members with an update on the remobilisation plans for 2021/22. She highlighted the guidance letter included in the papers was received before Christmas from Scottish Government. There had been a change in the planning assumptions where the first half of the financial year would focus on planning basis and the second half of the year would focus on recovery. The letter had also outlined an extended deadline for submission of 28 February 2021. The Chair highlighted the target for pre-Covid activity levels was still rather ambitious.

It was noted that locally the Head of Assurance and Improvement had been meeting with staff and departments and running through progress against the updates from the 20/21 remobilisation plans submitted in July, to show where teams were at for the continuation of services next year. These discussions were also capturing the priority elements and what the teams were building on after the experience of last year. The Head of Assurance and Improvement highlighted she was trying to minimise the ask of time from teams but wanted to give everyone the opportunity to contribute fully. Once all the meetings were concluded information would be collated into a draft for circulation and input.

K Cole questioned the progress of the redesign of urgent care as there was no pathway for GPs to refer to the Emergency Department (ED). The Head of Assurance and Improvement noted the pathway was a fundamental part of the remobilisation plan and the work was

## 8.5.1

ongoing. The Chair highlighted the current pressures of bed occupancy. The Head of Assurance and Improvement advised that there was a piece of work underway, and the unscheduled care delivery group had been discussing the pathways coming from urgent care redesign. She noted that planning from other parts of the journey would be helpful in alleviating the pressures.

The Chair noted that the letter mentioned the updated plan should have a core set of priorities and questioned how those would be chosen. The Head of Assurance and Improvement highlighted that vaccination was a priority, and she had a meeting with the Executive Directors to discuss further prioritisation.

L Steel highlighted a significant concern surrounding hospital discharges and the importance of discharge planning. Many discharges had not been received by GPs and some doctors had not signed the final discharge. The Head of Assurance and Improvement noted the Deputy Nurse Director had been reviewing the specific referrals missed and would feedback to ensure pharmacy were included. K Cole stressed the importance of the flow of communication between the hospital and GPs. The Chair agreed to ascertain whether the Hospital Sub Committee had been involved in similar conversations.

The Chair highlighted that health inequality must be embedded into every aspect of the remobilisation plan. The Head of Assurance and Improvement noted this had been part of her conversations within the weekly remobilisation lead planning group.

### **Decision/Conclusion:**

Members noted the update provided. The Chair agreed to investigate if Hospital sub were sighted.

*Post meeting note: The Chair received an email from Hilary MacPherson confirming that she, along with Alasdair Miller, were involved in the criteria led discharge work and that she would raise the issue of Core Discharge Documents (CDDs) not being signed off at Hospital-sub.*

### **Professional Advisory Committees**

#### **Professional Advisory Committee Chair's Reports**

##### **135 ADC**

No update was available.

##### **136 APC**

L Steel highlighted that the APC would be meeting in February and hoped to move forward with better attendance. Since the previous attendance had been low from community pharmacy it had been decided to potentially create a joint APC committee with Shetland.

The Chair noted that Chris Nicolson had provided a paper with recommendations on how to move forward with pharmacy before he retired and this was being brought forward by the Interim Director of Pharmacy. The ACF would have further sight of this in time.

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

K Cole highlighted the main issue that GP Sub wanted to escalate was regarding pharmacy committees. She recognised the importance of the Area Drugs and Therapeutics Committee

## 8.5.1

(ADTC) as there were large pieces of work lacking in Orkney. She raised the question of whether ACF would support the GP Sub Committee in ensuring the correct membership was on the ADTC to be able to run efficiently. The Chair agreed and noted that A Trevett was the GP representative.

K Cole highlighted that the Hospital Sub Committee would soon be without a Chair which would pose issues with the future of the committee. She raised the question of what NHS Orkney would do to support the committee without the existence of a Chair. The Chair highlighted the recruitment of the Associate Acute Medical Director would hopefully show leadership and encourage the continuation of the committee.

K Cole highlighted that due to the long waiting list for physiotherapy, GPs had no longer been referring patients as many cases required physiotherapy immediately. GPs tended to encourage these patients to self-manage or explore private options. K Cole wanted to highlight this to avoid anyone thinking there was a reduction in demand for physiotherapy due to a decrease in referrals.

### **138 Hospital Sub-Committee Chairs Report**

The Chair noted that part of the Chair's report had been discussed earlier in the meeting. The Chair noted that the local negotiating committee included dentists too and would be a useful tool for doctors, allowing the Hospital sub to focus on clinical matters. There was work going on regarding the lack of engagement with medical staff, and one of the issues was a lack of circulation list for doctors. The Chair highlighted the appointment of the Acute Associate Medical Director would hopefully help resolve some issues.

### **139 NAMAC**

S Tomison noted that NAMAC had not recently been quorate, specifically there had been poor attendance from the acute hospital areas. The last meeting had been quorate, and they had discussed the draft bereavement policy written by the Spiritual Care Lead and the Deputy Nurse Director. Members of NAMAC had highlighted that the policy had been for patients in all care settings, but clarity was required around what all care settings included as only acute had been aware of the booklet given to the family. The departmental updates from NAMAC members had shown a recurring theme of vacancies of staff, and how they would be filled. S Tomison noted that the vice chair of NAMAC had stepped down due to a change of post.

The Chair highlighted that the lack of attendance from the acute hospital side had been a recurring theme. He noted that the organisation needed to ensure staff had allocated time to attend the meetings. S Tomison agreed, and noted that she had been asking for presentations to make the meetings more interesting.

### **140 TRADAC Chair's Report and approved minutes**

L Spence noted that the Lead AHP post was currently vacant, and TRADAC were concerned what would happen with the post. K Cole highlighted this had been a recurring concern where the organisation had been aware of a staff member leaving but no succession planning had happened. Members agreed this was frustrating issue.

It was noted that there were a few new recruitments within AHPs including the Radiology Services Manager, an Adult Speech and Language Therapist, and a physiotherapist. A focus had been on ensuring students had enough clinical hours to graduate within various teams.

## 8.5.1

It was highlighted that TRADAC had been working in the old health centre with a mix of AHPs. The interagency collaboration had shown to be benefitting both patients and staff, however TRADAC were unaware whether this space would continue to be available.

### **For information and noting**

#### **141 Key legislation issued**

Members noted the key legislation issued since the last meeting.

#### **142 Correspondence**

No correspondence had been received.

#### **143 Quality Forum Approved Minute – 24 November 2020**

Members noted the approved minute.

#### **144 Items to be brought to the attention of the:**

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

Board:

- Succession Planning and Leadership
- Remobilisation Plan
- Pharmacy Committees
- Reporting Arrangements

In addition to the two items reported from the December meeting:

- Electronic Patient Records
- Safe Staffing

CCGC:

- None

#### **145 Items to be communicated with the wider clinical community**

The Chair noted that he would collate the main themes discussed at today's meeting along with key points from the December meeting and draft the newsletter together with the Communications Officer.

#### **146 Any other competent business**

##### **Visiting Consultants**

L Steel highlighted there had been a few incidents where visiting consultants had not followed Grampian and NHS Scotland approvals and had prescribed medicine that was not approved. The Chair noted that this should be made clear in their induction into the organisation. K Cole highlighted that the Area Drugs and Therapeutics Committee (ADTC) had recently been re-established, and this type of concern may be discussed there. The Chair highlighted that any specific examples would need to be logged on DATIX.

##### **March Development Session**

## 8.5.1

The Chair asked members for suggestions of topics to discuss at the next development session in March. He suggested a discussion regarding how to disseminate clinical guidelines ensuring they are appropriate for Orkney.

The Chair highlighted another topic could be a discussion around the response to the SIGN guidelines regarding COVID.

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

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

### **148     Record of Attendance**

Members noted the record of attendance.

### **149     Committee Evaluation**

No issues were raised.

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Friday 30 April 2021 at 12:15pm.**

**Present:** Steven Johnston – ADC, Chair  
Kate Smith – TRADAC  
Kirsty Cole – GP Sub Committee  
Sylvia Tomison – NAMAC

**In Attendance:** Christina Bichan, Head of Assurance and Improvement  
Dawn Moody, Associate Medical Director  
Gina McMahon, Paediatric Occupational Therapist (for item 10)  
Jason Taylor, Non-Executive Board Member  
Kim Wilson, Deputy Nurse Director  
Louise Wilson, Director of Public Health  
Lyndsay Steel, Lead GP Pharmacist  
Mary McFarlane, Interim Director of Pharmacy  
Samantha Wishart, Committee Support (Minute Taker)  
Simon Tarry, Transforming Psychological Trauma Implementation Coordinator (for item 9)  
Wendy Lycett, Principal Pharmacist

### 1 Apologies

No apologies were received.

### 2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

### 3 Minute of meeting held on 2 February 2021

The minute from the meeting held on the 2 February 2021 was accepted as an accurate record of the meeting.

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

### 4 Matters Arising

There were no matters arising additional to the items noted on the agenda.

### 5 Area Clinical Forum Action Log

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

### 6 Chairs report from:

**Board**



## 8.5.2

The Chair had circulated an update to members after the Board meeting in April, and would continue to do so after each meeting of the Board to keep members apprised in a timely way. The main updates were the election of a new Integration Joint Board (IJB) chair, Issy Grieve, the implementation of the Whistleblowing standards, and the Plan on a Page. He noted the DHI listening exercise had been discussed, and actions and responsibilities were being drawn up. He also noted that consultant recruitment had been progressing positively, aiming for a reduction in the reliance of locum staff.

### **ACF Chairs Group**

The Chair noted that the group had met in March and remobilisation had been a key discussion. Orkney had an upcoming development session to discuss the plan, which would be dynamic to adapt as it moved forward.

## **7 Log of Items Escalated**

The Chair noted the log of escalated items available on the Teams page. He highlighted that the issue of electronic patient records had been escalated at every opportunity where he sits as an ACF representative: at Clinical Care and Governance, Board and Technology Enabled Care Programme Board. It was noted at CCGC that it had been identified as a priority for children's services also.

It was highlighted that AHP services had a commitment from the hospital to remain in the old Balfour until September. A process had started to consider replicating the benefits of the current space into a new space.

## **8 Future of Pharmacy**

The Interim Director of Pharmacy attended the meeting to discuss the Future of Pharmacy paper. She noted that the previous Director of Pharmacy had written the paper before retirement. The paper commented on how pharmacy had evolved in Shetland and Orkney, and provided recommendations on how to move forward.

It was highlighted that the future would be a technology enabled hospital pharmacy, with Hospital Electronic Prescribing and Medicines Administration (HEPMA) fully implemented. The pharmacy team would be brought closer to the patient, with an appropriate technician and pharmacist mix. GP practices would work collaboratively with the primary care team, and the skills of the clinical pharmacists would be more widely recognised. The paper also highlighted the need to look at opportunities for the pharmacy workforce to develop, in areas such as career pathways, and post graduate opportunities.

The Chair advised that the paper had also been presented to the Clinical and Care Governance Committee where a request was made to have the document circulated to the wider clinical community via the advisory committees for views. It would then return to CCGC later in the year.

K Cole noted that the paper had been presented to the GP Sub Committee but had lacked background and context, meaning that the committee were unable to fully discuss the paper. She noted that she was happy for the paper to be presented to the GP Sub Committee again with the background information and strengthening of the contract changes in the GP section. The Interim Director of Pharmacy highlighted this was an opinion piece, and was for discussion rather than approval.

## 8.5.2

S Tomison noted that the paper had been presented to NAMAC where members were also unsure of the background. S Tomison noted that dispensing practices would need to be considered, the Interim Director of Pharmacy agreed.

The Chair noted that some of the recommendations had already been progressed, or were underway since the paper had been written, for example the formation of the Area Drugs and Therapeutics Committee (ADTC). It was suggested that the reformation of the Area Pharmaceutical Committee which feeds into the ACF, would also need to be included.

*The Interim Director of Pharmacy withdrew from the meeting.*

### **Decision/Conclusion:**

Members noted the update provided.

## **9 National Trauma Training Programme Leadership Pledge of Support – Input from the Professional Advisory Committees on implementation**

The Chair welcomed Simon Tarry, Transforming Psychological Trauma Implementation Coordinator, to the meeting to discuss the pledge of support. S Tarry noted the new publication from Scottish Government linked to the pledge had been circulated to members. He had attended a meeting last week to assign champions for both Orkney Islands Council and the Board, who would assist with and implement the pledge. It was noted that S Tarry ran a weekly trauma informed and skilled workshop on Wednesdays, alongside staff wellbeing mental health training. He asked members how the pledge would fit into each service.

The Chair noted that the difficulty would be ensuring the work became embedded into everyday practice, and colleagues maintained the mindset which was supportive towards these patients. S Tarry highlighted that workshops were also available online, for both adults and children, and agreed to forward the information. The Chair advised that the pledge had been agreed by the Board although the competing demands of staff, in terms of mandatory training, meant this would likely be a challenge. S Tarry noted that raising awareness was the main focus and encouraged colleagues to attend the training sessions. He also highlighted the importance of being mindful of staff who may themselves have been affected by this.

*S Tarry withdrew from the meeting.*

### **Decision/Conclusion:**

Members noted the report provided and welcomed the further information around the workshops being circulated following the meeting.

## **10 Fetal Alcohol Spectrum Disorder**

G McMahon, Paediatric Occupational Therapist, attended the meeting to discuss the Fetal Alcohol Spectrum Disorder (FASD) pathway, which related to the neuro-developmental pathway. Work undertaken in the last 18 months had led to £20,000 being secured for raising awareness into the syndrome. A short life working group had been developed with a multidisciplinary team, to review a local pathway covering multiple conditions including, Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and Developmental Coordination Disorder (DSD). The group would also engage with third sector agencies to support children and families. The group had been working with the FASD hub in Scotland, and had been considering how to raise awareness in the volunteering sector, education, health, and foster and child-care. The funding had now ended and the team were

## 8.5.2

looking at the next stage using two clear strands: a message of prevention, and the assessment of children. The aim was to provide a clear message to children in primary and secondary school looking at the risk, and promoting the preconception risk. The ADP had agreed to set aside £3,500 to focus on prevention and awareness raising. M Swannie had received support from the Clinical Care and Governance Committee for the 6 month neuro-developmental pathway pilot. The Chair noted that CCGC had welcomed the approach and questioned if six months was long enough to allow sufficient progress to be observed and an extension may be considered.

*G McMahon withdrew from the meeting.*

### **Decision/Conclusion:**

Members noted the update provided.

### **11 Remobilisation Plan 2021/22**

The Chair highlighted the upcoming development session where the Head of Assurance and Improvement would provide an update on the remobilisation plan and answer any questions from members. It was agreed that the development session would be the best place to receive this update.

*The Head of Assurance and Improvement withdrew from the meeting.*

### **Decision/Conclusion:**

Members agreed that an update would be received at the upcoming development session.

### **12 Clinical Strategy Update**

The Chair noted that the Director of Nursing, Midwifery and AHPs was unable to attend the meeting, but had provided an update on the clinical strategy at the previous Clinical Care and Governance Committee meeting. It was noted that work was underway and public engagement would be incorporated in the next steps. The input from previous engagement would not be lost, although it was appreciated that the COVID-19 pandemic would have a bearing on previously formulated plans.

### **Decision/Conclusion:**

Members noted the update provided.

### **13 Whistleblowing Standards**

Jason Taylor, Whistleblowing Champion attended the meeting to discuss the implementation of the standards from the 1 April 2021. Communications had been issued and a training plan collated for managers and confidential contacts. Further work would be necessary in relation to the health and social care partnership and primary care to ensure the independent contractors were aware of the processes. He explained that his role was one of scrutiny, to assure the Board and Scottish Government that NHS Orkney have implemented the standards, and any concerns were being raised through the correct processes. If the correct environment was created, most concerns could be dealt with as business as usual.

### **Decision/Conclusion:**

Members noted the update provided.

### **Development Sessions**

#### **14 ACF Development Session 2 March 2021: Long Covid**

The Chair noted a summary of the development session was provided in the papers. This had been provided to the Quality Forum, and the services and teams working on long Covid. New Scottish guidance would be issued which would assist the primary care team and teams who manage chronic conditions.

### **Professional Advisory Committees**

#### **Professional Advisory Committee Chair's Reports**

#### **15 ADC**

A letter had been sent to James Stockan as Chair of the Orkney Partnership Board regarding patient travel issues. The letter had raised the issue of child poverty, and families unable to travel to dental practices. A response was awaited.

#### **16 APC**

Work was underway to re-establish the APC. The Principal Pharmacist planned that by the next ACF meeting an update would be available, including a decision would be made as to whether the committee would stay as a single committee for Orkney or a joint Committee with NHS Shetland.

#### **17 GP Sub-Committee**

K Cole highlighted concerns regarding the referral waiting list for secondary care. The Head of Assurance and Improvement had provided a summary of the referral waiting times and members had been concerned at the length of wait within certain specialties. One in particular had been that the waiting time for urgent psychiatry was 6 weeks longer than routine psychiatry. The GP Sub Committee were keen to understand how these waiting times were being addressed. The Chair agreed he would add this to the next agenda to discuss, and this could be raised at the remobilisation development session.

#### **18 Hospital Sub-Committee**

The Chair highlighted that K Fox had stepped in as chair of the Hospital Sub Committee, however the committee did not currently have administrative support. Alternative administrative support was being sought with support offered by the Chair to help resolve the issue so the Hospital Sub Committee could continue work.

#### **19 NAMAC**

S Tomison highlighted issues with electronic patient records, specifically C-cube being unsuitable for school nurses and health visitors. The Community Mental Health Team (CMHT) were moving to Trakcare in April, and the health visitors and school nurses were undertaking the PARIS trial. The Chair noted he was aware of the PARIS trial but not of the CMHT changing to Trakcare, and agreed this was a positive development.

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S Tomison noted that NAMAC would be holding the AGM in May, and that staff in some areas found it difficult to attend meetings, dates of meetings would be reviewed in light of this.

NAMAC members had discussed the outcome of Dr Dijkhuizen's letter and had been advised that a report would be going to Board. The Chair noted that the DHI listening piece would lead to some senior staff being assigned roles and actions formulated to progress this work.

### **20 TRADAC**

K Smith noted that TRADAC held a development session considering the workforce plan. The main topics of conversation at the meetings had been the remobilisation plan, workforce plan, and Fetal Alcohol Spectrum Disorder (FASD). Members had discussed the lack of involvement of AHPs in both the remobilisation plan and workforce plan, which may have been due to changes within the Lead AHP role at the time of drafting. The plans mentioned the work supported by teams, but not specifically how the small teams would actually manage the work. The Chair agreed that significant parts of the AHP services appeared underrepresented in the remobilisation plan but hoped that the new Lead AHP would progress this. The dietetic section in the latest draft of the Remobilisation Plan was welcomed.

#### **For information and noting**

### **21 Key legislation issued**

Members noted the key legislation issued since the last meeting.

### **22 Correspondence**

No correspondence had been received.

### **23 Quality Forum Approved Minute – 16 December 2020, 27 January 2021 and 2 February 2021**

The Chair highlighted that the Quality Forum was gaining momentum which was positive. The purpose of the group was to provide the Clinical and Care Governance Committee with the information necessary for assurance.

### **24 Items to be brought to the attention of the:**

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

Board:

- The positive progress with the Neuro-developmental Pathway
- ACF involvement in the Remobilisation Plan including the development session
- Concerns around Waiting Times
- Remaining concern around Electronic Patient Records in the community settings.

CCGC:

- Fetal Alcohol Spectrum Disorder: commend the efforts to raise awareness of the significant condition and welcome the move towards a paediatric neurodevelopmental conditions diagnostic pathway.

### **25 Items to be communicated with the wider clinical community**

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

### **26 Any other competent business**

#### Development Session Topic

The Associate Medical Director suggested that the next development session could focus on frailty and improvements in pathways for older people. There was a base of information and a focused discussion would be useful. The Chair agreed that frailty cut across many specialists and would be a useful topic. The next development session would be on the 6 July and the Chair agreed to liaise with the Associate Medical Director.

#### Terms of Reference

The Chair noted that the terms of reference had not been reviewed recently, so he suggested it be added to the next agenda.

*Post meeting note (19/05/2021): ToR was revised June 2020. Next update due June 2022.*

### **27 Schedule of Meetings 2021/22**

Members noted that the next meeting of the Area Clinical Forum would be held on the 1 June 2021. The next development session would be held on the 7 May 2021.

### **28 Record of Attendance**

Members noted the record of attendance. The Chair reminded members to submit apologies and send deputies if they were unable to attend to ensure that meetings were quorate and a cross section of clinical representation was present.

### **29 Committee Evaluation**

The Chair noted that the meeting had covered varied topics and had run on time. The Associate Medical Director noted that it was good to hear positive news amongst an important and interesting agenda.

Not protectively marked

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| <b>NHS Orkney Board Meeting</b><br><br><b>Report Number: OHB2122-23</b><br><br><b>This report is for approval</b><br><br><b>Title of report : Patient Feedback Annual Report – 2020/2021</b> |  |
| <b>Lead Director<br/>Author</b>  | Julie Colquhoun, Head of Corporate Administration<br>Julie Tait, Patient Experience Officer  |
| <b>Action Required</b>   | <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <u>Approve</u> for submission to the Scottish Government by the 30 September 2021</li> </ul>  |
| <b>Key Points</b>  | <ul style="list-style-type: none"> <li>• The number of complaints received has increased from 2019/20.</li> <li>• During the year we have received and handled 108 Early Resolution Complaints and 27 Investigation Complaints.</li> <li>• Early Resolution complaints, which have more than doubled in two years, have seen a 48% increase since last year.</li> <li>• Stage 2 complaints have decreased by 41% in 20/21.</li> <li>• One complaint was received at Early Resolution stage and went on to be escalated to Investigation Stage.</li> <li>• 81% of Early Resolution complaints have been responded to within the 5-day timescales.</li> <li>• 70% of stage 2 Investigation complaints were responded to within 20 days.</li> <li>• Many compliments were received during the pandemic in relation to our staff and their ongoing commitment to health services.</li> <li>• Feedback and Patient Experience work has been restricted by the Covid-19 Pandemic.</li> </ul> |
| <b>Timing</b>  | To be considered at the June 2021 meeting and submitted to Scottish Government by 30 <sup>th</sup> September 2021  |
| <b>Link to Priority areas</b>  | <p>How does this paper link to one or more of the priority areas as agreed for the Board in 2021:</p> <ul style="list-style-type: none"> <li>• Quality and Safety</li> </ul> <p>This report reflects on whether the care provided by NHS Orkney is of the highest standards of quality and safety, with the person at the centre of all decisions.</p>   |

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|---------------------|---|
|                     | <p>Patients generally provide feedback because something has gone wrong, they want to share their experience or they wish to complement our services. Feedback offers NHS Orkney the opportunity to listen, learn and take action to ensure we are providing safe, effective and person-centred care which is informed by the experience of those who use our services.</p> |
| <b>Consultation</b> | <p>The Patient Feedback Annual Report requires to be submitted to the NHS Orkney Board Meeting only.</p>  |





## NHS Orkney Patient Feedback

Annual Report  
2020-2021

## Foreword

The 2020/21 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

- respect and holism
- power and empowerment
- choice and autonomy
- empathy and compassion

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff to help us continue to learn and improve thus providing the best possible health care to the population of Orkney.

2020/21 has been a challenging year mainly attributed to the COVID-19 pandemic, but one that has significantly changed the way we work and deliver care to our patients, in turn making many of our services more accessible, particularly for those in the outer islands. Throughout this changing, and on occasion complex landscape, we have continued to engage and learn as we adapt to ensure our services remain patient centred, whilst in many cases delivered in a very different way.

We have seen an increase in the number of overall complaints, however the majority have been addressed at stage 1, indicating that we continue to perform well in addressing these complaints in a timely manner and despite the challenges, our services continue to focus on providing high quality care that has the patient, their families and carers at the heart.

*Julie Colquhoun*  
**Head of Corporate Administration**  
**NHS Orkney**

## Section 1

### Encouraging and Gathering Feedback

- 1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Covid-19 has had a significant impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have however been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well.

- 1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. This has been somewhat limited in 2020/21 due to the Covid-19 pandemic but a number of meetings have been held virtually using Near Me;
- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.
- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.
- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.
- We also post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.
- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool.
- Our Young Volunteers Project for gathering real-time feedback has been postponed this year due to Covid-19 and the difficulty with accessing wards and areas by our young volunteers.

- 1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

- 1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout our hospital and healthcare services. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

1.6 **Complaint process experience**

Regrettably, evaluation of the Complaint process experience in 2020/21 has not taken place. Each year short surveys are sent out to a random selection of complainants at year end however due to the Covid-19 pandemic this has not yet been undertaken. However this year, with the pressures of Covid-19 and not being able to review the process to ensure more engagement, this has not happened.

This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure.

## Section 2

### 2.1 Hospital and Community Services:

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position.

#### 2.1.1 Early Resolution and Investigation Complaints

##### Performance Indicator Four

|  |            |
|--|------------|
| Number of complaints received by the NHS Orkney Complaints and Feedback Team | 137        |
| Number of complaints received by NHS Orkney Primary Care Service Contractors | 42         |
| <b>Total number of complaints received</b>                                   | <b>179</b> |

|   |           |
|---|-----------|
| <b>NHS Board Managed Primary Care services;</b>         |           |
| General Practitioner                                    | 8         |
| Dental  | n/a       |
| Ophthalmic  | n/a       |
| Pharmacy  | n/a       |
| <b>Independent Contractors - Primary Care services;</b> |           |
| General Practitioner                                    | 30        |
| Dental  | 9*        |
| Ophthalmic  | 0         |
| Pharmacy  | 0         |
| <b>Total of Primary Care Services complaints</b>        | <b>47</b> |

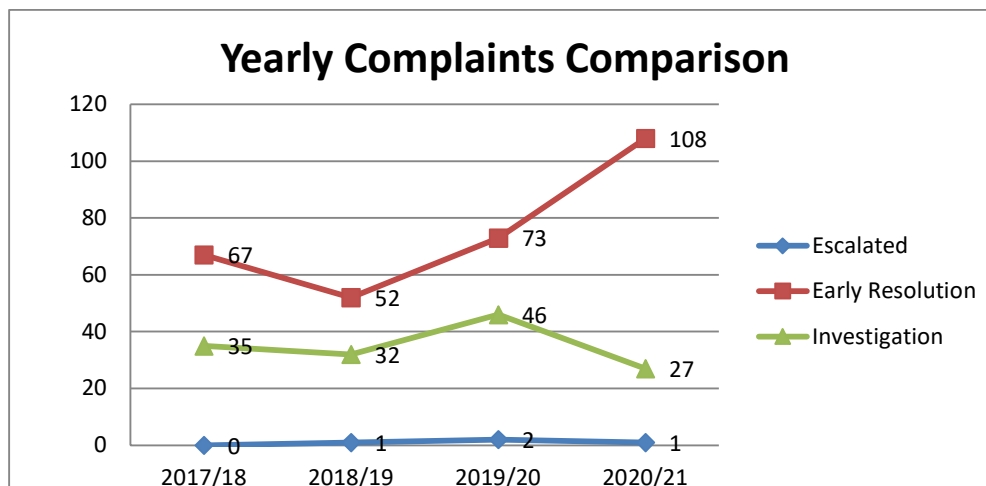
##### Performance Indicator Five

| Number of complaints closed at each stage        | Number     | As a % of all Board complaints closed (not contractors) |
|--|------------|---|
| <b>5a.</b> Stage One                             | 108        | 79%   |
| <b>5b.</b> Stage two – non escalated             | 27         | 20%   |
| <b>5c.</b> Stage two - escalated                 | 1          | 1%  |
| <b>5d. Total complaints closed by NHS Orkney</b> | <b>136</b> | <b>100%</b>   |

\*1 complaint was withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.

# 9.1

The following chart shows comparisons between our complaints over the last four years. There has been a 12.3% increase in complaints in 2020/21. Complaints are increasing yearly, and in particular Early Resolution complaints which have more than doubled in two years and have seen a 48% increase since last year. Stage 2 complaints have decreased by 41% in 20/21. This is mainly due to our attempts to handle complaints at Stage 1.



In the year previously, 2019/20, we investigated 73 Early Resolution complaints, two Escalated stage complaints and 46 Investigation Stage complaints, 121 in total. In 2020/21, this total is 136.

Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

## 2.1.2 Outcome Decision - Complaints upheld, partially upheld and not upheld:

### Performance Indicator Six

#### Early Resolution complaints

|  | Number     | As a % of all complaints closed at stage one |
|--|------------|--|
| Number of complaints upheld at stage one           | 27         | 25%  |
| Number of complaints not upheld at stage one       | 45         | 42%  |
| Number of complaints partially upheld at stage one | 36         | 33%  |
| <b>Total stage one complaints outcomes</b>         | <b>108</b> | <b>100%</b>                                  |

## Investigation complaints

|  | Number | As a % of all complaints closed at stage two |
|--|--------|--|
| <b>Non-escalated complaints</b>                                  |        |  |
| Number of non-escalated complaints upheld at stage two           | 4      | 15%  |
| Number of non-escalated complaints not upheld at stage two       | 7      | 26%  |
| Number of non-escalated complaints partially upheld at stage two | 16     | 59%  |
| <b>Total stage two, non-escalated complaints outcomes</b>        | 27     | 100%   |

## Escalated complaints

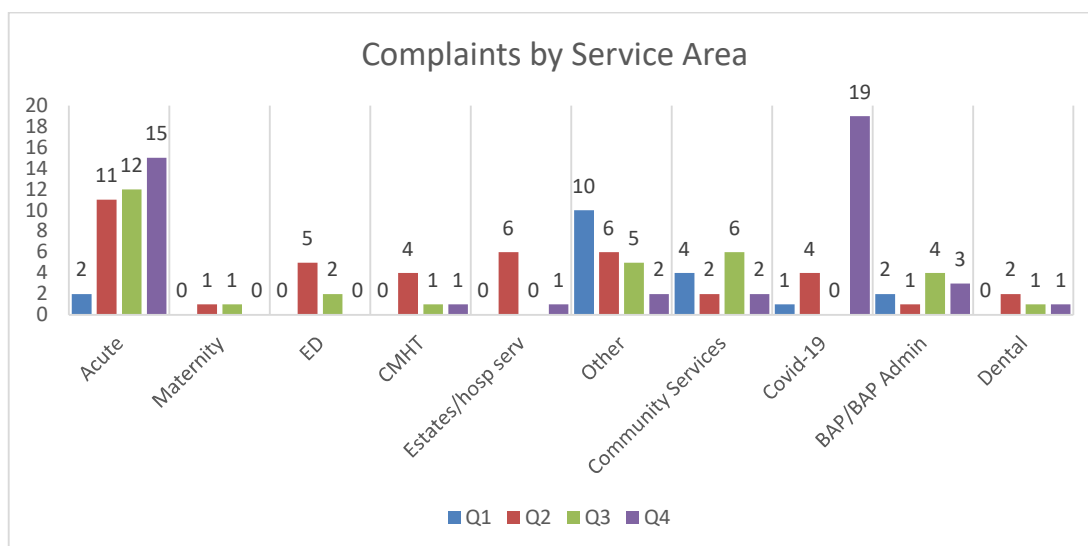
|  | Number | As a % of all escalated complaints closed at stage two |
|--|--------|--|
| <b>Escalated complaints</b>                                  |        |  |
| Number of escalated complaints upheld at stage two           | 0      | -  |
| Number of escalated complaints not upheld at stage two       | 0      | -  |
| Number of escalated complaints partially upheld at stage two | 1      | 100%   |
| <b>Total stage two escalated complaints outcomes</b>         | 1      | 100%   |

## 2.1.3 Service Areas:

NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

This year, the addition of complaints recorded under the heading of Covid-19 also appear in our figures. Some complaints relate wholly to issues with the pandemic for example, vaccination programme, testing or results. Other complaints, reported under different service areas may have an element connected to Covid-19. The 24 complaints recorded over the year under Covid-19 in the chart below are those where the main issue was Covid-19 related.

The high number of Covid-19 related complaints in the last quarter of 2020/21 were due mostly to the introduction nationally of the vaccine. Our complainants raised concerns around the mass vaccination clinics, access to information, busy telephone lines at the centre and some staffing issues. All these complaints were dealt with very quickly at Stage 1 to ensure a quick response was given to those who raised concerns.



#### 2.1.4 Response Times:

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report on the following information as one of the key performance indicators of the CHP.

#### Performance Indicator Eight

|   | Number     | As a % of complaints closed at each stage |
|---|------------|---|
| Number of complaints closed at stage one within 5 working days.               | 87         | 81%                                       |
| Number of non-escalated complaints closed at stage two within 20 working days | 19         | 70%                                       |
| Number of escalated complaints closed at stage two within 20 working days     | 1          | 100%                                      |
| <b>Total number of complaints closed within timescales</b>                    | <b>107</b> |   |

#### Performance Indicator Nine

|   | Number    | As a % of complaints closed at each stage |
|---|-----------|---|
| Number of complaints closed at stage one where extension was authorised   | 14        | 13%                                       |
| Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints) | 6         | 22%                                       |
| <b>Total number of extensions authorised</b>  | <b>20</b> |   |



# 9.1

The 70% response rate to Stage 2 complaints is a very welcome improvement on the 36% of last year. Those which were not responded to in time were a number of complex complaints and delays were experienced at investigation stage, within the sign off process and also where Investigating Officers were unable to investigate complaints in a timely manner. Additionally a number of the complaints were subject to delays due to staff focus being redirected to support services in managing the Covid-19 Pandemic. The 81% response rate to Stage 1 complaints is a slight decrease from the 87% last year but it should be recognised that many more complaints were investigated at Stage 1 and managers, who were managing a pandemic alongside their day to day duties, were very responsive and quick to manage the concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

## 2.1.5 Trends and Emerging Themes:

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. However, as in 2019/20, similar themes of waiting times and care experience make up a number of the Early Resolution complaints whilst communication, clinical care quality and experience are identified as the main themes within Investigation complaints. Covid-19 issues such as delays, access to testing and communication concerns have also been raised in many of our complaints.

## 2.1.6 Alternative Dispute Resolution:

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

## 2.2 Family Health Services (not including salaried GPs/Dentists):

|   |   |
|---|---|
| <b>NHS Board Managed Primary Care services;</b>         |   |
| General Practitioner                                    | <b>8</b>  |
| Dental  | <b>n/a</b>  |
| Ophthalmic  | <b>n/a</b>  |
| Pharmacy  | <b>n/a</b>  |
| <b>Independent Contractors - Primary Care services;</b> |   |
| General Practitioner                                    | <b>30</b>   |
| Dental  | <b>9</b>  |
|   | <b>*Q1/2 figs only – no return received for Q3/Q4</b> |
| Ophthalmic  | <b>0</b>  |
| Pharmacy  | <b>0</b>  |
| <b>Total of Primary Care Services complaints</b>        | <b>47</b>   |

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 8 complaints were made during the year relating to this service which accounts for 21% of the total family Health Services complaints.

## 2.3 Other NHS Organisations:

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 15 complaints or concerns had been received, compared to 23 from 2019/20. Complaints relate to a number of different areas including clinical care, waiting times and communication which were the main themes.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

## 2.4 MSP / MP - Constituents' Concerns Raised:

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

| Issue  | Outcome  |
|--|--|
| Waiting Times for a patient to receive Treatment at Golden Jubilee National Hospital | We were able to contact the Waiting Times Team and resolve the issue for the patient.                        |
| Requests for C-19 testing of individuals who do not have C-19 symptoms               | Scottish Government guidance shared with MSP and constituents to allay concerns                              |
| Lack of Parkinson's Disease Specialty Nurse  | During 2020/21, NHS Orkney advertised and appointed to this role and we now have a specialist nurse in post. |

## 2.5 Patient Advice and Support Service (PASS):



PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

During the year 2020/21, PASS provided advice and support to 34 clients who made a complaint, raised a concern or an enquiry about the NHS. This is slight decrease from last year when the number of clients utilising this service to seek support on making a complaint or raising a concern were 43.

## 2.6 Scottish Public Services Ombudsman (SPSO):

During the year 2020/21, we are pleased to report that the Ombudsman did not independently investigate any complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure. Two complaints were investigated by the SPSO in the previous year.

One of these was concluded in November 2020 and the findings are detailed below.

| Complaint  | Outcome             | SPSO Recommendation and Action Taken   |
|--|---------------------|--|
| Unreasonable delay in treating injuries and not identifying an injury. | Closed – NOT UPHELD | a) There was unreasonable delay in providing treatment for A's injuries – <b>NOT UPHELD</b><br>b) The Board unreasonably failed to treat A's head injury – <b>NOT UPHELD</b><br>c) The Board's communication with A was unreasonable – <b>NOT UPHELD</b> |

## 2.7 Compliments

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:

Just to quick note to thank all the team at the Balfour for such a friendly, safe and professional cataract operation last Wednesday.

My thanks goes right from the gentleman on switchboard who helped me (as reception wasn't open at my arrival time) through to the nursing staff and the surgeon. I'm sorry I can't thank you all personally, as I'm so proud to call the Balfour my local hospital due to all that you did for me.

Outpatient (B)  
 Thankyou very much for helping my mum with her eye its been a Painfull 3 years but hopefully sorted now  
 Thanks So much.

Dear AGE Balfour

I am writing to thank the staff at the Balfour AGE for the most excellent care which I received on 4-7th September.

I went to the AGE with <removed> while up on holiday in Orkney, and I found the personal care and attention of the very highest standard of excellence. They put me at ease in a difficult situation, and nothing was too much trouble. They exhibited a level of care which went that extra mile.....and for this I am extremely grateful..

I was incredibly impressed by the professionalism of all the NHS staff we encountered in A&E, in the surgical ward, and the surgical team who carried out operation.

**"I just wanted to reach out and say thank you to all the Staff for doing what you can do help patients with Covid-19. Your work is amazing and I can't thank you enough for what you all do."**



## Section 3

### The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

#### *Our patients can expect*

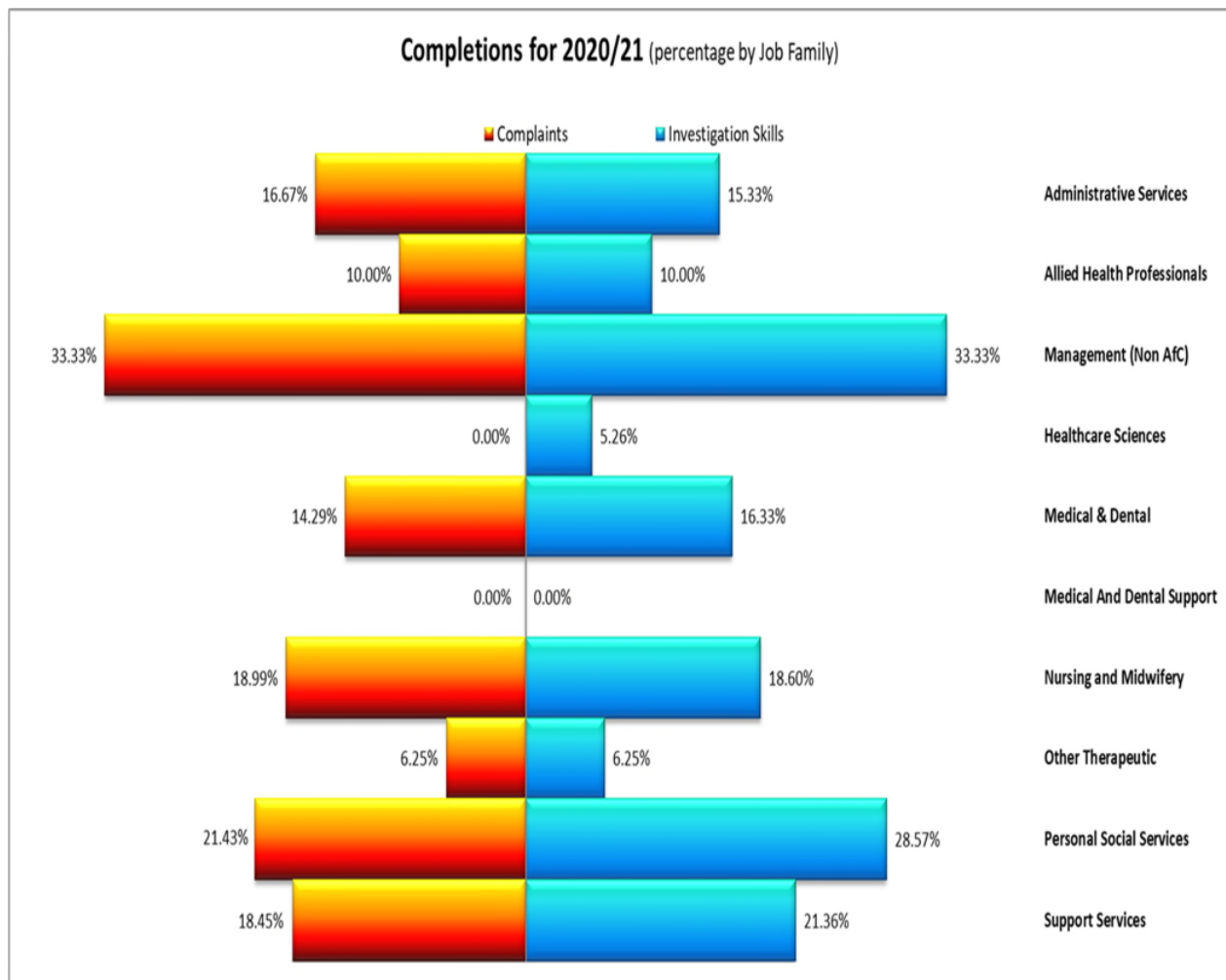
- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

#### *We also make a commitment to our staff and what they can expect:*

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

- 3.1 In practice we are using i-matter to further improve engagement with staff across our services and are building capacity and capability in the use of improvement methodology to ensure we are able to act on the feedback we receive and make measurable improvements in the quality of care provided.
- 3.2 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.
- 3.3 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. We hope to pick these up again as remobilisation continues and services begin to resume.
- 3.6 NHS Orkney staff continue to access the e-learning Complaints and Feedback and Investigation Skills modules. We believe this shows a commitment by staff to ensure they are able to acknowledge, address and respond to complaints and concerns raised by our patients.

Completion Rates for current staff are as follows –





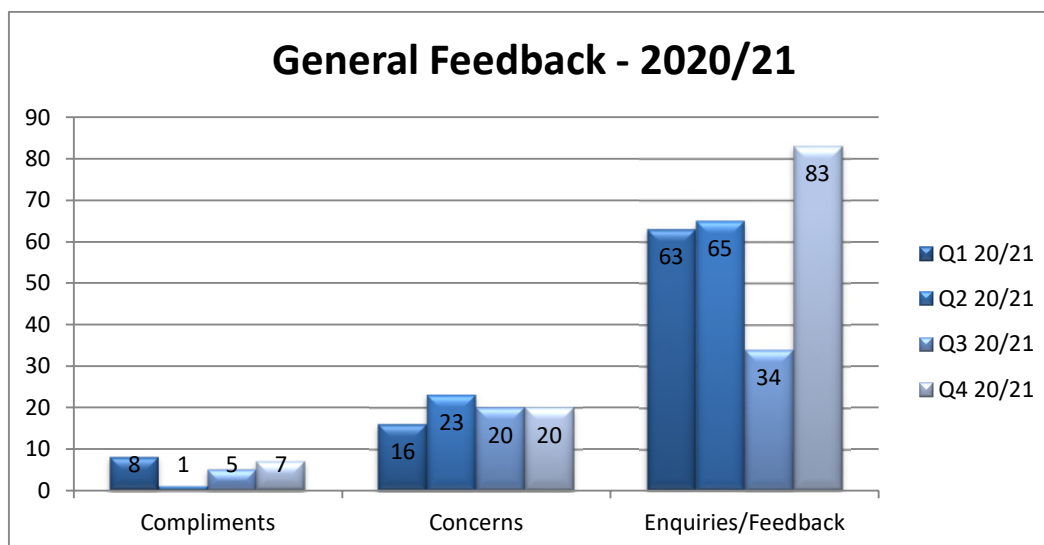
## Section 4

### Improvements to Services

- 4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.
- 4.2 The following are some examples of improvements made over the last year:

| Issue Raised  | Findings   | Outcome  |
|---|--|--|
| Patients travelling to Golden Jubilee National Hospital during the pandemic could not fly directly to Glasgow due to flight cancellations and had travel difficulties from Aberdeen to Glasgow. | Flights to Glasgow were cancelled part of the pandemic. Some patients were unable to secure safe onward travel from Aberdeen to Glasgow.   | Travel team made arrangements with GJNH to pick up and transport patients safely from Aberdeen Airport to the hospital and return them post-op.  |
| North Isles patients experienced difficulties in accessing podiatry care during the pandemic.   | Visiting services to the north isles required to be ceased during the pandemic in line with national guidance.   | Patients were supplied with nail clippers and nail files to help them manage their footcare.   |
| Patient felt a request for a home birth was not responded to reasonably   | Although there was confidence in the skills of the staff to manage care in any setting, working in unfamiliar environments can cause anxiety for the team and this had been unintentionally shared with the patient. | Senior Midwife agreed to work with the team to reinforce the evidence that Home Births are safe and to support the team in building confidence in management of care when they do not have immediate access to the equipment and emergency support normally available to them. |
| Patient's family raised a number of concerns regarding the supply and availability of medications during an inpatient stay  | Meeting held with patient and family to discuss concerns which found that some communications between staff and patient/family had been poor.  | Pharmacy Manager arranged to meet with ward staff and SCN to reinforce pharmacy guidelines and to reinstate training for nursing staff around access to medicines outwith pharmacy hours.  |
| Patient's day surgery procedure was cancelled at very short notice whilst they were in the unit prepared and ready for theatre  | Investigation showed that important information relating to number of day unit patients possibly requiring overnight stay had not been relayed to bed manager.   | Clinical Nurse Manager and Theatre Senior Charge Nurse met and reviewed procedures for appointing day unit patients who may require overnight stay. Process now in place to mitigate this happening again.   |

- 4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality and Safety Group. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.



A spike in the last quarter was mainly due to enquiries relating to the vaccination programme.

Some examples of groups of feedback and actions are detailed below:

|   |  |
|---|--|
| Multiple enquires over the year regarding access to tests for travelling patients.                      | The Covid Assessment Centre staff have responded to many of these enquiries, directing them to the national guidance for testing.  |
| A number of requests for information on how to make a donation to NHS Orkney staff during the pandemic. | NHS Orkney provide information on their website to assist members of the public or groups to make donations to the Endowment Fund. |
| Patient concerns regarding how staff should be wearing PPE during any treatments or vaccinations.       | Information and advice given to reassure patients that staff were correctly wearing PPE.   |
| A number of requests for information on services available to patients moving to Orkney.                | Advice and information given.  |
| A number of requests for information on how to access dental support during the pandemic.               | Director of Dentistry responded to each request with information and support.  |

- 4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.
- 4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.



## Section 5

### Accountability and Governance

- 5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Clinical and Care Governance Committee. Complaints reports are also shared with the Quality Forum.

Non-Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Clinical and Care Governance Committee who reports onwards to the NHS Board.

- 5.2 NHS Orkney Board members receive updates through the Clinical and Care Governance Chairs report and receive the Annual Report.
- 5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Director of Acute Services, Head of Information and Clinical Governance, Head of Assurance & Improvement, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.
- 5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

## Section 6

### Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

#### 6.1 Blether's

In December 2019, we supported the introduction of “Blether”s – a place for the Orkney community to come along for a friendly and confidential blether with professional advisors from a range of organisations. Blether's were introduced as part of the Community Led Support initiative to work with communities inclusively to co-produce solutions for what matters to them.

Unfortunately the “Blether's” were halted during the pandemic and have been unable to resume. The Community Led Support project has also currently been put on hold until a review of the project under the restrictions can be held.

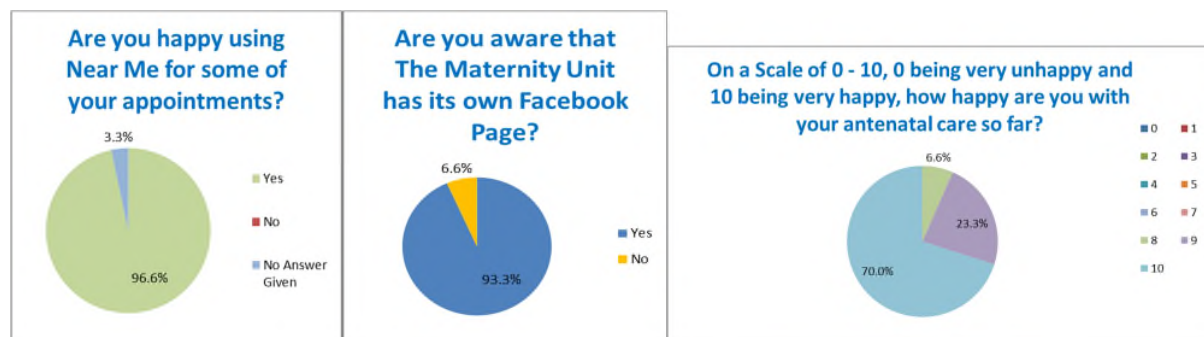
#### 6.2 Young Volunteers

As mentioned earlier in the report, we have been unable to restart the Young Volunteer Gathering Feedback project due to restrictions for visitors in the hospital. We hope to resume these in the future.

#### 6.3 Maternity Services

Maternity Services surveyed some of their patients about the services they provide. The responses was very positive.

Here are a few examples of the Questions and Responses:



#### 6.4 Radiology Services

A Radiology Services in Scotland Patient and Carer Survey was distributed across Scotland for response over a four week period from December 2020 – January 2021.

The responses gathered nationally will help to define what is currently working well and where improvements can be made.

### Survey response rate

# 470

Survey responses in total from patients (87%) and carers (13%).

### Source of referral

### Opinion of overall radiology service experiences

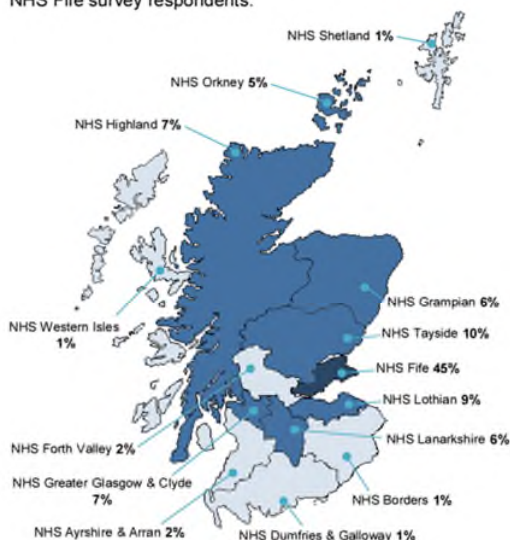
90% of patients and carers highlighted that their experience of radiology services was either 'Excellent' or 'Good'.

- Excellent – 61%
- Good – 29%
- Fair – 6%
- Poor – 3%
- Very Poor – 1%



### Where did patients and carers engage from?

Surveys were received from all NHS boards and from a variety of settings (both rural and urban). Although NHS Fife had over 200 surveys returned, with the majority following experiences at the Queen Margaret and Victoria Hospitals, the analysis outlined there was no bias to the survey results despite the larger proportion of NHS Fife survey respondents.



**What went well...** 45% of comments focused on the friendliness and helpfulness of staff being the key factor behind patient and carer experiences going well. Other important themes highlighted included the speed and efficiency of how long the appointment was (15%) and how comprehensive the full process was from start to finish (10%).



**What could be improved...** comments focused on getting clearer communication on what the next steps were after the examination (19%) and the process and speed in obtaining results (18%) as the areas requiring most improvement. A number of themes followed these with the opportunity to book appointments via e-mail (9%) being the most common.



### Patient and Carer comments

“From getting the appointment to the results and having them explained to me, I felt confident in my doctor and why it needed done.”

“All the staff were very helpful and kind to my elderly mum. Only wait[ed] a few minutes and the facility was very well set up for COVID safety. We were very impressed.”

“The staff were lovely but it would be much clearer if I could have got information on how we will get results and how long this will take.”

## 6.5 Neurology Team

During the February 2021, our Neurology Team undertook a Patient Feedback exercise. They asked the Orkney public, NHS Orkney staff and other stakeholders about their experiences of what information was available to them locally, online and generally relating to their condition.

The survey was very well received by our patients with 87 participants providing valuable responses on their views on how confident they felt that neurological conditions material was available, easy to access and find and their preferred methods of sourcing information and advice on their condition.

The information received is being used to assess how the team can improve the services they provide support their patients further in this area.

## Not Protectively Marked

### NHS Orkney Public Board – 24 June 2021

**Report Number: OHB2122-24**

**This report is for assurance**

### Staff Governance Committee Chair's Report

|                                 |   |
|---------------------------------|---|
| <b>Lead Director<br/>Author</b> | Lorraine Hall, Interim Director of Human Resources<br>Caroline Evans, Chair of the Staff Governance Committee   |
| <b>Action Required</b>          | The Board is asked to: <ol style="list-style-type: none"> <li>1. Note the Staff Governance Committee Chair's Report covering the 26 May 2021 meeting</li> <li>2. Take assurance on performance</li> <li>3. To receive the approved minutes from the 24 February 2021 meeting</li> </ol> |
| <b>Key Points</b>               | This report highlights key agenda items that were discussed at the Staff Governance Committee meetings held on Wednesday, 26 May 2021.  |
| <b>Timing</b>                   | The Staff Governance Committee highlights key issues to the Board on a quarterly basis following each meeting.  |
| <b>Link to Priority areas</b>   | This report links to the following priority areas as agreed for the Board in 2021: <ul style="list-style-type: none"> <li>• Covid-19</li> <li>• Culture</li> <li>• Quality and Safety</li> <li>• Systems and Governance</li> <li>• Sustainability</li> </ul>                            |
| <b>Consultation</b>             | N/A   |

## **Not Protectively Marked**

**NHS Orkney Board – 24 June 2021**

## **Staff Governance Committee Chair's Report**

**Caroline Evans, Staff Governance Committee Chair**

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### **Section 1 Purpose**

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Staff Governance Committee which took place on Wednesday, 26 May 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 Staff Governance Committee meeting held on Wednesday, 26 May 2021.

### **Section 4 Discussion**

#### **4.1 Staff Governance Action Plan**

The Interim Director of Human Resources presented the Staff Governance Action Plan for members of the Committee, highlighting that it detailed actions under the five Staff Governance Standards and the 2020 Workforce priorities.

She informed members that the Staff Governance Action Plan was linked to the Plan on Page and presented the vast array of items that the organisation wanted to pursue in order to establish itself as an exceptional employer.

Members noted that the plan gave a very detailed account of the proposed way forward, with easy to identify with priorities that would resonate with staff. They acknowledge the hard work of the Interim Director of Human Resources and the Human Resources Team for their continued work on the document.

## 4.2 Equality and Diversity Monitoring Report

The Committee received the NHS Orkney Equality and Diversity Workforce Monitoring Report for 2020/21, presented by the Equality and Diversity Manager. He noted that the report was a very positive report for NHS Orkney which was a legal requirement for the organisation laid out within the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The aim of the report was to:

- Enable the Board and others, to gauge whether NHS Orkney employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report would be investigated and any appropriate follow up action taken.
- Give reassurance to staff that they were working in an environment free from prejudice or discrimination.
- Give the population of Orkney and any prospective employees, reassurance that NHS Orkney treats its staff in a fair and equitable manner.
- Enable external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

Key findings highlighted from the report were:

- NHS Orkneys workforce was far more diverse than the population it serves, reflecting that in order to provide the highest standards of healthcare, worldwide recruitment was being utilised.
- There was a small number of individuals who identified as disabled. Members wanted to do more in order to support those individuals and also to help others to feel comfortable in identifying their disabilities and seeking any support that they may require.
- Gender imbalances within roles was historic and due to continued perceptions of certain roles being predominately male or female professions. There was a gradual increase in the blending of genders across these roles, but it would be a long process.
- NHS Orkney was commended on being fully compliant with the Gender Representation on Public Boards (Scotland) Act 2018.
- Faith and religion within the organisation was diversifying due to the more diverse workforce.
- Sexual orientation was not considered a barrier; however it was noted that the Scottish Government systems do not give a specific categories for staff to identify as gender reassignment and Trans. This had been raised directly with the Scottish Government.

The Committee thanked the Equality and Diversity Manager for the care and time taken to prepare the report and agreed that the report should be presented to the Board with a suggestion of approval.

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## Appendices

**Appendix 1**      Approved minute from Wednesday, 24 February 2021



## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday 24 February 2021** at **10:30 am**.

- Present:** Caroline Evans, Chair  
 Fiona MacKellar, Vice Chair  
 Michael Dickson, Interim Chief Executive  
 Issy Grieve, Non Executive Board Member  
 Lorraine Hall, Interim Director of Human Resources  
 Ryan McLaughlin, Staff Partnership Representative  
 Kate Smith, Partnership Representative  
 Jason Taylor, Non Executive Board Member
- In Attendance:** Malcolm Colquhoun, Head of Estates and Facilities (Item 998)  
 Joanna Kenny, Non Executive Board Member  
 David McArthur, Director of Nursing, Midwifery and Acute Services  
 Steven Phillips, Human Resource's Manager  
 Ingrid Smith, Human Resource's Manager  
 Emma West, Corporate Services Manager (Minute taker)
- Observing:** Bruce McCulloch, Improvement Advisor NHS Shetland  
 Sally Hall, Interim Staff Development and OD, NHS Shetland

|     |   |
|-----|---|
| 985 | <p><b>Apologies</b></p> <p>Apologies were noted from Kath McKinnon.</p>   |
| 986 | <p><b>Declaration of Interests – Agenda Items</b></p> <p>There were no declarations of interest in relation to agenda items.</p>  |
| 987 | <p><b>Minute of meeting held on 25 November 2020</b></p> <p>The minute of the Staff Governance Committee meeting held on 25 November 2020 was accepted as an accurate record and approved subject to the below minor amendment.</p> <ul style="list-style-type: none"> <li>Page 4 – eighth paragraph amend '<i>reliance</i>' to '<i>resilience</i>'.</li> </ul> |
| 988 | <p><b>Matters Arising</b></p> <p><u>757 – Corporate Learning and Education Plan</u></p> <p>It was agreed that an update on the Corporate Learning and Education plan would be brought to the next meeting.</p> <p><u>768 - Checks on Driving Licences</u></p> <p>Members were advised that processes around this had now been strengthened and tested.</p>      |

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|     | <p><u>768 – Backlog of Staff Fire Training</u></p> <p>This would be progressed through the Health and Safety Committee.</p>  |
| 989 | <p><b>Action Log</b></p> <p>The Action Log was reviewed, and corrective action agreed on outstanding issues (see Action Log for details).</p> <p><u>02-20/21- Bullying and harassment in the workplace</u></p> <p>The Interim Director of Human Resources sought clarity around the specific action and outcome that was required by the Committee. It was noted that the Sturrock Review had been discussed at the time and the item closed previously on the action log. Members agreed that the work in connection with the MIRO Board and the Everyone Matters Survey would be taken forward and the outcomes articulated, as such it was agreed that the item would be closed on the action log.</p> <p><u>06 20/21 – Everyone Matters Pulse Survey.</u></p> <p>NHS Orkney had not received an organisational report due to the low number of submissions; contact had been made with Scottish Government colleagues to ascertain if any further information could be provided.</p> |
| 990 | <p><b>Chairman’s Report from the Board</b></p> <p>The Chair highlighted the following items that had been discussed at the meeting of the NHS Orkney Board on the 17 December 2020:</p> <ul style="list-style-type: none"> <li>• Work to refresh the approach to risk across the organisation continued and would be reported through the Governance Committee structure.</li> <li>• Conversations were held around the need to maximise the use of Modern apprenticeships – it was agreed that this would be added as an item to the next meeting of the Staff Governance Committee</li> <li>• Workforce reporting would be reviewed to ensure that those aspects with a Financial or Performance aspect were reported through the appropriate committee.</li> </ul> <p><b>Decision / Conclusion</b></p> <p>The Committee noted the Chairs reported highlights from the Board meeting.</p>  |
|     | <p><b><u>Governance</u></b></p>  |
| 991 | <p><b>Draft Staff Governance Committee Annual Report 2020/21 – SGC2021-38</b></p> <p>The Corporate Services Manager presented the report seeking members approval of the Staff Governance Committee Annual Report for 2020/21. Members were advised that in order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance required that all Standing Committees submit an annual report to the Board. Furthermore, this was a requirement of the governance statement as part of the approval of NHS Orkney's Annual Accounts. The report was produced in fulfilment of this requirement.</p>   |

|     |  |
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|     | <p>Members requested that the following amendments be made to the report:</p> <ul style="list-style-type: none"> <li>• Jason Taylor to be added to the membership</li> <li>• Concerns amended to reflect all staff rather than staff side</li> <li>• Dates in section 3.1 to be corrected</li> <li>• Successes of the committee to be reworded to be more specific around the assurances gained.</li> </ul> <p>I Grieve noted the need to improve how discussions from the committee and issues escalated to the Board were communicated to staff. It was agreed that this was a wider issue relating to feedback from committees and groups and would be considered across the organisation.</p> <p><b>Decision / Conclusion</b></p> <p>The Committee approved the Annual report for onward submission to the Audit Committee and Board subject to the above amendments.</p>  |
| 992 | <p><b>Report on Circulars – SGC2021-39</b></p> <p>The Vice Chair delivered the report on circulars for information and noting. Members were advised that the £500 Covid payment had been paid as part of the February pay for most staff and it would be ensured, via payroll, that those staff who had requested phased payments had received them.</p> <p><b>Decision / Conclusion</b></p> <p>Members noted the summary of circulars provided and the updates.</p>   |
| 993 | <p><b>Audit of Staff Personnel files – SGC2021-40</b></p> <p>Steven Phillips, Human Resources Manager presented the report providing the Committee 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.</p> <p>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.</p> <p>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.</p> <p>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 following documents as a minimum within their electronic files:</p> <ul style="list-style-type: none"> <li>• Right to work documentation</li> </ul> |

# 10.1.1

|  |  |
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|  | <ul style="list-style-type: none"> <li>• Occupational Health Clearance</li> <li>• Required PVG Scheme Record Check</li> <li>• Professional Registration</li> </ul> <p>I Grieve gave thanks for the excellent piece of work which had been a necessary exercise to provide the assurance that processes were being checked and that remedial action would be taken where required.</p> <p>J Taylor questioned if reasons for the lacking information were known and was advised that there were a variety of reasons. Some staff had been employed quickly during Covid-19, other older paper files could have gone missing over time for various reasons and there was also work required to educate managers on understanding the right to work and the documentation that was required.</p> <p>The Director of Nursing, Midwifery and AHP agreed that this had been an excellent piece of work and questioned how the findings would be addressed. The Human Resources Manager advised that there was a need to ensure that files contained the required documentation; references for those already in post would not be required but provision of right to work documentation would be requested. It was acknowledged that there may be concerns from staff that information had been given and subsequently been mislaid.</p> <p>Conversations had been held with the Occupational Health Nurse Manager and those members of staff that had not completed the health questionnaire would be asked to do so. Professional registrations would also be checked where required and going forward 100% of pre employment checks would be implemented.</p> <p>The Director of Nursing, Midwifery, AHP and Acute services noted that he would work with the Human Resources Manager to review any clinical registration documentation that was missing for the Nursing, Midwifery and AHP cohort.</p> <p>The Employee Director noted that going forward the Job Train system would be utilised and processes would be smoother, as some managers recruited very infrequently there would be a need to ensure that full training and support was provided. The Human Resources Manager confirmed that recruiting managers would be fully supported in this process and it would form part of the training plan.</p> <p><b>Decision / Conclusion</b></p> <p>Members noted the report and the risk identified along with mitigating actions.</p> |
|  | <b><u>Organisational Culture</u></b>   |
|  | There were no items for discussion at this meeting.  |
|  | <b><u>Well Informed</u></b>  |
|  | There were no items for discussion at this meeting.  |
|  | <b><u>Appropriately Trained</u></b>  |
|  | There were no items for discussion at this meeting.  |
|  | <b><u>Involved in Decisions that Affect them</u></b>   |

# 10.1.1

|     |   |
|-----|---|
| 994 | <p><b>Partnership Forum Chair's Report – SGC2021-41</b></p> <p>The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 17 November and 15 December 2020.</p> <p><b>Decision / Conclusion</b></p> <p>Members noted the update provided from the Area Partnership Forum.</p>   |
| 995 | <p><b>Minutes of the Area Partnership Forum meeting held on 17 November and 15 December 2020</b></p> <p>Members noted the approved minutes as submitted.</p>  |
|     | <p><b><u>Treated Fairly and Consistently</u></b></p>  |
|     | <p><b><u>Policies and Procedures</u></b></p>  |
| 996 | <p><b>Medical and Dental Annual Leave procedure - SGC2021-42</b></p> <p>Ingrid Smith, Human Resources Manager presented the policy for Committee approval; advising that changes had been made to reflect the change in the Terms and Conditions for Medical Staff's Annual Leave year.</p> <p>A number of the Medical Team were on Annualised Contracts where they only worked a percentage of the year however receive their Annual Leave, Public Holidays and Study Leave entitlement in their monthly annualised salary. A paragraph has been added to reflect this as they would not need to request Annual Leave in this circumstance.</p> <p>Amendments had also been made to reflect that locum requests were now to be submitted to the Primary Care Manager in place of the Dental Business Manager. The contact for Dental for certain aspects from Dental Business Manager to Dental Management Team had also been amended.</p> <p>J Taylor questioned if the organisation were confident that the pre employment checks were sufficient considering previous discussions and were advised that they were.</p> <p><b>Decision / Conclusion</b></p> <p>Members approved the Medical and Dental Annual Leave policy as recommended by the Area Partnership Forum.</p> |
| 997 | <p><b>Annual Leave Policy – Non Medical Staff - SGC2021-43</b></p> <p>Ingrid Smith, Human Resources Manager presented the policy for Committee approval, advising that minor amendments had been made to the policy to provide clarity around the exclusion to bank workers and highlight the process required where there was outstanding leave or extensions to periods of employment due to outstanding leave.</p> <p><b>Decision / Conclusion</b></p>   |

|      |  |
|------|--|
|      | The Committee approved the Annual Leave Policy – Non Medical Staff as recommended by the Area Partnership Forum.   |
|      | <b><u>Provided with a Safe Working Environment</u></b>   |
| 998  | <p><b>Occupational Health and Safety Chairs Report– SGC2021-44</b></p> <p>The Head of Estates and Facilities delivered the Occupational Health and Safety Chairs report advising that no recent meetings of the Health and Safety Committee had been held but that through DATIX reporting 4 incidents had been recorded. These included 3 slips, trips, and falls with no major injury and one cut to the skin which did not require medical attention – all 4 were being investigated.</p> <p>Member were advised that a review of the existing committee structure and assurance arrangements was being carried out, this would ensure that frequency of meetings and representation was appropriate and facilitated quality and meaningful discussion. The Health and Safety Policy and Strategy would also be reviewed to ensure that improvements were made.</p> <p><b>Decision / Conclusion</b></p> <p>Members noted the information provided and welcomed the review of the committee.</p> |
|      | <b><u>Risks</u></b>  |
| 999  | <p><b>Staff Governance Risk Report</b></p> <p>The report had not been provided at this meeting due to wider organisational work taking place to realign the Corporate Risk Register.</p>   |
| 1000 | <p><b>Committee Annual Review – SGC2021-45</b></p> <p>The Corporate Service Manager presented the report seeking approval of the updated Terms of Reference and Business Cycle.</p> <p>Agreement was sought 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.</p> <p>I Grieve questioned whether the Terms of Reference focused on the Staff Governance Standards and was advised by the Interim Director of Human Resources that further action planning was required to ensure that the standards were clearly articulated and these could be monitored against the workplan.</p> <p><b>Decision / Conclusion</b></p> <p>Members approved the updated Terms of Reference and Business Cycle and Work Plan and agreed to remove the Risk Control and Assurance Framework to enable substantial work to be completed in this area.</p>  |
| 1001 | <b>Issues Raised from Governance Committees</b>  |

# 10.1.1

|      |   |
|------|---|
|      | No issues had been raised from other Governance Committee of the Board.   |
| 1002 | <p><b>Agree any issues to be raised to Board/ Governance Committees</b></p> <p>The Committee agreed that the following items should be reported to the:</p> <p><b>Board</b></p> <ul style="list-style-type: none"> <li>• The results and actions from the Audit of Staff Personnel Files</li> <li>• The Terms of Reference had been amended and approved</li> </ul>   |
| 1003 | <p><b>Any Other Competent Business</b></p> <p><u>Implementation of the National Whistleblowing Standards</u></p> <p>Members were advised that a Short Life Working Group had been established to progress with implementation of the Standards by the April deadline. The Director of Nursing, Midwifery, AHP and Acute Services was leading on this work in conjunction with colleagues in NHS Shetland.</p> <p><u>Recognition of Long Service and Retirement</u></p> <p>Members noted that there was currently no formal procedure for this, and this was something that should be rectified with consideration to the role of the Staff Governance Committee.</p> <p><u>Apprenticeships and Work Experience</u></p> <p>Members agreed that options and process around these areas should be strengthened and requested that a paper be brought to the next meeting around the current options and provision.</p> |
| 1004 | <p><b>Schedule of meetings</b></p> <p>The schedule of meetings for 2021/22 was noted.</p>   |
| 1005 | <p><b>Record of Attendance</b></p> <p>The record of attendance was noted.</p>   |
| 1006 | <p><b>Committee Evaluation</b></p> <p>No issues were raised in relation to the meeting.</p>   |

Not protectively marked

## NHS Orkney Board – 24 June 2021

Report Number: OHB2122-25

This report is for approval

## NHS Orkney Equality and Diversity Workforce Monitoring report 2020/21

|                                  |   |
|----------------------------------|---|
| <b>Executive Lead<br/>Author</b> | Lorraine Hall, Interim Director of Human Resources<br>Nigel Firth, Equality and Diversity Manager   |
| <b>Action Required</b>           | The Board are asked to<br><br>1. <b>Approve</b> the report for publication on the recommendation of the Staff Governance Committee  |
| <b>Key Points</b>                | The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27 May 2012. This requires public bodies such as NHS Orkney to produce an Annual Workforce Monitoring Report covering all 9 of the “protected characteristics”, as defined in the Equality Act 2010<br><br>This is the NHS Orkney Workforce Monitoring Report for 2020/21. |
| <b>Timing</b>                    | Under the terms of the Coronavirus (Scotland) Act 2020, NHS Orkney is allowed by law to take more time to publish a Mainstreaming Report and an Equality and Diversity Workforce Monitoring Report 2020/21. The deadline has been extended to the 30 September 2021.  |
| <b>Link to Priority areas</b>    | How does this paper link to one or more of the priority areas as agreed for the Board in 2021:<br><br><ul style="list-style-type: none"> <li>• Culture</li> <li>• Systems and Governance</li> </ul>   |
| <b>Consultation</b>              | The report was provided to the Staff Governance Committee on the 26 May 2021 with a recommendation of Board Approval.   |





# **NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21**

**May 2021**

This report is also available in large print and other formats and languages, upon request. Please call NHS Orkney on (01856) 888031 or (01856) 888221 or email: [ork-hb.alternativeformats@nhs.net](mailto:ork-hb.alternativeformats@nhs.net)

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# Report 2021/21

## 1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27<sup>th</sup> May 2012. This requires public bodies such as NHS Orkney to produce an Annual Workforce Monitoring Report covering all 9 of the “protected characteristics”, as defined in the Equality Act 2010. The 9 “protected characteristics” are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics
- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

This is the NHS Orkney Workforce Monitoring Report for 2020/21.

## 2. Gathering workforce information

NHS Orkney is committed to developing and improving the Annual Workforce Report year by year by developing local data collection systems for information which we were previously not required to collect.

If a potential issue is highlighted by the Report, we are able to cross reference source material where available, to analyse specific areas in greater depth.

Staff have the legal right not to disclose information about their protected characteristics if they so choose. Any information staff supplied is on a purely voluntary basis. However, NHS Orkney now has information for approximately 94% of our staff.

### **3. Using the workforce report**

The report will:

- Demonstrate the willingness of NHS Orkney to comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Enable the NHS Orkney Health Board and others, to gauge whether NHS Orkney employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report are looked into and any appropriate follow up action taken.
- Give reassurance to NHS Orkney staff that they are working in an environment free from prejudice or discrimination.
- Give the population of Orkney and any prospective employees, reassurance that NHS Orkney treats its staff in a fair and equitable manner.
- Enable external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

### **4. Number of staff in post**

The number of NHS Orkney staff in post as at 31<sup>st</sup> March 2021 was 718, this equates to 572.9 Whole Time Equivalent (WTE). This figure includes Bank Staff.

### **5. Race**

#### **(i) The ethnic origins of staff in post, new starts and leavers**

There are people with valuable skills relevant to healthcare who can be recruited locally. However, some specialist skills require NHS Orkney to recruit world-wide. Accordingly, there will never be an exact correlation between the ethnic make-up of the population of Orkney and the ethnic make-up of the NHS Orkney workforce.

The 2011 Census showed that only 20.56% of the population of Orkney came from an ethnic community other than White Scottish. A major factor in this limited inward migration is the limited number of job opportunities on Orkney.

However, 37.33% of NHS Orkney staff are from an ethnic community other than White Scottish, which shows that the ethnic make up of NHS Orkney is far more diverse than the general population.

The overall population figures for Orkney are:

| <b>Area</b> | <b>Census 2011<br/>Population</b> | <b>Mid-2019 Estimate*</b> | <b>+/- Difference</b> |
|-------------|-----------------------------------|---------------------------|-----------------------|
| Orkney      | 21,349                            | 22,270                    | + 921                 |

\*Source, National Records of Scotland Mid-2020 Population Estimates.

Table One below shows the ethnicity of new starts and leavers, which can be used as one of the indicators of the fairness of our recruitment processes and our staff management and retention arrangements.

- Overall, there were 4 more new starts than leavers.
- Given the small numbers involved, it is hard to draw any firm conclusions, however, the figures indicate that NHS Orkney recruitment and retention processes are fair and free from discrimination.

**Table One: The ethnic make up of staff in Post as at 31<sup>st</sup> March 2021, plus information on new starts and leavers during 2020/21**

| Staff in Post s at 31 <sup>st</sup> March 2021           |        |        |  | New starts 1/4/2020 to 31/3/2021 |        | Leavers 1/4/2020 to 31/3/2021 |        | New Starts vs. Leavers |
|--|--------|--------|--|----------------------------------|--------|-------------------------------|--------|------------------------|
| 2011 Census categories                                   | Number | %      |  | Number                           | %      | Number                        | %      |                        |
|  |        |        |  |                                  |        |                               |        |                        |
| <b>A White</b>   |        |        |  |                                  |        |                               |        |                        |
| Scottish   | 450    | 62.67% |  | 51                               | 52.04% | 44                            | 46.81% | +7                     |
| Other British  | 133    | 18.52% |  | 30                               | 30.61% | 21                            | 22.34% | +9                     |
| Irish  | 5      | 0.70%  |  | 2                                | 2.04%  | -                             | -      | +2                     |
| Gypsy/Traveller  | -      | -      |  | -                                | -      | -                             | -      | -                      |
| Polish   | 2      | 0.28%  |  | -                                | -      | 1                             | 1.06%  | -1                     |
| Other white ethnic group                                 | 40     | 5.57%  |  | 6                                | 6.12%  | 10                            | 10.64% | -4                     |
|  |        |        |  |                                  |        |                               |        |                        |
| <b>B Mixed or multiple ethnic groups</b>                 |        |        |  |                                  |        |                               |        |                        |
| Any mixed or multiple ethnic groups                      | 3      | 0.42%  |  | -                                | -      | 1                             | 1.06%  | -1                     |
|  |        |        |  |                                  |        |                               |        |                        |
| <b>C Asian, Asian Scottish or Asian British</b>          |        |        |  |                                  |        |                               |        |                        |
| Pakistani, Pakistani Scottish or Pakistani British       | -      | -      |  | -                                | -      | -                             | -      | -                      |
| Indian, Indian Scottish or Indian British                |        |        |  |                                  |        |                               |        |                        |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British |        |        |  |                                  |        |                               |        |                        |

|  |            |             |  |           |             |  |           |             |  |           |
|--|------------|-------------|--|-----------|-------------|--|-----------|-------------|--|-----------|
| Chinese, Chinese Scottish or Chinese British       | -          | -           |  | -         | -           |  | -         | -           |  | -         |
|  |            |             |  |           |             |  |           |             |  |           |
| <b>D African</b>                                   |            |             |  |           |             |  |           |             |  |           |
| African, African Scottish or African British       | -          | -           |  | -         | -           |  | -         | -           |  | -         |
| Other  | 2          | 0.28%       |  | 1         | 1.02%       |  | -         | -           |  | +1        |
|  |            |             |  |           |             |  |           |             |  |           |
| <b>E Caribbean or Black</b>                        |            |             |  |           |             |  |           |             |  |           |
| Caribbean, Caribbean Scottish or Caribbean British | -          | -           |  | -         | -           |  | -         | -           |  | -         |
| Black, Black Scottish or Black British             |            |             |  |           |             |  |           |             |  |           |
| Other  |            |             |  |           |             |  |           |             |  |           |
|  |            |             |  |           |             |  |           |             |  |           |
| <b>F Other ethnic group</b>                        |            |             |  |           |             |  |           |             |  |           |
| Arab, Arab Scottish or Arab British                | -          | -           |  | -         | -           |  | -         | -           |  | -         |
| Other  | 2          | 0.28%       |  | -         | -           |  |           |             |  |           |
| Don't know   | 43         | 5.99%       |  | 8         | 8.16%       |  | 9         | 9.58%       |  | -1        |
|  |            |             |  |           |             |  |           |             |  |           |
| <b>G Prefer not to answer</b>                      | 38         | 5.29%       |  | -         | -           |  | 8         | 8.51%       |  | -8        |
|  |            |             |  |           |             |  |           |             |  |           |
| <b>Total</b>                                       | <b>718</b> | <b>100%</b> |  | <b>98</b> | <b>100%</b> |  | <b>94</b> | <b>100%</b> |  | <b>+4</b> |

These figures do not include doctors and dentists in training who are recruited by NHS Grampian for the North of Scotland.

## **(ii) Recruitment and selection**

NHS Orkney collects ethnicity data at every stage of the recruitment and selection process. This information is shown in Table Two below. From Table Two it can be seen that:

### **Applications**

- During 2020/21 NHS Orkney received 714 applications, this contrasts with 228 applications in 2018/19. The main driver for this increase was an increase in the number of available jobs for which people could apply. The additional posts were required to meet the challenge of the COVID-19 pandemic on Orkney.
- Candidates with a Scottish ethnicity were the biggest single group, submitting 348 applications (48.74%), this contrasts with 2018/19 when candidates with a Scottish ethnicity submitted 64.91% of all applications.

### **Shortlisted candidates**

- There were 357 candidates shortlisted compared to 224 candidates shortlisted in 2018/19.
- The ethnicity of candidates shortlisted is pro rata to the numbers in each ethnic category making application. This suggests that short listing processes within NHS Orkney are fair and equitable. The exception are Scottish candidates who are over represented at shortlisting. This is mainly due to many support services and lesser well paid posts receiving most applications from local people. Given the high cost of living and accommodation on Orkney, it is not financially viable/attractive for many people from outwith the area to apply for these posts.
- No information about the ethnic origins of candidates, nor any other information about their protected characteristics, is made available to appointing managers.

### **Candidates offered posts during 2020/21**

- 143 offers of employment were made, compared to 133 offers in 2018/19. However, a number of former staff with known valuable skills returning to work in NHS Orkney were simply appointed to COVID-19 related posts without going through an interview process.
- Candidates with a “Scottish” ethnic origin were the largest group of staff appointed at 61.54%. This compares to 66.92% in 2018/19. This group is slightly over represented in percentage terms for the reasons given above.

Overall, these figures indicate that NHS Orkney recruitment, short listing and appointments procedures are fair and free from discrimination.



**Doctors in training**

NHS Grampian is now the Lead Employer for Doctors and Dentists in Training for the North of Scotland. This information is now included in the NHS Grampian Workforce Report so do appear in our figures as staff recruited.

**Table Two: The ethnic origins of applicants, short listed candidates and people appointed  
By NHS Orkney during 2020/21**

| <b>2011 Census Categories</b>                            | <b>No. of applicants</b> | <b>Ethnicity of applicants as a % of total</b> | <b>Nos. shortlisted</b> | <b>% of those short listed</b> | <b>Candidates offered posts in 2020/21</b> |                   |
|--|--------------------------|--|-------------------------|--------------------------------|--|-------------------|
|  | <b>Number</b>            | <b>Percentage</b>                              | <b>Number</b>           | <b>Percentage</b>              | <b>Nos. offered posts</b>                  | <b>Percentage</b> |
| <b>a) White</b>  |                          |  |                         |                                |  |                   |
| Scottish   | 348                      | 48.74%   | 204                     | 57.14%                         | 88   | 61.54%            |
| Other British  | 167                      | 23.39%   | 97                      | 27.17%                         | 40   | 27.97%            |
| Irish  | 8                        | 1.12%  | 6                       | 1.68%                          | 2  | 1.40%             |
| Gypsy/Traveller  | -                        | -  | -                       | -                              | -  | -                 |
| Polish   | -                        | -  | -                       | -                              | -  | -                 |
| Other white ethnic group                                 | 56                       | 7.84%  | 23                      | 6.44%                          | 8  | 5.59%             |
|  |                          |  |                         |                                |  |                   |
| <b>B Mixed or multiple ethnic groups</b>                 |                          |  |                         |                                |  |                   |
| Any mixed or multiple ethnic groups                      | 12                       | 1.68%  | 5                       | 1.40%                          | 2  | 1.40%             |
|  |                          |  |                         |                                |  |                   |
| <b>C Asian, Asian Scottish or Asian British</b>          |                          |  |                         |                                |  |                   |
| Pakistani, Pakistani Scottish or Pakistani British       | 21                       | 2.94%  | 5                       | 1.40%                          | 1  | 0.70%             |
| Indian, Indian Scottish or Indian British                | 22                       | 3.08%  | 4                       | 1.12%                          | -  | -                 |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 3                        | 0.42%  | 1                       | 0.28%                          | -  | -                 |

|  |            |             |  |            |             |  |            |             |
|--|------------|-------------|--|------------|-------------|--|------------|-------------|
| Chinese, Chinese Scottish or Chinese British       | 2          | 0.28%       |  | 1          | 0.28%       |  | -          | -           |
| <b>Other Asian</b>                                 | 16         | 2.24%       |  | 1          | 0.28%       |  | -          | -           |
|  |            |             |  |            |             |  |            |             |
| <b>D African</b>                                   |            |             |  |            |             |  |            |             |
| African, African Scottish or African British       | 29         | 4.06%       |  | 4          | 1.12%       |  | -          | -           |
| Other  |            |             |  |            |             |  |            |             |
|  |            |             |  |            |             |  |            |             |
| <b>E Caribbean or Black</b>                        |            |             |  |            |             |  |            |             |
| Caribbean, Caribbean Scottish or Caribbean British | 1          | 0.14%       |  | -          | -           |  |            |             |
| Black, Black Scottish or Black British             |            |             |  |            |             |  |            |             |
| Other Black background                             |            |             |  |            |             |  |            |             |
|  | 15         | 2.11%       |  | 3          | 0.84%       |  | 1          | 0.70%       |
|  |            |             |  |            |             |  |            |             |
| <b>F Other ethnic group</b>                        |            |             |  |            |             |  |            |             |
| Arab, Arab Scottish or Arab British                | -          | -           |  | -          | -           |  |            |             |
| Don't know   | -          | -           |  | -          | -           |  |            |             |
| Other  | 6          | 0.84%       |  | -          | -           |  |            |             |
|  |            |             |  |            |             |  |            |             |
| <b>G Prefer not to answer</b>                      | 8          | 1.12%       |  | 3          | 0.84%       |  | 1          | 0.70%       |
|  |            |             |  |            |             |  |            |             |
| <b>Total</b>                                       | <b>714</b> | <b>100%</b> |  | <b>357</b> | <b>100%</b> |  | <b>143</b> | <b>100%</b> |

These figures do not include doctors and dentists in training who are recruited by NHS Grampian for the North of Scotland.

## Changes to Recruitment from outwith the European Union

The UK left the European Union (EU) transitional arrangements on 31<sup>st</sup> December 2020. EU nationals wishing to work in the UK must now obtain a Visa. At present, it is too early to tell if the Visa system for EU nationals or the ability of the UK employers to recruit more freely from outwith the EU, has had an impact on recruitment trends.

### (iii) The ethnicity of staff promoted in 2020/21

Table Three below shows the ethnicity of NHS Orkney staff promoted during 2020/21. The ethnic make up of the NHS Orkney workforce is also shown as a comparator.

- 40 staff were promoted in 2020/21. This compares to 31 staff promoted in 2018/19.
- The promotions are roughly pro rata to the number of staff in post from each ethnic group. This indicates that promotion arrangements within NHS Orkney are fair and free from racial discrimination.

**Table Three: The ethnicity of staff promoted in 2020/21**

| 2011 Census categories        | Promotions<br>During 2020/21 |             | % of each<br>ethnicity in<br>post at 31st<br>March 2021 |
|-------------------------------|------------------------------|-------------|---|
|                               | Number                       | %           |   |
|                               |                              |             |   |
| <b>A White</b>                |                              |             |   |
| Scottish                      | 27                           | 67.50%      | 62.67%  |
| Other British                 | 5                            | 12.50%      | 18.52%  |
| Irish                         | 1                            | 2.50%       | 0.70%   |
| Other white ethnic group      | 4                            | 10.00%      | 5.57%   |
| <b>G Prefer not to answer</b> | 1                            | 2.50%       | 5.29%   |
| <b>Don't Know</b>             | 2                            | 5.00%       | 5.99%   |
| <b>Total</b>                  | <b>40</b>                    | <b>100%</b> |   |

### (iv) The ethnicity of staff applying for training and receiving training

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

## 6. Disability

Table Four below shows Information on the number of NHS Orkney staff who consider themselves to be disabled:

**Table Four: the number of NHS Orkney staff who consider themselves**

### to be disabled

| Responses to the question, “Do you consider yourself to be disabled?” | 2020/21<br>Total | Comprising |       |
|---|------------------|------------|-------|
|   |                  | Females    | males |
| Yes   | 8                | 5          | 3     |
| No  | 407              | 315        | 92    |
| Declined to comment   | 36               | 28         | 8     |
| Don't know  | 267              | 231        | 36    |
| <b>Total</b>  | <b>718</b>       | <b>718</b> |       |

- The table shows that 1.1% of NHS Orkney staff consider themselves to have a disability.
- It is important that NHS Orkney Appointing Officers continue to give the fullest consideration to the employment of disabled people, should a suitable opportunity arise.

To try and improve facilities for both disabled patients and staff, the new Balfour was Disability Access Assessed at the Planning Stage. The new facility has electrically operated front and inner doors, disabled toilets, Adult Changing facilities and other facilities to assist people with a disability. These measures should help to make it easier for people with a disability to find suitable posts within NHS Orkney. Progress will continue to be monitored closely. A follow up Disability Access Audit was completed on the front entrance to Balfour on 20<sup>th</sup> February 2020, following a number of problems. Appropriate remedial action was taken.

#### (i) Staff with a Disability who were promoted in 2020/21

None of the 8 staff who consider themselves to be disabled was promoted during 2020/21.

#### (ii) Staff with a disability who applied for training and numbers who actually attended in 2020/21

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

## 7. Sex (male or female)

On Orkney, there are roughly equal numbers of males and females. NHS Orkney has 718 staff comprising 579 females (80.6%) and 139 males (19.4%). However, traditionally, most members of the nursing and Allied Health Professions have been female, which means that all Health Boards in Scotland have a much higher proportion of female staff to male staff.

There is no intentional occupational segregation in NHS Orkney, nor is there any gender bias in the filling of posts. NHS Orkney is careful to promote all healthcare posts as being open to both males and females equally. All NHS Orkney staff appointments are made on merit, free from any gender bias. However, there are still historical issues to be addressed, especially in the field of Nursing and Allied Health Professions (AHP).

Traditionally, nursing and AHP professions have attracted far more females than males to

train for these professions. Nursing is the biggest single occupation group in the NHS by far, hence, all Health Boards in Scotland have a much higher proportion of female staff to male staff.

NHS Orkney is typical with 80.60% of its staff being female while 19.40% of staff are male. The majority of female staff are concentrated in the nursing and AHP professions. NHS Orkney is working hard to promote all NHS jobs to both males and females equally. The Universities are also playing their part to encourage more males to train for nursing or AHP careers.

NHS Orkney is careful in all of our advertising material for nursing and AHP posts to avoid sexual stereotyping. Our recruitment literature shows an equal number of male and female staff in these roles and projects a very positive image of both male and female nurses and AHP's.

**(i) The sex of staff who were promoted in 2020/21**

The numbers of male and female staff promoted during 2020/21 are shown in Table Five below:

**Table Five: Female and male staff promoted during 2018/19**

| <b>Sex</b>   | <b>Nos. promoted</b> | <b>%</b>    | <b>% of each sex working within NHS Orkney</b> |
|--------------|----------------------|-------------|--|
| Female       | 32                   | 80.00%      | 80.60%   |
| Male         | 8                    | 20.00%      | 19.40%   |
| <b>Total</b> | <b>40</b>            | <b>100%</b> | <b>100%</b>                                    |

The figures show that promotions are pro rata to the number of staff of each sex employed by NHS Orkney. However, it should be noted that given the small numbers involved, these figures can fluctuate year to year.

**(ii) The sex of staff applying for training and receiving training**

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

**(iii) Senior posts within NHS Orkney as at 31st March 2021**

**Executive Cohort**

The current NHS Orkney Executive Cohort comprises 5 persons, with 4 males and 1 female. The figures indicate that there is a higher ratio of male executives to female executives than the general ratio of female to male staff employed by NHS Orkney. This will be monitored.

**Senior Managers**

There are 34 staff on senior manager grades of Band 8A to 8D. This comprising 24 females (70.6%) and 10 males (29.4%). The figures indicate that there is a slightly higher ratio of male senior managers to female senior managers than the general ratio of female to male staff employed by NHS Orkney. This will be monitored.

**Health Board members**

As at the 31 March 2021 the NHS Orkney Health Board comprised 15 persons. The gender make up at this time was 6 females and 9 males.

In terms of compliance with the Gender Representation on Public Boards (Scotland) Act 2018, NHS Orkney is fully compliant. The requirement is to make progress towards having 50% female non-executive Board members. NHS Orkney has reached this target. There are 8 NHS Orkney non-executive Board members, comprising 4 females and 4 males who are covered by this act.

## 8. Religion or faith

The religion/faith make up of the NHS Orkney workforce is shown below in Table Six. The religion or belief makeup of the general population of Orkney mirrors closely the overall Scottish pattern. The figures are:

**Table Six: The religious/faith make up of the NHS Orkney workforce in 2020/21**

| Religion or faith              | Number     | % of workforce | 2011 Census main results for Orkney |
|--------------------------------|------------|----------------|-------------------------------------|
| Buddhist                       | 4          | 0.56%          | 0.21%                               |
| Christian - Church of Scotland | 197        | 27.44%         | 40.37%                              |
| Christian - Roman Catholic     | 14         | 1.95%          | 2.84%                               |
| Hindu                          | 2          | 0.28%          | 0.06%                               |
| Jewish                         | 2          | 0.28%          | 0.02%                               |
| Muslim                         | 2          | 0.28%          | 0.09%                               |
| Other Christian                | 66         | 9.19%          | 7.58%                               |
| Sikh                           | -          | -              | 0.01%                               |
| Other                          | 8          | 1.11%          | 0.61%                               |
| No religion                    | 282        | 39.28%         | 39.18%                              |
| Declined to comment            | 65         | 9.05%          | 9.03%                               |
| Not known                      | 76         | 10.58%         | -                                   |
|                                |            |                |                                     |
| <b>Total</b>                   | <b>718</b> | <b>100%</b>    | <b>100%</b>                         |

These figures show that:

- Of the religions, the Church of Scotland has the largest number of staff followers at 27.44%. The comparative figure for Orkney is 40.37%.
- These figures show that the NHS Orkney workforce is slightly more religiously diverse than the general population of Orkney.
- The figures indicate that NHS Orkney recruitment and retention policies are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

### (i) The religion or faith of staff promoted in 2020/21

The figures are shown below in Table Seven below:

**Table Seven: The religion or faith of staff promoted in 2020/21**

|  |  |  |                |
|--|--|--|----------------|
|  |  |  | <b>Numbers</b> |
|--|--|--|----------------|

| <b>Religion</b>                | <b>Numbers promoted</b> | <b>Numbers employed</b> | <b>promoted as a % of employed</b> |
|--------------------------------|-------------------------|-------------------------|------------------------------------|
| Buddhist                       | -                       | 4                       | -                                  |
| Christian - Church of Scotland | 7                       | 197                     | 17.50%                             |
| Christian - Roman Catholic     | 1                       | 14                      | 2.50%                              |
| Hindu                          | -                       | 2                       | -                                  |
| Jewish                         | -                       | 2                       | -                                  |
| Muslim                         | -                       | 2                       | -                                  |
| Other Christian                | 5                       | 66                      | 12.50%                             |
| Sikh                           | -                       | -                       | -                                  |
| Other                          | -                       | 8                       | -                                  |
| No religion                    | 22                      | 282                     | 55.00%                             |
| Declined to comment            | 1                       | 65                      | 2.50%                              |
| Not known                      | 4                       | 76                      | 10.00%                             |
| <b>Total</b>                   | <b>40</b>               | <b>718</b>              |                                    |

- While it is hard to draw firm conclusions from such small numbers, the general indication is that NHS Orkney promotion processes are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

## **(ii) The religion/faith of staff applying for training and receiving training**

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

## **9. Sexual orientation**

The sexual orientation of the NHS Orkney workforce is shown in Table Eight below:

| <b>Table Eight: The sexual orientation of the NHS Orkney workforce</b> |            |                           |            |                        |           |
|--|------------|---------------------------|------------|------------------------|-----------|
| <b>Staff in post at 31/3/2021</b>                                      |            | <b>New starts 2020/21</b> |            | <b>Leavers 2020/21</b> |           |
| Bisexual   | 6          | Bisexual                  | 3          | Bisexual               | 1         |
| Declined   | 61         | Declined                  | 8          | Declined               | 11        |
| Don't Know   | 143        | Don't Know                | 0          | Don't Know             | 23        |
| Gay  | 5          | Gay                       | 2          | Gay                    | 0         |
| Heterosexual   | 495        | Heterosexual              | 129        | Heterosexual           | 59        |
| Lesbian  | 3          | Lesbian                   | 1          | Lesbian                | 0         |
| Other  | 5          | Other                     | 0          | Other                  | 0         |
| <b>Total</b>   | <b>718</b> | <b>Total</b>              | <b>143</b> | <b>Total</b>           | <b>94</b> |

From the above, it can be seen that in most categories, there were more new starts than leavers. This indicates that NHS Orkney recruitment and retention processes are free from discrimination on the grounds of sexual orientation.

## **(i) The sexual orientation of staff promoted during 2020/21**

The figures are shown below in Table Nine below:



**Table Nine: The sexual orientation of staff promoted during 2020/21**

| <b>Sexual orientation</b> | <b>Nos. promoted</b> | <b>Total Nos. in post</b> | <b>Nos. promoted as % of total in post</b> |
|---------------------------|----------------------|---------------------------|--|
| Bisexual                  | -                    | 6                         | -  |
| Declined                  | 1                    | 61                        | 1.64%                                      |
| Don't Know                | 8                    | 143                       | 5.59%                                      |
| Gay                       | 1                    | 5                         | 20.00%                                     |
| Heterosexual              | 29                   | 495                       | 5.86%                                      |
| Lesbian                   | 1                    | 3                         | 33.33%                                     |
| Other                     | -                    | 5                         | -  |
| <b>Total</b>              | <b>40</b>            | <b>718</b>                |  |

The largest group had the largest number of promotions. However, due to the small numbers involved, no other conclusions can be made.

**(ii) The Sexual orientation of applicants, short listed candidates and people offered posts by NHS Orkney during 2020/21**

The figures are shown in Table Ten below:

**Table Ten: The sexual orientation of applicants, short listed candidates and people offered posts by NHS Orkney in 2020/21**

| <b>Sexual orientation</b> | <b>Applications</b> | <b>% of total</b> | <b>Shortlisted</b> | <b>% of total</b> | <b>Offered Posts</b> | <b>% of total</b> |
|---------------------------|---------------------|-------------------|--------------------|-------------------|----------------------|-------------------|
| Bisexual                  | 27                  | 3.78%             | 8                  | 2.24%             | 3                    | 2.10%             |
| Declined                  | 44                  | 6.16%             | 21                 | 5.88%             | 8                    | 5.59%             |
| Gay/Lesbian               | 10                  | 1.40%             | 8                  | 2.24%             | 3                    | 2.10%             |
| Heterosexual              | 630                 | 88.24%            | 320                | 89.64%            | 129                  | 90.21%            |
| Other                     | 3                   | 0.42%             | 0                  | 0%                | 0                    | 0%                |
| <b>Total</b>              | <b>714</b>          | <b>100%</b>       | <b>357</b>         | <b>100%</b>       | <b>143</b>           | <b>100%</b>       |

The figure show that the short listing of candidates and those offered posts are roughly pro rata to the number of applications received. This indicates that recruitment processes are free from discrimination on the grounds of sexual orientation.

There is no 2011 Census information on sexual orientation for us to use as a comparator. A pre-Census pilot questionnaire issued in 2006 by the General Registrar for Scotland, received a very low response rate for questions on sexual orientation. Accordingly, the General Registrar decided not to include sexual orientation questions in the 2011 Census questionnaire.

**(iii) The sexual orientation of staff applying for training and receiving training**

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

## 10. Gender reassignment

The National Scottish Workforce Standard System (SWISS) does not give staff the option of indicating that they are transsexual or are contemplating gender reassignment. Staff who are transsexual are included in the sexual orientation “Other” category, accordingly, no specific data is available.

## 11. Age

Below in Table Eleven is an age profile of the NHS Orkney workforce, as at 31<sup>st</sup> March 2021. The Mid-Year 2015 population estimate from the General Registrar for Scotland is shown as a comparator.

**Table Eleven: Age profile of the NHS Orkney workforce in as at 31/3/2021**

| <b>Age Group</b> | <b>Numbers in post as at 31/3/2021</b> | <b>NHS Orkney %</b> | <b>Population of Orkney %</b> |
|------------------|--|---------------------|-------------------------------|
| 1 - 19 years     | 9                                      | 1.25%               | 21.65%                        |
| 20 – 24 years    | 39                                     | 5.43%               | 5.31%                         |
| 25 – 29 years    | 77                                     | 10.72%              | 4.91%                         |
| 30 - 44 years    | 220                                    | 30.64%              | 18.13%                        |
| 45 – 59 years    | 296                                    | 41.23%              | 22.72%                        |
| 60+              | 77                                     | 10.73%              | 27.28%                        |
| <b>Total</b>     | <b>718</b>                             | <b>100%</b>         | <b>100%</b>                   |

The figures show:

- NHS Orkney has a relatively small percentage of staff aged 19 years and under. This is due to a number of factors such as age restrictions for people under the age of 18 working in clinical areas and Health and Safety compliance requirements.
- Compared to the Census figures, NHS Orkney has a much higher percentage of staff in the 30-44 and 45-59 age ranges. This perhaps reflects the fact that many staff such as doctors, nurses and Allied Health Professionals train for a number of years to qualify then build up their knowledge and experience. Staff then wish to apply this knowledge for as long as possible. Hence the concentration of staff in these two age ranges.

### (i) Promotions shown by age

The figures are shown in Table Twelve below:

**Table Twelve: The age of staff promoted during 2020/21**

|  | <b>No. of Staff</b> | <b>Number in post</b> | <b>Promotions as a</b> |
|--|---------------------|-----------------------|------------------------|
|--|---------------------|-----------------------|------------------------|

| Age Group     | promoted shown by age | as at 31/3/2021 | % of total staff in age band |
|---------------|-----------------------|-----------------|------------------------------|
| 1 - 19 years  | 1                     | 9               | 11.11%                       |
| 20 – 24 years | 6                     | 39              | 15.38%                       |
| 25 – 29 years | 9                     | 77              | 11.69%                       |
| 30 - 44 years | 12                    | 220             | 5.45%                        |
| 45 – 59 years | 9                     | 296             | 3.04%                        |
| 60+           | 3                     | 77              | 3.90%                        |
| <b>Total</b>  | <b>40</b>             | <b>718</b>      |                              |

There are significant variations in the percentage of staff being promoted in each age category, most notably in the 20-29 age bands. This in large part can be explained by staff in this age band being more active in building and developing their careers and are therefore more proactive in seeking promotion opportunities. As staff advance in seniority, the number of promoted posts for which they can choose to apply, are fewer in number, hence the decline in the number of staff promoted in the 45+ age bands.

## 12. Pregnancy and maternity

During 2020/21, 24 applications for maternity leave were made by staff. Of the 24, 23 chose the “return to work” option. To date, 3 staff returned to work while 20 were still on maternity leave at the time the Report was compiled.

| Year    | No. of applications | Staff choosing “Return to work” option | No. who actually returned to work | Pending |
|---------|---------------------|--|-----------------------------------|---------|
| 2020/21 | 24                  | 23                                     | 3                                 | 20      |

The high cost of living and accommodation on Orkney could be an influencing factor in the number of female staff returning to work. Other factors could be the opportunities offered by NHS Orkney for flexible or part-time working.

## 13. Marriage and civil partnership

Information on the marital status of NHS Orkney staff is shown in Table Thirteen below. Information from the 2011 Census for Orkney is shown as a comparator.

**Table Thirteen: The marital status of NHS Orkney Staff 2020/21**

|  |  | NHS Orkney % | 2011 Census % |
|--|--|--------------|---------------|
|--|--|--------------|---------------|

| <b>Marital Status</b>       | <b>Numbers</b> |             |             |
|-----------------------------|----------------|-------------|-------------|
| Not known                   | -              | -           | -           |
| Civil Partnership           | 6              | 0.84%       | 0.05%       |
| Dissolved civil partnership | 1              | 0.14%       | 0%          |
| Divorced/separated          | 37             | 5.15%       | 16.07%      |
| Married                     | 411            | 57.24%      | 46.59%      |
| Single                      | 255            | 35.52%      | 23.79%      |
| Widowed                     | 8              | 1.11%       | 13.49%      |
| <b>Total</b>                | <b>718</b>     | <b>100%</b> | <b>100%</b> |

- Divorce/separation rates are much lower for NHS Orkney staff than for the Orkney population generally.
- Pro rata, more NHS Orkney staff are married than in the Orkney population generally and more staff are single.
- There is a big difference in the number of NHS Orkney staff widowed compared to the Census figures. This is explained by the fact that most NHS Orkney staff retire at or around 65. It is above this age band that mortality usually increases significantly.
- The figures indicate that there is no discrimination by NHS Orkney on the grounds of marital status in our recruitment or retention processes.

#### (i) The marital status of staff promoted during 2020/21

**Table Fourteen: The marital status of promoted Staff during 2020/21**

| <b>Marital Status</b>       | <b>Numbers</b> | <b>Promotions as a % of total staff by marital status</b> |
|-----------------------------|----------------|---|
| Not known                   | -              | -   |
| Civil Partnership           | -              | -   |
| Dissolved civil partnership | -              | -   |
| Divorced/separated          | -              | -   |
| Married                     | 20             | 4.87%   |
| Single                      | 19             | 7.45%   |
| Widowed                     | 1              | 12.50%  |
| <b>Total</b>                | <b>40</b>      |   |

## 14. Staff performance and assessment

## **Knowledge and Skills Framework (KSF)**

KSF has been implemented for all NHS Orkney staff, excluding the Executive Cohort and Senior Managers and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity
- 

In addition, there will be specific dimensions which reflect the key activities of each post. There are two “gateways”. The Foundation Gateway within one year, 6 months for Band 5 posts, of appointment to the bands will check that the employee can meet the basic demands of their post. The Second Gateway will confirm that the employee is applying their knowledge and skills to consistently meet the full demands of their post. As yet, the gateways are not active across Scotland.

## **15. Equal Pay Statement**

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Orkney produced an Equal Pay Monitoring Report in April 2019. This contains an Equal Pay Statement and is available on the NHS Orkney website at: [ohb.scot.nhs.uk](http://ohb.scot.nhs.uk).

## **16. Publicising the report**

The Workforce Monitoring Report 2020/21 will first go to the NHS Orkney Clinical Care Governance Committee. Thereafter, it will be widely circulated electronically within NHS Orkney and posted on the NHS Orkney website so it will be accessible to partner agencies and the wider community of Orkney.

Comments on the Workforce Monitoring Report will be warmly welcomed. All comments received will be carefully considered. Comments in any language or format can be made:

By email to: [ork-hb.feedback@nhs.net](mailto:ork-hb.feedback@nhs.net)

By post to:

Feedback Service,  
NHS Orkney,  
The Balfour,  
Foreland Road,  
Kirkwall  
Orkney  
KW15 1NZ

By voicemail to: 01856 888000

## **17. Compilation of the Report: acknowledgements**

A very special mention is due to Lewis Berston Workforce Systems Manager and Nathan Omand HR Coordinator who put in many hours of work collecting information and helping in the compilation.

Nigel Firth,  
Equality and Diversity Manager  
NHS Grampian and NHS Orkney  
13<sup>th</sup> May 2021

## Not Protectively Marked

|  |   |
|--|---|
| <b>NHS Orkney Board – 24 June 2021</b><br><br><b>Report Number: OHB2021-26</b><br><br><b>This report is for discussion</b><br><br><b>Financial Performance Management Report</b> |   |
| <b>Lead Director Author</b>  | Mark Doyle, Director of Finance<br>Keren Somerville, Head of Finance  |
| <b>Action Required</b>   | Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the reported overspend of £0.792m to 31 May 2021</li> <li>• <b>Note</b> the anticipated year end outturn of £4.9m overspend</li> </ul>                                   |
| <b>Key Points</b>  | The report provides analysis of the financial position for the period up to 31 May 2021. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £0.792m. |
| <b>Timing</b>  | June 2021   |
| <b>Link to Priority areas</b>  | Effective management of the financial position should be driven by and support the priority areas of: <ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Systems and Governance</li> <li>• Sustainability</li> </ul>            |
| <b>Consultation</b>  | N/A   |

# NHS Orkney Financial Performance May 2021

## Purpose of paper

The purpose of this report is to provide the Board with an update on the financial position for the period 1 April 2021 to 31 May 2021.

The year to date position is an overspend of £0.792m and at this very early stage we are anticipating a year end outturn of £4.9m overspend. The Covid-19 spend, for which we are assuming full funding is £0.846m.

The Board's high-level budget summary is set out below and illustrates the over and underspends across the various directorates and the anticipated year end position.

|                                      | Annual<br>Budget | Budget<br>YTD | Spend<br>YTD  | Variance<br>YTD | Variance<br>YTD | Forecast<br>Year end<br>Variance |
|--------------------------------------|------------------|---------------|---------------|-----------------|-----------------|----------------------------------|
| <b>Core RRL</b>                      | <b>£000</b>      | <b>£000</b>   | <b>£000</b>   | <b>£000</b>     | <b>%</b>        | <b>£000</b>                      |
| Hospital Services                    | 12,489           | 2,081         | 2,092         | (10)            | (0.49)          | (227)                            |
| Pharmacy & Drug costs                | 2,866            | 478           | 555           | (77)            | (16.20)         | (440)                            |
| Orkney Health and Care - IJB         | 27,782           | 4,063         | 3,997         | 65              | 1.61            | (264)                            |
| Orkney Health and Care - IJB Savings | (800)            | (133)         | 0             | (133)           | 100.00          | (600)                            |
| External Commissioning               | 11,011           | 1,835         | 1,736         | 99              | 5.40            | 514                              |
| Estates and Facilities               | 6,843            | 1,141         | 1,282         | (142)           | (12.42)         | (511)                            |
| Support Services                     | 6,218            | (386)         | (508)         | 122             | (31.56)         | 485                              |
| Covid-19                             | 5,079            | 846           | 846           | 0               | 0.00            | 0                                |
| Reserves                             | 1,325            | 0             | 0             | 0               | 0               | 443                              |
| Savings Targets                      | (4,300)          | (716)         | 0             | (716)           | n/a             | (4,300)                          |
| <b>Total Core RRL</b>                | <b>68,512.22</b> | <b>9,209</b>  | <b>10,001</b> | <b>(792)</b>    | <b>(8.61)</b>   | <b>(4,900)</b>                   |
| <b>Non Cash Limited</b>              |                  |               |               |                 |                 |                                  |
| Ophthalmic Services NCL              | 298              | 47            | 47            | (0)             | (0.00)          | 0                                |
| Dental and Pharmacy NCL - IJB        | 1,464            | 336           | 335           | 0               | 0.12            | 0                                |
| <b>Non-Core</b>                      |                  |               |               |                 |                 |                                  |
| Annually Managed Expenditure         | 250              | 0             | 0             | 0               |                 | 0                                |
| Depreciation                         | 2,418            | 433           | 433           | 0               | 0.00            | 0                                |
| <b>Total Non-Core</b>                | <b>2,668</b>     | <b>433</b>    | <b>433</b>    | <b>0</b>        | <b>0.00</b>     | <b>0</b>                         |
| <b>Total for Board</b>               | <b>72,942</b>    | <b>10,024</b> | <b>10,816</b> | <b>(792)</b>    | <b>(7.90)</b>   | <b>(4,900)</b>                   |

It is important to note that we are at very early stages in the reporting cycle and the numbers are heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:



- The year end position is heavily predicated on the delivery of £1.2m of identified savings
- The £4.9m overspend also assumes no further savings delivered against the identified savings targets
- It is anticipated that the IJB will, in conjunction with NHS Orkney, deliver against its unachieved savings brought forward from 2020/21 of £0.800m
- Prescribing costs – costs (both unit cost and activity) 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
- It is anticipated that full funding for Covid-19 expenditure will be provided by the Scottish Government
- Covid cases in Orkney continue to be low, if this changes there could an impact on projected costs

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

The Board has a savings target of £5.5m for 2021/22. The following schemes have been identified and have yet to be delivered.

|                               |              |
|-------------------------------|--------------|
| Reduction in Patient's Travel | 200          |
| Capital to Revenue            | 250          |
| Locum VAT                     | 300          |
| CRES Target 2%                | 400          |
|                               | <u>1,150</u> |

### Capital Allocation

The Board awaits confirmation of its Capital Allocation for 2021/22, this is anticipated to be £0.978m. Funding will be allocated to Heads of Service as in previous years and it is anticipated we will deliver against CRL. The £0.978m will be allocated as follows:

|                             |       |
|-----------------------------|-------|
| Estates                     | £200k |
| Equipment                   | £300k |
| IT                          | £150k |
| Previously agreed projects  | £ 78k |
| Capital to Revenue Transfer | £250k |

## **Key Messages / Risks**

It is anticipated that 2021/22 will again be a challenging year for NHS Orkney. NHS Orkney faces a significant financial gap and in order to deliver a recurring balanced position relies heavily on the Board's ability to deliver against its savings target. It is likely again that Covid-19 will have an impact on the much needed redesign the Board's services and the Board's ability recruit to a sustainable medical model. Discussions continue with the Scottish Government around the delivery of recurring financial balance over a three year timeline.

## **Recommendations**

**note** the reported position at 31 May 2021

**note** the CRL allocations

**note** the assumptions made in reaching the forecast position

**Mark Doyle**

**Director of Finance**

Not protectively marked

## NHS Orkney Public Board – 24 June 2021

Report Number: OHB2122-27

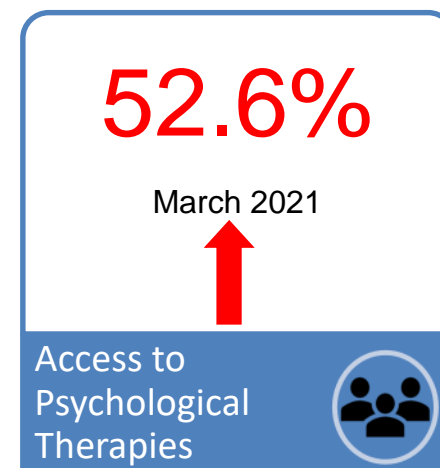
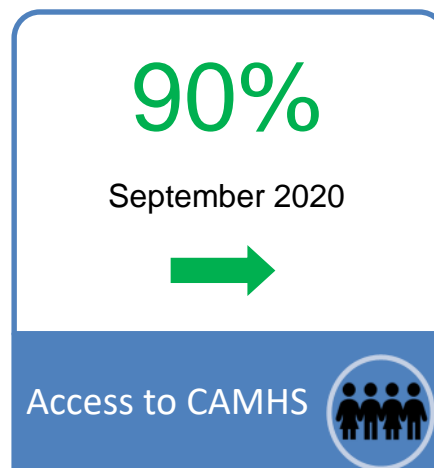
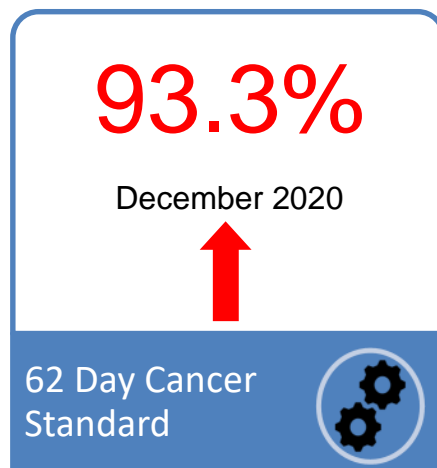
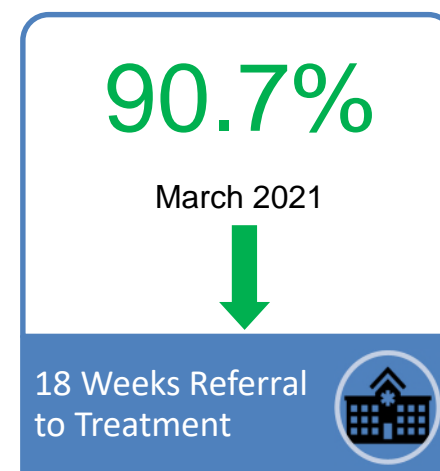
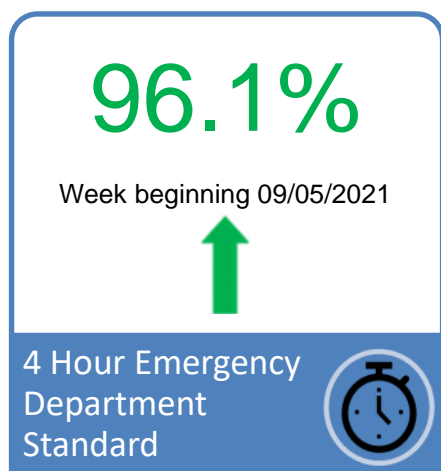
This report is for noting.

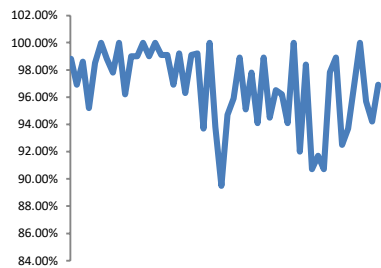
### Board Performance Report

|                                 |   |
|---------------------------------|---|
| <b>Lead Director<br/>Author</b> | Mark Doyle, Director of Finance<br>Christina Bichan, Head of Assurance & Improvement<br>Louise Anderson, Waiting Times Co-ordinator   |
| <b>Action Required</b>          | The Board of NHS Orkney is invited to:<br>1. <u>review the report and note the update provided</u>  |
| <b>Key Points</b>               | <p>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.</p> <p>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.</p> <p>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.</p> |
| <b>Timing</b>                   | For consideration at the May 2021 meeting of the Board.   |
| <b>Link to Priority areas</b>   | This performance reports links across the priority areas of quality and safety and systems and governance by providing the Board with oversight of performance in regards to LDP standards as well as other critical metrics which provide insight into the performance of the health care system.  |
| <b>Consultation</b>             | A version of this performance report which includes unpublished local data is considered at each meeting of the Finance and Performance Committee.  |

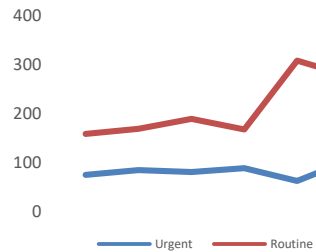
# NHS Orkney – Board Performance Report (May 2021)

## SUMMARY (Published Data)

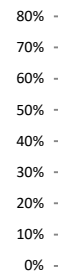




4 Hour Emergency Department Standard



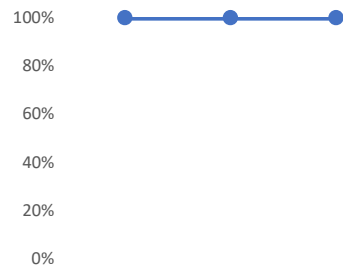
12 Week Outpatient Standard



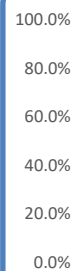
Treatment Time Guarantee



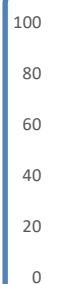
18 Weeks Referral to Treatment



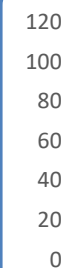
31 Day Cancer Standard



62 Day Cancer Standard



Access to CAMHS



Access to Psychological Therapies

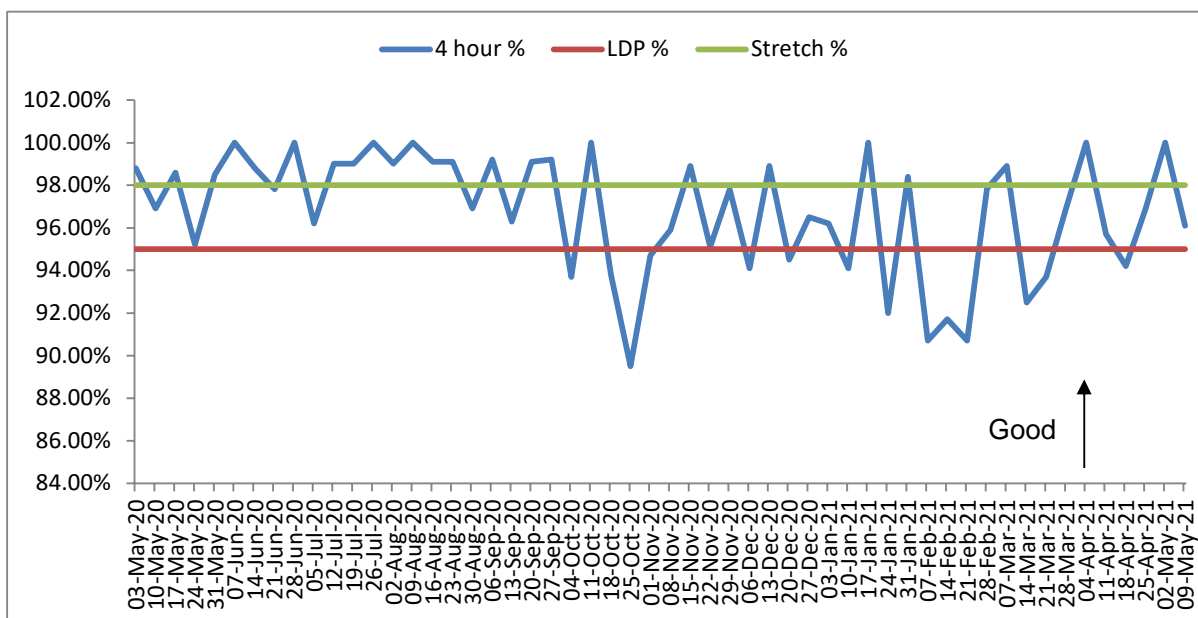


## 1. Emergency Department Performance

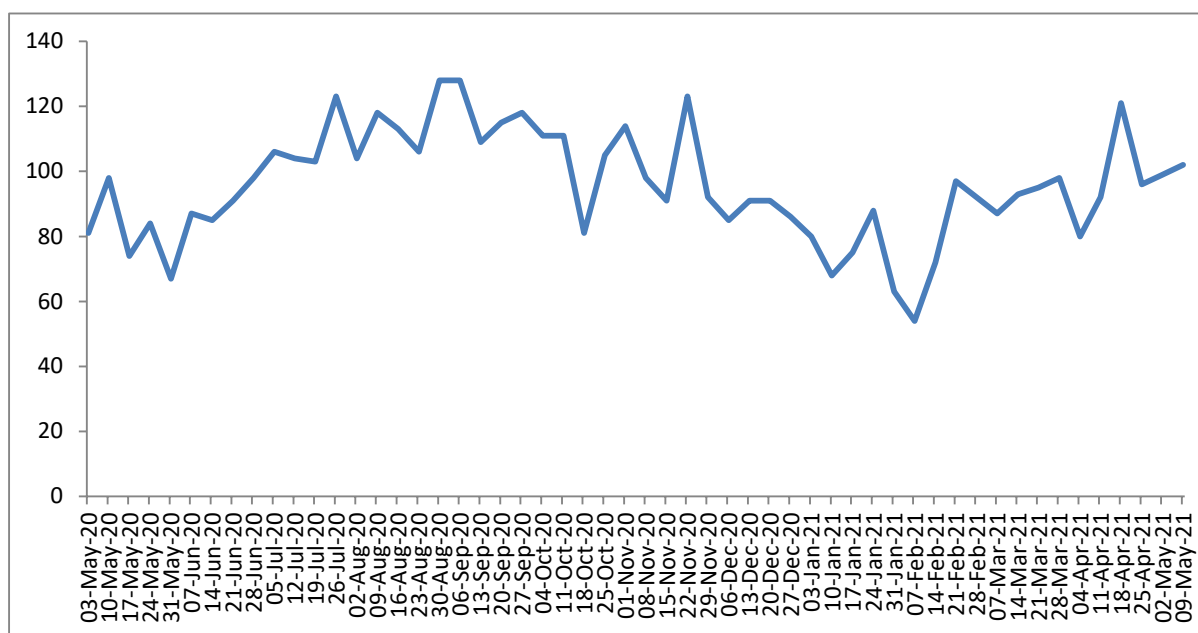
**Standard** - 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%.

**Update** - As at week ending 9<sup>th</sup> May 2021, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 96.1%. 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)**

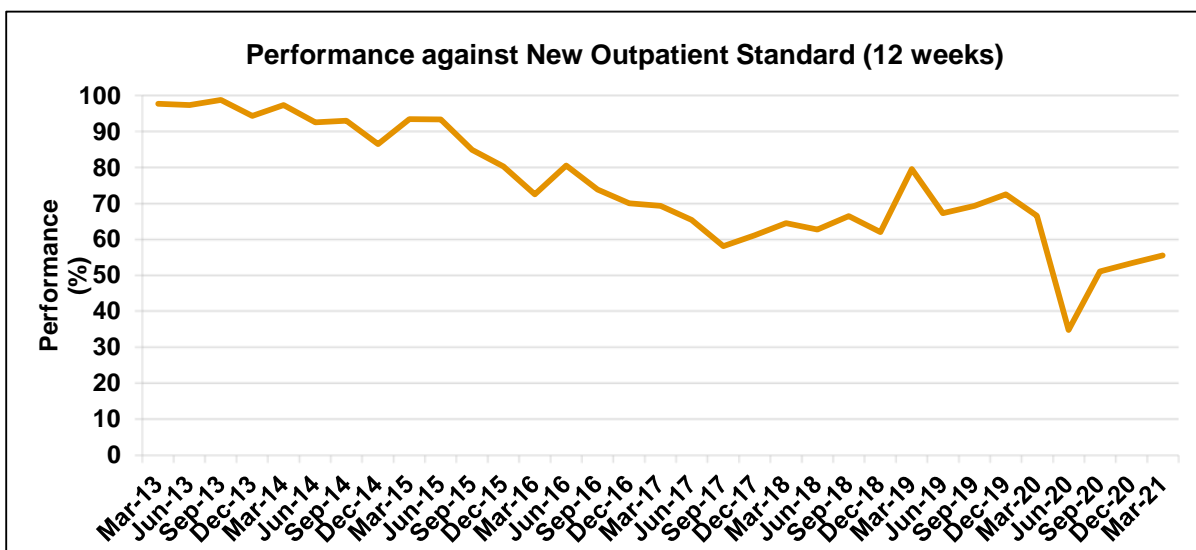


## 2. Outpatients

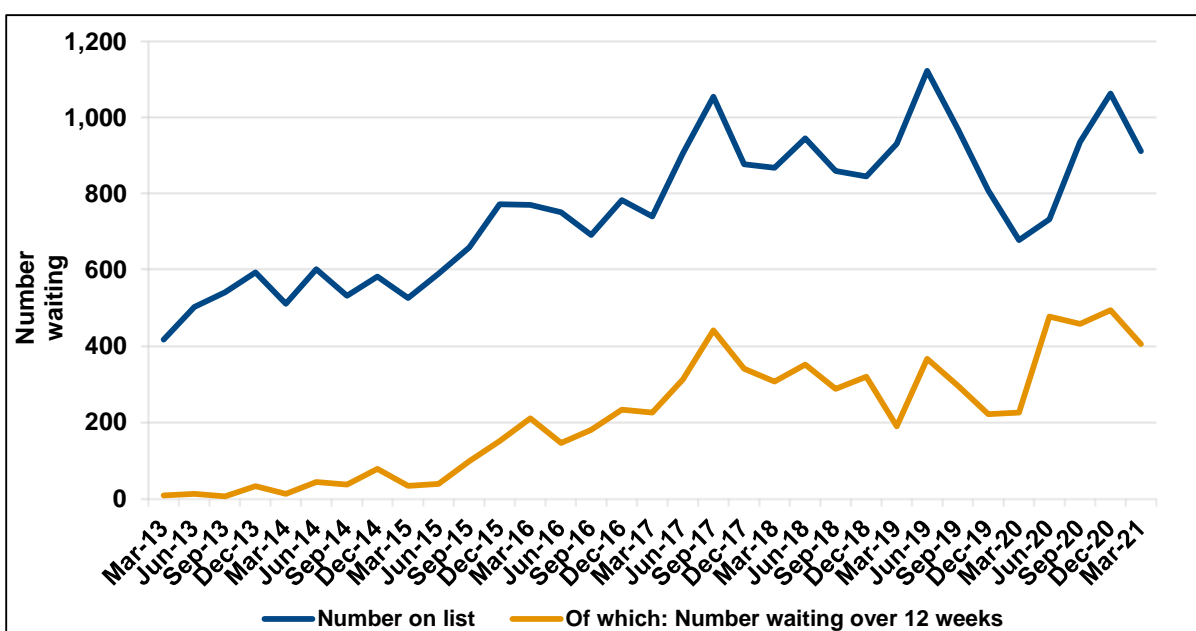
**Standard** - 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%

**Update** – As at the end of March 2021, there were 913 patients waiting for a new outpatient appointment. 39.1% of these had been waiting longer than 12 weeks and 44.5% 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 – 2021**



**Figure 4: Outpatient waiting times – The Balfour, March 2013-March 2021**



### 3. Treatment Time Guarantee (TTG)

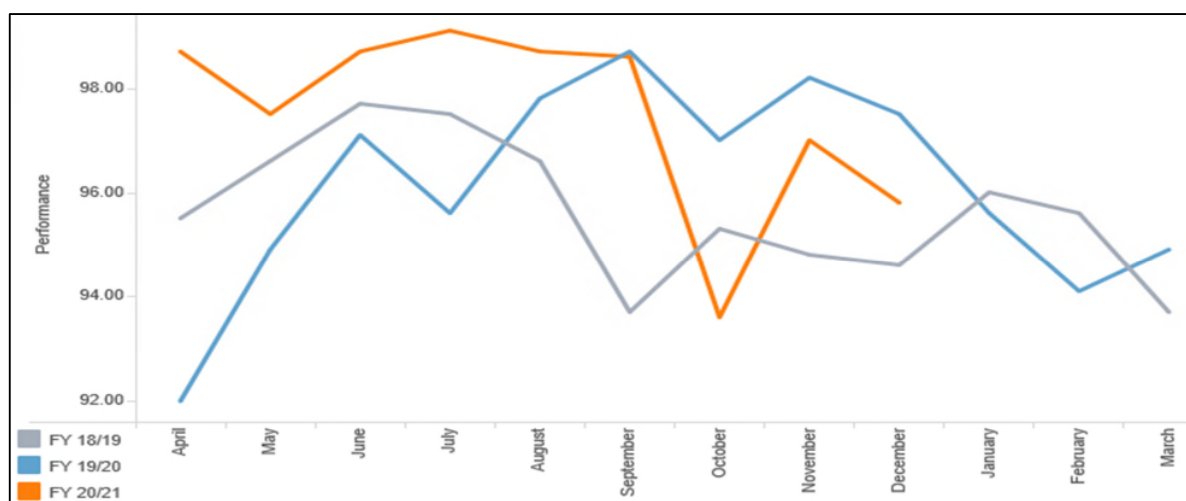
**Standard** - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

**Update** - As at the end of March 2021, there were 204 patients waiting for an inpatient/day case procedure. Of these, 63 (30.88%) have been waiting for more than 12 weeks. 156 patients were seen during March 2021; 36 had waited over 12 weeks.

The majority of patients still waiting 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 were being accepted until the start of June. All referrals are now being accepted and there is a significant backlog which is being worked through. 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)**



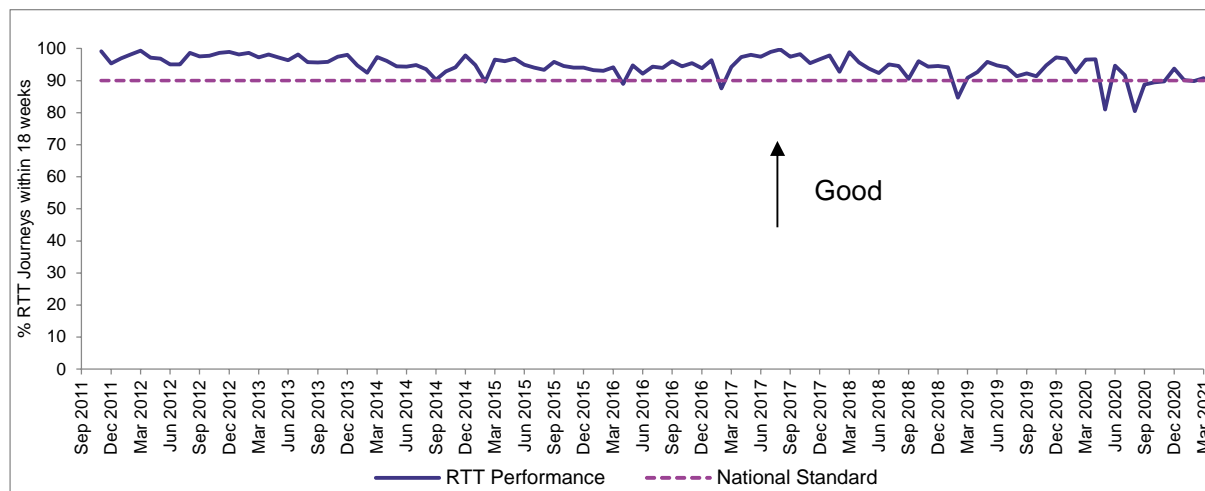
### 4. 18 Week Referral to Treatment

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

**Update** – Although waiting times are longer than was the norm in Orkney pre-pandemic performance in this area is in line with the national standard. Published data from March 2021 details 90.7% of patients were reported as commencing treatment within 18 weeks. There were 848 completed patient journeys. Of these 760 were within 18 weeks and 78 were over 18 weeks.



**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 12<sup>th</sup> week of gestation

No update to report – The most recent figures (31<sup>st</sup> March 2020) show more than 95.9% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12<sup>th</sup> week of gestation.

## 7. Alcohol Brief Interventions (ABIs)

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

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 December 2020 shows 100% of patients started treatment within the 31-day standard. 93.3% of patients started treatment within the 62-day standard, narrowly missing the 95% standard. Access to diagnostics and treatment continues to be good for all cancer pathways 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*

Update – 49 people were referred for dementia post-diagnostic support in 2018/19 in Orkney. This equates to 53.8% of people estimated to be newly diagnosed with dementia within that year.

Of those referred to dementia post-diagnostic support in 2018/19, 75.5% received one year's support as proposed in the LDP standard.

## **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 (December 2020) show 12 completed waits with 91.7% 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*

Child and Adolescent Mental Health – No updated performance to report 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. Reporting is currently paused in this service area due to data quality issues which are being addressed by the service.

Psychological Therapy - Published figures from March 2021, shows 19 patients were seen. 52.6% of these were seen within 18 weeks. During March 2021 there were 174 patients waiting to be seen; of these 32.8% 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

No update to report – 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)

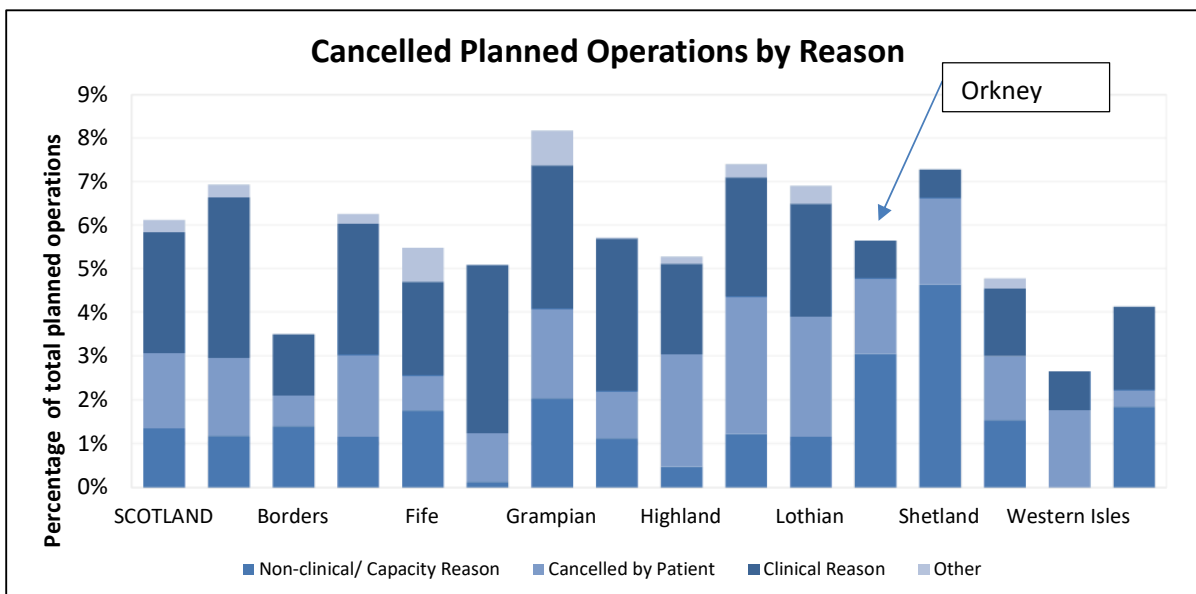
No update to report – During 2019/20 there were 18 quits (target was 31). This gives a performance against annual target percentage of 58.1%. The LDP 12 weeks quit rate performance percentage is 39.1%

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 April 2021 was 230, a decrease from 263 during February 2021. 13 operations were cancelled in April 2021. 7 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 4 were cancelled by the patient and 2 were cancelled based on clinical reason by the hospital. In comparison, 12 were cancelled in March 2021 and 23 in February 2021. Current performance at 5.7% is still ahead of the national average of 6.1%.

**Figure 16: Cancellation Reason for Planned Operation**

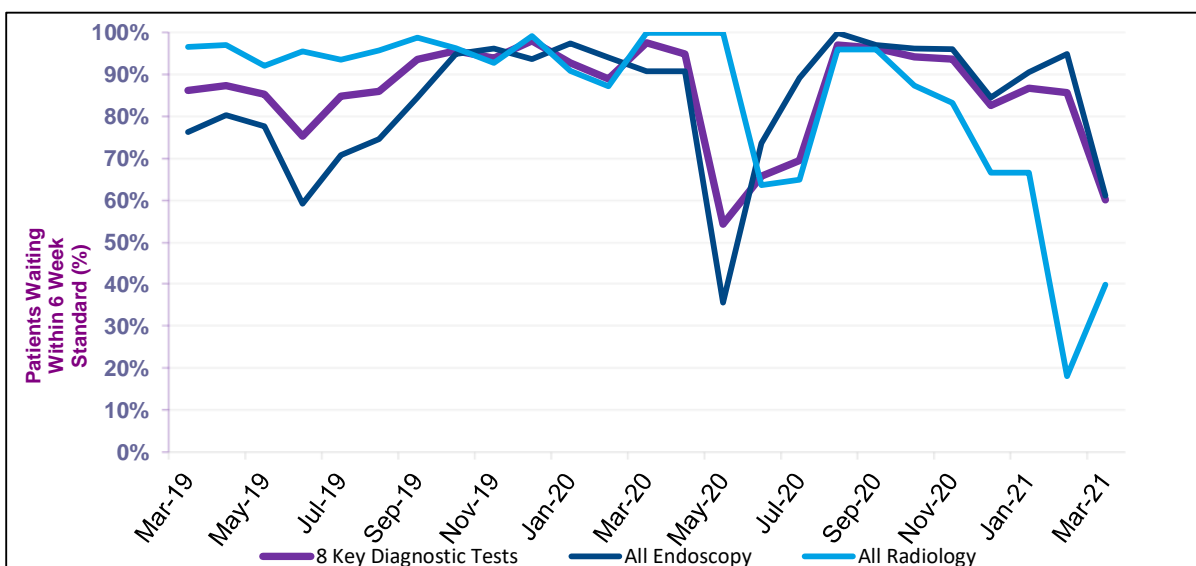


## 16. Diagnostics

At the end of March 2021 there were 103 patients on the waiting list for a key diagnostic test. Of these, 56% had been waiting greater than 4 weeks and 40% had been waiting greater than 6 weeks. The numbers waiting has significantly increased since the end of December 2021 when only 29 were on the waiting list as a result of increased referrals.

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 with additional waiting list initiative activity also improving access.

**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) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2 below.

In line with Scottish Government guidance increasing access to MSK services is being prioritised as part of implementing the Board's Remobilisation Plan with the introduction of first point of contact physiotherapists within primary care having a positive effect. However current capacity reductions and increased appointment times as a result of COVID-19 is impacting adversely on capacity.

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

|                     | Total number of patients waiting | Number of patients waiting within 0-4 weeks | Median (Weeks) | 90th Percentile (Weeks) |
|---------------------|----------------------------------|---|----------------|-------------------------|
| As at December 2019 | 568                              | 90 (15.9%)                                  | 16             | 42                      |
| As at December 2020 | 621                              | 71 (11.4%)                                  | 44             | 71                      |

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

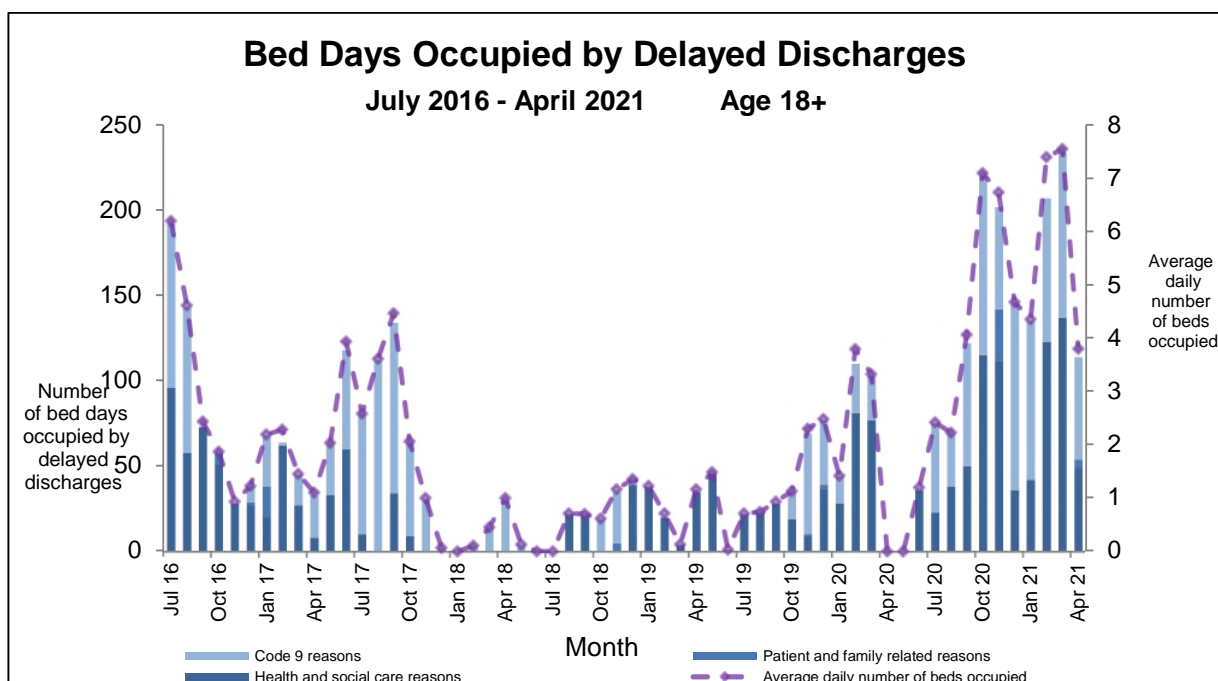
|                     | Total Number of Patients Seen | Number of Patients Seen, Who Waited 0-4 Weeks |
|---------------------|-------------------------------|---|
| As at December 2019 | 351                           | 190 (54.1%)                                   |
| As at December 2020 | 287                           | 98 (65.9%)                                    |

## 18. Delayed Discharges

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

Latest figures (April 2021) indicate that there were 114 Bed Days Occupied by Delayed Discharges. 60 of these were code 9 reasons, 49 were health and social care reasons and 5 were patient and family related reasons. At Census there were 2 delays. Both of these were code 9 reasons. Increased delays have been reported over the winter period however significant improvements have been made in recent weeks.

**Figure 21: Bed Days Occupied by Delayed Discharges**



Not protectively marked

## NHS Orkney Board – 24 June 2021

Report number: OHB2122-28

This report is for noting

### Finance and Performance Committee – Chair’s Report

|                                 |  |
|---------------------------------|--|
| <b>Lead Director<br/>Author</b> | Mark Doyle, Director of Finance<br>Davie Campbell, Finance and Performance Committee<br>Chair  |
| <b>Action Required</b>          | The NHS Orkney Board is asked to: <ol style="list-style-type: none"> <li>1. <b><u>Review</u></b> the report</li> <li>2. <b><u>Note</u></b> the assurance given and issues raised</li> <li>3. <b><u>Adopt</u></b> the approved committee minutes</li> </ol>   |
| <b>Key Points</b>               | This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 27 May 2021 and it was agreed that these should be reported to the Board:   |
| <b>Timing</b>                   | The Finance and Performance Committee highlights key issues to the Board as appropriate.   |
| <b>Link to Priority areas</b>   | The work of the Finance and Performance Committee is supporting the delivery of all priority areas for the Board in 2021 through the delivery of its work programme with a specific focus on operating within a context of affordability and sustainability. |
| <b>Consultation</b>             | N/A  |

## **Not Protectively Marked**

### **NHS Orkney Board – 24 June 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 27 May 2021. It was agreed that this should be reported to the Board.

### **Section 4 Assurance Given**

#### **1. Technology Enabled Care Programme Board Chairs Report**

Members received the report, highlighting that the Technology Enabled Care programme Board (TECPB) had been reinstated and had met on 16 April 2021.

Members received the draft terms of reference for the group discussed the draft digital strategy and draft terms of reference, and comments had been fed back virtually. A final draft of both documents, as well as an established reporting timetable, was due to go to the next meeting on 15 June 2021 and would be brought to the Finance and Performance Committee in future for approval.

#### **2. Pharmacy and Prescribing, Drugs Budget and Spend**

Members had previously requested an in depth report on pharmacy spend, which was brought to the meeting. The Head of Finance and Principal Pharmacist had worked

together with their teams to gain greater understanding of the significant costs associated and would continue to work closely to manage these costs.

It was agreed that biannual reports would come to the committee, with monthly updates included in the Financial Performance Management Reports to Scottish Government along with the Finance and Performance Committee and the Board meetings.

### **3. Code of Corporate Governance – Standing Financial Instructions Review**

Members received the Standing Financial Instructions review. Some small points of clarity were highlighted, which the Director of Finance had agreed to update within the document.

### **4. Procurement Annual Report**

The Director of Finance presented the Procurement Annual Report, highlighting the following key points:

- The Service Level Agreement which NHS Orkney previously had with National Services Scotland (NSS) to provide certain procurement services and catalogue management had now ceased.

## **Section 5            Issues Raised**

### **1. Children and Adolescent Mental Health Services Record Keeping**

Members received the Performance Management Report, which contained an update on the Children and Adolescent Mental Health Services (CAMHS) reporting, highlighting the following:

- The recent CAMHS data was unable to be reported due to the inaccuracy of the data available. The Operational Manager of the Community Mental Health Team and Head of Health and Community Care had been focusing team efforts to provide up to date data. Public Health Scotland were aware of this.
- Much of the work to provide CAMHS data, involved both administrative time and clinical capacity to review case notes belonging to employees who had now left the Board.

Members asked that the Head of Assurance and Improvement discuss a timeline for progress on data with the CAMHS team and felt it would be beneficial to receive an update on this and the work B Wilson had undertaken as Project Lead Nurse, who had managed the Mental Health Task and Finish Group at the next meeting.

## **Appendices**

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 25 March 2021



## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Thursday, 25 March 2021 at 9:30**

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

**In Attendance:** Christina Bichan, Head of Assurance and Improvement  
Malcolm Colquhoun, Head of Estates and Facilities (for item 6.2)  
Christy Drever, Committee Support  
Fiona MacKellar, Employee Director  
Nathan Omand, HR Coordinator  
Pat Robinson, Chief Finance Officer of the IJB (Deputising for Gillian Morrison)  
Louise Wilson, Director of Public Health

### 1084 **Apologies**

Apologies were noted from Michael Dickson, David McArthur, Lorraine Hall, Keren Somerville

### 1085 **Declarations of Interests – agenda items**

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

### 1086 **Minutes of Meeting held on 18 February 2021**

The minute of the meeting held on 18 February 2021 was accepted as an accurate record of the meeting and was approved.

### 1087 **Matters Arising**

There were no matters arising.

### 1088 **Action Log**

The action log was reviewed and updated as required.

### **Performance Management**

### 1089 **Future Reporting- Update against Workforce – FPC2021-48**

Members received the update report on future reporting against workforce. Key points highlighted included:

- The Chair had met with the Interim Director of HR recently to discuss future reporting, noting that much of the information would already be covered within reports to the Staff Governance Committee.
- It was felt that biannual reporting to the Finance and Performance Committee would be sufficient, with the first report coming in May.
- Reports would be presented in a dashboard format, with key data

highlighted including recruitment costs, overall organisational performance, and benchmarking against other remote and rural Boards.

Members were keen that the report be used to look closer at specific issues relating to the remit of the Committee, to allow assurances to be given to the Board and to prevent replication of work.

Members noted that waiting lists were being clinically reprioritised, enhancing the need to ensure clinical teams had capacity and staff feel informed and trained to provide services effectively. Members agreed the need to balance information received in the Performance Management Report and the Workforce Update to ensure fair comparison, monitor demand on services and enhance data received.

### **Decision/Conclusion**

Members noted the update and were assured of progress on future reports.

#### **1090 Balfour Hospital NPD Project Semi-Annual Operations Review – FPC2021-49**

The Head of Estates and Facilities presented the Semi-Annual Operations review, advising that it had been compiled by the independent Currie & Brown advisors. Key points highlighted included:

- The contracts were being managed thoroughly by our team.
- Ongoing issues with the water supply were being managed, and a meeting to discuss this would be held soon with the Managing Director of Project Co
- Deductions were being made and management of this was taking place between the NPD Contract Manager and Head of Finance.
- Robertsons had reduced capacity at present due to staff shortages. NHS Orkney had been providing support in the interim. It was noted that staff employed by Robertsons did not require previous experience within a healthcare environment, meaning continued support would be provided by the NHS Orkney Estates team.

Members praised the thorough ongoing monitoring surrounding the contract and highlighted that the on site Robertsons staff were very helpful and hardworking,

### **Decisions/Conclusion**

Members noted the update and were assured of progress.

#### **1091 Performance Management Report – FPC2021-50**

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:

- Figures within the Emergency Department and delayed discharge collectively indicated patient flow issues across the system. The reasons for this were complex for each patient, however steps had been taken to manage capacity.
- Delays within Golden Jubilee continued, with 50 patients waiting to be

seen. There had been a pause on acceptance of referrals to Golden Jubilee towards the end of 2020, however a communication error had meant patients continued to be referred and waiting lists had increased. A number of complaints had been received surrounding this, however work was ongoing within NHS Orkney and Golden Jubilee to review waiting lists and ensure patients were seen as soon as possible.

- Children and Adolescent Mental Health Services data had not been submitted since September, due to a lack of capacity within their team. The Health Intelligence Team were working closely with the Community Mental Health Team to produce the data, however it was noted that there would most likely be a request to resubmit data for the full year.

Members noted that Public Health Scotland had been very understanding regarding the capacity issues within the Community mental Health Team, however they were keen that data be submitted as soon as possible.

Members agreed that the risk of the capacity within the Community Mental Health Team, and lack of data submitted, be escalated to the Board. It was important that the Board be made aware of the risks of inaccurate data, to ensure that all possible steps were being taken to minimise this risk in future.

Members raised concerns surrounding the Golden Jubilee waiting lists, as well as lack of transport available for patients to travel safely.

Members noted that reporting requirements were likely to change in future, with the focus changing to recovery, integration and quality of care, rather than purely numbers based.

Members acknowledged that despite a few issues, the overall figures presented were positive, and it was important to recognise this and avoid slipping back into old habits.

It was agreed that an update on Near Me use would be postponed to the July meeting, due to reduced capacity within the team. The Chief Finance Officer offered assistance from her team if required.

### **Decisions/Conclusion**

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

### **Financial Management and Control**

#### **1092 Financial Performance Management Report – FPC2021-51**

The Director of Finance delivered the Financial Performance Management report, detailing the current financial position of NHS Orkney. Key points included:

- The revenue position for the 10 months to 31 January reflects an overspend of £0.300m, a favourable movement of £5.803m from period 9.
- A significant movement in the month due to the full funding provided by the Scottish Government for Covid expenditure and unachieved savings in 2020/21. As a result of the funding received, we now forecast a breakeven position at year end.

## 11.3.1

- The main areas of concern included prescribing costs, Service Level Agreement activity, potential for an increase in Covid cases, travel expenditure and the EU Exit.
- The anticipated achievement of £0.73m of the £6.6m spend reduction/savings targets identified in the Annual Operational Plans would be met during 2020/21.
- The main areas contributing to the Board's overspent operational performance at month 10 were:
  - Prescribing costs to date - £436k overspend
  - Mental Health Services - £245k overspend
  - Estates and Facilities - £140k overspend
  - Pharmacy - £422k
  - IT - £116k
  - Hospital Services - £190k overspend
- There were some offsetting underspends to date which included:
  - External Commissioning - £131k
  - Support Services - £205k
  - Pay reserve - £294k
  - Prices reserve £121k
  - Medical Staffing reserve £427k
- NHS Orkney had recorded £6.099m spend to date attributable Covid 19, of this £4.876m was attributable to Health Board spend and £1.223m to the IJB.

The Director of Finance stressed that funding had been provided by the government this year due to the Covid-19 pandemic, however the current model was unsustainable, and significant change across the whole system would be needed to provide recurring savings and breakeven in 2021/22. Members suggested that a change in vocabulary was needed surrounding the Integration Joint Board, when discussing service redesign and recurring savings going forward.

Members noted that the significant overspend in mental health services was made up predominantly of off island activity.

### **Decisions/Conclusion**

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

#### **1093 Financial plan 2021/22 – FPC2021-52**

The Director of Finance presented the Financial Plan for 2021/22, which built on the financial outlook presented to the Board and Finance and Performance Committee throughout 2020/21. Key points included:

- The total uplift percentage anticipated was 4.2%.
- The total recurring deficit was £2.791m
- Non-recurring pressures totalled £2.680m, mainly in respect of additional locum cover within Medical Staffing and commissioned Mental Health services.
- Total savings of £5.471m would be required in 2021/22.
- Due to disruption caused by the Covid pandemic, the Board was unable to action the majority of the 2020/21 savings and cost reduction plans. It had

also been necessary to revisit these plans for 2021/22 in light of Covid.

- The Board had recently engaged two Associate Medical Directors and an Interim Director of Acute Services who would be instrumental in reviewing the current service provision and making recommendations to the Board on potential developments for a sustainable medical model and service redesign.
- A new medical model was in development to help reduce locum costs, and a review of travel needs would take place, including encouraging the use of Near Me facilities to minimise the need for off island appointments.

Members noted the significant task and cultural change needed to provide recurring savings.

Members agreed the importance of working with the Integration Joint Board on service redesign within the financial envelope and developing smoother pathways of care. It was acknowledged that reviewing the service as a whole, as well as individual areas was key for moving forward and driving savings.

Members acknowledged the difficulty in spending capital expenditure during the Covid-19 pandemic. It was noted that plans were in place to spend these funds, should they be returned to us by the Scottish Government.

The Director of Finance hoped to present a further update on the new medical model after the first quarter.

### **Decisions/Conclusion**

Members noted the Financial plan for 2021/22.

### **Governance**

#### **1094 Finance and Performance Committee Annual Report 2020/21 – FPC2021-53**

Members received the Finance and Performance Committee Annual Report for 2020/21. It was agreed that a slight amendment would be made to reflect the additional challenges presented by the Covid-19 pandemic.

### **Decisions/Conclusion**

Members approved the report, subject to the above addition.

#### **1095 Review of Terms of Reference – FPC2021-54**

Members received the updated Terms of Reference. It was agreed to keep the Medical Director and Director of Nursing, Midwifery and Allied Health Professionals on the in attendance list, to ensure a clinical voice on the Committee. The Interim Director of Acute Services would be invited to attend when required for agenda items.

### **Decisions/Conclusion**

Members approved the terms of reference, subject to the above changes.

#### **1096 Committee Effectiveness Self Assessment Results – FPC2021-55**

Members received the Committee Effectiveness Self Assessment Results. The Board Chair highlighted the need for further cross committee working, including feedback from the Board and other committees when issues were raised within chairs reports. It was highlighted that this would be discussed at the Board Development Session in May.

### **Decisions/Conclusion**

Members noted the results.

#### **1097 Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

#### **1098 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 via the Chairs Report:

##### **Assurance Given**

- Future Reporting- Update against Workforce
- Balfour Hospital NPD Project Semi-Annual Operations Review

##### **Issues Raised**

- Child and Adolescent Mental Health Services (CAMHS) Performance Data

Members acknowledged the need for feedback from the Board on progress with any issues raised by the Finance and performance Committee.

#### **1099 Any Other Competent Business**

There was no other competent business.

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

#### **1100 Schedule of Meetings**

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 27 May 2021.

#### **1101 Record of attendance**

Members noted the record of attendance.

#### **1102 Committee Evaluation**

The Chair praised the healthy discussion including reflection and forward planning.

*The meeting closed at 11.19*

## Not Protectively Marked

|   |   |
|---|---|
| <b>NHS Orkney Board – 24 June 2021</b><br><br><b>Report Number: OHB2122-29</b><br><br><b>This report is for noting</b><br><br><b>North Regional Asset Management Plan</b> |   |
| <b>Lead Director Author</b>   | Mark Doyle, Director of Finance   |
| <b>Action Required</b>  | Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the updated plan</li> </ul>  |
| <b>Key Points</b>   | <p>In the last year the pandemic has exacted unparalleled change to the country and the world as a whole, but no more so than for the NHS and how services are provided by our staff.</p> <p>This years Plan concentrates on the impact of the pandemic on each of the northern boards, with individual Asset Management Plan updates that describe some if the change in how we provide services and recognising that some of that change may remain with us in the long term.</p> |
| <b>Timing</b>   | January 2021  |
| <b>Link to Priority areas</b>   | Effective asset management should be driven by and support the priority areas of: <ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Systems and Governance</li> <li>• Sustainability</li> </ul>  |
| <b>Consultation</b>   | North of Scotland Directors of Finance meeting  |

# North Regional Asset Management Plan - Update 2020 to 2030







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# Introduction

In the last year the pandemic has exacted unparalleled change to the country and the world as a whole, but no more so than for the NHS and how services are now provided by our staff to the populations we serve and this has meant we have had to do many things differently, including this update to the North Regional Asset Management Plan.

Over the past 12 months, NHS services have stepped up and shown their value, flexibility and resilience in the face of unprecedented challenges. Our staff have adapted, transformed and delivered essential services during the most demanding and difficult time of their careers. However this has meant property, planning and estates staff have been concentrating on dealing with the day to day impact of the pandemic and planning on how to aid and assist our frontline staff to deal with the enormous pressure it has brought to our services, whilst also trying to move forward with prioritised critical projects that are still essential for our clinical environment.

Therefore this year's update to the Regional Asset Management Plan will concentrate on the impact of the pandemic on each of the northern boards with individual Asset Management Plan updates that describe some of the change in how we provide services and recognise that some of that change may remain with us in the long term, requiring a significant update on our strategic clinical and investment strategies.

The pandemic has brought about significant change to our secondary services; increased waiting times for all elective services, surgery and outpatient clinics as well as enormous pressure on our Intensive Treatment Unit (ITU) and non-elective services. It has also brought about a new way of providing Primary care services and how we interact with and treat our patients.

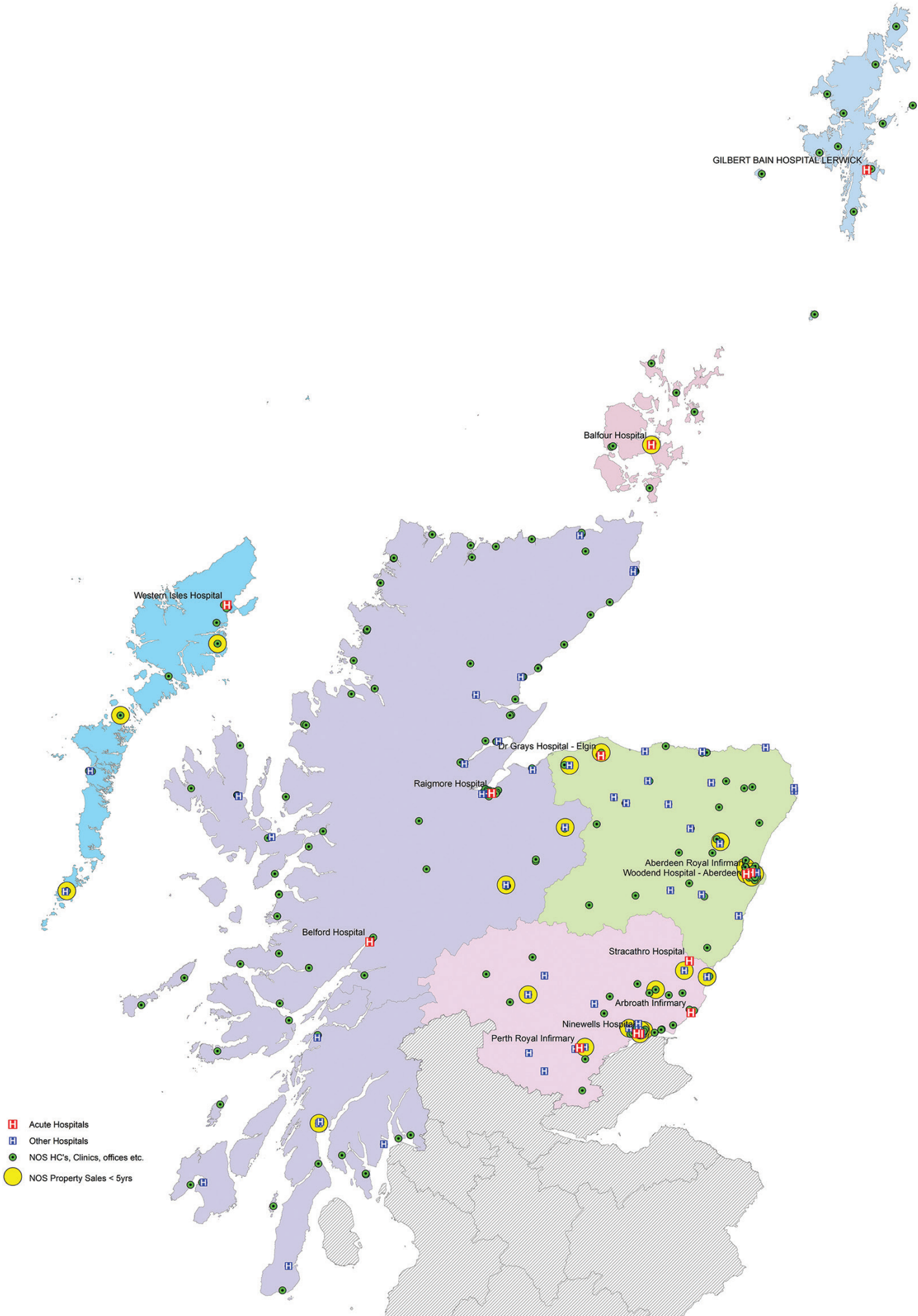
It isn't all bad news however; the pandemic has shown that with the right funding, workforce and support from the Government, we can perceive a different NHS that delivers more care closer to and within the home.

Change is still required across the country, to ensure that NHSScotland is in the best possible shape to meet current health needs and recover from the impact of the global pandemic whilst ensuring we continue to improve the population's health and well-being.

The coronavirus (COVID-19) pandemic delivered a profound shock to the people of Scotland. The measures to control the spread of the virus have reached deep into our lives affecting people's income, job security and social contacts – all factors that are essential to healthy lives

The NHS entered the pandemic with a relatively low level of beds and staff per capita and much of the policy response to the pandemic has hinged on slowing infections to allow time for the NHS to increase critical care capacity in hospitals.

Throughout the pandemic, the Boards kept emergency and urgent care open and paused many of our non-urgent services. However some care which was considered non-urgent several months ago, has become more urgent as time passes. The number of people coming to Emergency Departments dropped and many screening and out-patient services were put on hold.







The North Region consists of 6 NHS Boards and 11 Health and Social Care Partnerships covering a land area of 54,345 km<sup>2</sup>

The North Region rapidly re-designed services on a large scale to release capacity for treating patients with COVID-19. This included discharging of patients to free up beds, postponing planned treatment, shifting appointments online where possible and the redeployment of staff to cover areas of highest pressure.

The use of digital technology has been paramount to this, and has radically changed the way that health services are delivered with virtual consultations and remote monitoring proving effective and beneficial for both staff and patients.

General practice does much of the work of managing patients with chronic conditions. This has also overwhelmingly changed as most practices have now moved to remote triage where patients are assessed by phone or online (Near Me) before they can access a GP or other health professional.

The cumulative impact of COVID-19 on the NHS, social care and wider society will take time to quantify and understand. It will require a multi-pronged research effort by many bodies to explore the relationships between the disrupted and changed services and the impact on people's health and wellbeing. There may be many positives; public awareness of the need to strengthen social care may increase, creating impetus for reform. Large scale volunteering may be sustained and the huge shift to remote consultations may prove to be both durable and effective for much of our population.

The North of Scotland Health and Social Care Regional Asset Management Plan is one of a suite of documents which will be required to re-assess the challenges that face us and identify new solutions and plans including the key investment requirements to meet this new demand and continue to improve quality, efficiency, and progression towards a more sustainable health service.

The individual plan updates aim to set out the strategic intent of each of the partners and the investment required over the next five years to enable the continued change required.

It is acknowledged that there is a need to focus on the impact of the pandemic to health and social care issues and the infrastructure to provide it. We look forward to further engagement with partners to explore how improved collaboration in the north can add value to this agenda, social care, and the social and economic wellbeing of communities.

The COVID-19 pandemic has resulted in the rapid adoption of digital technology in the NHS and significant changes in the delivery of services more widely to free up space and capacity in acute hospitals, enable remote working and reduce the risk of infection transmission in NHS settings. Primary care in particular has seen a huge increase in remote appointments.



## Aims of the update

The aims of this Regional Asset Management Plan Update are to support the delivery of the National Clinical Strategy as well as planning the investment needed in our infrastructure to meet current and future demands, it also aims to:

- Identify all the issues driving the need for change and ensure all assets are used in such a way as to support the existing and future requirements of the service and the change required.
- Manage all assets within the North of Scotland, by maintaining, enhancing, replacing or disposing of; ensuring the plan takes us towards the national ambitions of care which is person centred, safe and effective.
- Provide/maintain an appropriate number of quality affordable assets complementing and supporting the high quality services which meet the population needs and are financially sustainable over the long term.
- Address backlog maintenance and essential equipment replacement where there is a high, significant or moderate risk likely to impact on the North of Scotland's ability to deliver current and future services.

The Plan covers the period 2020 to 2030, with investment proposals covering the next five financial years. Further work will be required to understand what the longer term impact of the current Pandemic will have on future health and social care requirements.

The plan aims to facilitate and support all of the organisations in the north to be individually and collectively successful taking into account the needs of our population and services in the north. In doing so it sets out five broad propositions aimed at improving sustainability in a rapidly changing environment, building effective alliances, improving our use of information to promote change, supporting change through the use of digital technology, and making the North the best place to work. These propositions take their place alongside a wide range of other activities aimed at supporting the partners in the North to meet the challenges.

The configuration of the North's health and social care services in five years' time requires to be very different from how it is today, taking advantage of the huge leap forward in local community services and technological advances brought about by our reaction to the pandemic. The changing way we provide services and the likely continued shortage of traditional healthcare staff will mean we have to do things differently.

The principles that will determine what the future looks like are as follows:

- Care will be delivered in the patient's home when this can be done safely.
- Clinicians and their teams will ensure that their patients receive a person-centred approach which best delivers what is most important to their patient.
- Quality and safety and the need to eliminate unnecessary harm will be foremost in decision making.
- Collaboration and joint working will be unconstrained by present geographical and professional boundaries.
- We will plan services on a population basis with our local and national partners and agree which services should be planned on a regional basis for the north.
- These agreed regional services will be delivered as locally as it is appropriate and safe to do so.
- Barriers to regional and national working will be removed and key back room functions such as IT, HR, Finance and Laboratories will be planned on a 'Once for Scotland' basis.
- Staff will be able to work seamlessly across the north of Scotland (either virtually or in person) to ensure their patients do not have to travel unnecessarily to receive treatment or for a consultation.
- With partners we will have developed a robust infrastructure for the transport of patients and staff to the most appropriate point of care.
- We will embrace the role of the generalist and those who are best placed to provide holistic care. Not just in remote and rural locations but also as a valuable resource to all primary and secondary care.



## Investing in new ways of working

Buildings, Equipment and Information Technology (IT) are key components of our clinical infrastructure and essential to support the quality of clinical care provided. If the North Region is to fulfil its desire of improving the quality of health and wellbeing for the population of the North of Scotland, further focused investment will be required to enable these major changes and implement new models of care.

Our models of care for the North of Scotland are informed by the plans and strategies of all partner organisations, and underpins the National Clinical Strategy (2016). The models of care are simple, but require significant change to ensure that they respond to the need for change. The information below outlines the key elements of the model for a citizen of the North of Scotland.

We aim to:

- Create opportunities for the prevention of illness and promotion of health and wellbeing.
- Support people to have the knowledge and skills to stay healthy.
- Provide people with different ways of getting advice, treatment and care.
- Provide as much support to allow people to live at home, or as close to home as possible, if ill, frail or living with long term health condition.
- Organise for diagnosis and treatment to be provided as locally as possible to minimise travel from home.
- Ensure that the stay in, or visit to, hospital is as short as possible to give the best treatment outcome.
- Ensure that the return home from hospital is organised and coordinated with community services.
- Organise effective clinical networks of professional staff to provide support for those complex. Treatment and care needs.
- Provide specialist services in the North of Scotland as far as possible.
- Coordinate the treatment and care effectively if the condition or illness requires travel outside the North of Scotland.

This will mean developing a plan that gives a clear vision for the future of our infrastructure in the North and a framework within which long term plans can be articulated and developed, this will be achieved by:

- Progressing existing work through the Community Planning Partnerships, linked to the Health and Social Care Partnerships, to develop capacity close to home.
- Developing partnerships with individuals, communities, patients and the population to take responsibility for their own health and wellbeing.
- Maximising the use of digital technology to support self-management, video clinics, accessing information using the health portal.
- Delivering more care through networks of social care and clinical professionals.
- Developing new ways of providing diagnosis and treatment in communities.
- Strengthening general practice and primary care and supporting the implementation of the new GP contact.
- Making decisions about what services can be provided, where; taking account of population needs, workforce availability and changing clinical practice and technology.
- Balancing the social and economic impact that health and social care services have on communities with the ability to sustain services and good outcomes for smaller populations.
- Reviewing our buildings and facilities to ensure that they are fit for purpose and in the right place to support the delivery of modern treatment and care.
- Agreeing which specialist/tertiary services can be sustained in the North of Scotland and how they should be organised.
- Working with the South East and West Regions, and the National NHS Boards, to plan for services nationally to ensure the best access possible for the North of Scotland population.





Version1 | Jan 2021

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## NHS Orkney Public Board – 24 June 2021

Report Number: OHB2122-30

This report is for approval

### Corporate Risk Register

|                               |  |
|-------------------------------|--|
| <b>Lead Director Author</b>   | Michael Dickson, Chief Executive<br>Christina Bichan, Head of Assurance & Improvement  |
| <b>Action Required</b>        | The Board is asked to: <ol style="list-style-type: none"> <li>1. Review and approve the new set of corporate risks which have been agreed by the Executive Management Team (EMT). The EMT have reviewed the wording, ownership and scoring, for all existing and new corporate risks.</li> </ol>   |
| <b>Key Points</b>             | <p>Delivery of the risk management improvement plan has continued with progress being made in a number of areas. Most notably a comprehensive review of active risks has been undertaken resulting in realignment to a 3-tier risk register approach. This work has been led by the Risk Management Forum, supported by the QI Hub.</p> <p>As part of the realignment activity finalisation of a renewed Corporate Risk Register has been taken forward with the Executive Management Team and the new Corporate Risk Register is presented herewith for Board approval.</p> |
| <b>Timing</b>                 | To be considered at the June 2021 meeting of the Board.  |
| <b>Link to Priority areas</b> | An effective risk management process underpins all of the Board's corporate objectives. Potential events which provide a threat to the delivery of corporate objectives must be proactively identified, analysed and assessed, with appropriate mitigation plans developed, implemented and monitored. The existence of a visible and robust process of risk management will provide assurance to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes.   |
| <b>Consultation</b>           | The Corporate Risk Register presented herewith has been developed with and agreed by the Executive Management Team.  |

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**NHS Orkney Board**

**Subject** Corporate Risk Register

**Author** Christina Bichan, Head of Assurance & Improvement

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## **Section 1 Purpose**

The purpose of this paper is to provide an update on progress in the implementation of a refreshed approach to risk management across NHS Orkney and to present the new Corporate Risk Register for Board approval.

## **Section 2 Recommendations**

1. The Board is asked to review and approve the new set of corporate risks which have been agreed by the Executive Management Team (EMT). The EMT have reviewed the wording, ownership and scoring for all existing and new corporate risks.

## **Section 3 Background**

NHS Orkney's Risk Management Strategy was approved by the Board at its December 2018 meeting and forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance. This document provides strategic direction for Risk Management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our documentation also lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation, supported by a 3 tier risk management approach.

A review of our position against the NHS Scotland Audit & Assurance Committee Handbook was undertaken in early 2020 with the output being used alongside the findings of internal audit to develop a Risk Management Improvement Plan which has been delivered over the past 12 months. The Audit & Risk Committee maintain oversight of progress and continue to receive regular updates.

In line with the Improvement Plan, structured Board and governance committee risk reporting will recommence following approval of the new Corporate Risk Register.



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**Section 4                      Discussion**

Delivery of the improvement plan has resulted in a range of new ways of working which enhance the management of risk within NHS Orkney as updated at the last meeting of the Board.

Since the last update provided, finalisation of the Corporate Risk Register has been taken forward with the Executive Management Team. This has involved a review of existing risks and development of new risks relevant to our current operating environment. The new Corporate Risk Register is presented herewith for Board approval.

The Risk Management Forum continues to work across the organisation to embed enhanced processes of review, escalation and de-escalation of risk, supported by the QI Hub.

**Section 5                      Consultation**

Risk Management Forum members and the Executive Management Team have been consulted in the development of the refreshed approach to Risk Management and in the development and implementation of the improvement plan.

The Corporate Risk Register presented herewith has been developed with and agreed by the Executive Management Team.

**Appendices**

- **Corporate Risk Register – June 2021**

# Corporate Risk Register - June 2021

| Risk Type      | ID  | Title  | Description   | Handler            | Manager            | Risk level (current) | Risk level (Target) | Controls in place   | Gaps in controls (Assurance)  | Review date |
|----------------|-----|--|---|--------------------|--------------------|----------------------|---------------------|---|---|-------------|
| Corporate Risk | 509 | Care and financial sustainability may be compromised should the current medical workforce model continue                         | NHS Orkney has an unsustainable medical workforce model including the use of high cost and transitory locums with limited assurance surrounding their practice. Care and financial sustainability may be compromised should this approach continue.   | Wilson, Kim        | Wilson, Dr. Louise | 20                   | 12                  | To be updated with support from Executive lead<br>Situation has been occurring for some time, so organisation has partly accepted risk<br>6/2021 Use of regular locums where possible<br>6/2021 Interviews held and Appointment of surgical staff<br>6/2021 Interviews for medical consultant planned<br>6/2021 Appropriate HR checks on any locums, and review of any incidents occurs in relation to quality of care  | 6/21 Shortlisting for physician appt  | 01/07/2021  |
| Corporate Risk | 510 | Corporate Finance Risk   | General funding uplift over estimated resulting in inability to implement planned commitments.<br>Cost savings forecasts for major projects overestimated resulting in failure to achieve boards financial objectives (i.e. RRL) ability to meet cost of ongoing compliance with policy changes, statutory changes and updated guidance issued by SGHD.<br>Inability to deliver against the boards capital programme (CRL) failure to deliver reoccurring financial balance.  | Doyle, Mark        | Doyle, Mark        | 16                   | 8                   | General Funding Overspend, Recurring Financial Balance and Capital Programme - Remobilisation Plan which information is placed to AOP which goes to F&P for consideration and then to Board for ratification and approval and finally signed off by Scottish Government. Ongoing dialogue across organisation to ensure they deliver financial balance. Scottish Government is cited on various discussion through the F&P, Remobilisation and Capital Updates Report.<br>Cost Savings - outlined in AOP and also outlined in F&P Report.<br>The savings are discussed at the F&P Committee and Board with plans put in place to address the target. Discussed with each budget managers and regular dialogue with EMT.<br>Ability to meet ongoing cost appliance - Involvement of Finance in all planning meetings.  | Update June - Risk reduced by M Doyle & K Sommerville and updated to reflect current status - Likelihood reduced and overall risk rating reduced from 20 to 16 and Target reduced from 12 to 8.   | 31/12/2021  |
| Corporate Risk | 555 | Failure to Meet Patients Specialist Healthcare Needs   | There is a risk that the limitations of our remote and rural setting and rural general hospital facility may mean the health needs of those requiring more specialist care are not met.   | Wilson, Kim        | Wilson, Dr. Louise | 12                   | 8                   | Partnership arrangements in place with mainland Boards to ensure access to more specialist secondary and tertiary services.<br>Visiting services provided for more widely used specialities to avoid the need for off island travel.<br>Repatriation off clinical care when it is safe to do so.<br>Good relationships and SOPs to support access to senior clinical decision makers off island as required eg Paediatrics.   |   | 31/12/2021  |
| Corporate Risk | 554 | Failure to Meet Population Health Needs Resulting from Pandemic  | There is a risk that NHS Orkneys approach to the provision of health care may not meet the changed needs of our island population which result from the COVID 19 pandemic.  | Wilson, Dr. Louise | Dickson, Michael   | 16                   | 8                   | Clinical Strategy being developed which will consider future population health need.  |   | 31/12/2021  |
| Corporate Risk | 552 | Failure to Respond Appropriately to COVID 19   | There is a risk that population health maybe impaired due to NHS Orkney inability to respond appropriately to COVID 19.   | Wilson, Dr. Louise | Dickson, Michael   | 12                   | 8                   | Mobilisation and Surge Plans in place to manage COVID 19 infection within community.<br>Remobilisation planning undertaken to minimise the impact of the pandemic on access to services.<br>Clinical prioritisation of access in place for elective care.<br>Testing process in place and well established.<br>Vaccination programme rolled out ahead of schedule.  | Update June 2021 - Current Rating reduced due to timely roll out of Vaccination Programme   | 31/12/2021  |
| Corporate Risk | 553 | Impact of NHS Service Provision on Climate Change and Sustainability   | There is a risk that NHS Orkney may have a negative impact on peoples health and the environment through the delivery of services should it not focus on climate change and sustainability.   | Colquhoun, Malcolm | Wilson, Dr. Louise | 12                   | 8                   | Sustainability Steering Group established and low carbon transport adopted across NHS Orkney.<br>Reduced off island and local travel through imbedding of Near Me.<br>Reduced staff travel as result of working from home and the use of Microsoft Teams reducing off island travel.  |   | 31/12/2021  |
| Corporate Risk | 311 | NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient har | There is a risk that NHS Orkney will be unprepared and unable to respond appropriately from the 1st of January 2021 when the transition period ends and we officially exit from the EU. There could be adverse consequences for staffing levels, availability of consumables, supplies and medicines.<br><br>NHSO could experience significant issues regarding supply of stock equipment food and medicines leading to potential patient har<br><br>As a result of the UK leaving the EU there is a risk to the continuation of supplies of stock, equipment food and medicines, which could impact upon our ability to deliver service and lead to potential patient harm | Graham, Eddie      | Dickson, Michael   | 9                    | 6                   | Brexit assessment has been completed<br>Brexit Steering Group<br>Monthly report to SMT<br><br>6/21 Ongoing general monitoring of situation as Brexit date passed  | 03.10.2018 Initial risk assessment compiled<br><br>The UK will exit the EU with a deal, therefore the risk as it stands is greatly reduced, however as the exit date comes closer we will have greater understanding of the deal, and the impact it may have on our business.<br><br>steering group re-established to re-asses risk<br><br>6/21 Currently no issues but ongoing monitoring during transition period | 01/09/2021  |
| Corporate Risk | 508 | NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care        | These is a risk that the inadequacy of current systems, safeguards and processes could result in significant data loss or system outage which would lead to comprised critical information or safe and effective patient care.<br>This risk includes the potential impacts resulting from:<br>Inadequate IT Disaster Recovery provision - Risk 17<br>A Failure to Safeguard information assets - Risk 227 & 361<br>Cyber security attacks - Risk 306<br>System security vulnerabilities Risk 343 & 344<br>Resilience and Management of Grampian Engagement  | Bichan, Christina  | Doyle, Mark        | 16                   | 8                   | Improvement plan being developed being led by SRO. With oversight mechanisms in place for delivery.   |   | 31/12/2021  |
| Corporate Risk | 365 | Potential non compliance with Health and Care (Staffing) (Scotland) Act  | There is a risk that the duties set out in the Health & Care (Staffing) (Scotland) Act will not be met as a result of incomplete systems, processes & clinical structure(s) which may lead to non-compliance with legislation and may impact on patient safety, quality and experience. In context of Nursing/Midwifery & AHPs.   | Adam, Lynn         | McArthur, David    | 12                   | 9                   | Have Nursing, Midwifery and AHP, Medical Directorates and Executive Leads.<br>General Management Structure within Hospital and Community<br>Senior Management Team/Executive Management Team and existing structures, policies and procedures in place<br>HSP Steering Group - HSP/EC working group<br>Ensure that at all times suitably qualified & competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as appropriate for the health, wellbeing & safety of patients or service users, & the provision of high-quality care.<br>- Have regard to the guiding principles, including when contracting with third party providers for the provision of services.<br>- Have procedures for assessing staffing requirements in real-time, identify & escalate risk across all clinical settings & staff groups.<br>- Seek & have regard to appropriate clinical advice in decisions relating to staffing.<br>- Report on high cost agency use.<br>- Ensure adequate time & resources are given to all clinical leaders to discharge their leadership role.<br>- Ensure employees receive appropriate training to undertake their role.<br>- Follow a specified common staffing method where defined workload planning tools exist & ensure the output from the method is used to inform decisions about staffing levels.<br>- Train staff in the common staffing method, where appropriate.<br>- Inform staff of how the common staffing method has been used & the staffing decisions reached.<br>- Report annually to Scottish Ministers how they have met the requirements in the legislation.<br>- Provide assistance to HCs, as required, including providing information, to enable HCs to perform its functions. | Update Sept 2020 - Nursing workforce staffing review has taken place - paper being produced for DonMAHP identifying gaps in workforce establishment that require funding<br><br>Update Feb 2020 - Paper being reviewed prior to being presented to SMT - Finance to decide upon future funding<br><br>May 2021 - HSP work has restarted following COVID delay, therefore staffing paper being prepared for EMT      | 31/07/2021  |
| Corporate Risk | 551 | Failure to deliver DHI Listening Exercise Action Plan  | There is a risk that NHS Orkney will fail to deliver the actions arising from the DHI Listening Exercise negatively impacting on the engagement of the workforce.   | Hall, Lorraine     | Dickson, Michael   | 15                   | 5                   | Actions aligned to Executive Directors and built into Turas objectives. Cascading down through team objectives expected alongside organisation wide conversations. Oversight mechanism in development in discussion with EMT. This will involved quarterly EMT updates plus regular updates to SMT and the Board.   |   | 30/09/2021  |

## Not Protectively Marked

### NHS Orkney Public Board – 24 June 2021

**Report Number: OHB2122-31**

**This report is for assurance**

### Audit and Risk Committee Chair's Report

|                                 |  |
|---------------------------------|--|
| <b>Lead Director<br/>Author</b> | David Drever, Chair of the Audit and Risk Committee<br>Gemma Pendlebury, Audit and Risk Committee Support  |
| <b>Action Required</b>          | The Board is asked to: <ol style="list-style-type: none"> <li>1. Note the Audit and Risk Committee Chair's Report covering the 4 May and 1 June 2021 meetings</li> <li>2. Take assurance on performance</li> <li>3. To adopt the approved minutes from the 4 May 2021 meeting</li> </ol> |
| <b>Key Points</b>               | This report highlights key agenda items that were discussed at the Audit and Risk Committee meetings held on Tuesday, 4 May 2021 and Tuesday, 1 June 2021.   |
| <b>Timing</b>                   | The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting.   |
| <b>Link to Priority areas</b>   | This report links to the following priority areas as agreed for the Board in 2021: <ul style="list-style-type: none"> <li>• Systems and Governance</li> </ul>  |
| <b>Consultation</b>             | N/A  |

**Not Protectively Marked**

**NHS Orkney Board – 24 June 2021**

**Audit and Risk Committee Chair's Report**

**David Drever, Audit and Risk Committee Chair**

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## **Section 1            Purpose**

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Tuesday, 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, 4 May 2021 and Tuesday, 1 June 2021.

## **Section 4            Discussion**

### **4.1    Annual Accounts Timetable**

The Director of Finance presented the annual accounts timetable for members of the Committee, highlighting that the Scottish Government had agreed an extension to the Annual Accounts timeline until the end of September 2021. However, he confirmed that NHS Orkney would look to complete their Annual Accounts by the original deadline of the end of June 2021.

### **4.2    Internal Audit Annual Report**

The Committee received the draft Internal Audit Annual Report for 2020/21, presented by the Internal Auditor. Members were informed that the report was a culmination of all of the internal audit work that had been conducted for the year 2020/21 and gave the overall audit opinion of Azets as internal auditors for NHS Orkney and the key findings that the various internal audits had discovered

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throughout the year's programme of works.

Members were advised that there had been a slight change to the work plan for the year 2020/21 as a further three reviews had been identified in areas where there were known to be high risks. This was to ensure that the risks were identified, suitable actions were agreed, and assurance could be taken.

### **4.3 Risk Register Work and Assurance**

The Director of Finance had delivered the Risk and Assurance report for members of the Committee, drawing their attention to the significant amount of work that was being undertaken to strengthen risk management within NHS Orkney in close alliance with the Network and Information Systems (NIS) Audit.

- He explained that the Risk Management Implementation Plan underpinned the Board's Corporate Strategy. A comprehensive amount of review had already taken place regarding the risk registers.
- Risks were now divided into four appropriate areas: Corporate Risk, Business and Support, Health Care, and Hospital Risks.
- Risks had also been pushed to Departmental level for actions, management and mitigation where appropriate.
- Before a risk was entered onto a risk registers it would be thoroughly reviewed to ascertain if it was placed suitably.
- Risk registers were reviewed on a monthly basis to ensure they were up to date.
- The Corporate Risk Register was managed by Executive Management Team and would be forwarded to the Board for ratification.
- A session to score the Corporate Risk Register had been scheduled and would be presented to the Audit and Risk Committee, before then being presented to the Board for approval.

Members of the Committee gave recognition to the Director of Finance, the Head of Assurance and Improvement and the team that had been working on the Risk Register project, noting that there had been a huge amount of work involved with evident progress.

The Committee asked for further assurance that every department within NHS Orkney had an up to date and active risk register. The Director of Finance provided further update at the 1 June 2021 meeting that discussions had taken place with the Senior Management Team (SMT) and Executive Management Team (EMT) highlighting the importance of departmental risk registers and ensuring they were actively managed, monitored, and actions were taken forward. The action was being managed by the EMT and would be ratified as closed at the 24 June 2021 meeting.

#### 4.4 Internal Audit Recommendations – Action Report

It was noted at the 1 June 2021 meeting that the Audit and Risk Committee would provide an update for the Board regarding the progress with actions identified from internal audits.

Twenty audit recommendations were brought forward following the previous report. Four new recommendations had been newly added, and an extension was sought for one recommendation.

Twenty-four recommendations remained in progress with estimated completion dates throughout 2021/22.

| Grade        | Brought Forward | Additions | Complete | Carried Forward |
|--------------|-----------------|-----------|----------|-----------------|
| Not listed   | 0               | 0         | 0        | 0               |
| Low          | 0               | 0         | 0        | 0               |
| Medium       | 19              | 3         | 0        | 22              |
| High         | 1               | 1         | 0        | 2               |
| <b>Total</b> | <b>20</b>       | <b>4</b>  | <b>0</b> | <b>24</b>       |

*(Details regarding the audit recommendation are included as Appendix 1.)*

#### 4.5 Draft Annual Accounts - 1 June 2021 meeting

The Audit and Risk Committee received the draft version of the annual accounts presented by the Director of Finance. He informed members that there were no issues to be highlighted for the Committee's attention and it was expected that the original deadline would be met for completion. The annual accounts in final form would be presented to the Board for approval on Thursday, 24 June 2021.

Members of the Committee gave their thanks to the Director of Finance, the Finance Team, and External Auditors for their work in compiling and the estimated completion of the annual accounts.

## Appendices

**Appendix 1** Internal and External Audit Recommendations – Action Report dated 1 June 2021

**Appendix 2** Approved minute from Tuesday, 4 May 2021

## Appendix 1

| Originating Audit Report                   | Audit Recommendation  | Grade |
|--|---|-------|
| Strategic and Operational Planning 2017/18 | Management and/or the Board may not fully understand the strategic direction of the organisation over the longer term and therefore may not be best informed for providing scrutiny and challenge to the processes at the most senior level. Our Orkney, Our Health - the NHS Board's strategy document should be reviewed and updated to ensure it focuses on providing the strategic direction of NHS Orkney over the next 5 – 10 years.  | 3     |
| Business Continuity 2019/20                | Agree timetable for all remaining BIAs need to be completed. The Resilience Group should monitor progress in remaining BIAs being completed and take appropriate action where sufficient progress is not made.<br>We recommend that RPOs are recorded within business continuity documentation to set out the maximum amount of data (used within each business-critical process) that could be lost in terms of time. This will enable management to understand the data recovery requirements of each department. Once RPOs have been identified and documented, we recommend that recovery information within each BCP is cross checked against actual recovery capabilities to ensure that this is realistic and can be feasibly implemented in the event of a disruption.  | 3     |
| Information Governance 2019/20             | We recommend that management ensure that the Board's data inventory is complete and subject to a quality assurance check to ensure that the detail of information recorded is consistent and addresses the requirements of Article 30 of GDPR. Once completed, it is recommended that a cycle of review be implemented to ensure that the data held within the data inventory remains up to date over time.<br><br>As part of the process of producing an Article 30 compliant inventory, management should ensure that it contains the following information as a minimum:<br><br>- identifying all personal and special category data held;<br>- the ownership of this data;<br>- the purpose of processing;<br>- where the data is stored; and<br>- the legal basis for processing data.<br><br>We also recommend that the IARs are updated to ensure that all relevant data regarding information assets is complete. We also recommend that a formal process is implemented to ensure that the IARs are quality assessed and updated on a regular basis. The Information Governance Group should seek assurance that the IARs are updated at least annually.   | 3     |
| Information Governance 2019/20             | We recommend that, as part of the update of IARs, management ensure that all instances of information sharing are identified and confirm whether information sharing protocols are in place for these. Where information sharing protocols do not exist, action should be taken to ensure that these are created. Management should also make a risk-based decision to assess whether information should continue to be shared where there is no protocol in place.   | 3     |
| Information Governance 2019/20             | We recommend that management creates and implements a risk-based programme of compliance activity to gain assurance that operational practices and procedures are consistent with policy and legislative requirements. Where issues are identified from compliance reviews, a formal action plan should be produced to set out the agreed actions, action owners and timescales for implementation. Management should monitor each action plan to confirm that they are being addressed in a timely manner.<br>We also recommend that the Information Governance Group is provided with regular updates on compliance activity undertaken as well as the results of each review performed.  | 3     |
| Information Governance 2019/20             | We recommend that senior management continues to reinforce the importance of completing mandatory information governance training. Management should ensure that the completion rate is subject to regular monitoring by the Information Governance Group. Where there is sustained non-completion of training, this should be escalated to senior management for action. Consideration should be given to revoking network and systems access for those staff who do not complete the training.<br>We recommend that the Board identifies additional training requirements for those staff who have higher levels of responsibilities for managing and controlling data. Once this is done, management should ensure that formal training is provided (ideally through an eLearning solution) and completed. The Information Governance Group should maintain responsibility for monitoring completion of this additional training.<br><br>In addition, we recommend that the Board implements an ongoing campaign of staff awareness raising activity in relation to Information Governance. This should include different methods to ensure that the Board are not reliant on a single mechanism to inform staff of issues and updates. As an example, the Board should provide regular updates via email bulletins to communicate recent news and information regarding Information Governance and any developments are highlighted alongside links to useful information resources in order to consistently remind staff of their requirements as part of the Board's information handling arrangements. | 3     |
| Cyber Security Review 2020/21              | We recommend that NHS Orkney adopts a formal programme of improvement activity with the objective of developing maturity of cyber security risk management processes in the short, medium and long term.  | 3     |
| Cyber Security Review 2020/21              | We recommend that, as part of the development of a cyber security improvement plan, a formal programme of risk-based penetration testing is developed. This should set out the annual plan of tests to be performed and this should be informed by cyber security risk analysis. We recommend that action plans are created, managed and monitored.<br><br>We also recommend that penetration testing and vulnerability scanning is performed as a mandatory activity whenever there is launch of a new or updated public facing web-based service.<br><br>We also recommend that there is formal security monitoring of the NHS Orkney network by the IT team to identify and suspicious or anomalous activity. Management should evaluate the use of automated tools to perform monitoring using pre-defined use cases.<br><br>We also recommend that management establishes processes to obtain assurance over security management risks via the supply chain. As a minimum, management should request assurance on at least an annual basis from NHS National Services Scotland on the adequacy of security management and monitoring activities for the SWAN. The results of any supply chain assurance should be formally reviewed, with any risks recorded and actions implemented to reduce risk to NHS Orkney.   | 3     |

## Appendix 1

| Originating Audit Report                   | Audit Recommendation   | Grade |
|--|--|-------|
| Cyber Security Review 2020/21              | We recommend that Digital Transformation and IT management identifies relevant special interest groups and sources of intelligence that they can leverage to increase awareness of new and emerging cyber security threats. This should include sources such as the NCSC (National Cyber Security Centre), the CISP (Cyber Security Information Sharing Partnership), vendors and the Scottish Government.   | 3     |
| Cyber Security Review 2020/21              | We recommend that management introduce mandatory cybersecurity training for all staff. The training should form part of the introduction training for new staff and be updated and refreshed annually.<br><br>We also recommend that, when training commences, there is regular monitoring of completion rates with appropriate mechanisms for escalation where staff persistently do not complete this.   | 3     |
| IT Controls Review 2020/21                 | We recommend that an Access Control Policy (ACP) is developed for NHS Orkney, either as a separate policy or as part of the IT Security Policy. This should set out the policy requirements within the board for granting, amending and revoking access for network and application user accounts, including privileged accounts. It should also set out policy requirements for third party access to NHS Orkney network and applications. Policy should also address controls and requirements around the management of default and generic user accounts.<br><br>We also recommend that formal procedures are established within IT for joiners, movers and leavers. A key element of those controls should be formal, authorised requests to create, amend and revoke user access. Part of that process should include engagement with HR joiners and leavers, with HR validating new users and providing information to IT on a weekly basis of leavers, so that the IT team has a compensating control in place should line managers not inform them of a user who has left the organisation.  | 3     |
| IT Controls Review 2020/21                 | Policy requirements in relation to management and control of privileged accounts should be set out in an Access Control Policy. In addition, formal procedures for the management and monitoring of privileged accounts (including those to third parties) should be developed and implemented.<br><br>We recommend that there is formal regular (at least quarterly) review of active accounts to confirm their appropriateness.<br><br>We also recommend that access granted through privileged accounts is managed on the basis of least privilege to ensure that access can only be used for administrative purposes.<br><br>We also recommend management considers the appropriateness of IT staff having membership rights within the Enterprise Administrators group.<br><br>We also recommend that third party accounts are disabled whenever not in use for support purposes. Where third parties require access, they should contact the IT helpdesk and formally request access before the account is then enabled for a time-limited period (using account expiry date functionality), before it is then disabled.<br>We also recommend that there is formal monitoring of privileged account activity. Ideally, this monitoring would be automated using a security incident and event monitoring tool that scanned all network log files and made use of use cases to identify suspicious or anomalous activity. | 3     |
| IT Controls Review 2020/21                 | We recommend that a patch management policy and supporting procedures be formally documented and implemented within the organisation. This should take cognisance of any legacy/ unsupported technology and how this will be protected to avoid increased risk to the rest of the network.<br>The patch management policy and procedure should set out the requirements for patching of network devices, applications and operating systems and testing to be performed as well as the timescales within which this should be done to minimise the risk of vulnerabilities being exploited.<br>We also recommend that there is regular reporting of the patching status of the NHS Orkney technology estate to senior management.<br>We also recommend that security configuration baselines for servers are routine monitored and updated to ensure that they have the latest security applied to them before they are used as part of the deployment of servers.   | 3     |
| IT Controls Review 2020/21                 | We recommend that management implement formal tools to allow for proactive monitoring of the security availability and performance of the organisations network. This should also include capability to monitor privileged account activity.<br><br>Network monitoring helps to keep track of network health status, software updates, bandwidth usage, broken or unreliable network connections. It also helps in identifying suspicious or anomalous activity that is symptomatic of an attempt to gain unauthorised access to the network.  | 3     |
| IT Controls Review 2020/21                 | We recommend management evaluates applying network and device level policy which requires that only authorised and encrypted portable storage media can be connected to NHS Orkney devices. The outcome should be to reduce use of such devices and, where they are necessary, ensure that data can only be copied to a secure device.   | 3     |
| Strategic and Operational Planning 2020/21 | A corporate strategic planning process should be developed and implemented, including utilisation of a robust medium and long terms planning methodology, analysis of the external and internal environment and input from all stakeholders, development of SMART targets, and measurement of performance against them (including covering clinical and workforce strategies)  | 4     |
| Strategic and Operational Planning 2020/21 | A planning policy and guidance document should be developed, clearly defining roles and responsibilities for strategic and operational planning, terms of reference for the specific management, and governance groups and bodies responsible for development and approval of NHS Orkney's plans at all levels.  | 3     |
| Strategic and Operational Planning 2020/21 | The operational planning structure should be revised, to optimise arrangements for regular oversight and co-ordination of planning processes and appropriate level of scrutiny over developed plans  | 3     |
| Strategic and Operational Planning 2020/21 | We recommend that long term objectives for the services should be determined, in line with the strategic direction of NHS Orkney. This should be formally reflected in operational plans.  | 3     |
| Amendments to Staff Bandings 2020/21       | The Workforce Strategy should be updated, along with related policies and procedures, to ensure that current practices are in line with the NHS Orkney's desired outcomes and strategic objectives.  | 3     |



## Appendix 1

| Originating Audit Report                  | Audit Recommendation   | Grade |
|---|--|-------|
| Amendments to Staff Bandings 2020/21      | A formal, comprehensive policy should be developed and deployed. This should bring together (and if necessary, expand on) the existing templates, forms, and any local/ operationsla statement of practices. Justification for any agency or similar appointment should be clear and considered on a range of factors (such as workforce, slinical need, financial and legal/ HR). The modified procedure for emergency situations (eg covid-19 related) should be formally documented and approved, including potential scenarios where such emergency arrangements would be justified.   | 3     |
| Use of Locums 2020/21                     | Requirements for locum registration chechking should be reinforced to all relevant staff, including both for first time and periodic checks. These procedures should be fully incorporated into the SOP.   | 3     |
| Internal & External Communication 2020/21 | NHS Orkney should develop a communication strategy that clearly articulates: <ul style="list-style-type: none"> <li>- The vision that the approach to communication of the Board is trying to convey to key stakeholders</li> <li>- The specific aims of effective communication to both internal and external stakeholders</li> <li>- The key steps and measures that will indicate that communication processes are working effectively</li> <li>- Who is responsible for the effective delivery of internal and external communication processes, including consideration of the required resources.</li> </ul> As part of this process, senior personnel should consider the extent to which the previous stratgy outcomes have been delivered and whether any points are required to be carried forward to the new strategy | 3     |
| Internal & External Communication 2020/21 | A communication policy should be created, defining as a minimum: <ul style="list-style-type: none"> <li>- the main types of communication (eg website publications, freedom of information requests etc).</li> <li>- the review and authorisation approach to be undertaken prior to information being released</li> <li>- guidance for staff on who to engage in relation to commnications, both where an initial enquiry is raised with the communications officer and if an issue is identified locally</li> </ul>  | 4     |
| Estates Management 2020/21                | Aligned to the implementation of the NHS Orkney Asset Management Summary 2019-2029, regular reporting progress to the Board should be implemented. This should include the agreement of SMART metrics to facilitate progress monitoring and regular progress reporting to relevant management and board committee(s).  | 3     |

## Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 4 May 2021** at **11:30**

**Present:** David Drever, Chair  
Issy Grieve, Non-Executive Director  
Fiona MacKellar, Non-Executive Director and Employee Director  
Jason Taylor, Non-Executive Director

**In Attendance:** Mark Doyle, Director of Finance  
Claire Gardiner, Senior Audit Manager, Audit Scotland  
Keren Somerville, Head of Finance  
Gillian Woolman, Audit Director, Audit Scotland  
Meghan McEwen, NHS Orkney Board Chair by invitation  
Matthew Swann, Internal Audit, Associate Director, Azets  
Gemma Pendlebury, Senior Corporate Services Officer (Committee Support)

### 72 **Welcome**

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

The Chair informed members that there had been a change of membership within the Committee and thanked D Campbell for his valued contribution to the committee throughout 2020/21. He also welcomed J Taylor as the new Vice-Chair for the Committee, and I Grieve as a new member.

### 73 **Apologies**

Apologies were received from M Dickson, C Bichan, and D Eardley.

### 74 **Declarations of Interest**

No interests were declared.

### 75 **Minutes of previous meetings held on Tuesday, 2 March 2021**

The minutes of the previous meeting held on Tuesday, 2 March 2021 were approved as a true and accurate record subject to the following amendments:

- Item 1047, page 5, bullet point 4, sub-point 3 – The point should read that there were policies and procedures in place regarding recruitment and appointments, the issue were that those procedures and policies were not being adhered to.
- Item 1057 – The paragraph should read that there was development work being done in partnership with the Chair of the Board regarding assurance frameworks and that these would influence the Governance Committee Assurance Frameworks in the future.

### 76 **Matters Arising**

There were no matters arising additional to the agenda.

### 77 **Action Log**

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

### 78 **Message from the Audit and Risk Committee Chair and Lead Executive**

The Chair informed members that meeting papers for the Committee meetings were not being submitted in line with approved and agreed deadlines. Both the Chair and the Director of Finance as Lead Executive noted that late papers would not be considered at the meeting, unless prior agreement had been sought from the Chief Executive, the Chair of the Committee, and the Lead Executive.

#### **External Audit**

*No items for discussion at this meeting.*

#### **Internal Audit**

### 79 **Draft Internal Audit Annual Report 2020/21**

M Swann, Associate Director, Azets, presented the draft Internal Audit Annual Report for 2020/21.

He explained for members that the report was a culmination of all of the internal audit work that had been conducted for the year 2020/21 and gave the overall audit opinion of Azets as internal auditors for NHS Orkney and the key findings that the various internal audits had discovered throughout the year's programme of works.

Members were advised that there had been a slight change to the work plan for the year 2020/21 as a further three reviews had been identified in areas where there were known to be high risks. This was to ensure that the risks were identified, suitably actions, and assurance could be taken.

#### **Decision / Conclusion**

Members of the Committee received the draft Internal Audit Annual Report for 2020/21 and approved the content of the report.

*Post Meeting note: Members were advised during the meeting that the agenda items would be taken slightly out of order to allow for a smoother running of business. Thus, the next items in these minutes will be the Internal Audit Reports, followed by the Draft Internal Audit Plan for 2021/22.*

#### **Internal Audit Reports**

### 80 **Use of Locums – ARC2122-02**

M Swann, Associate Director, Azets, presented the Internal Audit Report into the Use of Locums for members of the Committee, highlighting that Locum usage was an area that the Committee had asked them to investigate. Investigation had found that there were a number of documented procedures in place, including timesheet and pre-employment checks procedures.

However, the report had found that the following areas were requiring improvement:

## 12.2.1

- Incorporating the Senior Management Team in reporting on the use of locums across NHS Orkney's specialities
- Enhancing the locums contact list with the locum's registration information to ensure suitability
- Adhering to the procedures set out in the Standard Operating Procedures (SOPs)
- Having job descriptions for each individual within the Board

Internal Audit had welcomed the approach taken by management in addressing key actions already, with some scheduled to be closed off in short order.

J Taylor welcomed the audit and the findings in the report. He queried whether there was adequate resource being allocated for the continued maintenance of the locum registrations spreadsheet to ensure it is kept up to date? The Director of Finance noted that the record keeping would be enhanced by work being undertaken in partnership with PlusUs as our external provider of contingent workforce solutions.

The Chair of the Committee noted that the report was timeously received, giving assurance on the usage and the impact of locums on NHS Orkney financially.

### **Decision / Conclusion**

Members took assurance on progress being made in connection with the internal audit report management actions.

## 81 **Corporate Governance – ARC2122-04**

M Swann, Associate Director, Azets, presented the internal audit report on Corporate Governance to members, highlighting that overall there were clear, well defined processes in place which were aligned to Code of Corporate Governance.

There were, however, areas for improvement such as:

- There was limited formal handover processes between Committee Chairs'
- The Recruitment and Selection Policy was last approved in 2009, which leads to the procedures not being fully able to comply with relevant legislation enacted after that date
- A comprehensive training policy for Board Members should be developed, covering scope, role-specific requirements, timescales for completion, feedback, and reporting/monitoring arrangements

There were no areas of non-compliance.

M McEwen gave thanks for the direction detailed within the report and welcomed the actions around a continuous improvement cycle. She noted that work was underway regarding making the induction process and committee welcome a distinct and meaningful.

### **Decision / Conclusion**

Members took assurance from the internal audit report into Corporate Governance.

### 82      **Waiting Times – ARC2122-05**

M Swann, Associate Director, Azets, presented the recurring annual review into Waiting Times, noting a good overall performance for NHS Orkney. He clarified for members that the information was regarding National waiting times, rather than local waiting times.

There was one low level risk for action, which was to ensure the most up to date link to Waiting Times data and statistic was published on the NHS Orkney website at all times.

The Chair welcomed the positive report and noted that waiting times was one of the areas NHS Orkney could pride themselves on.

#### **Decision / Conclusion**

Members of the committee noted the Waiting Times Internal Audit Report and were assured of performance.

### 83      **Internal and External Communication – ARC2122-06**

M Swann, Associate Director, Azets, presented the Internal and External Communication Internal Audit Report and noted that this was the highest risk report that NHS Orkney had received, with one very high risk found within it. Key findings of the report were:

- There needs to be developed an up to date communications strategy that clearly articulates the Board's approach to communications for key internal and external stakeholders
- There needs to be a communications policy created that clearly outlines robust procedures to allow NHS Orkney to manage communication effectively
- Significant improvement was required in key areas to consider effectively the key communication activities in advance of information being released
- Communication with external stakeholders and internally with staff was crucial to help optimise support for the organisations strategic and operational plans
- Internal audit were aware that the findings of the report were already high on the agenda for the Interim Chief Executive and that NHS Orkney were not surprised by the findings within the report
- It was reassuring to see that work had began regarding restructuring changes within the internal and external communications team to better support the delivery of the communications strategy going forward.

The Chair of the Committee acknowledge the report and agreed that they were unsurprised by the findings, which though they had been exacerbated by Coronavirus had been in existence before the pandemic.

#### **Decision / Conclusion**

Members received the internal audit report for Internal and External Communications and were assured that the action plan described would effectively mitigate the risks raised.

## 84 **Estates Management – ARC2122-07**

M Swann, Associate Director, Azets, delivered the internal audit report for Estates Management to members of the Committee, highlighting that this was a well controlled area of the organisation. The report found there was a small number of key issues related to the approach to estates management within NHS Orkney, primarily related to the need to implement appropriate monitoring arrangements following the implementation of a regional approach to the management of estates. Members were advised that there should be a regular monitoring process implemented to map the progress of delivery of NHS Orkney's Asset Management Summary 2019 to 2029.

### **Decision / Conclusion**

Members of the Committee received and noted the report and took assurance on progress and performance.

## 85 **Draft Internal Audit Plan 2021/22 – ARC2122-02**

M Swann, Associate Director, Azets, delivered the draft Internal Audit Plan for NHS Orkney for the coming year 2021/22, noting for members that plan was built around standard requirements. The Committee was asked to approve the content of the plan, with the proviso that the plan could be altered to suit the needs of the Board as and when required.

Key areas highlighted for coverage during 2021/22 were:

- COVID-19 Financials
- Recovery from the COVID-19 outbreak

M McEwen raised a query as to whether the 2021/22 cycle was the appropriate time to audit the Health and Social Care Partnership Working as the new Chief Officer of the Integration Joint Board (IJB) would not have been in position for long enough to have made meaningful changes that could be recorded. M Swann agreed with the point, stating that it was important to audit appropriate areas at the appropriate times. He agreed to return to the Committee following further consideration on the timeframe for the Health and Social Care Partnership Working Internal Audit.

J Taylor welcomed the plan and the schedule of areas to be audited. He raised a query regarding the schedule for auditing areas that were not considered high risk, noting that it would be detrimental to leave areas unaudited simply because there were no challenging issues or risks deemed to be present. M Swann responded by explaining the methodology for developing the internal audit plan, utilizing a wide range of information from corporate documents and risk registers to identify the areas of key risk. However, low risk or areas considered "safe" were periodically looked at, with a large number of those reports being conducted during the transfer to the new hospital two years prior. Lastly, he advised that the Board was still able to pin point key areas on which they would like Internal Auditors to investigate and that the schedule of works could be amended.

The Director of Finance added that there was a need to move away from the "safe" audits and to instead focus on the areas of most need so that actions could be flagged up and risk mitigated swiftly.

## 12.2.1

The Employee Director noted that the Staffside would truly welcome an audit into Health and Social Care Partnership Working. It was a very important audit, and she and Staffside would be keen to see if it could possibly be undertaken potentially during the latter stages of 2021/22.

G Woolman, Audit Director. Audit Scotland, welcomed the information shared by Internal Audit regarding the basis of the plan for 2021/22. She noted that though Payment Verification was not considered to be a high level of risk, it was an area that was delivered on behalf of NHS Orkney by NHS National Services Scotland (NSS). She advised that NHS Orkney would be well placed by thinking about what additional work needed to be undertaken to gain assurance that those service audits were true and appropriate.

### **Decision / Conclusion**

Members of the Committee gave approval that the internal audit work for 2021/22 could be commenced, however they would approve the amended Internal Audit Plan for 2021/22 at the next meeting of the Committee.

86

### **Internal and External Audit Recommendations – ARC2122-08**

The Director of Finance presented the update Internal and External Audit Recommendations for the Committee, asking for approval for the recommendations made:

- Seventeen audit recommendations were brought forward from the last report
- Ten new recommendations had been added
- Approval was sought for seven recommendations to be completed
- An extension was sought for three recommendations
- Twenty recommendations remained in progress with estimated completion dates throughout 2021

The Director of Finance noted that the list would continue to grow as the internal audit process progressed. The List would be sent out by the PA for the Director of Finance in order to gain regular feedback, updates and to chase actions regularly. The Director of Finance was keen to continue with this proactive approach to audit actions and to ensure the closing of actions by the assigned deadlines. The report would be presented to and discussed at each future Audit and Risk Committee meeting.

The Chair requested that consideration be given to the additional ask of staff in the completion of actions, and that any difficulties with capacity be escalated and addressed.

J Taylor gave thanks to the Director of Finance for the following up and chasing of actions and took assurance in that. He further queried whether the closing of actions 186 and 197 had been agreed on the basis that the training had been undertaken, rather than having achieved a level of completion of that training. The Director of Finance confirmed that the training had been put in place and that that was indeed the reason for the actions closure.

M McEwen raised a concern that following a recent software update, some mandatory training modules (i.e. Health and Safety) on LearnPro were no longer

compatible with Adobe Flash Player and so training slides were not viewable for staff. The Committee required assurance that all staff were able to access the mandatory training module information. This would be added to the Audit and Risk Committee Action Log for follow up.

### **Decision / Conclusion**

Members of the Committee approved the recommendations made in the Internal and External Audit Recommendations report.

*I Grieve withdrew from meeting at 12:42*

### **Annual Governance Statement**

#### **87 Draft Directors' Subsidiary Statement on Governance**

The Director of Finance advised members that the Directors' Subsidiary Statement on Governance was very much in draft form and was being presented to the Committee for a review of the content. He clarified that the Executive Directors of NHS Orkney were responsible for maintaining systems of internal control in order to provide assurance to the Board for the Annual Accounts. Certain items had been added to the statement to take into consideration the updated Certificates of Assurance from the Scottish Government.

G Woolman, Audit Director, Audit Scotland, welcomed the draft response and certificates of assurance, noting it was an important piece of evidence for the annual governance statement.

J Taylor queried when the final version would be submitted to the Committee and the Director of Finance confirmed that the final version would be agreed at the next Audit and Risk Committee meeting on 2 June 2021, before being presented to the Board on the 24 June 2021.

### **Decision / Conclusion**

Members received the Draft Directors' Subsidiary Statement on Governance and welcomed the final version for submission to the next meeting.

### **Information Governance**

#### **88 Information Governance Action Plan Progress Report – ARC2122-10**

The Director of Finance delivered the Information Governance Action Plan Progress Report, highlighting for members actions taken place since last meeting:

- The complete suite of updated Information Governance Policies had been presented to the Information Governance Committee in April 2021
- NHS NSS, in conjunction with NHS Orkney's IT Department, had been tasked with reviewing cyber security and the NIS audit
- Mandatory training requirements had been reviewed and training arranged for the EMT, SMT and the Information Governance Committee
- Online mandatory training was being developed for all staff
- All actions to the end of March 2021 as set out in the NHS NSS External Review paper had been completed



## 12.2.1

- Handover to the DPO and Deputy DPO was planned once the positions had been recruited to. In the meantime, progress would be retained to date.

### **Decision / Conclusion**

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

#### **89 Information Governance Group Chair's Report and approved minute from 4 February 2021 – ARC2122-11**

The Director of Finance presented the Information Governance Chair's Report., which gave an overview of the matters discussed at the 4 February 2021 meeting of the Information Governance Committee.

### **Decision / Conclusion**

Members received and noted the Chairs Report and minutes from the Information Governance Committee.

#### **90 Information Governance Group Annual Report 2020/21 – ARC2122-12**

The Director of Finance presented the Information Governance Committee Annual Report for 2020/21 for members of the Committee for information and noting.

### **Decision / Conclusion**

Members of the Committee noted the annual report.

### **Annual Accounts**

#### **91 Annual Accounts Timetable – ARC2122-13**

The Director of Finance presented the annual accounts timetable for members of the Committee, highlighting that the Scottish Government had agreed an extension to the Annual Accounts timeline until the end of September 2021. However, he confirmed that NHS Orkney would look to complete their Annual Accounts by the original deadline of the end of June 2021.

### **Decision / Conclusion**

Members of the Committee noted the timeline and deadline for the completion of the Annual Accounts.

### **Fraud**

#### **92 Attempted Fraud on the Endowment Bank Account**

The Director of Finance, in the remit of Fraud Liaison Officer, presented the report for members of the Committee, explaining that a member of staff had been contacted by an alleged bank employee regarding attempted frauds made against the Board's endowment bank accounts. The caller managed to communicate with a number of employees and informed them that two large payments had been made and requested verification from and appropriate authorised contact. The caller asked the staff member to log into Bankline and carry out instructions to block

## 12.2.1

the payments. However, once logged in, the caller asked the staff member to click on a “new payment” screen and provided an unfamiliar name to be input as a new payee. The caller identified himself to be from RBS Bankline and noted he was at their Fraud Department in Edinburgh, as well as providing a telephone number and extension number. The caller provided names of the individuals who were allegedly making the fraudulent attempts on the Board’s bank account and noted the other banks involved had been notified, however the stated bank names did not match the true banks with which the individuals held their accounts.

The Director of Finance confirmed that the telephone call was terminated by the NHS Orkney staff member and had been reports to both the Royal Bank of Scotland and Action Fraud. As a result, no monies were lost as the call handlers did not proceed with any actions requested. Furthermore, Counter Fraud Services would distribute an alert to all NHS Scotland Health Boards for awareness.

### **Decision / Conclusion**

Members received the report and were assured that staff had acted appropriately and that the fraud had been alerted to the appropriate authorities.

### **Risk**

#### **93 Risk and Assurance Report – ARC2122-14**

The Director of Finance delivered the Risk and Assurance Report on behalf of the Head of Assurance and Improvement, highlighting for members that there was a great deal of work being undertaken regarding risk which was closely aligned with the NIS Audit.

- He explained that the Risk Management Implementation Plan underpinned the Board’s Corporate Strategy. A comprehensive amount of review had already taken place regarding the risk registers
- Risks were now divided into four appropriate areas: Corporate Risk, Business and Support, Health Care, and Hospital Risks
- Risks had also been pushed to Departmental level for actions, management and mitigation where appropriate
- Before a risk was entered onto a risk registers it would be thoroughly reviewed to ascertain if it was placed suitably
- Risk registers were reviewed on a monthly basis to ensure they were up to date
- The Corporate Risk Register was managed as an Executive Management Team and the Board
- A session to score the Corporate Risk Register had been scheduled and would be presented to the Audit and Risk Committee, before then being presented to the Board for approval.

J Taylor gave recognition to the Director of Finance and the team that had worked on the risk register project, acknowledging the huge amount of work that had been undertaken and the progress that was evident. He encouraged that feedback from the monthly risk meetings be provided to the originator of the risk to reinforce the process and build confidence in the system. The Director of Finance agreed and confirmed that feedback was to be presented to the relevant staff as well as the Risk Management Forum.

## 12.2.1

The Employee Director raised a query regarding whether every department had a risk register and were they managing and updating it regularly. The Director of Finance would raised the query at the next meeting of the Risk Management Forum and would return to the Audit and Risk Committee with appropriate assurances. This item would be entered onto the Audit and Risk Committee Action Log for monitoring.

### **Decision / Conclusion**

Members of the Committee received the Risk and Assurance Report and gained assurance from progress made.

### **Risks Escalated from Governance Committees**

#### 94 **Staff Governance Committee – Cross Committee Assurance Report – ARC2122-15**

The Committee received the Cross-Committee Assurance Report from the Staff Governance Committee in relation to the meeting on 24 February 2021. The report highlighted to members that there had been an audit on employee personnel files, and presented evidence that requirements were being met in line with pre-employment checks, right to work requirements, and where appropriate, fitness to practice guidelines were being appropriately carried out prior to an employee's start date.

The report advised that 20% of staff files had been audited, equating to 185 employees of the substantive workforce and bank workforce employed as of 12 January 2021.

96 of the audited employees had all necessary and relevant paperwork in place within their electronic personnel files, 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 the 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.

### **Decision / Conclusion**

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

### **Governance**

#### 95 **Annual Litigation Report – ARC2122-16**

The Director of Finance presented the Annual Litigation Report to members of the Committee. The report was to updated on the current Litigation cases overseen and managed by the Central Legal Office (CLO), in Edinburgh, and the financial implications of each case.

Since the last report in August 2020, there had been one case opened by the CLO and they were acting on behalf of NHS Orkney on one single claim for £50k in connection with an alleged incidence of sub-standard post-operative care.

## 12.2.1

The Director of Finance advised members that a settlement was expected by September 2021.

### **Decision / Conclusion**

Members of the Committee received the Annual Litigation Report and were assured of progress.

### **Governance Committee Annual Reports 2020/21**

#### **96      Audit and Risk Committee Annual Report 2020/21 – ARC2122-17**

Members of the Committee received the Audit and Risk Committee Annual Report for 2020/21.

G Woolman welcomed the detail included in report and highlighted a typographical error on page 238, where the date was noted as March 2020 instead of 2021.

*G Woolman withdrew from the meeting at 13:16*

J Taylor requested that an additional success be added to include the enormous effort and amount of work taking place in connection with risk registers.

### **Decision / Conclusion**

The Committee approved the Annual Report, with the additional success to be included and the amendment of one incorrect date on page 238.

#### **97      Clinical and Care Governance Committee Annual Report 2020/21 – ARC2122-18**

Members received the annual report.

### **Decision / Conclusion**

Members approved the annual report.

#### **98      Finance and Performance Committee Annual Report 2020/21 – ARC2122-19**

Members received the annual report.

### **Decision / Conclusion**

Members approved the annual report.

#### **99      Remuneration Committee Annual Report 2020/21 – ARC2122-20**

Members received the annual report.

### **Decision / Conclusion**

Members approved the annual report.

100 **Staff Governance Committee Annual Report 2020/21 – ARC2122-21**

Members received the annual report.

**Decision / Conclusion**

Members approved the annual report.

**Governance Committee Annual Development Session Documentation for 2021/22**

101 **Joint Clinical and Care Governance Committee Annual Development Session Documentation – ARC2122-22**

Members received the Terms of Reference and Workplan for 2021/22.

**Decision / Conclusion**

Members approved the Terms of Reference and Workplan for 2021/22.

102 **Finance and Performance Committee – ARC2122-23**

Members received the Terms of Reference, Workplan, and Risks, Controls, and Assurance Framework for 2021/22.

**Decision / Conclusion**

Members approved the Terms of Reference, Workplan, and Risks, Controls, and Assurance Framework for 2021/22.

103 **Remuneration Committee – ARC2122-24**

Members received the Terms of Reference, Workplan, and Risks, Controls, and Assurance Framework for 2021/22.

**Decision / Conclusion**

Members approved the Terms of Reference, Workplan, and Risks, Controls, and Assurance Framework for 2021/22.

104 **Staff Governance Committee**

Members received the Terms of Reference and Workplan for 2021/22.

**Decision / Conclusion**

Members approved the Terms of Reference and Workplan for 2021/22.

105 **Agreed key items to be brought to Board or other Governance Committees attention**

Members of the Committee agreed to raise the following key messages for the attention of the Board:

- Annual Accounts

## 12.2.1

- Internal Audit Annual Report
- Risk Register work and assurance
- Indication request from Chair of Board to more detail on work that is in hand – brief report on IA reports approved for 2021/22

### 106 **Any Other Competent Business**

There was no other competent business for discussion.

#### **Items for Information and Noting Only**

##### **Audit Scotland Reports**

### 107 **Technical Bulletin 2021-01**

Members received the Technical Bulletin extract report.

### 108 **Schedule of Meetings 2021/22**

Members noted the schedule of meetings for 2021/22.

### 109 **Record of Attendance**

The Committee noted the record of attendance.

### 110 **Committee Evaluation**

Members noted that the meeting had involved a large number of papers but agreed there had been good discussion around the items and the reports had been received at times appropriate for review within the year.

Members agreed that the extract report for the Technical Bulletin was much more appropriate and welcomed the continuation of that method for future meetings.

*Meeting closed at 13:25*

## Not Protectively Marked

**NHS Orkney Board – 24 June 2021**

**Report number: OHB2122-32**

**This report is for noting**

### Key Legislation

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

## Key Documentation issued by Scottish Government Health and Social Care Directorates

| Topic   | Summary  |
|---|--|
| <b>Independent Review into the Delivery of Forensic Mental Health Services - What we think should happen</b><br><a href="https://www.gov.scot/publications/independent-forensic-mental-health-review-final-report/">https://www.gov.scot/publications/independent-forensic-mental-health-review-final-report/</a> | <p>The final report of the Independent Review into the Delivery of Forensic Mental Health Services recommends greater strategic oversight and accountability across forensic inpatient and community services as a whole. Specifically, it calls for: greater use of service level agreements; Scottish Government guidance or bolstering the powers of the Forensic Network; a national approach to minimum standards or service specifications; and the replacement of the State Hospitals Board with a national body with a wider remit across forensic mental health services.</p> |
| <b>Consultation on a Patient Safety Commissioner role for Scotland</b><br><a href="https://www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/">https://www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/</a>                                       | <p>A Scottish Government consultation sought comments on what that role of the Patient Safety Commissioner (PSC) should look like; who the PSC should report to; and how the role should interact with existing legislation and policies, as well as with the various organisations involved in providing and improving health and care services in Scotland</p>   |
| <b>Coronavirus (Scotland) Acts (Amendment of Expiry Dates) Regulations 2021 (SSI 2021/152)</b>  | <p>These Regulations amend the Coronavirus (Scotland) Act 2020 and Coronavirus (Scotland) (No. 2) Act 2020 to that Pt 1 of both Acts expires on 30 September 2021.</p>   |
| <b>Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 20) Regulations 2021 (SSI 2021/186)</b><br><a href="https://www.legislation.gov.uk/ssi/2020/344/contents">https://www.legislation.gov.uk/ssi/2020/344/contents</a>                                    | <p>These Regulations amend the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020.</p>   |
| <b>NHS in Scotland 2020</b><br><a href="https://www.audit-scotland.gov.uk/uploads/docs/report/2021/nr_210117_nhs_overview">https://www.audit-scotland.gov.uk/uploads/docs/report/2021/nr_210117_nhs_overview</a>  | <p>According to the Auditor General for Scotland, the Scottish Government acted quickly to prevent the NHS from being overwhelmed by COVID-19, but it could have been better prepared</p>  |



| Topic   | Summary  |
|---|--|
| <a href="https://www.audit-scotland.gov.uk/news/lessons-to-be-learned-from-pandemic-response.pdf">.pdf<br/>https://www.audit-scotland.gov.uk/news/lessons-to-be-learned-from-pandemic-response</a>  | <p>to respond to the pandemic. The Scottish Government based its initial response to COVID-19 on the 2011 UK flu pandemic preparedness strategy.</p>   |
| <p><b>Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 27) Regulations 2021 (SSI 2021/238)</b></p> <p><a href="#">Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 as amended</a></p>   | <p>These Regulations amend the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020.</p>   |
| <p><b>Coronavirus Acts: seventh report to Scottish Parliament</b></p> <p><a href="https://www.gov.scot/publications/coronavirus-acts-seventh-report-scottish-parliament/">https://www.gov.scot/publications/coronavirus-acts-seventh-report-scottish-parliament/</a></p>  | <p>The Scottish Government's seventh report on the operation and status of the provisions of the coronavirus (COVID-19) legislation sets out the status and operation of the necessary legislation to respond to the coronavirus COVID19 pandemic.</p>   |
| <p><b>Ethical standards in public life: consultation on Model Code of Conduct for board members of devolved public bodies: Analysis of responses</b></p> <p><a href="https://www.gov.scot/publications/ethical-standards-public-life-consultation-model-code-conduct-board-members-devolved-public-bodies/">https://www.gov.scot/publications/ethical-standards-public-life-consultation-model-code-conduct-board-members-devolved-public-bodies/</a></p> | <p>A Scottish Government publication provides an analysis of responses to its consultation on proposals for a revised Model Code of Conduct for members of devolved public bodies. Of the 45 respondents, 84% indicated that they have used the Model Code before. Many expressed the view that society and practice is changing and that the Model Code must be updated to ensure its continued relevance and/or to incorporate lessons learned through recent experience. Respondents felt that clarity was needed in relation to: when board members can reasonably be considered as representing their public body; when a conflict of interest requires a declaration; and when conflicts of interest should remove board members from discussions.</p> |

## Circulars

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

| Reference:       | Date of Issue: | Subject:  |
|------------------|----------------|---|
| CMO(2021)08      | 30.03.2021     | Enhanced Surveillance of COVID-19 in Scotland: Serology Programme: continuation for 2021/22   |
| PCS(ESM)2021/02  | 30.03.2021     | Temporary Responsibility Allowance for Nurse Directors  |
| CDO(2021)03      | 31.03.2021     | Scottish Government policy on ventilation (survey)  |
| CMO(2021)09      | 01.04.2021     | COVID-19 Vaccination Programme  |
| CMO(2021)10      | 08.04.2021     | COVID-19 vaccination programme - change in recommended use of AstraZeneca vaccine   |
| PCA(P)(2021)05   | 08.04.2021     | Pharmaceutical Services: amendments to the drug tariff in respect of remuneration arrangements and part 7 discount clawback arrangements from 1 April 2021. |
| PCA(P)(2021)06   | 08.04.2021     | Covid 19 - Community Pharmacy: extension of NHS medicines delivery service  |
| CEM/CMO/2021/011 | 12.04.2021     | COVID-19 therapeutic alert: inhaled budesonide for adults (50 years and over) with covid-19   |
| CDO(2021)04      | 13.04.2021     | Various updates   |
| PCA(M)(2021)05   | 16.04.2021     | COVID 19 - Dispensing GP practices : extension of NHS medicines delivery service  |
| DL(2021)12       | 16.04.2021     | Shielding NHS staff   |
| PCA(O)(2021)06   | 29.04.2021     | General Ophthalmic Services (GOS): Update on opening hours for practice premises<br>Update on financial support for practice premises and mobile practices. |
| CMO(2021)11      | 07.05.2021     | COVID-19 vaccination programme  |

# 14.1

| Reference:              | Date of Issue: | Subject:   |
|-------------------------|----------------|--|
|                         |                |  |
| <b>CMO(2021)12</b>      | 13.05.2021     | Change to the arrangements for supply of Pneumococcal Polysaccharide Vaccine (Pnewmovax23), for the national immunisation programme from June 2021   |
| <b>CMO(2021)13</b>      | 18.05.2021     | COVID-19 vaccination programme: B.1.617.2 variant  |
| <b>PCA(P)(2021)07</b>   | 24.05.2021     | Additional Pharmaceutical Services: NHS Pharmacy First Scotland: addition of common clinical conditions  |
| <b>DL(2021)13</b>       | 26.05.2021     | Quarantine (self-isolation) for NHS Scotland staff returning to the UK   |
| <b>PCS(DD)2021/01</b>   | 27.05.2021     | Annual leave and public holiday entitlements: Consultants (Scotland) (2004) Specialty Doctors (Scotland) (2008); Associate Specialists (Scotland) (2008); NHS Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service (Scotland) (2007); GP Specialty Registrars in General Practice |
| <b>PCS(AFC)2021/02</b>  | 27.05.2021     | Pay and conditions for NHS staff covered by the Agenda for Change agreement  |
| <b>PCA(P)(2021)08</b>   | 02.06.2021     | Universal access lateral flow device test kits – community pharmacy covid-19 test kit distribution service   |
| <b>CMO(2021)14</b>      | 03.06.2021     | Scottish childhood and school flu immunisation programme 2021/22   |
| <b>PCA(O)(2021)07</b>   | 04.06.2021     | General Ophthalmic Services (GOS): Update on Ophthalmic List removal for non-provision of GOS; Reminder regarding participation in the lateral flow device testing programme; Update on financial support for practice premises and mobile practices   |
| <b>PCS(SDIA)2021/01</b> | 04.06.2021     | Scottish Distant Islands Allowance   |
| <b>CDO(2021)05</b>      | 09.06.2021     | Scottish Government policy on ventilation in dental premises   |

## NHS ORKNEY BOARD

### Timetable for Submitting Agenda Items and Papers 2021/22

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

<sup>1</sup> draft minute of previous meeting, action log and business programme to be available

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

<sup>3</sup> draft agenda, minute and action log issued to Directors following meeting

## NHS Orkney - Board - Attendance Record - Year 1 April 2021 to 31 March 2022:

| Name:           | Position:                                 | 22 April<br>2021 | 24 June<br>2021 |  |  |  |  |  |
|-----------------|---|------------------|-----------------|--|--|--|--|--|
| <b>Members:</b> |   |                  |                 |  |  |  |  |  |
|                 | <b>Non-Executive Board<br/>Members:</b>   |                  |                 |  |  |  |  |  |
| M McEwen        | Chair                                     | Attending        |                 |  |  |  |  |  |
| D Drever        | Vice Chair                                | Attending        |                 |  |  |  |  |  |
| D Campbell      | Non Executive Board member                | Attending        |                 |  |  |  |  |  |
| C Evans         | Non Executive board member                | Attending        |                 |  |  |  |  |  |
| I Grieve        | Non Executive Board member                | Attending        |                 |  |  |  |  |  |
| S Johnston      | Area Clinical Forum Chair                 | Attending        |                 |  |  |  |  |  |
| J Kenny         | Non Executive Board member                | Attending        |                 |  |  |  |  |  |
| F MacKellar     | Employee Director                         | Attending        |                 |  |  |  |  |  |
| J Stockan       | Non Executive Board member                | Attending        |                 |  |  |  |  |  |
| J Taylor        | Non Executive Board member                | Attending        |                 |  |  |  |  |  |
|                 | <b>Executive Board Members:</b>           |                  |                 |  |  |  |  |  |
| M Dickson       | Interim Chief Executive                   | Attending        |                 |  |  |  |  |  |
| M Doyle         | Director of Finance                       | Attending        |                 |  |  |  |  |  |
| D McArthur      | Director of Nursing, Midwifery and<br>AHP | Attending        |                 |  |  |  |  |  |
| L Wilson        | Director of Public Health                 | Attending        |                 |  |  |  |  |  |
|                 | <b>In Attendance:</b>                     |                  |                 |  |  |  |  |  |
| S Brown         | Chief Officer – IJB – from<br>24.05.21    |                  |                 |  |  |  |  |  |
| L Hall          | Interim Director of HR                    | Attending        |                 |  |  |  |  |  |
| G Morrison      | Chief Officer – IJB – to 21.05.21         | Attending        |                 |  |  |  |  |  |
| E West          | Corporate Services Manager                | Attending        |                 |  |  |  |  |  |
| K Wilson        | Interim Director of Acute Services        | Attending        |                 |  |  |  |  |  |