

NHS Orkney Board

26 August 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 26 August 2021** at **10:00am**.

Meghan McEwen
Chair

Agenda

Presentation

The Hospital Adventure - Demystifying hospitals - Tariro Gandiya

| Item | Topic | Lead Person | Paper Number | Purpose |
|------|---|------------------------------------|--------------|--|
| 1 | Apologies | Chair | | To <u>note</u> apologies |
| 2 | Declaration of interests | Chair | | To <u>update</u> the Board on new general or specific declarations of interest |
| 3 | Minutes of previous meetings held on 24 June and 1 July 2021 | Chair | | To check for accuracy, <u>approve</u> and <u>signature</u> by Chair |
| 4 | Matters arising | Chair | | To <u>seek assurance</u> that actions from the previous meeting have been progressed |
| 5 | Board action log | Chief Executive | | To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required |
| 6 | Clinical Quality and Safety | | | |
| 6.1 | Healthcare Associated Infection Prevention and Control Report | Interim Director of Acute Services | OHB2122-33 | To <u>review</u> and <u>seek assurance</u> on performance |

| Item | Topic | Lead Person | Paper Number | Purpose |
|----------|--|---|--------------|---|
| 6.2 | Clinical Strategy – update | Interim Chief Executive/ Associate Medical Director – Community | OHB2122-34 | To <u>note</u> progress to date and the proposed plan for completion of the document. |
| 6.3 | Joint Clinical and Care Governance Committee Chairs report and minutes from meetings held on 9 June 2021 | Joint Clinical and Care Governance Committee Chair | OHB2122-35 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 6.4 | Area Clinical Forum Chairs report and minutes from meetings held on 1 June 2021 | Area Clinical Forum Chair | OHB2122-36 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 7 | Workforce | | | |
| 7.1 | Human Resources Services – Update | Interim Director of Human Resources | OHB2122-37 | To <u>receive an update</u> on the transformation of HR Services and the input of the Interim Director of Human Resources |
| 7.2 | NHS Orkney – DHI Listening Report | Interim Chief Executive | OHB2122-38 | To <u>receive an update</u> on progress with the DHI recommendations |
| 7.3 | Staff Governance Committee Chairs report | Staff Governance Committee Chair | Verbal | To <u>seek assurance</u> from the verbal update |
| 8 | Organisational Performance | | | |
| 8.1 | Financial Management Performance Report | Director of Finance | OHB2122-39 | To <u>review</u> the in year financial position and <u>note</u> the year to date position |

| Item | Topic | Lead Person | Paper Number | Purpose |
|-----------|--|---|--------------|--|
| 8.2 | Performance Management Report | Head of Assurance and Improvement | OHB2122-40 | To <u>scrutinise</u> the report and <u>seek assurance</u> on performance |
| 8.3 | Finance and Performance Committee Chair's Report and minute of meeting held on 27 May 2021 | Finance and Performance Committee Chair | OHB2122-41 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 9 | Risk and Assurance | | | |
| 9.1 | Corporate Risk Register | Interim Chief Executive | OHB2122-42 | To <u>monitor</u> the corporate risks which have been agreed by the Executive Management Team. |
| 9.2 | Audit and Risk Committee Chair's Report and minute of meeting held on 1 June 2021 | Audit and Risk Committee Chair | OHB2122-43 | To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes |
| 10 | Any other competent business | | | |
| 11 | Items for Information | | | |
| 11.1 | Orkney Partnership Board – minutes from meeting held on 19 January and 10 May 2021* | Chair | | To <u>note</u> the approved minutes |
| 11.2 | Key Documentation Issued* | Chair | OHB2122-44 | To <u>receive</u> a list of key legislation issued since last Board meeting |
| 11.3 | Board Reporting Schedule 2021/22* | Chair | | To <u>note</u> the schedule |

| Item | Topic | Lead Person | Paper Number | Purpose |
|------|-----------------------|-------------|--------------|----------------------------------|
| 11.4 | Record of Attendance* | | | To <u>note</u> attendance record |

Open Forum – Public and Press Questions and Answers session

“ items marked with an asterisk are for noting only and any queries should be raised out with the meeting with the Corporate Services Manager, Chair or Lead Director”*

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 24 June 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
James Stockan, Non Executive Board Member
Jason Taylor, Non Executive Board Member

In Attendance

Christina Bichan, Head of Assurance and Improvement
Stephen Brown, Chief Officer, Integration Joint Board
Julie Colquhoun, Head of Corporate Administration (item B38)
Malcolm Colquhoun, Head of Estates and Facilities (item B32)
Emma West, Corporate Services Manager (minute taker)
Kim Wilson, Interim Director of Acute Services

B25 Welcome and Apologies

Apologies were noted from D McArthur and L Wilson.

Current Covid situation

Members were updated on the current Covid outbreak, noting that there was no blame or intent, Orkney was currently in level zero and the community had behaved accordingly. Anyone who had visited a hospitality venue in Kirkwall since the 14 June 2021 had been asked to come forward for a PCR test, these tests were being sent to Glasgow for processing to allow any symptomatic cases to be processed locally.

700 tests had been completed to date, in connection with the outbreak, and regular meetings would continue to review the results received and shape the response moving forward. Thanks, were extended to the public for coming forward to get tested and for all staff involved in the response.

DHI Listening Exercise

The Chair gave thanks to all staff for their hard work in moving NHS Orkney forward from the organisation that was referenced in the report. It was advised that the Area Partnership Forum would continue to progress this work and enable staff to move forward by supporting a positive working environment. The Board reaffirmed their commitment to this work which would remain a priority.

B26 Declarations of interests

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

B27 Minute of previous meeting held on 22 April 2021

The minute of the meeting held on 22 April 2021 was accepted as an accurate record of the meeting and approved.

B28 Matters Arising

No matters arising were raised.

B29 Board Action Log

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

Governance

B30 Governance Committee Annual Reports 2020-21 – OHB2122-15

The Chair presented the report providing the Board with the Governance Committee Annual Reports for 2020/21 for noting. Members were advised that in order to assist the Board in conducting a regular review the effectiveness of the systems of internal control, the Code Corporate Governance required that all Standing Committees submit an annual report to the Board for scrutiny and assurance.

Furthermore, this was a requirement of the Governance Statement as part of the approval of NHS Orkney's Annual Accounts and the report is submitted in fulfilment of this requirement.

The following were noted with respect to the individual Governance Committee reports:

- Audit and Risk – there was a challenging and ambitious Internal Audit Plan, and the Committee were commended for oversight of this.
- Joint Clinical and Care Governance Committee – The amended Terms of Reference better reflecting the joint nature of the Committee were welcomed, acknowledging that further improvements could still be made moving forward. The Chair noted that clarity around the Orkney Health and Care Committee would be required to avoid duplication of reporting.
- Finance and Performance Committee – The Committee noted the positive appointment of a permanent Director of Finance and the committed partnership with the Integration Joint Board.
- Staff Governance Committee – The Committee had a stronger focus and direction and were fully supported by a Lead Director and appropriate staff.
- Remuneration Committee -Additional work had been carried out by the Committee throughout the year and thanks were given to committee members for their openness, honesty, and discretion. The Development Session had also been hugely beneficial.

Decision / Conclusion

The Board noted the Governance Committee Annual reports for 2020/21.

B31 Governance Committee Terms of Reference 2021/22 – OHB2122-16

The Chair presented the reviewed and amended Governance Committee Terms of Reference for Board approval. She advised that each Governance Committee of the Board reviewed Terms of Reference annually to ensure that they were up to date, relevant and meeting current legislation. The Terms of Reference once updated, had been provided to the Audit and Risk Committee to provide assurance around the remits of the Governance Committees

Decision / Conclusion

The Board approved the reviewed and updated Governance Committee Terms of Reference for 2021/22.

Strategy

B32 Corporate Health and Safety Strategy – OHB2122-17

The Head of Estates and Facilities presented the report seeking Board approval of the Strategy on the recommendation of the Staff Governance Committee.

Members were advised that the Health and Safety at Work Act 1974 was 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, aimed to help employers to set goals, but leave them sufficient freedom to decide on how they controlled any hazards and risks which were identified locally. The overall aim of NHS Orkney's Corporate Health and Safety Strategy was to ensure the continued development and sustainability of high-quality Health and Safety support services and systems.

I Grieve questioned how the key objectives were being communicated across the organisation and was advised that the Health and Safety Committee had been refreshed to be truly representative of the organisation and would lead on these areas, there was also an ambition to create a webpage to assist in increasing communications to wider staff groups.

D Campbell questioned how education and training for staff would be progressed and was advised that managers were accountable for the staff within their services and were required to provide information, training, and appropriate supervision. National funding had been secured to provide further in-depth training from the national Examination Board in Occupational Safety and Health which would then be cascaded throughout the organisation in the longer term.

D Drever noted the change of public attitude towards Health and Safety and the need to respond to this with strong systematic direction, strengthening systems and process to increase staff awareness and protect them.

The Employee Director welcomed the inclusion of Staff representatives on the Health and Safety Committee and noted that the Strategy had been endorsed by the Area Partnership Forum.

The Chair questioned why an additional Short Life Working Group (SLWG) had been required and was advised that there had been a need to gain assurance across the organisation that staff were sighted on the plan and the risk profile, the SLWG would be disband with work picked up by the wider committee.

The Chair noted the need to streamline the processes and accountability route for the annual report.

J Stockan questioned work in Primary Care and the wider estate and was advised that work was progressing to create a manual specific to each service under the direction of the Primary Care manager and assurance was provided that all NHS Orkney services would be included.

Decision / Conclusion

The Board approved the Corporate Health and Safety Strategy on the Recommendation of the Staff Governance Committee and acknowledged the significant work that had been carried out to progress this.

Clinical Quality and Safety

B33 Annual Infection Prevention and Control Report – OHB2122-18

The Interim Director of Acute Services presented the annual report giving thanks to the Infection Control team for their exceptional work in responding to the challenges of the pandemic with recognition given to Rosemary Wood for her work and strong leadership, prior to her retirement.

D Campbell noted the successful new appointments of Infection Prevention and Control Manager and Nurse Specialist roles and it was confirmed that permanent recurring funding had been confirmed for both.

S Johnston noted that the report had been provided to the Joint Clinical and Care Governance Committee where it had been very well received; praise was extended to the Infection Control team and all those involved in the pandemic response.

J Taylor questioned whether the Caesarean section rate for Orkney was in line with the rest of Scotland.

Post meeting note: C Sections in NHS Orkney were in line with the rest of Scotland, acknowledging the small numbers and variation. A success story was the positive number of women having a vaginal birth following a c-section.

The Employee Director extended gratitude to the team who had been a fantastic support to front line staff and welcomed the training and upskilling of staff in terms of both opportunity and uptake.

Decision / Conclusion

The Board noted the annual report and gave thanks to the team for all their hard work and dedication over the previous year.

B34 Healthcare Associated Infection Prevention and Control Report – OHB2122-19

The Interim Director of Acute Services 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.

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.

B35 Local Child Poverty Action Report – OHB2122-20

The Chief Officer presented the report, advising that the Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they were taking, and would take, to reduce child poverty. Reports were to be submitted to the Scottish Government by 30 June following the end of the reporting year.

The following information was highlighted:

- 21.9% of children in Orkney and 24% of children in Scotland were living in households with income, net of housing costs, that were below 60% of median.
- This equated to 1 in 5 children locally that were living in poverty
- Rates of fuel poverty were higher in Orkney than other areas in Scotland
- Locally the use of the food bank was increasing
- The Citizens Advice Bureau had claimed £1.7m in unclaimed benefits on behalf of families, which was positive but also highlighted the complexity of the benefit system for some families.
- The educational attainment gap was lower than the national average and this was a testament to the work being carried out in schools.

Members were advised that the Child Poverty Strategy would be updated later in year which would be a key step in tackling child poverty, by ensuring that actions were effective and issues were mitigated.

The Chair stressed that actions required to be directed to the most vulnerable groups and inequalities addressed. She noted that alcohol related hospital admissions were nearly twice the national average and that this had not been addressed or mitigated in the report.

D Campbell welcomed the opportunity to review the input of the third sector and smaller organisations and noted that the strategy would help to further focus actions to achieve results.

J Taylor noted the success of the child smile initiative and the importance of preventive healthcare to improve longer term health outcomes.

S Johnston advised that the report had been received by the Joint Clinical and Care Governance Committee, who had recommended Board approval following minor amendments. It was noted that the isles would be made a local priority and there was a requirement to drive this forward and truly integrate. The issue of stigma around poverty was also raised and would continue to be monitoring going forward with an action plan to progress the strategy; assurance had also been sought that representation was aligned and appropriate to take this work forward.

The Employee Director stressed the importance of the living wage, and the part local businesses, as employees, had in lifting children out of poverty.

D Drever noted that the low uptake of free school meals was very stark and should be

addressed in a broad and integrated manner.

J Stockan acknowledged that wages in Orkney were often lower than the Scottish average and as such families had less money to spend, there was also often a stigma attached to using state money and benefits and this culture needed to be changed to view this as an enabler rather than a barrier.

Decision / Conclusion

The Board approved the Local Child Poverty Action Report 2020/21 for submission to the Scottish Government, noting that the Strategy would be produced and acknowledging the collective responsibility to address Child poverty.

B36 **Chairs Report Joint Clinical and Care Governance Committee and minutes of meetings held on the 26 January and 27 April 2021 – OHB2122-21**

S Johnston, Chair of the Joint Clinical and Care Governance Committee, presented the report highlighting the following items which has been discussed by the Committee:

- Members had received the Quality Forum Chairs report noting the focus on an audit of clinical documentation and agreeing to highlight this to the Audit and Risk Committee.
- It was highlighted that further service funding had been secured around Paediatric Autism Diagnosis and neurodevelopmental pathways to progress a six-month test of change model.
- The Public Health Annual report had been received.
- Joanna Kenny had been nominated for the role of joint Vice Chair of the Committee from NHS Orkney.

Decision / Conclusion

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

The Board approved the appointment of Joanna Kenny as the joint Vice Chair of the Committee from NHS Orkney.

B37 **Chairs Report Area Clinical Forum and minutes of meetings held on the 2 February and 30 April 2021 – OHB2122-22**

S Johnston, Chair of the Area Clinical Forum, presented the report highlighting the following items which has been discussed by the Committee:

- Members highlighted the positive work completed around Fetal Alcohol Spectrum Disorder and a move towards a paediatric neurodevelopmental condition diagnostic pathway. Assurance was sought that the pathway would be available to referrers in due course.
- It was noted that the short timeframe for submission had not allowed for meaningful input into the Remobilisation Plan prior to submission to the Scottish Government, it was acknowledged that this was a live document and the Area Clinical Forum would continue to be involved in future iterations.
- Secondary Care Waiting times had caused concern and a subsequent update had been provided, the Interim Director of Acute Services had progressed this with the waiting times group on behalf of the ACF.

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- Concerns remained around Electronic Patient Records within community settings, with colleagues feeling at risk using the current system due to the delays involved from creation of a clinical note to this being electronically available.
- The need for members to be given time to prepare for and attend meetings was highlighted to achieve meaningful clinical input. The Board reaffirmed the commitment to supporting attendance.

Post meeting note: The Director of Finance advised that the data held within the PARIS system required review and refresh prior to implementation of any new system. A System Development Board had been created by Orkney Island Council in collaboration with NHS Orkney to provide governance and structure.

Decision / Conclusion

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

Person Centred

B38 Patient Feedback Annual Report 2020/21 – OHB2122-23

The Head of Corporate Administration presented the report for approval of submission to the Scottish Government by the 30 September 2021 deadline. Members were advised that quarterly reports had been provided through out the year to the Joint Clinical and Care Governance Committee and thanks given to the Patient Experience Officer for producing the comprehensive report.

The report highlighted that the number of complaints has increased compared to the previous year but noted that many of these had been dealt with at early resolution stage, there had also been many compliments received during the pandemic, in relation to staff and their ongoing commitment to health services. The report captured the trends and emerging themes and areas for improvement, which would be addressed.

The Director of Finance questioned how the themes captured would feed into the DHI improvement recommendations and was advised that key themes and influences around cultural issues would continue to be reviewed in line with the recommendations.

J Taylor questioned the figures for completion of training and eLearning modules and was advised that although this was not mandatory for staff it was encouraged.

S Johnston welcomed the work to actively seek views on discharge to further the approach of becoming a learning organisation and questioned how the Board priorities from the Plan on a Page would be incorporated into this work. The Interim Chief Executive advised that this was part of the wider learning of organisation, as complaints could not be seen as isolated issues. It was acknowledged that similar issues were mirrored across the whole of Scotland and people were now more willing to raise concerns if care wasn't up to expectations, work would be completed to consider experiences at point of delivery and take ownership of improvements.

The Chair noted the waiting times backlog, as a result of the pandemic, and the commitment to ongoing communication around this was paramount, ensuring that patients felt heard and that their conditions were well managed.

The Head of Assurance and Improvement noted the need to upskill and support staff in investigation and incident investigation, work was being completed in collaboration with the Organisational Development and Learning Team in this area.

Decision / Conclusion

The Board approved the report for submission to the Scottish Government and gave thanks to the Patient Experience Officer for all her work in this area, especially given the challenging circumstances of the past year.

Workforce

B39 Staff Governance Committee Chairs Report and minute of meeting held on 24 February 2021 – OHB2122-09

C Evans, Chair of the Staff Governance Committee, presented the report advising of the key issues that had been discussed by the Committee:

- The Staff Governance action plan had been well received by the Committee and linked the Staff Governance Standards to departmental working, bringing consistent areas of concern into the reporting structure.
- The Committee had received the NHS Orkney Equality and Diversity Workforce Monitoring Report for 2020/21– thanks were extended to the Equality and Diversity Manager for compiling the report.

The Employee Director advised the Board that the iMatter staff survey would be rolled out later in the year, Boards had asked if the 60% response threshold could be removed but this would still apply. The Staff Governance Monitoring return had been paused due to the pandemic, but this work had now restarted and there would be a requirement to submit the response to the Scottish Government by 24 September 2021.

Decision / Conclusion

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

B40 NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21 – OHB2122-25

Members had received the report for approval on the recommendation of the Staff Governance Committee.

The Interim Chief Executive advised that NHS Orkney were committed to developing and improving reporting through local data collection systems and analysis of this to create a current picture across the organisation. The Equality and Diversity Manager had compiled the report which acknowledged that Equality and Diversity processes were robust, and that recruitment had been appropriate.

The Chair noted June was Pride month and staff had been asked to sign up to the pride pledge to show that they would promote a message of inclusion, speak up and challenge intolerance.

Decision / Conclusion

The Board approved the report for publication.

Organisational Performance

B41 Financial Management Performance Report – OHB2122-26

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 May 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 £0.792m, the anticipated year end outturn was an overspend of £4.9m.

It was important to note that the Board were at a very early stages in the reporting cycle and the numbers were heavily caveated and based on several assumptions, as detailed in the paper, which would be updated through the year.

The Board awaited confirmation of its capital allocation for 2021/22, this was anticipated to be £0.978m and a break even position against capital resourcing was predicted.

The Chair sought further understanding behind the anticipated overspend and the discussions taking place to address this out with the implementation of the sustainable medical model.

The Director of Finance advised this was an organisational issue, management meetings with budget holders were being held on a monthly programme to bring the Board into a balanced position. There were also discussions with NHS Grampian around drugs costing and Service Level Agreements. There would be cost reductions from the new permanent posts reducing the reliance on locums.

J Taylor noted the reductions in patient travel and questioned whether remote ways of working would be embedded to facilitate longer term savings in this area. The Director of Finance confirmed that less patients were traveling for consultation and treatment but there was a need to be pragmatic around the long term savings this would generate.

Decision / Conclusion

The Board noted the reported financial position the anticipate year end out turn.

B42 Performance Management Report – OHB2122-27

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

- There had generally been a positive movement in several areas, although achievement of the access standards remained adversely affected by the pandemic. There would be a continuation of prioritising access in a clinical rather than date order, but longer waits would also be targeted.
- The Golden Jubilee referral route had reopened from June for routine and urgent patients.
- Improvements were being seen in the rates of delayed discharge.
- Planning continued to review the current position against remobilisation plans, activity projections and delivery, in conjunction with workforce and finance

colleagues.

The Director of Finance noted the need to fully understand consultant capacity following recruitment including job plans, planned activity, available resources, and GP input.

The Head of Assurance and Improvement advised that the job planning had been very positive, employment of substantive consultants allowed the Board to plan and maximise use and this was being reviewed over a 3 year planning period. Capacity profiles would then be used to consider activity projections and the flexibility available in this area. The Primary Care Improvement Plan set out service provision in a number of areas including mental health and first point of contact physiotherapy, but the Treatment Times Guarantees were from point of referral into a consultant led service.

The Interim Chief Executive noted that there was also the fundamental issue of limited patients requiring some treatments against capacity to carry out the procedures and advised that work continued in partnership with NHS Shetland consider using resources in a different way and address backlog issues.

Decision / Conclusion

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

B43 **Chairs Report Finance and Performance Committee and minutes of meetings held on the 25 March 2021 – OHB2122-28**

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

- Members had been informed that the Technology Enabled Care Programme Board had been reinstated and had held its first meeting on the 16 April 2021, the Terms of Reference for the group were being finalised.
- Members had previously requested an in-depth report on pharmacy spend, which was brought to the meeting to gain a further understanding of the significant costs, updates would continue to be provided.
- The Standing Financial Instructions had been reviewed with a few minor changes being agreed.
- The procurement Annual Report had been received noting that the Service Level Agreement with National Services Scotland had now ceased.
- Members requested that an update on the Children and Adolescent Mental Health Services Record keeping be provided at the next meeting.

Decision / Conclusion

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

B44 **North Regional Asset Management Plan – OHB2122-29**

The Director of Finance presented the report for information, the Plan concentrated on the impact of the pandemic on each of the northern boards, with individual Asset Management Plan updates that described some of the change in how services would be provided, recognising that some of this change would remain in the longer term.

Decision / Conclusion

The Board noted the report.

Risk and Assurance

B45 Corporate Risk Register – OHB2122-30

The Interim Chief Executive presented the report seeking Board approval of the new set of corporate risks as agreed by the Corporate Management Team who had reviewed the wording, ownership and scoring for all existing and new Corporate Risks.

D Drever welcomed the refreshed approach which was, comprehensive, aligned and accessible.

D Campbell observed that this related to a snapshot in time and questioned how movement in risks would be incorporated into the document moving forward. The Interim Chief Executive advised that many areas were dependent on wider cultural change, as to manage risk effectively there was a need to live it and articulate it through meaningful conversations.

Decision / Conclusion

The Board reviewed and approved the corporate risks as agreed by the Executive Management Team.

B46 Chairs Report Audit and Risk Committee and minute of meeting held on the 4 May 2021 – OHB2122-31

D Drever, Chair of the Audit and Risk Committee, presented the report, highlighting the following:

- Members had received the Annual Accounts timetable, advising that NHS Orkney planned to complete their Annual Accounts by the end of June 2021 rather than take the extension that had been offered by Scottish Government. Since the meeting a national issue with the accounting for PPE by Health Board had arose and this had caused a delay in the final sign off of the accounts which would now be brought to the Audit and Risk Committee and Board on the 1 July 2021.
- The Committee had received the draft Internal Audit Annual Report for 2020/21 which was a culmination of the years work and overall audit opinion.
- The Risk Assurance report had been delivered to the Committee, highlighting the significant amount of work that had been undertaken to strengthen risk management within NHS Orkney.
- Internal Audit recommendations had been reviewed and a summary of these had been provided to the Board.

Decision / Conclusion

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

B47 Any other competent business

No other competent business was raised.

Items for noting

B48 **Key Documentation issued – OHB2122-32**

Members noted the key legislation issued.

B49 **Board Reporting timetables 2021/22**

Members noted the dates of future meetings.

B50 **Record of attendance**

Members noted the record of attendance.

B51 **Evaluation – reflection on meeting**

No issues were raised.

B52 **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 the website in line with current procedures.

Sarah Sutherland from the Orcadian Newspaper attended the meeting virtually and asked the following:

- The Board had not made comment on the findings from the DHI report and this was also not an agenda item at the Board meeting.

The Chair advised that the Board had viewed and digested the report and the Area Partnership Forum were leading on progressing the action planning. The Interim Chief Executive added that this was an ongoing process and noted his disappointment over the negative headline in the Orcadian when staff were committed to improvement and focused on the future. NHS Orkney staff were still vulnerable and had worked so very hard in dealing with Covid pandemic that this was an unfortunate stance for the Orcadian to take. The Board had been through this journey also and the findings from the report had been shared with staff and were in public domain.

S Sutherland advised that she had received the report anonymously from a member of staff and the headlines printed would have been different if there had been better engagement and comment made.

The Chair added that staff and the Board were committed to making NHS Orkney a safe transparent place to work with the highest standards of care.

The Interim Chief Executive noted his disappointment, as the Orcadian had received free and equal access to organisation and working relationships had been close, there should not be a detrimental impact to staff by imposing deadlines and this was a very concerning position for a public body that has a duty of care to staff as it was not reflective of openness shown and commitment to everyone in Orkney. He stressed that as accountable officer he was content with the decisions made and the Board were fully supportive of work to change the culture and be open and transparent and there was a need

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for the media to be aware of the consequences of their actions.

- An update was requested on the engagement across the organisation with clinical staff in relation to the DHI recommendations. The Interim Chief Executive advised that there had been wide spread engagement, working with the Area Partnership Forum, clinical representatives and the Associate Medical Directors, but this was not about listening to one group but widespread engagement across the organisation. The next step would be around the development of a Clinical Strategy including wider community engagement to help shape healthcare in Orkney.
- The number of pride pin badges received and issued was queried.

Post meeting note: NHS Orkney had received 100 badges, 135 staff had signed up to the Pride Pledge, more badges were being ordered and a plan progressed to distribute these.

- The times scales for completion of a Communications Strategy were questioned, The Interim Chief Executive advised that Communications teams across Shetland and Orkney had been brought together and were working extremely hard with the hope that the strategy would be completed by the autumn.

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **Virtually** on **Thursday 1 July 2021** at **11:30am**

Present

Meghan McEwen, Chair
David Drever, Vice Chair
Davie Campbell, Non-Executive Board Member
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Issy Grieve, Non-Executive Board Member
Joanna Kenny, Non Executive Board Member
Fiona MacKellar, Employee Director
James Stockan, Non-Executive Board Member
Jason Taylor, Non-Executive Board Member
Kim Wilson, Interim Director of Acute Services
Louise Wilson, Director of Public Health

In Attendance

Stephan Brown, Chief Officer, Integration Joint Board
Lorraine Hall, Interim Director of Human Resources
Emma West, Corporate Services Manager (minute taker)
Gillian Woolman, Audit Director, Audit Scotland

B53 Apologies

Apologies were noted from S Johnston, C Evans, and D McArthur.

B54 Declarations of interests

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

Governance

Annual Accounts

B55 NHS Orkney Annual Accounts for year 2020/21

The Board were asked to consider and adopt the Annual Accounts for 2020/21 as recommended by the Audit and Risk Committee.

D Drever, Chair of the Audit and Risk Committee advised that the accounts had been considered and scrutinised in detail by the committee.

The Director of Finance advised that the Board had delivered against the Revenue Resource Limit, Capital Resource Limit and contained its spending, and cash requirement as monitored by the Scottish Government.

It was noted that the Accounts would not become public documents until laid before parliament later in the year and would be signed electronically.

Decision / Conclusion

The Board approved the Annual Accounts for 2020/21 as recommended by the Audit and Risk Committee and authorised the Director of Finance and Interim Chief Executive to sign on behalf of the Board.

2020/21 Annual Audit Report from External Auditor

Gillian Woolman, Audit Director, Audit Scotland presented the NHS Orkney 2020/21 Annual Audit Report which had also been considered in detail by the Audit and Risk Committee.

Members were advised that the conclusion of the audit opinion on the 2020/21 Annual Accounts was unmodified and the accounts were a true and fair representation.

She drew members attention to the following key messages:

- There had been a slight delay in the finalisation of the accounts due to accounting issues related to central Covid-19 expenditure, recognising the Personal Protective Equipment (PPE) used by each territorial Board.
- NHS Orkney incurred £11.808m of additional expenditure in relation to Covid-19 costs, the pandemic had also had a significant impact on savings targets and there were ongoing difficulties in the recruitment of staff resulting in increased agency costs.
- NHS Orkney had effective governance arrangements in place that supported good governance and accountability, changes to these arrangements were set out in the Governance statement.
- There had been a small number of Information Governance failures reported in early 2020/21, an independent evaluation had been carried out and action to address issues was ongoing.
- There had been significant changes within the senior management team, however there was satisfaction that there was effective leadership throughout the year.
- Covid-19 had significantly adversely impacted NHS Orkney's activity and waiting times, a Remobilisation Plan had been published to address these issues.
- The Board had appropriate Performance Management arrangements in place which supported continuous improvement, these would need to be reviewed and aligned to the revised Clinical Strategy in due course.

Decision / Conclusion

The Board noted and approved the report as recommended by the Audit and Risk Committee.

B56

Any other competent business

Covid 19 update

The Interim Chief Executive advised that Orkney as a whole had been through a challenging past week and even though the population had been exposed to a high risk situation, due to the high vaccination rate, hard work of the Primary Care team in delivering vaccinations and excellent contact tracing a very serious situation had been avoided. He gave thanks and credit to the community and all involved within NHS Orkney, the action taken to control the outbreak had been seen as an exemplar across Scotland, in terms of the response, and there was a need to consider future navigation through the pandemic.

The Chair echoed these thoughts and acknowledged the incredible efforts around

the logistical management of the vaccination roll out, the vaccination team and the willingness of people to come forward for testing.

Items for noting

B57 Board Reporting Schedule 2021/22

Members noted the timetable.

B58 Record of attendance

Members noted the record of attendance.

B59 Public Forum

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

Sarah Sutherland from the Orcadian Newspaper attended the meeting virtually and questioned when the accounts would be laid before parliament and be made a public document, the Director of Finance advised that based on the previous year it was anticipated that this would be round December 2021.

NHS Orkney Board Action Log Updated 9 August 2021

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

| No | Action | Source | Target date | Owner | Status / update |
|------------|--|-----------------------------|---------------------|---------------|---|
| 01-2021/22 | <u>Child Poverty Strategy</u> The Child Poverty Task Force are 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. | Board meeting 24 June 21 | October 2021 | Chief Officer | To be discussed by SMT on 23 August and Board Development Session on 16 September ahead of being brought to the Board for approval in October 2021. |

Completed actions deleted after being noted at following meeting

Not Protectively Marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-33

This report is for discussion and noting.

Healthcare Associated Infection Prevention & Control Reporting Template for Assurance - August 2021

| | |
|---------------------------------|--|
| Lead Director Author | David McArthur, DoNMAHP HAI Executive Lead Sarah Walker, Infection Prevention & Control Manager |
| Action Required | The Board is asked to: <ul style="list-style-type: none"> • Note the HAIRT report • Note the performance for surveillance undertaken. • Note the detailed activity in support of the prevention and control of Healthcare Associated Infection. |
| Key Points | 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. |
| Timing | This paper is presented to the Board bi-monthly in the Scottish Government's prescribed template. |
| Link to Priority areas | This paper links priority areas for: <ul style="list-style-type: none"> • Covid-19 • Quality and Safety • Systems and Governance |
| Consultation | 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 31st 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.

| LDP Standard 1 st April 2021 -31 st March 2022 <i>Staphylococcus aureus</i> bacteraemia (SAB) For NHSO no more than 3 cases per year but aim for zero. | | |
|--|--------------------|--------------|
| Quarter 1. | April - June | Zero |
| Quarter 2 | July - September | Zero to date |
| 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 2 cases is awaiting validation by ARHAI.

| LDP Standard 1 st April 2021 - 31 st March 2022 <i>Clostridioides difficile</i> infection (CDI) | | |
|---|------------------|--------------|
| Quarter 1. | April-June | 2 TBC |
| Quarter 2 | July-September | Zero to date |
| Quarter 3 | October-December | |
| Quarter 4 | 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.

Any change or improvement process takes some time to embed. The Infection Prevention & Control Team (IPCT) continue to highlight with teams daily, patients that require MDRO screening, to assist implementation and transmission-based precautions until results are available, thereby reducing the risk of transmission.

Currently there is no national update to report on the screening, however, it is anticipated to be improved for quarter 1, 2021.

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 Q2 | 2020_21 Q3 | 2020_21 Q4 | 2021_22 Q1 |
|-------------|------------|------------|------------|------------|
| Orkney | 97% | 100% | 77% | 83% |
| Scotland | 86% | 82% | 83% | |

| CPE Uptake | 2020_21 Q2 | 2020_21 Q3 | 2020_21 Q4 | 2021_22 Q1 |
|------------|------------|------------|------------|------------|
| Orkney | 94% | 96% | 83% | 87% |
| Scotland | 85% | 79% | 82% | |

Hand Hygiene

Hand hygiene peer review through Standard Infection Control Precautions in departments and Department Leads and all other team members play an important role in ensuring best practice is maintained across all staff groups and ensure that visitors fully understand the importance of good

hand hygiene to protect our patients. continues as does quality assurance audits undertaken by the IPCT.

Dress code and technique are paramount in ensuring that hand hygiene is undertaken in the recommended way. Any areas for improvement are highlighted to the individual at time.

Hand hygiene data from June - July 2021

| Jun/Jul 2021 | Observations Opportunity | Technique | % score by group |
|----------------------|-----------------------------|-----------|------------------|
| Nurses | 86 | 79 | 92% |
| Medical | 29 | 22 | 76% |
| AHPs | 11 | 11 | 100% |
| Others | 20 | 19 | 95% |
| Total Overall | 146 | 131 | 90% |

The total number of observations over June/July was 146 across all disciplines.

Of these, 132 took appropriate opportunity to undertake hand hygiene. Of that 132, 131 used the correct technique. This gives an over total of compliant hand hygiene equates to 90%.

Missed opportunity for hand hygiene is the greatest issue across the disciplines, this is raised with staff at time of audit.

Outbreaks/Exceptions

No new HIIORT's submitted to Health Protection Scotland. Remedial and improvement actions are slowly being worked through following incident closure in February.

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. No new cases across the three surveillance streams for Q1 or Q2 to date, this isn't currently being nationally reported as put on hold for pandemic, locally we are still collating this data.

Cleaning and the Healthcare Environment

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

6.1

The NHS Scotland National Cleaning Services audit results over time are included on the reporting page for ease but as of July 2021; Domestic score 95% and Estates 99%. Due to operational issues no audits were completed in May, which is extremely unusual and the team always aim to complete audits in a timely way, however, this was an exception situation.

Enhanced cleaning of frequently touched areas remains in place as recommended in the guidance for COVID-19.

IP&C update

The team are now up and running with all aspects of the IP&C agenda. IPCNs are supported/offered training daily by the ICM and the IPCNS.

The team continue to support departments with any COVID-19 related questions, queries or advice on a daily basis. Recent updates to the National Infection Prevention and Control COVID-19 Addendums have been shared with teams via the weekly comms. The main differences are for cleaning of equipment and the environment within the Amber pathway has reverted to Standard Infection Control Precautions cleaning, unless there is another underlying infection requiring transmission-based precautions.

The team are also ensuring that the appropriate signage is displayed for patients requiring transmission/contact precautions to support staff within the department.

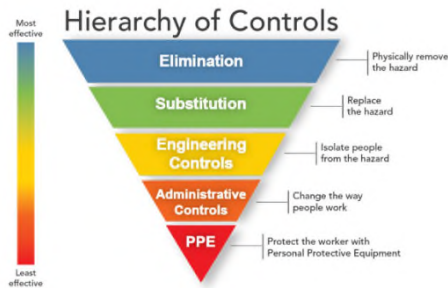
Currently a staff member is visiting all isles practices to undertake an IP&C audit for improvement, offering any advice and support required to meet each practice needs. Another member of the team is supporting all the secondary care needs, including audit and surveillance of infection.

COVID-19 update

Reporting of Covid-19 Scottish Government

Positive cases within Orkney continue to rise, with ongoing reporting to Scottish Government on any healthcare associated cases, which currently sits at zero. However, as cases rise in the community the possibility of having positive cases identified in secondary care will also rise.

COVID-19 General Update



The Scottish COVID-19 Infection Prevention & Control addendum for Acute Settings, which contains a section on “Hierarchy of Controls” is currently being reviewed to ensure that responsibilities are clear, within organisations. The Hierarchy looks at Controlling exposures to occupational hazards, including the risk of infection, is the fundamental method of protecting healthcare workers and as such will be a whole team approach to ensure recommendations are fully met.

Care Home Support.

Three of the care home visits have been completed to introduce our Infection Prevention & Control Nurse (IPCN) to the teams, there are further visits or Teams links to be completed. The IPCN will assist with infection prevention & Control training where required and provide support to the teams. To date care homes teams are keen to have IPCN support to implement the national Infection Prevention and Control Manual for older people and adult care homes.

APPENDICIES

SECTION 2– HEALTHCARE ASSOICIATED 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 *Clostridiodes difficile* specimens identified from non-hospital locations e.g., GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). The national reports are official statistics which undergo rigorous validation which means final national figures may differ from those reported here. However these reports aim to provide more detailed and up-to-date information on healthcare associated infection activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month.

☐ **Healthcare associated cases.**

For each hospital, the total number of cases for each month are included in the report cards. These include those that are considered to be **hospital acquired** i.e., reported as positive from a laboratory report on samples taken more than 48 hours after admission and **healthcare associated** in which the patient has a positive sample taken from within 48 hours of admission and the patient has also had healthcare interaction in the previous 30 days for SAB or 12 weeks for *Clostridium difficile*.

☐ **Community associated cases**

For community associated cases, the patient has had no healthcare interaction as specified in the time frame above, however the specimen was obtained from a current hospital in-patient that did not meet the reporting criteria for a healthcare associated case.

More information on these organisms can be found on the HPS website:

<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.

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

Clostridioides difficile infection monthly case numbers

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

New Balfour Cleaning Compliance (%) Domestic

| | Jul 20 | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 | Apr 21 | May 21 | Jun 21 | Jul 21 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Board Totals | 96% | 95% | 95% | 96% | 96% | 95% | 98% | 96% | 93% | 99% | N/A | 96% | 95% |

New Balfour Estates Monitoring Compliance (%)

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

Not protectively marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-34

This report is for noting

Clinical Strategy – Update

| | |
|---------------------------------|---|
| Lead Director Author | Dawn Moody, Associate Medical Director (Community) Elizabeth Brooks |
| Action Required | The Board is asked to: <ol style="list-style-type: none"> 1. Note the progress to date on the NHS Orkney Clinical Strategy and the plan for completion of the document. |
| Key Points | <p>Development of the Clinical Strategy will continue and incorporate:</p> <ul style="list-style-type: none"> - Learning from the efforts surrounding Covid-19 - Outputs from the recent Listening Project and the 2021 Plan on a Page where appropriate - Strategic direction beyond business as usual <p>It is recommended that work is progressed in three parallel strands which would include consultation with staff of a re-focussed Clinical Strategy, public engagement and building upon the engagement undertaken in the first round of consultation.</p> |
| Timing | NHS Orkney Board meeting 26 August 2021. |
| Link to Priority areas | <ul style="list-style-type: none"> • Covid-19 • Culture • Quality and Safety • Systems and Governance • Sustainability |
| Consultation | <p>Area Clinical Forum - 1 November 2019 TRADAC - 25 November 2019 Hospital Sub Committee - 9 January 2020 NAMAC - 29 January 2020</p> |

NHS Orkney Public Board

Clinical Strategy Update

Dr Dawn Moody, Associate Medical Director Community
Elizabeth Brooks

Section 1 Purpose

This briefing document details progress to date on the NHS Orkney Clinical Strategy and proposes a plan for completion of the document.

Section 2 Recommendations

It is suggested that the work on the clinical strategy be continued but the focus be enhanced to ensure:

1. Learning is taken from the efforts surrounding Covid-19
2. The output from recent work such as the listening project and the 2021 plan on a page be included where appropriate.
3. The document is public facing possibly with both a shorter and longer version.
4. The scope of the document will cover strategic direction beyond business as usual.

It is recommended that the work going forward has three strands which would run in parallel:

- Consultation with staff on a re-focussed clinical strategy.
- Public engagement on the emerging drivers for change and focus areas for the clinical strategy.
- Building on the engagement undertaken in the first round of consultation.

Section 4 Background

The text below has been adapted from SBAR (02/03/21) produced by David McArthur.

The Clinical Strategy was first discussed with the SMT in late 2018 and at a Board Development session on 23rd November 2018. The work was initiated in January 2019 with the provision of a Strategic Intent paper to the NHSO Board. This was supported by the Board and was followed by a short SBAR presented to APF on 4th April 2019, outlining the intent and methodology. The purpose of the Clinical Strategy was described in that

paper as:

- How we are going to deliver high quality care in response to patient and carer feedback.
- To guide the development of Clinical activities for the next 5 years and beyond.
- The Clinical Strategy as well as being the key driver for other NHSO strategies will guide other business activities, service developments and plans required to support the provision of clinical services

An update paper was submitted to the Board on 22nd August 2019. The DPH, Medical Director and DoNMAHP were tasked with producing a draft outline strategy. Which would provide the basis for consultation with first clinical groups and then public and other stakeholder consultation.

The consultation process with the advisory groups commenced with:

- ACF – 1 November 2019
- TRADAC – 25 November 2019
- Hosp Sub – 9 January 2020
- NAMAC – 29 January 2020

The Draft Clinical Strategy was distributed to the groups with a standardised question set to help focus the discussion. The session was introduced using a standardised slide pack to set the scene and to highlight the type of outputs required. Comments and views were captured and logged at the time however participants were encouraged to discuss the draft further with colleagues and to email further thoughts to the presenter. Once the comments had been consolidated it was anticipated that the consultation process would be expanded to include the public and other stakeholders. The proposed date for submission of a final draft to the Board was 21 May 2020.

The response was good and there was enthusiasm across NHSO although there was at times a degree of confusion between the “what” of strategy and the “how” of operations which produced a solutions based approach rather than a strategic construct. The work slowed and eventually stopped due to both ongoing capacity issues and the Covid response which became the main effort.

Section 5 Discussion

As NHS Orkney navigates the next phase of its response to the pandemic it is right that this work recommences. Whilst Covid-19 has presented unique challenges, it has also provided opportunities that we as an organisation must consider when thinking about the future of our services and at the heart of this is the community of Orkney. Therefore it is vital that further development of the Clinical Strategy is undertaken through engagement with the public which recognises the importance of our community in shaping how we work moving forward.

Section 6 Consultation

The Board is asked to support the approach outlined in this paper and presentation so the Clinical Strategy development can move forward as planned.

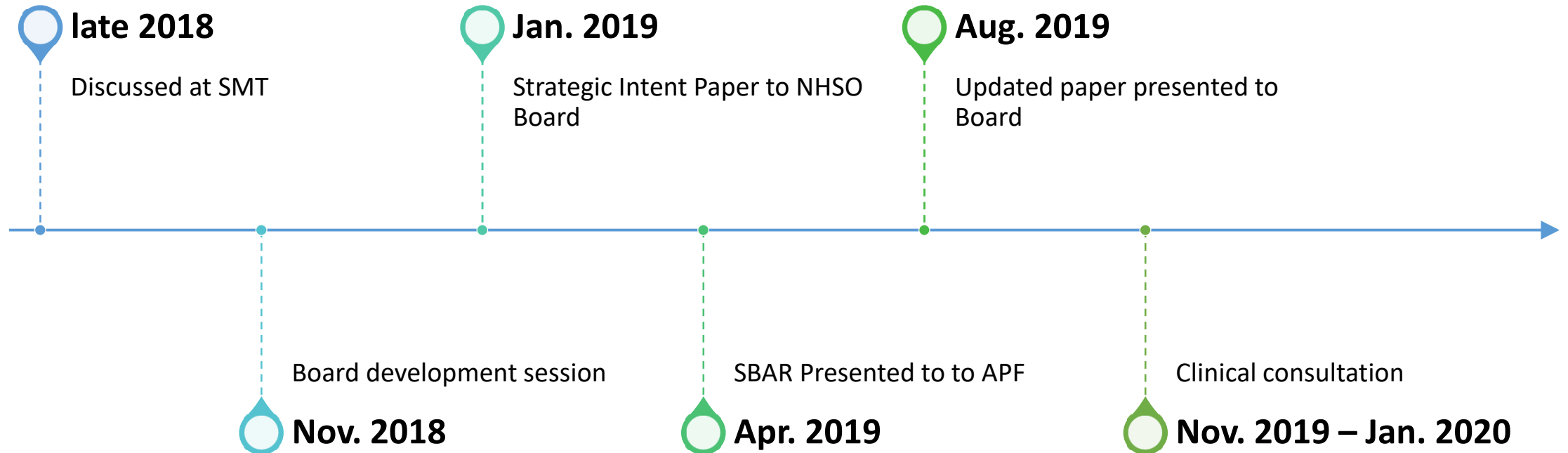
Appendices

PowerPoint presented to Board



NHS Orkney Clinical Strategy

Timeline



Status

Draft Clinical Strategy V1.5

Set of comments received from wide range of clinicians but not yet added into the document

Next Steps Current Draft



COMMENTS INCORPORATED
INTO CURRENT DRAFT



AREAS FOR DISCUSSION
HIGHLIGHTED

Additional
background

Our Vision

Our Values



Our Priorities



Our Approach



Key Measures



Getting it right for Orkney

NHS Orkney 2021 Plan on a Page



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

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

| Covid-19 | Culture | Quality & Safety | Systems & Governance | Sustainability |
|---|--|--|--|---|
| <p>Covid-19 has placed immense pressures on our system as well as providing opportunities for innovation. Reimagining the end of the pandemic and building a future without losing the gains achieved is a key priority.</p> <p>Action: Take learning from how the pandemic was managed to shape our future delivery.</p> <p>Build upon staff working and support efforts to enhance recruitment and retention.</p> <p>Deploy the new models of care and technology to change how we support our community.</p> | <p>Culture is at the heart of how we take forward our organisation together to ensure we are building a future that places the needs of those we care for central to how we act. By listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care and building a sustainable future.</p> <p>Action: Describe themes from OMT interviews and link to local outcomes.</p> <p>Common culture to staff.</p> <p>Develop series of action plans using the new governance processes.</p> <p>Agree actions and acceptable standards of practice.</p> | <p>Quality and Safety is critical to ensure we are delivering the best that meet our care. Focusing on the experience of the patient and the outcomes they achieve will build confidence that we are delivering the highest quality care for our community.</p> <p>Action: Review patient feedback mechanisms.</p> <p>Empower staff to make changes to improve care.</p> <p>Support staff to learn when things don't go as planned.</p> <p>Enhance the SAT and learning from incidents process.</p> | <p>Systems and Governance supports everyone working in the organisation to know the way we work is aligned to our values, is fair and that decisions made will be consistent.</p> <p>Action: Expone enhanced governance processes across NHS Orkney services.</p> <p>Ensure each service is clear and common to all in a clear and transparent manner.</p> <p>Empower internal common governance processes encouraging feedback.</p> <p>Strengthen the ring for leaders and managers to a one decision making to help align an organisational level.</p> | <p>Sustainability has to be a goal that we strive for, not only financially but also from a workforce perspective. NHS Orkney has profound challenges that will require consistent and multi-year efforts to achieve sustainable by.</p> <p>Action: Support the organisation to set out a sustainable future by developing:</p> <ul style="list-style-type: none"> A.C. local strategy A workforce plan Financials by area plans Local strategic documents to ensure system and a new plan. Establish the financial gap Develop a multi-year recovery plan with staff |

Additional background

Summary of key themes



Adapted focus



PUBLIC FACING

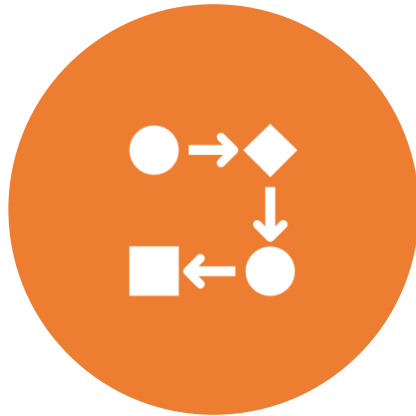


SCOPE BEYOND BUSINESS AS
USUAL

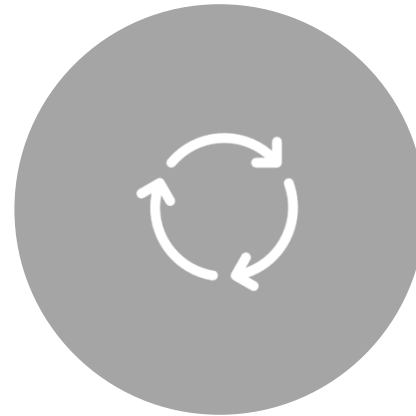
Drivers for Change



Next steps: Opportunity to Restructure



WHY DO WE NEED TO
CHANGE?

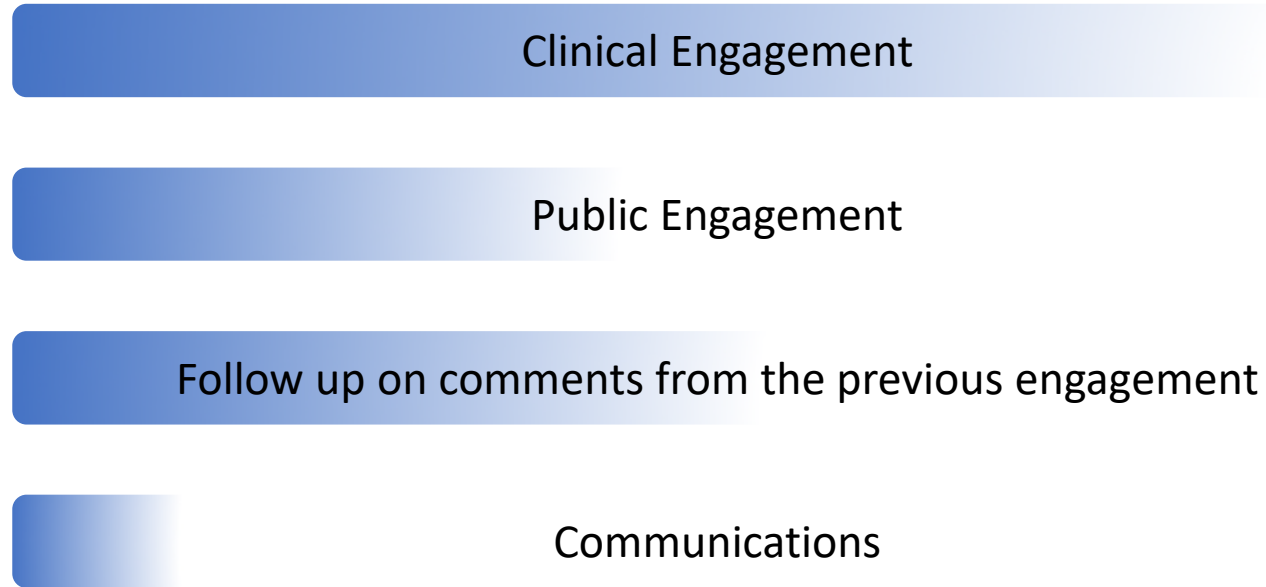


WHAT DO WE NEED TO
CHANGE?



HOW DO WE DO THAT?

Work streams Progress to Date



What is the ask?



DO YOU SUPPORT THE DIRECTION
OF THE CLINICAL STRATEGY?



ARE THERE OTHER DRIVERS FOR
CHANGE TO CONSIDER?



HOW WOULD YOU LIKE TO BE
KEPT UP TO DATE?

Not Protectively Marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-35

This report is for Noting

Joint Clinical and Care Governance Committee Chair's Report

| | |
|-------------------------------|--|
| Lead Director | Dr Louise Wilson – Acting Medical Director (Clinical) |
| Author | Steven Brown – Chief Officer (Care) Steven Johnston – Chair of the JCCGC |
| Action Required | The Board is asked to: <ol style="list-style-type: none"> 1. <u>Review</u> the report 2. <u>Note</u> the issues raised and any recommendations made |
| Key Points | This report highlights key agenda items that were discussed at the virtual JCCGC meeting of the 13 July 2021 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board. |
| Timing | 26 August 2021 |
| Link to Priority areas | This paper links to the following priority areas as agreed for the Board in 2021: <ul style="list-style-type: none"> • Covid-19 • Quality and Safety • Systems and Governance • Sustainability |

Not Protectively Marked**NHS Orkney Board 26 August 2021****Joint Clinical and Care Governance Committee Chair's Report****Steven Johnston, Chair of JCCGC**

Section 1 Purpose

The purpose of this paper is to highlight the key items for noting from discussions held at the Joint Clinical and Care Governance Committee (JCCGC) meeting of the 13 July 2021.

Section 2 Recommendations

The Board is asked to:

1. Review the report
2. Note the issues raised and recommendations

Section 3 Background

This report highlights key agenda items that were discussed at the virtual JCCGC meeting of the 13 July 2021 and it was agreed that these should be reported to the NHS Orkney Board and Integration Joint Board.

Section 4 Discussion**4.1 Annual Report on Adults with Incapacity JCCGC2122-37**

Members of the JCCGC received the annual report on Adults with Incapacity for review and assurance purposes. The report acknowledged the background surrounding the report, as well as actions that had been completed to date since the initial audit in 2017. It further highlighted the areas for continued development and improvement, specifically:

- Consistence in use of 4AT assessment on admission and timely assessment of capacity
- Documentation of discussion with proxy decision makers
- Request for copy of legal powers and retention on file
- Documentation of section 47 certificates and treatment plans

- Personalised care plans for people experience cognitive difficulty in Acute Ward
- Recognition and management of delirium
- Robust systems to communicate cognitive status of all patients at point of transfer

Members were keen to celebrate the fact that the service had been maintained and improved throughout the difficult times of the COVID-19 pandemic.

4.2 Mental Health Services Assurance Report JCCGC2122-38

Members received a proposal that the Committee receive a bi-annual assurance report on various work elements, progress, and performance of mental health services within Orkney, with the first report scheduled to be presented at the October 2021 meeting.

It was proposed that a report be brought to JCCGC that will provide details on the following:

- The status of progress relating to the funding streams, including any particular implementation challenges and plans to address these.
- The key performance data relating to wait times in Psychological Therapies and CAMHS.
- Details of detentions and other significant case work which has had an opportunity cost to the service.
- New referrals to the community mental health team and waiting lists.
- An overview of mental health related DATIX activity.
- Details relating to Adverse Events, investigations, findings and actions.
- A summary of any complaints received that relate to mental health services, the themes that emerge from these and any actions being taken as a result.
- An overview of the staffing situation, highlighting any gaps or difficulties that may be impinging on the services' ability to deliver effectively.

The Assurance report would be jointly prepared by the Head of Community Health and Care and the Director of Nursing, Midwifery and Allied Health Professionals, thus ensuring a rounded and holistic approach to oversight. Although six monthly updates were proposed, JCCGC members asked for an update report 3 months later (Jan 2022) in the first instance and establish the frequency of reporting from there.

Appendices

- Approved JCCGC minutes from 9 June 2021

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee** on
Wednesday 9 June 2021 at 10.00

| | |
|----------------------|---|
| Present | Steven Johnston, Non-Executive Board Member (Chair) David Drever, Non-Executive Board Member Joanna Kenny, Non- Executive Board Member Rachael King, Integration Joint Board (IJB) Vice Chair Heather Woodbridge, Integration Joint Board Member |
| In Attendance | Stephen Brown, IJB Chief Officer (Executive Care Governance Lead) Louise Wilson, Director of Public Health and Acting Medical Director (Executive Clinical Governance Lead) Michael Dickson, Interim NHS Orkney Chief Executive Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice David McArthur, Director of Nursing, Midwifery and Allied Health Professionals Mary McFarlane, Interim Director of Pharmacy Dawn Moody, Associate Medical Director Primary Care Maureen Swannie, Interim Head of Children's Health Services Heather Tait, Public Representative Kim Wilson, Interim Director of Acute Services Heidi Walls, Committee Support |
| C1 | <p>Welcome and Apologies</p> <p>The Chair welcomed S Brown to his first meeting and M Swannie in attendance to present the Local Child Poverty Action Report agenda item.</p> <p>Further to the message circulated to members, he confirmed the decision to withdraw the Orkney's Children Services Plan 2021-2023 item from the meeting agenda in order that the findings of the Review of the Joint Inspection of Services for Children and Young People in Need of Care & Protection, which was being led by the Care Inspectorate, could be incorporated. It was noted that this would mean there would be short delay in the final submission to Scottish Government but given the importance of the inspection, it was deemed a necessary course of action and the item would be added to the action log for review at a future meeting.</p> <p>Apologies had been received from C Bichan, S Sankey and J Richards</p> |
| C2 | <p>Declarations of Interest – Agenda Items</p> <p>No interests were declared in relation to agenda items.</p> |
| C3 | <p>Minute of meetings held 27 April 2021</p> <p>The minute of the Clinical and Care Governance Committee meeting held on 27 April 2021 was accepted as an accurate record of the meeting and approved on the motion of D McArthur and seconded by D Drever</p> |

| | |
|----|---|
| | <p>The Interim Chief Executive referred back to the last meeting noting that he had robustly challenged issues raised during the discussion of Orkney's Children Services Plan 2021-2023 item, but his comments had not been directed at any particular individual and he was sorry if any upset had been caused. He invited anyone with outstanding concerns to contact him directly for further discussion.</p> |
| | <p><u>Strategy</u></p> |
| C4 | <p>Local Child Poverty Action Report 2020-21– JCCGC 2122-23</p> <p>The Interim Head of Children's Health Services introduced the Local Child Poverty Action Report 2020 -21 which had been drafted by the Child Poverty Task Force and was in circulation for consideration by partner agencies prior to submission to the Scottish Government by the 30 June 2021 deadline.</p> <p>The Child Poverty Task Force, a multi-agency group supported by the Northern Alliance was adopted by the Orkney Partnership Board in June 2020 as a short life working group reporting to the Living Well Delivery Group.</p> <p>The Interim Head of Children's Health Services noted that the report provided a retrospective look back at the activities and challenges of the past year and provided insights into anticipated local impacts of the pandemic.</p> <p>The Chief Officer noted that being new to his role, it provided a helpful overview of emerging themes and the challenges at a local level which would be a useful guide for future work on a Child Poverty Strategy and action plan</p> <p>A query as to whether the report could be made more integrated, accessible and person centred so that the challenges faced and support available were the focus rather than individually defined services.</p> <p>A concern regarding the stark difference in the take up of free school meals shown in the report and the possible link with the stigma attached to poverty was raised.</p> <p>The Chief Officer confirmed low uptake as a perennial issue across the country with many individuals not wishing to be seen accepting support and anticipated that the future strategy work would identify proposals to address both issues and ensure individuals feel confident to access the available help.</p> <p>Examples of local measures currently in place to tackle these issues were given along with an aspiration to achieve less bureaucratic and more anonymised, non-stigmatising processes.</p> <p>It was also noted that community feedback had highlighted use of the term poverty as contributing to these issues and the challenge of finding a balance of meeting Scottish Government requirements and listening to user feedback was acknowledged.</p> <p>A concern that there was lack of corporate acknowledgement of poverty in Orkney was highlighted and it was felt that work was required to ensure there was transparency on local issues and challenges alongside the positive images regularly promoted for visitors.</p> |

| | |
|----|--|
| | <p>The importance of an underpinning Child Poverty Strategy against which future reports would be produced was highlighted as a priority going forward and it was agreed that the work had identified gaps around integration and that there were lessons to be learnt on how to achieve a more cohesive and holistic approach to best meet the needs of the communities served.</p> <p>The challenges of meeting Scottish Government reporting requirements whilst ensuring key themes and messages were communicated clearly and accessibly for communities and staff were acknowledged and it was agreed that finding alternative and smarter methods of communicating strategic plans and information was a future priority.</p> <p>The issues faced by ferry linked isles was highlighted and the requirement to fulfil the statutory responsibility to ensure that no child or community is left behind by ensuring the right balance of partnership services were in place was acknowledged. It was acknowledged that the report outlines two priorities for the year ahead, in addition to those set nationally: care experienced children and children in the ferry-linked isles.</p> <p>The importance of ensuring the inclusion of the additional impacts of wider infrastructure challenges faced by ferry linked isles in future work was also highlighted.</p> <p>A concern that the issues raised by the report were often seen as a children's services challenge rather than a wider partnership remit was raised and it was noted that the opportunity to co-opt additional Orkney partnership voices to the working group would be helpful going forward.</p> <p>The chair sought assurance that the Child Poverty Taskforce had the right representation to take this work forward and was advised by the Interim Head of Children's Health Services that the group had adequate representation although would welcome further membership from staff with expertise in the area.</p> <p>The chair welcomed the intended use of a <i>SMART</i> approach to the action plan going forward noting that the approach could help provide a clearer vision of work planned which should be reflected in future Child Poverty Action Reports.</p> <p>It was noted that a timeline for a draft strategy could be anticipated as meetings were planned over the next few weeks.</p> <p>Decision / Conclusion</p> <p>Members agreed subject to limited amendments as discussed to recommend the report for board approval</p> |
| | <u>Risk</u> |
| C5 | <p>Agree any risks to be escalated to Audit and Risk Committee</p> <p>No risks for escalation to the Audit and Risk Committee were noted</p> |
| C6 | <p><u>Emerging Issues</u></p> <p>No emerging issues were noted</p> |

| | |
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| | |
| C7 | Any other competent business Members agreed the recommendation of Joanna Kenny as NHS Orkney Vice Chair of JCCGC to the NHS Orkney Board |
| C8 | Agree items to be brought to Board or Governance Committees attention It was agreed that the key points and decision from the discussion of the Local Child Poverty Action Report 2020-21 would be highlighted to the board through the Chair's Report |
| | <u>Items for Information and Noting only</u> |
| C9 | Schedule of Meetings 2021/22 Members noted that the next meeting would be held virtually at 13:00 on Tuesday, 13 July 2021. |
| C10 | Record of Attendance Members noted the record of attendance. |

Not Protectively Marked

| | |
|---|---|
| NHS Orkney Board – 26 August 2021 Report Number: OHB2122-36 This report is for noting Area Clinical Forum Chair's Report | |
| Lead Director Author | David McArthur, Director of Nursing, Midwifery and AHPs Steven Johnston, Chair of the Area Clinical Forum |
| Action Required | The Board is asked to: 1. <u>Note</u> the report and <u>seek assurance</u> on performance |
| Key Points | This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 6 August 2021 and it was agreed that these should be reported to the NHS Orkney Board: 1. Clinical Strategy 2. Message of Support for Staff |
| Timing | The Area Clinical Forum highlights key issues to the Board following each meeting. |
| Link to Priority areas | How does this paper link to one or more of the priority areas as agreed for the Board in 2021: <ul style="list-style-type: none"> • Culture • Systems and Governance • Sustainability |
| Consultation | Area Clinical Forum <ul style="list-style-type: none"> • 6 August 2021 |

Not Protectively Marked

NHS Orkney Board 26 August 2021

Area Clinical Forum Chairs Report

Steven Johnston, Chair of the Area Clinical Forum

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 6 August 2021 and it was agreed that these should be reported to the Board.

Section 4 Discussion

4.1 Clinical Strategy

The Area Clinical Forum were provided with an update on the Clinical Strategy, and how the work would be taken forward. Members were pleased that the strategy was progressing, and that the work already undertaken would be carried forward to the next draft of the strategy. Members were keen to have continued involvement in development of the strategy.

4.2 Message of Support for Staff

Members wanted to thank the Board for listening to the concerns raised about the treatment of staff by patients. There had been a few accounts of staff being verbally abused by patients regarding waiting times so a notice had gone out to the public to reiterate the zero-tolerance policy. It had been agreed to send the notice more regularly as

a reminder to be patient.

Section 5 Consultation

Area Clinical Forum – 6 August 2021

Appendices

- Minute from the meeting held 1 June 2021

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Tuesday 01 April 2021 12:15pm.**

Present: Steven Johnston – ADC, Chair
Kirsty Cole, GP Sub Committee
Moiria Flett, NAMAC
Kate Smith, TRADAC
Lynne Spence, TRADAC
Sylvia Tomison, NAMAC

In Attendance: David McArthur, Director of Nursing, Midwifery and AHPs
Davie Campbell, Non-Executive Board Member
Jay Wragg, Director of Dentistry & Realistic Medicine Lead (AOCB)
Kim Wilson, Interim Director of Acute Services
Lyndsay Steel, Pharmacy
Samantha Wishart, Committee Support (Minute Taker)
Stephen Brown, Chief Officer of the Integration Joint Board
Wendy Lycett, Principal Pharmacist

30 Apologies

Apologies were received from D Moody, N Pendrey and L Wilson.

31 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

32 Minute of meeting held on 30 April 2021

The minute from the meeting held on the 30 April 2021 was accepted as an accurate record of the meeting subject to the following amendments:

- Page 6: TRADAC: “The dietetic section in the latest draft of the Remobilisation Plan was welcomed” should read “welcomed by the Chair.”

The minutes were approved on the motion of K Smith and seconded by S Johnston.

33 Matters Arising

There were no matters arising additional to the items noted on the agenda.

34 Area Clinical Forum Action Log

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

35 Log of Items Escalated

The Board had not met since the last meeting of the Area Clinical Forum so no update was available. The Chair noted the issue of an Electronic Patient Record remained and would

6.4.1

continue to be discussed whenever possible. It was suggested that the advisory committees add a standing item into their agendas to discuss the log of items escalated.

Decision/Conclusion

The committee support would liaise with advisory committee chairs to add the standing agenda item.

36 Delegation of AMC Business

The Chair would meet with the Associate Medical Director to discuss the Area Medical Committee (AMC), it was agreed to defer this item to the next meeting. The GP Sub Committee had been keen to see the formation of an AMC, however the doctors had not been in a position to commit to a new committee.

Decision/Conclusion:

The item would be carried forward to the next meeting.

37 Clinical Strategy Update

The Director of Nursing, Midwifery and AHPs provided members with an update on the clinical strategy advising that the methodology had been agreed with the Executive Management Team (EMT). A series of framework providers had been vetted as appropriate providers of the services with planning to have these in place shortly. Once a provider was in place the strategy could progress with a 6 month timescale. The external facilitation would provide extra capacity, and the public consultation provide opportunity for feedback. The aim of the strategy was to act as a starting point, rather than a complete solution. There would be a prominent public piece, with engagement with the public at an early stage. This would include two or three steering groups with a series of questions to virtual audiences and social and printed media. The answers to the questions would be analysed thematically, along a similar line to 'What Matters to You' with two or three rounds of sessions. The Director of Nursing, Midwifery and AHPs would provide a further update at the next meeting.

W Lycett withdrew from the meeting.

Decision/Conclusion:

Members noted the update provided.

38 Waiting Times Update

The Chair explained that concern had been raised through the GP Sub Committee regarding the referral waiting times, and a paper would be brought to the next ACF meeting. The Chair advised that in terms of benchmarking against the rest of Scotland, Orkney was performing better than average. Ongoing recruitment would also help lower some of these waiting times. A waiting time plan had been drawn up by EMT to provide direction on how NHS Orkney would deal with the issue. Finally, information on average waiting times was being provided to primary care in order that estimates could be fed to patients, although the additional workload for GPs managing these patients was noted.

K Cole highlighted that some of the elective waits were shorter than urgent and GPs were often contacted by dissatisfied patients. The Lead AHP agreed that the administrative staff within AHP services were struggling with patient satisfaction and support would be necessary to help these staff members.

6.4.1

Members agreed that managing patient expectations was paramount. The Interim Director of Acute Services and D Campbell agreed to highlight this issue to other groups such as the Integrated Joint Board (IJB) and Waiting Times Group. The Director of Nursing, Midwifery and AHPs agreed to progress with corporate communications.

Decision/Conclusion:

Members noted the paper provided and the agreed way forward for highlighting this further.

Development Sessions

39 ACF Development Session: 7 May 2021: Remobilisation

Members noted the summary provided on the development session.

40 Topic for next session: Frailty. 22 June 2021

The Chair noted the date of the next development session had been changed to avoid holidays. The topic of discussion would be frailty, led by the Associate Medical Director, S Stockan and L Bradford.

The Chair welcomed suggestions for the development sessions following this. Waiting times had been suggested, but the committee would be receiving a formal update at the next meeting so this may not be relevant.

Guardianship was a topic welcomed by members as there had been a few processing issues due to guardianship and power of attorney (POA). Members agreed there was a lack of public awareness of POA and assumptions that the next of kin can always make decisions.

The Lead AHP suggested rehabilitation and the work Scottish Government were doing to create a whole and patient centred approach.

Decision/Conclusion:

It was decided that the September session would be on guardianship, and the session after may be regarding rehabilitation or possibly safe staffing.

Professional Advisory Committees

Professional Advisory Committee Chair's Reports

41 ADC

There were no updates available since the previous meeting.

42 APC

L Steel and the Principal Pharmacist were unable to stay for this item, but the Chair noted that no meeting had been held as of yet.

43 GP Sub-Committee Chair's Report and Approved Minutes

K Cole highlighted that the community Covid assessment pathway had changed so patients were now assessed within their own GP practices as of the 28 May 2021.

K Cole also highlighted that the national workforce welfare survey for GPs would be discussed at the June GP Sub Committee meeting. Orkney had been protected from absenteeism and gaps in rotas in the past, but the recent pressures would have a significant impact on staff wellbeing and the likelihood of staff remaining in the profession.

K Cole questioned whether any progress had been made on the ability to do Continuous Positive Airway Pressure Therapy (CPAP) assessments. The Director of Nursing, Midwifery and AHPs agreed to liaise with the Health Intelligence team to see how many referrals were sent to Grampian and consider a dedicated pathway in SCI.

The Chair highlighted within the constitution, for Minutes it should read "In the absence of a formal AMC meetings".

44 Hospital Sub-Committee

The Chair would request an update on the Hospital Sub Committee when he met with the Associate Medical Director.

45 NAMAC Approved Minutes

The last meeting of NAMAC had seen new office bearers elected: Sylvia Tomison as Chair, Moira Flett as Vice-chair and Kirsti Jones as Secretary. Members had discussed the possibility of collaborating with TRADAC to align the agendas for both committees.

The Chair questioned the progress of the PARIS trial. S Tomison noted the issue had been information sharing agreements which had now been resolved.

K Cole and the Director of Nursing, Midwifery and AHPs withdrew from the meeting.

46 TRADAC Chair's Report and Approved Minutes

TRADAC had received a presentation on long Covid, and how it would be managed in Orkney with a potential pathway. The Chair noted the development session on long Covid and had seen real enthusiasm to progress this.

There had been a sense of frustration over recruitment where adverts had taken a while to be posted after a vacancy arose, especially if the vacancy was anticipated. The Chair suggested escalating these concerns to the Staff Governance Committee or the Area Partnership Forum. The Chair agreed to liaise with K Smith about raising these concerns.

K Smith highlighted the ongoing effort of organisational change. A chart of senior management had been brought to TRADAC but this raised a few questions and more clarity would be sought from the creator of the chart.

For information and noting

47 Key legislation issued

Members noted the key legislation issued since the last meeting.

48 Correspondence

No correspondence had been received.

49 Quality Forum Approved Minute – 8 April 2021 and 6 May 2021

Members noted the minutes provided.

The Interim Chief Officer withdrew from the meeting.

50 Items to be brought to the attention of the:

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

Board:

- Referral waiting times: raising awareness of the times and managing patient expectations
- Providing time for colleagues to attend meetings, and the space needed in the hospital to attend

51 Items to be communicated with the wider clinical community

No items were raised to be communicated to the wider clinical community. The Chair would gather the highlights of this meeting and the previous meeting to produce the newsletter.

52 Any other competent business

Realistic Medicine

The Director of Dentistry attended the meeting to discuss a sum of £40,000 available for realistic medicine from Scottish Government. Bids would open soon and the best three projects under the value improvement heading would be selected. 8 July 2021 would be the closing date, so there would be a short turnaround for any bids. He offered to present this to any staff group or committee interested, where he could inform what a proposal should include.

The Director of Dentistry withdrew from the meeting.

Corporate Communications

The Chair noted that C Campbell was keen to create more innovative and engaging communication with staff. A Manson had suggested via email, a social media presence for the advisory committees; a closed account for members to join which would include concise information to engage with the clinical community.

53 Schedule of Meetings 2021/22

Members noted that the next meeting of the Area Clinical Forum would be held on the 6 August 2021. The next development session would be held on the 22 June 2021.

54 Record of Attendance

Members noted the record of attendance.

55 **Committee Evaluation**

No issues were raised.

Not Protectively Marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-37

This report is for noting

Human Resources Services - Update

| | |
|---------------------------------|---|
| Lead Director and Author | Lorraine Hall, Interim Director of Human Resources |
| Action Required | The Board is asked to note the update report on the transformation of Human Resources Services and the input of the Interim Director of Human Resources. |
| Key Points | <p><u>Governance</u> Terms of Reference have been completed for both the Remuneration Committee and Staff Governance Committee. The Terms of Reference for the Area Partnership Forum is in Draft for consultation.</p> <p>Development sessions have taken place for Area Partnership Forum, Remuneration Committee and the Staff Governance Committee.</p> <p>The Remuneration Committee has completed its work for 2020/21 in line with Government requirements, relevant circulars and submitted their return to the National Performance Committee.</p> <p>The Staff Governance Committee has a newly articulated Staff Governance Action plan and is in the process of completing its Annual Monitoring Return in line with Government requirements of September 2021.</p> <p><u>Structure</u> The HR Directorate have commenced a review of its staff structures, revised roles and remits of those in post and articulated responsibilities as part of objective setting for all members of the teams.</p> |

| | |
|-------------------------------|---|
| | <p><u>Processes and Policies</u></p> <p>The HR team have undertaken a number of audits and improvement works highlighted via Area Partnership Forum and Staff Governance Committee to ensure that the Board aligns its people processes to good practice ensuring consistency and building on a culture that is transparent and open.</p> |
| Timing | <p>The purpose of this report is to update members on the work taking place under the strategic oversight of the Interim Director of Human Resources and of the progress in delivery of the Board's people outputs by the Human Resources Directorate since October 2020</p> <p>The Interim Director of Human Resources will take steer from the Board on next steps.</p> |
| Link to Priority areas | <p>Transforming services, ensuring good governance and having supportive processes and systems in place all link in to the overarching Board direction as outlined in its Plan on a Page. The HR Directorate have taken the plan on a page and linked it to activities in their work areas.</p> <ul style="list-style-type: none"> • Covid-19 – ensuring guidance and risk assessments are in place and adhered to. Supporting staffing levels via appropriate workforce plans, recruitment activities and training • Culture – supporting staff and people development, enabling and supporting good conversations and a consistent way of doing things – ensuring compliance, transparency and equity. Enabling psychological safety and curiosity. • Quality and Safety – ensuring data is meaningful transparent and supports individual, team and organisational decision making. Supporting wellbeing and resilience. Providing opportunities for growth and learning • Systems and Governance – enabling and reporting on time in a meaningful way • Sustainability -building the team and workforce planning that supports our direction, vision and aims for the future |
| Consultation | N/A. |

Not Protectively Marked

NHS Orkney Board- 26 August 2021

Human Resources Services- Update

Lorraine Hall, Interim Director of Human Resources

Section 1 Purpose

The purpose of this paper is:

- To provide the Board with an update on the work led by the Interim Director of Human Resources (Interim DHR) that support positive movement in Governance, Structure¹, Systems and Process since October 2021.

Section 2 Recommendations

The Board is asked to:

- Acknowledge the work undertaken and consider the areas of work identified to progress further.

Section 3 Background

Management of Human Resources services for NHS Orkney were provided through a Service Level Agreement with NHS Grampian. As planned and agreed by the Board this arrangement ended in March 2020.

In September 2020, Lorraine Hall, Director of Human Resources and Support Services for NHS Shetland and the lead for the North Region was asked to provide strategic level input to NHS Orkney in the areas of Governance, Structure and Systems in her specialist area of Human Resources Management and to support the Board transition at a time of change. These areas had been identified through the Chair, Interim Chief Executive (ICO), Chairs of Committee, internal audits and the emerging outputs from the DHI exercise.

Mrs Hall has provided support as Executive Lead to the Staff Governance and Remuneration Committee and the Area Partnership Forum (APF).

¹ Structure refers to HR Directorate team structure: HR/Learning and Development/Occupational Health

Section 4
Update**4.1 Governance**

“Active governance’ is a key element of the implementation arrangements for the NHS Scotland Blueprint for Good Governance (‘the Blueprint’) issued under DL (2019) 02 on 1 February 2019. The intention is to ensure that all Board Members are supported, developed and recognised as having the necessary knowledge, skills and behaviours (underpinned by the NHS Scotland values) to effectively engage with different types of information, make informed assessments for assurance purposes and thus demonstrate good governance as envisaged by the Blueprint.”

Committee Remits

In line with the Framework for Good Governance it is vital that Board Committees regularly review their Terms of Reference to ensure that it is fit for purpose and that everyone on the Committee understands their role and plays a part in the delivery of the outcomes required.

To this end both the Staff Governance Committee and the Remuneration Committee have reviewed their Terms of Reference.

The Area Partnership Forum Term of Reference is in draft and is currently going through the consultation process.

Roles, Responsibility and Development

Both Standing Committees have completed a Self-Evaluation questionnaire and this along with the Committee risk assurance frameworks will be reviewed at the next cycle of Committee meetings.²

The Remuneration Committee has completed its monitoring return and submitted this to Scottish Government. This document was compiled on behalf of the Committee by the Interim DHR. The Staff Governance Self-Assessment is in process and will be completed for Government in line with the revised national timetable.

Development

Focused sessions for both Standing Committees and Area Partnership Forum have been held in the first quarter of 2021.

In January 2021, the Area Partnership Forum had a session on Compassionate, Collaborative and Collective Leadership. As part of this session the partnership described and signed up to promoting good conversations, being active listeners, building mutual understanding, taking collective ownership and leading on these within the organisation. Each participant came up with their own Leadership Pledge.

In February 2021, the Staff Governance Committee focused on developing its business agenda, linking an action plan to its key objectives and key performance indicators and did this by applying quality improvement principles and measurement aims. The Staff Governance Action Plan 2021/2022 is the output of that session and will enable us as

² This refers to the Board Committees under the Exec lead of the Interim HRD (Remuneration and Staff Governance)

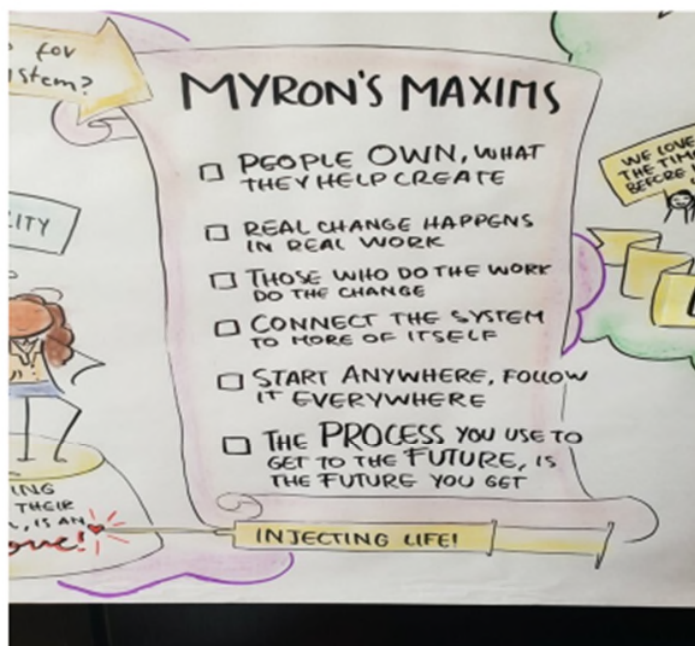
an organisation to track and show areas of success, learnings and opportunities for future work and focus. The plan also encompasses the outputs of the DHI review that is under the remit of the Interim DHR.

In April 2021, the Remuneration Committee looked at defining the business cycle in line with Government requirements, understanding its remit in terms of executive level objectives that would support the organisational cultural shift by creating the collective energy around leadership and behaviours and also as the Award body for Consultant Discretionary Points reviewing the principles and processes that underpin this. The outputs of the session have been utilised in the discharging of the committee's business.

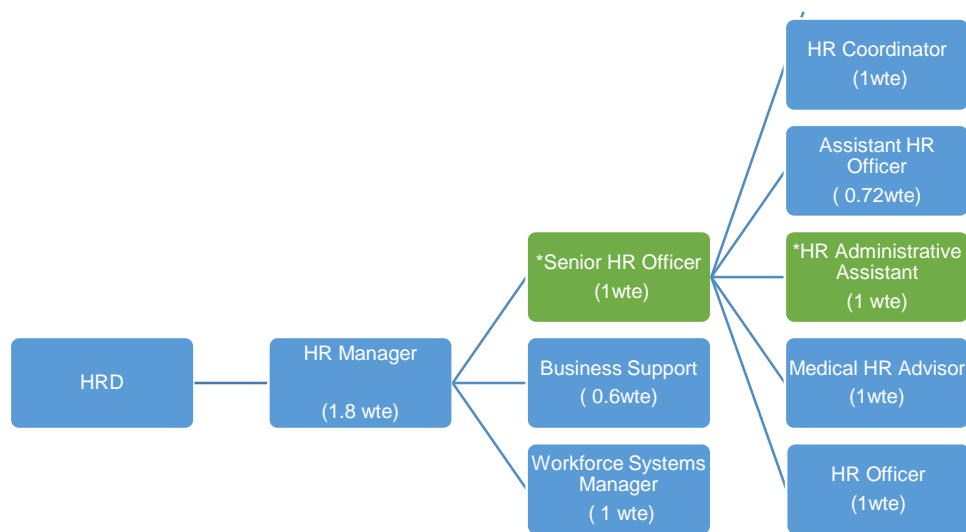
4.2 Structure and Process

It is vital to enable, support and transition that the right staff with the right skills, values and behaviours are in place. Supporting an enabling structure that delivers at an individual, team and organisational level is complex and can take time. The implementation and review was done at pace and set in the context of the Covid19 pandemic, major structural changes, a high degree of portfolio shift and ongoing delivery of operational work.

The Heads of Department for the Directorate have all had their annual reviews and appraisals (July 2021) and objectives and KPIs set to enable cascade to their teams. They have completed 2 out of their 3 Business Continuity plans and will have completed their Statutory and Mandatory training by year end.(currently 61.9%) The Heads of Department are in the process of completing their teams' appraisals (currently 70% of conversations have taken place) and objective setting with work plans and areas of responsibility. The creation and building of meaningful roles, objectives and focus has been built upon the principles of Myron's Maxims.



Human Resources Team



Note: Senior HR Officer and HR Administrative Assistant are new roles which have recently been recruited to.

Team Changes

A review of areas of responsibility has taken place with the two HR Managers, supporting organisational delivery, focus and individual professional growth. Both colleagues will be engaged and support the development of the team in the Once for Scotland Policy agenda³ and embedding a quality HR service within the organisation.

To support the new focus of work (which requires significant personal investment from the HR managers) we have reviewed the staffing needed to support service delivery and enhanced outcomes.

We have introduced a Senior HR Officer (Fixed Term 1 year secondment recruited July 2021) to take the lead in employee relations work, supporting managers in managing their teams and to build on the delivery of management training in this area. The postholder will also support the ongoing development of the HR team to provide consistent HR advice to the organisation. It is our ambition to have supportive people managers that are competent and confident in their people management roles.

An HR Assistant has been recruited to primarily support the recruitment function but to provide added administrative support for Occupational Health. By enhancing the team we have already seen improvement in our local Key Performance Indicators (KPIs).

| KPI | National | NHS Orkney |
|------------------------|----------|------------|
| Job Approved | 3 days | 2 days |
| Approved to Start Date | 116 days | 71 days |

³ **Workforce Policies** launched across Scotland in March 2020, at the beginning of the COVID-19 pandemic

Not only does the data show candidates are joining quicker, but direct feedback from the candidates also suggests they feel they are being supported to join NHS Orkney.

Supported process

NHSScotland Workforce Policies. The HR team have continued to support and discuss these policies with managers and colleagues on a 1-1 basis to ensure they are consistently interpreted and used, enabling all parties to be clear in their roles and responsibilities. As the organisation moves into recovery, the HR team have launched their first training sessions for managers. Following the launch of the Attendance Policy twenty-seven managers from across the organisation have attended to date with a further twenty-four scheduled to attend future sessions. Feedback suggests managers have gained a better understanding of the process, their role in that process and confidence to engage with their staff in this area.

There will be a suite of regular management training (management bundles) aimed at building competence and confidence of managers, heads of department and team leads. The team in conjunction with Learning and Development colleagues are currently creating the training for future sessions.

General Employee Relations. We continue to work with our staffside colleagues supporting managers and staff in this area with supportive conversations, early resolutions, investigations and hearings.

Future development in this area will involve the Central Legal Office in conjunction with Interim Director of Human Resources providing annual educational/training sessions to managers, Heads of Department and staffside colleagues in the arena of employment law hot topics. The HR team had a joint session with NHS Shetland in early 2021 on the changes to Employment Hearings.

Recruitment

The recruitment team have undertaken significant development in the area of Job Train and in supporting managers with their recruitment activities. In October/November 2020 the Recruitment team provided virtual training on Jobtrain to 40 Recruiting managers. By simultaneously uploading vacancy information to the system whilst within the approval process roles upon approval can be advertised immediately allowing for quicker advertisement and in turn quicker recruitment. Since 01 April 2021 the recruitment team have:

- Advertised 72 roles
- Recruited to 48 roles including 33 permanent, 12 secondment/fixed term contract, 3 bank
- Successfully recruited to the Medical Director and various Consultants posts.

It is vital to be that employer of choice that we provide candidates with a great candidate journey vital to that is the ability to attract applicants and one method of doing so is in the creating eye-catching recruitment campaigns. We used local and National media to share a video produced by *Orkney.com* to drive Consultant recruitment, which had over 17,000 view across YouTube and Facebook combined. A further success for the team in conjunction with our colleagues in NHS Shetland and NHS Western Isles secured a more robust one year contract with the British Medical Journal which we have used to

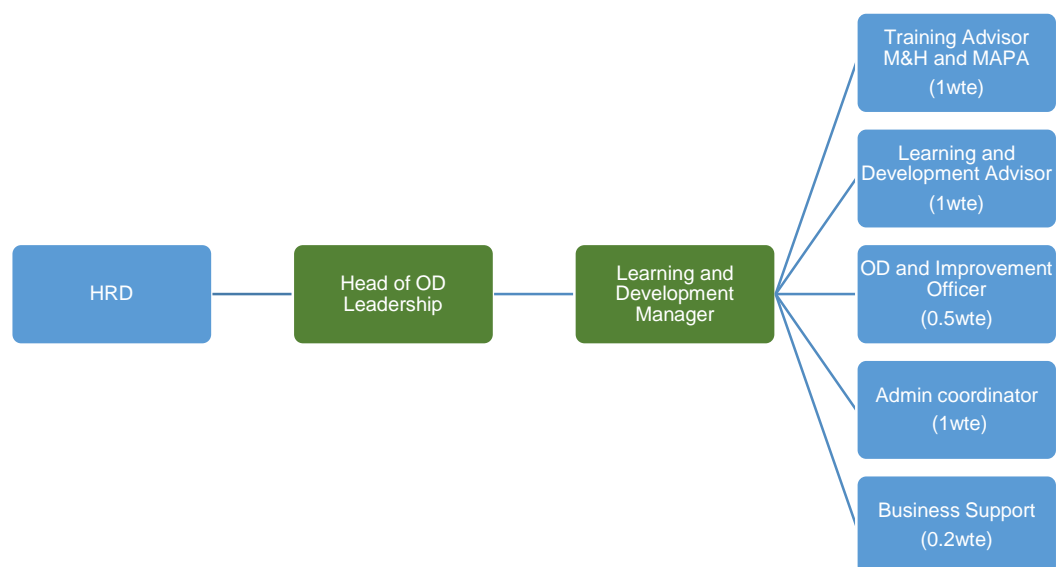
advertise all Medical vacancies including Island GPs. We have currently placed 3 adverts within the printed journal and online, and 1 advert online only. All 4 adverts have had over 800 views online and received a significant number of applicants (11 applications for consultants, 7 for GPs and 8 for Medical Director). The savings from this process is c£12k.

Part of developing our structure is to drive continuous improvement and learnings. Audit plays an important role in our learning journey. A recent Audit against the Safer Pre and Post Employment Checks in NHSScotland PIN Policy, (launched in 2014) alongside the Home Office Right to Work Checklist received positive feedback from the Staff Governance Committee.

Medical Staffing and Job Planning

Our HR Advisor has been working in collaboration with the Associate Medical Director to drive the implementation of Job Plans for all Doctors within the Acute sector. This vital activity has previously never been fully implemented. In collaboration this has been completed for this year and we look forward to working with medical colleagues to embed this.

Learning and Development/Organisational Development Team



**proposed L&D structure* - It should be noted that for the coming year, the team will need increased capacity with moving and handling and MAPA to both clear backlog and develop the service further (move from 0.2wte to 1wte).

Following the resignation of the previous postholder in late 2020, The Interim DHR asked her Head of Talent and Culture at NHS Shetland, to provide managerial support to the Learning and Development/Organisational Development Team.

As part of our review we have recruited a new Learning and Development Manager who will start in post on a one-year secondment from NSS on the 16 August 2021. This new post aims to deliver actions from within the Staff Governance action plan, manage the team and build the learning and development functions for the organisation, supporting

the development of new and existing staff. This post will work closely with the practice education team.

This post will release the Head of Talent and Culture to support the Interim DHR to progress Leadership and Strategy for the Board.

Within the Learning and Development area we have seen a number of success stories including the work that has commenced on a leadership development framework aimed at staff across the whole organisation (clinical and non-clinical leadership skills, capability and behaviours).

Working alongside NHS Shetland we have been able to trial running a more integrated Leadership programme around Coaching and Service Improvement. (One member of NHS Orkney has completed the Coaching element, 2 colleagues have completed Service Improvement with a further 4 colleagues undertaking the service improvement programme this year.)

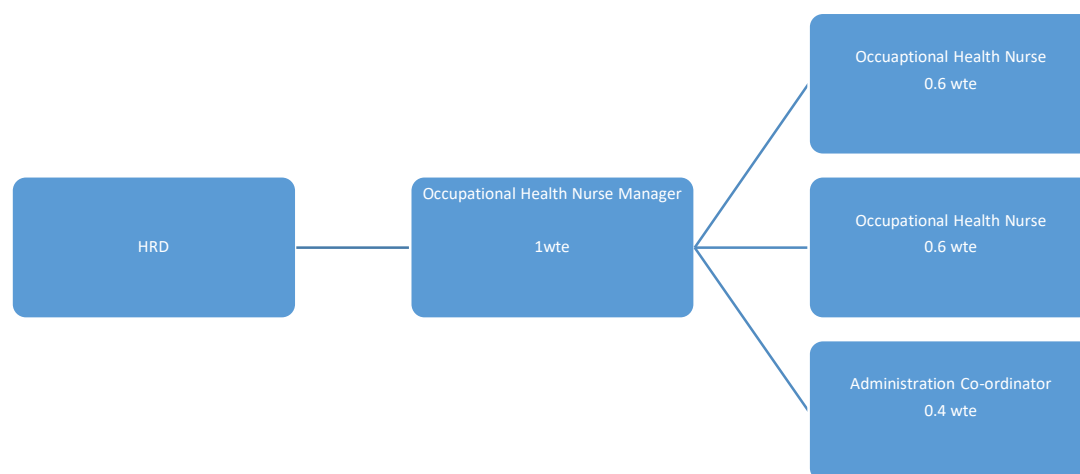
Statutory and Mandatory training along with appraisal completion has been a priority for the Board. Project Planning and activity to support a move from the Learnpro system to Turas Learn by June 2022 is in place and will be monitored by the Staff Governance Committee. Directors have been furnished with their compliance percentages for statutory and mandatory training and we are reviewing how to add better value to the Statutory and Mandatory Group by not only providing data but actively supporting Directors and Managers with their improvement plans.

Imatter; the national staff engagement survey is underway and the team are supporting the preparation and enablement of this. Following completion we will support managers with action planning and creating visible stories that celebrate success and share learnings

Major areas for development will be the establishment of a finalised department structure fit for purpose in relation to delivering against the wider Learning and Development agenda.

4.3 Occupational Health Team

Occupational Health have a pivotal role in promoting the health and wellbeing of staff.



During the Service Level Agreement (SLA) the local Occupational Health Team were supported by the team in Grampian. Following the end of the arrangement the staffing complement was reduced to the local provision of 1 full-time nurse, 1 part-time nurse and 1 part-time administrative support.

The Covid 19 outbreak created unprecedented pressures on both NHS and social care services and consideration around staff resilience and reducing the likelihood of staff burnout, trauma and other longer term emotional consequences has been a major consideration for the team. To boost organisational support an additional part-time nurse has been recruited to the team and further administrative support is available through the HR Team. The activity for the service shows that there has been a total of 4026 Events undertaken by Occupational Health from July 2020 to end of June 2021.

The new structure has enabled:

- A full five day service
- Quicker Pre-Employment Health Questionnaires clearance provided within 24-48hours of receipt of questionnaire.
- Additional immunisation clinics held therefore keeping staff safer in the workplace.
- Better occupational health clinical staff cover in place for leave, supporting continuation of the service and ensuring that demand for access is more evenly distributed across the clinical team alleviating work delivery pressures.
- Less (no) requirement for supplementary staff during Flu/Covid Booster season as the team will be able to deliver the quick distribution of vaccines

-
- Capacity created to review of the ability to provide external Health Surveillance supporting organisations and creating opportunities for income generation.

Summation

As highlighted in this report a significant amount of change has taken place over the last 10 months and a number of wins, successes and opportunities for the future are evident. A large and comprehensive work programme has been signed off by the Staff Governance Committee and the delivery of the activities and outcomes contained will progress the organisation in its people agenda.

There is more to be done and with support from the Board I would highlight these as:

- Supporting the HODs and team within the HR Directorate to reach their full potential
- Define the strategic direction for workforce, wellbeing and organisational development articulating a holistic, long-term health and social care workforce vision, alongside our strategic priorities for workforce growth, recruitment, retention, training and development.
- Create organisational capacity and an environment that thrives on empowerment and enablement.
- Support the definition of organisational roles, responsibility and governance that enables effective decision making and corporate assurance.
- Embed celebrating success, raising of concerns and progression of learning outcomes
- Support Board development in line with the Blueprint and individual need
- Support the delivery and opportunities presented by a refresh of the Board's Clinical Strategy

Not protectively marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-38

This report is for discussion

NHS Orkney – DHI Listening report

| | |
|---------------------------------|--|
| Lead Director and Author | Michael Dickson, Interim Chief Executive |
| Action Required | The Board is asked to: <ol style="list-style-type: none"> 1. Note the progress against the agreed recommendations. |
| Key Points | <ul style="list-style-type: none"> • 20 of the 28 recommendations have commenced • The Associate Medical Director will support the Director of Nursing, Midwifery and AHPs in establishing the Clinical Strategy |
| Timing | NHS Orkney Board meeting 26 August 2021. |
| Link to Priority areas | <ul style="list-style-type: none"> • Covid-19 • Culture • Quality and Safety • Systems and Governance • Sustainability |
| Consultation | <ul style="list-style-type: none"> • Senior Management Team • Executive Management Team |

**NHS Orkney
Digital Health & Care Institute
Recommendations**

| <u>Strategic</u> | | | | |
|--|---|--|--|--|
| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
| 1: Clinical Strategy: Establish the preferred model of medical care for the next 3 years and beyond. Engagement with those delivering care, community organisations and the public should inform this exercise. | Director of Nursing, Midwifery and AHPs / Associate Medical Director (Community) | Clinical and Care Governance Committee/Board | Engagement has commenced, aiming for December / January presentation | Link to recommendation 28 around discharge planning |
| 2: Carry out a review of policies, processes and procedures to ensure they are up to date, readily available and that staff are aware of them. | Medical Director – Clinical Director of Nursing, Midwifery and AHPs/Head of Corporate Administration – Non-Clinical Interim Director of HR – HR/Health and Safety | Quality Forum and Staff Governance Committee | | Noted that progress would be limited by the timescales for the implementation of Sharepoint |
| 3: Build on the good relationship with NHS Grampian through the Strategic Clinical Relationship Group at a clinician to clinician level across all the surgical and medical specialities. | Interim Director of Acute Services/Associate Medical Director | Quality Forum should issues arise | Concluded replaced by BaU through current forums | Following discussion with the medical directors and AMD's at NHSO, NHSS and NHSG, the SCRG was in place when this was a GP led hospital so no longer exists as was |

7.2

| | | | | |
|--|---------------|--|-------------|--|
| | | | | replaced by GP sub, Hospital sub and NoS groups. |
| 4: Increase cooperation with IJB: supporting shared services and points of handover between the two organisations. | Chief Officer | Management review underway to simplify management and reporting arrangements to improve communications | In progress | Consider where IJB should be amended to delegated and community services |

Organisation

| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
|--|--|----------------------------|--|--|
| 5: Review the organisational structure and key roles and responsibilities. | Interim Director of HR | Area Partnership Forum | Ongoing | Significant development in supporting processes surrounding roles and responsibilities and aligning them with up to date HR practice. OHAC restructure will also need to be considered with input from both Chief Executives |
| 6: Create a (digital or physical) who's Who for the organisational which can be shared with and referenced by staff. | Head of Corporate Administration | | Initial version completed and circulated | Initial version completed and circulated; the intention is to keep this up to date every 3 months. |
| 7: The command structure that was implemented during Covid-19 increased transparency and communication. Look at the lessons which can be learned. | Interim Chief Executive | SMT | December 2021 | Work underway with senior managers to scope training needs to support a Balfour silver rota |
| 8: Review the process for clinical incidents to ensure a collaborative approach is taken and that lessons learnt are disseminated. | Director of Public Health/Director of Nursing, Midwifery and AHP | Quality Forum | Ongoing | Chief Officer to be involved where there is cross over into delegated services. Revised policy drafted and going through consultation with committees. Lessons learnt summaries being |

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|--|--|--|--|--|
| | | | | created and shared with Quality Forum |
|--|--|--|--|--|

| <u>Digital Improvements</u> | | | | |
|---|---------------------|-----------------------------------|--|--|
| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
| 9: The development of a digital strategy which will review the current digital challenges in the board and look at improvements and innovations. | Director of Finance | Finance and Performance Committee | 30 September 2021 | Preparing a draft strategy which will be reviewed by the Finance and Performance Committee and the Board |
| 10: There is an opportunity to look at developing an electronic patient record. | Director of Finance | EMT / Board | This project will span a number of financial years | An Initial scoping meeting has been arranged with the Director of Nursing / Interim Director of Acute Services / Chief Operating Officer / Director of Public Health |

| <u>Staff Levels and Profile</u> | | | | |
|--|--|----------------------------|------------------|----------------------------------|
| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
| 11: Review of staffing levels to ensure they are adequate given the layout of the hospital and ensuring allowances for leave and sickness are met. | Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP | Staff Governance | Ongoing | Work underway via safer staffing |
| 12: Examine the requirement for generalists and specialist staff (including Emergency Nurse Practitioners, Advanced Nurse Practitioners and Clinical Nurse Specialist) working in areas such as HDU and the Acute Receiving Unit. | Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP | TBC | TBC | TBC |
| 13: Provide clinical nurse leadership for the hospital since this appears to be falling between the Nurse Director and the Senior Charge Nurses. | Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP | TBC | TBC | TBC |

Staff Development

| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
|---|--|----------------------------|------------------|--|
| 14: A leadership framework could be established to support and develop managers and leaders (formal and informal). Consider NES National Leadership Unit and Corporate Rebels programme. | Interim Director of HR | Staff Governance | Ongoing | Work already being taken forward |
| 15: Draw up a staff development strategy (including GP Specialist Training). This should include the current requirements for general and specialist skills and new roles such as emergency nurse practitioners. | Interim Director of HR | Staff Governance | TBC | TBC |
| 16: Set leadership conduct standards ensuring the agreed values of the organisation are demonstrated at the highest level. | Interim Director of HR | Staff Governance | Ongoing | This would be around the application and consistency of delivery of the national standards |
| 17: Ensure the protection of time for training in staff workload. | Interim Director of HR/ Director of Nursing, Midwifery and AHP | Staff Governance | TBC | TBC |

7.2

| <u>Workforce</u> | | | | |
|--|-------------------------|----------------------------|--|---|
| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
| 18: Consider joint appointments with other Boards to enhance specialists leadership and expertise e.g. clinical practice education. | Interim Chief Executive | APF | Work has commenced with joint Comms Function | Links into ongoing recruitment work |
| 19: Standardise and develop personnel management ensuring ongoing staff reviews and clear progression routes. | Interim Director of HR | Area Partnership Forum | | Ongoing work with HR standard ways of working |
| 20: Creation of a robust complaints procedure with timely feedback for staff. | Interim Director of HR | APF / Staff Governance | TBC | TBC |
| 21: Review the process of recruiting staff and appointing locum staff. | Interim Director of HR | TBC | TBC | Internal Audit report completed in NHS Shetland, to be shared with NHS Orkney once issued |

Communication

| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
|--|--|----------------------------|------------------|---|
| 22: Review current methods of communicating decisions to the organisation in order to improve openness and transparency. | Interim Chief Executive | APF | Ongoing | Initial strategic communications plan to be presented by December 2021 |
| 23: Review and simplify the structure of meetings and committees that are used to engage and communicate with staff. | Director of Nursing, Midwifery and AHPs/Head of Corporate Administration | Dependant on outcomes | Ongoing | Initial phase undertaken |
| 24: Collectively agree the key priority topics and be explicit about roles, responsibilities and mechanisms for engagement and communication. | Interim Chief Executive | Board / EMT / SMT | Ongoing | Links to Plan on a Page with strategy work (clinical and wider strategic consideration) |

| <u>Culture</u> | | | | |
|---|--|--|------------------|--|
| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
| 25: Installation of a collaborative artwork for Balfour Hospital's atrium would be an opportunity to allow staff to work together and create something they can be proud of within the new hospital. | Director of Finance/Corporate Records Manager | EMT | March 22 | An initial scoping meeting has been arranged to discuss how we take forward this piece of work. A capital allocation has been set aside to aid delivery. |
| 26: Investing in swipe card doors to outpatients to replace the current egg box key which can add stress and waste time. | Interim Director of Acute Services | Hospital Sub Committee | TBC | Under review |
| 27: Single Department contact number to make it easier to contact the department rather than a specific person. | Head of Corporate Administration/ Head of Estates, Facilities & NPD Contract | Link to recommendation 6 - who's who within the organisation | Ongoing | Link to recommendation 6 - who's who within the organisation |

Discharge

| Recommendation | Lead | Reporting Structure | Timescale | Additional comments |
|---|--|----------------------------|--------------------|--|
| 28 Re- design of admission and discharge process. This would build on the mapping and engagement work already done by DHI which has identifies potential improvements. | Director of Nursing, Midwifery & AHP/Chief Officer | Quality Forum | Work has commenced | Part of Balfour clinical improvement works |

Not Protectively Marked

| | |
|--|--|
| NHS Orkney Board – 26 August 2021 Report Number: OHB2021-39 This report is for discussion Financial Performance Management Report | |
| Lead Director Author | Mark Doyle, Director of Finance Keren Somerville, Head of Finance |
| Action Required | Members are asked to: <ul style="list-style-type: none"> • Note the reported overspend of £1.513m to 30 June 2021 and £2.011m to 31 July 2021 • Note the anticipated year end outturn of £7.064m overspend |
| Key Points | The report provides analysis of the financial position for the periods up to 30 June 2021 and 31 July 2021. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £2.011m. |
| Timing | August 2021 |
| Link to Priority areas | Effective management of the financial position should be driven by and support the priority areas of: <ul style="list-style-type: none"> • Quality and Safety • Systems and Governance • Sustainability |
| Consultation | N/A |

Finance FPR Narrative

Purpose of paper

The purpose of this report is to inform the Scottish Government of the financial position for the period 1 April 2021 to 30 June 2021.

Background

The revenue position for the 3 months to 30 June reflects an overspend of £1.513m. Of the £1.513m overspend £0.267m relates to Covid-19 overspend to date and £1.199m relates to unachieved savings, therefore, NHS Orkney's operational performance at month 3 is £47k overspend. We are currently forecasting an overspend outturn of £7.093m, this is made up of:

| | |
|-----------------------------------|---------|
| Covid-19 overspend | £2.003m |
| Unachieved savings | £4.764m |
| Operational performance overspend | £0.326m |

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 year end overspend also assumes no further savings will be delivered against the savings target identified in the financial plan
- It is anticipated that the IJB will work towards delivery of the unachieved savings brought forward from 2020/21 of £0.800m
- Prescribing 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

We await further updates for the funding for Covid-19 expenditure, at this stage we are reflecting an overspend

Despite high vaccination levels in Orkney, we have recently seen an increase in Covid cases which has had an impact on our staffing levels, Covid forecasts have been updated to reflect this.

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

We anticipate achievement of £1.2m of the £5.5m savings targets identified in the Annual Operational Plans will be met during the remainder of the year. In addition, the IJB has £0.800m of unachieved savings from 2020/21, at the end of June, the Board is anticipating delivery of £0.200m against this with further plans being developed.

The main areas contributing to the Board's overspent operational performance at month 3 are:

Pharmacy and drug costs to date - £103k overspend

Estates and Facilities - £206k overspend

Hospital Services - £63k overspend

There are some offsetting underspends to date which include:

External Commissioning - £80k underspend

Support Services - £198k underspend

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the senior management team, Finance and Performance Committee and the Board ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

Assessment

Capital Programme

The formula-based resources for 2021/22 accounts for £0.978m. The Board received notification of the same in its June 2021 allocation letter. The proposed areas for expenditure is broken down below:

- **Estates and Primary Care - £200k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £150k**

DC Environment and Power to Rack £10,000
Outbreak Fibre Line (GIG) £10,000
Connectivity resilience £50,000
Other - Balance £80,000

- **Medical Equipment £300k**

Spending priorities will be decided by the Medical Equipment Group.

- **Spend committed to date £78k**

OCT Equipment £40,000
Lab Cabinet £15,000
Other £23,000

- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

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

8.1.1

Financial Allocations

Revenue Resource Limit (RRL)

Our baseline recurring core revenue resource limit (RRL) for the year is confirmed at £55.504m.

Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 3, per Appendix 1.

Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.668m is detailed in Appendix 2.

Changes in the month are listed below:-

| Description | Earmarked Recurring £ | Non Recurring £ | Total £ |
|---|-----------------------------|-----------------------|------------------|
| Mental Health Recovery and Renewal Fund (CAMHS and PT) | | 798,273 | 798,273 |
| Mental Health Support for those hospitalised with covid-19 | | 6,720 | 6,720 |
| 6 Essential Actions - Building capacity to support recovery | | 33,588 | 33,588 |
| Redesign of urgent care programme | | 50,132 | 50,132 |
| District Nurse Posts | 24,494 | | 24,494 |
| RMP3 Elective Care Activity allocation | | 401,052 | 401,052 |
| Child Healthy Weight | | 56,400 | 56,400 |
| Type 2 Diabetes/ Adult weight management | | 114,100 | 114,100 |
| Round 2 of Neurological Framework Funding project | | 34,085 | 34,085 |
| Test and protect | | 189,000 | 189,000 |
| Mental Health Strategy Action 15 Workforce | 80,210 | | 80,210 |
| Covid and extended flu vaccine | | 165,000 | 165,000 |
| Outcome framework 2021-22 | 496,357 | | 496,357 |
| Primary Care Improvement Fund | 313,520 | | 313,520 |
| PASS contract | (2,893) | | (2,893) |
| Top Slice - Quarrier Unit | | (6,496) | (6,496) |
| Perinatal and Infant Mental Health Services | 61,000 | | 61,000 |
| Q1 Covid funding 2021-22 | | 310,000 | 310,000 |
| Funding uplift for ADP | 67,678 | | 67,678 |
| | | | 0 |
| | 1,040,366 | 2,151,854 | 3,192,220 |

8.1.1

Summary Position

At the end of June, NHS Orkney reports an in-year overspend of £1.513m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £104k is attributable to Health Board operational performance budgets, with an underspend of £57k attributable to the health budgets delegated to the Integrated Joint Board. Covid 19 spend to date accounts for £0.267m of the overspend to date and unachieved savings of £1.199m.

| Previous Month Variance M02 | | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Variance YTD | Forecast Year end Variance |
|-----------------------------|--------------------------------------|---------------|---------------|---------------|----------------|----------------|----------------------------|
| £000 | Core RRL | £000 | £000 | £000 | £000 | % | £000 |
| (10) | Hospital Services | 12,571 | 3,200 | 3,264 | (63) | (1.98) | (218) |
| (77) | Pharmacy & Drug costs | 2,891 | 723 | 826 | (103) | (14.25) | (398) |
| 65 | Orkney Health and Care - IJB | 28,792 | 6,162 | 6,105 | 57 | 0.92 | (187) |
| (133) | Orkney Health and Care - IJB Savings | (800) | (200) | 0 | (200) | 100.00 | (600) |
| 99 | External Commissioning | 10,967 | 2,742 | 2,662 | 79 | 2.90 | 340 |
| (142) | Estates and Facilities | 7,000 | 1,746 | 1,952 | (206) | (11.79) | (611) |
| 122 | Support Services | 6,828 | 481 | 283 | 198 | 41.16 | 348 |
| 0 | Covid-19 | 3,460 | 800 | 1,067 | (267) | (33.31) | (2,003) |
| 0 | Reserves | 1,808 | (9) | 0 | (9) | 100.00 | 400 |
| (716) | Savings Targets | (4,164) | (999) | 0 | (999) | | (4,164) |
| (792) | Total Core RRL | 69,352 | 14,646 | 16,159 | (1,513) | (10.33) | (7,093) |
| | Non Cash Limited | | | | | | |
| (0) | Ophthalmic Services NCL | 298 | 71 | 71 | (0) | (0.00) | 0 |
| 0 | Dental and Pharmacy NCL - IJB | 1,464 | 471 | 471 | 0 | 0.00 | 0 |
| | Non-Core | | | | | | |
| 0 | Annually Managed Expenditure | 250 | 0 | 0 | 0 | | 0 |
| 0 | Depreciation | 2,418 | 647 | 647 | (0) | (0.00) | 0 |
| 0 | Total Non-Core | 2,668 | 647 | 647 | (0) | (0.00) | 0 |
| (792) | Total for Board | 73,782 | 15,835 | 17,348 | (1,513) | (9.55) | (7,093) |

Operational Financial Performance for the year to date includes a number of over and under spending areas and is broken down as follows:-

Hospital Services

- Ward and Theatres, £86k overspend

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

8.1.1

- Hospital Medical Team, breakeven

Cost pressure funding has been applied to cover locum costs, recently recruited to vacant surgeon posts.

- Radiology, £16k overspend

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

- Laboratories, £16k underspend

Laboratories is underspending due to reduction in consumable expenditure, we are currently forecasting an overspend at year end.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £102k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £143k (including £200k unachieved savings and £57k operational underspend), the position is explained by the following:-
 - The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
 - The 2020/21 savings target of £800k remains unachieved.
 - Children's Therapy Services and Women's Health are both currently underspending due to vacancies.
 - Forecast overspend within Primary Care, there are currently underspends in dental and specialist nurses is mainly due to vacancies. Locum cover within Primary Care is impacting the year end forecast position.
 - Health and Community Care is currently overspent by £38k this is due to the cost pressure of the locum psychiatrist within Mental Health.
 - Pharmacy services are currently underspent is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been low resulting in an underspend to month 3 of £17k. We are currently forecasting a year end underspend of £70k.

8.1.1

The table below provides a breakdown by area:-

| Previous Month Variance M12 | Service Element | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Forecast Year end Variance |
|-----------------------------------|--|------------------|--------------|--------------|-----------------|----------------------------------|
| £000 | | £000 | £000 | £000 | £000 | £000 |
| (150) | Integration Joint Board | 5,961 | 428 | 642 | (214) | (700) |
| 31 | Children's Services & Women's Health | 2,581 | 643 | 589 | 54 | 138 |
| 51 | Primary Care, Dental & Specialist Nurses | 10,886 | 2,729 | 2,692 | 37 | (32) |
| (8) | Health & Community Care | 4,232 | 1,079 | 1,116 | (38) | (264) |
| 8 | Pharmacy Services | 4,332 | 1,083 | 1,066 | 18 | 70 |
| (68) | Total IJB | 27,992 | 5,962 | 6,105 | (143) | (787) |

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.8m. All SLAs with other Health Boards will remain under review given the potential impact of Covid 19 on the activity for this financial year. Costs are accrued on previous year information plus 3.36% inflationary uplift.

Estates and Facilities

This Directorate is reporting an overspend of £206k to date, there is a significant cost pressure with the energy spend for the new hospital. This is currently under review with the expectation an element will be recoverable from the contractor.

Support Services

Support Services is currently reporting an underspend of £198k to date.

Covid 19 Spend

NHS Orkney has recorded £1.067m spend to date attributable Covid 19, of this £0.867m is attributable to Health Board spend and £0.191m to the HSCP.

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

- Hospital - Additional Bed Model/ Maintaining Surge Capacity £0.460m
- Vaccine £0.090m
- Contact Tracing £0.061m
- Additional Staffing £0.056m
- Testing £0.069m
- Loss of income £0.074m

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

- The Covid-19 Assessment Centre £0.092m
- Additional Staffing £0.069m

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £0.999m
- H&SCP £0.2m

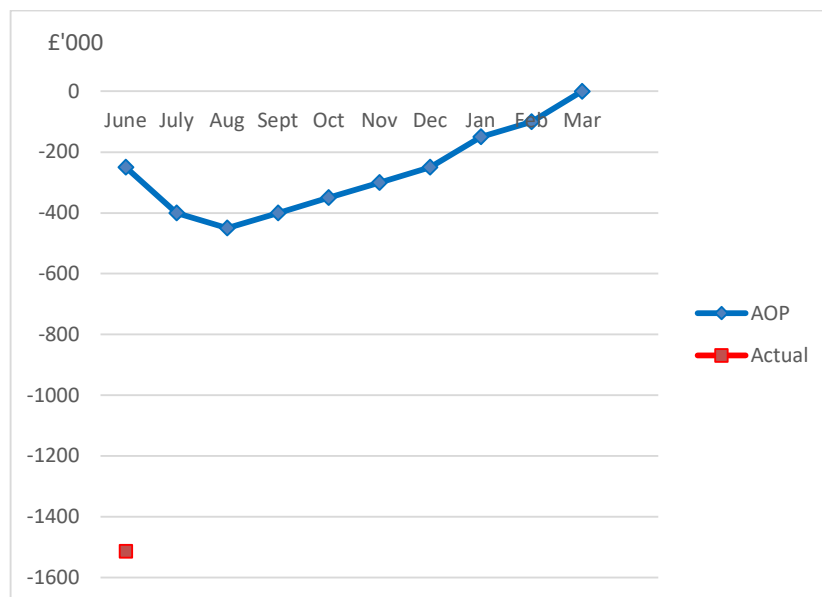
Unallocated Funds

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, this 'financial flexibility' is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Financial Trajectory

The graph below shows the actual spend against the Remobilisation Plan trajectory for 2021/22 and assumes that anticipated allocations will be received.



Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review each month.

8.1.1

Forecast Position

As outlined above, the Board is forecasting a £7.093m overspend at year end, this is split per below:

| | |
|-----------------------------------|---------|
| Covid-19 overspend | £2.003m |
| Unachieved savings | £4.764m |
| Operational performance overspend | £0.326m |

The position will be monitored as updated information becomes available.

Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position and Covid 19 spend/ funding assumptions.

Recommendation

note the reported overspend of £1.513m to 30 June 2021

note the narrative to the year end assumptions and outturn

Mark Doyle

Director of Finance

8.1.1

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

| From LDP - assumed allocations | | | | |
|---|-------------------------|--|---------------|------------------|
| | Included in LDP £ | Received in RRL to 30/06/21 £ | Variance £ | Outstanding £ |
| Allocations Received | | | | |
| Initial Baseline | 54,774,110 | 54,774,110 | 0 | |
| PASS Board Costs | (2,917) | (2,917) | 0 | |
| Allocations Awaited | | | | |
| Primary Medical Services - provision and support | 5,458,000 | | | 5,458,000 |
| Salaried GDS | 1,747,299 | | | 1,747,299 |
| Balfour Unitary Charge | 1,050,651 | | | 1,050,651 |
| Outcomes Framework | 466,250 | 466,250 | 0 | |
| New Medicines Fund | 383,065 | | | 383,065 |
| Mental Health Outcomes Framework | 265,122 | | | 265,122 |
| Primary Care Improvement Fund 2019/20 Tranche 1 | 228,724 | 228,724 | 0 | |
| Mental Health Strategy Action 15 Workforce - First Tranche | 81,410 | 81,410 | 0 | |
| Adjustment to Allocation 620 PMS - GP Pensions | | | | 0 |
| Alcohol & Drug Partnership - Local Improvement Fund | 48,380 | 48,380 | 0 | |
| Community Pharmacy Practitioner Champions | 5,000 | | | 5,000 |
| Discovery Top Slice | (2,774) | | | (2,774) |
| Pre-Registration Pharmacist Scheme | (11,947) | | | (11,947) |
| Tariff reduction to global sum | (241,727) | | | (241,727) |
| eHealth Strategic Fund | 211,186 | | | 211,186 |
| Open University Nursing Students 1st & 2nd Quarter Patments | 45,000 | | | 45,000 |
| Open University | 35,000 | | | 35,000 |
| Integrated Primary and Community Care (IPACC) Fund | 33,600 | | | 33,600 |
| Realistic Medicines Lead | 40,000 | | | 40,000 |
| GP Out of Hours (OOH) Fund | 24,229 | | | 24,229 |
| Increase Provision of Insulin Pumps for Adults and CGMs | 18,180 | | | 18,180 |
| MenC | (869) | | | (869) |
| Tayside Hosted MoHS Skin Cancer Service | (2,094) | | | (2,094) |
| Contribution to Pharmacy Global Sum | (14,052) | | | (14,052) |
| ScotSTAR 2019/20 | (25,478) | | | (25,478) |
| SLA Children's Hospice Across Scotland | (29,075) | | | (29,075) |
| NDC top slicing | (34,537) | | | (34,537) |
| Positron Emission Tomography (PET Scans - Adjustment | (42,653) | | | (42,653) |
| NSD Topslice | (280,067) | | | (280,067) |
| Non-Core expenditure - Depreciation | (1,228,000) | | | (1,228,000) |
| District Nurse Post | 10,806 | 10,806 | 0 | |
| | <u>63,009,822</u> | <u>55,606,763</u> | | <u>7,403,059</u> |

8.1.1

Appendix 1 – Core Revenue Resource Limit (new allocations)

| New RRL allocations | Recurring £ | Non- recurring £ |
|--|----------------|------------------------|
| Maternity Breast Feeding | | 42,275 |
| School Nursing | | 46,000 |
| Capital to Revenue Transfer | | 250,000 |
| Best Start | | 15,264 |
| Covid Vaccinations 50% | | 165,000 |
| Covid Hospital MH 50% | | 6,720 |
| Covid Q1 50% | | 310,000 |
| Covid Q2 100% | | 620,000 |
| Covid Q3 100% | | 620,000 |
| Covid Q4 100% | | 620,000 |
| Covid Test and Protect 50% | | 189,000 |
| Community Testing Programme (Asymptomatic Testing) | | 259,000 |
| | | 3,143,259 |

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

| Non-Core assumed allocations | Included in LDP £ | Received in RRL £ | Variance £ | Outstanding £ |
|------------------------------|-------------------------|-------------------------|---------------|------------------|
| Standard Depreciation | 2,418,000 | | | 2,418,000 |
| AME Impairment | 250,000 | | | 250,000 |
| | <u>2,668,000</u> | | | <u>2,668,000</u> |

Finance FPR Narrative

Purpose of paper

The purpose of this report is to provide an update on the financial position for the period 1 April 2021 to 31 July 2021.

Background

The revenue position for the 4 months to 31 July reflects an overspend of £2.011m. Of the £2.011m overspend £0.242m relates to Covid-19 overspend to date and £1.618m relates to unachieved savings, therefore, NHS Orkney's operational performance at month 4 is £151k overspend. We are currently forecasting an overspend outturn of £7.064m, this is made up of:

| | |
|-----------------------------------|---------|
| Covid-19 overspend | £2.003m |
| Unachieved savings | £4.764m |
| Operational performance overspend | £0.297m |

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 year end overspend also assumes no further savings will be delivered against the savings target identified in the financial plan
- It is anticipated that the IJB will work towards delivery of the unachieved savings brought forward from 2020/21 of £0.800m
- Prescribing 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

We await further updates for the funding for Covid-19 expenditure, at this stage we are reflecting an overspend.

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

We anticipate achievement of £1.3m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the remainder of the year. In addition, the IJB has £0.800m of unachieved savings from 2020/21, at the end of June, the Board is anticipating delivery of £0.200m against this with further plans being developed. There's a breakdown of the anticipated savings included in Appendix 3.

The main areas contributing to the Board's overspent operational performance at month 4 are:

Pharmacy and drug costs to date - £93k overspend

Estates and Facilities - £305k overspend

Hospital Services - £195k overspend

There are some offsetting underspends to date which include:

External Commissioning - £87k underspend

Support Services - £347k underspend

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the senior management team, Finance and Performance Committee and the Board ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

Assessment

Capital Programme

The formula-based resources for 2021/22 accounts for £0.978m. The Board received notification of the same in its June 2021 allocation letter. The proposed areas for expenditure is broken down below:

- **Estates and Primary Care - £200k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £150k**

- DC Environment and Power to Rack £10,000
 - Outbreak Fibre Line (GIG) £10,000
 - Connectivity resilience £50,000
 - Other - Balance £80,000

- **Medical Equipment £300k**

Spending priorities will be decided by the Medical Equipment Group.

- **Spend committed to date £78k**

- OCT Equipment £40,000
 - Lab Cabinet £15,000
 - Other £23,000

- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

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

8.1.2

Financial Allocations

Revenue Resource Limit (RRL)

Our baseline recurring core revenue resource limit (RRL) for the year is confirmed at £55.504m.

Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 4, per Appendix 1.

Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.668m is detailed in Appendix 2.

Changes in the month are listed below:-

| Description | Earmarked Recurring £ | Non Recurring £ | Total £ |
|---|-----------------------------|-----------------------|----------------|
| Breastfeeding projects year 4 | | 56,000 | 56,000 |
| Integrated Primary and Community Care | | 33,600 | 33,600 |
| Local development aligned with DHAC Strategy | | 211,186 | 211,186 |
| Implementation of Excellence in Care | | 37,300 | 37,300 |
| Cancer Waiting Times | | 50,000 | 50,000 |
| Primary Care Out of Hours Transformation | | 25,066 | 25,066 |
| Ventilation Improvement Allowance | | 25,066 | 25,066 |
| Realistic Medicine Leads and Programme Managers | | 30,000 | 30,000 |
| Implementation of Health & Care Act | | 34,038 | 34,038 |
| Support Development of Hospital at Home | | 207,000 | 207,000 |
| | 0 | 709,256 | 709,256 |

Summary Position

At the end of July, NHS Orkney reports an in-year overspend of £2.011m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £171k is attributable to Health Board operational performance budgets, with an underspend of £20k attributable to the health budgets delegated to the Integrated Joint Board. Covid 19 spend to date accounts for £0.242m of the overspend to date and unachieved savings of £1.618m.

8.1.2

| Previous Month Variance M02 | | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Variance YTD | Forecast Year end Variance |
|-----------------------------------|--------------------------------------|------------------|---------------|---------------|-----------------|-----------------|----------------------------------|
| £000 | Core RRL | £000 | £000 | £000 | £000 | % | £000 |
| (63) | Hospital Services | 12,473 | 4,211 | 4,406 | (195) | (4.64) | (386) |
| (103) | Pharmacy & Drug costs | 2,891 | 951 | 1,044 | (93) | (9.80) | (270) |
| 57 | Orkney Health and Care - IJB | 28,796 | 8,214 | 8,194 | 20 | 0.24 | (183) |
| (200) | Orkney Health and Care - IJB Savings | (800) | (267) | 0 | (267) | 100.00 | (600) |
| 79 | External Commissioning | 10,967 | 3,656 | 3,568 | 87 | 2.39 | 228 |
| (206) | Estates and Facilities | 6,986 | 2,324 | 2,629 | (305) | (13.11) | (660) |
| 198 | Support Services | 7,215 | 1,270 | 923 | 347 | 27.34 | 773 |
| (267) | Covid-19 | 3,600 | 1,089 | 1,331 | (242) | (22.24) | (2,003) |
| (9) | Reserves | 1,886 | (12) | 0 | (12) | 100.00 | 200 |
| (999) | Savings Targets | (4,164) | (1,351) | 0 | (1,351) | | (4,164) |
| (1,513) | Total Core RRL | 69,850 | 20,084 | 22,094 | (2,011) | (10.01) | (7,064) |
| | Non Cash Limited | | | | | | |
| (0) | Ophthalmic Services NCL | 298 | 97 | 97 | (0) | (0.00) | 0 |
| 0 | Dental and Pharmacy NCL - IJB | 1,464 | 580 | 580 | (0) | (0.00) | 0 |
| | Non-Core | | | | | | |
| 0 | Annually Managed Expenditure | 250 | 0 | 0 | 0 | | 0 |
| (0) | Depreciation | 2,418 | 861 | 861 | (0) | (0.00) | 0 |
| (0) | Total Non-Core | 2,668 | 861 | 861 | (0) | (0.00) | 0 |
| (1,513) | Total for Board | 74,280 | 21,622 | 23,633 | (2,011) | (9.30) | (7,064) |

Operational Financial Performance for the year to date includes a number of over and under spending areas and is broken down as follows:-

Hospital Services

- Ward and Theatres, 113k overspend

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

- Hospital Medical Team, breakeven

Cost pressure funding has been applied to cover locum costs, recently recruited to vacant surgeon posts.

- Radiology, £25k overspend

8.1.2

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

- Laboratories, £62k underspend

Laboratories is underspending due to reduction in consumable expenditure, we are currently forecasting an overspend at year end.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £93k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £247k (including £267k unachieved savings and £20k operational underspend), the position is explained by the following:-
 - The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
 - The 2020/21 savings target of £800k remains unachieved.
 - Children's Therapy Services and Women's Health are both currently underspending due to vacancies.
 - Forecast overspend within Primary Care, there are currently underspends in dental and specialist nurses which is mainly due to vacancies. Locum cover within Primary Care is impacting the year end forecast position.
 - Health and Community Care is currently overspent by £39k this is due to the cost pressure of the locum psychiatrist within Mental Health.
 - Pharmacy services underspend is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been low resulting in an underspend to month 4 of £23k. We are currently forecasting a year end underspend of £70k.

The table below provides a breakdown by area:-

| Previous Month Variance M3 | Service Element | Annual Budget | Budget YTD | Spend YTD | Variance YTD | Forecast Year end Variance |
|----------------------------------|--|------------------|--------------|--------------|-----------------|----------------------------------|
| £000 | | £000 | £000 | £000 | £000 | £000 |
| (214) | Integration Joint Board | 5,902 | 571 | 856 | (285) | (704) |
| 54 | Children's Services & Women's Health | 2,595 | 862 | 771 | 90 | 184 |
| 37 | Primary Care, Dental & Specialist Nurses | 10,936 | 3,647 | 3,682 | (35) | (89) |
| (38) | Health & Community Care | 4,232 | 1,423 | 1,463 | (39) | (242) |
| 18 | Pharmacy Services | 4,332 | 1,444 | 1,421 | 23 | 68 |
| (143) | Total IJB | 27,996 | 7,947 | 8,194 | (247) | (783) |

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.8m. All SLAs with other Health Boards will remain under review given the potential impact of Covid 19 on the activity for this financial year. Costs are accrued on previous year information plus 3.36% inflationary uplift.

Estates and Facilities

This Directorate is reporting an overspend of £305k to date, there is a significant cost pressure with the energy spend for the new hospital. This is currently under review with the expectation an element will be recoverable from the contractor.

Support Services

Support Services is currently reporting an underspend of £347k to date.

Covid 19 Spend

NHS Orkney has recorded £1.331m spend to date attributable Covid 19, of this £1.070m is attributable to Health Board spend and £0.261m to the HSCP.

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

- Hospital - Additional Bed Model/ Maintaining Surge Capacity
- Vaccine
- Contact Tracing
- Additional Staffing
- Testing
- Loss of income

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

- The Covid-19 Assessment Centre
- Additional Staffing

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £1.351m
- H&SCP £0.267m

Unallocated Funds

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

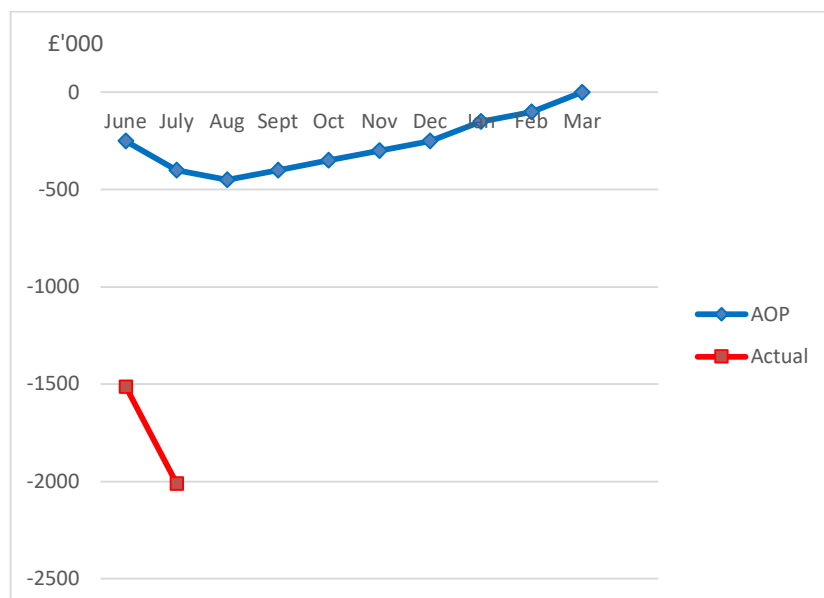
8.1.2

therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

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The graph below shows the actual spend against the Remobilisation Plan trajectory for 2021/22 and assumes that anticipated allocations will be received.



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8.1.2

The position will be monitored as updated information becomes available.

Key Messages / Risks

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Recommendation

note the reported overspend of £2.011m to 31 July 2021

note the narrative to the year end assumptions and outturn

Mark Doyle

Director of Finance

8.1.2

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

| From LDP - assumed allocations | | | | |
|--|-------------------------|--|----------------|------------------|
| | Included in LDP £ | Received in RRL to 30/07/21 £ | Variance £ | Outstanding £ |
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| Mental Health Strategy Action 15 Workforce - First Tranche | 81,410 | 80,210 | (1,200) | |
| Alcohol & Drug Partnership - Local Improvement Fund | 48,380 | 67,678 | 19,298 | |
| eHealth Strategic Fund | 211,186 | 211,186 | 0 | |
| Integrated Primary and Community Care (IPACC) Fund | 33,600 | 33,600 | 0 | |
| Realistic Medicines Lead | 40,000 | 30,000 | (10,000) | |
| GP Out of Hours (OOH) Fund | 24,229 | 25,066 | 837 | |
| District Nurse Post | 10,806 | 24,494 | 13,688 | |
| PASS Board Costs | (2,917) | (2,893) | 24 | |
| Allocations Awaited | | | | |
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| Salaried GDS | 1,747,299 | | | 1,747,299 |
| Balfour Unitary Charge | 1,050,651 | | | 1,050,651 |
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| NSD Topslice | (280,067) | | | (280,067) |
| Non-Core expenditure - Depreciation | (1,228,000) | | | (1,228,000) |
| | 63,009,822 | 56,070,958 | 155,180 | 7,094,044 |

8.1.2

Appendix 1 – Core Revenue Resource Limit (new allocations)

| New RRL allocations | Recurring £ | Non-recurring £ |
|---|----------------|--------------------|
| Mental Health Recovery & Renewal Fund | | 798,273 |
| Mental Health Support for those hospitalised with Covid-19 | | 6,720 |
| 6 Essential Actions - Building Capacity to Support Recovery | | 33,588 |
| Redesign of Urgent Care Programme | | 50,132 |
| RMP3 Elective Care Activity Allocations | | 401,052 |
| Child Healthy Weight | | 56,400 |
| Type 2 Diabetes / Adult Weight Management | | 114,100 |
| Round 2 of Neurological Framework Funding Projects | | 34,085 |
| Test & Protect | | 189,000 |
| Covid & Extended Flu Vaccinations | | 165,000 |
| Top Slice - NHS Ayrshire & Arran - Quarrier Unit | | (6,496) |
| Perinatal & Infant Mental Health Services | | 61,000 |
| Agenda for Change 2021/22 | | 712,000 |
| Q1 Covid Funding 2021/22 | | 310,000 |
| Breastfeeding Projects Year 4 | | 56,000 |
| Implementation of Excellence in Care | | 37,300 |
| Cancer Waiting Times | | 50,000 |
| Ventilation Improvement Allowance | | 25,066 |
| Implementation of Health & Care Act | | 34,038 |
| Support Development of Hospital at Home | | 207,000 |
| | | 3,334,258 |

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

| Non-Core assumed allocations | Included in LDP £ | Received in RRL £ | Variance £ | Outstanding £ |
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| Standard Depreciation | 2,418,000 | | | 2,418,000 |
| AME Impairment | 250,000 | | | 250,000 |
| | <u>2,668,000</u> | | | <u>2,668,000</u> |

APPENDIX 3

2021/22 SAVINGS

| Savings schemes details | | |
|---|-------------------|----------------------------------|
| Savings schemes by value | AOP Savings £000s | Revised full year forecast £000s |
| Service Redesign | | |
| CRES Targets | 400 | 400 |
| Patient Travel | 300 | 300 |
| VAT Savings on Locums | 300 | 300 |
| Total Service Redesign | 1,000 | 1,000 |
| Drugs and Prescribing | | |
| | | 0 |
| Total Drugs and Prescribing | 0 | 0 |
| Workforce | | |
| Clinical Admin Post | | 56 |
| Total Workforce | 0 | 56 |
| Procurement | | |
| IT Contracts | | 24 |
| Total Procurement | 0 | 24 |
| Infrastructure | | |
| | | 0 |
| Total Infrastructure | 0 | 0 |
| Other | | |
| Capital to Revenue Transfer | 250 | 250 |
| Total Other | 250 | 250 |
| Integration Joint Boards | | |
| 2020/21 Savings Target | | 200 |
| Total Integration Joint Boards | 0 | 200 |
| Financial Management/Corporate | | |
| | | 0 |
| Total Financial Management/Corporate | 0 | 0 |
| Value of Schemes Underway | 1,250 | 1,530 |

Summary of Savings

| | | |
|---|--------------|--------------|
| Value of schemes underway | 1,250 | 1,530 |
| Unidentified Savings Balance | 4,220 | 4,740 |
| Total of Identified and Unidentified Savings | 5,470 | 6,270 |

| Savings Trajectory £000s | | | | | | | | | | | | |
|--------------------------|-----------------|------------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|----------------|
| | | | | | | | | | | | | |
| April (Actual) | May (Actual) | June (Actual) | July (Actual) | Aug (Antici pated) | Sep (Antici pated) | Oct (Antici pated) | Nov (Antici pated) | Dec (Antici pated) | Jan (Antici pated) | Feb (Antici pated) | Mar (Antici pated) | Check Total |
| 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 400 |
| 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 300 |
| 0 | 0 | 0 | 0 | 20 | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 300 |
| 58 | 58 | 58 | 58 | 78 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 1,000 |
| | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | |
| 56 | | | | | | | | | | | | 56 |
| 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 56 |
| | | | | | | | | | | | | |
| | | | | 24 | | | | | | | | 24 |
| 0 | 0 | 0 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 250 | 250 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 250 | 250 |
| | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 200 | 200 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 200 | 200 |
| | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 114 | 58 | 58 | 58 | 102 | 98 | 98 | 98 | 98 | 98 | 98 | 548 | 1,530 |

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NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-40

This report is for noting

Board Performance Report

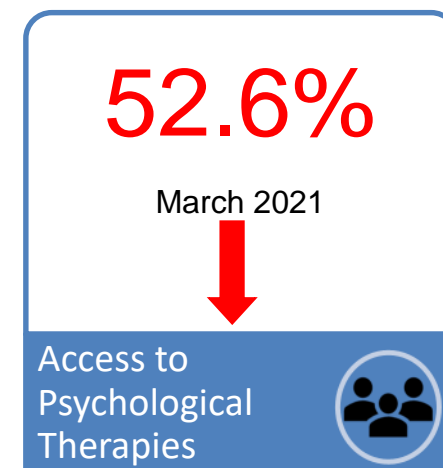
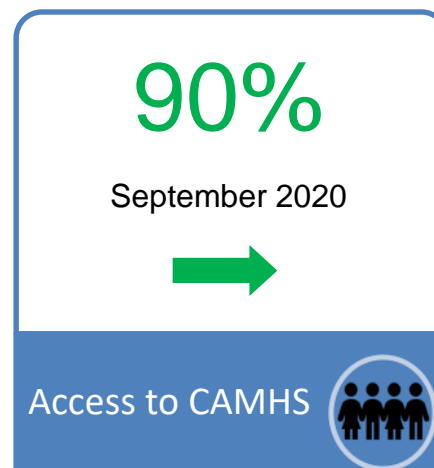
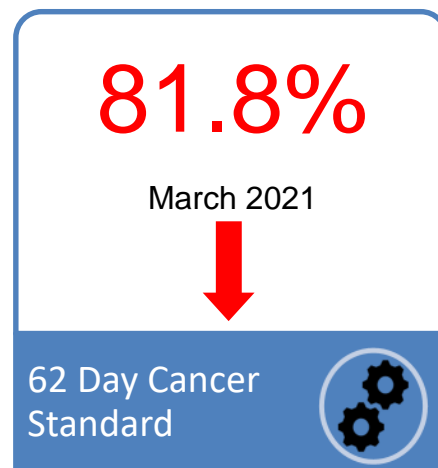
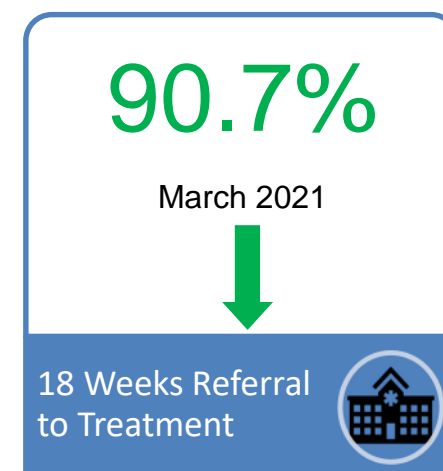
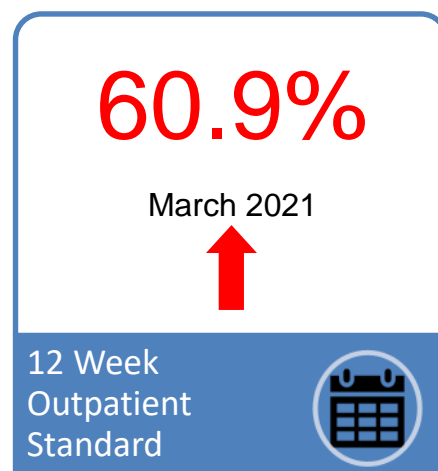
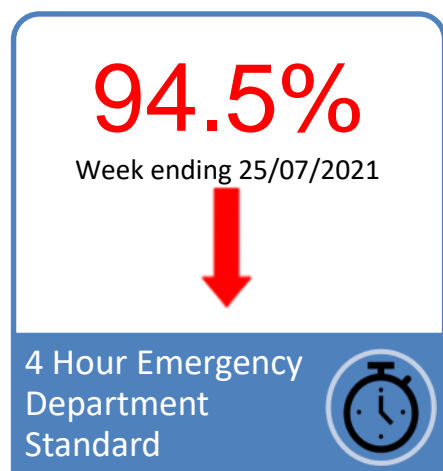
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|---------------------------------|---|
| Lead Director Author | Mark Doyle, Director of Finance Christina Bichan, Head of Assurance & Improvement Louise Anderson, Waiting Times Co-ordinator |
| Action Required | The Board of NHS Orkney is asked to: <ol style="list-style-type: none"> 1. To <u>review</u> the report and <u>note</u> the update provided |
| Key Points | <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 in the Performance Reports presented to the Finance and Performance Committee for scrutiny.</p> <p>Summary management information continues to be circulated to all Board members weekly to increase oversight of performance.</p> |
| Timing | To be presented at the August 2021 meeting. |
| Link to Priority areas | <p>By seeking to ensure that an appropriate level of access to high quality, safe and effective care, which responds to and takes account of the risks associated with COVID-19, is available for the people of Orkney this paper links to all of the priority areas of the Board.</p> <ul style="list-style-type: none"> • COVID-19 |

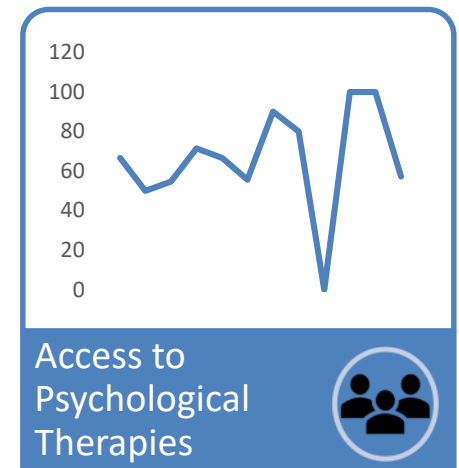
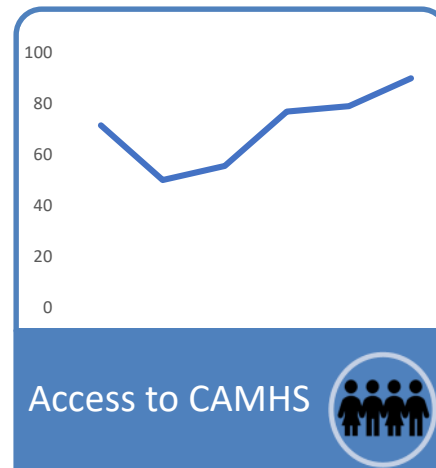
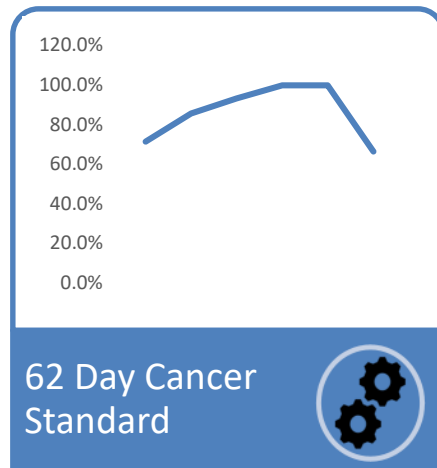
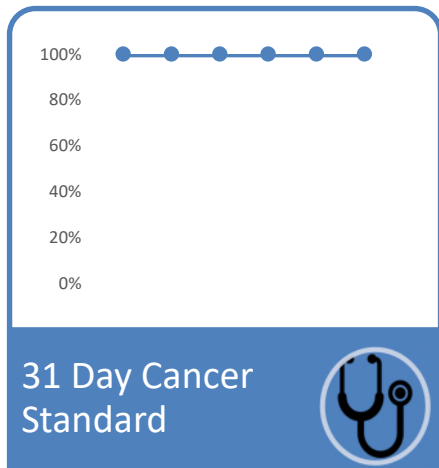
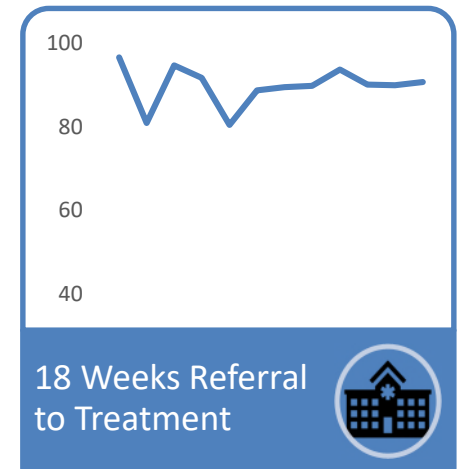
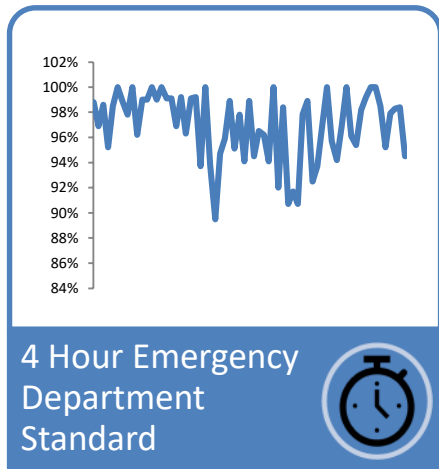
8.2

| | |
|---------------------|--|
| | <ul style="list-style-type: none">• Culture• Quality and Safety• Systems and Governance• Sustainability |
| Consultation | There are no related consultation requirements. |

NHS Orkney – Board Performance Report (August 2021)

SUMMARY (Published Data)





1. Emergency Department Performance

Standard - 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%.

Update - As at week ending 25th July 2021, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 94.5%. Performance in regards to the 4 hour A&E target is good as shown in Figure 1 however has been adversely affected on occasion by bed availability.

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

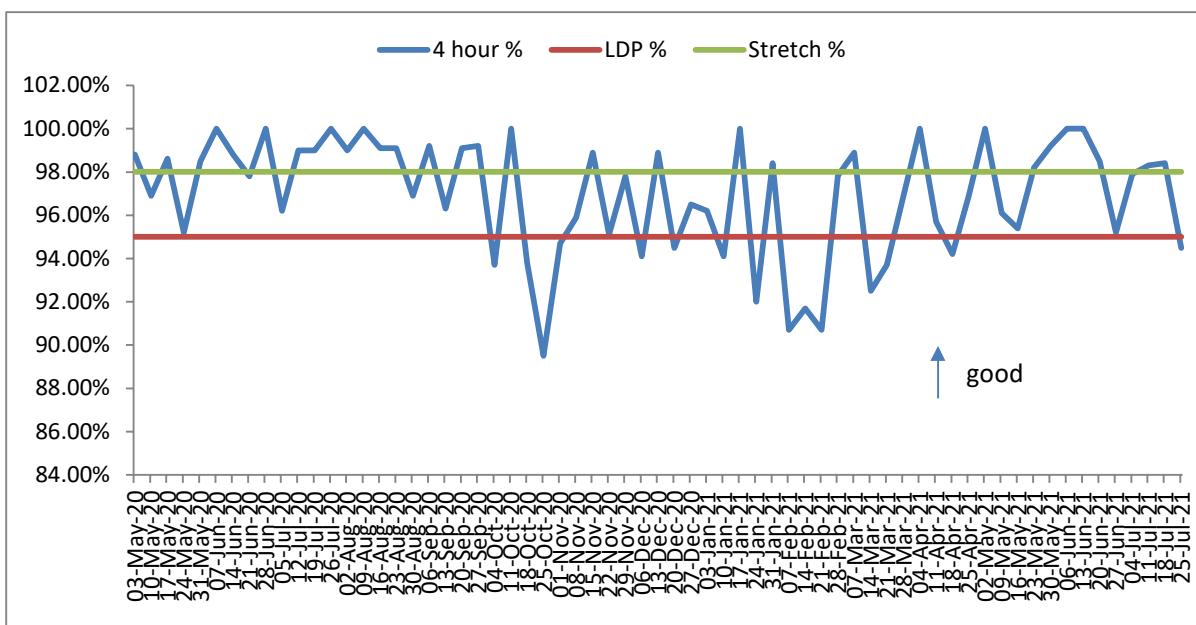
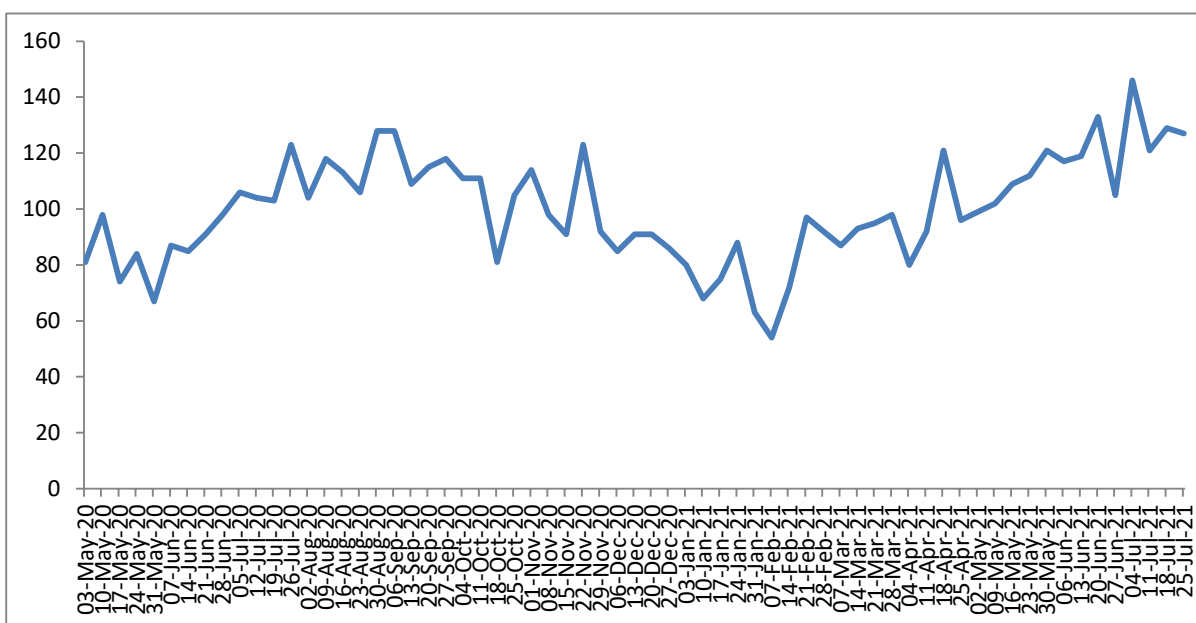


Figure 2: ED Attendances by week, March 2020- February 2021 (Source: NHS Performs)



2. Outpatients

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

No update to report – As at the end of March 2021, there were 913 patients waiting for a new outpatient appointment. 39.1% of these have 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

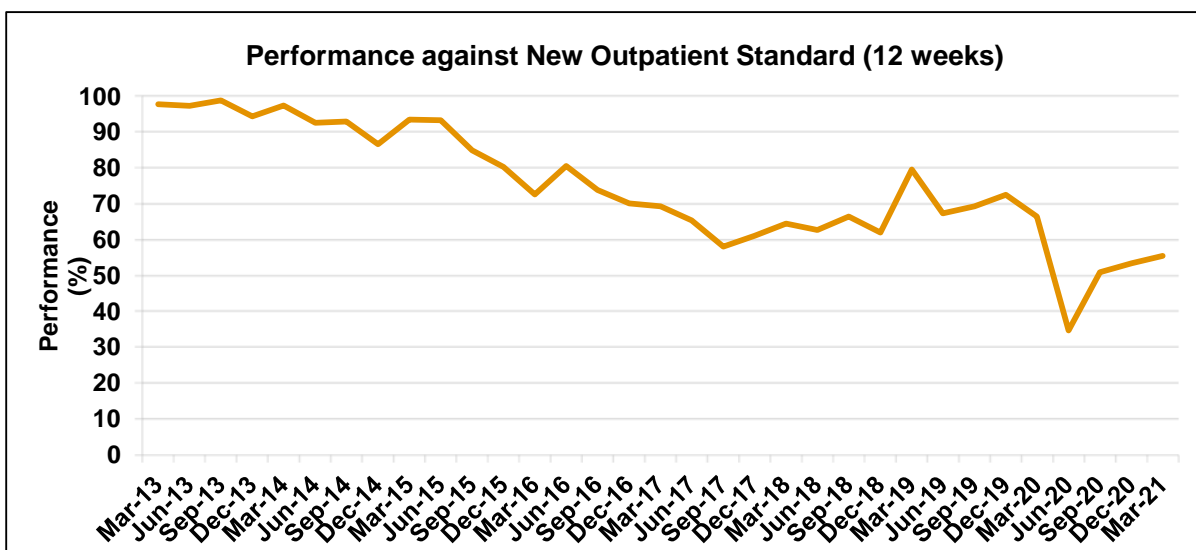
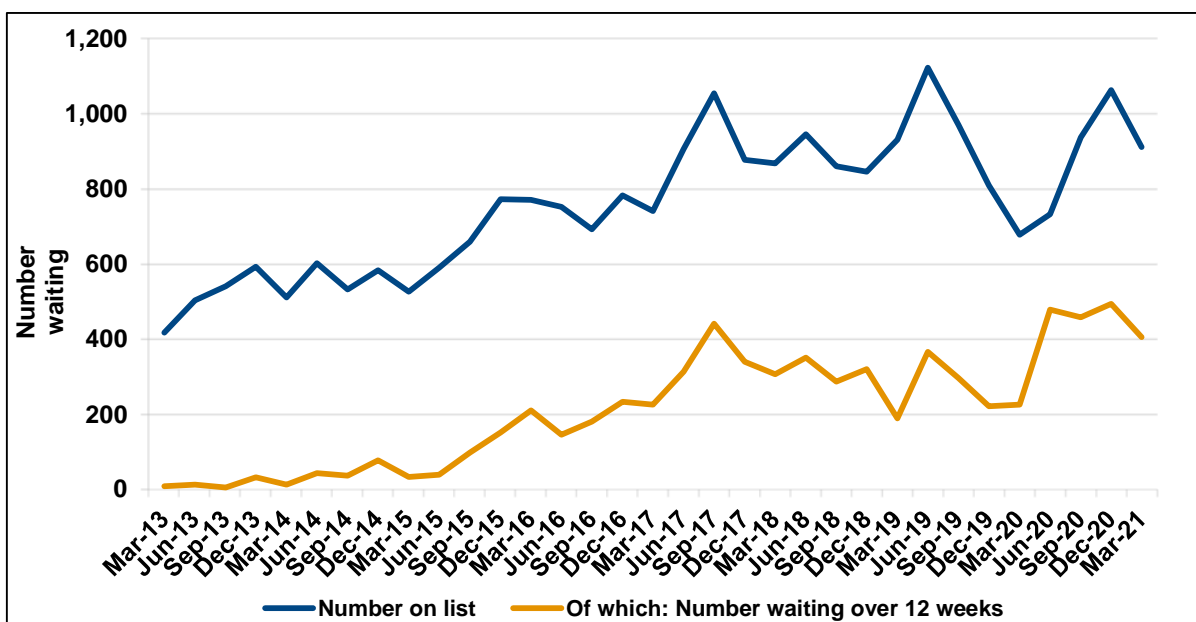


Figure 4: Outpatient waiting times – The Balfour, March 2013-March 2021



3. Treatment Time Guarantee (TTG)

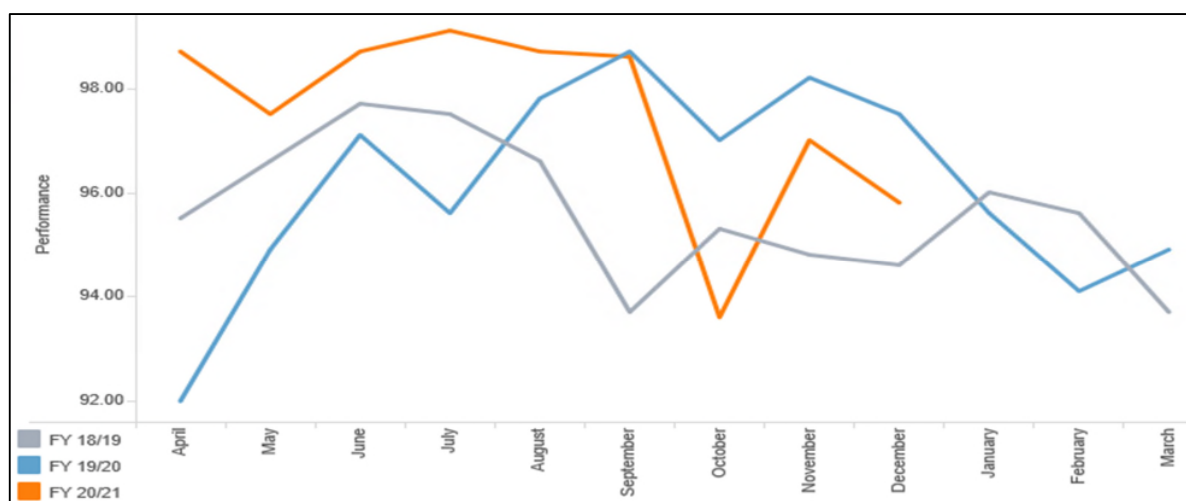
Standard - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

No update to report - 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 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 referrals are being accepted for both urgent and routine procedures. Options for addressing backlog through the use of alternative provision is currently being explored. 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)

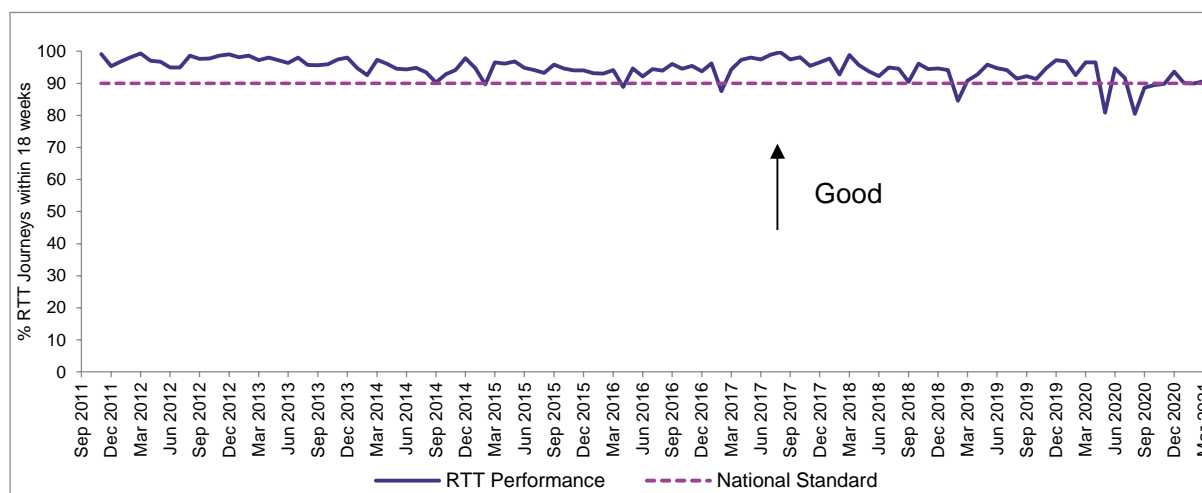


4. 18 Week Referral to Treatment

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

No update to report – 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 12th week of gestation

No update to report – The most recent figures (31st March 2020) show more than 95.9% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12th week of gestation.

7. Alcohol Brief Interventions (ABIs)

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

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

8. Cancer

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

Update – Data from March 2021 shows 100% of patients started treatment within the 31-day standard. 81.8% of patients started treatment within the 62-day standard.

Access to diagnostic and treatment continues to be good with minimal delays at a local level and treatment being expedited off island as far as possible.

9. Dementia

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

No update to report – 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

The latest figures (March 2021) show that 100% of people who started their first drug or alcohol treatment waited three weeks or less. This is an area where NHS Orkney continues to perform well.

12. Mental Health

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

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

No update to report – Child and Adolescent Mental Health - Published figures from September 2020, shows 90% of patients waited less than 18 weeks from referral to treatment. Please note that these figures include all the Island Boards to prevent disclosive numbers.

Psychological Therapy - Published figures from 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

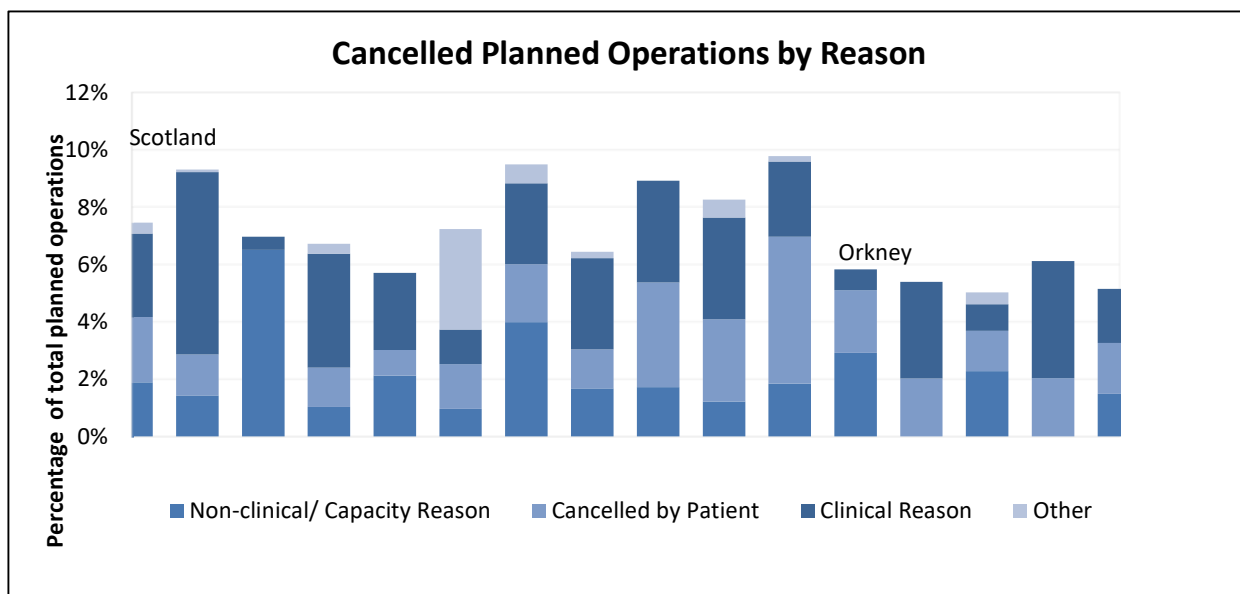
Standard - NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)

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 June 2021 was 274, an increase from 232 during May 2021. 16 operations were cancelled in June 2021. 8 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 6 were cancelled by the patient and 2 were cancelled based on clinical reason by the hospital. In comparison, 9 were cancelled in May 2021 and 13 in April 2021. Current performance at 5.8% is still ahead of the national average of 7.5%.

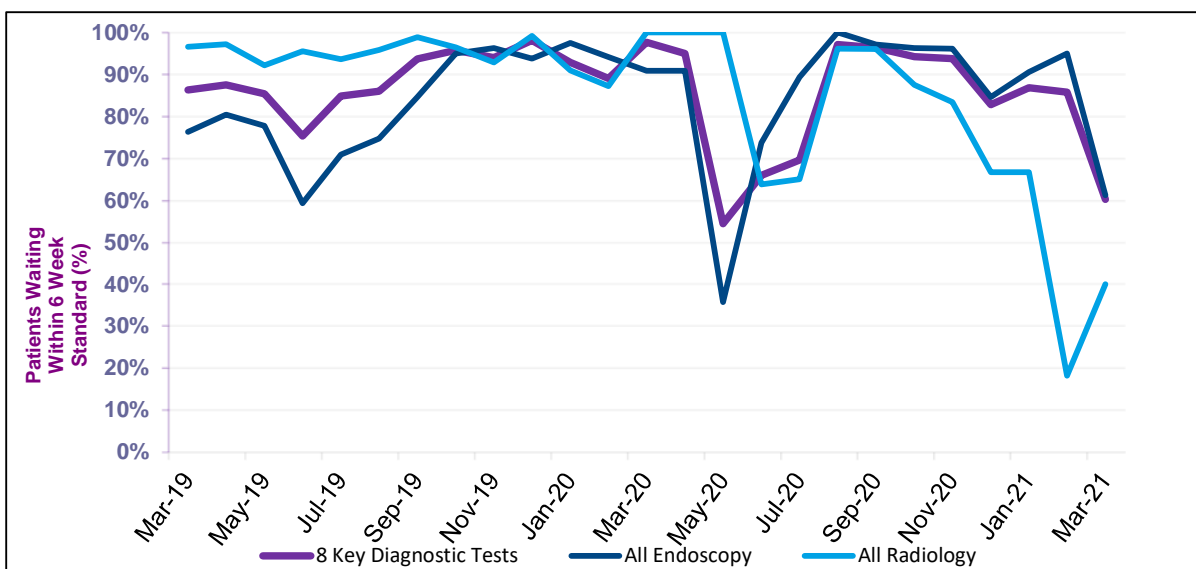


16. Diagnostics

No update to report - 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.

Improvement in this area is being targeted by the surgical and radiography teams although recognising that capacity is impacted by the ongoing impacts of the pandemic in respect of social distancing. Clinical prioritisation of access to service continues to mitigate the risks of delay.

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



17. Access to MSK Services

In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) 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. Outpatient clinic capacity continues to be increased through the use of the old Health Centre to reduce the impact of COVID-19 related constraints on service provision however increased appointment times and the impact of social distancing within healthcare services continues to impact 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 March 2020 | 662 | 78 (11.8%) | 20 | 48 |
| As at March 2021 | 555 | 62 (11.2%) | 46 | 77 |

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

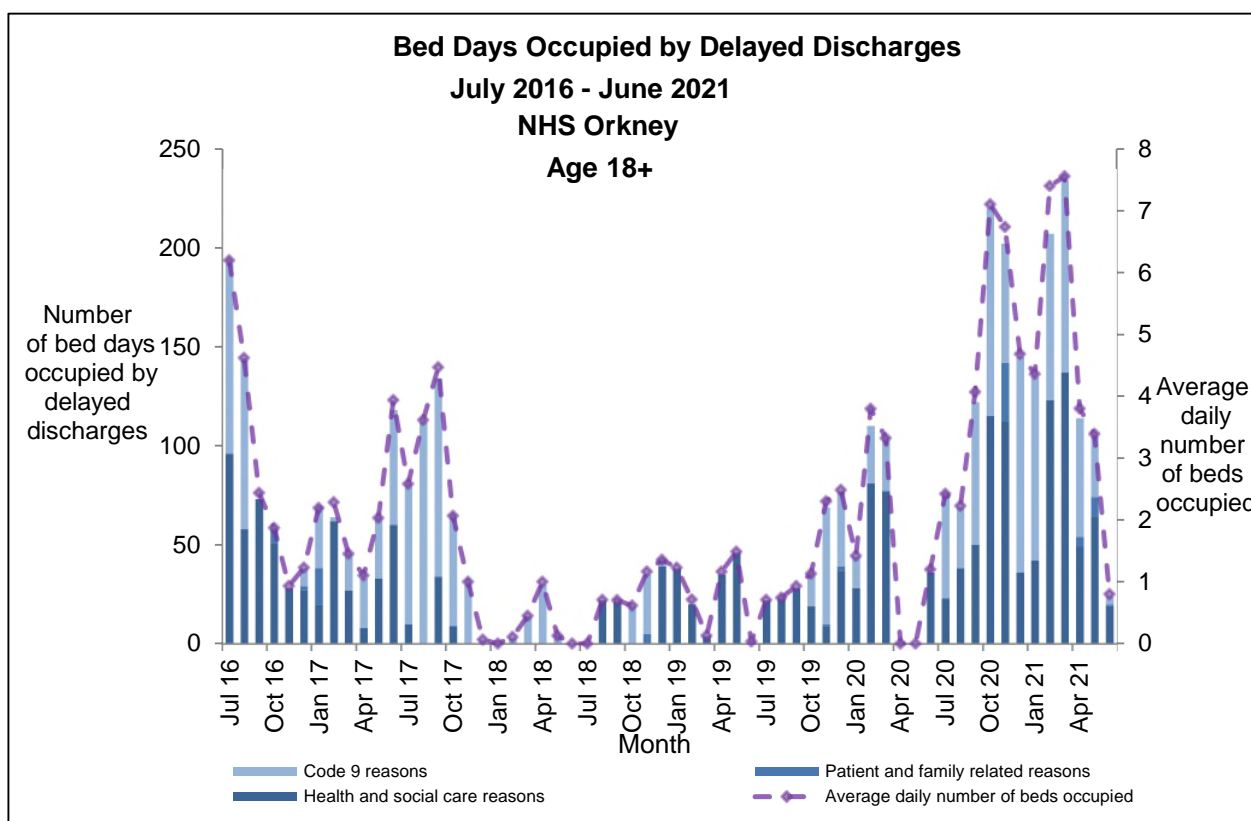
| | Total Number of Patients Seen | Number of Patients Seen, Who Waited 0-4 Weeks |
|------------------|-------------------------------|---|
| As at March 2020 | 280 | 156 (55.7%) |
| As at March 2021 | 271 | 167 (61.6%) |

18. Delayed Discharges

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

Latest figures (June 2021) indicate that there were 24 Bed Days Occupied by Delayed Discharges. At Census there were 0 delays. Following an increase in delays over the winter and early spring, performance has improved in recent months as shown in Figure 21 below.

Figure 21: Bed Days Occupied by Delayed Discharges



Not protectively marked

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|---|---|
| NHS Orkney Board – 26 August 2021 Report number: OHB2122-41 This report is for noting Finance and Performance Committee – Chair’s Report | |
| Lead Director Author | Mark Doyle, Director of Finance Davie Campbell, Finance and Performance Committee Chair |
| Action Required | <p>The NHS Orkney Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Review</u> the report 2. <u>Note</u> the assurance given and issues raised 3. <u>Adopt</u> the approved committee minutes |
| Key Points | This report highlights key agenda items that were discussed at the Finance and Performance Committee meetings on 22 July 2021 and it was agreed that these should be reported to the Board: |
| Timing | The Finance and Performance Committee highlights key issues to the Board as appropriate. |
| Link to Priority areas | 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. |
| Consultation | N/A |

Not Protectively Marked

NHS Orkney Board – 26 August 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 22 July 2021. It was agreed that this should be reported to the Board.

Section 4 Assurance Given

1. Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update

Members had previously requested an in depth report on reporting with CAMHS. The Head of Assurance and Improvement and Head of Health and Community Care presented the update, highlighting the following key points:

- Reporting of performance data for the CAMHS service remains suspended however team efforts had been focused to improve the quality of data and additional hours had been funded within the administrative team to ensure data reporting was able to recommence.
- The timeline for resuming submission of data for national reporting was September 2021.
- The Mental Health Task and Finish Group work had been continued with the three sub-groups continuing to meet regularly.

Members were advised that the Scottish Government were updated regularly and were pleased with progress and projected timescales.

2. Financial Performance Management Report

The Director of Finance delivered the Financial Performance Management Report, detailing the current financial position of NHS Orkney.

Members noted that progress had been made towards recruitment to a substantive medical model, and the Associate Medical Director and Director of Finance kept in regular contact regarding this.

The Director of Finance stressed the need to demonstrate to the Scottish Government that NHS Orkney were making progress towards achieving financial balance and controlling the overspend.

3. 2021/22 Capital Plan

The Director of Finance presented the Capital Plan for 2021/22 highlighting the following key points:

- The Scottish Government was to provide NHS Orkney £0.978k Capital Resource Limit, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.
- The Board would discuss with the Scottish Government a proposed capital to revenue transfer of £250k.

Members noted the update and approved the proposed Capital Plan for 2021/22.

4. Information Governance Policy

The Director of Finance presented the updated Information Governance Policy for approval, highlighting that the Information Governance Committee had reviewed the policy on 17 June 2021 and had recommended it for approval by the Finance and Performance Committee.

It was noted that section 4.9 currently reads “This policy and related Information Governance Policies would be approved by the Audit Committee”, which was incorrect as the Audit and Risk Committee was not able to approve policies. This would be amended by the Information Governance Officer to read “Finance and Performance Committee”

Members approved the updated Information Governance Policy subject to above change.

5. Information Requests Policy

The Director of Finance presented the updated Information Requests Policy for approval, highlighting that the Information Governance Committee had reviewed the policy on 17 June 2021 and had recommended it for approval by the Finance and Performance Committee.

Members approved the updated Information Requests Policy.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 27 May 2021

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board** held on **Thursday, 27 May 2021** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non-Executive Director (Vice Chair) – from 10.40am
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Meghan McEwen, Board Chair
Steven Johnston, Non-Executive Director

In Attendance: Christina Bichan, Head of Assurance and Improvement
Christy Drever, Committee Support
Lauren Johnstone, Committee Support (observing)
Joanna Kenny, Non-Executive Director
David McArthur, Director of Nursing, Midwifery and Allied Health Professionals
Pat Robinson, Chief Finance Officer of the IJB
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

F1 **Apologies**

Apologies were noted from Stephen Brown. The Vice Chair had advised that he would be late in joining the meeting.

F2 **Declarations of Interests – agenda items**

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

F3 **Minutes of Meeting held on 25 March 2021**

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

F4 **Matters Arising**

There were no matters arising.

F5 **Action Log**

The action log was reviewed and updated as required.

Performance Management

F6 **Integrated Emergency Planning update – FPC2122-01**

The Director of Public Health presented the Integrated Emergency Planning update highlighting the following key points:

- As per the internal audit, the business continuity plans had been reviewed and completed across the organisation. Development of business continuity plans had begun for new areas including the Covid Centre.
- There were no issues to report surrounding PPE and FFP3 masks and stock levels

8.3.1

had been well maintained.

- The vaccination programme continues to perform well, with continued invaluable support from the Orkney Local Emergency Co-ordination Group members and other local supporting bodies.

The Interim Chief Executive praised the hard work of all those involved in preparing and updating the business continuity plans, which had proven to work smoothly when required during recent months, both for internal situations and those out with NHS Orkney control, such as bad weather affecting vaccination clinics.

Members noted that local GP practices had completed business continuity plans, when this was not mandatory, and praised the engagement and hard work of staff involved.

Decision/Conclusion

Members noted the update and were assured of progress.

F7 Technology Enabled Care Programme Board Chairs Report – FPC2122-02

The Director of Finance presented the Technology Enabled Care Programme Board Chairs Report, highlighting the following key points:

- The group had been reinstated, with the initial meeting being held on 16 April 2021 to bring representatives together again.
- 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 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.
- The Director of finance planned to advise the group to create a sub-group to take forward the digital strategy work, with representatives from across the organisation involved.
- The IT manager had provided a brief update on the IT team workload and presented a gap analysis. Since the meeting, the IT team had recruited to all vacancies, with the two newest recruitments due to begin work in June.

The Board Chair requested clarity surrounding the purpose of the Technology Enabled Care Programme Board and how this was communicated to staff. Members also sought clarity around the governance and accountability structure for the group. The Director of Finance would take these queries to the next meeting and bring clarity back to the Committee.

It was also noted that funding had been provided for a third sector Tech Peer Mentor who had recently begun work and would perhaps be of benefit to sit on the subgroup once established. The Director of finance agreed to engage with the Tech Peer Mentor to see if it was suitable for them to sit on the subgroup.

It was agreed that once the terms of reference had been agreed by the group and a subgroup had been established to take work forward, a reporting timetable would be established for updates to the Finance and Performance Committee.

Decisions/Conclusion

8.3.1

Members noted the updated and looked forward to an update at the next meeting, with a proposed timetable for future reporting.

F8 **Performance Management Report – FPC2122-03**

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

- Performance against the 4-hour emergency department standard had been very positive.
- Performance against the 12-week outpatient standards had improved, however had not met the target. Services had been slowly working through waiting lists, however social distancing rules were impacting on clinical capacity.
- Additional clinics and provision had been put in place to allow clinicians to work through the general surgery backlogs which had been generated in recent months.
- Performance against the Treatment Time Guarantee was reduced, however a significant factor in this had been patients awaiting treatment from Golden Jubilee Hospital. On the morning of the committee meeting, it had been confirmed the Golden Jubilee would reopen referrals from 1 June 2021.
- The Health Intelligence Team had made contact with all patients on the waiting list for treatment on or off island recently, to ensure they were kept up to date, and with a commitment to getting back in touch within a month with a further update.
- Performance against the 18 weeks referral to treatment standard had been positive.
- Performance against the 31-day cancer standard had been very positive, however the 62-day cancer standard had been lower. It was highlighted that this was due to 1 out of 3 patients who had been seen 3 days after the standard.
- The recent Children and Adolescent Mental Health Services (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.
- Performance against the Psychological therapy standard had not met the target; however, performance had improved.
- There had been improvement against the delayed discharges standard, due to the positive impact of working with Home First.
- It was intended to publish average waiting times on the NHS Orkney website, to keep patients and the public well informed.
- The Head of Assurance and Improvement had been working closely with the Interim Director of Acute Services, to develop a Waiting Times Improvement Plan. Initial discussions with Scottish Government had taken place, and it was hoped to bring a draft workplan to the Executive Management Team meeting in the coming weeks.

Members noted that there was a significant backlog with dementia support, with the average wait between referral and assessment of 103 days.

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

8.3.1

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.

The Director of Finance advised that Service Level Agreements for visiting services were monitored over a 3-year period, and reduced visits through 2020/2021 would be taken into account when reviewing charges.

Members acknowledged that whilst waiting times had increased, in comparison to other Boards, NHS Orkney was not an outlier in performance. Members agreed it would be beneficial for this to be communicated to staff, who had been working extremely hard to keep waiting lists in line.

The Head of Assurance and Improvement advised that waiting times within ophthalmology, which had been a long-standing issue, were under review. The full benefit of the Global Citizen post had not been seen yet, due to the effect of Covid-19. The Head of Assurance and Improvement and Interim Director of Acute Services had been in discussion with NHS Highland regarding demand and capacity for the visiting service.

Members praised the hard work of staff involved in the vaccination programme and were pleased by the significant level of uptake.

Decisions/Conclusion

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

Financial Management and Control

F9 Financial Performance Management Report – FPC2122-04

The Director of Finance delivered the Financial Performance Management report, detailing the current financial position of NHS Orkney. Key points included:

- This was the final report for 2020/21
- Subject to Audit sign off, the Board would deliver against the three financial targets as outlined above this financial year.
- At the end of March 2021, NHS Orkney was £0.078m underspent on the Core Revenue Resource Limit utilising £0.714m of reserves.
- NHS Orkney's Capital Resource Allocation had a break-even outturn for 2020/21.
- The Board had achieved £0.730m of the £6.6m spend reduction/ savings targets identified in the Annual Operational Plan for 2020/21.
- Without the funding provided by the Scottish Government for Covid-19, the Board would have failed to meet its financial targets.
- Overspends had been noted within:
 - Ward and Theatres - £100k overspent.
 - Laboratories - £106k overspent.
 - Pharmacy and drugs - £465k overspent.
 - Estates and Facilities - £315k overspent.
- Reserve funding had been allocated to the Internally Commissioned health budgets in 2020/21 resulting in the Integration Joint Board reporting a breakeven position.
- The Grampian Acute Services SLA was the largest single element within the commissioning budget at £5.7m. Following a review with NHS Grampian it had been agreed that NHS Orkney would reflect an offsetting saving of £600k in the Covid Finance Return due to reduced activity in 2020/21.

8.3.1

- In addition, NHS Orkney was also reflecting an offsetting saving of £500k due to reduced activity in the Mental Health SLA.
- Significant work had been involved to put a sustainable medical model in place, to provide savings.
- Conversations had been held with Scottish Government, surrounding the financial challenges faced by NHS Orkney. Scottish Government had been advised that a minimum of 3 years would be required to bring the Board back in balance. The Scottish Government had expressed interest in detail of the costs to run essential remote and rural services, and which services could be provided in alternative ways.
- It was acknowledged that 2020/21 had been a difficult year for all NHS Boards, including NHS Orkney, with increased spend and reporting in line with the pandemic response.

The Director of Finance stressed that a plan would need to be provided to Scottish Government by the end of the first quarter to advise on the current position and plans to deliver over a 3-year period.

Members noted that the Interim Director of Acute Services was currently reviewing the provision of temporary staff taken on during the pandemic response to ensure a clear exit strategy was in place. It was not currently known how long current response capacity would require to be maintained, with concerns surrounding increasing cases of a variant of Covid-19.

Members anticipated that further discussions would be help with Scottish Government surrounding learning form the Covid-19 response and corresponding spend.

Members acknowledged the scale of the challenge faced to bring NHS Orkney into financial balance and provide savings in future. It was noted that staff within the finance team would meet regularly with budget managers and efficiency saving targets had been set for each budget. Regular training sessions were also being held, to educate budget holders to make decisions, as well as finance staff being readily available to answer and queries.

Decisions/Conclusion

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

F10 Pharmacy and Prescribing, Drugs Budget and Spend – FPC2122-05

The Director of Finance presented the report on Pharmacy and Prescribing, Drugs Budget and Spend which provided a more in depth review of pharmacy and prescribing costs. Key points highlighted were:

- The Head of Finance and Principal Pharmacist had worked together with their teams to gain greater understanding of the significant cost inflation of drugs.
- The Head of Finance regularly attended the National Family Health Service Group on behalf of NHS Orkney.
- A large stock of drugs and medical gases had been stored up during the pandemic response, which remain on the balance sheet. Discussions were ongoing with Scottish Government to determine if the stock could be returned to National Procurement.
- Work would take place to ensure that the lowest priced drugs show at the top on

8.3.1

the formulary, to encourage clinicians to prescribe these if suitable.

- By comparison, NHS Orkneys GP prescribing
- The full effect of Brexit on prescribing and pharmacy costs was not currently known.
- Biannual reports would come to the committee, with updates included in the Financial Performance Management Reports to Scottish Government along with the Finance and Performance Committee and the Board meetings.

Members suggested that a summary of the report should be shared with the Integration Joint Board and NHS Orkney Board

Members queried the future environmental factors affecting use of medical gases and alternatives. It was highlighted that the Finance team had worked closely with Pharmacy department surrounding a strategy covering 3-5 years which would take environmental factors into account. The Director of Public Health had discussed the wider sustainability issues surrounding climate change with the Interim Director of Pharmacy and would highlight this at the NHS Orkney Sustainability meetings.

The Director of Public Health highlighted that the breast screening service, which came on island every 3 years was visiting this year. It was likely that there would be some increase in specialist drug prescribing in connection with this.

Members noted that the Pharmacy team were supporting practices to manage variations in dispensing practices.

Decisions/Conclusion

Members noted the report and looked forward to future updates.

F11 Code of Corporate Governance – Standing Financial Instructions Review – FPC2122-06

The Director of Finance presented the Standing Financial Instructions Review.

S Johnston had highlighted the following out with the meeting:

- Section 2 – Director of Nursing should have full job title of Director of Nursing, Midwifery and Allied Health Professionals
- Section 12 – There should be a statement surrounding the Travel Scholarship to enhance clarity.
- Section 16.4 – It was stated that sources of funds should only be relating to the advancement of health, however clarity was needed surrounding funding which had been received for staff wellbeing during the pandemic.
- Section 21 – Clarity was required on the terminology around the Digital Strategy and eHealth strategy.

Members noted that the Code of Corporate Governance and Standing Financial Instructions should be read and understood by all Board members when they joined the Board.

Decisions/Conclusion

Members noted the update and amendments suggested.

F12 **Procurement Annual Report – FPC2122-07**

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.
- The Service Level Agreement had been put in place to cover whilst the Procurement Officer had managed the procurement for the new hospital, however this work had been completed.

Members noted that where possible local suppliers were engaged when small pieces of work became available and were encouraged to be part of the framework through National Procurement for larger contracts. During the pandemic response, the need to engage with local suppliers had increased as it had been difficult to source contractors elsewhere.

Decisions/Conclusion

Members noted the report.

F13 **Banking Arrangements – FPC2122-08**

The Director of Finance presented the update banking arrangements, highlighting the following two amendments:

- Removal of the Medical Director
- Addition of the Director of Finance

Decisions/Conclusion

Members noted the update.

Governance

F14 **Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

F15 **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

- Technology Enabled Care Programme Board Chairs Report
- Pharmacy and Prescribing, Drugs Budget and Spend
- Code of Corporate Governance – Standing Financial Instructions Review
- Procurement Annual Report

Issues Raised

- Children and Adolescent Mental Health Services Record Keeping

8.3.1

Members agreed that the following items should be raised to the Joint Clinical and Care Governance Committee via the Chairs Report:

Issues Raised

- Children and Adolescent Mental Health Services Record Keeping

F16 **Any Other Competent Business**

There was no other competent business.

Items for information and noting only

F17 **Schedule of Meetings**

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 22 July 2021.

F18 **Record of attendance**

Members noted the record of attendance.

F19 **Committee Evaluation**

The Chair praised the repeated high-level of scrutiny and discussion of papers. He noted the benefit of the report on pharmacy spend, which had allowed a more in-depth level of scrutiny of this area going forward. He also highlighted the value of the cross-committee report to Clinical and Care Governance surrounding mental health services.

The meeting closed at 10.53

Not Protectively Marked

NHS Orkney Public Board – 26 August 2021

Report Number: OHB2122-42

This report is for noting

Corporate Risk Register

| | |
|-------------------------------|--|
| Lead Director Author | Michael Dickson, Chief Executive Christina Bichan, Head of Assurance & Improvement |
| Action Required | The Board is asked to: 1. Note the update provided |
| Key Points | Following approval of the refreshed Tier 1 Corporate Risk Register in July 2021 this paper provides an update on active risks, changes to risk ratings, any newly added risks and any risks that have been closed or made inactive within the last reporting period. The full Corporate Risk Register is also attached for reference in Appendix 1. |
| Timing | To be considered at the August 2021 meeting of the Board. |
| Link to Priority areas | 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. |
| Consultation | This update has been developed in conjunction with risk owners and handlers. |

TIER 1 CORPORATE RISK REGISTER REPORT – AUGUST 2021

| Tier 1 - Risks Currently Rated 16 and Above | | | | | | |
|---|---|---------------------|---|--------------------|---|-------------|
| No | Risk Title | Current Risk Rating | Mitigation | Target Risk Rating | Update | Review Date |
| 508 | NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care | 16 | Improvement plan being developed being led by SIRO. With oversight mechanisms in place for delivery. | 8 | | 31/12/2021 |
| 509 | Care and financial sustainability may be compromised should the current medical workforce model continue | 20 | To be updated with support from Executive lead Situation has been occurring for some time, so organisation has partly accepted risk 6/2021 Use of regular locums where possible 6/2021 Interviews held and Appointment of surgical staff 6/2021 Interviews for medical consultant planned 6/2021 Appropriate HR checks on any locums, and review of any incidents occurs in relation to quality of care. | 12 | 6/21 Shortlisting for physician appt Update July 2021 - Physician x 1 appointed, Surgeons x2 appointed plus fixed term contract surgeon for 1 year. Awaiting start dates in autumn. | 30/09/2021 |
| 510 | Corporate Finance Risk | 16 | 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. Cost Savings - outlined in AOP and also outlined in F&P Report. 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. Ability to meet ongoing cost appliance - Involvement of Finance in all planning meetings. | 8 | 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 |
| 550 | Nefarious Applications, Operators or Agents | 20 | Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support. | 8 | | 30/09/2021 |

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| No | Risk Title | Current Risk Rating | Mitigation | Target Risk Rating | Update | Review Date |
|-----|---|---------------------|---|--------------------|--------|-------------|
| 554 | Failure to Meet Population Health Needs Resulting from Pandemic | 16 | Clinical Strategy being developed which will consider future population health need. | 8 | | 31/12/2021 |
| 655 | Senior Leadership, Oversight & Support | 16 | The EMT have communicated out to the small number of staff impacted by this who they are being managed by, further extensions are being put in place to interim arrangements to facilitate transfer to the permanent structures and the Board is in discussion with the Scottish Government about the current interim CEO position. | 8 | | 30/09/2021 |

Changes to Risk Ratings

| No | Risk Title | Previous Risk Rating | Current Risk Rating | Update/Reason for Change | Target Risk Rating | Review Date |
|----|------------|----------------------|---------------------|--------------------------|--------------------|-------------|
|----|------------|----------------------|---------------------|--------------------------|--------------------|-------------|

There have been no changes to risk ratings in this reporting period.

New/Escalated Risks

| No | Risk Title & Description | Current Risk Rating | Mitigation | Target Risk Rating | Date Added to Register |
|-----|--|---------------------|--|--------------------|------------------------|
| 550 | <u>Nefarious Applications, Operators or Agents</u> There is a risk that some/all data systems could be encrypted/data mined/erased resulting the deniability of access to all databases, backup servers and messaging systems resulting in NHS Orkney being unable to provide any form of clinical service and personal data being made available on the common market. All clinical services would be impacted with significant reduced ability to deliver any interventions. This will have an impact on accessing National systems and partners will be reluctant to allow Board access to their databases | 20 | Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support. | 8 | July 2021 |

| | | | | | |
|-----|---|----|---|---|-------------|
| | and networks due to fear to being targeted or contaminated. The ransomware encryption is often followed by a substantial financial request for encryption keys. In the event of data mining confidential financial details could be compromised putting the organisation at risk to fraudulent financial activities or an indirect attack to staff through personal and financial details. | | | | |
| 655 | <u>Senior Leadership, Oversight & Support</u> The leadership team at NHS Orkney is experiencing ongoing gap due to unplanned absence and transitioning from interim to permanent arrangements. This creates the risk that staff may not be clear of who to approach, where to seek line management support and therefore defer actions or decisions. | 16 | The EMT have communicated out to the small number of staff impacted by this who they are being managed by, further extensions are being put in place to interim arrangements to facilitate transfer to the permanent structures and the Board is in discussion with the Scottish Government about the current interim CEO position. | 8 | August 2021 |

Inactive/Closed Risks

| No | Risk Title | Risk Register | Current Risk Rating | Reason for Closing/Making Risk Inactive | Target Risk Rating | Date Closed/De Escalated |
|---|------------|---------------|---------------------|---|--------------------|--------------------------|
| No risks were made inactive or closed in this reporting period. | | | | | | |

Risks Overdue for Review

| No | Risk Title | Risk Register | Current Risk Rating | Mitigation | Target Risk Rating | Update | Review Date |
|---|------------|---------------|---------------------|------------|--------------------|--------|-------------|
| No risks are overdue for review in this reporting period. | | | | | | | |

Tier 1 - Corporate Risk Register - August 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 | 311 | NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient harm | <p>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.</p> <p>NHSO could experience significant issues regarding supply of stock equipment food and medicines leading to potential patient har</p> <p>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.</p> | Graham, Eddie | Dickson, Michael | 9 | 6 | <p>Brexit assessment has been completed</p> <p>Brexit Steering Group</p> <p>Monthly report to SMT</p> <p>6/21 Ongoing general monitoring of situation as Brexit date passed</p> | <p>03.10.2018 Initial risk assessment compiled</p> <p>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.</p> <p>steering group re-established to re-asses risk</p> <p>6/21 Currently no issues but ongoing monitoring during transition period</p> | 01/09/2021 |
| 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 | <p>Have Nursing, Midwifery and AHP, Medical Directorates and Executive Leads.</p> <p>General Management Structure within Hospital and Community</p> <p>Senior Management Team/Executive Management Team and existing structures, policies and procedures in place</p> <p>HSP Steering Group - HSP/EiC working group</p> <p>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.</p> <p>- Have regard to the guiding principles, including when contracting with third party providers for the provision of services.</p> <p>- Have procedures for assessing staffing requirements in real-time, identify & escalate risk across all clinical settings & staff groups.</p> <p>- Seek & have regard to appropriate clinical advice in decisions relating to staffing.</p> <p>- Report on high cost agency use.</p> <p>- Ensure adequate time & resources are given to all clinical leaders to discharge their leadership role.</p> <p>- Ensure employees receive appropriate training to undertake their role.</p> <p>- Follow a specified common staffing method where defined wotkload planning tools exist & ensure the output from the method is used to inform decisions about staffing levels.</p> <p>- Train staff in the common staffing method, where appropriate.</p> <p>- Inform staff of how the common staffing method has been used & the staffing decisions reached.</p> <p>- Report annually to Scottish Ministers how they have met the requirements in the legislation.</p> <p>- Provide assistance to HIS, as required, including providing information, to enable HIS to perform its functions.</p> | <p>Update Sept 2020 - Nursing workforce staffing review has taken place - paper being produced for DoNMAHP identifying gaps in workforce establishment that require funding</p> <p>Update Feb 2020 - Paper being reviewed prior to being presented to SMT - Finance to decide upon future funding</p> <p>May 2021 - HCSP work has restarted following COVID delay, therefore staffing paper being prepared for EMT</p> <p>Update July 2021 - Report went to joint Clinical Care Governance on 13th July outlining current progress on embedding the HCSP act</p> | 30/09/2021 |
| Corporate Risk | 508 | NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care | <p>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.</p> <p>This risk includes the potential impacts resulting from:</p> <p>Inadequate IT Disaster Recovery provision - Risk 17</p> <p>A Failure to Safegaurd information assets - Risk 227 & 361</p> <p>Cyber security attacks - Risk 306</p> <p>System security vulnerabilities Risk 343 & 344</p> <p>Resilience and Management of Grampian Engagement</p> | Bichan, Christina | Doyle, Mark | 16 | 8 | Improvement plan being developed being led by SIRO. With oversight mechanisms in place for delivery. | | 31/12/2021 |
| 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 | Wilson, Kim | Wilson, Dr. Louise | 20 | 12 | <p>To be updated with support from Executive lead</p> <p>Situation has been occurring for some time, so organisation has partly accepted risk</p> <p>6/2021 Use of regular locums where possible</p> | <p>6/21 Shortlisting for physician appt</p> <p>Update July 2021 - Physician x 1 appointed, Surgeons x2 appointed plus fixed term contract surgeon for 1 year. Awaiting start dates in autumn.</p> | 30/09/2021 |
| Corporate Risk | 510 | Corporate Finance Risk | <p>General funding uplift over estimated resulting in inability to implement planned commitments.</p> <p>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.</p> <p>Inability to deliver against the boards capital programme (CRL) failure to deliver reoccurring financial balance.</p> | Doyle, Mark | Doyle, Mark | 16 | 8 | <p>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.</p> <p>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.</p> <p>Cost Savings - outlined in AOP and also outlined in F&P Report.</p> <p>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.</p> <p>Ability to meet ongoing cost appliance - Involvement of Finance in all planning meetings.</p> | <p>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.</p> | 31/12/2021 |

| | | | | | | | | | | |
|----------------|-----|--|--|--------------------|--------------------|----|---|---|---|------------|
| Corporate Risk | 550 | Nefarious Applications, Operators or Agents | There is a risk that some/all data systems could be encrypted/data mined/erased resulting the deniability of access to all databases, backup servers and messaging systems resulting in NHS Orkney being unable to provide any form of clinical service and personal data being made available on the common market. All clinical services would be impacted with significant reduced ability to deliver any interventions. This will have a impact of accessing National systems and partners will be reluctant to allow Board access to their databases and networks due to fear to being targeted or contaminated. The ransom ware encryption is often followed by a substantial financial request for encryption keys. In the event of data mining confidential financial details could be compromised putting the organisation at risk to fraudulent financial activities or an indirect attack to staff through personal and financial details. | Rae, Richard | Doyle, Mark | 20 | 8 | Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support. | | 30/09/2021 |
| 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 | Action Plan in place and being regularly reviewed and updated with Board oversight of progress. | | 30/09/2021 |
| 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. Remobilisation planning undertaken to minimise the impact of the pandemic on access to services. Clinical prioritisation of access in place for elective care. Testing process in place and well established. 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. Reduced off island and local travel through imbedding of Near Me. Reduced staff travel as result of working from home and the use of Microsoft Teams reducing off island travel. | | 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 | 655 | Senior Leadership, Oversight & Support | The leadership team at NHS Orkney is experiencing ongoing gap due to unplanned absence and transitioning from interim to permanent arrangements. This creates the risk that staff may not be clear of who to approach, where to seek line management support and therefore defer actions or decisions. | Dickson, Michael | Dickson, Michael | 16 | 8 | The EMT have communicated out to the small number of staff impacted by this who they are being managed by, further extensions are being put in place to interim arrangements to facilitate transfer to the permanent structures and the Board is in discussion with the Scottish Government about the current interim CEO position. | | 30/09/2021 |
| 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. Visiting services provided for more widely used specialities to avoid the need for off island travel. Repatriation off clinical care when it is safe to do so. Good relationships and SOPs to support access to senior clinical decision makers off island as required eg Paediatrics. | | 31/12/2021 |

Not Protectively Marked

| | |
|---|--|
| NHS Orkney Public Board – 26 August 2021 Report Number: OHB2122-43 This report is for noting Audit and Risk Committee Chair's Report | |
| Lead Director Author | Mark Doyle, Director of Finance David Drever, Audit and Risk Committee Chair |
| Action Required | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Note</u> the Audit and Risk Committee Chair's Report covering the 1 July 2021 2. <u>Take assurance</u> on performance 3. To <u>adopt</u> the approved minutes from 1 June 2021 |
| Key Points | This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Thursday, 1 July 2021. |
| Timing | The Audit and Risk Committee highlights key issues to the Board on a quarterly basis following each meeting. |
| Link to Priority areas | <p>This report links to the following priority areas as agreed for the Board in 2021:</p> <ul style="list-style-type: none"> • Covid-19 • Culture • Quality and Safety • Systems and Governance • Sustainability |
| Consultation | N/A |

Not Protectively Marked

NHS Orkney Board – 26 August 2021

Audit and Risk Committee Chair's Report

David Drever, Audit and Risk Committee Chair

Section 1 Purpose

The purpose of this paper is to highlight key items for noting from the discussions held at the meeting of the Audit and Risk Committee which took place on Thursday, 1 July 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 Thursday, 1 July 2021.

Section 4 Discussion

4.1 NHS Orkney Annual Accounts 2020/21

The Director of Finance presented the NHS Orkney annual accounts for year ended 31 March 2020, seeking a recommendation of Board approval from the Audit and Risk Committee. The accounts had been reviewed in full by the Committee at their meeting of 1 June 2021, with all comments reviewed and incorporated where appropriate.

The Audit and Risk Committee made a recommendation of Board approval, following this the accounts would be submitted to the Scottish Government and then laid before parliament later in the year.

Thanks were extended to the Head of Finance and her team for the production of the annual accounts and supporting papers, as well as the Internal and External auditors for their work to help the Board achieve a position of approval and the signing of the annual accounts.

Members were reminded that the Accounts, once adopted by the NHS Board, did not become public documents until they had been laid before the Scottish Parliament and clearance to publish them has been received from the Director of Health Finance, Scottish Government.

Appendices

Appendix 1 Approved minute from Tuesday, 1 June 2021

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 1 June 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: Karina Alexander, Principal Accountant (for item A56)
Christina Bichan Head of Assurance and Improvement (until 12:30pm)
Mark Doyle, Director of Finance
David Eardley
Claire Gardiner, Senior Audit Manager, Audit Scotland
Keren Somerville, Head of Finance
Gemma Pendlebury, Committee Support

A40 **Welcome**

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

A41 **Apologies**

Apologies were received from J Colquhoun, M Dickson, L Wilson, and G Woolman.

A42 **Declarations of Interest**

No interests were declared.

A43 **Minutes of previous meetings held on Tuesday, 2 March 2021**

The minutes of the previous meeting held on Tuesday, 4 May 2021 were approved as a true and accurate record subject to the following amendments:

- The 'In Attendance' list at the top of page 1 was amended to read:
 - Mark Doyle, Director of Finance
 - Matthew Swan, Internal Audit Associate Director Azets
 - Meghan McEwen NHS Orkney, Board Chair by invitation of the Audit and Risk Committee Chair
- Item 93, bullet point three was amended to read: 'The Corporate Risk Register was managed by the Executive Management Team and would be fed forward to the Board or ratification.'

A44 **Matters Arising**

82 - Waiting Times – ARC2122-05

I Grieve noted that the NHS Orkney waiting times were something to be celebrated and requested that more acknowledgement be made of this to the press and the public. The Director of Finance agreed. The Head of Assurance and Improvement noted that work was being done to develop an infographic to showcase the most up to date waiting times figures, however there was some delay as some data was subject to the Scottish Government publishing schedule. Once confirmation had

9.2.1

been received from the Scottish Government, there would be some external communications showcasing NHS Orkney's favourable position.

Members requested that this item be included on the Action Log for follow up at future meetings.

A45 **Action Log**

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

A46 **External Audit**

No items for discussion at this meeting

Internal Audit

A47 **Internal Audit Annual Report 2020/21 – ARC2122-27**

D Eardley delivered the final draft of the Internal Audit Annual Report for 2020/21, advising members that this had had no significant updates since being received at the previous meeting and was in its final form, showing how the report contributes to assurance processes and the end of year completion.

Decision/Conclusion

Members received Internal Audit Annual Report for 2020/21 in its final form and approved that it be suggested for Board approval.

A48 **Internal Audit Plan 2021/22 – ARC 2122-28**

D Eardley presented the amended Internal Audit Plan for 2020/21, highlighting the main amendment for members. Further to discussions at the previous meeting of the Audit and Risk Committee it had been agreed that work to review Health and Social Care Partnership working would commence in January 2022, reserving the right for work to be brought forward if deemed appropriate. This delay to the review would offer the newly appointed Chief Officer of Orkney Health and Care (OHAC) time to establish himself in his new role.

There were a further two minor changes included within the indicative timetable, however, D Eardley noted that the delivery schedule was in line with previous years.

The Head of Assurance and Improvement noted that there had not been a Clinical Governance Audit during 2020/21, and that this was not scheduled for 2021/22 either. She queried whether the Joint Clinical and Care Governance Committee needed to be sighted on this. D Eardley responded that a Clinical Governance Audit had been considered for the 2021/22 plan, however, it had been decided that there were areas of more particular focus for the coming year. He also noted that clinical governance was inherent throughout all areas of NHS Orkney and, thus could be reviewed as part of other internal audits, such as COVID-19 Finance, Waiting Times, Remobilisation Strategy, etc.

9.2.1

Members agreed that the matter should be presented to the JCCGC for assurance and contribution, and amendments would be considered for the plan if Clinical Governance deemed a necessary audit for 2021/22.

I Grieve, as previous Chair of the JCCGC, noted that members of the JCCGC had discussed their appetite for an audit of Clinical Governance to be undertaken. She urged the Chair of the Audit and Risk Committee to engage with the new JCCGC Chair in relation to this. The Chair noted the JCCGC request for a Clinical Governance audit and agreed an action that discussion would take place out-with the meeting with the new JCCGC Chair.

I Grieve raised further concerns regarding the impact of key political changes within the Scottish Government and the Adult Social Care review upon the Health and Social Care Partnership audit. There was considerable change expected nationally and she felt it advisable to postpone NHS Orkney's internal audit of the Health and Social Care Partnership until 2022/23.

The Director of Finance noted his disappointment that conversations regarding significant alterations to the Internal Audit Plan for 2021/22 were taking place at such a late stage in the process.

The Chair summarized that there was a degree of flexibility within the proposed internal audit plan for the coming year to take account of political changes that could not be controlled. He urged members to keep a degree of adaptability in mind at future meetings.

Decision/Conclusion

Members of the Audit and Risk Committee approved the sections of the Internal Audit Plan for 2021/22 which were not subject to further discussions with the JCCGC and Chief Officer of OHAC.

A49 Internal Audit Reports

No items for discussion at this meeting.

Internal and External Audit Recommendations

A50 Internal and External Audit Recommendations Follow up Report – ARC 2122-29

The Director of Finance presented the update Internal and External Audit Recommendations for the Committee, highlighting the following key items:

- Twenty audit recommendations were brought forward following the previous report
- Four new recommendations had been newly added
- An extension was sought for one recommendation
- Twenty-four recommendations remained in progress with estimated completion dates throughout 2021/22

The Director of Finance continued by explaining the process of monitoring progress with and gaining updates regarding the implementation of audit recommendations. Outstanding actions were pursued with the responsible individual by the PA to the Director of Finance. Clarification was sought as to whether the action had been

9.2.1

completed or if there were barriers identified which provoked the need for an extension. Any completed actions were reviewed by the Finance Department, prior to be submitted to M Swann, Associate Director for Azets for final review. Once all parties were in agreement, the Audit and Risk Committee were provided with an update report at a committee meeting for approval that the recommendation had been fully implemented and the action could be closed.

J Taylor thanked the Director of Finance for his clarification of the follow-up process, however, he felt strongly that more information and potential monthly updates were required on progress. The Director of Finance responded that action owners were already being contacted for update on a monthly basis and were aware that they may be called before the Audit and Risk Committee to provide a full explanation regarding continued delays. He further advised that reports were also to be provided for the Board going forward for additional assurance.

Members were content for the advised approach to continue.

Decision/Conclusion

Members noted the status and update of actions and approved the requested extension.

Annual Governance Statement

A51 Directors' Subsidiary Statement on Governance ARC 2122-30

The Director of Finance provided members with the final draft version of the Directors' Subsidiary Statement on Governance, highlighting that this final version would be presented to the Board for assurance purposes as part of the annual accounts.

Members had seen an earlier rendition of the document at the previous meeting.

The Chair noted that the document was a key part of the annual account process and queried whether it was still subject to change prior to the meeting on the 24 June 2021. The Director of Finance confirmed that there were no further amendments expected.

I Grieve noted that it was a comprehensive document containing some challenging subjects which were difficult to read. However, the document provided members with a high level of assurance that mitigations were implemented in appropriate areas.

Decision/Conclusion

Members review the Directors' Subsidiary Statement on Governance and were assured that adequate and effective internal controls were in place.

A52 Draft Audit and Risk Committee Annual Assurance Statement ARC2122-31

Members received the updated draft Audit and Risk Committee Annual Assurance Statement. The amendments were reviewed and approved.

Decision/Conclusion

9.2.1

Members approved the draft Audit and Risk Committee Assurance Statement and noted that this would return as a part of the Annual Accounts at the next meeting.

A53 **Orkney Health Board Endowment Fund Governance Statement ARC2122-32**

Members of the Committee received the Orkney Health Board Endowment Fund Governance Statement for assurance and noting.

Decision/Conclusion

Members noted the Orkney Health Board Endowment Fund Governance Statement.

A54 **Significant Issues that are considered to be of wider interest – Draft letter to the Scottish Government – Health Finance Division ARC2122-33**

Members reviewed and noted the draft letter and acknowledge that the final version would return for approval at the next meeting.

Decision/Conclusion

Members reviewed the draft letter from the Scottish Government Health Finance Division, approved it as the final version and acknowledge it would be presented at the next Audit and Risk Committee meeting.

Annual Accounts for 2020/21

A55 **NHS Orkney Draft Annual Accounts for year ended 31 March 2021 ARC2122-34**

The Director of Finance thanked K Somerville, Head of Finance, and the Finance Team for their hard work to ensure the annual accounts were completed to schedule. He also extended thanks to members of the Audit Scotland team for their continued work.

The Director of Finance then presented the draft annual accounts for year ended 31 March 2021 to the Committee, providing an opportunity for members to make any comments. Members were reminded that the Accounts would not be made public until they were laid before Scottish Parliament in September.

The following key highlights were noted:

- The Board had met all three financial targets that it was monitored against
- The Core Revenue Resource Limit final position was £81k under spend.
- The Core Capital Resource Limit was £1.078m for the year, net of receipts, against which there was net investment of £1.078m.
- A three-year financial plan was submitted to Scottish Government by NHS Orkney in February 2020
- Excluding provision of financial flexibility provided by the Scottish Government, the Board's outturn would have been an underspend on RRL of £0.022m (equivalent to 0.03%).
- NHS Orkney was exposed to significant additional costs as a result of the COVID-19 pandemic in 2020/21. The Board received funding from the Scottish Government to ease COVID related cost pressures in the year

9.2.1

- The Board's financial plans for 2020/21 identified a savings target of £6.6m, of which the Board delivered £730k in year
- The Health Board's accounts show an IJB contribution as expenditure of £42.215m (2019/20 £34.884m) and income of £42.215m (2019/20 £34.884m). The increase in income and expenditure is mainly due to additional cost pressures and funding related to COVID-19
- There were underachieved savings of £0.670m attributed to the IJB in the year.
- NHS Orkney provided in year funding to allow the IJB to breakeven in 2020/21
- Staffing expenditure had increased by 21%, from £33.407m in 2019/20 to £40.435m in 2020/21, £5.5m of staffing expenditure related to COVID-19.
- Expenditure on Independent Primary Care Services increased by 12.9%, from £6.041m in 2019/20 to £6.823m in 2020/21
- Other operating expenditure increased from £68.332m in 2019/20 to £70.068m in 2020/21 driven by the increase in contribution to the IJB
- There were some reductions in Goods and Services from other NHS Scotland Bodies (£8.2m in 2019/20 to £7.1m in 2020/21)
- The total Trade and Other Receivables were in line with those at 2019/20, £0.883m (£0.890m 2019/20).
- NHS Orkney was noted as holding a bank balance of £2.232m at year end.

Decision/Conclusion

Members reviewed the draft Annual Accounts and took assurance that completion by the original deadline of 30 June 2021 was expected.

A56

Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2021 ARC2122-35

The Chair welcomed K Alexander, Principal Accountant and Treasurer for the Orkney Health Board Endowment Fund and thanked her for attending to present the Endowment Fund Annual Accounts.

The Endowment Fund Treasurer presented the Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2021, reminding members that as a registered charity it was necessary to provide the annual accounts to the Office of the Scottish Charity Regulator (OSCR).

The annual accounts had been audited by Scholes, Chartered Accountants, who had undertaken a comprehensive review including looking at the Charter and banking arrangements. K Alexander highlighted the following:

- Expenditure in 2020/21 was £65,983
- The Statement of Financial Activities provided details on the income of the Endowment Fund and this showed an increase due to an exceptional donation of £94,100 received from NHS Charities Together on behalf of the fundraising efforts of Sir Cpt Tom Moore
- The fund closed the year with the balance of £1.114m, an increase on 2019/20
- The Auditors opinion was that the financial statements give a true and fair view of the charity's affairs for the year 2020/21 and of its incoming resources and application of resources

9.2.1

K Alexander, informed members that the charity still holds a balance on restricted funds, however work was being done to encourage staff to utilise the funds.

She closed by noting the Chair of the Board would be signing the accounts at the Endowment Trustees meeting on Wednesday, 2 June 2021. Following that the Endowment Fund Annual Accounts would be presented to the Board as a full, consolidated version with the Board's annual accounts on Thursday, 24 June 2021.

Decision/Conclusion

Members reviewed the final audited annual accounts for the Endowment Fund and took assurance from the external auditors opinion.

Information Governance

No items for discussion as this meeting.

Fraud

No items for discussion as this meeting.

Risks

A57 Risks escalated from other Governance Committees

No items escalated from other Governance Committees for this meeting.

Governance

No items for discussion as this meeting

A58 Any Other Competent Business

There was no other competent business for discussion.

Items for Information and Noting Only

A59 NHS AA NSI Financial Ledger Services ISA 3402 Report

The Audit and Risk Committee received the Independent Auditors Report on the National Single Instance (NSI) Financial Ledger Services which were provided to all Board by NHS Ayrshire and Arran.

Decisions / Conclusion

Members noted the audit report and took assurance in relation to the services provided.

A60 Schedule of Meetings

Members noted the schedule of meetings for 2021/22.

A61 Record of Attendance

The Committee noted the record of attendance.

A62 **Committee Evaluation**

Members of the Committee noted that it was difficult to offer comment on the running of the meeting due to the format and perhaps an anonymous, electronic method would yield more open and honest constructive feedback.

It was also noted that it was challenging to offer comments on certain reports which had been discussed thoroughly at other committee meetings. Members felt it difficult to keep their commentary productive when the topics had often been exhausted elsewhere.

Meeting closed at 12:51



Minute of the meeting of the **Orkney Partnership Board**
held at **2pm** on **10 May 2021** via Microsoft Teams

| | | |
|----------------|--|---|
| Present: | James Stockan Meghan McEwen Gail Anderson Seonag Campbell Graham Sinclair Michael Dickson Raymond Fallon Rachael King Gillian Morrison Marcus Shearer Karen Greaves Graeme Harrison Leslie Manson John Mundell Graham Neville Craig Spence Matt Webb Graham Lindsay | Orkney Islands Council (Chair) NHS Orkney (Vice Chair) Voluntary Action Orkney Skills Development Scotland HITRANS NHS Orkney Scottish Fire and Rescue Service Integration Joint Board Integration Joint Board and Orkney Community Justice Partnership Scottish Ambulance Service Orkney Islands Council Highlands and Islands Enterprise Orkney Islands Council Orkney Islands Council Scottish Natural Heritage Orkney Housing Association Limited Police Scotland Scottish Sports Council |
| By invitation: | Jim Lyon Glen McLellan | Orkney Islands Council Economic Recovery Steering Group - ASPIRE |
| In attendance: | Joanna Buick Joanne Tait | The Orkney Partnership Orkney Islands Council |

1. Apologies

| | |
|---|--|
| Dougie Campbell Cheryl Chapman Alan Dundas Andy Fuller Alan Johnston Anna Whelan Thomas Knowles Garry Reid | Scottish Fire and Rescue Service VisitScotland SEPA Scottish Ambulance Service Scottish Government Orkney Islands Council (Secretary) Historic Environment Scotland Scottish Sports Council |
|---|--|

Opening note:

The Chairman thanked Gillian Morrison, attending her last Partnership Board meeting in her Interim role of Interim Chief Officer to the IJB and Chair of the Orkney Community Justice Partnership, prior to her retirement.

Due to delegate availability the running of the published agenda was altered, items 8, Children Service Plan and 5, Domestic Abuse Forum Coordinator

funding were presented first. The revised running order is reflected in the minute.

2. Draft minute of the meeting of the Board on 19 January 2021

It was noted that Rachel King did attend this meeting and the attendance list shall be amended.

At 7.8 the language used in this paragraph regarding the Local Child Poverty Action Report 2019-2020 was queried as being unclear and not fully reflective of the discussion. The preferred language was accepted and incorporated.

The minutes were agreed.

3. Matters arising

None.

4. Children Services Plan

- 4.1. The Children Services Plan has been developed by three Heads of Service and supported by Anna Whelan, OIC.
- 4.2. The draft plan was expected to be ready by 1 April 2021, due to revisions and officers annual leave this has not happened. The plan is yet to be discussed at NHS Orkney Clinical and Care Governance Committee, 13 May 2021. If approved, the plan will then be distributed to the Orkney Partnership Board for final comments before submission to the NHS Orkney Board Meeting in June 2021.
- 4.3. Skills Development Scotland stated they would like to be more involved with shaping the document. They will confirm what partnership groups they are aligned with to ensure that this is done.

5. Domestic Abuse Forum Coordinator funding

- 5.1. Briefing paper presented by Matt Webb, identifying the challenges being faced in Orkney.
- 5.2. Most Local Authorities have a coordinator funded by their Partnership Boards. Orkney, Western Isles and Shetland do not have a coordinator. This briefing has also been presented to the Chief Officers Group (COG).
- 5.3. Gillian Morrison confirmed support of the new Chief Officer.
- 5.4. Orkney Partnership Board Chair advised that the board could not provide financial support but could write letters of support as required.

Action: James Stockan/Anna Whelan

- 5.5. Funding is difficult to obtain but some can be accessed through the Equally Safe Fund. If funding is successful, a part time post for up to 2 years would be shared across Orkney, Western Isles and Shetland.

6. Report of the Climate Emergency SLWG

- 6.1. Draft report identifying range of options to take this work forward. Short Life Working Group no longer viable so a new Delivery Group is required. Collaboration will also take place with the OIC Climate Change Officer.
- 6.2. Integrated into the LOIP and requires to be embedded into a new or existing delivery group.
- 6.3. A delivery group will ensure that aims are achieved. Following discussion with Glen McLellan. Graham Neville felt that the Aspire Group would be a good fit.
- 6.4. Graham Sinclair enquired about the increase in Electric Vehicle charging points. Some are shared fleet charging points and are essential for infrastructure.

7. Patient Travel Costs and Child Poverty Impacts

- 7.1. Clarification was sought on why Dental travel costs were stopped. Jim Lyon was unable to submit the information prior to the meeting but confirmed that in the minute of the Orkney Health and Care Partnership Board on 13 November 2014 it was noted:

7 ORKNEY ISLES DENTAL TRAVEL SCHEME

After consideration of a report by the Chief Executive, NHS Orkney, together with an Equality Impact Assessment, copies of which had been circulated, and after hearing a report from the Chief Administrative Dental Office, the Board:-

NOTED:-

- 7.1 the proposal to cease the Orkney Isles Dental Travel Scheme, whereby patients travelling to dental appointment on the mainland of Orkney were reimbursed travel costs, subject to exceptions;
- 7.2 clarification in respect of the hospital travel scheme for dental patients; and
- 7.3 the method of communication the change to a patients and dental practices, as details in section 5 of the report by the Chief Executive, NHS Orkney, should cessation of the Dental Travel Scheme be approved.

The Board resolved to **RECOMMEND to the Board of NHS Orkney:-**

- 7.4 that cessation of the Dental Travel Scheme be approved.

Document link:

[Orkney Health and Care Partnership Board Minute 13 November 2014](#)

- 7.2. A response to the Area Dental Committee letter dated 23 March 2021 to be drafted.

Action: James Stockan/Anna Whelan

- 7.3. An OIC Committee paper is being prepared with regards to islands transport. If successful significant cost reductions will be in place for ferry tickets. Bulk buying tickets will not be required to get the best price.

8. Youth Forum Representation on the Board

- 8.1. Item deferred from January meeting due to time constraints.

8.2. Agreed youth engagement is a priority, but we must ensure that we are reaching out to all children. There are different paths to consider and we should investigate how Western Isles and Shetland engage with their young people.

8.3. After some discussion it was agreed that it would be amiss to appoint a youth representative at this time, there are other groups who could also request representation. A Partnership response to be drafted to support engagement.

Action: James Stockan/Karen Greaves

9. Recovery Groups Update

- 9.1. Glen McLellan provided update of the Economic Recovery Steering Group (ERSG). Aspire Orkney Ltd has now been established and Luke Fraser has been appointed as the Project Manager as of 7 June 2021. Funding opportunities can now be followed up.

9.2. Separate Think and Do tanks have been set up, the Skills Development group are doing well.

9.3. ERSG are asking for our Terms of Reference (ToR) to be amended to allow for voting powers if the group are divided on decisions.

9.4. ERSG was established following COVID Recovery as requested by the business sector. Special Vehicle Delivery Process set up and led by local business representatives. OIC have provided support via Economic Development and support staff, HIE have also provided support. Aspire Ltd is the mechanism to be able to engage with and support the local businesses and the Third Sector.

9.5. Governance concerns were raised regarding a Limited Company. Glen McLellan confirmed in depth discussions occurred with OIC Economic Development team and OIC Finance team. A not for profit Limited Company was the best model.

9.6. Craig Spence observed that voting rights had been discussed at a previous meeting, this request would appear to be misaligned with previous decisions.

9.7. It was noted that Item 12 Realignment of Delivery Group to New Strategic Priorities on the agenda may contradict ToR discussions and it was agreed that the ToR should remain the same.

9.8. Care For People is another COVID Recovery Group. They have been looking at Mental Health as a priority that requires a new delivery group to continue long term work. Look at existing groups to see if this could be realigned or if there are other community groups that could be aligned with.

10. Community Planning Priorities Survey

10.1. The Survey received 183 responses and focused on

- Connectivity
- Community Wellbeing
- Sustainable Recovery

10.2. Feedback was positive although the public might be feeling jaded filling in numerous organisations questionnaires asking the same questions.

11. Draft Orkney Community Plan/Local Outcome Improvement Plan

11.1. Local Outcome Improvement Plan (LOIP) is still being progressed. A draft will be worked up during May in consultation with the new Chairs and circulated to Board members by email for comment/amendment. A final draft will be available for submission to Council Committee and partner Boards in June, prior to submission to the Orkney Partnership Board on 28 June.

12. Realignment of Delivery Group to New Strategic Priorities

12.1. This paper is proposing the restructuring of the Orkney Partnership's delivery groups and short life working groups to align them with the new strategic priorities to be included in the forthcoming Community Plan 2021-23 (Local Outcomes Improvement Plan – LOIP).

12.2. Three new strategic priorities were agreed in the January Board meeting and have since been confirmed by consultation:

- Connectivity Delivery Group
- Community Wellbeing Delivery Group
- Sustainable Economy Delivery Group

12.3. One element of the proposal was that ERSG be re-aligned to Sustainable Economy Delivery Group. After discussion it was felt the ERSG should stay as it is and report into this group. Further discussion is required and item to be deferred until next meeting.

12.4. It was suggested that Child Poverty should be prioritised in all delivery groups.
Action: Item deferred until next meeting

13. Resourcing for Third Sector Agencies

13.1. The Third Sector have provided considerable support to service users and the community during the pandemic. During this time additional grants were made available to support this additional need.

13.2. Funding is now difficult to access and the survival of these vital agencies are threatened. Short term funding is available, but longer term funding and support is needed. Many agencies are struggling to retain staff and to continue much needed services. Demand for services have increased across the sector.

13.3. The Partnership recognised the need to support the Third Sector Agencies. It was agreed that each agency should summarise the work they do, identify their asks, clarify the assistance required and provide a timeline for this help. A coordinated response should be returned to the Partnership for deliberation.

Action: Gail Anderson

13.4. The Partnership endorsed their help to the Third Sector wherever possible.

Action: All

14. Any Other Business

14.1. None

15. Date of Next Meeting

15.1. 28th June 2021, 2-5pm.

The meeting closed at 5.02pm.

AFW/JB/JT

24/05/21

Not Protectively Marked

NHS Orkney Board – 26 August 2021

Report number: OHB2122-44

This report is for noting

Key Legislation

| | |
|------------------------|--|
| Author | Emma West, Corporate Services Manager |
| Action Required | <p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the list of key documentation issued as attached at Appendix 1 |
| Key Points | <p>This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents.</p> |
| Timing | <p>The list of key documentation is presented to the Board at each meeting.</p> |

Key Documentation issued by Scottish Government Health and Social Care Directorates

Circulars

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

| Reference: | Date of Issue: | Subject: |
|------------------|----------------|---|
| PCA(D)(2021)02 | 14/06/2021 | Amendment no 149 to the Statement of Dental Remuneration |
| CEM/CMO/2021/013 | 14/06/2021 | COVID-19 therapeutic alert - remdesivir for patients hospitalised with COVID-19 (adults and children aged 12 years and older) |
| PCA(M)(2020)11 | 15/06/2021 | NHS Pharmacy First Scotland: Signposting Guidance for GP Practice Teams: updated 15.06.21 |
| CDO(2021)06 | 21/06/2021 | Scottish Antimicrobial Prescribing Group (SAPG-D) recommendations |
| PCS(ESM)2021/03 | 24/06/2021 | Temporary Responsibility Allowance for Nurse Directors |
| DL(2021)15 | 24/06/2021 | Human resource aspects of foundation and speciality training programmes: changeover dates for 2021-2022 |
| DL(2021)16 | 24/06/2021 | F1 induction and shadowing arrangements |
| PCA(M)(2021)06 | 25/06/2021 | Universal access lateral flow device test kits – GP Dispensing Practices COVID-19 test kit distribution service |
| CDO(2021)07 | 29/06/2021 | Activity measurement – General Dental Services |
| DL(2021)18 | 29/06/2021 | Diversifying the Covid-19 Vaccinations Workforce: Proactive Recruitment and Training of Independent Contractor Groups & Streamlining Training and Induction |
| DL(2021)19 | 29/06/2021 | NHS Scotland Job Evaluation Policy |
| PCA(O)(2021)08 | 06/07/2021 | General Ophthalmic Services: Infection Prevention and Control (IPC) guidance; Personal Protective Equipment (PPE) funding; Staff Wellbeing; Workforce Specialist Service; £500 non-consolidated payment – claims for locums and sessional paid staff; Patient / Patient Representative Signatures; Patient Exemption Checking |
| PCA(D)(2021)03 | 06/07/2021 | Amendment no. 150 to the Statement of Dental Remuneration: Ventilation Allowance (Determination X) |
| CDO(2021)08 | 08/07/2021 | Infection prevention and control guidance |
| DL(2021)21 | 14/07/2021 | Update on MBA/MSG agreement on 46 hours rest following a period of night shifts |

11.2

| Reference: | Date of Issue: | Subject: |
|------------------------|----------------|---|
| DL(2021)20 | 16/07/2021 | Arrangements for the distinction awards and discretionary points schemes for consultants: 2020-21 |
| PCA(P)(2021)10 | 21/07/2021 | Prescription stationary arrangements for pharmacist independent prescribers providing the pharmacy first plus service |
| CMO(2021)17 | 21/07/2021 | Covid-19 Vaccination Programme: Vaccinations within prison and drug and alcohol rehabilitation settings |
| DL(2021)22 | 23/07/2021 | Framework for the implementation of isolation exemptions for health and social care staff |
| CMO(2021)18 | 23/07/2021 | COVID-19 vaccination programme: JCVI advice for vaccination of children and young people aged 12 to 17 years |
| PCA(M)(2021)07 | 27/07/2021 | Influenza and Pneumococcal, temporary enhanced service |
| DL(2021)23 | 03/08/2021 | Requirement for NHS Boards to undertake structured risk assessments in high risk (red) pathways |
| PCS(COV)2021/04 | 04/08/2021 | £500 COVID payment: Hard FM staff (extension) |
| CMO(2021)19 | 06/08/2021 | COVID-19 Vaccination Programme: JCVI advice for vaccination of 16 and 17 year olds |
| PCA(O)(2021)09 | 09/08/2021 | General Ophthalmic Services (GOS): Update on physical distancing requirements in health and social care settings; Revised Infection Prevention and Control (IPC) guidance - environmental cleaning and waste disposal; Continuing Education and Training (CET) allowance for optometrists and ophthalmic medical practitioners (OMPs); Pre-registration trainee supervisor grant; Eyes.Scot website public beta launch; Community optometry practice poster |

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers 2021/22

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

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

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

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

NHS Orkney - Board - Attendance Record - Year 1 April 2021 to 31 March 2022:

| Name: | Position: | 22 April 2021 | 24 June 2021 | 1 July 2021 | | | | |
|-----------------|--|------------------|-----------------|----------------|--|--|--|--|
| Members: | | | | | | | | |
| | Non-Executive Board Members: | | | | | | | |
| M McEwen | Chair | Attending | Attending | Attending | | | | |
| D Drever | Vice Chair | Attending | Attending | Attending | | | | |
| D Campbell | Non Executive Board member | Attending | Attending | Attending | | | | |
| C Evans | Non Executive board member | Attending | Attending | Apologies | | | | |
| I Grieve | Non Executive Board member | Attending | Attending | Attending | | | | |
| S Johnston | Area Clinical Forum Chair | Attending | Attending | Apologies | | | | |
| J Kenny | Non Executive Board member | Attending | Attending | Attending | | | | |
| F MacKellar | Employee Director | Attending | Attending | Attending | | | | |
| J Stockan | Non Executive Board member | Attending | Attending | Attending | | | | |
| J Taylor | Non Executive Board member | Attending | Attending | Attending | | | | |
| | Executive Board Members: | | | | | | | |
| M Dickson | Interim Chief Executive | Attending | Attending | Attending | | | | |
| M Doyle | Director of Finance | Attending | Attending | Attending | | | | |
| D McArthur | Director of Nursing, Midwifery and AHP | Attending | Apologies | Apologies | | | | |
| L Wilson | Director of Public Health | Attending | Apologies | Attending | | | | |

11.4

| Name: | Position: | 22 April 2021 | 24 June 2021 | 1 July 2021 | | | | |
|-------------|-------------------------------------|---------------|--------------|-------------|--|--|--|--|
| | In Attendance: | | | | | | | |
| C Bichan | Head of Assurance and Improvement | - | Attending | - | | | | |
| S Brown | Chief Officer – IJB – from 24.05.21 | | Attending | Attending | | | | |
| J Colquhoun | Head of Corporate Administration | Agenda item | Agenda item | - | | | | |
| M Colquhoun | Head of Estates and Facilities | - | Agenda item | - | | | | |
| L Hall | Interim Director of HR | Attending | Apologies | Attending | | | | |
| G Morrison | Chief Officer – IJB – to 21.05.21 | Attending | | | | | | |
| E West | Corporate Services Manager | Attending | Attending | Attending | | | | |
| K Wilson | Interim Director of Acute Services | Attending | Attending | Attending | | | | |