

NHS Orkney Board

28 October 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 28 October 2021** at **10:00am**.

Meghan McEwen
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minute of previous meeting held on 26 August 2021	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	Governance			
6.1	Code of Corporate Governance	Chair/Corporate Services Manage	OHB2122-45	To <u>approve</u> the updated Code of Corporate Governance as recommended by the Audit and Risk Committee
6.2	Schedule of meeting dates 2022/23	Chair/Corporate Services Manage	OHB2122-46	To <u>approve</u> the schedule of meeting dates for 2022/23

Item	Topic	Lead Person	Paper Number	Purpose
6.3	Model Meeting paper template and Guidance DL(2021)31	Chair/Corporate Services Manage	OHB2122-47	To formally <u>adopt</u> the Model meeting paper
6.4	Review of the Joint Inspection of Services for Children and Young People in Need of Care and Protection	Chief Officer	OHB2122-48	To <u>present</u> the Care Inspectorate's Progress Review of the Joint Inspection
6.5	Orkney Partnership Board Vice Chair Report and minute from meeting held on 28 June 2021	Chair	OHB2122-49	To <u>seek assurance</u> and <u>note</u> the approved minutes
7	Strategy			
7.1	Review of the Integration Scheme	Interim Chief Executive	OHB2122-50	To <u>approve</u> for submission to the Scottish Government
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Prevention and Control Report	Interim Director of Acute Services	OHB2122-51	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting.
8.2	Covid update	Director of Public Health	OHB2122-52	To receive an <u>update and assurance</u> on Covid-19 testing and vaccination.
8.3	Healthcare Improvement Scotland – Inspection report	Interim Director of Acute Services	OHB2122-53	To <u>note</u> the report including the areas of good practice and one area requiring improvement
8.4	Joint Clinical and Care Governance Committee Chairs report	Joint Clinical and Care Governance Committee Chair	Verbal (due to timing of meetings)	To <u>seek assurance</u> from the verbal update

Item	Topic	Lead Person	Paper Number	Purpose
8.5	Area Clinical Forum Chairs report and minutes from meetings held on 6 August 2021	Area Clinical Forum Chair	OHB2122-54	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
9	Workforce			
9.1	Staff Governance Committee Chairs report and minute from meeting held on the 26 May 2021	Staff Governance Committee Chair	OHB2122-55	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
10	Organisational Performance			
10.1	Financial Management Performance Report	Director of Finance	OHB2122-56	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Performance Management Report	Head of Assurance and Improvement	OHB2122-57	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
10.3	Finance and Performance Committee Chair's Report and minute of meeting held on 22 July 2021	Finance and Performance Committee Chair	OHB2122-58	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Risk and Assurance			
11.1	Corporate Risk Register	Interim Chief Executive/Head of Assurance and Improvement	OHB2122-59	To <u>monitor</u> the corporate risks which have been agreed by the Executive Management Team.
11.2	Audit and Risk Committee Chair's Report and minute of meeting held on	Audit and Risk Committee Chair	OHB2122-60	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
	1 July 2021			
12	Any other competent business			
13	Items for Information			
13.1	Key Documentation Issued*	Chair	OHB2122-61	To <u>receive</u> a list of key legislation issued since last Board meeting
13.2	Board Reporting Schedule 2021/22*	Chair		To <u>note</u> the schedule
13.3	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 26 August 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
Louise Wilson, Director of Public Health

In Attendance

Stephen Brown, Chief Officer, Integration Joint Board
Lorraine Hall, Interim Director of Human Resources
Shona Lawrence, Corporate Communications Officer
Emma West, Corporate Services Manager (minute taker)
Kim Wilson, Interim Director of Acute Services

Presentation – Demystifying hospitals – Tariro Gandiya

Board members were provided with a presentation on the Hospital Adventures work that had been progressed to help families through a difficult diagnosis. When reviewing patients with a difficult diagnosis it had been noted that there was a gap in the service provided to help patients discuss their condition with their families, including their children, during what was already a difficult time dealing with pain and deteriorating health.

Hospital Adventures was an initiative to help patients come to terms with their diagnosis and start a dialogue around this between parents and children. The aim was also to alleviate the fear of hospital to children and take away some of the burden from the patients.

This took the form of a guided 'adventure' of the hospital explaining the services in an age appropriate way using teddies and soft toys to help make clear some of the procedures. Everything was personalised to the child's age and personality and helped build an ongoing support system for the patient and their wider family.

The Endowment Fund Sub Committee had supported the initiative with funding to progress which had been welcomed.

Board Members gave recognition to Tariro Gandiya and the staff who had supported this initiative for recognising the need and progressing with implementation of such an important, innovative and impactful project. It was noted that the project had been fully supported at endowments, with acknowledgement that it could be implemented wider with other conditions being included.

Board Members also appreciated the opportunity this provided to build connections between clinicians, patients and their wider family and the improve the whole patient

journey.

Welcome and Apologies

Members were welcomed to the meeting and apologies were noted from D McArthur.

Members were advised that the Children's inspection report had not been included on the agenda as the report had not been published before distribution of the papers. Thanks, were given to all staff that had assisted in this process and made progress to better support the most vulnerable within the community.

Members were advised that there had been a unannounced visit from Healthcare Improvement Scotland, this had been a positive visit and thanks were extended to all staff that had helped to provide information and data collection, the full report would be provided to the Board in due course.

Declarations of interests

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

Minutes of previous meetings held on 24 June and 1 July 2021

The minutes of the meetings held on 24 June and 1 July 2021 were accepted as accurate records of the meetings and were approved.

Matters Arising

B39 - Workforce Monitoring Report

Members were advised that the updated report was being completed and would be submitted to Scottish Government by the required deadline. Appropriate governance was being followed with consultation through the Area Partnership Forum and Staff Governance Committee.

B40 – Pride Pledge

Members were advised that 147 staff had so far signed up to pledge to show that they would promote a message of inclusion, speak up and challenge intolerance.

Board Action Log

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

Clinical Quality and Safety

Healthcare Associated Infection Prevention and Control Report – OHB2122-33

The Interim Director of Acute Services presented the report advising that NHS Orkney were performing within the required standards for all key performance targets as set out by the Scottish Government and locally led initiatives.

She gave thanks to the Infection Prevention and Control Manager for preparing the report and advised that consideration was being given to requesting permission to trial a different template to provide better assurance around local issues.

Hand hygiene data had been provided; members were advised that the slightly lower compliance rate for medical staff had been raised with the Interim Medical Director who was addressing the issue with staff for improvement.

I Grieve questioned whether staff had the time to discuss missed opportunities around hand hygiene at the time they arose and was advised that they did, as this was key for the largest impact and reflection.

D Campbell sought further information around the audit for improvement that was being undertaking in isles practices. The Interim Director of Acute Services advised that additional Covid funding had allowed for a further programme of work going forward to provide regular training and support as well as audit work and provided much greater levels of assurance by increasing the work possible by the team.

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.

Clinical Strategy update – OHB2122-34

The Interim Chief Executive provided the report which noted the progress to date on the NHS Orkney Clinical Strategy and the plan for completion of the document, it was acknowledged that learning from the efforts surrounding Covid -19 would be incorporated along with outputs from the recent listening project and plan on a page where appropriate.

The paper included the timeline of previous work around the Clinical Strategy and the importance of staff and public engagement, building on that undertaken previously.

James Stockan joined the meeting.

There were four workstreams, Clinical Engagement, Patient Engagement, Follow up from previous engagement and Communication. The Board were sighted on progress within each workstream.

The Board supported the direction of the Clinical Strategy, The Director of Public Health noted the real importance of clinical services being directly linked to the clinical needs of the population.

The Board noted the following drivers for change which should also be incorporated into the comments taken forward to the Steering Group:

- The influence and correlation between repatriation of services
- The important issue of burden of disease
- The health impact of climate change
- Realistic Medicine and managing expectations within available resources
- The voices and rights of young people
- The demographic of the workforce, including knowledge and skills and the issue of an aging workforce
- Proposals for the National Care Service
- The geographical aspect of where and how services are delivered

- The plan should support and reflect the workforce plan and the financial plan

The Board agreed that the Joint Clinical and Care Governance Committee would oversee the work around the Clinical Strategy, this would be reported to the Board through the approved minutes and Chairs report.

D Campbell questioned how public engagement would be progressed and was advised that this would be through a combination of methods including social media and other more formal channels such as community councils to ensure a wide range of feedback.

Post meeting note: Comments, as noted above, were provided to the Associate Medical Director, Community as lead for the Clinical Strategy.

Decision / Conclusion

The Board supported the direction of the NHS Orkney Clinical Strategy and noted the plan for completion of the document. It was agreed that comments would be fed back as an important part of the consultative process through the steering group.

It was further agreed that the oversight role would be provided by the Joint Clinical and Care Governance Committee, reported to the Board through the approved minutes and Chairs report.

Chairs Report Joint Clinical and Care Governance Committee and minute of meeting held on the 9 June 2021 – OHB2122-35

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 at their meeting on the 13 July 2021:

- Members had received the annual report on Adults with Incapacity and were pleased to report that the improvements previously implemented had been sustained across several areas. Audits would continue with further improvements being realised where required.
- 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.

The Chair welcomed the sustained progress around the improvements made regarding Adults with Incapacity.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 9 June 2021.

Chairs Report Area Clinical Forum and minutes of meetings held on the 1 June 2021 – OHB2122-36

S Johnston, Chair of the Area Clinical Forum, presented the report highlighting the following items which has been discussed by the Area Clinical Forum at their meeting on the 6 August 2021:

- An update had been provided around progress with the Clinical Strategy and the ACF were enthusiastic to continue involvement as the Strategy developed.
- Thanks were given to the Board for acknowledging the concerns raised around the treatment of staff by patients. There had been a few accounts of staff being verbally abused by patients regarding waiting times, a notice had gone out to the public to reiterate the zero-tolerance policy.
- The ACF Development Session 'Focus on Frailty' had been well attended and confirmation provided that the Value Improvement proposal had been successful, the next Development Session would cover the topic of Guardianship.

The Chair commended the momentum of the Area Clinical Forum Development Sessions, acknowledging the need for these multidisciplinary conversations and the importance of creating the space for these to occur.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 1 June 2021.

Workforce

Human Resources Services update – OHB2122-37

The Interim Director of Human Resources presented the update report on the transformation of Human Resources Services within NHS Orkney and the input of the Interim Director of Human Resources.

The Staff Governance action plan 2021/22 would enable the organisation to track and show areas of success, learning and opportunity for further work and focus and encompassed outputs from the DHI review that were under the remit of the Interim Director of Human Resources.

It was vital to enable, support and allow transition so that the right staff with the right skills, values and behaviours were in place. Supporting an enabling structure that delivered at an individual, team and organisational level was complex and could take time.

The Area Partnership Forum had held a session on Compassionate, Collaborative and Collective Leadership and signed up to promoting good conversations, being active listeners, building mutual understanding, taking collective ownership and leading on these within the organisation.

The Director of Finance welcomed the excellent and informative paper, recognising the change that had already been seen and the improvements made to date.

J Taylor also welcomed the paper and the direction of travel that this presented, he questioned how organisational capacity could be expanded. The Interim Director of Human Resources noted that there was a need to review processes to create efficiencies along with reviewing roles and responsibilities to set a clear priority and structure to create capacity.

The Director of Public Health stated that the Occupational Health team had a pivotable

role within the Service Level Agreement and questioned how access to the Consultants in Occupational Health Medicine was now provided, she was advised that there was a direct link to NHS Grampian and the range of wider support services.

The Employee Director gave thanks for the continued engagement through the Area Partnership Forum and the partnership working around concerns and issues being positively addressed and embraced by the workforce.

The Chief Officer noted the data around recruitment and the excellent results in this area with NHS Orkney performing above Scottish average.

D Drever welcomed the management training and sought further information around what this involved, the Interim Director of Human Resources advised that the training to date had focused on supporting in the recruitment process and promoting staff attendance including elements of the art of the good conversation and considering triggers to enable managers to understand what good practice really means and support staff in returning to work.. Feedback had been mainly positive, and learning would be taken when considering the rolling programme going forward to help build competency and confidence of managers.

The Chair questioned the major risks in losing progress in these areas and was advised that there was a strategic risk, especially due to the number of transitions, the leadership team were more assured around progress and vehemently opposed of going backwards. There was a requirement to maintain a strong focus on the quality of HR services and consideration given to how this was taken forward in a sustainable way.

The Chair gave thanks for the paper and the additional level of assurance it provided, there was a need to ensure the level of service was sustained and became a permanent part of the organisation.

Decision / Conclusion

The Board acknowledge the work undertaken and considered the areas of work identified to progress further.

NHS Orkney – DHI Listening Report – OHB2122-38

The Interim Chief Executive presented the report which outlined the progress against the agreed recommendations. The action plan had assigned leads, and further information around how change was delivered throughout the organisation, some areas were still to be confirmed and the challenges of gaps in Executive and Senior Management were acknowledged.

I Grieve noted that often cultural changes could take time to embedded and questioned when staff would be aware that changes were taking place. The Interim Chief Executive advised that some changes were already visible, but some strategic endeavours would take longer progress, there would be a requirement to build a cycle of staff feedback and change to monitor progress.

D Drever welcomed the update and format of the document and questioned how the Board could ensure that these rich conversations could be shared through the organisation and encouraged. The Interim Director of Human Resources noted that in terms of dissemination, the report had also been discussed at Senior Management Team meetings and shared throughout the organisation to incorporate staff ideas

around improvement and ensure all were included.

J Kenny sought further information on communication throughout the organisation, it was noted that the weekly staff bulletin was well received but recognised that other alternative methods were also required to ensure that all staff were well informed and engaged.

The Interim Chief Executive noted that consideration was being given to the move to SharePoint, this did not detract from conversations at team levels and the sharing of key messages, the Board were formally exploring all the options that were available.

Decision / Conclusion

The Board welcomed the update and noted the progress against the recommendations.

Staff Governance Committee Chairs Report

C Evans, Chair of the Staff Governance Committee, gave a verbal update from the meeting on the 24 August 2021, advising that there had been good discussion and informative papers

Members had received assurance around the items on the Staff Governance action plan and an update on Statutory and Mandatory Training Audit Process among other items. Joint working with NHS Shetland in several areas had been welcomed.

Decision / Conclusion

The Board noted the verbal update provide.

Organisational Performance

Financial Management Performance Report – OHB2122-39

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 July 2021, two papers had been provided to cover the June and July periods due to the changes in timelines for reporting. Information was provided relating to resource limits, actual expenditure and variance against plan.

The revenue position to 31 July 2021 reflected an overspend of £2.011m, of the £2.011m overspend £0.242m related to Covid-19 overspend to date and £1.618m to unachieved savings, therefore, NHS Orkney's operational performance at month 4 was £151k overspend. NHS Orkney were currently forecasting an overspend outturn of £7.064m.

It was important to note that this was an early stage in the reporting cycle and the numbers were heavily caveated and based on several assumptions. The assumptions would be updated and advised to the Board as the year progressed.

Conversations were ongoing with the Scottish Government around recovery of Covid-19 spend and the 3 year recovery programme. Spending plans and patterns continued to be reviewed and updates would be reflected.

The Chair questioned the level of confidence in achieving a cohesive savings plan in 2021/22, The Director of Finance noted that this was currently low, but he advised that

further conversations were being held around the sustainable medical model and some permanent staff would be in place from October/November 2021, there were also further plans to address the spend moving forward and these would be highlighted in future papers to the Board.

J Taylor further questioned the unachieved savings, including the longer term consequences for the Board. The Director of Finance advised that payroll was approximately 60% of costs and staff progression through pay points impacted on spend. There was also the cost of providing locums which the sustainable model would go towards addressing. Conversation continued with the Scottish Government around the recovery plan and the Board would be given time and space to implement this before any recovery team was involved.

D Campbell commended the Director of Finance and his team for the detailed engagement and the assurance provided. The Chair acknowledged this concerted effort and the requirement for a strategic coordinated organisational response. It was noted that the new Medical Director would also have significant input once in post and it was essential that all staff were sighted and engagement with any change and redesign.

J Stockan questioned the position of NHS Orkney in relation to other Boards in Scotland and was advised that all Boards were trying to deliver savings while managing the covid pandemic and most were in a similar financial position.

Decision / Conclusion

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

Performance Management Report – OHB2122-40

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

- Performance improvements were being seen in many areas although achievement of the access standards remain adversely affected by the impacts of the Covid-19 pandemic.
- Access to up to date published information had also been adversely affected by the pandemic with some scheduled publications delayed.
- Unpublished information on all performance measures continued to be provided in the Performance Reports presented to the Finance and Performance Committee for scrutiny.
- Summary management information continued to be circulated to all Board members weekly to increase oversight of performance.

Concern was raised that a considerable amount of funding had been received in relation to Mental Health Services and there was currently no further information regarding this or the planned expenditure. It was agreed that this would be addressed moving forward through the Finance and Performance Committee Chairs report to the Board and the Financial report when confirmation of funding and planned expenditure areas had been identified.

The Director of Finance questioned whether the Board wished to review unpublished data in subsequent meetings to ensure that this was the latest data available, but it was agreed that there was a danger in making unpublished and unverified data public.

The Chair queried whether the Musculoskeletal (MSK) Services Improvements were related to temporary measures how the Board would ensure that performance remained high in the longer term, The Director of Finance agreed that this was a requirement in planning for the service.

Decision / Conclusion

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

Chairs Report Finance and Performance Committee and minutes of meetings held on the 27 May 2021 – OHB2122-41

D Campbell, Chair of the Finance and Performance Committee, presented the report highlighting the following items which has been discussed by the Committee at their meeting on the 22 July 2021:

- Members had received an in depth report around Child and Adolescent Mental Health Services (CAMHS) including the reporting of performance data which was to be resumed in September 2021.
- Members noted that progress had been made towards recruitment to a substantive medical model.
- The Committee members noted and approved the proposed Capital Plan for 2021/22
- The Information Governance and Information Requests policies had both been approved following appropriate review and scrutiny.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 29 May 2021.

Risk and Assurance

Corporate Risk Register – OHB2122-42

The Interim Chief Executive presented the Corporate Risk Register which provided an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period.

Two new risks had been added, one in relation to CyberSsecurity which was being mitigated and a further risk around the ongoing gaps in senior leadership due to unplanned absences and a transition from interim to permanent arrangements.

Decision / Conclusion

The Board noted the update provided and the current mitigation of risks highlighted.

Chairs Report Audit and Risk Committee and minute of meeting held on the 1 June 2021 – OHB2122-43

D Drever, Chair of the Audit and Risk Committee, presented the report, highlighting the following item from the meeting on the 1 July 2021:

- The Committee had reviewed in full the NHS Orkney Annual Accounts for

2020/21 and made a recommendation of Board approval which had been accepted by the Board at their meeting on the 1 July 2021. The approved Accounts had been submitted to the Scottish Government but would not be made a public document until laid before parliament later in the year.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 1 June 2021.

Any other competent business

Covid-19 update

The Director of Public Health provided Board members with an update around Covid-19, advising that nationally case numbers were rising, which was also a trend reflected locally. Several local cases had been linked to travel to and from Orkney, but others were not, which signified a degree of local community transmission.

Vaccination rates in Orkney were high with 92% of over 18's receiving their first vaccination and 88% their second vaccination. The Director of Public Health urged the public to remain vigilant and if they displayed any symptoms to come forward for testing.

The Chair welcomed the update and stressed the ethos of looking after each other during in this time to ensure the safety of the whole community.

Items for noting

Orkney Partnership Board minute from the 10 May 2021

Members had received the minute for information. The Chair asked that these be moved to the more substantive part of future meetings to ensure that NHS Orkney remained an active and constructive partner of the Partnership Board.

Key Documentation issued – OHB2122-44

Members noted the key legislation issued.

Board Reporting timetables 2021/22

Members noted the dates of future meetings.

Record of attendance

Members noted the record of attendance.

Evaluation – reflection on meeting

No issues were raised.

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, The Orcadian Newspaper; Rob Flett, Radio Orkney and Andrew Stewart, Local Democracy Reporter attended the meeting virtually and asked the following:

Sarah Sutherland, The Orcadian

- There had been several improvement initiatives over the past few months, what had been the most noticeable improvement? D Drever noted that more rich and meaningful conversations were being held at all levels of the organisation, both within and out with the formal governance routes. The Chair added that there was a sustained improvement in the quality of information being received and the honesty in which this was given. The Employee Director noted that improved interactions had been seen at the Area Partnership Forum and Staff Governance Committee, with issues being brought forward and actioned in a positive way to support staff in the workplace.
- Further information was requested around how staff accessed Occupational Health Services and other wellbeing services including those for Mental Health. The Interim Director of Human Resources advised that a significant amount of work had been completed to signposting staff towards wellbeing initiatives and these were routinely communicated in the weekly bulletin. Work also continued with managers to ensure that during these new and different ways of working conversations were being held to support staff and ensure that they were in a safe space.
- Was the concept of redesign around changing and redeveloping the workforce model? The Interim Director of Human Resources advised that yes, this was around considering where we are, where we want to go and how we get there.
- Was the Board confident that financial targets could be met? The Director of Finance advised that there was reasonable assurance that the Board could achieve future financial balance, but this would require a programme over several years with cooperation from the whole organisation. Work continued with Scottish Government to achieve this position. The Chief Officer added that all Boards and Public Sector organisations faced similar issues around a sustainability approach to deliver and meet the needs of the population. There were many social determinants relating to health outcomes and future demands and there was a requirement to work as a whole system across the NHS, Local Authority, Third Sector, community, and other services to achieve this.
- The DHI listening exercise was not currently available as a public document on the NHS Orkney Website and timelines for this being published were requested. The Interim Director of Human Resources advised that nothing was being hidden in the report but it should be acknowledge that this related to a specific point in time, and improvement plans would be brought back to the Board in due course.
- Further information around the issues reporting CAMHS data was requested. The Chief Officer advised that this was around ensuring appropriate resource was available to collate the information and the extraction of data from systems. Assurance had been sought around this to ensure that up to date and timeous statistics could be provided from September 2021.

Rob Flett, Radio Orkney

- Were there any timescales for face to face engagement between patients and medical staff to commence. The Interim Director of Acute Services advised that patients were already being seen face to face in the hospital setting and GP Practices. The Chief Officer noted that there was a degree of frustration within the community around speed with which services were remobilising; national guidance would continue to be followed and the public kept informed of any changes to how services were provided.
- How was bullying and harassment being tackled? The Chair advised that the Board would continue to be reiterate that Bullying and Harassment was not acceptable, staff were working hard to deliver high quality patient centred care and understood the routes available for escalation if they were on the receiving end and required support.
- The presentation around demystifying hospitals had been welcomed and further information around the support for this project was requested. It was noted that the Endowment Fund Sub Committee had supported this bid and funded £6,540 to be spend with the next 12 months, a further bid to extend this work broader than cancer services would be welcomed.

NHS Orkney Board Action Log Updated 15 October 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	Discussed by SMT on 23 August and at the Board Development Session on 1 October 2021. Further input required before finalisation and approval by Board

Completed actions deleted after being noted at following meeting

Not Protectively Marked

<p>NHS Orkney Board – 28 October 2021</p> <p>Report Number: OHB2122-45</p> <p>This report is for approval</p> <p>NHS Orkney Code of Corporate Governance 2021/22 Review</p>	
<p>Lead Director Authors</p>	<p>Lorraine Hall, Interim Director of Human Resources Emma West, Corporate Services Manager Gemma Pendlebury, Senior Corporate Services Officer</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the amendments and updates to the Code of Corporate Governance, including the Standing Financial Instructions as recommended by the Audit and Risk Committee
<p>Key Points</p>	<p>NHS Orkney is required to have a Code of Corporate Governance which sets out:</p> <ul style="list-style-type: none"> • How the business of Orkney NHS Board and its Committees is organised • Members' Code of Conduct • Standard of Business Conduct for NHS Staff • Fraud Standards • Reservation of powers and delegation of authority • Standing Financial Instructions <p>The main changes to the code during this review have been:</p> <ul style="list-style-type: none"> • Amendments to the Governance Committee Terms of Reference following individual review • Updates to the Standing Financial Instructions to reflect the latest working practices • Changes in wording to closer reflect the statements in the Model Standing Orders contained within DL(2019)24, as adopted by the Board • Minor changes and updates to job titles, emails addresses and links to reflect current arrangements.

Timing	<p>The Code of Corporate Governance is reviewed on an annual basis to take account of changes in legislation and outcomes from the review of Governance Committee and Board key documentation.</p> <p>The Code was last reviewed in December 2020, due to capacity challenges from the Covid-19 Pandemic, reporting will be brought back in line by June 2022.</p>
Link to Priority areas	<p>The Code of Corporate Governance links to all of the Boards the priority areas as agreed in 2021 and has specific links to:</p> <ul style="list-style-type: none"> • Systems and Governance
Consultation	<p>Each Governance Committee of the Board has reviewed and recommended for approval the changes to the Terms of Reference relevant to the Committee. These were reviewed by the Audit and Risk Committee on the 4 May 2021 and approved by the Board on the 24 June 2021.</p> <p>The Standing Financial Instructions have been reviewed and virtually approved, due to timing constraints, by the Finance and Performance Committee.</p> <p>The Code of Corporate Governance was reviewed by the Audit and Risk Committee on the 7 September 2021, with a recommendation of Board approval, this was subject to minor amendments which have been incorporated.</p>

Code of Corporate Governance

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Policy Owner (for updates):	Corporate Services Manager
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Introduction

Version 1.0.1

1 Code of Corporate Governance

The Code of Corporate Governance includes the following sections:

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

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

The Board reviews and approves the Code of Corporate Governance each year. Sections A to E are Orkney NHS Board's Standing Orders. The Standing Orders are made in accordance with the The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

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

2 Orkney NHS Board

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

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

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

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

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

2.1 Overall Purpose

The Overall purpose of Orkney NHS Board is:

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

2.2 Corporate Key Aims

Our Corporate Key Aims are to:

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

2.3 Function

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019\) 02](#)) describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

2.4 Members of Orkney NHS Board

There are 10 Non-Executive Members, which include the Chair of the Board and 3 stakeholder members representing the following:

- Area Clinical Forum
- Orkney Island Council

- Staff side Employee Director

There are 5 Executive Members:

- Chief Executive
- Director of Nursing, Midwifery and Allied Health Professionals
- Director of Finance
- Director of Public Health
- Medical Director

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

In attendance there will also be:

- Corporate Services Manager

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

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

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

2.6 Responsibilities of Members of the Board

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

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

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

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

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

2.7 Corporate Governance

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

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

Orkney NHS Board is responsible for:

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

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

2.8 Conduct, Accountability, and Openness

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

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

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

2.9 Understanding our responsibilities arising from the Code of Corporate Governance

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

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

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

2.10 Endowment Fund

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

2.11 Advisory and Other Committees

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

2.12 Review

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

2.13 Feedback

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

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

(01856)888910
ORK.corporateservices@nhs.scot

2.14 Definitions

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

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

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

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

2.15 The Seven Principles of Public Life

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

I Selflessness

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

II Integrity

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

III Objectivity

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

IV Accountability

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

V Openness

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

VI Honesty

Holders of public office should be truthful

VII Leadership

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

Version

SECTION

A

How Business is Organised

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

1 How Board and Committee Meetings must be Organised

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

1 Calling and Notice of Meetings

- 1.1 The Chair may call a meeting of the Board at any time and the Chair of a Committee may call a meeting of that Committee at any time or when required to do so by the Board.
- 1.2 Ordinary meetings of the Board or Committees shall be held in accordance with the timetable approved by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates
- 1.3 Meetings of the Board and its Committees may be conducted in any way in which each member is enabled to participate such as video conferencing or teleconferencing.
- 1.4 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition
- 1.5 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point
- 1.6 Notification of the time and place of Board meetings shall be placed on [NHS Orkney's website](#),

- 1.7 Lack of service of the notice on any Member shall not affect the validity of a meeting.
- 1.8 Special meetings of Committees shall be held on the dates and times that the Chairs of those Committees determine.
- 1.9 It is within the discretion of the Chair of any Committee to cancel, advance or postpone an ordinary meeting if there is a good reason for doing so.
- 1.10 Four or more members of any Committee may, by notice in writing, request a special meeting to be called to consider the business specified in the notice. Such a meeting shall be held within fourteen days of receipt of the notice by the Corporate Services Manager or Lead Officer.
- 1.11 In the case of the Audit and Risk Committee a special meeting may be called by the Audit and Risk Committee Chair, the Chief Executive, and the Director of Finance.

2 Appointment of Chair of Orkney NHS Board

- 2.1 The Scottish Ministers shall appoint the Chair of the Board. The Scottish Ministers shall also appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

3 Appointment of Vice-Chair of Orkney NHS Board

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.4 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Corporate Services Manager should refer this to the Scottish Government. The Cabinet Secretary will confirm which

member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Duties of the Chair and Vice-Chair

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

5 Membership

5.1 Non-Executive Membership

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

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

6 Quorum

6.1 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

6.2 The quorum for Committees shall be as follows: -

One third of whole number of members including:

Quorum

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

representative from Union or Professional body

Remuneration Committee

Two Non-Executive Members, one of whom must be Chair or Vice-Chair

6.3 If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board or Committees, the Chair will seek agreement to adjourn the meeting or reschedule.

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

7 Human Rights

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

8 Order of Business

8.1 For an ordinary meeting of the Board, the business shown on the agenda shall (unless otherwise agreed by the Board at the meeting) proceed in the following order: -

- Apologies for Absence
- Declarations of Interest
- Minutes of the previous meeting for approval
- Matters arising
- Action Log
- Governance
- Strategy
- Clinical Quality and Safety
- Workforce
- Organisational Performance
- Risk and Assurance
- all above including Committee Chairs' Reports and Minutes of Committee meetings
- Any Other Competent Business (items of which due notice has been given)

- Items for Information (including dates of future meetings)

8.2 No item of business shall be transacted at a meeting unless either:

- It is included on the agenda which has been published in advance; or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances.

9 Order of Debate

9.1 Informal Committee Rules

9.1.1 The Board or any Committee will routinely conduct its business under 'Informal Committee Rules' on the understanding that any one Board or Committee member may at any time, without giving due reason, request that the Board or Committee move to the formal order of debate of motions as set out below (Formal Committee Rules 9.2).

9.1.2 All speakers will address the Chair and observe order. The Chair will have discretion to conduct the meeting, that is, limit the number of contributions any speaker makes, the amount of time for which they speak or to ask a speaker to sum up their contribution. At the conclusion of the discussions, the Chair will summarise the decisions of the Board or Committee. Orderly debate in the public domain is essential to project a professional approach to business.

9.1.3 If any point arises which is not provided for in the Board's Standing Orders, the Chair shall give a ruling on the point and their decision will be final.

9.1.4 The Chair will seek to establish a consensus. If a consensus is not emerging, the Chair will follow the procedure set out in Section 14 – Voting.

9.1.5 The Chair will have a casting vote in the event of an equality of votes.

9.2 Formal Committee Rules

9.2.1 Any Board or Committee Member wishing to speak shall indicate this by raised hand and, when called upon, shall address the Chair, and restrict their remarks to the matter being discussed by:

- Moving, seconding, or leading a motion or amendment
- Moving or seconding a procedural motion
- Asking a question
- Making a point of clarification; or
- Raising a point of order

- 9.2.2 There shall be no discussion on any motion or amendment except by the mover until such motion or amendment is seconded.
- 9.2.3 No Member shall speak more than once in a debate on any one motion and amendment unless raising a point of order, making a clarification, moving, or seconding a procedural motion. However, the mover of the substantive motion (or an amendment which has become the substantive motion) in any debate shall have a right of reply but shall not introduce any new matter.
- 9.2.4 After the mover of the substantive motion has commenced their reply, no Member shall speak except when raising a point of order or moving or seconding a procedural motion.
- 9.2.5 Any Member wishing to raise a point of order may do so by stating that they are raising a point of order immediately after it has arisen. Any Member then speaking will cease and the Chair shall call upon the Member raising the point of order to state its substance. No other Member shall be entitled to speak to the point of order except with the consent of the Chair. The Chair shall give a ruling on the point of order, either immediately, or after such adjournment as they consider necessary. After this the Member who was previously speaking shall resume their speech, provided the ruling permits.
- 9.2.6 Any Member wishing to ask a question relating to the matter under consideration may do so at any time before the formal debate begins.

10 Motions and Amendments

- 10.1 When called to speak, the mover of any motion or amendment shall immediately state the exact terms of the motion or amendment before proceeding to speak in support of it. The mover shall also provide the terms in writing at the request of the Chair to the Corporate Services Manager before any vote is taken, except in the case of: -
- Motions or amendments to approve or disapprove without further qualification
 - Motions or amendments to remit for further consideration; or
 - Motions or amendments, the terms of which have been fully set out in a minute of a Committee or report by an Executive Member or other officer
- 10.2 Every amendment must be relevant to the motion to which it is moved. The Chair shall decide as to the relevancy and shall have the power, with the consent of the meeting, to conjoin motions or amendments which are consistent with each other.
- 10.3 All additions to, omissions from, or variations upon a motion shall be considered amendments to the motion and shall be disposed of accordingly.

- 10.4 A motion or amendment once moved and seconded shall not be withdrawn without the consent of the mover and seconder.
- 10.5 Where an amendment to a motion has been moved and seconded, no further amendment may be moved until the result of the vote arising from the first amendment has been announced.
- 10.6 If an amendment is rejected, a further amendment to the original motion may be moved. If an amendment is carried, it shall take the place of the original motion and any further amendment shall be moved against it.
- 10.7 A motion for the approval of a minute or a report of a Committee shall be considered as an original motion and any proposal involving alterations to or rejection of such minute shall be dealt with as an amendment.
- 10.8 The Chair of a Committee shall have the prior right to move the approval of the Minute of that Committee.
- 10.9 A motion or amendment moved but not seconded, or which has been ruled by the Chair to be incompetent, shall not be put to the meeting nor shall it be recorded in the minute, unless the mover immediately gives notice to the Corporate Services Manager or Committee Lead Officer requesting that it be so recorded.
- 10.10 A Member may request their dissent to be recorded in the minute in respect of a decision which they disagree and on which no vote has taken place.

11 Notice of Motions to be placed on an Agenda

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

12 Questions

- 12.1 A Board or Committee Member may put a question to the Chair relating to the functions of that Committee, irrespective of whether the subject matter

of the question relates to the business which would otherwise fall to be discussed at that meeting, provided that notice has been given to the Corporate Services Manager ten working days prior to the meeting.

- 12.2 The original questioner may ask a supplementary question, limited to seeking clarity on any answer given.
- 12.3 Questions of which notice has been given in terms of 10.1 above, and the answers thereto, shall be recorded in the minute of the meeting only if the questioner so requests, but any supplementary questions and answers shall not be recorded.

13 Time Allowed for Speaking during Formal Debate

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

14 Closure of Debate

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

15 Voting

- 15.1 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached

Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on

- 15.2 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines
- 15.3 The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines

16 Voting in the case of Vacancies and Appointments

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

17 Adjournment and Duration of Meetings

- 17.1 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time, and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.
- 17.2 A motion for adjournment has precedence over all other motions and if moved and seconded, shall be put to the meeting without discussion or amendment.
- 17.3 If carried, the meeting shall be adjourned until the time and place specified in the motion. Unless the time and place are specified, the adjournment shall be until the next ordinary meeting of the Board or Committee.
- 17.4 Where a meeting is adjourned without a time for its resumption having been fixed, it shall be resumed at a time fixed by the Chair.
- 17.5 When an adjourned meeting is resumed, the proceedings shall be commenced at the point at which they were interrupted by the adjournment.

- 17.6 In case of disorder the Chair may adjourn the meeting to a time fixed then or decided afterwards. Vacating the Chair shall indicate that the meeting is adjourned.
- 17.7 Every meeting of the Board or its Committees shall last no longer than four hours.
- 17.8 It shall, however, be competent, before the expiry of the time limit, for any Member to move that the meeting be continued for such further period as is deemed appropriate.

18 Conflict of Interest

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

only when a particular matter is being discussed, you must declare the interest as soon as you realise it is necessary.

- 18.8 The oral declaration of interest should identify the item of business to which it relates. The declaration should begin with the words “I declare an interest”. The declaration must be sufficiently informative to enable those at the meeting to understand the nature of the interest but need not give a detailed description of the interest.

19 Reception of Deputations

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

20 Receipt of Petitions

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

21 Submission of Reports

- 21.1 Reports shall be submitted by the Executive Members or other Senior Officers when requested or when, in the professional opinion of such an officer, a report is required to enable compliance with any statute, regulation or Ministerial Direction, or other rule of law, or where the demands of the service under their control require.

- 21.2 Any report to be submitted shall be provided to the Corporate Services Manager, Committee Lead Officer or the Committee Support Officer in the standard format no later than the deadline set out within the agreed timetable for the Board and Committee meetings (fourteen days prior to the meeting). The Director of Finance should be consulted on all proposals with significant financial implications. No paper with significant financial implications should be presented at a meeting when this has not been done. Any observations by those officers on matters within their professional remit shall be incorporated into the report.
- 21.3 Only those reports which require a decision to be taken by the Board or Committee to discharge its business or exercise its monitoring role, will normally be included on the agenda. It shall be delegated to the Corporate Services Manager or Committee Lead Officer in conjunction with the Chair of the Committee to make the final determination on whether or not an item of business should be included on an Agenda.
- 21.4 All reports requiring decisions will be submitted in writing. Verbal reports will only be accepted in exceptional circumstances, and with the prior approval of the Chair of the Board or Committee.

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

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

have the right of direct access to the Chairs of the Board and all Committees.

22.5 The Patient Reference Group shall be invited to send a maximum of two representatives to attend Board and Committee meetings held in public except 'In Committee' and Remuneration Committee.

22.6 Those in attendance at public sessions of Board meetings including co-opted members, will not routinely attend sessions held in private. Those in attendance of private sessions will normally be:

- The Corporate Services Manager or any member of the Corporate Services Team who has been assigned to take a formal minute of the proceedings
- Named officers who have been closely involved in any items under consideration, where agreed by the Board Chairperson and Chief Executive

23 Alteration of Revocation of Previous Decision

23.1 Subject to 23.2 below, a decision shall not be altered or revoked within a period of six months from the date of such decision being taken.

23.2 Where the Chair rules that a material change of circumstances has occurred to such extent that it is appropriate for the issue to be reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from:

- A recommendation to that effect, by an Executive Member or other officer in a formal report; or
- A motion to that effect of which prior notice has been given in terms of 9.1

23.3 This does not apply to the progression of an issue on which a decision is required.

24 Suspension of Standing Orders

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

25 Admission of Public and Press

- 25.1 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session, only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them

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

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

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

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

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

26 Members' Code of Conduct

- 26.1 All those who are appointed or co-opted as members of the Board must comply with the Members' Code of Conduct of Devolved Public Bodies Revised Edition 2014 as incorporated into the Code of Corporate

Governance and approved by the Scottish Ministers. This also applies equally to all members of Committees whether they are employed by NHS Orkney or not when undertaking Committee business.

- 26.2 For the purposes of monitoring compliance with the Members' Code of Conduct, the Corporate Services Manager has been appointed as the designated monitoring officer.
- 26.3 Board and Committee Members having any doubts about the relevance of a particular interest should discuss the matter with the Corporate Services Manager.
- 26.4 Board and Committee Members should declare on appointment any material or relevant interest and such interests should be recorded in the Board and Committee minutes. Any changes should be declared and recorded when they occur. Interests will also be entered into a register that is available to the public, details of which will be disclosed in the Board's Annual Report. Arrangements for viewing the register shall also be publicised.

27 Suspension of Members from Meetings

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

28 Minutes, Agendas and Papers

- 28.1 The Corporate Services Manager is responsible for ensuring that minutes of the proceedings of a meeting of the Board or its Committees, including any decision or resolution made at that meeting, shall be drawn up. The

minutes shall be submitted to the next meeting of the Board, or relevant Committee, for approval by Members as a record of the meeting subject to any amendments proposed by Members and shall be signed by the person presiding at that meeting.

- 28.2 The names of Members present at a meeting of the Board or of a Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any Member. The names of other persons in attendance shall also be recorded.
- 28.3 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public.
- 28.4 The Minute of a meeting being held where authority or approval is being given by the committee and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:
- A summary of the Committee's discussions
 - A clear and unambiguous statement of all decisions taken
 - If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
 - Where options are presented, a summary of why options were either accepted or rejected
 - Reference to any supporting documents relied upon
 - Any other relevant points which influenced the decision or recommendation; and
 - Any recommendations which require approval by a higher authority
- 28.5 The contents of a Minute will depend upon the purpose of the meeting.
- If the meeting agrees actions, they will be recorded in an action log:
- A description of the task, including any phases and reporting requirements
 - The person accepting responsibility to undertake the task; and
 - The time limits associated with the task, its phases and agreed reporting
- 28.6 The business for inclusion on the Agenda will, when necessary, be divided into two sections: Open Business, where there would be no issue about the release of information and 'In Committee', where access is restricted to Board or Committee members and where information would not be routinely released.

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

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

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

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

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

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

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

Absolute Exemptions:

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

Qualified Exemptions:

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

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

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

30 Records Management

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

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

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

Version 15.1

2 Committees

1 Establishing Committees

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

2 Membership

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

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

3 Functioning

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

4 Minutes

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

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

5 Frequency

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

6 Delegation

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

7 Committees

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

8 Purpose and Remits

A Audit and Risk Committee

I Purpose:

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

II Composition:

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

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

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

Committee membership will be reviewed annually.

III Attendance:

In addition, the Chief Executive (as Accountable Officer) and the Director of Finance of NHS Orkney should attend meetings of the Committee, together with other Executive Directors and senior staff as required.

The External Auditor and the Chief Internal Auditor shall also receive a standing invitation to attend.

IV Quorum:

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

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

V Meetings:

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

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

Extraordinary meetings may be called by:

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

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

VI Remit:

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

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

- Links to Integration Joint Board Audit Committee around jointly commissioned audits, annual planning, etc.

VII Best Value:

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

VIII Authority:

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

All Members and employees are directed to co-operate with any request made by the Committee.

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

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

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

IX Reporting Arrangements:

The Audit and Risk Committee reports to Orkney NHS Board.

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

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

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

B Joint Clinical and Care Governance Committee

I Purpose:

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

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

II Composition:

The Joint Clinical and Care Governance Committee shall consist of:

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

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

Committee membership will be reviewed annually.

III Chair and Vice Chair:

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

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

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

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

IV Attendance:

In addition, there will be in attendance:

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

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

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

V Quorum:

Meetings of the Committee will be quorate when at least four members are present and at least two of whom should be Non-Executive Members of NHS Orkney, one of whom must be the Chair or Vice Chair, and two voting members of the Integration Joint Board.

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

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

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

VI Meetings:

The Committee will meet at least quarterly.

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

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

VII Conduct of Meetings:

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

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

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

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

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

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

A rolling work plan will be developed and maintained which will be reviewed and approved annually. The approved work plan will be submitted to NHS Orkney's Audit and Risk Committee and the Integration Joint Board.

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

VIII Remit:

Person-Centred

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

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

Safe (Clinical and Care Governance and Risk Management)

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

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

Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.

- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.
- Incident management and reporting is in place and lessons are learned from adverse events and near misses.
- Complaints are handled in accordance with national guidance and organisational procedures and lessons are learned from their investigation.
- Clinical and care standards and patient and service user safety are maintained and improved within the Board of NHS Orkney's annual efficiency programme and the efficiency programmes of the Integration Joint Board.
- Whistleblowing concerns are handled in accordance with the National Whistleblowing Standards and that lessons are learned from their investigations in relation to both the NHS Orkney Integration Joint Board delegated service/s and non-delegated NHS Orkney services.

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

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

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

Population Health

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

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

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

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

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

IX Best Value:

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

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

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

X Authority:

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

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

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

XI Reporting Arrangements:

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

The Chair of each meeting will be responsible for producing a Chair's Report, to be presented, along with the approved minute, to the next Board meeting of NHS Orkney and the next meeting of the Integration Joint Board immediately following the JCCGC.

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

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

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

The Committee will review the Terms of Reference annually.

C Finance and Performance Committee

I Purpose:

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

II Composition

The membership of the Committee shall consist of:

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

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

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

III Attendance:

In addition, there will be in attendance:

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

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

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

IV Quorum:

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

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

V Meetings:

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

VI Remit:

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required
- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property)
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value, ensuring that this assurance is included as an explicit statement in the Committee's Annual Report
- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken
- To ensure better understanding between service provision and financial impact and to allow the Board to demonstrate that it provides value for money.
- To ensure adequate risk management is employed in all areas within the remit of the Committee
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- To develop an annual cycle of business
- To ensure robust arrangements are in place in relation to digital transformation and cyber security providing assurance to the Board in this regard
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

VII Best Value

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

VIII Authority:

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

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

IX Reporting Arrangements:

The Finance and Performance Committee reports to Orkney NHS Board.

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

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

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

D Remuneration Committee**I Purpose:**

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

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

II Composition:

The Remuneration Committee shall consist of:

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

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

III Attendance:

In addition, there will be in attendance:

- Chief Executive
- Interim Director of Human Resources

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

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

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

IV Quorum:

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

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

V Meetings:

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

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

VI Remit:

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

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

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

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

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

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

VII Best Value:

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

VIII Confidentiality and Committee Decisions:

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

IX Minutes and Reports:

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

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

X Authority:

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

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

XI Reporting Arrangements:

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

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

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

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

E Staff Governance Committee

I Purpose

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

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

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

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

- Well informed
- Appropriately trained and developed
- Involved in decisions that affect them
- Treated fairly and consistently

- Provided with a safe and improved working environment

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

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

II Composition

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

Interim Chief Executive

Interim Director of Human Resources - Lead for Committee

Director of Nursing, Midwifery, and Allied Health Professionals.

III Attendance:

In addition, there will be in attendance:

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

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

IV Quorum:

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

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

V Meetings:

The Committee will meet at least quarterly.

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

VI Remit:

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

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

VII Best Value:

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

VIII Authority:

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

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

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

IX Reporting Arrangements:

The Staff Governance Committee reports to Orkney NHS Board.

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

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

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

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

SECTION

B

Members Code of Conduct

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

1 Introduction to the Code of Conduct

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

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

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

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

1 Appointments to the Boards of Public Bodies

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

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

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

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

3 Guidance on the Code of Conduct

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

4 Enforcement

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

2 Key Principles of the Code of Conduct

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

These general principles are:

1 Duty

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

2 Selflessness

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

3 Integrity

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

4 Objectivity

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

5 Accountability and Stewardship

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

6 Openness

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

7 Honesty

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

8 Leadership

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

9 Respect

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

3 General Conduct

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

1 Conduct at Meetings

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

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

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

3 Remuneration, Allowances and Expenses

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

4 Gifts and Hospitality

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

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

5 Confidentiality Requirements

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

6 Use of Public Body Facilities

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

7 Appointment to Partner Organisations

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

4 Registration of Interests

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

The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex 2** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

1 Category One: Remuneration

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

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

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

2 Category Two: Related Undertakings

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

3 Category Three: Contracts

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

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

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

4 Category Four: Houses, Land and Buildings

4.1 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of Orkney NHS Board.

4.2 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to Orkney NHS Board and to the public, or could influence your actions, speeches or decision-making.

5 Category Five: Shares and Securities:

5.1 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) Orkney NHS Board and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000

5.2 Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

6 Category Six: Gifts and Hospitality:

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

7 Category Seven: Non-Financial Interests

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

5 Declaration of Interests

1 General

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

2 Interests which Require Declaration

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

3 Your Financial Interests

- 3.1 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest:

- a) As an employee of the Board; or
- b) As a Councillor or a Member of another Devolved Public Body where the council or other devolved public body has nominated or appointed you as a Member of the Board

You are not required, for that reason alone, to declare that interest.

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

4 Your Non-Financial Interests

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

5 The Financial Interests of Other Persons

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

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

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

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

6 The Non-Financial Interests of Other Persons

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

7 Making a Declaration

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

8 Frequent Declarations of Interest

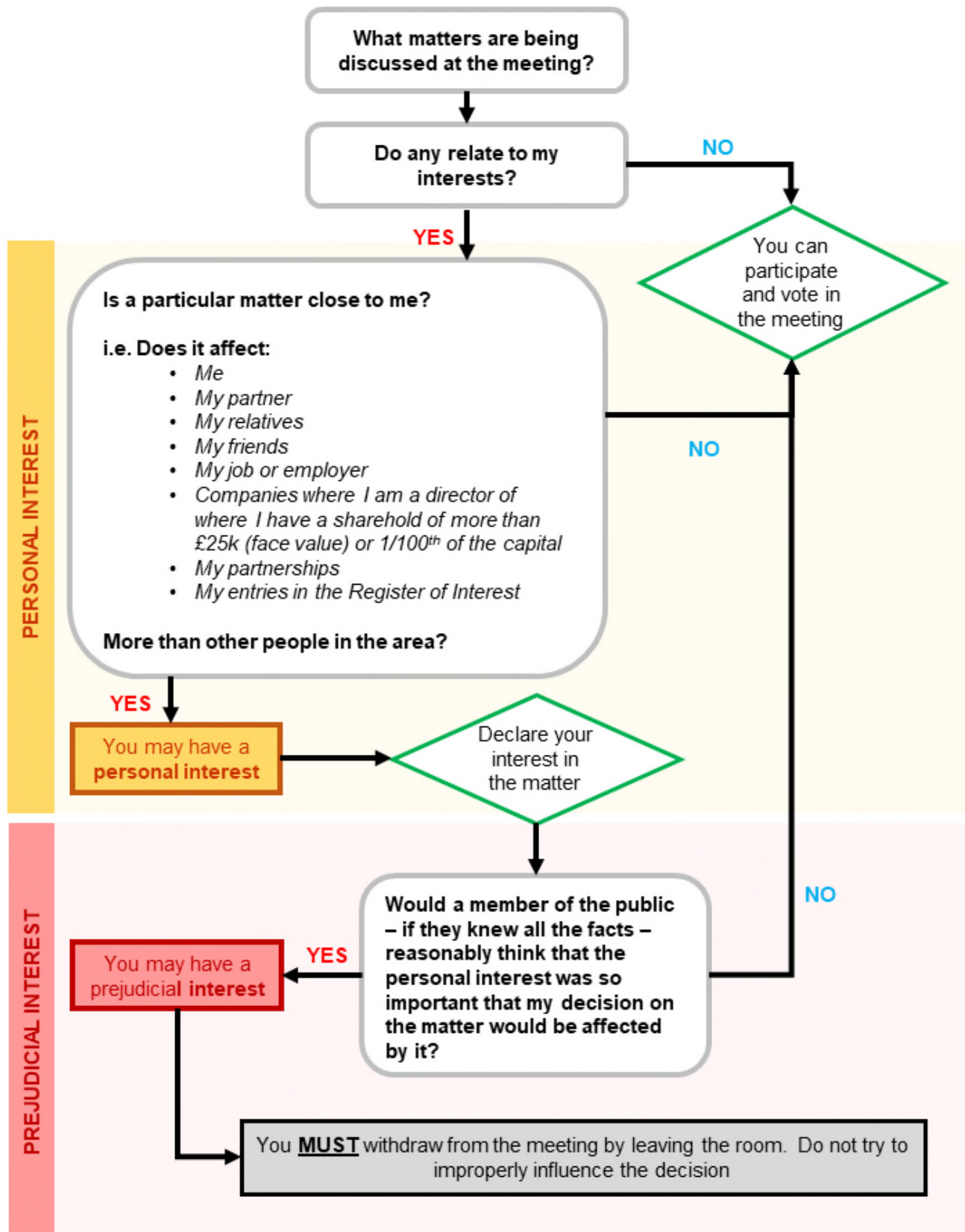
- 8.1 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not

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

9 Dispensations

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

Declaring Interests Flowchart – Questions to ask Yourself



6 Lobbying and Access to Members of Public Bodies

1 Introduction

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

2 Rules and Guidance

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

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

Annex 1

Sanctions Available to The Standards Commission for Breach of The Code:

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

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

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

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

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

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

Version 15.1

Annex 2

Definitions

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

“Remuneration”

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

“Spouse”

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

“Undertaking”

means:

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

Annex 3

Bribery Act 2010 – NHS Orkney’s Aims and Objectives

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

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

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

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

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

SECTION

C

**Standards of
Business Conduct
for NHS Staff**

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

1 Standards of Business Conduct for NHS Staff

1 Introduction

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

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

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

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

3 The Bribery Act 2010 – Key Points

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

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

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

Examples of bribery:

Offering a Bribe

A bribe would occur if:

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

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

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

Receiving a Bribe

A bribe would occur if:

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

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

4 Responsibilities of Staff

- 4.1 NHS Orkney is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Orkney staff and individuals acting on NHS Orkney's behalf, are responsible for conducting NHS Orkney's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.
- 4.2 Staff must ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties such as, for example, abusing their present position to obtain preferential rates for personal gain or to benefit family members or associates.

This primary responsibility applies to **all NHS staff**, but is of particular relevance to those who commit NHS resources directly (e.g. by the

ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines).

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

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

5 Key Principles of Business Conduct

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

Accountability:

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

Probity:

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

Openness:

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

6 Acceptance of Gifts, Hospitality and Prizes**6.1 Gifts**

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

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

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

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

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

6.2 Hospitality

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

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

Corporate Services Manager for recording in NHS Orkney's Register of Hospitality. The form in Annex 2 should be used for this purpose. This register will be published on the NHS Orkney website.

6.3 Competitions / Prizes

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

7 Register of Staff Interests

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

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

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

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

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

8 Purchase of Goods and Services

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

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

9 Purchase, Sale and Lease of Property

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

10 Benefits Accruing from Official Expenditure

- 10.1 The underlying principal is to obtain best value from public expenditure and decisions should not be determined by private/personal benefit.
- 10.2 Staff should not use their official position for personal gain or to benefit their family and friends.
- 10.3 Employees should not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had or may have official dealings on behalf of NHS Orkney. This does not apply to concessionary agreements negotiated on behalf of NHS staff.

11 Free Samples

- 11.1 Free samples should not be accepted.

12 Outside Interests and Secondary Employment

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

13 Acceptances of Fees

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

An assurance will be required that:

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

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

14 Contact with the Media

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

15 Conduct During Elections

15.1 General Principles

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

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

Public resources must not be used for party political purposes.

15.2 Freedom of Information (Scotland) Act 2002

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

16 Intellectual Property Rights

If an employee invents a new technology, for instance, a device or diagnostic, or otherwise creates intellectual property (IP) as part of the normal duties of their employment, the patent rights in the invention belong to the employer ([Patents Act 1977](#)). Although legally the employee is not automatically entitled to any royalty or reward derived from such an invention, they would expect to be acknowledged as the inventor in any

patent application. The Director of Finance should see that this effected. Full guidance is available in circulars [MEL \(1998\) 23](#) and [MEL \(2004\) 9](#).

17 Sponsorship

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

18 Remedies

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

19 Communications

- 19.1 This code is applicable to every NHS Orkney employee and therefore it is imperative that all staff are informed of its contents. Each manager within NHS Orkney will receive a copy of the code and will confirm their receipt

and understanding of the code in writing as well as confirming that they have a permanent record of formally informing their staff.

20 Contact for further Guidance

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

21 Review Process

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

SECTION

D

The Fraud Standards

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

1 Fraud Policy

1 Introduction

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

2 The Bribery Act 2010 – Key Points

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

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

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

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

4 National Fraud Initiative

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

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

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

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

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

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

6 Collaborating to Combat Fraud

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

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

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

7 Public service values

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

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

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

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

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

8 NHS Orkney policy and public interest disclosure act

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

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

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

9 Instructions to staff

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

10 Roles and responsibilities

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

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

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

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

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

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

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

11 Contact points

Relevant contact points, are as follows:

Director of Finance and Fraud Liaison Officer

Mark Doyle
The Balfour
Foreland Road
Kirkwall
KW15 1NZ
Email: mark.doyle@nhs.scot

Deputy Fraud Liaison Officer:

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

Accountable Officer for Controlled Drugs:

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

Chief Audit Executive:

David Eardley
Azets
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL
Email: david.eardley@azets.co.uk

Counter Fraud Services: www.cfs.scot.nhs.uk

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

Version 15.1

2 Response Plan

1 Introduction

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

2 Reporting Fraud

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

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

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

3 Managing the investigation

3.1 The Director of Finance will appoint a manager to oversee the investigation. Normally, the manager will be an employee from Counter Fraud Services. The circumstances of each case will dictate who will be involved and when.

3.2 The manager overseeing the investigation (referred to hereafter as the "investigation manager") should initially:

- Initiate a Diary of Events to record the progress of the investigation
- If possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

3.3 If after initial Counter Fraud Services (CFS) enquiries it is determined that there are to be no criminal proceedings, then a NHS Orkney internal investigation may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Orkney. The internal investigation will then be taken forward in line with Employment law, PIN guidelines and relevant Workforce policies such as the Management of Employee Conduct, as appropriate.

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

4 Disciplinary/dismissal procedures

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

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

5 Gathering evidence

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

6 Interview procedures

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

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

7 Disclosure of loss from fraud

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

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

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

8 Police Involvement

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

9 Press Release

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

10 Resourcing the investigation

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

- Specialist Consultant
- Police

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

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

11 The law and its remedies

11.1 Criminal Law

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

11.2 Civil Law

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

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

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

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

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

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

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

2 Scope

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

- 2.2 Includes all medicines:

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

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

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

3 Policy statement

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

4 Responsibilities

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

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

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

5 Guidance regarding misappropriation of medicines

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

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

6 Where misappropriation of medicines is suspected

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

7 Incident Review

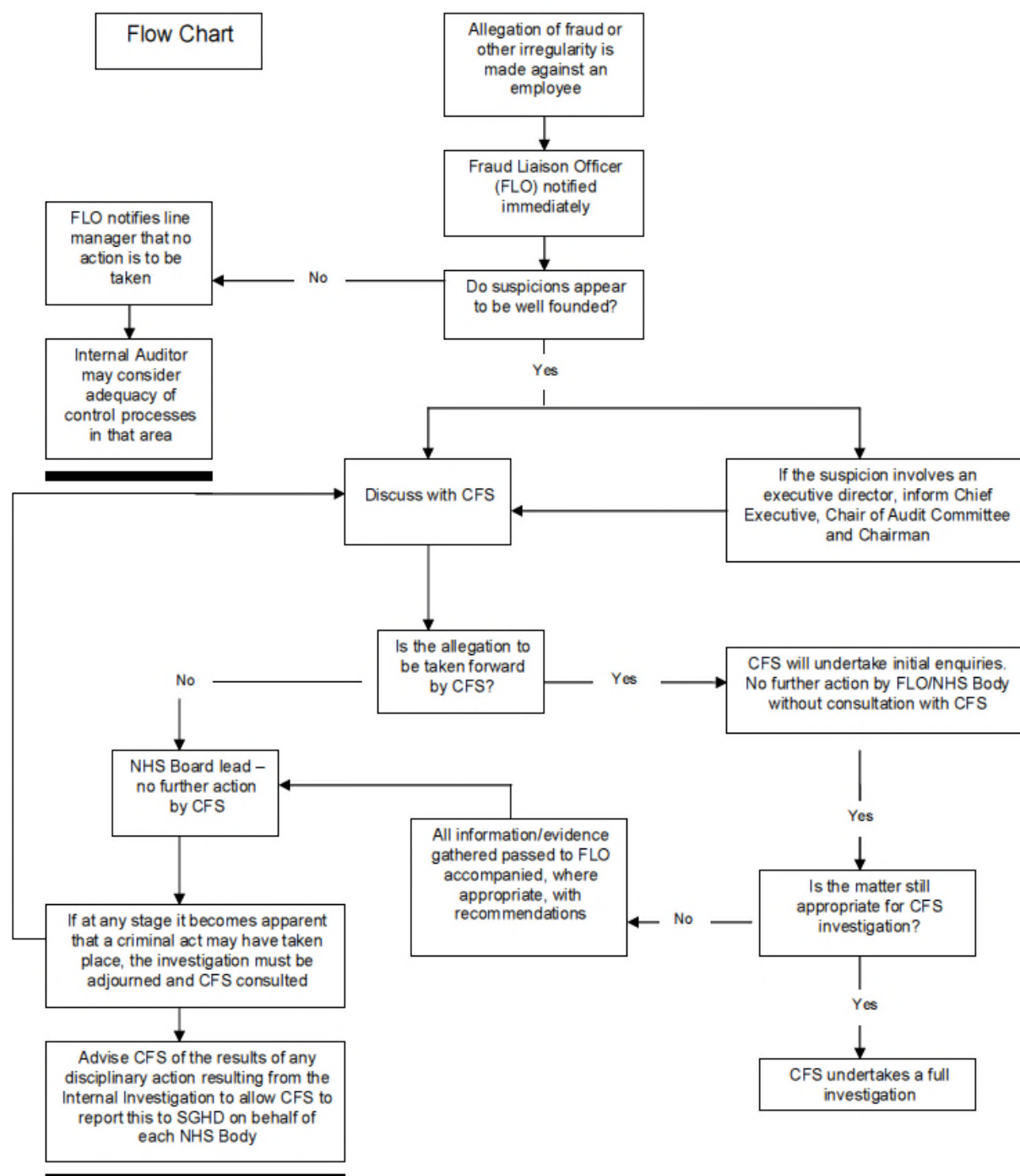
- 7.1 The Accountable Officer for Controlled Drugs/Head of Pharmacy and FLO will agree a course of action, which may include the setting up of an incident review panel.
- 7.2 Incident review panels will be small and normally comprise of a Senior Pharmacist, the Responsible Officer and a more Senior Manager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

- 7.3 The outcome of the review panel will be documented.

Version 15.1

ANNEX 2

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



SECTION

E

**Reservation of
Powers and
Delegation of
Authority**

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

1 Schedule of Matters Reserved for Board Agreement

1 Background

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

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

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

2 Matters Reserved for Board Agreement

- 2.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

The following matters shall be reserved for agreement by the Board: -

- a) Standing Orders
- b) The establishment and terms of reference of all its committees, and appointment of committee members
- c) Organisational Values
- d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.

- e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
- f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
- g) Risk Management Policy.
- h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
- i) Standing Financial Instructions and a Scheme of Delegation.
- j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
- l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
- m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

2 Schedule of Matters Delegated to Board Executive Directors

1 Interpretation

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

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

2 Chief Executive

2.1 General Provisions

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

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

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

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

2.2 Finance

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

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

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

2.3 Legal Matters

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

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

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

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

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

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

2.4 Procurement

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

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

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

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

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

2.5 Human Resources

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

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

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

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

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

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

2.6 Patients' property

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

3 Director of Finance

3.1 General Provision

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

3.2 Accountable Officer

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

3.3 Financial Statements

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

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

3.4 Corporate Governance and Management

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

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

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

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

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

3.5 Performance Management

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

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

3.6 Banking

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

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

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

3.7 Patients' Property

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

4 Provisions Applicable to other Executive Directors of the Board

4.1 General Provisions

The other Executive Directors of the Board are:

- Medical Director
- Director of Nursing, Midwifery and Allied Health Professionals
- Director of Public Health

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

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

4.2 Human Resources

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

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

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

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

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

Version 15.1

3 Delegation of Powers for Appointment of Staff

1 Use of Powers

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

2 Appointment of Staff

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

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

3 Authority to Appoint

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

4 Composition of Appointment Panel / Committees

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

4.1 Chief Executive

The Board Appointments Panel shall consist of:

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

4.2 Posts at Director Level (other than Medical)

The Board Appointments Committee shall consist of:

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

4.3 Director of Public Health, Medical Director and Consultant Posts

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

4.4 Other staff

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

5 Disciplinary Procedures

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

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

SECTION

F

Standing Financial Instructions

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

1 Introduction

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

1 Background

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

2 Compliance

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

2 Responsibilities of Chief Executive as Accountable Officer

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

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

1 General Responsibilities

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

2 Specific Responsibilities

2.1 The Accountable Officer must:

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

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

3 Regularity and Propriety of Expenditure

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

4 Advice to the Orkney NHS Board

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

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

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

5 Appearance before the Public Audit and Risk Committee

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

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

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

6 Absence of Accountable Officer

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

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

Version 15.1

3 Financial Strategy and Planning

1 Responsibilities

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

2 Control

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

This includes virement between budgets, including from reserves.

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

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

3 Reporting

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

4 Commissioning and Provision of Healthcare Services

1 Commissioning and Provisioning of Services

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

2 Service Agreements

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

3 Data Protection

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

5 Annual Report and Accounts

1 Requirement

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

2 Preparation of Annual Accounts

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

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

3 Annual Report

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

6 Banking Arrangements

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

7 Security

1 Security of Cash and Negotiable Instruments

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

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

2 Security of Physical Assets

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

8 Income

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

9 Payment of Accounts

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

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

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

In no circumstances should one person undertake both functions.

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

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

Version 15.1

10 Construction Industry Scheme

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

11 Payment of Salaries and Wages

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

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

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

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

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

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

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

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

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

Version 15.1

12 Travel, Subsistence and Other Allowances

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

13 Non-pay Expenditure – Procurement

1 Introduction

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

2 Procurement Tenders and Contracts

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

3 Formal Competitive Tendering

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

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

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

4 Invitation to Tender

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

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

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

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

5 Receipt and Acceptance of Formal Tenders

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

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

6 Unsuccessful Tenders

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

7 Single Tender

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

8 Quotations

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

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

9 Contracts

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

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

10 Appointment of Management Consultants

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

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

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

11 Official Orders (typically a “Purchase Order”)

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

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

12 Trials and Lending

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

13 Agencies/Locums

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

14 Stores

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

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

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

15 Losses and Special Payments

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

16 Endowment Funds

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

1 Trustees

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

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

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

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

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

2 Endowments Sub-committee

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

3 Accounting

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

4 Sources of New Funds

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

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

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

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

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

5 Investment Management

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

6 Expenditure

6.1 The over-riding objective of the Endowment Fund is to support the advancement of health. All expenditure from the fund must conform to this objective. The fund must not be used to subsidise the normal running expenses of NHS Orkney or for expenditure otherwise not admissible under these SFIs.

Subject to the foregoing, expenditure is governed by the Orkney Health Board Endowment Charter.

17 Primary Care Contractors

- 1 The [Practitioner Services Division \(PSD\)](#) of the [NHS National Services Scotland](#) (NSS) is the payment agency for all Family Health Service (FHS) contractor payments:
 - General Medical Services
 - Prescribing/dispensing
 - FHS Non-cash Limited.
- 2 The Head of Primary Care Services will:
 - Ensure that systems are in place to deal with applications, resignations, and inspection of premises, within the appropriate contractor's terms and conditions of service
 - Approve additions to, and deletions from, approved lists of contractors, considering the health needs of the local population, and the access to existing services
 - Deal with all applications and resignations equitably, within time limits laid down in the contractors' terms and conditions
 - Ensure that lists of all contractors, for which NHS Orkney is responsible, are maintained and kept up to date.
- 3 The Director of Finance will monitor the Service Level Agreement with PSD covering validation, payment, monitoring and reporting and the provision of an audit service by the NSS internal auditors. Through this process, the Director of Finance will seek evidence that NSS systems provide assurance that:
 - Only contractors who are included on the Board's approved lists receive payments
 - All valid contractors' claims are paid correctly, and are supported by the appropriate documentation and authorisation
 - Regular independent post payment verification of claims is undertaken to confirm that:
 - rules have been correctly and consistently applied
 - overpayments are prevented wherever possible
 - if overpayments are detected, recovery measures are initiated
 - fraud is detected and instances of actual and potential fraud are followed up as per the Fraud Policy.
 - Exceptionally high/low payments are brought to their attention
 - Payments made on behalf of the Board by the NSS are pre-authorised.
- 4 The Director of Finance will ensure that:
 - Payments made via NSS are reported to the Management Team

- Payments made by NSS are reconciled with the cash draw-down reported by the Scottish Government to Health Boards.

5 Payments made to all Primary Care independent contractors and community pharmacists will comply with their appropriate contractor regulations.

Version 15.1

18 Health and Social Care Integration

1 Integration

- 1.1 The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) established the framework for the integration of adult health and social care services in Scotland. A single Integrated Joint Board (IJB) has been established in Orkney. The approved [Integration Scheme](#) sets out the detail of the integration arrangement, including those functions delegated by NHS Orkney to the IJB.
- 1.2 Each partner will agree the formal budget setting timelines and reporting periods as defined in the IJB Integration Scheme and supporting Financial Regulations:
 - An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated.
 - The format and frequency of reports will be agreed by the Chief Officer, Chief Finance Officer of the IJB in conjunction with the NHS Director of Finance and Orkney Islands Council (OIC) Section 95 Officer.
- 1.3 Annually, the NHS Board will evaluate the case for the integrated budget against its other priorities and will agree its contributions accordingly. The business case put forward by the IJB will be evidenced based and will detail assumptions made.
- 1.4 Following on from the budget process, the IJB Chief Officer and Chief Finance Officer will prepare a financial plan supporting the [Strategic Commissioning Plan](#) and once approved by the IJB, will issue Directions with defined payment levels to NHS Orkney. 'Payment' does not mean an actual cash transaction but a representative allocation for the delivery of integrated functions in accordance with the Plan.
- 1.5 If at the outset NHS Orkney does not believe the direction can be achieved for the payment being offered then it will notify the IJB that in line with s 28 (4) of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) additional funding is necessary to comply with the direction.
- 1.6 Once the payments to be made by the IJB to NHS Orkney for the delegated functions have been agreed they will form the basis of annual budgets to be issued to budget holders. Payments for the set aside budgets will be issued to the relevant NHS budget holder.
- 1.7 Where the Chief Officer is the budget holder they will comply with these SFIs. In further delegating budgetary authority to managers in their

structure the Chief Officer is responsible for ensuring all transactions processed by the NHS comply with these SFIs and any further detailed procedural guidance relevant to the transaction.

- 1.8 The Chief Officer may have a structure including joint management posts with responsibility for both health and council expenditure.
- 1.9 Where a manager has delegated authority for both health and council expenditure they must ensure the VAT treatment is in line with [Integrated Resource Advisory Group](#) and HMRC guidance. If in doubt they should seek advice from the Director of Finance for any expenditure from NHS budgets.
- 1.10 A council employee who has been given delegated authority for NHS budgets will sign a declaration that they have received and will comply with these SFIs. This should also be signed by the Chief Officer, who will pursue any breaches of the SFIs through the council line management structure if required.
- 1.11 The IJB Financial Regulations state that the Chief Officer is not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies. Internal virements require approval: up to £100,000 by the Chief Officer and Chief Finance Officer; over £100,000 by the IJB. Further requirements for the virement of budgets within NHS Orkney are specified in detailed guidance issued by the Director of Finance.
- 1.12 Notwithstanding that a budget virement lies within the Chief Officer's level of authority it can only be executed if detailed consideration of the financial impact indicates that any risks associated with it are acceptable. If there is a difference of opinion between the Chief Officer and NHS Director of Finance as to the acceptability of the risk, the Chief Officer and Director of Finance will seek to reach an acceptable solution. Failing that the Chief Executive will consider the level of risk, involving the Management Team if necessary. Should there still not be agreement the IJB would be invited to set out how it would mitigate the stated risk.
- 1.13 Where there is a projected overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer of the IJB and the relevant finance officer and operational manager of NHS Orkney must agree a recovery plan to balance the overspend.
- 1.14 Underspends on the NHS element of the Integrated Budget should be returned to the IJB and carried forward through the reserves. This will require adjustments to the allocations from the IJB to NHS Orkney for the amount of the underspend.

- 1.15 The Director of Finance is responsible for providing the Chief Officer (as with all budget holders) with regular financial information to allow them to manage their budgets. The Director of Finance is also responsible for providing the Chief Finance Officer of the IJB with the financial information required by the integration scheme and expanded by subsequent agreements, to meet the reporting requirement of the IJB. In advance of each year a timetable will be agreed with the IJB.
- 1.16 The IJB Chief Finance Officer will be responsible for the preparation of the annual financial statements as required by s39 of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory annual accounts. Recording of financial information in respect of the IJB will be processed via the OIC ledger (though this will be reviewed in time). The Director of Finance will ensure information is supplied from the NHS as required to fulfil these obligations.
- 1.17 Year-end balances and transactions will be agreed timeously in order to allow completion of the Accounts in line with required timescales. This date will be agreed annually by the IJB, NHS Orkney and OIC.
- 1.18 Detailed Financial Regulations governing the Integration Joint Board are in place, agreed between OIC and NHS Orkney and approved by the IJB. The Director of Finance will be responsible for ensuring NHS obligations are fulfilled.
- 1.19 Although the Public Bodies (Joint Working) (Scotland) Act 2014 supersedes most of the previous joint working arrangements, it remains possible that there could be pooled or aligned budgets with community partners, such as for children's services, that fall outwith that. The previous standing financial instruction provisions relating to this have therefore been retained in case they should be required.

2 Aligned and Pooled Budgets

- 2.1 NHS Scotland organisations and Scottish Local Authorities have a statutory duty to co-operate to provide improved Community Care Services. The [Community Care and Health \(Scotland\) Act 2002](#) and the [Community Care \(Joint Working etc.\) Regulations 2002](#) increased the flexibility available to both organisations to improve outcomes for people using these services, together with their carers. Scottish Ministers also have power to direct NHS and LA organisations to enter into joint working arrangements, where existing performance is unsatisfactory. The Regulations specify the social care, health and housing functions covered by these enabling and intervention powers.
- 2.2 Part 2 of the Act enables payments to be made between NHS and LA organisations in connection with relevant functions, both Capital and Revenue, in order to move resources to deliver joint objectives. The Act provides a framework within which NHS and LA may delegate functions

and pool budgets, where the host partner is best placed to manage the day to day operation of a joint service. The existing responsibility and accountability of each partner for the exercise of the function remains. A Local Partnership must develop a governance framework for any service and activity delegated. The host partner is required to account for the use of the pooled resources and service performance to both partners. Jointly managed services will be managed using either aligned or pooled budgets.

- 2.3 Aligned Budgets are where clearly identified financial resources are contributed by each partner into a joint “pot”, but the funds remain held within each partner organisation in separate and distinct budgets. This enables each partner organisation to identify and account for their contribution to the joint “pot”.
- 2.4 Pooled budgets are where each partner contributes agreed resources to a discrete fund, which is managed as a single budget, by a separate discrete body. This body is not a separate legal entity, and for legal reasons must be linked to one of the statutory authorities, which becomes the “host” partner. The partners must agree the purpose, scope and outcomes for services within the agreement, meeting their own statutory obligations and justifying their contribution to the fund.
- 2.5 Partnership arrangements entered into by NHS Orkney must comply with guidance issued by Scottish Government.
- 2.6 A Local Partnership Agreement must be drawn up between the partner organisations. This will specify the services to be managed jointly, joint arrangements for management structures, governance and accountability, budgetary control, financial reporting and monitoring. Each organisation’s Chief Officer must approve the Local Partnership Agreement which must be ratified by both organisations.
- 2.7 Each partner will agree the level of its contribution in advance of each financial year. Levels of contribution will take account of inflation, new developments, service pressures, capital charges and savings targets.
- 2.8 The Joint Management Team, as defined in the Local Partnership Agreement will have delegated authority to develop jointly managed services, through the Local Partnership Agreement. Joint Service Manager posts will be employed by one or the partners, who will be responsible for the risks and liabilities associated with that.
- 2.9 Each Joint Services Manager will have delegated authority for the management of budgetary resources from each partner. There will be clearly defined roles and responsibilities for the achievement of financial and service performance targets. For the management of resources and activities associated with NHS Orkney’s contribution, the NHS Orkney Code of Corporate Governance will be complied with. For the management of resources and activities associated with OIC’s

contribution to the jointly managed services, the OIC Financial Regulations and Contract Regulations will be complied with. Any instructions or guidance produced by the NHS Director of Finance and OIC Section 95 Officer will be complied with if it is to be applied to the appropriate budget/resources.

- 2.10 Where a separate body is created to manage pooled budgets, the lead officer of the partnership body will issue Financial Regulations and Standing Financial Instructions/Code of Corporate Governance, in accordance with directions issued by the Scottish Government, and agreed by the partner authorities. Such regulations and instructions will specify the arrangements for the provision of financial and service performance information to the partner authorities who remain responsible and accountable for their contribution.
- 2.11 The NHS Orkney Chief Executive and the OIC Section 95 Officer remain accountable to Scottish Government for the financial contribution made by their organisation.
- 2.12 Jointly managed services will be subject to both financial and value for money audit by both internal audit and the appointed auditors. Annual statements will be prepared for inclusion in both partners' Annual Accounts, complying with all appropriate accounting standards and Scottish Government requirements. Each partner's Director of Finance will be equally responsible for ensuring that all relevant financial information is made available to the other partner as appropriate.

19 Patients' Property

1 Responsibility

- 1.1 NHS Orkney has a responsibility ([NHS Circular 1976 \(GEN\) 68](#)) to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival. NHS Orkney will not exercise the power to manage patients' finances under the [Adults with Incapacity Scotland Act 2000](#), this responsibility will lie with Social Services.
- 1.2 Patients or their guardians, as appropriate, will be informed before or at their admission that NHS Orkney will not accept responsibility or liability for patients' property unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt. This information will be provided through:
- Notices and booklets
 - Admission documentation and property records
 - Advice of staff responsible for admissions.
- 1.3 The Director of Finance will provide written instructions on the collection, custody, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises) for all staff whose duty it is to administer the property of the patients.
- 1.4 Bank accounts for patients' monies will be operated under arrangements agreed by the Director of Finance.
- 1.5 A patient's property record, in a form determined by the Director of Finance, will be completed by a member of staff in the presence of a second member of staff and the patient or personal representative where practicable. It will be signed by both members of staff and by the patient, except where the latter is restricted by physical or mental incapacity, when it could be signed by the patient representative on their behalf. Any alterations will be validated by the same signatory process as required for the original entry.
- 1.6 The Director of Finance will prepare an abstract of receipts and payments of patients' private funds in the form laid down in the Manual for Accounts. The abstract will be audited independently and presented to the Audit and Risk Committee, together with a report from the auditor.

- 1.7 Property which has been handed in for safe custody will be returned to the patient, as required, by the officer who has been responsible for its security. The return shall be receipted by the patient or guardian as appropriate, and witnessed by another member of staff.
- 1.8 The disposal of property of deceased patients is governed by [GEN \(1992\) 33](#), which should be read as part of the SFIs.
- 1.9 All property including cash, watches, jewellery, clothing, bank books, insurance policies and all other documents which the patient had in their possession in the hospital, should, as soon as practicable after their death, be collected together, identified as being their belongings and kept in safe custody until disposal.
- 1.10 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

2 Patient Died Intestate and Without Next of Kin

- 2.1 If the patient was of Scottish domicile, died intestate and without next of kin, the estate will pass to the Crown and is dealt with by the Crown Office, Regent Road, Edinburgh. The particulars of each case should be notified separately and promptly to the Crown Office. The particulars should include the last known address of the patient.
- 2.2 The law governing the succession to the estate of patients dying intestate and without next of kin, who were not of Scottish domicile, varies according to the country. Details should be reported to the Crown Office for investigation. All property and documents should be retained until instructions are received from the Crown Office.

3 Patient Died Intestate but Next of Kin / Beneficiaries Identified

- 3.1 Those items of the estate in the possession of NHS Orkney should be handed over only to the executor or executors named in the document known as the "Confirmation of the Estate". The document should be inspected before the items are handed over. The executor **may** be the next of kin, but need not necessarily be so. Where the total amount of the deceased's estate is not more than £25,000, there is provision for the Confirmation document to be obtained by an expedited procedure, but nevertheless a Confirmation should still be obtained. A Confirmation of Estate document can be obtained by the executor or the next of kin from any sheriff clerk for a small fee. A signed Receipt for all the items of estate delivered to the executor should be in the form shown as Appendix B to [GEN \(1992\) 33](#).

- 3.2 If the next of kin decides not to obtain a Confirmation, because for example, the value of the estate is too small, if possible all items of the estate should be handed over in exchange for a signed Receipt in the form shown as Appendix C of [GEN \(1992\) 33](#). Staff **must** ensure that all the items handed over are listed on the receipt.
- 3.3 No payments should be made to anyone out of the estate funds other than the executor or the next of kin, as appropriate, but when handing over the items of estate, staff should provide them with known details of any sums owing and the names and addresses of creditors.
- 3.4 Where items are handed over to a beneficiary, the form of receipt should be as shown on Appendix D of [GEN \(1992\) 33](#).

4 Cost of Burial or Cremation

- 4.1 NHS Orkney should not assume responsibility for arranging a burial or cremation. Section 50(i) of the [National Assistance Act 1948](#) places a duty on Councils to arrange for the burial or cremation of the body of a deceased person where no suitable arrangements for the disposal of the body have been made or are being made. The local authority should be informed immediately, in writing, so that they can make the arrangements.
- 4.2 The local authority can seek to be reimbursed from the deceased's estate for the expenses incurred. Where the Crown Office has an interest, the local authority should be referred to them for payment.
- 4.3 Where NHS Orkney cannot trace the named executor, or any beneficiary, it may be convenient for NHS Orkney to hand over to the local authority as much of the patient's property in its possession as is sufficient to cover the burial or cremation expenses. NHS Orkney must not hand over property which is worth more than the expenses incurred, and must retain the balance for claiming by next of kin, beneficiary or named executor.
- 4.4 An itemised statement of the total expenses payable must be obtained from the local authority, and a receipt obtained in the form of Appendix E to [GEN \(1992\)33](#).
- 4.5 In accordance with [GEN \(1992\)33](#), NHS Orkney, to save parents the additional distress of arranging for the funeral of a baby still-born in hospital, or in the community, may offer to arrange and pay for the funeral on their behalf.

20 Audit

1 Audit and Risk Committee

- 1.1 The Board will establish an Audit and Risk Committee, with clearly defined terms of reference, which follows guidance contained in the Scottish Government [Audit and Risk Committee Handbook](#). The Audit and Risk Committee will consider:
- The strategic process for risk, control and governance and the Governance Statement
 - The effectiveness of the internal control environment
 - Assurances relating to the corporate governance requirements for NHS Orkney
 - The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors
 - The planned activity and results of both internal and external audit
 - The adequacy of management response to issues identified by audit activity, including external audit's management letter / report
 - Proposals for tendering for internal audit services
 - Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.
- 1.2 Where the Audit and Risk Committee feels there is evidence of ultra vires transactions, evidence of improper acts, or other important matters that the Committee wish to raise, the Chair of the Audit and Risk Committee should refer the matter to a full meeting of the Board. Exceptionally, the matter may need to be referred to the Scottish Government.
- 1.3 It is the responsibility of the Audit and Risk Committee to regularly review the operational effectiveness of the internal audit service. A panel chaired by a Non-Executive Board Member, preferably the Chair of the Audit and Risk Committee, will select and appoint the Internal Auditor. The Chair of the Audit and Risk Committee will determine the composition of the panel.
- 1.4 The Audit and Risk Committee provides a forum through which Non-Executive Board Members can secure an independent view of activity within the appointed auditor's remit. The Audit and Risk Committee has a responsibility to ensure that the Board receives a cost-effective service and that co-operation with senior managers and Internal Audit is appropriate.

2 Director of Finance

2.1 The Director of Finance is responsible for ensuring that:

- There are arrangements to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function
- Internal Audit is adequate and meets the NHS mandatory audit standards
- The Chief Internal Auditor prepares the following for approval by the Audit and Risk Committee:
 - Strategic audit plan
 - A detailed operational plan for the coming year.

The decision at what stage to involve the police in cases of fraud, misappropriation, and other irregularities has been delegated to the Fraud Liaison Officer.

2.2 The Director of Finance will ensure that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit and Risk Committee, for consideration by the Audit and Risk Committee. The report must cover:

- A clear statement on the effectiveness of internal control
- Major internal control weakness discovered
- Progress on the implementation of internal audit recommendations
- Progress against plan for the year.

2.3 The Director of Finance and designated auditors are entitled without necessarily giving prior notice to require and receive:

- Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature
- Access at all reasonable times to any land, premises or employee of each organisation
- The production of any cash, stores or other property under an employee's control
- Explanations concerning any matter under investigation.

3 Internal Audit

3.1 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve NHS Orkney's operations. It helps NHS Orkney accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

A professional, independent and objective internal audit service is one of the key elements of good governance, as recognised throughout the UK public sector. The [Public Sector Internal Audit Standards](#) (PSIAS) set out the framework for Internal Audit services. The Chief Internal Auditor will lead the Board's internal audit function.

The Chief Internal Auditor will ensure that the internal audit function operates in accordance with PSIAS, and will provide assurance, at least annually, to the Audit and Risk Committee that this is being achieved.

3.2 Internal Audit Activity

Internal Audit must assess and make appropriate recommendations for improving governance process in its accomplishment of the following objectives:

- Promoting appropriate ethics and values within the organisation
- Ensuring effective organisational performance management and accountability
- Communicating risk and control information to appropriate areas of the organisation
- Coordinating the activities of and communicating information among the board, external and internal auditors and management.

Internal audit must assess whether the information technology governance supports the organisation's strategies and objectives.

Internal audit must evaluate risk exposures relating to the organisation's governance, operations and information systems regarding the:

- Achievement of strategic objectives
- Reliability and integrity of financial and operational information
- Effectiveness and efficiency of operations and programmes
- Safeguarding of assets
- Compliance with laws, regulations, policies, procedures and contracts.

The Chief Internal Auditor will prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit and Risk Committee before the start of the audit year.

The Chief Internal Auditor will issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These will set out the scope, objectives, resources and timescales for the audit. The Chief Internal Auditor will give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised. The Chief Internal Auditor will issue the final terms of reference before the start of the audit fieldwork.

The Chief Internal Auditor will issue the draft report for an audit to the audit sponsor, and the audit sponsor will have two weeks to provide a response. The sponsor, or their or her representative, should respond either in writing or during a close-out meeting with Internal Audit.

Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations. Where internal audit recommendations are not accepted, the audit sponsor must provide a comprehensive explanation to the Audit and Risk Committee, normally as part of the management response within the associated internal audit report.

The Chief Internal Auditor will prepare an Annual Internal Audit Report, in line with [PSIAS](#) and any relevant Scottish Government directions, and present it to the Audit and Risk Committee to inform its review of the draft Governance Statement.

Internal audit activity must evaluate the potential for the occurrence of fraud and how the organisation manages fraud risk.

The Audit and Risk Committee will normally invite the Chief Internal Auditor to attend Audit and Risk Committee meetings. The Chief Internal Auditor will have direct access to all Audit and Risk Committee members, the Chairperson, the Board and the Chief Executive. The Chief Internal Auditor has the right to meet in private with any of these individuals.

- 3.3 While maintaining independence, the Chief Internal Auditor is accountable to the Director of Finance. Reporting and follow-up systems for internal audit will be agreed between the Director of Finance, the Audit and Risk Committee and the Chief Internal Auditor. The agreement will be in writing and will comply with guidance on reporting contained in the PSIAS. The reporting system will be reviewed at least every 3 years.

4 External Audit

- 4.1 The External Auditor is concerned with providing an independent assurance of NHS Orkney's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of NHS Orkney rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the PFA Act 2000.
- 4.2 The External Auditor has a general duty to satisfy themselves that:

- NHS Orkney's accounts have been properly prepared in accordance with directions given under the PFA Act 2000
- Proper accounting practices have been observed in the preparation of the accounts
- NHS Orkney has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

4.3 In addition to these responsibilities, Audit Scotland's [Code of Audit Practice](#) requires the External Auditor to provide an opinion on whether the statement of accounts presents a true and fair view of the financial position of the organisation, and on the regularity of transactions.

The External Auditor will also review and report on:

- Other information published with the financial statements.
- Corporate governance arrangements including arrangements in place for the prevention and detection of fraud and corruption
- The financial position
- Arrangements to achieve Best Value
- Arrangements to manage performance.

21 Information and Management Technology

- 1 The Director of Finance is responsible for the accuracy and security of the financial data of NHS Orkney.
- 2 The Director of Finance will devise and implement procedures to protect the Board and individuals from inappropriate use or misuse of any financial or other information held on computer files for which he has responsibility and will take account of the provisions of the [Data Protection Act 1998](#).
- 3 The Director of Finance will satisfy himself that computer audit checks and reviews are being carried out.
- 4 The Director of Finance will ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by an organisation out with NHS Orkney, assurances of adequacy will be obtained from them prior to implementation.
- 5 The Director of Finance will ensure that contracts or agreements for computer services for financial applications with NHS Boards or any other agency will clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing and storage. The contract or agreement will also ensure rights of access for audit purposes.
- 6 Where NHS Orkney or any other agency provides a computer service for financial applications, the Director of Finance will periodically seek assurances that adequate controls are in operation.
- 7 Where computer systems have an impact on corporate financial systems the Director of Finance will ensure that:
 - Systems acquisition, development and maintenance are in line with corporate policies and strategies such as the IT/eHealth/Digital Strategy
 - Data produced for use with financial systems is adequate, accurate, complete and timely, and that an audit trail exists
 - Finance staff have access to such data.

22 Fixed Assets

- 1 The Chief Executive will ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal on the Financial Plan for NHS Orkney.
- 2 The Director of Finance will ensure that every capital expenditure proposal meets the following criteria:
 - Potential benefits have been evaluated and compared with known costs
 - Potential purchasing authorities should be able and (as far as can be ascertained) willing to meet cost consequences of the development as reflected in prices
 - Complies with guidance in the [Capital Investment Manual](#).
- 3 Consideration should be given to the use of Private Finance, Non-Profit Distribution or Operating Leases where appropriate.
- 4 NHS Orkney will maintain a system for assessing how leases or Private Finance Initiative / Public Private Partnership / Non-Profit Distributing contracts should be accounted for as in accordance with relevant accounting standards and any other relevant guidance and advice received.
- 5 For large capital schemes a system will be established for managing the scheme and authorising necessary payments up to completion (Section 9). Provision will be made for regular reporting of actual expenditure against authorised capital budgets.
- 6 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to original documents and invoices (where appropriate). Where land and property is disposed of, the [Property Transactions Handbook](#) must be followed.
- 7 There is a requirement to achieve Best Value when disposing of assets. Competitive tendering should be undertaken in line with the tendering procedure (Section 13).
- 8 Competitive tendering or quotation procedures will not apply to the disposal of:
 - Any matter where a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or nominated officer
 - Obsolete or condemned articles and stores, which may be disposed of in accordance with the losses policy
 - Items with an estimated sale value of less than £1,000

- Items arising from works of construction, demolition, or site clearance, which should be dealt with in accordance with the relevant contract
- Land or buildings concerning which Scottish Government guidance has been issued.

9 Managers must ensure that:

- The Director of Finance is consulted prior to disposal
- All assets are be disposed of in accordance with [MEL\(1996\)7](#) 'Sale of surplus and obsolete goods and equipment'
- All proceeds are notified to the Director of Finance.

10 The overall control of fixed assets is the responsibility of the Chief Executive.

11 NHS Orkney will maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the [Capital Accounting Manual](#) as issued by Scottish Government.

12 Registers will be maintained by the nominated officer for:

- Donated equipment
- Equipment on loan
- Leased Equipment
- Other operating leases
- Non Profit Distributing contracts
- Contents of furnished lettings.

13 The Director of Finance will approve fixed asset control procedures. These procedures will make provision for:

- Recording managerial responsibility for each asset
- Identification of additions, disposals, and transfers between departments
- Identification of all repair and maintenance expenses
- Physical security of assets
- Periodic verification of the existence of, condition of, and title to assets recorded
- Identification and reporting of all costs associated with the retention of an asset.

14 Additions to fixed asset registers must be clearly attributed to an appropriate asset holder and be validated by reference to:

- Properly authorised and approved agreements, architect's certificates, suppliers' invoices, and other documentary evidence in respect of purchases from third parties

- Stores requisitions for own materials and wages records for labour including appropriate overheads
 - Lease agreements in respect of assets held under a finance lease and capitalised.
- 15** The Director of Finance will approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 16** All discrepancies revealed by verification of physical assets to the fixed asset register will be notified in writing to the Director of Finance.
- 17** The value of each asset will be indexed to current values in accordance with methods specified in the [Capital Accounting Manual](#).
- 18** The value of each asset will be depreciated using methods and rates as specified in the [Capital Accounting Manual](#).
- 19** Capital charges will be calculated as specified in the [Capital Accounting Manual](#).

23 Management, Retention and Disposal of Administration Records

1 NHS Orkney must comply with the national guidance on record keeping as outlined in:

- [Public Records \(Scotland\) Act 2011](#)
- Records management guidance set out in the [Code of Practice on Records Management](#) issued under Section 61(6) of the [Freedom of Information \(Scotland\) Act 2002](#)
- [CEL 28\(2008\) Records Management](#)
- [NHS Code of Practice \(Scotland\)](#), which incorporates NHS (2006) 28, and provides guidance on the retention and disposal of administrative records.

2 The Board has a Records Management Plan which is the overarching framework ensuring NHS Orkney records are managed and controlled effectively. This includes the Records Management Policy and supporting policies and procedures. This can be accessed on the website. <https://www.ohb.scot.nhs.uk/public-records-scotland-act>

24 Risk Management and Insurance

- 1 The Chief Executive will ensure that NHS Orkney has a programme of risk management which is approved and monitored by the Board and its committees.

The programme of risk management will include:

- A process for identifying and quantifying risks
- Engendering among all staff a positive attitude to the control of risk
- A programme of risk awareness training
- Management processes to ensure that all significant risks are addressed, including effective systems of internal control, and decisions on the acceptable level of retained risk
- All significant risks and action taken to manage the risks will be reported to the Board and its committees
- The maintenance of an organisation-wide risk register
- Contingency plans to offset the impact of adverse events
- Audit arrangements, including internal audit, clinical audit, health and safety review
- Arrangements to review the risk management programme.

- 2 The existence, integration and evaluation of the above elements will provide a basis for the Audit and Risk Committee to make a statement to the Board on the effectiveness of risk management in NHS Orkney.

- 3 In the case of Partnership Working with other agencies, the NHS Orkney risk management framework will be shared to identify and quantify the individual risks, particularly where responsibility cannot be assigned to an individual partner. Each partners' risk management and insurance arrangements will be taken into account when identifying and quantifying risks associated with the provision of jointly managed services and associated with the delegation of the management of a partner's financial resources. Where conflicts occur between these sets of arrangements each partner's Director of Finance will be required to agree a course of action to resolve the conflict.

- 4 The Director of Finance will ensure that insurance arrangements exist in accordance with the risk management programme.

25 Financial Irregularities

This section should be read in conjunction with the NHS Orkney Fraud Policy contained within the Code of Corporate Governance.

1 Guidance

- 1.1 Guidance on the approach to various forms of financial irregularities is contained in [HDL\(2002\) 23](#), which draws a clear distinction between treatment of suspected (a) theft and (b) fraud, embezzlement, corruption, and other financial irregularities (hereafter referred to as “fraud, etc”). This procedure also applies to any non-public funds.

2 Theft, Fraud, Embezzlement, Corruption and Other Financial Irregularities

- 2.1 The Chief Executive will designate an officer within the Board with specific responsibility for co-ordinating action where there are reasonable grounds for believing that an item of property, including cash, has been stolen – the Fraud Liaison Officer.
- 2.2 It is the Fraud Liaison Officer's responsibility to inform as they deem appropriate, the Police, the Counter Fraud Services (CFS), the appropriate Director, the External Auditor, and the Chief Internal Auditor that such an occurrence is suspected.
- 2.3 Where any officer of the Board has grounds to suspect that any of the above activities has occurred, their line manager should be notified without delay. Line managers should in turn immediately notify the Fraud Liaison Officer, who should ensure consultation with the CFS, and the Chief Internal Auditor. It is essential that preliminary enquiries are carried out in strict confidence and with as much speed as possible.
- 2.4 If, in exceptional circumstances, the Fraud Liaison Officer and the Chief Internal Auditor are unavailable, the line manager will report the circumstances to the Chief Executive who will be responsible for informing the CFS. As soon as possible thereafter, the Fraud Liaison Officer should be advised of the situation.
- 2.5 Where preliminary investigations suggest that *prima facie* grounds exist for believing that a criminal offence has been committed, the CFS will undertake the investigation, on behalf of, and in co-operation with NHS Orkney. At all stages, the Director of Finance and the Chief Internal Auditor will be kept informed of developments on such cases. All referrals to the CFS must also be copied to the External Auditor.
- 2.6 Any additions and suspicions of fraud, including those dismissed, will be promptly reported to the Audit and Risk Committee on a regular basis.

3 Remedial Action

- 3.1 As with all categories of loss, once the circumstances of a case are known, the Director of Finance will require to take immediate steps to ensure that so far as possible these do not recur. However, no such action will be taken if it would prove prejudicial to the effective prosecution of the case. It will be necessary to identify any defects in the control systems, which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

4 Reporting to Scottish Government

- 4.1 While normally there is no requirement to report individual cases to the Scottish Government there may be occasions where the nature or scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity.
- 4.2 Moreover, there may be cases where the alleged fraud appears to have been particularly ingenious or where it concerns an organisation with which other health sector bodies may also have dealings. In such cases, the Scottish Government must be notified of the main circumstances of the case at the same time as the CFS.

5 Responses to Press Enquiries

- 5.1 Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.
- 5.2 The Scottish Government should also be advised of any unusual or significant incidents involving patients or endowment funds.

6 List of Financial Crime Offences

- 6.1 There are numerous types of financial crime that can be perpetrated, and some examples are given below:
- **Dishonest action by staff to obtain a benefit** for example working whilst on sick leave, false expenses, false overtime, embezzlement of cash or goods and procurement fraud
 - **Account fraud** for example fraudulent transfer to employee account, fraudulent account transfer to third party account and fraudulent account withdrawal

- **Employment application fraud** for example false qualifications, false references or use of false identity
- **Unlawfully obtaining or disclosure of personal data** for example fraudulent use of customer/payroll data, modification of customer payment instructions and contravention of IT security policy with intent to facilitate the commission of a criminal offence
- **Unlawfully obtaining or disclosure of commercial data** for example contravention of IT security policy with intent to facilitate the commission of a criminal offence
- **Other irregularities** for example involving failure to declare gifts, breaches of NHS circulars or SFIs or other accounting irregularities.

Version 15.1

26 Bribery

This section should be read in conjunction with the Standards of Business Conduct contained within Section C of the Code of Corporate Governance and the Fraud and Corruption Policy contained within Section D of the Code of Corporate Governance

- 1 The [Bribery Act 2010](#) has brought further obligations on NHS Orkney and its staff.
- 2 NHS Orkney operates a zero-tolerance approach to bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. The Board is committed to implementing and enforcing effective systems throughout NHS Orkney to prevent, monitor and eliminate bribery, in accordance with the [Bribery Act 2010](#).
- 3 NHS Orkney will not conduct business with service providers, agents or representatives who do not support its anti-bribery statement. We reserve the right to terminate contractual arrangements with any third parties acting for, or on behalf of, NHS Orkney with immediate effect where there is evidence that they have committed acts of bribery.
- 4 The success of NHS Orkney's anti-bribery measures depends on all employees, and those acting for NHS Orkney, playing their part in helping to detect and eradicate bribery. Therefore all employees and others acting for, or on behalf of NHS Orkney are encouraged to report any suspected bribery in accordance with Section D of the Code of Corporate Governance – Fraud and Corruption Policy.
- 5 Where there are grounds to suspect that bribery has occurred a response shall be initiated as per the Fraud and Corruption Policy.

Annex 1

Sponsorship Policy

1 Sources of Sponsorship

It is accepted that NHS Orkney may benefit from sponsorship opportunities. However, there are circumstances under which sponsorship should not be accepted:

- If a company's products have inherent health risks, i.e. manufacturers and suppliers of tobacco and alcohol products
- Where a company has a history of failing to meet legislative standards in respect of industrial relations and work conditions, human rights, animal rights or environmental issues.

2 Purpose of Sponsorship

It is NHS Orkney's duty to provide health services for its population and it is not appropriate to use sponsorship to meet the costs of what is perceived to be NHS Orkney's primary responsibilities. However, it could be used to fund what are seen as secondary activities such as:

- Materials for education, training, and health promotional events
- Educational grants
- Sponsorship for training courses
- Expenses for attendance at local or national conferences
- Research or clinical audit projects
- Printing and distribution of guidelines
- Facilitate access to research and development work elsewhere.

The principles upon which any sponsorship must be based are:

- Agreements must protect the interests of individual patients, e.g. guard against the use of any single product to the exclusion of other reputable brands on the market
- Agreements should not undermine or conflict with the ethical requirement of any health care professional including the duty of doctors to provide treatment they consider clinically appropriate
- Agreements must comply with requirements for data protection and information sharing
- Agreements must be reviewed by the Central Legal Office
- Agreements will be publicly available documents in line with NHS Orkney's accountability requirements.

3 Control Framework

Sponsorship within the framework outlined above would allow some credit to be given to the sponsors, acknowledging the fact that they have provided the funding to allow the project or event to be run.

However, the following issues must be made clear:

- Credit for the work is due to the Board and not the sponsors
- The acceptance of sponsorship is not an endorsement of a specific product or drug
- Any mention of the sponsor will be to the Company and not to any of its products
- The sponsoring company may attend any sponsored event and display samples of its products at sponsored events, but it must be clear that the Board is not endorsing or promoting the company or its products.

Companies or suppliers offering sponsorship should be sent a copy of this policy and are required to confirm in writing that they have read it and will abide by its content.

Any offers of sponsorship should be submitted to the Director of Finance. A final decision on the appropriateness of an offer of sponsorship will rest with the Chief Executive.

Annex 2

An up to date copy of the Scheme of Delegated Financial Authority can be obtained from the Director of Finance.

Version 15.1












Not Protectively Marked

<p>NHS Orkney Board – 28 October 2021</p> <p>Report Number: OHB2122-46</p> <p>This report is for approval</p> <p>Schedule of meetings for period 1 April 2022 - 31 March 2023</p>	
<p>Lead Director Author</p>	<p>Lorraine Hall, Interim Director of Human Resources Emma West, Corporate Services Manager</p>
<p>Action Required</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the schedule of meetings dates for the next financial year 1 April 2022 to 31 March 2023
<p>Key Points</p>	<p>The schedule of meetings of the Board and Governance Committees for the period 1 April 2022 to 31 March 2023 has been drawn up for consideration by Board members.</p> <p>The frequency of meetings follows current committee Terms of Reference with Audit, Staff Governance and Clinical and Care Governance Committees meeting quarterly, Remuneration Committee twice yearly and Finance and Performance Committee bi-monthly to meet the requirement that the Board's financial position is reported on a monthly basis to the Board.</p> <p>Following discussion and agreement at the Board Development Session on 20 May 2021, a session has been scheduled for each committee in Quarter 3 to review the committees individual governance documentation for onward presentation at the January Board Development Session for a whole system approach to cross committee assurance, discussion, links and information.</p> <p>Each committee also has a Development Session scheduled in Quarter 4 to allow for evaluation, reflection and address any training and development requirements.</p>
<p>Timing</p>	<p>There is a requirement to set meeting dates from 1 April 2022 onwards.</p>

6.2

Link to Priority areas	<p>The Schedule of meetings links to all the Boards the priority areas as agreed in 2021 and has specific links to:</p> <ul style="list-style-type: none">• Systems and Governance
Consultation	<p>Dates of Orkney Islands Council meetings have been considered when compiling these dates.</p> <p>The amendment to the process for Committee Development Sessions to allow a whole Board approach was discussed and agreed at the Board Development Session on 20 May 2021.</p>

Future Dates for Meetings 2022/23

Board  10:00am 28 April 2022 23 June 2022 (Annual Accounts) 25 August 2022 27 October 2022 15 December 2022 23 February 2023	Remuneration Committee  11:00am 13 July 2022 12 October 2022 (Annual Review) 14 December 2022 15 March 2023 (Development Session) <i>(Ad hoc as required)</i>
Audit and Risk Committee  11:30am 3 May 2022 31 May 2022 23 June 2022 (Annual Accounts) 6 September 2022 4 October 2022 (Annual Review) 6 December 2022 7 March 2023 4 April 2023 (Development Session)	Board Development Sessions  9:30am 19 May 2022 21 July 2022 15 September 2022 17 November 2022 19 January 2023 16 March 2023
Finance and Performance Committee  9:30am 26 May 2022 21 July 2022 22 September 2022 20 October 2022 (Annual Review) 24 November 2022 26 January 2023 16 February 2023 (Annual Operational Plan) 23 March 2023 (Development Session)	Endowment Fund Subcommittee  9:30am 4 May 2022 3 August 2022 2 November 2022 1 February 2023
Joint Clinical and Care Governance Committee  1:00pm 26 April 2022 26 July 2022 25 October 2022 29 November 2022 (Annual Review) 24 January 2023 21 March 2023 (Development Session)	Endowment Trustees  9:30am 2 June 2022 8 December 2022
Staff Governance Committee  10:30am 25 May 2022 26 August 2022 24 October 2022 (Annual Review) 23 November 2022 22 February 2023 30 March 2023 (Development Session)	Integration Joint Board  9:30am 9 February 2022 20 April 2022 29 June 2022 21 September 2022 30 November 2022
	Integration Joint Board Audit Committee  9:30am 16 March 2022 22 June 2022 28 September 2022 7 December 2022

Not Protectively Marked

<p>NHS Orkney Board – 28 October 2021</p> <p>Report Number: OHB2122-47</p> <p>This report is for adoption</p> <p>Model Meeting paper – DL(2021)31</p>	
Lead Director Author	Lorraine Hall, Interim Director of Human Resources Emma West, Corporate Services Manager
Action Required	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Formally adopt the Model meeting paper as required by DL(2021)31 for papers presented to the Board, Governance Committees and Professional Advisory Committees.
Key Points	<p>For any decision-making group to be effective, it needs to be given information in a form and of a quality that is appropriate to enable members to carry out their duties. A good set of Board or Committee papers is essential for effective governance.</p> <p>To provide consistency in the approach used by Boards a 'Model Meeting Paper Template' has been developed and should now be officially used by Boards.</p> <p>This is part of the wider work to support an active governance approach and deliver the NHS Scotland Blueprint for Good Governance.</p>
Timing	The Board are asked to formally adopt the Model Meeting Paper from the 1 November 2021, noting that this will be widely circulated with full guidance and support to those compiling papers.
Link to Priority areas	<p>The model meeting paper links to all the Boards the priority areas as agreed in 2021 and has specific links to:</p> <ul style="list-style-type: none"> • Systems and Governance

6.3

Consultation	<ul style="list-style-type: none">• Consultation through the National Board Secretaries Group• Approved for use by the Corporate Governance Steering Group on 20 February 2020• Issued as DL(2021)31 on 7 October 2021
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Dear Colleagues

Model Meeting Paper Template and Guidance

1. We are writing to you to provide you with a new Model Meeting Paper Template and Guidance document.
2. For any decision-making group to be effective, it needs to be given information in a form and of a quality that is appropriate to enable members to carry out their duties. A good set of Board or Committee papers is essential for effective governance.
3. To provide consistency in the approach used by Boards, the Corporate Governance Steering Group, co-chaired by John Brown, Chair, NHS Greater Glasgow and Clyde and Richard McCallum, Director of Health Finance and Governance, tasked Board Secretaries with developing a 'Model Meeting Paper Template'.
4. The 'Model Meeting Paper Template' and associated 'Guidance' was subsequently approved for use by the Corporate Governance Steering Group on 20 February 2020. The guidance explains how to use the Model Meeting Paper Template for reports to the Board, its committees and senior management meetings.
5. I am pleased to confirm that the Model Meeting Paper Template should now be officially used by Boards.

Yours sincerely

Sarah Hildersley

DL (2021) 31

Addresses

For action
Board Secretaries

For information
NHS Chairs

Enquiries to:
Corporate Business Management
Team

E-mail: ocenhs@gov.scot



NHS ((Board name))

Meeting: Meeting name
Meeting date: 1 January 2019
Title: Name of report
Responsible Executive/Non-Executive: Full name and title of responsible lead
Report Author: Full name and title of report author

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board for:

- Awareness
- Decision
- Discussion

This report relates to a:

- Annual Operation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Provide a concise statement of the situation. Why is this being brought to the meeting's attention? What is the strategic context? What is the Board being asked to do? (Cross-reference with Recommendation Section below).

2.2 Background

Provide pertinent information relating to the situation. Summarise issues of significance, any National / Local objectives involved and relevant legislative / Healthcare Standards.

2.3 Assessment

Provide analysis of the situation and considerations. Assess the current position, identifying any organisational risks, stakeholder considerations and evidence base to help inform decision making.

2.3.1 Quality/ Patient Care

Describe any positive and negative impact on quality of care (and services).

2.3.2 Workforce

Describe any positive and negative impact on staff including resources, staff health and wellbeing.

2.3.3 Financial

Describe the financial impact (capital, revenue and efficiencies) and how this will be managed.

2.3.4 Risk Assessment/Management

Describe relevant risk assessment/mitigations.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has been completed and is available at... or

An impact assessment has not been completed because...

2.3.6 Other impacts

Describe other relevant impacts.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

- Stakeholder/Group Name, date written as 1 January 2019

- Stakeholder/Group Name, date written as 1 January 2019

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Committee/Group/Meeting Name, date written as 1 January 2019
- Committee/Group/Meeting Name, date written as 1 January 2019

2.4 Recommendation

State the action being requested. Use one of the following directions for the meeting. No other terminology should be used.

- **Awareness** – For Members' information only.
- **Decision** – Reaching a conclusion after the consideration of options.
- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No, Document title
- Appendix No, Document title
- Appendix No, Document title

Not Protectively Marked

NHS Orkney Public Board – 28 October 2021	
Report Number: OHB2122-48	
This report is for information.	
Joint Inspection of Services for Children and Young People in Need of Care and Protection – Progress Review.	
Lead Director	Stephen Brown, Chief Officer / Executive Director, Orkney Health and Care.
Author	Jim Lyon, Interim Head of Children and Families, Criminal Justice and Chief Social Work Officer.
Action Required	<p>The Board is asked to note:</p> <p>That, between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection.</p> <p>That, on 25 February 2020, the Care Inspectorate published its report of the joint inspection of services for children and young people in need of care and protection in Orkney.</p> <p>That, in response to the inspection report published in February 2020, an improvement plan was developed, which is regularly reviewed by the Chief Officers Group and reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney's Joint Clinical Care and Governance Committee.</p> <p>That, between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of progress made in planning and implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019.</p> <p>That, in August 2021, the Care Inspectorate published the Progress Review following a joint inspection of services for children and young people in need of care and protection in Orkney, attached as Appendix 1 to this report.</p>

	<p>The key findings arising from the Progress Review, summarised in section 5 of this report.</p> <p>The Board is invited to scrutinise:</p> <p>The key findings arising from the Progress Review following the joint inspection of services for children and young people in need of care and protection, in order to seek assurance that planning and implementing actions to address the priority areas for improvement continue to develop and improve.</p>
Key Points	<p>Between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of the progress made in the Orkney community planning partnership area.</p> <p>The aim of the review was to assess and report on progress made in planning and implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019 and reported in February 2020.</p> <p>The review focussed on the recognition of and response to the initial concerns in relation to children in need of protection. It also considered the way that leaders within Orkney were overseeing arrangements to protect children and young people, including in the way that they were managing the change process following the inspection.</p> <p>The review findings are detailed in section 6.</p>
Timing	Ongoing
Link to Priority areas	<p>How does this paper link to one or more of the priority areas as agreed for the Board in 2021:</p> <ul style="list-style-type: none"> • Covid-19 • Culture • Quality and Safety • Systems and Governance • Sustainability

Not protectively marked

NHS Orkney Board

Joint Inspection of Services for Children and Young People in Need of Care and Protection – Progress Review.

Stephen Brown, Chief Officer/Executive Director, Orkney Health and Care.

Section 1 Purpose

To present the Care Inspectorate's Progress Review of the Joint Inspection of Services for Children and Young People in Need of Care and Protection.

Section 2 Executive Summary

A Joint Inspection of Services for Children and Young People in Need of Care and Protection – Progress Review was undertaken in Spring 2021.

Section 3 Recommendations

The Board is invited to note:

That, between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection.

That, on 25 February 2020, the Care Inspectorate published its report of the joint inspection of services for children and young people in need of care and protection in Orkney.

That, in response to the inspection report published in February 2020, an improvement plan was developed, which is regularly reviewed by the Chief Officers Group and reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney's Joint Clinical Care and Governance Committee.

That, between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of progress made in planning and implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019.

That, in August 2021, the Care Inspectorate published the Progress Review following a joint inspection of services for children and young people in need of care and protection in Orkney, attached as Appendix 1 to this report.

The key findings arising from the Progress Review, summarised in section 5 of this report.

The Board is invited to scrutinise:

The key findings arising from the Progress Review following the joint inspection of services for children and young people in need of care and protection, in order to seek assurance that planning and implementing actions to address the priority areas for improvement continue to develop and improve.

Section 4 Background

Between 26 August and 4 October 2019, the Orkney Community Planning Partnership (OCP) was inspected in respect of its services for children and young people in need of care and protection. On 25 February 2020, the report of the inspection was formally published.

Work began to develop an improvement plan to address the findings in October 2019. This plan was reviewed at the time of publication of the inspection report to ensure it addressed all areas identified for improvement in full. Additional resources to support this work have been allocated by Orkney Islands Council and NHS Orkney.

The improvements fall into 4 main themes:

- Policy, systems, process and procedure.
- Corporate Parenting.
- Getting it Right for Every Child.
- Governance and interlinks between Chief Officer Group, Public Protection Committee and Orkney Community Planning Partnership.

The Chief Officer Group continues to review progress on the items within the improvement plan on an ongoing basis.

Progress on The Orkney Partnership Child Protection Improvement Plan has been, and will continue to be, reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney's Clinical Care and Governance Committee.

Section 5 Progress Review

Between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of the progress made in the Orkney community planning partnership area.

The aim of the review was to assess and report on progress made in planning and

implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019 and reported in February 2020.

The review focussed on the recognition of and response to the initial concerns in relation to children in need of protection. It also considered the way that leaders within Orkney were overseeing arrangements to protect children and young people, including in the way that they were managing the change process following the inspection.

Section 6 Key Findings

Key findings of the progress review, attached as Appendix 1 to this report, include the following:

- The findings of the Joint Inspection of services for Children and Young People in Need of Care and Protection in Orkney had been taken very seriously.
- Chief Officers have prioritised the necessary changes and improvement alongside the demands of the COVID-19 pandemic.
- There was evidence of progress in relation to the four priority areas for improvement from the inspection that the review focussed on.
- There was recognition of the need to maintain the current momentum to ensure the improvement and change is sustained and the challenges this faced with the limited number of senior managers, many in interim positions, and the competing demands faced.
- The visibility of senior leaders, especially those within health, is key to the impetus being maintained. This will be crucial in successfully driving improvement and ensuring sustainability of changes.
- There is scope to further refine and strengthen the strategic planning arrangements, supported by the self evaluation approach and commitment to introduce effective quality assurance systems.
- Children's rights and participation, for those who are not looked after by the local authority, is an underdeveloped area, and a multi-agency approach in the recognition of and response to neglect requires further intervention.
- That there is opportunity to improve practice, such as use of chronologies and preparation of outcome focussed plans.
- Recognition that recruitment and retention of staff, particularly Social Workers, continues to be challenging to operational practice, especially in the development of sustained relationships with children and families.

Section 7 Next Steps

The Chief Officers Group will meet with Care Inspectorate colleagues to discuss their plans and timescales related to a second Progress Review.

The improvement plan will continue to be implemented. This includes significant focus on improving the consistent and effective use of Chronologies and development of a toolkit to assist practitioners with assessing risk in relation to neglect. It also aims to develop practice in relation to hearing, and better reflecting, the voices of children and young

people through assessment processes.

Appendices

Appendix 1: Care Inspectorate: Progress Review following Joint Inspection of Services for Children and Young People in Need of Care and Protection in Orkney.

Progress review

following a joint inspection of services for
children and young people in need of care
and protection in Orkney

August 2021

Contents

- 1. Background to this progress review**
- 2. Summary findings**
- 3. How we conducted this progress review**
- 4. Progress made**
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Appendix 1: Areas for improvement arising from the joint inspection of services for children and young people in Orkney community planning partnership area (report published February 2020)

Appendix 2: Staff survey and record reading analysis terms

Appendix 3: The terms we use in this report

1. Background to this progress review

We carried out a joint inspection of services for children and young people in need of care and protection in the Orkney community planning partnership area between August and October 2019. The [joint inspection report](#) was published in February 2020.

At that time, we were not confident that the partnership in Orkney would be able to make the necessary improvements highlighted in the inspection report without additional support and expertise. As we noted in the final report, our conclusion was based on:

- the scale of the work needed to: reduce the risks created by inconsistencies in key child protection processes; embed accountability for, and shared ownership of, corporate parenting; modernise approaches to services for children and young people in need of care and protection
- the limited capacity in the community planning partnership and the very small pool of managers available to take forward improvements at pace while also meeting operational demands
- the need to focus on core business as well as seeking fresh ideas and knowledge of what has been successfully implemented elsewhere that could be adapted and tailored to the Orkney context and external challenge
- the lack of previous progress in developing and embedding robust self-evaluation as a mechanism for assurance about quality and effectiveness.

Our report identified five priority areas for improvement (appendix 1) and we asked partners in Orkney to develop a joint action plan in response to these. This was to show how they would make improvements in these areas and how they intended to reduce risks as a matter of urgency. We said that we would support the community planning partnership to build capacity for change and to make improvements. Along with the other bodies taking part in the inspection, we also said that we would monitor progress and report on this in due course.

2. Summary findings

We identified that there were three distinct periods following the inspection, with regard to how progress was taken forward by the partnership. In its initial response, during late 2019 and the first months of 2020, the partnership was slow to develop an effective response to the areas for improvement that had been identified. Early versions of its improvement plan did not take a strategic approach and were subject to frequent change. The partnership's response was also affected by a number of changes in key personnel. In the second period though, from summer 2020, there was a different, more focussed direction. New appointments were made to key positions and a more comprehensive improvement plan was produced that was subject to more thorough oversight and management. Leaders were by then fully appreciating the range of improvements needed and that cultural change was required. In the third period from late 2020, the pace of change was stepped up further. There was a focus on effective staff engagement and on improving governance and accountability. Key policies and procedures were also updated followed by a series of high-profile practice events into spring 2021.

As a result of the changes that were introduced during this latter period, we were able to identify that improvements had been made or were well underway. More effective leadership and planning was now driving change. However, because many of the changes were only introduced relatively recently, we also concluded that it was too early to be sure of their impact. There was also a need to further develop consistency of practice and improve the involvement of children and families in decision making about their lives.

The review found that:

- partners in Orkney were now making encouraging progress in responding to the areas for improvement identified by the previous inspection
- key processes in responding to children in need of protection have been improved and policies and procedures to support practice have been updated
- partners need to maintain momentum in order to sustain the improvements that have been made and the change that has been achieved
- partners still need to be able to evidence the difference that the recent changes they have made are making to improving outcomes for children and families.

3. How we conducted this progress review

Between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of the progress made in the Orkney community planning partnership area.

In the face of the challenges to undertaking the progress review during the Covid-19 pandemic, the inspection team acknowledge with gratitude the contribution of all the staff in Orkney who took part. We are particularly grateful to those who facilitated the remote access to information, without which the review could not have been undertaken.

The focus of our review

The aim of this review was to assess and report on progress made in planning and implementing action to address the priority areas for improvement identified during the joint inspection. Because four of the five priority areas were about children in need of protection, this review focussed on the recognition of and response to initial concerns that they faced. It also considered the way that leaders within Orkney were overseeing arrangements to protect children and young people, including in the way that they were managing the change process following the inspection. The partnership's response to the inspection's findings in relation to care experienced young people has been monitored through the support provided to Orkney by the Care Inspectorate and its partners, including the inspection of regulated care services.

In undertaking the review, we acknowledge that the last year has been a difficult one for all front-line services because of the Covid-19 pandemic, and that it has presented challenges for every partnership area and affected the way that services have been delivered to those that use them.

It is within that context that the review sought to address three questions.

- How well has the partnership improved its practice in relation to its recognition of, and response to, children in need of protection?
- How well are agencies now working together to support children who are in need of protection?
- How does the partnership assure itself of the quality of service and decision making in respect of support for children who are in need of protection?

Our approach to the review

We were confident that despite the constraints imposed by the Covid-19 pandemic, the range of information available to us, together with the engagement and participation of partners in Orkney, would give us sufficient insight into the progress made since the joint inspection.

In conducting the review, we:

- took account of the work carried out by the Care Inspectorate strategic link inspector and the Healthcare Improvement Scotland public protection and children's health service lead, to support chief officers and senior managers in improving services
- reviewed supporting evidence from the partnership of the progress made, including two recent significant case reviews (SCRs) undertaken in Orkney
- undertook a staff survey, which was completed by 152 staff working across the range of children's services within Orkney
- held focus groups and interviews virtually, using video meetings, with chief officers, senior managers, elected members of Orkney Islands council, NHS Orkney board members, first-line managers and front-line staff
- reviewed the records of 60 children and young people¹
- held telephone conversations with parents and carers.

We decided not to meet with children and young people during this progress review. This was because much of the improvement activity was fairly recent and it would be too early for them to be able to tell us about its effect on service delivery or their lives. We also took account of restrictions on travel and contact between members of different households as a result of the pandemic and decided that inspectors would not visit Orkney during the review. Inspectors were also keen to ensure that their activities did not place additional requirements on services. We wanted to ensure that the partnership was able to focus on continuing to support families and on its statutory duties during pandemic restrictions.

¹ : The sample was based on all inter-agency referral discussions (IRDs) in relation to children and young people for whom there were child protection concerns in Orkney between 1 April 2020 and 31 March 2021. The review looked at both the circumstances of the IRD and the subsequent response to them. Consequently, the sample cannot assure the quality of service received by every child in Orkney, particularly those in long-term care, or whose initial involvement with the local authority pre-dated the review's time frame.

4. Progress made

The partnership's approach to improvement

The report of the joint inspection was published in February 2020, three weeks before the start of the first Covid-19 lockdown. However, an initial improvement plan had been developed before the report's publication. This focussed on a limited number of actions rather than taking a more strategic approach. Its style and presentation also made it difficult to determine progress. This first period following the inspection in the first months of 2020 also coincided with several departures of key senior leaders and managers in Orkney. As a result, progress was initially limited.

However, it was evident from summer 2020 onwards that leaders and senior officers, including those appointed into interim positions, were taking the inspection's findings very seriously. With the appointment of a new chair, there were renewed commitments made at the chief officers group (COG) to work more closely together and to support the improvement programme. A further and more comprehensive version of the improvement plan was produced, supported by a project management delivery approach. Even with this effort, senior leaders recognised that improvements were not being achieved as quickly as anticipated. They identified that some of the foundations of good practice, including the provision of guidance for staff, were missing and needed to be rebuilt. They also recognised that there was an entrenched culture of practice in Orkney, particularly around recognition of harm and thresholds for intervention, that would take time, drive, energy and resources to change. Consequently, in this second post-inspection period, during autumn 2020, significant developments were made in relation to updating and improving policies and procedures.

These were followed up by implementation launch events into spring 2021. To reinforce the change that was required, these were led prominently by leaders and key individuals from both within the partnership and external agencies. The focus of this third period since the inspection, from the end of 2020, was on effective staff engagement, as partners recognised the need to gain their support if they were to embed and sustain improvements. Governance and reporting arrangements between strategic groups were also strengthened, although some uncertainty remained about their specific roles. Accountability was more clearly identified and the project management approach, which partners adopted, enabled them to begin to evidence progress on the improvements they needed to make. The pace of change picked up significantly and there was a renewed approach to ensuring greater transparency and accessibility surrounding the plan. Partners now fully recognise the scale of improvement required to achieve their aspirations for children and young people in need of protection in Orkney. They have also accepted that cultural change will take time to achieve and have committed to this.

How well has the partnership improved its practice in relation to its recognition of, and response to, children in need of protection?

Partners had undertaken to review or replace single and multi-agency policies, procedures and guidance relating to child protection. Changes introduced over the

six to ten months prior to our review had provided greater clarity about key processes, as well as roles and responsibilities of both agencies and individuals. Staff were consulted throughout the process of change and felt empowered by having contributed to the implementation of the new procedures. Those we spoke to welcomed their accessibility, such as through shortcut links on their computers. The training that had supported their introduction had also been well received. Most staff reported that training and learning had increased their confidence and skills in working with children and young people in need of protection. Although the restricted period of the pandemic meant that most training was provided virtually, this had increased opportunities for staff based on outer islands to attend. However, as with other areas of Scotland where learning had been limited to online training, it had also meant that opportunities to share ideas and consolidate learning in the same physical space had been lost.

Almost all respondents to our survey reported that they had the knowledge, skills and confidence to recognise and report signs of child abuse, neglect and exploitation. A majority were also confident that effective intervention processes existed to reduce their incidence. Initial discussions with a trusted colleague or manager where child protection concerns were suspected had become more likely. NHS Orkney had appointed a lead public protection nurse who was available for health staff to consult with as well as being involved in wider training and improvement work.

Partners had created a multi-agency approach to child exploitation, including child sexual exploitation (CSE), led by a group of both front-line staff and senior managers, although the consequence of this was not yet evident. Police Scotland had established a new post of divisional CSE co-ordinator to better share information and intelligence and focus on prevention, intervention, protection and detection.

In contrast to the impetus around child exploitation, staff raised concerns through focus groups and the survey about the partnership's approach to neglect, particularly in relation to younger children. They described inconsistencies in the recognition of neglect and thresholds for intervention as a longstanding cultural issue that required a multi-agency response to address its consequences. This was a key message in the inspection report, and we saw evidence in our record reading of the continuing failure to recognise the effect of cumulative harm and neglect. The partnership's own audit of inter-agency referral discussions (IRD) also raised questions about neglect being potentially overlooked. Although the use of neglect toolkits from other areas was being explored, staff were requesting further multi-agency training to improve their confidence in dealing with the implications of longer-term cumulative harm. It is pertinent to note the findings of the recent [triennial review of initial case reviews and significant case reviews](#), published by the Care Inspectorate, that neglect remained the main non-fatal category of significant harm nationally, and that reviews repeatedly identified missed opportunities to intervene or to recognise its signs early enough.

The joint inspection in 2019 noted that there had been a number of changes to the IRD process that year and that the recording of IRDs was not of an acceptable standard. It also noted a lack of associated guidance or training, or oversight by the public protection committee (PPC). In response, a further IRD process was launched in December 2020. The associated procedures included a clear process for resolving disagreements, although it was not evident that all staff were aware of this. Almost all the IRD records that we read during the review, including those completed

before the most recent process was introduced, had gathered relevant information and considered risks and immediate safety needs, including the need for medical examinations and joint investigative interviews. In most cases, the overall quality was rated as good or better, and most were completed within expected timescales. Although not usually part of the approach to undertaking IRDs involving health, police and social work, education staff were being consulted and took part when they had important knowledge about the child. This had improved collaborative working. Partners had recognised the need to provide feedback to those who had made child protection referrals, both staff and public, although we were told that this was not yet fully implemented.

Despite the most recent improvements to the IRD process and procedures, some issues remained. For example, it was evident from the records we read for this review that agencies did not always share a common understanding of the threshold for an IRD. Indeed, the partnership's own audit observed that even with the latest procedures, there were still different opinions between health, police and social work about both the purpose of an IRD and when one should be initiated. There were also inconsistencies in how an IRD was recorded. We saw examples of multiple children being recorded on the same IRD form for the same incident, even when they were not related. We also saw different children, including siblings, being recorded on separate IRD forms again for the same incident. Reports of the number of IRDs having been completed over the period that we were reviewing also varied. Inconsistency in the completion of IRD records made it more difficult for partners to assure themselves of the quality of this work. We also observed that health information was not always available to inform IRD decision making as the lack of an overall electronic patient recording system within NHS Orkney compromised the ability to provide it quickly. On some occasions, concerns about information sharing were also limiting access to health information, including that from GPs.

The geography and scale of Orkney presented challenges, including travel, weather and staff capacity, to the delivery of children's services. At times, statutory services found creative and positive solutions to responding to children's needs. For example, by providing emergency transport to reach outer islands, or through the use of trusted professionals on outer islands for safeguarding children, including accommodating them on a temporary basis. The out-of-hours service had limited expertise to undertake joint investigative interviews, and there were also issues about how referrals it received were recorded. Concerns highlighted in the earlier inspection and other reports around children having to travel to Aberdeen for forensic medical examinations remained unresolved despite the efforts of senior leaders in Orkney. The inspection team recognised that this was an issue that will require a co-ordinated national solution.

We heard from staff, and saw evidence in the records we read, about increasing incidences of children, young people and parents with mental health and wellbeing issues. Fewer than half of respondents to our survey were confident that mental health outcomes were improving for children and young people. The child and adolescent mental health service (CAMHS) lacked sufficient capacity to deal with the rise in both the increased demand and the need for more intensive support. There was a reliance on the third sector, the school counselling service, school nurses and community psychiatric nurses to provide both early intervention and continuing support. However, although support for mental health and wellbeing for children in

need of protection was an under-developed area, we learnt of the forthcoming redesign and development of this service that may provide an opportunity to resolve this.

Around half of respondents to the staff survey reported that independent advocacy was routinely available to children and young people in need of protection. Nevertheless, in the children's records that we read we saw no evidence of it having been provided. It was apparent that although a service exists for looked after children in Orkney there is no such provision for children in need of protection. In our discussions it was evident that there was a lack of clarity about the role of independent advocacy as a whole. Staff appeared to understand that they were able to provide such advocacy and speak on behalf of the child. There was little recognition of the right of the child to be represented by someone independent of the decision-making process.

Technological solutions, influenced in part by the pandemic and the requirement for staff to work from home, had driven improvements such as remote access to records for social workers and the provision of mobile phones. Staff, including the out-of-hours service, were generally able to access the information they required when they needed it in responding to child protection concerns. The social work records system's functionality had been enhanced and staff were being supported through weekly meetings to help improve its efficiency.

How well are agencies now working together to support children who are in need of protection?

The partnership's Getting it Right (GIRFEC) approach was refreshed in April 2021 and was well received by staff. A clear vision was presented that encompassed both the post-inspection improvements and the aspirations of The Promise². Two-thirds of respondents to our survey believed that the GIRFEC approach was effectively supporting children and young people. Associated processes were encouraging improved collaborative working between staff from different agencies. For example, staff we spoke with reported that there was more regular discussion between professionals in advance of formalising their concerns as child protection referrals. Regular multi-agency training and development opportunities had strengthened joint working to support children and young people in need of protection. Some families felt that there could have been better communication between professionals at the outset. However, most were happy with the way that those supporting them were working together to keep their children safe. Our record reading showed that even during the pandemic, the collaborative working that most children had received was rated as good or better, as was the continuity of protective processes.

Of the records we read where an initial multi-agency meeting was held, all risks and needs were addressed and in most cases, clear decisions were made and recorded. Social work staff had attended all such meetings, and each of the other key agencies were represented in around two-thirds of them. Where there was a subsequent

² : The Promise is the main report of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It described what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve. https://www.celcis.org/files/9915/8092/1878/Independent_Care_Review_The-Promise.pdf

multi-agency assessment, almost all included a written plan and most of these were evaluated as good or better.

At the time of the review, partners had only recently introduced a revised standardised child's plan which was being tested. Nevertheless, in most records we read we judged the multi-agency team as good or better at effectively ensuring the immediate safety of the child when subject to a multi-agency plan. However, some staff were slightly less confident about preparing an outcome-focused child's plan than they were about assessing and analysing risks and needs. Families we spoke with had been able to contribute to their plans, although not always from the outset. None of the families we spoke with reported that health staff had contributed to plans to keep their children safe.

A new multi-agency chronology template, supported by guidance materials, had recently been introduced. From the records we read during this review, it was too early to see the effect of this. Although practice had improved from the earlier inspection, the quality of chronologies to support effective decision making, assessment and planning remained inconsistent. Of the chronologies we read, we judged just over half to be adequate or weak. We continued to see examples of different formats being used, standalone single-agency chronologies not being brought together, and chronologies that only started with the most recent concern. Even though staff described how shared chronologies helped them identify patterns of concern, partners acknowledged that more needed to be done to improve their overall quality. For example, the partnership's own file reading report identified chronologies as an area for improvement and one of the recent SCRs had stressed the need for chronologies to be used to identify themes and patterns.

There was inconsistent practice in engaging and involving children and young people and parents and carers in assessment and planning processes. Our record reading showed that parents' or carers' views were more likely to be sought than those of their children. Even though our record reading highlighted that parents were also more likely to attend planning meetings, families said that they were not always involved in meetings about their children. They also told us that when reports were made available to them, they were not always helped to understand them, or given enough time before a meeting to do so. By contrast, very few children were directly involved in the process, with a staff member often representing their views instead. Both recent SCRs found that children's views were not heard, whereas parents' or carers' views had been, even where they conflicted with the child's interests.

Staff were benefitting from regular supervision and single and multi-agency learning and development opportunities. They were involved in many of these developments and their feedback had contributed to more iterative learning. Most survey respondents said they received either regular supervision, or opportunities to speak with a line manager, that supported and challenged their practice. A similar proportion said they felt supported to be professionally curious with the aim of keeping children and young people safe. NHS Orkney had developed new child protection case supervision for health visitors and school nurses with support from a NHS Shetland senior nurse.

Although improvements had been made to processes and practices to support children and young people in need of protection, it was too early to evaluate the difference that these had made. Despite a majority of survey respondents recognising that there was a clear vision for improving services, some were

concerned about the sustainability of the changes. For example, only around half were confident that outcomes for children in need of protection were improving. Fewer than half felt that there was sufficient capacity to meet the needs of such children, particularly in areas such as emotional health and wellbeing.

Recruitment and retention of staff remained challenging. Although it was encouraging that some efforts were being made to overcome this, for example through financial incentives and mentoring those in existing roles, accommodation was repeatedly identified as the biggest obstacle to attracting new staff. Through focus groups and the staff survey, we learned of the effect of short-term appointments on continuity of support, particularly from social work staff. We spoke with staff from other agencies and families who told us they had experienced a high turnover of social workers. Families also described difficulties in building trusting relationships when key workers changed regularly, and how some young people were reluctant to have to tell their story again and engage with new workers.

Staff told us that although the culture of practice in Orkney had improved, not everyone shared the same understanding of thresholds for intervention or definitions of concern. Staff based on outer islands experienced challenges in living and working in the same communities as those using services. Practical and logistical challenges also affected collaborative working for them. However, a recent SCR had demonstrated the need to reflect on the cultural factors which affected the recognition of and prompt response to child protection concerns across the whole of Orkney. A recent joint meeting of the public protection committee and the chief officers group had considered if the improvement plan was a 'sufficient driver of change' in this context or, if not, what more needed to be done. It had acknowledged that cultural change is complex and not accomplished quickly; a point also emphasised by the recent triennial review.

How does the partnership assure itself of the quality of service and decision making in respect of support for children who are in need of protection?

Following the inspection in 2019, there had been insufficient impetus to planning the required improvements. Some staff described an initial period of denial in response to the inspection's findings and leaders acknowledged that improvements were not being made quickly enough during the first half of 2020. The initial improvement plan was overly complex and reactive and was subject to frequent changes. Quality assurance systems were not in place from the outset to assess the progress that was being made. Subsequent changes of senior managers, the time taken to establish governance arrangements and the need to identify additional resources to support the improvement process had also affected the pace of change.

It was clear that a number of interim senior and operational appointments were crucial to driving the progress that was subsequently made. An improvement delivery group, or leadership team, was established with representatives from across all agencies. It became responsible for overseeing a clearer and more comprehensive improvement plan. A project management approach was adopted which provided an effective delivery model. Clear records of completed actions were maintained, such as the development and implementation of up-to-date single and multi-agency child protection procedures. Nevertheless, given that a number of the appointments that were key to what was subsequently achieved are in place until the

middle of 2022, how improvement will be sustained in the longer term is more difficult to assess.

The emphasis on the improvement plan had made the relationship between it and other key plans, such as the children's services plan or the public protection committee business plan, complex, and the paramountcy between them unclear. For example, instead of the public protection committee being responsible for the actions resulting from the SCRs within its business plan, these were added to the improvement plan, which was anticipated would evolve into the partnership's single 'continuous improvement plan'. However, this approach meant that despite partners working more collaboratively on major policy areas such as the refreshed Getting it Right approach, there was a tendency to focus largely on short-term priorities. Whereas many of these were still appropriate, the energies and effort that they required meant there was a risk that wider children's services planning and commissioning, including work begun in August 2019 on a strategic needs assessment, could be overlooked.

Nevertheless, accountability arrangements between the chief officers group and key groups such as the improvement delivery group and the public protection committee, and in turn between the chief officers group and the wider partnership, were in place for oversight of the plan and child protection matters. For example, the chief officers group received an annual report from the public protection committee and reported on this to the Orkney partnership, itself responsible for a number of community plans. Although individual agencies maintained their own risk registers, chief officers were clear about their shared responsibility for risk in relation to public protection. Even so, the purpose of these various groups or the relationship between them was not always clear. For example, we heard of staff presenting the same reports to different meetings, often containing similar membership, as they were uncertain which group's remit covered their report. Although it was improving, effective scrutiny of the progress being made had been slow to develop. Elected members and board members relied on officers providing them with accurate information. This was described as having been at times confusing and superficial and consequently, they had not always been able to provide sufficient challenge. However, there were noticeable improvements and the clearer accountability and improved plan meant that members were now more aware of their responsibilities. Elected members must continue to provide robust and rigorous scrutiny and seek additional evidence where required, to assure themselves of the effectiveness of service delivery and that improvements are being embedded.

The partnership's self-evaluation and continuous improvement approach was published in January 2021. This was closely aligned to the Care Inspectorate's own quality improvement framework and was an important development towards the partnership's goal of continual improvement. However, it did not take into account other approaches to self-evaluation, such as '[How good is our school?](#)' used within education. At the time of our review, not all of the elements associated with the approach had been introduced and partners were not yet able to provide the evidence of the difference that improvements were making. Despite this, there was evidence of good practice emerging. NHS Orkney had produced a comprehensive children's health services self-evaluation report in April 2021 and the partnership's first annual IRD audit, which looked at performance, benchmarking opportunities and areas for improvement, had recently been completed. Further quarterly reviews of IRD practice were planned involving the police, social work, health and education.

Although it required further development, partners had made progress in introducing a quarterly quality assurance programme through the examination of children's records. This had so far been completed on two occasions and others were planned. The learning from these initial exercises was set to influence the way that the programme was being developed and the results were used to influence practice. Dissemination of the learning from the two recently completed SCRs was also being arranged.

Although there were a few examples where data was being appropriately considered or explored, its routine analysis to inform decision making about strategic planning was under developed. Evidence was still required to show that the improvements that had been made to operational practice, were making a difference. The national minimum dataset for child protection was still to be implemented despite a decision to do so in November 2019. Even though inter-authority benchmarking of data and practice was outlined as an ambition within the self-evaluation and continual improvement approach, there was as yet no discernible evidence of its contribution to strategic planning.

However, evidence from data did show that there was an increase in the number of children being supported from the second half of 2020 onwards, including the number being accommodated away from home. Although all areas of Scotland saw an increase in the numbers of children being supported following the end of the first Covid-19 lockdown, in Orkney the increase also appears to have reflected changed priorities in responding to children's circumstances and changes in management. In the records we read, we saw examples of strong decision making and robust planning for children and young people linked to their needs rather than the availability of resources. In addition, not only were case conferences being independently chaired but senior managers were also more closely involved in reviewing complex cases.

Senior managers also became very prominent in multi-agency events, such as the launch of the revised procedures, from late 2020 onwards. This was helpful given the recognised importance of effective leadership in planning, implementing and sustaining change. However, it was evident from the survey that, compared to other groups, health respondents were less likely to see their leaders as visible, or to feel that those same leaders were aware of the quality of the work delivered at the front-line. We learned through focus groups and the survey that, although welcomed, the number of recent launch events in a relatively short period of time had left some staff feeling overwhelmed. Although these were wholly relevant and had given staff encouragement, some were concerned by the potential overload of training and guidance that they had received. They suggested that there needed to be a period of consolidation if the culture of practice in Orkney was to be successfully changed.

5. Conclusion

Despite the initial delay where opportunity for change and improvement was potentially lost, we are confident that partners have subsequently taken the findings of the joint inspection of services for children and young people in need of care and protection in Orkney, published in February 2020, very seriously. Chief officers have prioritised necessary change and improvement alongside responding to the demands of the Covid-19 pandemic. There was evidence of progress, much of which was quite recent, in relation to the four priority areas for improvement from the inspection that our review focussed on. This included a new IRD process, improved collaborative working through the relaunch of GIRFEC and better support to staff through training and supervision.

Partners recognised that they need to maintain the current momentum if improvement and change is going to be sustained. This is a particular challenge for Orkney given the limited number of senior officers, many of whom are still in interim positions, and the competing demands that they face. The visibility of senior leaders, especially those within health, is key to the impetus being maintained. Their profile is crucial to not only successfully driving the improvements that are still required, but also sustaining the changes that have been made. There is scope for partners to further refine and strengthen their strategic planning arrangements, supported by their self-evaluation approach and commitment to introduce effective quality assurance systems. For example, evidence is still required to show that the improvements intended to provide more effective support and intervention for children in need of protection, are in turn making a difference for them. Children's rights and participation, for those who are not looked after by the local authority, is an under-developed area, and a multi-agency approach to the recognition of and response to neglect requires further investment. There is also opportunity to further improve practice, such as in relation to the use of chronologies and the preparation of outcome-focussed plans. Recruitment and retention of staff, particularly social workers, continues to present challenges to operational practice, especially in the development of sustained relationships with children and families.

Whereas changes to key processes had made the agreed approaches clearer and easier to follow though, most of the changes had only been introduced relatively recently over the previous six months and were still being embedded. Although there were encouraging signs, it was therefore too early to see conclusive evidence of their effect either on multi-agency practice, or on outcomes for children in need of protection.

6. What happens next?

The Care Inspectorate and its scrutiny partners will continue to monitor progress and to offer support for improvement to community planning partners in Orkney. Over the next year, we would expect to see the changes that have been made being consolidated and added to so that they can be sustained over time. We would also anticipate that the positive effect of these changes on the lives of children in need of protection in Orkney will become evident and will lead to demonstrably better outcomes for them.

To provide evidence of this, we will explore opportunities with partners in Orkney to gain the views of children, young people and their families as part of our ongoing monitoring work. This will be key to a second progress review that will include a focus on their lived experience. In the meantime, we will continue to offer support as required and monitor progress through existing link inspector arrangements.

Appendix 1: Areas for improvement arising from the 2019 joint inspection of services for children and young people in need of care and protection in Orkney community planning partnership area

- Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.
- Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.
- Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.
- Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.
- Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

Appendix 2: Staff survey and record reading analysis terms

Where we have reported on results from the staff survey and record reading, we have standardised the terms of quantity so that:

- 'few' means up to 14%,
- 'fewer than half' means between 15% and 49%,
- 'the majority' means between 50% and 74%,
- 'most' means between 75% and 89%, and,
- 'almost all' means more than 90%.

Appendix 3: The terms we use in this report

Child and adolescent mental health service

NHS Scotland child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

Chief officers groups

Chief officers groups (COG) provide strategic oversight of key partnership functions in the protection of children and young people across partnership areas.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Getting it right for every child

Getting it right for every child (GIRFEC) is a national policy designed to make sure that all children and young people get the help that they need when they need it.

Initial case review

Following the death or significant harm of a child in Scotland, the local child protection committee will be notified, and an initial case review (ICR) carried out. If the case raises serious concerns about professional or service involvement the committee may decide to proceed to a significant case review.

Inter-agency referral discussion

An inter-agency referral discussion or IRD (note that in some areas of Scotland, the initials IRD refer to an initial referral discussion) is the process of joint information sharing, assessment and decision making about child protection concerns. The IRD is not a single event but takes the form of a process or series of discussions.

Public protection committee

In Orkney, as in a number of other areas across Scotland, child protection and adult support and protection committees have been combined into single public protection committees (PPC). From a child protection perspective, these committees are the key local bodies for developing, implementing and improving child protection strategy across and between agencies, bodies and the local community. They are expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that "It's everyone's job to make sure I'm alright".

Significant case review

A significant case review (SCR) is carried out where a child has died, or has been significantly harmed, or where they have been at risk of harm. SCRs aim to find out if anything could have been done to prevent harm, and what could be done to stop a similar event happening in the future.

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Not Protectively Marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-49 This report is for noting Orkney Partnership Board Vice Chairs Report	
Lead Author	Meghan McEwen, Board Chair Meghan McEwen, Board Chair
Action Required	The Board is asked to: <ol style="list-style-type: none"> 1. <u>Note</u> the minute of the meeting held on 26 August 2021 2. <u>Note</u> the report and seek assurance on performance
Key Points	The main highlights from the meeting held on 4 October included: <ul style="list-style-type: none"> • Children's Services Plan • Draft Orkney Community Plan / Local Outcomes Improvement Plan
Timing	The Vice Chair will produce a brief report highlighting 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"> • Covid-19 • Quality and Safety • Systems and Governance • Sustainability
Consultation	No prior consultation



The next meeting of the **Orkney Partnership Board** will take place on **Monday 4 October 2021, 3 – 5pm** via Microsoft Teams or conference call

Agenda

Item	Time	Topic	Lead	Purpose
1	15:00	Apologies	Chair	
2	15:05	Draft minute of the meeting of the Board on 28 June 2021	Chair	To amend as necessary and agree the minutes
3	15:10	Matters arising	Chair	To consider any matters arising from the minutes
3.1		Aspire Orkney Limited (item 12.5)	Anna Whelan	To receive briefing note
4	15:20	Draft Orkney Community Plan/Local Outcomes Improvement Plan 2021-23	Anna Whelan	To approve
5	15:30	Kirkwall and West Mainland Place Standard consultation	Gail Anderson Rebecca Crawford	To report findings
6	15:40	Children's Services Plan and Child Poverty Strategy	Jim Lyon	To report progress
7	15:50	Local Resilience Partnership <ul style="list-style-type: none">Community Recovery Liaison GroupCare for People Group	Karen Greaves	To update
Delivery groups updates			Group chairs	



Item	Time	Topic	Lead	Purpose
8a	16:00	Connectivity Delivery Group	Graeme Harrison	To note
8b	16:10	Community Wellbeing Delivery Group	Gail Anderson	To note
8c	16:20	Sustainable development Delivery Group	Graham Neville	To note
8c1	16:30	Economic Recovery Steering Group	Glen McLennan	To note
8	16:40	EngagementHQ	Anna Whelan Luke Fraser	To consider proposal
9	16:50	Any other business	Chair	
10	17:00	Date of next meeting	Chair	10 December 2021



DRAFT Minute of the meeting of the **Orkney Partnership Board**
held at **2pm** on **28 June 2021** via Microsoft Teams

Present:	James Stockan Meghan McEwen Gail Anderson Cheryl Chapman Michael Dickson Alan Dundas Alastair Garrow Issy Grieve Graeme Harrison Alan Johnston Leslie Manson John Mundell Claire Sim Graham Sinclair Craig Spence Angus Young	Orkney Islands Council (Chair) NHS Orkney (Vice Chair) Voluntary Action Orkney VisitScotland NHS Orkney SEPA Police Scotland Integration Joint Board Highlands and Islands Enterprise Scottish Government Orkney Islands Council Orkney Islands Council Skills Development Scotland HITRANS Orkney Housing Association Limited Scottish Fire and Rescue Service
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By invitation:	Gavin Barr Jim Lyon	Orkney Islands Council Orkney Islands Council
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In attendance:	Anna Whelan Joanna Buick	Orkney Islands Council (Secretary) The Orkney Partnership
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1. Apologies

Karen Greaves Thomas Knowles Garry Reid Seonag Campbell Graham Neville Mark Shiner Raymond Fallon Andy Fuller	Orkney Islands Council Historic Environment Scotland Scottish Sports Council Skills Development Scotland Scottish Natural Heritage UHI/Orkney College Scottish Fire and Rescue Service Scottish Ambulance Service
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Opening note:

The Chairman welcomed people new to the Orkney Partnership Board, including Alastair Garrow (replacing Matt Webb), Issy Grieve (IJB, replacing Rachael King), Angus Young (standing in for Raymond Fallon), and Claire Sim (standing in for Seonag Campbell).

The Chairman thanked Gavin Barr prior to his departure from the Council to take up a post with Aquatera, in particular for his recent work to support Orkney's economy to withstand and recover from the pandemic.

2. Draft minute of the meeting of the Board on 10 May 2021

The minutes were agreed.

3. Matters arising

- 3.1. At Item 5,4, **Domestic Abuse Forum Coordinator funding**. Letters of support would be written as required, none have been requested. No further action required.
- 3.2. At Item 7.2, **Area Dental Committee letter** dated 23 March 2021. NHSO is exploring an application to NHS Endowments Committee re financial barriers to appointment attendance. Price of multiple books of tickets has recently reduced by 38%.

Action MM to report back from NHS Endowments Committee

- 3.3. At Item 8.3, **Youth Forum Representation on the Board** – a Partnership response to be drafted to support engagement with young people in general.

Action KG writing to Cllr Scott

- 3.4. At item 12, **Realignment of Delivery Groups to New Strategic Priorities**
> new item 12
- 3.5. At Item 13.3, **Resourcing for Third Sector Agencies** > new item 7

4. Children's Services Plan

- 4.1. Jim Lyon reported that much robust discussion has taken place on successive drafts of the plan, with specific and welcome feedback from the Chair of NHS Orkney Board among others.
- 4.2. A draft report was submitted to the Scottish Government by 31 March on the understanding that the final version would follow subject to its passage through the governance procedures of all partners involved.
- 4.3. Noted that following the recent re-inspection of services for children in need of care and protection, it would be sensible to await feedback from the Care Inspectorate before any further amendments were made to the draft. Feedback of their key messages was expected on 7 July.
- 4.4. A final draft will be submitted to the Board at its next meeting prior to its submission to the Scottish Government.

Action: JL to submit final draft to next meeting

5. LCPAR (Local Child Poverty Action Report)

- 5.1. Local deadline for submission is 30 June. The draft LCPAR 2020-21 has been round all relevant committees including P&R. Recommended that the draft report be approved for submission to SG.

- 5.2. A Child Poverty Strategy is in preparation by the Child Poverty Task Force, which will create a platform for more targeted reporting in future. The current report gives background in absence of the strategy.
- 5.3. A significant proportion of children in Orkney are living in households with less than 60% of median income, a high proportion of these households are in work but on low income, sometimes in multiple jobs.
- 5.4. Noted that local factors impacted on the child poverty agenda and local priorities included care experienced children and those living in the outer isles. Concern was expressed that reported actions by partners don't clearly elucidate how those specific characteristics have been addressed and this should be picked up in the Strategy.
- 5.5. Concern was expressed about alcohol related hospital admissions in the report which seemed high. The statistical representation of low numbers using "disclosure control protocols" was explained. It was noted that the age range covered was 0-25 year olds and any children admitted to the Balfour for alcohol-related conditions would most likely be brought to the attention of child protection services.

The LCPAR was approved

6. Child Poverty Strategy progress – update

- 6.1. The timetable for developing the Strategy over the next 3 months will culminate in presentation to relevant committees in September/October. There was general agreement about the urgency and importance of the Child Poverty Strategy for Orkney. This is time critical.
- 6.2. The Child Poverty Task Force is working on Equality and Island Communities impact assessments and Logic Models.
- 6.3. A fundamental activity in developing the Strategy is to gather evidence for baseline assessment so future reporting can evaluate any interventions. A starting point is the questionnaire aimed at disadvantaged people, seeking their views, which will be progressed next week by the Task Force.
- 6.4. The Child Poverty Task Force developing Orkney's Child Poverty Strategy will build on the Scottish Government policy on free school meals, including looking at ways to passport other benefits – to allow automatic qualification – on the back of free school meals. Call on all Partners to encourage take up of free school meals.
- 6.5. Noted that Elected Members of the Council had raised the option of Universal Basic Income as a means to address child poverty. Orkney could consider supporting a local pilot of Universal Basic Income, as a defined geography, if asked by Scottish Government, but cannot implement it unilaterally. We are interested to see how the Care Leavers pilot works out nationally, and the Pupils Equity fund. We need to get the right levers for more benefits.

6.6. It was clarified that Orkney's LCPAR has been submitted as a free standing report without an underlying strategy for three years because there was no officer capacity to develop a strategy. The Child Poverty Task Force was adopted as a short life working group by the Partnership only in 2020. Future reports will be against the underpinning Strategy that is currently being developed.

6.7. A further meeting of the Child Poverty Task Force will take place next week. There are senior special officers from all relevant agencies on the Task Force who are liaisons for feeding into the Strategy from all Partners.

Action Child Poverty Task Force

7. Resourcing for Third Sector Agencies

7.1. Noted that the Chairman had written to Partners before the meeting to ask for serious thought be given as to how their organisations can respond.

7.2. Gail Anderson of VAO presented a paper detailing the needs identified among agencies working in health and social care, with details of individual service needs in the appendix – all figures are focused on immediate need to end of March 2022.

7.3. VAO declared an interest in two of the services listed, Connect and Adult Befriending, managed by VAO,

7.4. There is a much higher level of insecurity in the community than usual, due to Covid-19, with an impact nationally on traditional sources of funds, and more competition and delayed decisions. This is already resulting in loss of skilled and experienced staff due to uncertainty. All voluntary organisations are struggling to find the funds they need to support their services. Work is going on to try to cover shortfalls but it is very difficult to do it mid-year. It is recognised that other organisations may also need support through the financial year.

7.5. The paper asked for recognition of the urgency and asked Board members to seek resources to help, focused on immediate need.

7.6. Some organisations may be successful with applications for funding elsewhere, so their requests would reduce accordingly.

7.7. Some concern was expressed about objective scrutiny of need to ensure a level field re funding levels, distribution, and urgency of need, which is changing constantly. It was confirmed that bids would be scrutinised against objective criteria for comparability of need at point of application and at assessment prior to allocation of any available funds. The process of allocating monies must be transparent and fair, and seen to be so.

7.8. Funding requests have focused on retaining existing staff. All services were redesigned at the beginning of the pandemic, with ongoing redesign of services to suit clients as restrictions ease. Some service users are not comfortable with

technology but many organisations will retain elements of this where it has worked well.

7.9. Organisations in need may also be able to apply for forthcoming NHS Community Endowment Funds for Community Health and Wellbeing to support resources and projects in Orkney.

7.10. Noted that Orkney Housing Association has provided funding to some of the organisations listed in the report but has also been approached by organisations that are not on this list.

7.10 It was agreed that the cost to Partners, and to Orkney, would be far greater without these services. It should also be considered that some of the services provided by Third Sector organisations listed here would fall to a statutory provider were they to cease.

7.11 The Chairman asked if any Partners could help in the short term and said the request would be taken to next week's Council meeting. All Partners supported the proposal but other than the Council were unable to offer funds in the current financial year. Partners expressed appreciation that the Council was prepared to discuss this so quickly.

7.11. Gail Anderson thanked the Board and Chairman for accepting the papers and for support and acknowledgement of the value of the third sector to Orkney.

7.12. The Chairman will take the request forward to Council and will look to working in partnership to resolve these matters.

Action: James Stockan

8. Recovery Groups updates

8.1. Gavin Barr thanked the Chairs of the three groups for their updates, and the understanding that valuable discussions were taking place.

Community Recovery Liaison Group

8.2. The group is meeting every 3-4 weeks. Among the key issues highlighted for recovery are:

- Access to childcare, with some work being undertaken by OIC to address this.
- Housing pressure.
- Working to support groups to identify funding sources.

8.2.1. The group has been contributing to consultations, and horizon scanning ahead.

Care for People Group

8.3. The group is meeting every 3-4 weeks.

- 8.4. An issue of concern for this group is access to childcare, as above.
- 8.5. Further work is needed on mental health and wellbeing.

Economic Recovery Steering Group

- 8.6. The group is meeting monthly.
- 8.7. The ASPIRE Orkney programme manager has been appointed and is moving forward the initial plan to engage all agencies and stakeholders to move the agreed programme forward, avoiding duplication or usurpation of existing roles across the community, adding value to Partner activity. The programme manager is also looking at data sources to support future work.
- 8.8. The priorities of ERSG align with the other groups, including housing supply, and identifying external funding sources to support housing development.
- 8.9. Further discussion of the structure of ASPIRE Orkney took place, clarifying the employing body of the ASPIRE programme manager and its ownership of assets. It was reported that the ERSG had required a mechanism to take advantage of grant funding from Scottish and UK governments. After rigorous appraisal by OIC Finance and Legal Services of the agreements involved, ASPIRE Orkney was determined to be the best solution for OIC and its partners, and the company established to take advantage of the available recovery funding. Funding for ASPIRE Orkney had been earmarked from the Council's recovery fund, and will draw down from the fund only after approval of specific projects by the Council.
- 8.10. It was noted that the creation of the Economic Recovery Steering Group and ASPIRE Orkney Ltd had reached parts of the business community that had historically not been involved in the Partnership but were committed to supporting the recovery of Orkney's economy from the pandemic.
- 8.11. Concern was expressed by NHS Orkney about the legal status and governance of ASPIRE Orkney Ltd as a private sector company linked so closely to the Partnership, along with concerns about governance and its links to the Partnership, and its financing. It was suggested that access to OIC resources available to ASPIRE Orkney should be made available to other delivery groups in the Orkney Partnership for priorities such as childcare.
- 8.12. The Chairman noted that OIC had stepped up over and above their statutory duty to make sure Orkney has childcare provision. The Council saw the community as a whole and was keen to support Orkney's Third sector and private sector.

9. Delivery Groups updates

Vibrant Economy Delivery Group

- 9.1. Graeme Harrison gave a verbal report. The group hadn't met formally since August 2020, with medium term objectives put on hold due to Covid-19 and

Brexit while its members were focused on resilience, the economy and education for students.

- 9.1.1. Economic recovery work has moved from BERRG to ERSG. Activity and outcomes will map into new priority groups, including energy and aviation innovations.
- 9.1.2. Talent attraction and recruitment campaigns are taking place, and an enhanced jobs page is now live on Orkney.com. Employment and volunteering opportunities in the isles, especially with the North Isles Landscape Partnership.
- 9.1.3. Connectivity decisions are taken elsewhere, but R100 coverage limits will soon become apparent, so this issue will be taken forward in the new delivery groups.
- 9.1.4. Claire Sim from SDS asked for discussion with GH about the recently established Local Employability Partnership which is required by the Scottish Government to map their relationship with the CPP. The Skills and Employability Strategic Group, formerly within the VEDG has been superseded by the LEP. The LEP would need to be included in the new CPP groups.

Action: Claire Sim and Graeme Harrison

- 9.1.5. Noted that James Stockan and HIE have a meeting next week with the Scottish Government Finance Secretary on the issue of R100 giving the low number of premises in Orkney connected to superfast broadband. OIC is looking into strategic early investment in a Giga-network to benefit all Partners.

Strong Communities Delivery Group

- 9.2. Gail Anderson referred to the circulated updated abridged plan, including actions recommended for retention and transfer to an appropriate new Delivery Group.
- 9.2.1. GA wished the Board to note that some this group's activities and projects had needed additional funding and that £502,191 had been raised over the lifetime of the group to establish new projects and activities, creating 9 new jobs. GA thanked group members for their work.

Living Well Delivery Group

- 9.3. Craig Spence referred to the circulated paper listing items completed or being finalised by a single Partner and welcomed the positive contribution of Group members.
- 9.3.1. Covid-19 has escalated understanding of what people need to live well, which the Group defined as continuing actions at 3.2 should flow through to the next

Delivery Group: housing need, fuel poverty, mental and physical well-being, and Child Poverty Strategy.

- 9.4. A question was asked about items identified by Group Chairs being retained and carried over into new groups. It was explained that all items recommended for continuing will be passed to new Group Chairs to consider, and the Board can suggest any items missed to be reconsidered before signing off on Delivery Group priorities.

10. Draft Orkney Community Plan/Local Outcome Improvement Plan

- 10.1 The next stage of progress for the Local Outcome Improvement Plan (LOIP) is for the Partnership's new delivery groups to be agreed, coming up in item 11.
- 10.2 Anna Whelan had prepared outline plans for the new Delivery Groups, arising from the Partnership priorities and consultation responses, giving them a starting point to develop their more detailed aims, outcomes and action plans.
- 10.3 The Vice Chair questioned the order and dependencies of the LOIP and Delivery Groups. Anna Whelan explained that the LOIP was a statutory plan but did not have to be submitted to Scottish Government on any particular date. It would be published on the Partnership website but in view of the ongoing emergency and need for flexibility it could be considered a work in progress and subject to change throughout its life.

11. BREAK

12. Realignment of the Orkney Partnership to deliver the Board's New Strategic Priorities

- 12.1. Anna Whelan reported that the paper was a revised proposal for the restructuring of the Orkney Partnership's delivery groups and short life working groups, deferred from the May meeting for further discussion, to align them with the new strategic priorities to be included in the forthcoming Community Plan 2021-23 (Local Outcomes Improvement Plan – LOIP). The proposal had been approved by all the existing Delivery Group Chairs.
- 12.2. A robust discussion took place in relation to ASPIRE Orkney Ltd in which NHS concerns about the position of the limited company were expressed, specifically about the company's position as a 'halfway house' between public and private sector; who the members and directors of the company are; lines of accountability; and it being a separately independently constituted legal body.
- 12.3. Other partners present at the meeting expressed support of ASPIRE Orkney Ltd, its value to Orkney as a whole, and its legal standing as assured by OIC.
- 12.4. Alan Johnson of Scottish Government noted that he had no concerns about the legitimacy of ASPIRE Orkney Ltd, and a variety of models were used in different Local Authorities.

12.5. It was agreed that a short briefing note would be produced to explain how ASPIRE Orkney Ltd came into being and its governance arrangements, which could be taken to NHS central legal office to confirm that NHSO as a legal entity can work with the limited company as constructed, and that it was compliant with CPP legislation.

Action: Anna Whelan

12.6. Noted that the Local Employability Partnership was expected to be an active member of the Sustainable Recovery Delivery Group

12.7. Cheryl Chapman asked for reassurance about engagement with tourism at a strategic level. Although not a clearly identifiable sector, tourism is extremely important to the community, and the community to tourism. It was noted that VisitScotland had a seat on the Board, but engagement should be with the local tourism businesses, not just regional representatives.

12.8. The Chairman proposed the Board should agree what they could and defer recommendations 2.9 and 2.10 in the proposal) until clarification was obtained. The following recommendations were agreed:

12.8.1. The three existing Delivery Groups would be wound up

12.8.2. Three new Delivery Groups would be established to deliver the three new strategic priorities, viz:

- Connectivity Delivery Group
- Community Wellbeing Delivery Group
- Sustainable Recovery Delivery Group

12.8.3. Incoming Delivery Group Chairs would undertake to prepare draft action plans for consideration by the Board at its meeting of 4 October 2021.

12.8.4. The Child Poverty Task Force would report to the Community Wellbeing Delivery Group until it has fulfilled its brief and been wound up.

12.8.5. The recommendations made by the Climate Emergency Short Life Working Group and adopted by the Board on 10 May 2021 would be assigned to the Sustainable Recovery Delivery Group for implementation.

12.8.6. The Climate Emergency Short Life Working Group would be wound up.

12.9. The following recommendations were deferred while clarity on legal accountability of ASPIRE Orkney Ltd was sought:

12.9.1. Oversight of the Aspire Orkney strategy developed by the Economic Recovery Steering Group and adopted by the Board on 6 November 2020 be assigned to the Sustainable Recovery Delivery Group.

- 12.9.2. The Economic Recovery Steering Group be renamed the Aspire Orkney Steering Group and be affiliated to the Sustainable Recovery Delivery Group with a brief to steer the implementation of the Aspire Orkney strategy.
- 12.10. Chairs of the three new delivery groups were nominated and appointed unanimously as follows:
- 12.10.1. Connectivity Delivery Group – Graeme Harrison
Proposed by JS, Seconded by GA
- 12.10.2. Community Wellbeing Delivery Group – Gail Anderson
Proposed by JS, Seconded by GA
- 12.10.3. Sustainable Recovery Delivery Group – Graham Neville
Proposed by JS, Seconded by LM
- 12.11. Noted that Chairs would nominate Vice Chairs once they had established the membership of their delivery groups.
- 12.12. The Vice Chair asked for clarity on the configuration, voting procedures and governance of the Orkney Partnership Board. Referring to the January horizon-scanning exercise, she asked for clarity on the balance of voices around the table vs balance of votes in legislation.
- 12.13. John Mundell said decisions were taken by voting Board members as per the Partnership's Terms of Reference and suggested voting Board members could be listed in the minutes.
- 12.14. Anna Whelan said that each statutory and co-opted member bodies has a vote as specified in the Terms of Reference. In practice consensus was essential for the partnership to work and no votes have been taken in 20 years other than for the election of Chairs of the delivery groups.
- 12.15. The Vice Chair asked for the process of induction for new members to be clarified. Leslie Manson suggested that all members needed their understanding refreshed, and that clarity would be needed on the scope of topics where a vote would take place.
- 12.16. The Chair concluded that the Partnership's purpose was to support each other, not to impede progress, and take a coordinated approach to what the community needed.

13. Any Other Business

- 13.1. None

14. Date of Next Meeting

- 14.1. 4 October 2021, 2-5pm.

The meeting closed at 4.37pm.

AFW/JB/JT
27/07/21 DRAFT

Not Protectively Marked

NHS Orkney Board – 28 October 2021

Report Number: OHB2122-50

This report is for approval

Review of Integration Scheme

Lead Director Author	Michael Dickson, Interim Chief Executive Stephen Brown, Chief Officer
Action Required	The Board is asked to <u>approve</u> the Integration Scheme for submission to Scottish Government.
Key Points	<p>These key changes to the Integration Scheme:</p> <ul style="list-style-type: none"> • Unless highlighted in this summary, all amendments are to take account of changes in policy or procedure, or factual changes, over the last five years. • There are no proposed changes to the membership of the Integration Joint Board, and only one proposed change to the delegated functions. • In section 1.2, the purpose of the Integration Joint Board is moved to 1.2.2 as this links better to the Foreword. • Within section 1.3, the Vision and Values have been updated to show the 'golden thread' linking the Parties and the Integration Joint Board to the overall vision and values of the Orkney Community Planning Partnership. • Section 5 reflects the fact that NHS Orkney and the Integration Joint Board share a Joint Clinical and Care Governance Committee with updated Terms of References. • Section 8.5 – change made to address the fact that this section has been highlighted in External Audit reports as requiring amendment 'to ensure there is a shared understanding between partners that it is undesirable to cut subsequent years' funding allocations by the current year's additional funding (in the event of a deficit) as this will compound any funding gap' • Section 9.1 – the consultation will take place once we receive informal feedback from Scottish Government colleagues.

7.1

Timing	Ongoing.
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">• Systems and Governance.
Consultation	The Review of the Integration Scheme has been discussed with members of the Joint Discussion Forum, the two Chief Executives and the relevant managers within the service.

Not Protectively Marked

NHS Orkney Board

Review of Integration Scheme

Michael Dickson, Interim Chief Executive
Stephen Brown, Chief Officer

Section 1 Purpose

To approve the amendments to Orkney's Integration Scheme.

Section 3 Recommendations

The Board is invited to note:

That, on 24 March 2015, following a period of consultation, the Council approved the Integration Scheme for submission to the Scottish Government by 1 April 2015.

That, Orkney's Integration Joint Board was approved by Scottish Ministers, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, on 6 February 2016.

That, section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires the local authority and the Health Board to carry out a review of the integration scheme before the expiry of a period of five years beginning with the day on which the scheme was approved by the Scottish Ministers, for the purpose of identifying whether any changes to the scheme are necessary or desirable.

That, the Committee approved the arrangements for a detailed review of the Integration Scheme on 24 November 2020.

That, on 28 April 2021 the proposed amendments to the Integration Scheme were submitted informally to Scottish Government.

That, on 3 August 2021, representatives from Orkney Islands Council and NHS Orkney met with Scottish Government officials to review the proposed scheme and agree some minor amendments.

It is recommended:

That, the Integration Scheme, attached as Appendix 1 to this report, be approved and submitted to Scottish Government.

Section 4 Background

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

An Integration Joint Board (IJB) is a body corporate, established by Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. In practice, this means that the Health Board and the Council delegate responsibility for planning and resourcing service provision for adult health and social care functions to the IJB, a separate legal entity. Locally, as with a number of other areas in the country, it was decided that the IJB should also be responsible for children's health and social care functions.

The underpinning document for operation of the IJB is the Integration Scheme, a comprehensive document that covers all aspects of the Community Health and Social Care Partnership's ways of working, including the detailed governance arrangements for the IJB. The Integration Scheme should also achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

On 24 March 2015, following consultation, the Council approved a revised Integration Scheme for submission to the Scottish Government by 1 April 2015.

On 23 June 2015, the Policy and Resources Committee was advised that feedback on the Integration Scheme had been received from the Scottish Government and that no substantive changes were required to the Integration Scheme from the perspective of the Council.

The Committee thereafter recommended that powers be delegated to the Chief Executive, in consultation with the Convener and Vice Convener, to approve further amendments, if required, following consideration of the revised version of the Integration Scheme by the Board of NHS Orkney and the Scottish Government.

Orkney's Integration Joint Board (IJB) was approved by Scottish Ministers, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, on 6 February 2016. The IJB assumed responsibility for the functions delegated to it by the Council and the Board of NHS Orkney as set out in the Integration Scheme for Orkney's Health and Social Care Partnership on 24 March 2016, when it approved the Strategic Commissioning Plan for 2016/17.

Section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 requires the local authority and the Health Board to carry out a review the Integration Scheme, for the purpose of identifying whether any changes to the scheme are necessary or desirable. This means that many Integration Schemes were due for review by June 2020, a requirement which was postponed by the Scottish Government due to the challenges relating to COVID-19.

On 24 November 2020, the Policy and Resources Committee was advised that following the detailed review, should NHS Orkney and/or the Council seek to significantly amend the current Integration Scheme, the Interim Chief Officer and the Chief Executives of the

Council and NHS Orkney will work with the Joint Discussion Forum, comprising Chairs of relevant groups and senior officers from both organisations, to agree a common approach and consult formally with the public.

Section 5 Summary of Key Changes

At the Joint Discussion Forum meeting on 9 December 2020, it was agreed that there would be no amendments to the delegated functions. Subsequent discussions have, however, taken place with specific reference to the delegation of maternity services. Whilst there is an obvious synergy between community midwifery and health visiting, there is also a natural alignment to gynaecology and obstetrics. As we move to further join up health visiting, school nursing and social work with the wider children's services, maternity services seem increasingly best placed to sit within the NHS and not delegated to the IJB. Both Chief Executives are in agreement with this proposed change. This is the only proposed change to the delegated services contained within the updated Integration Scheme.

Key officers from Orkney Islands Council and NHS Orkney have updated sections of the Integration Scheme to reflect more contemporary language, and to ensure the document better captures current policies and procedures.

These key changes to the Integration Scheme:

- Unless highlighted in this summary, all amendments are to take account of changes in policy or procedure, or factual changes, over the last five years.
- There are no proposed changes to the membership of the Integration Joint Board, and only one proposed change to the delegated functions.
- In section 1.2, the purpose of the Integration Joint Board is moved to 1.2.2 as this links better to the Foreword.
- Within section 1.3, the Vision and Values have been updated to show the 'golden thread' linking the Parties and the Integration Joint Board to the overall vision and values of the Orkney Community Planning Partnership.
- Section 5 reflects the fact that NHS Orkney and the Integration Joint Board share a Joint Clinical and Care Governance Committee with updated Terms of References.
- Section 8.5 – change made to address the fact that this section has been highlighted in External Audit reports as requiring amendment 'to ensure there is a shared understanding between partners that it is undesirable to cut subsequent years' funding allocations by the current year's additional funding (in the event of a deficit) as this will compound any funding gap'
- Section 9.1 – the consultation will take place once we receive informal feedback from Scottish Government colleagues.

Informal feedback from Scottish Government on 22 July 2021. Following receipt of this feedback a meeting was held on 3 August 2021 with Scottish Government. Only minor changes were required to ensure consistency with updated legislation relating to delegated children's services.

Given that the revisions to the Scheme are relatively minor and that the removal of maternity services from the list of delegated services represents a managerial change that

will present no alteration to the public experience of the service, it is not felt that full public consultation is necessary. The Integration Joint Board will be consulting on its new strategic plan over the coming months and all of children's services will be included in those discussions.

Section 6 Consultation

The Review of the Integration Scheme has been discussed with members of the Joint Discussion Forum, the two Chief Executives and the relevant managers within the service.

Appendix

Appendix 1: Integration Scheme.



Orkney Integration Scheme

Between

Orkney Islands Council

And

NHS Orkney

Date.	Issue.	Sections revised.	Status.	Distribution.
02.02.15.	V1.		Consultation.	Public Consultation.
16.03.15.	V2.		Final draft.	Integrated Programme Board.
24.03.15.	V3.		Consultation feedback.	Orkney Islands Council.
26.03.15.	V3.		Consultation feedback.	NHS Orkney.
31.03.15.	V4.		OIC/NHSO amendments.	OIC/NHSO.
15.05.15.	V5.		Amendments (GM) following feedback from Scot Gov.	OIC/NHSO.
23.07.15.	V6.		Amendments (CC) to update outstanding text and to redraft care and clinical governance section.	OIC/NHSO.
27.07.15.	V7.		Review of draft (GM, CG, CS and CC) presented to Integration Programme Board (23.7.15).	OIC/NHSO.
30.07.15.	V8.		Final updated draft (CC).	GM/JT/CG/CS/LW.
10.08.15.	V8(2).		Version with proposed amendment from AB at 9.3.	GM/AB/CC/CS (not yet agreed by NHS Orkney).
16.09.15.	V9.		Version with added finance (acute set aside) budget.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
29.09.15.	V10.		Version with amendments received from Govt colleagues.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
13.10.15.	V11.		Updated.	CC (to be agreed by OIC delegated to Convener

Date.	Issue.	Sections revised.	Status.	Distribution.
				and CEO and to be agreed by NHS Orkney).
19.10.15.	V12.		Updated.	CC and GM (agreed by both OIC and NHS Orkney).
12.01.18.	V13.	Annex 1 and Annex 2.	Updated.	CEO NHS Orkney and CEO OIC.
12.04.21.	V14.	5 year statutory review – general revision.	Updated.	All NHS Orkney / OIC leads.
27.04.21.	V15.	Track-changed version for informal consultation with the Scottish Government.	Updated.	Paul Richardson, Iain MacAllister, Glen Deakin. (Scottish Government).
17.08.21.	V16.	Changes following consultation with the Scottish Government.	Updated.	OIC/NHSO.

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1. Introduction and Background

1.1. Foreword

1.1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards (constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978) and local authorities to integrate planning for, and delivery of certain adult health and social care services. These parties can also choose to integrate planning and delivery of other services including additional adult health and social care services beyond the minimum prescribed by Scottish Ministers and children's health and social care services.

1.1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires health boards and local authorities to prepare, agree and consult on an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this:

- The Health Board and local authority (both as defined in section 1.2 below) delegate the responsibility for planning, resourcing and operational oversight of integrated health and social care services to a third body called an integration authority or integration joint board under section 1(4) (a) of the Act. This integration model is commonly referred to as a body corporate arrangement.
- The Health Board or local authority takes the lead responsibility for planning, resourcing and delivery of integrated health and social care services (under section 1 (4) (b) (c) and (d) of the Act. This integration model is commonly referred to as a lead agency arrangement.

1.1.3. In Orkney, NHS Orkney and Orkney Islands Council have opted to delegate functions to an integration joint board. This board is a separate legal entity.

1.1.4. The original Scheme as defined in section 1.2 below was approved by the Scottish Ministers in February 2016 and the Board (which has a distinct legal personality) was established by an Integration Joint Board Order of the Scottish Ministers as defined in section 1.2.

1.1.5. As a separate legal entity, an integration joint board has full autonomy to act on its own behalf and can accordingly make decisions in regard to its responsibilities and functions as it sees fit. However, the legislation that underpins the board requires that its voting members are appointed by the Health Board and Local Authority and whilst serving on the integration joint board its members must carry out their functions under the Act on behalf of the integration joint board itself, and not as members of the Health Board or Local Authority. It is therefore important that because the same individuals sit on the Integration Joint Board and the Health Board or Local Authority, accurate recording keeping and minute taking are essential for transparency and accountability purposes.

1.1.6. The Integration Joint Board is responsible for the strategic planning and oversight of functions delegated to it and for ensuring the delivery of these functions through its chief officer and Local Operational Delivery Arrangements as set out within section 3 of this Scheme. However, the Act provides that the Health Board and the Local Authority, acting jointly, can require an Integration Joint Board to

replace their Strategic Plan (as defined in section 1.2) in certain circumstances on the basis that they are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable service for Orkney in the long term.

1.2. Definitions and Interpretation

1.2.1. In this Scheme, the following terms shall have the following meanings:

- "Board" means the Integration Joint Board as established by Order under section 9 of the Act.
- "Chair" means the Chair of the Integration Joint Board.
- "Chief Finance Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under section 95 of the Local Government (Scotland) Act 1973.
- "Chief Officer" means the Chief Officer of the Integration Joint Board whose role is defined in section 6 of this Integration Scheme.
- "Health Board" means the Orkney Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its offices at The Balfour, Forelands Road, Kirkwall, Orkney, KW15 1NZ.
- "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- "Integrated Services" means those services listed in both Annex 1 Part 2 and Annex 2 Part 2.
- "Local Authority" means Orkney Islands Council established under the Local Government (Scotland) Act 1994 and having its offices at School Place, Kirkwall, Orkney KW15 1NY.
- "Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- "Parties" means Orkney Islands Council and Orkney Health Board (which may also be referred to as NHS Orkney).
- "Scheme" means this integration scheme.
- "Strategic Plan" means the plan which the Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.3 Aims and Outcomes of the Integration Scheme

1.3.1. This Scheme is a legally binding contract between the Local Authority and the Health Board. This Scheme has established a body corporate arrangement as set out in section 1(4)(a) of the Act.

1.3.2. The purpose of the Board is to plan, resource and oversee the delivery of high quality health and social care services for and with the people of Orkney.

1.3.3. The main purpose of integration is to improve the health and wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. This Scheme is intended to achieve the Outcomes, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

1.3.4. The national outcome for children is:

- We grow up loved, safe and respected so that we realise our full potential.

1.3.5. The national outcomes and standards for social work services in the criminal justice system are:

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.

1.4. Our Vision and Values

1.4.1. Community Planning Vision and Values

1.4.1.1. The Local Authority, the Health Board and the Board are all members of the Partnership Board of Orkney's Community Planning Partnership and share the same values.

"To strengthen and support Orkney's communities by enabling those developments which will have a positive and substantiable socio-economic impact, and utilise locally-available resources, whilst striving to preserve and enhance the rich natural and cultural heritage assets upon which Orkney's economy and society depends".

1.4.1.2. The shared mission is: "Working together for a better Orkney" and the seven key values are:

- Resilience.

- Enterprise.
- Equality.
- Fairness.
- Innovation.
- Leadership.
- Sustainability.

The Orkney Partnership focuses its collective resources of the Partnership on a small number of strategic priorities at one time. At present, the strategic priorities are strong communities, living well and a vibrant economy.

The Board contributes to all of these priorities.

1.4.1.3. The Orkney Health and Care Partnership – the delivery arm of the Board, agreed its own mission statement in the first year of the formation of the Board. It is: “Working together to make a real difference”.

1.4.2. Board Vision and Values

1.4.2.1. The Board approved its Strategic Plan 2019 – 2022 in 2019, which sets out the Board’s visions as “Getting it right for Orkney” and the Board’s values as ‘person-centred, enabling, caring and empowering’.

2. Integration Scheme

2.1. The Parties

2.1.1.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

2.1.1.1. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for Orkney, namely the delegation of functions by the Parties to a body corporate that is to be established by order under section 9 of the Act ‘an integration joint board’. This Scheme came into effect in April 2016, as set out in the Integration Joint Board Order which established the Board.

2.2. Local Governance Arrangements

2.2.1. In accordance with the Act, the Board has a legal personality distinct from the Parties, and the consequent authority to manage itself to:

- Prepare and implement a Strategic Plan in relation to the provision of health and social care services in accordance with the Act.
- Oversee the delivery of services delegated by the Parties in pursuance of the Strategic Plan.
- Allocate and manage the delegated budget in accordance with the Strategic Plan.

2.2.2. There is no role for either Party to independently sanction or veto decisions of the Board. However, the Act provides for the Health Board and the Local Authority, acting jointly, to require the Board to replace their Strategic Plan in certain circumstances given the Parties are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable services for Orkney in the long term.

2.3. Membership of the Board

2.3.1. Voting Members

- Three elected members of the Local Authority.
- Three non-executive directors of the Health Board, although article 3(5) of the Integration Joint Board Order permits otherwise if necessary.

2.3.2. Co-opted Non-voting Members

- The Chief Officer of the Board.
- The Chief Finance Officer of the Board.
- Senior clinicians including:
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under [section 17P](#) of the [National Health Service \(Scotland\) Act 1978](#).
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
 - A registered medical practitioner employed by the Health Board and not providing primary medical services.
- The Local Authority's Chief Social Work Officer.
- A patient/service user representative.
- A carer's representative.
- A representative of the third sector.
- A staff representative from each of the Parties.

2.3.3. Chair and Vice-chair

2.3.3.1. An elected member of the Local Authority will be appointed to the role of Chair/Vice Chair by the Local Authority and be one of the elected members on the Board.

2.3.3.2. A non-executive member of the Health Board will be appointed to the role of the Chair/Vice Chair by the Health Board and be one of the non-executive Health Board members on the Board.

2.3.4. Period of Office

2.3.4.1. The Chair and Vice Chair rotate every two years in May, to enable the appointments of Chair and Vice Chair to rotate equally between the Local Authority and the Health Board. The Chair does not have a casting vote. All other appointments with the exception of the Chief Officer, Chief Finance Officer of the Board and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

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

2.3.4.3. The standing orders of the Board set out the dispute resolution mechanism to be used in the case of an equality of votes cast in relation to any decision put to a meeting of the Board.

2.4. Delegation of Functions

2.4.1. The functions that are delegated by the Health Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are delegated by the Health Board and which are to be integrated are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1.

2.4.2. The functions that are delegated by the Local Authority to the Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are delegated by the Local Authority and which are to be integrated are set out in Part 2 of Annex 2.

2.4.3. Both adult and children's services are included within this Scheme.

2.4.4. In exercising its functions, the Board must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities and formal decision making roles.

3. Local Operational Delivery Arrangements

3.1. Responsibilities of the Board on behalf of the Parties

3.1.1. The Board has the responsibility for the planning of Integrated Services. This is achieved through the Strategic Plan.

3.1.2. The Board has responsibility for the operational oversight of Integrated Services.

3.1.3. In this regard the Health Board and the Local Authority will support the Board to fulfil its operational oversight role whilst remaining accountable for the operational delivery of health and care services which will be through the Chief Officer who in this regard is also responsible to the Board. The Chief Officer is line managed by the Chief Executives of both Parties.

3.1.4. The Board is responsible for the planning of those limited acute hospital services delegated to it. The Health Board is responsible for the operational delivery and management of all acute services. The Chief Officer and the senior manager responsible for the delivery and management of hospital services will ensure joint arrangements are in place to enable effective working relationships across the whole health and care system. The Health Board is responsible for providing information on a regular basis to the Board on the operational delivery of all acute services and associated spend.

3.1.5. The Chief Officer will continue to be a member of the senior management teams of both the Health Board and the Local Authority to ensure strategic links are maintained for the purposes of overall planning and policy development.

3.1.6. The Parties will continue to support the Board to work closely with Orkney's Community Planning Partnership Board to help contribute to the delivery of the wider community planning objectives notably addressing inequalities.

3.2 Corporate Support Services

3.2.1. The Parties will continue to provide appropriate corporate support to the Board as required and negotiated between the Board and the Parties. The detail of the agreement between the Parties and the Board in this regard will be set out in supplementary documentation to this Scheme. The agreement will include, but not be limited to the following service areas:

- Finance.
- HR/Personnel.
- IT.
- Administrative support.
- Performance reporting including risk management.
- Legal Services.
- Internal Audit.

3.2.2. Corporate Support Services arrangements will be reviewed annually as part of the budget setting and planning processes of the Parties and the Board. This will be achieved through discussion at the senior management teams of the Parties and through the regular accountability meetings with the Chief Executives and Chief Officer.

4. Strategic Plan

4.1. The Parties will continue to provide support for strategic planning through their respective strategic planning and Corporate Support Services systems. The Health Board will provide necessary activity and financial data for the planned use of services provided by other Health Boards for strategic planning purposes; and the Council will provide necessary activity and financial activity for the planned use by other Local Authorities for strategic planning purposes. This support to the Board will ensure compliance with its duty under s30(3) of the Act.

4.2. The Parties will inform the Board where they intend to make a change to service provision which may have an impact on the delivery of the Strategic Plan.

4.3. When preparing the Strategic Plan, the Board must ensure that it is consistent with the need to operate within the Board budget and determine and allocate a budget amount to each function that is to be carried out by one or both Parties.

4.4. Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1. The Parties will identify a core set of indicators that relate to Integrated Services delegated to the Board as listed in Annexes 1 and 2 including the national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions will be collated in an 'integration dashboard' known as the performance system.

4.4.2. The Parties will be responsible for sharing all performance information, targets and indicators with the Board. The improvement measures will be a combination of existing and new measures to allow assessment at a local level. The performance targets and improvement measures will be linked to the national and local Outcomes and will provide analysis to inform change and chart performance.

4.4.3. The dashboard/performance system once established will state where the responsibility for each measure lies. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Local Authority this will be taken into account by the Board when preparing the Strategic Plan.

4.4.4. The Parties are obliged to meet targets for functions which are not delegated to the Board but which are affected by the performance and funding of integration functions. The Parties also set a number of local targets which may similarly be affected. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details provided to the Board for consideration when preparing the Strategic Plan. These targets are currently available and set out in the Local Authority's Council Plan monitoring report and the Health Board's Annual Operational Plan and in Performance Management Reports both to the Local Authority and to the Health Board.

4.4.5. Community Planning Outcome Targets are set out in the Local Outcomes Improvement Plan (LOIP).

5. Clinical and Care Governance

5.1. The detailed clinical and care governance arrangements have been approved taking account of the Scottish Government's Clinical and Care Governance Framework published in December 2014. These arrangements are set out below.

5.2. The Parties established a joint Clinical and Care Governance Committee ('CCGC') which replaced existing arrangements. The CCGC includes members of the Board and representatives of the relevant professional groups for all health and

social care professions. Details of the membership of the CCGC are set out in the terms of reference of the CCGC.

5.3. The CCGC will ensure that there is appropriate assurance for both the Board and the Health Board on the standards of health and care services provided.

5.4. The CCGC will fulfil the role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services delegated to the Board. The CCGC will also oversee the care governance arrangements for all social care services provided or purchased by the Local Authority delegated to the Board.

5.5. The CCGC will provide advice and information through direct reporting to the Parties and to the Board as necessary and required including input and advice from professional advisory groups, for example, Area Clinical Forum, Public Protection Committee and from professional lead officers working both in the Health Board and the Local Authority (social care services). The Chief Officers' Group (COG) will provide a report annually on the work of the Public Protection Committee and the implications for the local authority area to the CCGC.

5.6. Reports to the Parties and the Board will cover the quality of service delivery, continuous improvement, organisational and individual care risks, clinical and professional standards and the compliance with legislation and guidance.

5.7. The Board will be responsible for ensuring the Strategic Plan is consistent with good Clinical and Care Governance and is appropriately informed on the relevant clinical and care standards and will be guided on this by the CCGC.

5.8. The CCGC will provide advice as necessary to the Strategic Planning Group and localities.

5.9. The Parties, as the bodies employing the staff and being directed to provide the services, will be responsible for ensuring the clinical and care governance standards are delivered. This will apply to services provided directly by the Parties or purchased from other health boards, local authorities, and third and independent sector providers.

5.10. The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the third and independent sectors and ensure that the services are delivered in accordance with the Strategic Plan.

5.11. The Chief Officer manages the Integrated Services and is accountable for these through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these Integrated Services i.e. ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

5.12. Working alongside the Chief Officer the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff,

Local Authority staff or both and will promote best practice, cohesive working and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

5.13. The clinical and care governance arrangements require appropriate oversight of professional standards. A number of professional lead officer roles are in place across the Local Authority and the Health Board e.g. Medical Director, Director of Nursing, Midwifery and Allied Health Professions, Chief Social Work Officer (CSWO), Director of Public Health and Chief Pharmacist. The professional lead officers have statutory functions relating to professional regulatory bodies and a legal duty to their respective regulatory authorities to ensure that professional standards are maintained.

5.14. The professional lead officer can provide professional advice to, or raise issues directly with, the Board, in writing, or through the representatives on the Board. The Parties would expect the Board to respond in writing to issues raised in this way. In addition, the professional lead officers will be responsible for reporting directly to the Local Authority (CSWO) or the Health Board (Medical, Nurse, Dental, Pharmacy and Public Health Directors).

5.15. The Parties and the Board will continue to support the Chief Officer and the professional lead officers to liaise and communicate regularly to ensure that their respective roles in relation to professional standards are met.

5.16. The members of the Board will continue to actively promote through its planning and commissioning role an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

6. Chief Officer

6.1. The Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

6.2. The Chief Officer reports directly to both the Chief Executive of the Local Authority and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Local Authority and the Health Board.

6.3. The management structure for operational delivery of the Integrated Services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in supplementary documentation to the Scheme. The management structure and levels of authority including the management of services in localities are summarised in supplementary documentation to the Scheme.

6.4. The Chief Executives of the Local Authority and the Health Board, at the request of the Board and in conjunction with the Chief Officer where appropriate, are responsible for making cover arrangements through the appointment or nomination

of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

6.5. The Chief Officer and the senior manager for acute services both sit on the Health Board senior management team, and will continue with joint arrangements to ensure effective working relationships across the whole health and care system.

7. Workforce

7.1. The Parties will continue to ensure that there is an effective joint staff forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed. The structure and membership of groups are set out in supplementary documentation to the Scheme.

7.2. A workforce development strategy and action plan will continue to be maintained by the staff supporting the HR strategic management of the delivery of the Integrated Services that is under the direction of the Chief Officer including services delivered in localities.

7.3. A training plan agreed by the Parties and agreed with the Board will be maintained as part of the supplementary documentation to the Scheme. Training support functions will be provided by the Parties to the integrated services managed by the Chief Officer. The training plan will be refreshed annually.

8. Finance

8.1. General Principles – Financial Governance

8.1.1. The Board shall continue to determine its own internal financial governance arrangements in line with Scottish Government guidance. The Chief Finance Officer will continue to respond to the decisions of the Board and the principles of financial governance that have been set out in this Scheme.

8.1.2. The Board will continue to have no cash transactions and, until directed otherwise, will not directly engage or provide grants to third parties.

8.1.3. The Local Authority and the Health Board will ensure their payments to the Board are sufficient to fund the delegated functions. The Local Authority and the Health Board will continue to provide an integrated budget for the Board and the Chief Executives of the Health Board and the Local Authority through the Officer appointed pursuant to section 95 of the Local Government (Scotland) Act 1973 will continue to hold the Chief Finance Officer of the Board to account for the use of the financial resources allocated to the Board for the delegated functions that shall be managed by the Chief Officer. Both Partners agree to make a revenue contribution to the Board representing the level of resources available for the service areas delegated to the Partnership.

8.1.4. The Board will continue to monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant financial information on its financial position. The Board, the Local Authority and the Health Board will share financial information to ensure all Parties have a full understanding

of their current financial information and future financial challenges and funding streams.

8.1.5. The Board will maintain its own financial regulations. These will be reviewed periodically by the Chief Finance Officer and with a report on the review and proposed changes submitted to the Board.

8.2 Chief Finance Officer

8.2.1. The Board will continue to have regard to the current CIPFA guidance on the role of the Chief Finance Officer in local government and any Scottish Government or professional guidance on the operating parameters of the Chief Finance Officer and also on the appointment of a Chief Finance Officer.

8.3. Roles and Responsibilities – Finance

8.3.1. The Chief Finance Officer will continue to be responsible for preparing the Board accounts (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the Board ensuring compliance with statutory reporting requirements as a body under the relevant legislation, including the Annual Financial Statement.

8.3.2. The officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Accountable Officer (Chief Executive) are responsible for the resources that are allocated by the Board to their respective organisations for operational delivery.

8.3.3. The Chief Finance Officer will continue to work with the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Director of Finance to ensure both organisations work together to develop systems which allow the recording and reporting of the Board's financial transactions.

8.4. Resources Delegated to the Board

8.4.1. The Board's three year Strategic Plan will continue to incorporate a Medium Term Financial Plan for its resources. On an annual basis a financial statement will be prepared setting out the amount the Board intends to spend to implement its three year Strategic Plan. The Medium Term Financial Plan will be prepared for the Board following discussions with the Local Authority and the Health Board. The approved Plan will be supplied to the partner organisation in regard to plans on achieving efficiency savings and financial balance.

8.4.2. The Medium Term Financial Plan will be prepared to take account of the previous year payment as a baseline that will be adjusted to take account of:

- Activity changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- Cost inflation on pay and other costs.
- Efficiency savings that can be applied to budgets.

- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the set aside budget for hospital services.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

8.4.3. The funding available to the Board will be dependent on the funding available to the Local Authority and the Health Board and the corporate priorities of both. Both Parties will provide indicative three year allocations to the Board subject to annual approval through the respective budget setting processes. These indicative allocations will take account of changes in NHS funding and changes in local authority funding.

8.4.4. The budgets for the integrated services will be pooled by the Board under the direction of the Chief Officer supported by the Chief Finance Officer. The pooled budget envelope for each theme in the Strategic Plan will be prioritised and detailed budget allocations will be made for the services to be delivered by the Parties under the direction of the Board in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning document.

8.5. Financial Management of the Board

8.5.1. The Board is able to hold reserves. There is an expectation that they will achieve a break-even position each year unless there are clear plans to create/utilise reserves. The Board cannot budget for a position which would result in the reserves moving into a deficit.

8.5.2. The Local Authority will host the financial transactions specific to the Board.

8.5.3. The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As the Board does not operate a bank account, the net difference between payments into and out of the Board will result in a balancing cash payment between the Local Authority and the Health Board. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the directions from the Board. A final transfer will be made at the end of the financial year on closure of the annual accounts of the Board to reflect in-year budget adjustments agreed. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

8.6. In Year Variations in the Spending of the Board

8.6.1. Any potential deviation from a break even position should be reported to the Board, the Local Authority and the Health Board at the earliest opportunity.

8.6.2. Where it is forecast that an overspend will arise then the Chief Officer and Chief Finance Officer of the Board will identify the cause of the forecast overspend

and in consultation with both Parties, prepare a recovery plan setting out how they propose to address the forecast overspend and return to a breakeven position. The Chief Officer and Chief Finance Officer of the Board will consult the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and Director of Finance of the Health Board in preparing the recovery plan as part of a one system approach. The recovery plan shall be approved by the Board.

8.6.3. A recovery plan will aim to bring the forecast expenditure of the Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved then any recovery plan that extends into later years should ensure that over the period of the strategic plan forecast expenditure does not exceed the resources made available. Any recovery plan extending beyond in year will require approval of the Local Authority and the Health Board in addition to the Board.

8.6.4 Where a recovery plan extends beyond the current year any shortfall (the amount recovered in later years) will be charged to reserves held by the Board.

8.6.5. Where such recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the partners will be required to make additional payments to the Board. Such arrangements should describe additional recovery plans and a clear formal agreement by the Board and the Parties to break even within a defined timescale.

8.6.6. Subject to there being no outstanding payments due to the partner bodies, the Board will retain any underspend to build up its own reserves and the Chief Finance Officer will update the reserves policy for the Board as and when required.

8.6.7. Redeterminations to payments made by the Local Authority and the Health Board to the Board would apply under the following circumstances:

- Additional one off funding is provided to the Partner bodies by the Scottish Government, or some other body, for expenditure within a service area delegated to the Board. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments to the Board should be adjusted to reflect the amount of these as they relate to the delegated services.
- The Parties agree that an adjustment to the payment is required to reflect changes to demand and activity levels.
- Where either Party requires to reduce the payment to the Board any proposal requires a justification to be set out and then agreed by both Parties and the Board.

8.6.8. Where payments by the Local Authority and the Health Board are agreed under paragraphs 8.4 to 8.6.7 above they should only be varied as a result of the circumstances set out in paragraph 8.6.7. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Local Authority or the Health Board requires a justification to be set out and the agreement of both Parties.

8.7. Financial Reporting to the Board

8.7.1. The responsibility for preparation of the annual accounts of the Board will continue to rest with the Chief Finance Officer of the Board. The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.

8.7.2. The Board is subject to the audit and accounts provisions of a body under section 106 of the Local Government (Scotland) Act 1973 (section 13). This will continue to require audited annual accounts to be prepared under the reporting requirements specified in the relevant legislation and regulations (section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirements for transparency and true and fair reporting in the public sector.

8.7.3. The Chief Finance Officer of the Board will agree a timetable for the preparation of the annual accounts with the external auditors, Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The timetable for production of the annual accounts of the Board will be set in accordance with guidance from the Scottish Government.

8.7.4. As part of the financial year-end procedures and in order to develop the year-end financial statements, the Chief Finance Officer of the Board will co-ordinate an exercise agreeing the value of balances and transactions with the Local Authority and the Health Board finance teams. Each of the Parties will submit to the Chief Finance Officer of the Board their recorded income, expenditure, receivable and payable balance with the Board. The Local Authority or Health Board respective finance representatives will then work to resolve any differences arising.

8.7.5. As part of the process of preparing the annual accounts of the Board the Chief Finance Officer will be responsible for agreeing balances between the Board, Local Authority and Health Board during the financial year. The Chief Finance Officer will also be responsible for provision of other information required by the Local Authority and the Health Board to complete their annual accounts including group accounts.

8.7.6. The Chief Finance Officer will ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions.
- Ensure an effective internal control environment over such transactions.
- Maintain a record of the income and expenditure of the Board.
- Enable reporting of the financial performance and position of the Board.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

8.7.7. Recording of all financial information in respect of the integrated services will be in the financial ledger of the Party which is delivering the services on behalf of the Board.

8.7.8. The Parties will provide the required financial administration to enable the transactions for delegated functions (e.g. payment of suppliers, payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer.

8.7.9. Throughout the financial year the Board will receive comprehensive financial monitoring reports, including for the sum set aside. The format and frequency (on at least a quarterly basis) of the reports will be agreed by the Chief Officer and the Chief Finance Officer in conjunction with the Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

8.7.10. Where any report to the Board has a significant financial implication for either of the Parties agreement of that Party is required before submission of the report to the Board.

8.8. Capital Expenditure and Non-Current Assets

8.8.1. The Board will not receive any capital allocations or grants nor will it own any property or other non-current assets. The Local Authority and the Health Board will:

- Continue to own any property or non-current assets used by the Board.
- Have access to sources of funding for capital expenditure.
- Manage and deliver any capital expenditure on behalf of the Board.

8.8.2. The Strategic Plan will inform the financial strategy of the Board and will provide the basis for the Board to present proposals to the Local Authority and the Health Board to influence the Parties' financial five year Plans.

8.8.3. The Chief Officer will work with the relevant officers in the Local Authority and the Health Board to prepare a bid for capital funding for property and other non-current assets used by the Board. This will be approved by the Board.

8.9. VAT

8.9.1 The Board will not be required to be registered for VAT, on the basis that it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the Board will continue to be the responsibility of the Local Authority and the Health Board.

9. Participation and Engagement

9.1. The review of the Scheme has involved consultation with the 'standard consultees' set out in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, which apply to preparing an integration scheme or revised integration schemes. These consultees are set out below:

- Health professionals.

- Users of health care.
- Carers of users of health care.
- Commercial providers of health care (if operating within the area to which the Scheme applies).
- Non-commercial providers of health care.
- Social care professionals.
- Users of social care.
- Commercial providers of social care (if operating within the area to which the Scheme applies).
- Non-commercial of social care.
- Staff of the Health Board and Local Authority who are not health professionals or social care professionals.
- Non-commercial providers of social housing.
- Third sector bodies carrying out activities to health or social care.

9.2. In the support that the Parties provide to the Board they will ensure they adhere to a person centred approach, ensuring compassion, respect, equality and fairness. Community and staff involvement and engagement remain crucial to supporting the Board in planning and implementing effective service change and service development, as well as supporting the Board in its commitment to realising continuous improvement in quality, effectiveness and efficiency in service delivery and outcomes.

9.3. The Parties will build on their existing solid foundations, to support the Board's approach to participation and engagement. Further, the Parties will support the Board by taking a coproduction approach within communities and localities.

9.4. To inform this, the Parties will take account of current Statutory Guidance CEL 4 (2010) Informing, Engaging and Consulting with People in Developing Health and Community Care Services and the 'National Standards for Community Engagement' as incorporated in the Orkney Community Planning Partnership's Consultation and Engagement Guidelines as adopted by the Local Authority and the Health Board.

9.5. The Parties, in supporting the Board, will establish a communications and engagement group. The group will be responsible for the development, implementation and monitoring of the communications and engagement strategy. The Group will be in place by September 2015 and the Strategy will be approved by March 2016. Feedback from communities and staff on their experiences of the Board's services will help inform the development of the Strategy.

9.6. Whilst formal arrangements are essential for the Board, they need not be constraining. There is a history in Orkney of involving community representatives on review and project groups and using the co-chair model to advantage. The aim is to maintain this inclusive approach, keeping communities at the heart of the process, within the framework of robust organisational arrangements. Ongoing positive relationships with Voluntary Action Orkney, Orkney's community councils, specialist organisations, care groups, independent care providers, and other health and social

care related community and voluntary groups will add richness to this inclusive approach.

10. Information Sharing and Confidentiality

10.1. The Chief Officer will ensure that the Information Sharing Protocol ('ISP') remains in place, and that the Scottish Accord on the Sharing of Personal Information ('SASPI') continues to be adopted. Information will continue to be shared in accordance with the Data Protection Act (2018) and Information Commissioner's Code of Practice on Data Sharing. The ISP will include procedures for the sharing of information and will be agreed with the Parties.

10.2. The ISP will remain focused on the purposes underlying the sharing of specific sets of information. It is intended for operational management and staff. It provides details of:

- The processes for sharing information.
- The specific purposes served.
- The people it impacts upon.
- The relevant legislative powers.
- What data is to be shared.
- The consent processes involved.
- Any required operational procedures and processes for review.

10.3. The ISP will be formally reviewed on a rolling three year basis unless changes in legislation or national policy indicate that this should be reviewed earlier.

10.4. The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Scottish Information Commissioner's Office.

10.5. All staff managed within Integrated Services are required to comply with the data protection policies of their employing organisations and the requirements of the ISP.

11. Complaints and compliments

11.1. Complaints provide valuable information which can be used to improve service provision and customer satisfaction. The set of applicable complaints handling procedures enable the Board and the delegated services to address a customer's dissatisfaction and may help to prevent the same problem from happening again, contributing to the continuous improvement of services. The three complaints procedures are: the Board's Complaint Handling Procedure 2021 which is for complaints about the Board as a governance body; the Social Work Complaints Handling Procedure, which is for service users and carers who receive social work and social care services; and the Health Board's Complaints Handling Procedure, which is for service users who receive health care services. The requirement for separate policies reflect distinct statutory requirements, although all three procedures are based on the Scottish Public Services Ombudsman's Model Complaints Handling Procedure. There will remain a single administrative point of

contact for complainants for each Party to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing prescribed elements of health and social work complaints processes are met. In the event that complaints are received by the Board or the Chief Officer, the Parties will work together to achieve, where possible a joint response identifying the lead Party in the process and confirming this to the individual raising the complaint.

11.2. All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services. The person making the complaint will always be informed which policies are being applied to their complaint. Both Parties are committed to ensuring that anyone making a complaint has a positive experience that takes account of the integrated arrangements. If the complaint remains unresolved by internal processes, the complainant may refer the matter to the Scottish Public Services Ombudsman through the relevant complaints handling procedure.

11.3. Compliments will also be recorded in line with the Parties' existing policies and processes.

11.4. Complaints management will be a standing item on the agenda of the Clinical and Care Governance Committee (referred to at 5.), the remit of which will include identifying learning from upheld complaints across all delegated functions. With the support of the Parties' complaints officers, the Chief Officer will report statistics on complaint outcomes and compliments to the Board and ensure information briefings are provided to staff so that integrated services are made aware of complaint findings and the learning for services.

12. Claims, Handling Liability and Indemnity

12.1. The Parties and the Board recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the Board.

12.2. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is agreeable between them.

12.3. So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.

12.4. Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

12.5. Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

12.6. In the event of any claim against the Board or in respect of which it is not clear which party should assume responsibility, the Chief Officer will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim.

13. Risk Management

13.1. A shared risk management strategy will remain in place and will include risk monitoring and a reporting process for the Parties and the Board. In maintaining, reviewing and monitoring this shared risk management strategy the Chief Officer will review the corporate/strategic risk registers of the Parties and the Board which will provide a list of risks to be incorporated into the Partnership's risk register and service risk registers. The Chief Officer will utilise the system of one of the Parties to avoid duplication.

13.2. The Chief Officer will lead the review of risk management arrangements of the Board with support from the risk management functions of the Parties. The Board will be required to regularly update and agree its approach to risk management and how it communicates strategic risks to the Parties by the Chief Officer. The Board in this regard will pay due regard to the corporate risks of the Parties.

13.3. Any agreement on the sharing of risk management across the Parties and the Board for significant risks that impact on integrated service provision will be set out in the risk management strategy and Board risk register.

14. Dispute Resolution Mechanism

14.1. In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act ('Dispute'), the provision of this section 14 will apply.

14.2. Either Party will give to the other written notice of the Dispute, setting out its nature and full particulars (a Dispute Notice), together with relevant supporting documents. The party giving the Dispute Notice will provide a copy to the Chair of the Board. On service of the Dispute Notice, the Chief Executives of the Parties will meet and attempt in good faith to resolve the Dispute.

14.3. Where the matter remains unresolved within 21 days of the service of the Dispute Notice the Parties will inform the Chair of the Board and may proceed to mediation with a view to resolving the issues. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of the Health Board and Leader of the Local Authority - costs will be met equally. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Leader of the Local Authority and Chair of the Health Board and notified to the Chair of the Board. If agreement cannot be reached a referral will be made to the President of The Law Society of Scotland inviting the President to appoint a mediator.

14.4. The Chair of the Board will inform Scottish Ministers in writing of the Dispute and agreed timetable to conclude the mediation process. During this time both Parties will cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.

14.5. If the issue remains unresolved after following the steps outlined above, the Chair of the Board will inform Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.

14.6. Nothing in the Scheme will prevent either Party from seeking legal remedy or from commencing or continuing court proceedings in relation to a Dispute.

Annex 1. (Part 1). Functions that are to be delegated by the Health Board to the Board.

Functions delegated under section 1(6) of the Act

The National Health Service (Scotland) Act 1978(a).	
All functions of Health Boards conferred by, virtue of, the National Health Service (Scotland) Act 1978.	<p>Except functions conferred by or by virtue of:</p> <ul style="list-style-type: none"> • Section 2(7) (Health Boards). • Section 9 (local consultative committees). • Section 17A (NHS contracts). • Section 17C (personal medical or dental services). • Section 17J (Health Boards' power to enter into general medical services contracts). • Section 28A (remuneration for Part II services). • Section 48 (residential and practice accommodation). • Section 57 (accommodation and services for private patients). • Section 64 (permission for use of facilities in private practice). • Section 79 (purchase of land and moveable property). • Section 86 (accounts of Health Boards and the Agency). • Section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services). • Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act(Health Boards). <p>And functions conferred by —</p> <ul style="list-style-type: none"> • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000. • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001.

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004. • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 . • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006. • The National Health Service (Discipline Committees) (Scotland) Regulations 2006. • The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009. • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. and • The National Health Service (General Dental Services) (Scotland) Regulations 2010.
Disabled Persons (Services, Consultation and Representation) Act 1986. Section 7 (persons discharged from hospital).	
Community Care and Health (Scotland) Act 2002. All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003. All functions of Health Boards conferred by, or by virtue Except functions conferred by section 22 (approved of, the Mental Health (Care and Treatment) (Scotland) medical practitioners) Act 2003.	
Education (Additional Support for Learning) (Scotland) Act 2004. Section 23 (other agencies etc. to help in exercise of functions under this Act).	
Public Health, etc. (Scotland) Act 2008. Section 2 (duty of Health Boards to protect public health); Section 7 (joint public health protection plans).	
Public Services Reform (Scotland) Act 2010. All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010; Except functions conferred by — section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).	

Patient Rights (Scotland) Act 2011.

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.

Children and Young People (Scotland) Act 2014

All functions of Health Boards conferred by, or by virtue of, [Part 4](#) (provision of named persons) and [Part 5](#) (child's plan) of the [Children and Young People \(Scotland\) Act 2014](#).

Carers (Scotland) Act 2016.

Section 12 (Duty to prepare young carer statement); Section 31 (Duty to prepare local carer strategy).

Functions delegated under section 1(8) of the Act

The [National Health Service \(Scotland\) Act 1978](#)

Except functions conferred by or by virtue of—

- [section 2\(7\)](#) (Health Boards);
- [section 2CB1](#) (functions of Health Boards outside Scotland);
- [section 9](#) (local consultative committees);
- [section 17A](#) (NHS contracts);
- [section 17C](#) (personal medical or dental services);
- [section 17I](#) (use of accommodation);
- [section 17J](#) (Health Boards' power to enter into general medical services contracts);
- [section 28A](#) (remuneration for [Part II](#) services);
- [section 38](#) (care of mothers and young children);
- [section 38A](#) (breastfeeding);
- [section 39](#) (medical and dental inspection, supervision and treatment of pupils and young persons);
- [section 48](#) (residential and practice accommodation);
- [section 55](#) (hospital accommodation on part payment);
- [section 57](#) (accommodation and services for private patients);

	<ul style="list-style-type: none"> • section 64 (permission for use of facilities in private practice); • section 75A (remission and repayment of charges and payment of travelling expenses); • section 75B (reimbursement of the cost of services provided in another EEA state); • section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); • section 79 (purchase of land and moveable property); • section 82 use and administration of certain endowments and other property held by Health Boards); • section 83 (power of Health Boards and local health councils to hold property on trust); • section 84A (power to raise money, etc., by appeals, collections etc.); • section 86 (accounts of Health Boards and the Agency); • section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); • section 98 (charges in respect of nonresidents); and • paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; • The National Health Service (Discipline Committees) (Scotland) Regulations 2006; • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; • The National Health Service (General Dental Services) (Scotland) Regulations 2010; and • The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002 .	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003 .	Except functions conferred by— <ul style="list-style-type: none"> • section 22 (approved medical practitioners); • section 34 (inquiries under section 33: co-operation); • section 38 (duties on hospital managers: examination, notification etc.); • section 46 (hospital managers' duties: notification); • section 124 (transfer to other hospital); • section 228 (request for assessment of needs: duty on

	<p>local authorities and Health Boards);</p> <ul style="list-style-type: none"> • section 230 (appointment of patient's responsible medical officer); • section 260 (provision of information to patient); • section 264 (detention in conditions of excessive security: state hospitals); • section 267 (orders under sections 264 to 266: recall); • section 281 (correspondence of certain persons detained in hospital);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The Mental Health (Safety and Security) (Scotland) Regulations 2005; • The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; • The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and • The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p> <p>Section 23 (other agencies etc to help in exercise of functions under this Act.</p>	
<p>Public Services Reform (Scotland) Act 2010</p>	
<p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by—</p> <ul style="list-style-type: none"> • section 31 (public functions: duties to provide information on certain expenditure etc.); and • section 32 (public functions: duty to provide information on exercise of functions).
<p>Patient Rights (Scotland) Act 2011</p>	

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/3623 .
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Annex 1 (Part 2). Services currently provided by Health Board which are to be integrated.

- Accident and emergency services provided in the Balfour Hospital for planning and operational oversight purposes with the Chief Officer working closely with Board staff responsible for operational management of hospital services.
- Inpatient hospital services/budgets provided within the Balfour Hospital and capacity in the delegated specialties used in other hospitals located in other Health Boards will form the set aside portion of the hospital budget.
- Macmillan palliative care services provided in the Balfour Hospital also includes cancer chemotherapy. It is proposed that the service is not split into hospital palliative and cancer care, however it is proposed to allocate a number of bed days (corresponding budget).
- Mental health services provided in a hospital – transfer bed budget to the IJB.
- Community mental health teams/service.
- Clinical Psychology Service.
- Substance misuse services (ADP budget).
- District nursing services.
- Health visiting.
- School nursing.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
- Public Dental Services.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
- Services providing primary medical services to patients during the out-of-hours period.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Continence services.
- Services provided by health professionals that aim to promote public health.
- Community Physiotherapy, speech and language, dietetic and OT services.
- Intermediate Care services.
- Family Health Service Prescribing.

- Resource Transfer, including Voluntary services.

Annex 2 (Part 1). Functions delegated by the Local Authority to the Board.

Set out below is the list of functions that must be delegated by the Local Authority to the Board, as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions, etc.) (Scotland) Regulations 2014. Following this, a second list of additional local authority functions is set out which are to be delegated by choice. These fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.

Part 1.

Functions which must be delegated by the Local Authority to the Board for the purposes of section 1(7) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc).	
The Disabled Persons (Employment) Act 1958.	
Section 3 (Provision of sheltered employment by local authorities).	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act).	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities).	So far as it is exercisable in relation to another integration function.
Section 8 (Research).	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc for social work).	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities).	Except insofar as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs).	So far as it is exercisable in relation to another integration function.
Section 28 (Burial or cremation of the dead).	So far as it is exercisable in relation to persons cared for or assisted under another integration function.

Enactment conferring function.	Limitation.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals).	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision).	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly).	
Disabled Persons (Services, Consultation and Representation) Act 1986(5).	
Section 2 (Rights of authorised representatives of disabled persons).	
Section 3 (Assessment by local authorities of needs of disabled persons).	
Section 7 (Persons discharged from hospital).	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer).	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000.	
Section 10 (Functions of local authorities).	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed).	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed).	Only in relation to residents of establishments which are managed under integration functions.

Enactment conferring function.	Limitation.
Section 41 (Duties and functions of managers of authorised establishment).	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account).	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs).	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment).	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation, etc.).	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001.	
Section 92 (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002.	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland).	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions).	
The Mental Health (Care and Treatment) (Scotland) Act 2003.	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission).	
Section 25 (Care and support services, etc.).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel).	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire).	

Enactment conferring function.	Limitation.
Section 34 (Inquiries under section 33: Co-operation).	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards).	
Section 259 (Advocacy).	
The Housing (Scotland) Act 2006.	
Section 71(1)(b) (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007.	
Section 4 (Council's duty to make inquiries).	
Section 5 (Co-operation).	
Section 6 (Duty to consider importance of providing advocacy and other).	
Section 11 (Assessment Orders).	
Section 14 (Removal orders).	
Section 18 (Protection of moved person's property).	
Section 22 (Right to apply for a banning order).	
Section 40 (Urgent cases).	
Section 42 (Adult Protection Committees).	
Section 43 (Membership).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 5 (Choice of options: adults).	
Section 6 (Choice of options under section 5: assistances).	
Section 7 (Choice of options: adult carers).	
Section 9 (Provision of information about self-directed support).	
Section 11 (Local authority functions).	
Section 12 (Eligibility for direct payment: review).	

Enactment conferring function.	Limitation.
Section 13 (Further choice of options on material change of circumstances).	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery).	
Section 19 (Promotion of options for self-directed support).	
Carers (Scotland) Act 2016.	
Section 6 (Duty to prepare adult carer support plan).	
Section 21 (Duty to set local eligibility criteria).	
Section 24 (Duty to provide support).	
Section 25 (Provisions of support to carers: breaks from caring).	
Section 31 (Duty to prepare local carer strategy).	
Section 34 (Information and advice services for carers).	
Section 35 (Short breaks services statements).	

Part 2

Functions which are conferred by an enactment and are delegated by the Local Authority to the Board pursuant to section 1(5)(a) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 45 (Recovery in cases of misrepresentation or non-disclosure).	
Matrimonial Proceedings (Children) Act 1958.	
Section 11 (Reports as to arrangements for future care and upbringing of children).	
The Social Work (Scotland) Act 1968.	
Section 5 (Powers of Secretary of State).	

Enactment conferring function.	Limitation.
Section 6B (Local authority inquiries into matters affecting children.).	
Section 27 (Supervision and care of persons put on probation or released from prisons, etc.).	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred).	
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions).	
Section 81 (Provisions as to decrees for ailment).	
Section 83 (Variation of trusts).	
Section 86 (Adjustment between authority providing accommodation, etc. and authority of area of residence).	
The Children Act 1975.	
Section 34 (Access and maintenance).	
Section 39 (Reports by local authorities and probation officers).	
Section 40 (Notice of application to be given to local authority).	
Section 50 (Payments towards maintenance of children).	
Health and Social Services and Social Security Adjudications Act 1983.	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets).	
Section 22 (Arrears of contributions charged on interest in land in England and Wales).	
Section 23 (Arrears of contributions secured over interest in land in Scotland).	
Foster Children (Scotland) Act 1984.	
Section 3 (Local authorities to ensure well-being of and to visit foster children).	

Enactment conferring function.	Limitation.
Section 5 (Notification by persons maintaining or proposing to maintain foster children).	
Section 6 Notification by persons ceasing to maintain foster children).	
Section 8 (Power to inspect premises).	
Section 9 (Power to impose requirements as to the keeping of foster children).	
Section 10 (Power to prohibit the keeping of foster children).	
The Children (Scotland) Act 1995.	
Section 17 (Duty of local authority to child looked after by them).	
Section 20 (Publication of information about services for children).	
Section 21 (Co-operation between authorities).	
Section 22. (Promotion of welfare of children in need).	
Section 23 (Children affected by disability).	
Section 25 (Provision of accommodation for children, etc.).	
Section 26 (Manner of provision of accommodation to child looked after by local authority).	
Section 26A (Provision of continuing care: looked after children).	
Section 27 (Day care for pre-school and other children).	
Section 29 (Aftercare).	
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures, etc.).	
Section 31 Review of case of child looked after by local authority).	

Enactment conferring function.	Limitation.
Section 32 (Removal of child from residential establishment).	
Section 36 (Welfare of certain children in hospitals and nursing homes, etc.).	
Section 38 (Short term refuges for children at risk of harm).	
Section 76 (Exclusion orders).	
Criminal Procedure (Scotland) Act 1995.	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports).	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
The Adults with Incapacity (Scotland) Act 2000.	
Section 40 (Supervisory bodies).	
The Community Care and Health (Scotland) Act 2002.	
Section 6 (Deferred payment of accommodation costs).	
Management of Offenders, etc. (Scotland) Act 2005.	
Sections 10 (Arrangements for assessing and managing risks posed by certain offenders).	
Section 11 (Review of arrangements).	
Adoption and Children (Scotland) Act 2007.	
Section 1 (Duty of local authority to provide adoption service).	
Section 5 (Guidance).	
Section 6 (Assistance in carrying out functions under sections 1 and 4).	
Section 9 (Assessment of needs for adoption support services).	
Section 10 (Provision of services).	
Section 11 (Urgent provision).	

Enactment conferring function.	Limitation.
Section 12 (Power to provide payment to person entitled to adoption support service).	
Section 19 (Notice under Section 18 local authorities duties).	
Section 26 (looked after children - adoption is not proceeding).	
Section 45 (Adoption support plans).	
Section 47 (Family member's right to require review of plan).	
Section 48 (Other cases where authority under duty to review plan).	
Section 49 (Re-assessment of needs for adoption support services).	
Section 51 (Guidance).	
Section 71 (Adoption allowance schemes).	
Section 80 (Permanence Orders).	
Section 90 (Precedence of certain other orders).	
Section 99 (Duty of local authority to apply for variation or revocation).	
Section 101 (Local authority to give notice of certain matters).	
Section 105 (Notification of proposed application for order.)	
The Adult Support and Protection (Scotland) Act 2007.	
Section 7 (Visits).	
Section 8 (Interviews).	
Section 9 (Medical examinations).	
Section 10 (Examination of records, etc.).	
Section 16 (Right to remove adult at risk)	
Children's Hearings (Scotland) Act 2011.	
Section 35 (Child assessment orders).	
Section 37 (Child protection orders).	

Enactment conferring function.	Limitation.
Section 42 (Parental responsibilities and rights directions).	
Section 44 (Obligations of local authority).	
Section 48 (Application for variation or termination).	
Section 49 (Notice of an application for variation or termination).	
Section 60 (Local authorities duty to provide information to Principal Reporter).	
Section 131 (Duty of implementation authority to require review).	
Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority).	
Section 145 (Duty where order requires child to reside in a certain place).	
Section 166 (Review of requirement imposed on local authority).	
Section 167 (Appeal to Sheriff Principal: section 166).	
Section 180 (Sharing of information: panel members).	
Section 183 (Mutual Assistance).	
Section 184 (Enforcement of obligations of health board under section 183).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 8 (Choice of options; children and family members).	
Section 10 (Provision of information; children under 16).	
Carers (Scotland) Act 2016.	
Section 12 (duty to prepare a young carer statement).	

Part 2.

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(5)(b) of the Act.

Enactment conferring function	Limitation
The Community Care and Health (Scotland) Act 2002.	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002.	
The Children's Hearings (Scotland) Act 2011	
Section 153 (Secure accommodation: regulations).	

Annex 2 (Part 2). Services currently provided by Orkney Islands Council which are to be integrated

The functions listed in part 1 of this annex relate to the following services:

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers and support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Aspects of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Respite provision.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.

Additional services, delegated by choice:

- Social work services for children and young people.
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Special Needs/Additional Support.
- Early Intervention.
- Through-care Services.
- Youth Justice Services.
- Social Work Criminal Justice Services.
- Services to Courts and Parole Board.
- Assessment of offenders.
- Diversions from Prosecution and Fiscal Work Orders.
- Supervision of offenders subject to a community based order.
- Through care and supervision of released prisoners.
- Multi Agency Public Protection Arrangements.

Not Protectively Marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-51 This report is for discussion and noting. Healthcare Associated Infection Prevention & Control Reporting Template for Assurance – October 2021	
Lead Director Author	Kim Wilson Interim Director of Acute Services and 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
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 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	2 TBC
Quarter 3	October-December	
Quarter 4	January- March	

Multi Drug Resistant Organism Screening (MDRO) – no update from National Services as received every quarter only

Hand Hygiene

The most recent quality assurance audits undertaken by the IPCT, noted that where hand hygiene was undertaken, dress code and hand hygiene techniques was performed correctly. Any missed hand hygiene opportunities are being addressed at the time of audit by the team.

Hand hygiene data from August - September 2021

Aug/Sept 2021	Opportunity	Technique	% score by group	Number of observations by group
Nurses	98%	100%	98%	66 = 1 missed
Medical	91%	100%	91%	22 = 2 missed
AHPs	82%	100%	82%	17 = 3 missed
Others	90%	100%	90%	20 = 2 missed
Total Overall	94%	100%	94%	125 = 8 missed opportunities

Outbreaks/Exceptions

An exception report was sent to ARHAI in August due to a ward closure from COVID-19. The ward closed to admissions for a 2-week period from identification of the first case.

After the initial case was identified the remaining cases were identified through testing all had asymptomatic carriage and isolated for the duration of their infectious period.

Other individuals identified as contacts were identified by Trace and Protect and told to isolate and book a PCR as per Public Health messaging.

The incident was handled with standard outbreak management, implementing control measures, such as additional cleaning, increasing PPE to Red pathway, training to support red pathway and

reducing footfall by reducing visiting to essential visiting only and preventing unnecessary access to staff.

The staff in the ward area were fully engaged in the incident management process, despite managing NHS Orkney's first inpatient outbreak.

Proactive communication during this episode was essential in making the general public aware that the ward was closed for admissions and visiting at the time and is the remit of the Incident Management Team.

Learning has been taken from the incident and shared with all other departments and clinicians; additional advice has been shared within the Weekly Communications.

NHS Orkney Surgical Site Infection (SSI) Surveillance

National data collection for the surgical site infection surveillance programme for Caesarean sections, hip fractures and large bowel surgery is currently on hold. Locally NHS Orkney have continued to submit data for local surveillance. No new cases have been identified to date.

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results over time are included on the reporting page for ease but as of September 2021; Domestic score 97% and Estates 99%.

IP&C update

IP&C Promotion Day

The team continue to promote the infection prevention and control agenda daily when in and around the campus and in the Community care settings.

Infection control updates are shared in the weekly comm letter so that all team have access to any new information or learning.

30th September saw an infection prevention Promotion day with winter coming it was good to focus on all aspects of Infection prevention and control as well as COVID-19, with changes anticipated to guidance prior to winter.

There were various workstations including a “Pick the Route of Transmission” game and also “ask the Expert” with Dr Becky Wilson NHS Orkney Consultant Microbiologist and Infection Control Doctor in attendance to support any additional Microbiology questions.

The day was well attended, and the team are considering if this would be an option on an ongoing quarterly basis.



Public Health On-Call.

Two members of the IP&C team are assisting in Public Health on-call on a temporary basis to boost the on-call numbers until some of the vacant PH posts are filled.

COVID-19 update

A Healthcare Improvement Scotland (HIS) COVID-19 inspection was undertaken in August, with three HIS team members coming on site to inspect the hospital inpatient COVID measures against NHS Scotland guidelines.

The team identified lots of really positive aspects and areas of good practice within NHS Orkney, including, systems in place to assess patients and assign to a COVID pathway prior to admission, wearing of PPE by staff and physical distancing amongst staff when duties allowed, cleanliness of the environment, as well as staff reported feeling supported by the Infection Prevention & Control team and line managers and hospital managers.

There was one requirement for improvement, which is focussed on risk assessment and documentation when single room doors, where transmission based precautions are in place, which are left open where there are identified patient safety reasons, such as an increased risk of falls etc.

The full report can be found [here](#).

Reporting of Covid-19 Scottish Government

Community transmission of COVID-19 continues with a steady trickle of cases. The Healthcare Worker Exemption Standard Operation policy has been drafted By Sara Lewis, Consultant in Public Health and Dr Becky Wilson. There is also a checklist for line managers which has been drafted by IP&C team to assist Line Managers in risk assessment and decision making.

Primary Care

The Infection Prevention & Control (IPC) Isles Practice audits are nearly complete with just a couple of visits still to be undertaken and scheduled.

The main topics for improvement are usually quick fixes or require work to be completed as part of the capital list. Teams are engaged and keen for infection prevention and control support. The mainland practices are yet to be scheduled but will continue through the next quarter.

Care Home Support.

New cleaning schedules have been introduced into the three care homes in order to comply with the Infection Prevention and Control Manual for older people and adult care homes (CHIPCM). The cleaning specifications were released earlier in the year and will be used for Care Inspectorate inspections from September onward.

A power point presentation has been formulated by the Infection Prevention and Control team (IPCT) to implement the CHIPCM in the care homes. This will be recorded so it can be used by any of the staff at any time. To assist Care Home managers with implementation, the IPCT have undertaken some baseline Standard Infection Control Precautions (SICPs) audits. These will be repeated after a full implementation of CHIPCM.

Care Home assurance audits continue to be done by community staff and continue to be “green”. When undertaking the baseline SICPs audits, IPCT will undertake a quality assurance check.

APPENDICIES

SECTION 2– HEALTHCARE ASSOCIATED INFECTION REPORTING CARDS

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all non-acute hospitals [which do not have individual cards] and a report card which covers *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.

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

Clostridioides difficile infection monthly case numbers

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

New Balfour Cleaning Compliance (%) Domestic

	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Board Totals	96%	96%	95%	98%	96%	93%	99%	N/A	96%	95%	97%	97%

New Balfour Estates Monitoring Compliance (%)

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

Not protectively marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-52 This report is to update the board and enable it to seek assurance on testing and vaccination. COVID-19 Update	
Lead Director Author	Louise Wilson, Director of Public Health Louise Wilson, Director of Public Health
Action Required	The Board is asked to: 1. Seek assurance on COVID-19 testing and vaccination
Key Points	<ul style="list-style-type: none"> • COVID-19 has produced significant pressures across the NHS • COVID-19 cases rose in Orkney in late summer, in line with the national picture of rising cases • NHS Orkney utilises local and regional NHS and national UK Testing capacity • Vaccination uptake is high in the Orkney population • Delivery of the flu and COVID-19 vaccination booster programme is underway
Timing	October 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 • Sustainability
Consultation	N/A

Not protectively marked

NHS Orkney Board – 28 October 2021

COVID-19 Update

Louise Wilson, Director of Public Health

Section 1 Purpose

The purpose of this report is to provide the Board with an update on COVID-19 cases, testing and vaccination activity.

Section 2 Recommendations

The Board seeks assurance on COVID-19 testing and vaccination and notes

- The number of COVID-19 cases with the rise in cases in late summer
- Vaccination uptake is high in the Orkney population
- The delivery of the flu and COVID-19 vaccination booster programme is underway

Section 3 Background

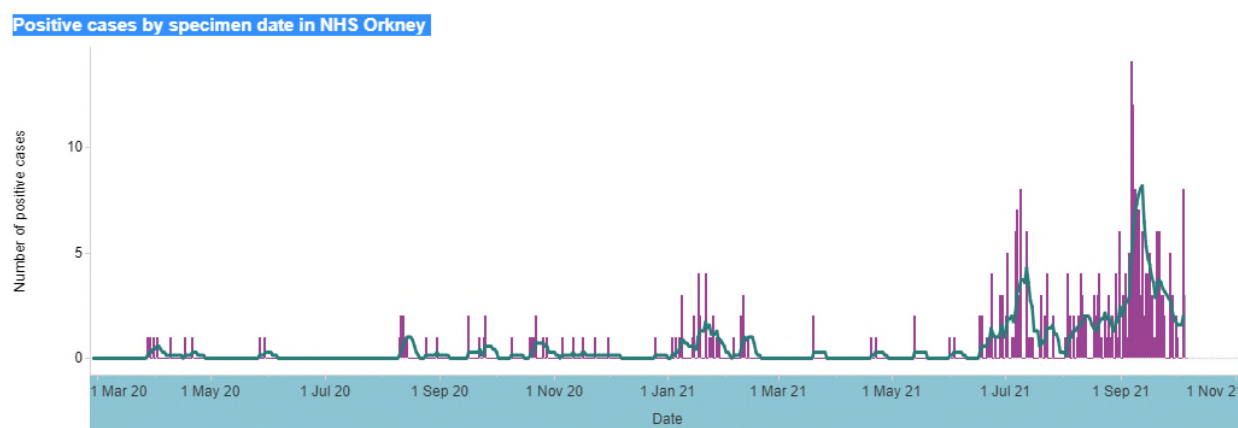
The COVID-19 pandemic continues, with a key focus on vaccination and contact tracing as societal restrictions decrease. COVID-19 testing involves tests being analysed locally, regionally and also through the UK government testing laboratories which aids capacity.

Section 4

Discussion

As we move into the autumn COVID-19 continues to cause significant pressures across NHSScotland. The national steep rise in cases seen in late August and early September have impacted across the whole of Scotland. A rise in case numbers was seen in Orkney (Figure 1)

Figure 1. COVID-19 case numbers in Orkney



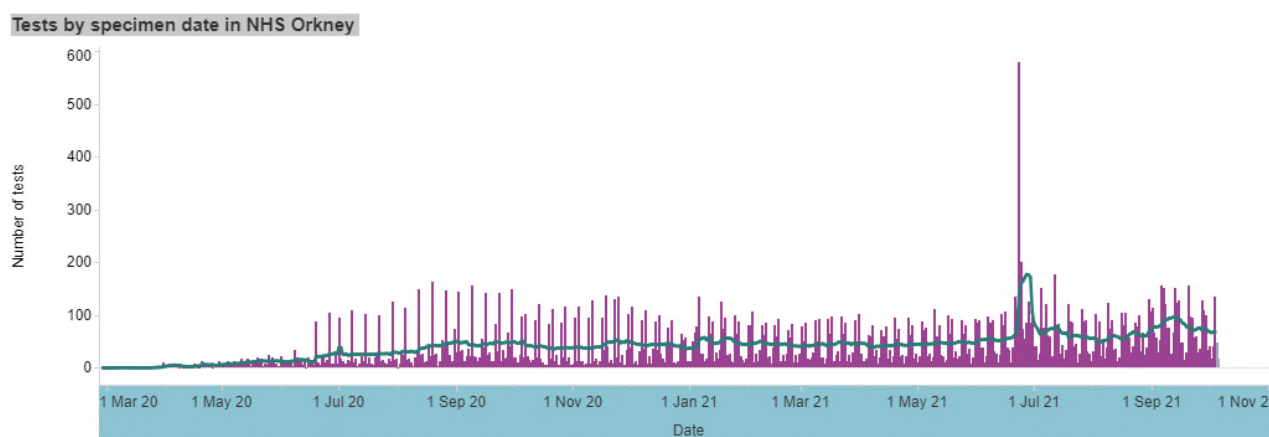
Figures for the most recent dates are likely to be incomplete due to the time required to process tests and submit records.

As expected, Orkney saw a rise in cases in school children, and these were managed in line with the national guidance, which emphasises the importance of children remaining in school wherever this is possible.

Effective ascertainment and isolation of cases, along with identification, isolation and testing of contacts is necessary to limit onward transmission of infection. The NHS Orkney contact tracing team provides a 7-day service and is part of the national service.

Ensuring testing for COVID-19 is available is important for the diagnosis of disease and for contact tracing purposes. Lateral flow tests are available for asymptomatic routine testing, and PCR testing for symptomatic individuals and contact tracing purposes. Lateral flow tests can be ordered online and picked up at various sites across the islands. Using the UK national systems for PCR testing provides significant capacity, access to s-gene data indicating the COVID-19 variant being seen locally, and increased access to Whole Genome Sequencing information should any new variants be brought into the region. It also enables the local laboratory service to focus on clinical cases. Should an increase in testing be required in relation to an outbreak, a mobile testing unit can be requested. The number of tests undertaken over time is shown in Figure 2.

Figure 2. COVID-19 PCR test numbers in Orkney



Figures for the most recent dates are likely to be incomplete due to the time required to process tests and submit records.

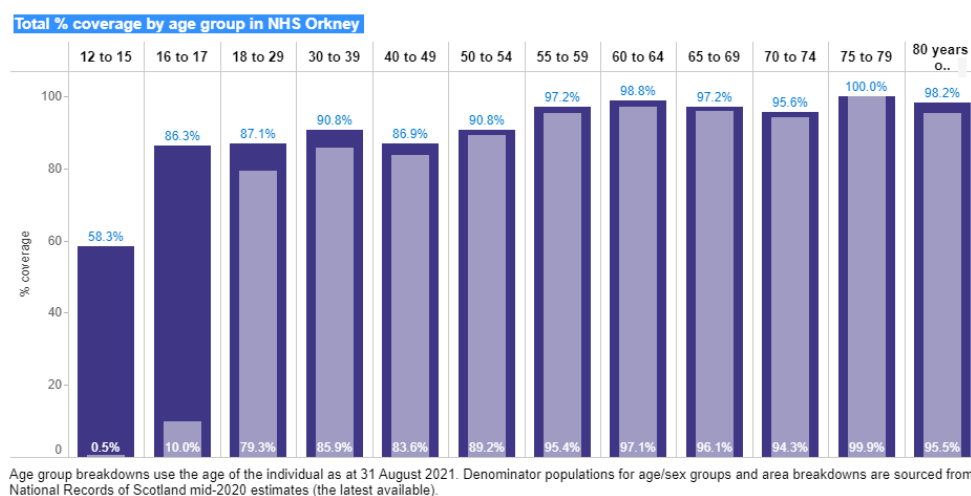
As the winter approaches, changes to testing protocols may occur nationally and NHS Orkney will align its protocols with these changes.

PCR testing capacity is limited in Orkney by staffing employed in the testing service in the COVID-19 Assessment Centre. Pending a national decision on future service provision all posts are fixed term leaving the service vulnerable with a high rate of attrition.

The national strategy for Test and Protect will change as the population becomes more protected by vaccination however it will still be important for mitigating clusters and outbreaks where they arise, slowing infection spread and protecting vulnerable groups testing moving forward is being considered. It is anticipated the symptomatic demand for testing will increase over the winter period from higher prevalence of respiratory illnesses.

The introduction of COVID-19 vaccination has resulted in a decrease in severe illness and deaths from COVID-19. Vaccination rates have been high in Orkney. (Figure 3).

Figure 3. First and second COVID-19 vaccination uptake by age group for Orkney



The programme of vaccination is complex and evolving, with additional cohorts of at risk in the 12-15 age group, and 16-17 years old, and those with immunosuppressive conditions or medications who require a third dose of vaccine. Those in the 12-15 age group are also now included following consideration being given to the wider benefits for children by the Chief Medical Officers of the United Kingdom.

Planning has been taking place for several weeks for the delivery of the seasonal flu and COVID-19 booster programme, with prioritisation in line with national guidelines. Flu vaccination commenced 4th September 2021. The programme is progressing at pace with 7,212 doses administered by 6th October.

It is recognised that the coming winter will prove challenging for NHS services, and it will be important to maintain a robust test and protect response.

Not Protectively Marked

NHS Orkney Public Board Report Number: OHB2122-53 This report is for information Healthcare Improvement Scotland Inspection Report	
Lead Director Author	Kim Wilson Interim Director of Acute Services Kim Wilson Interim Director of Acute Services
Action Required	The Board is asked to <u>note</u> the report
Key Points	<p>Healthcare Improvement Scotland made an unannounced inspection of the Balfour site on 24th and 25th August 2021. The inspection focussed on infection prevention and Covid-19 in the acute setting.</p> <p>The inspection focussed on the care environment and adherence to national and local policies and systems in order to assess whether people's health and well being was being supported and safeguarded during the pandemic by an engaged and responsive workforce.</p> <p>Staff practice and the ward environment was directly observed including patient/staff interactions. Documentation, health records and policies were accessed, and staff were spoken to.</p> <p>The report (attached) is a positive one for the Balfour and highlights seven areas of good practice and one area for improvement:</p> <p><u>Areas of Good Practice</u></p> <p>People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic</p> <ol style="list-style-type: none"> 1. Systems were in place to ensure patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital (page 9). <p>Infection control practices support a safe environment for both people experiencing care and staff</p> <ol style="list-style-type: none"> 2. The cleanliness of the environment and patient

	<p>equipment was very good (page 12).</p> <ol style="list-style-type: none"> 3. Staff wore surgical face masks at all times (page 12). 4. Staff actively promoted the need to maintain physical distancing and achieved this when duties allowed (page 12). <p>Staffing arrangements are responsive to the changing needs of people experiencing care</p> <ol style="list-style-type: none"> 5. Good domestic resource, including extra domestic staff for additional cleaning (page 14). 6. Staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic (page 14) 7. Staff were kept up to date and were well supported by line managers and hospital management during COVID-19 (page 14) <p><u>Area Requiring Improvement</u></p> <p>Infection control practices support a safe environment for both people experiencing care and staff</p> <ol style="list-style-type: none"> 1. NHS Orkney must ensure that when an isolation room door cannot be closed, a patient risk assessment is carried out and this is documented in the patient health record (page 12). <p>Action. Notices are to be displayed on patient room doors and staff have been reminded to document in patient notes any reasons for the room doors being open.</p>
Timing	Healthcare Improvement Scotland made an unannounced inspection of the Balfour site on 24 and 25 August 2021
Link to Priority areas	<p>How does this paper link to one or more of the priority areas as agreed for the Board in 2021:</p> <ul style="list-style-type: none"> • Covid-19 • Culture • Quality and Safety • Systems and Governance • Sustainability

Unannounced Inspection Report

Acute Hospital COVID-19 focused inspection

The Balfour
NHS Orkney

24 August 2021

*This report is embargoed until 10.00am
on Thursday 23 September 2021*

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer by emailing his.contactpublicinvolvement@nhs.scot

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About our COVID-19 focused inspection

Background

1. From July 2020, Healthcare Improvement Scotland's hospital inspection activity had a combined focus on safety and cleanliness and care of older people in hospital. Following Scottish Government instruction, the decision was made to focus inspection activity on community hospitals, in the first instance. This decision was based on the likelihood of there being a significant number of older people in community hospitals whose care would be affected by the impact of COVID-19.
2. In November 2020, we made Scottish Government and the Cabinet Secretary for Health and Wellbeing aware that we were sending a letter to all NHS board chief executives to advise that, in addition to non-acute hospitals, inspections to acute hospitals will be restarted. The inspections to acute hospitals will be **COVID-19 focused inspections**.
3. We have adapted our methodology, and we will inspect against existing Healthcare Associated Infection (HAI) standards (2015):
 - Standard 2 (Education to support the prevention and control of infection)
 - Standard 3 (Communication between organisations and with the patient or their representative)
 - Standard 6 (Infection prevention and control policies, procedures and guidance), and
 - Standard 8 (Decontamination).
4. Our methodology includes relevant current national COVID-19 guidance. Inspection tools have been updated and will continue to be reviewed to ensure that they reflect current national COVID-19 guidance and any impact this may have on the safe delivery of care. A list of relevant national standards, guidance and best practice can be found in Appendix 3.
5. During our inspection, we identify areas where NHS boards are required to take action and these are called requirements.
6. A requirement sets out what action is required from an NHS board to comply with national standards, other national guidance and best practice in healthcare. A requirement means the hospital or service has not met the standards and we are concerned about the impact this has on patients using

the hospital or service. We expect that the requirements are addressed and the necessary improvements are made.

Our focus

7. The focus for inspections will consider the factors that contribute to the risk of COVID-19 (or any other infections). In order to achieve this, we will do the following:
 - ensure that the care of patients and the environment supports safe and effective care, and is in line with current standards and best practice for COVID-19
 - ensure that local systems and policies are in place to effectively manage healthcare associated infections in the hospital
 - report on the standards achieved on the day of our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified, and
 - engage with staff and management if they do not follow the NHS board policies and procedures, best practice statements or national standards, to provide assurance on the safety and quality of care.
8. The flowchart in Appendix 4 summarises our inspection process.
9. We will report our findings under three key outcomes:
 - people's health and wellbeing are supported and safeguarded during the COVID-19 pandemic
 - infection control practices support a safe environment for both people experiencing care and staff, and
 - staffing arrangements are responsive to the changing needs of people experiencing care.

A summary of our inspection

About the hospital we inspected

10. The Balfour is situated near the centre of Kirkwall. It is a small rural general hospital with 48 beds and offers a wide range of healthcare specialities.
11. We carried out an unannounced inspection to The Balfour, NHS Orkney on Tuesday 24 August 2021, and we inspected the following areas:
 - inpatient 1, and
 - inpatient 2.

We also inspected the public and staff communal areas of the hospital and visited the surge ward.

12. As part of the new methodology, we asked NHS Orkney to provide us with evidence of the NHS board's policies and procedures during COVID-19. The purpose of this is to limit the time the inspection team is onsite, and to reduce the burden on ward staff.
13. During our inspection, we:
 - used inspection tools to document findings and assist with gathering evidence
 - observed the ward and hospital environment
 - observed staff practice and interactions with patients, such as during patient mealtimes
 - spoke with ward staff (where appropriate), and
 - accessed patients' health records, monitoring reports, policies and procedures.
14. We would like to thank NHS Orkney and in particular all staff at The Balfour for their assistance during our inspection.

Key messages

15. We noted areas where NHS Orkney is performing well and where they could do better, including the following.
 - Systems were in place to ensure that patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways.
 - Staff were seen to physical distance when duties permitted.

- Ensure that risk assessments have been completed for all patients in isolation when there is a reason for room doors to be left open.

What action we expect the NHS board to take after our inspection

16. This inspection resulted in seven areas of good practice and one requirement. A full list of the areas of good practice and requirement can be found in Appendices 1 and 2, respectively on pages 15 and 16.
17. We expect NHS Orkney to address the requirement. The NHS board must prioritise the requirement to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website:
<http://www.healthcareimprovementscotland.org/>

What we found during this inspection

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Key areas include the extent to which:

- people's rights are respected, and they are treated with dignity and respect
- people are enabled and supported to stay connected, and
- people's physical, mental and emotional health is promoted.

COVID-19 patient pathways

18. NHS Orkney has admission pathways in place in line with current national guidance for the remobilisation of healthcare. These pathways are specific to the COVID-19 pandemic to help NHS boards manage COVID-19 risks. The pathways are routes that patients should follow during their stay in hospital to minimise the risk of infection transmission. There were three pathways in use at the time of our inspection: red (high risk), amber (medium risk) and green (low risk).
19. We saw that systems are in place to ensure that all patients are assessed on admission or prior to transfer to The Balfour so that they are managed within the appropriate pathways.
20. In both wards inspected, we saw signage to inform visiting staff of the COVID-19 pathway each patient was on to inform visiting staff what precautions to take.

COVID-19 testing (patients and staff)

21. During our inspection, staff told us about the different processes in place for patients being tested for COVID-19. Routine patient testing is undertaken for all patients on admission to hospital. Repeat testing is carried out at frequencies in line with national guidance and in accordance with NHS board policy.
22. Staff were clear when patient testing had to be undertaken with the use of signage on the patient's room doors. Staff were also aware of the COVID-19 status of their patients, which was communicated through the use of handovers and staff huddles. Staff told us that they use the laboratory results system to access patients' COVID-19 results.
23. NHS Orkney has processes in place for the testing of staff using a lateral flow test (LFT) and a polymerase chain reaction (PCR) test, in line with existing

national guidance. An LFT is a self-testing device to detect if you have COVID-19, but do not display any symptoms. A PCR test is analysed in a laboratory and is typically used when people show symptoms or have a positive LFT test.

24. LFT kits are available for staff to undertake testing twice a week. A PCR test would be arranged if a member of staff tested positive or there was an outbreak in a ward.

Communication and visiting

25. In both wards inspected, visiting was still currently restricted to two named visitors, however this would be increased in certain circumstances. We saw clear signage at the ward entrance giving advice on designated visiting. There were processes in place to reduce the risks to patients, staff and visitors, including the use of face masks and taking contact details for test and protect purposes. We also saw that visitors completed a COVID-19 risk assessment on arrival. Information leaflets are available for visitors and there was an appointment system in place.
26. In both wards inspected, staff told us how they would manage visitors who refused or were exempt from wearing a face mask.
27. When visiting was not permitted, patients were able to communicate with their relatives using ward telephones or their own mobile phones. Both wards had electronic devices available to allow patients and relatives to see one another using video call features.
28. Throughout the public areas and ward entrances, posters and signage were displayed to highlight COVID-19 guidance on the need for face masks to be worn and to promote hand hygiene and physical distancing.

Area of good practice

- Systems were in place to ensure patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital.

Infection control practices support a safe environment for both people experiencing care and staff

Key areas include the extent to which:

- people are protected as staff take all necessary precautions to prevent the spread of infection.

Patient equipment

29. Staff told us porters clean the patient wheelchairs after use, and cleaning wipes are available. All wheelchairs were visibly clean.
30. All patient equipment inspected was visibly clean. Nursing and allied health professional staff confirmed that equipment is cleaned with the appropriate product, in line with NHS Orkney policy and national guidance.

Environment

31. The dining areas appeared clean. There were facemasks, alcohol-based hand rub, cleaning wipes for use and a waste bin available.
32. Public areas such as the main corridors, waiting areas and toilets were visibly clean. We saw contact details displayed of who to contact to report issues with the toilet facilities. The general staff changing facilities were visibly clean. However, some areas were cluttered with footwear, which may prevent effective cleaning.
33. In both wards inspected, the cleanliness of the environment was very good. Storage rooms were well organised and uncluttered, allowing for effective cleaning.
34. Staff told us that the increased cleaning frequency, in line with current COVID-19 guidance, is being carried out in both patient and public areas, including frequently touched surfaces.
35. Domestic staff told us that they had sufficient cleaning equipment to perform their duties, and confirmed that a chlorine-releasing disinfectant and detergent product is being used for all cleaning, at the correct dilutions.
36. The fabric of the building appeared well maintained to allow for effective cleaning.
37. The estates team have continued with their planned preventative maintenance programme during the COVID-19 pandemic. Staff told us the response time from both the internal and external estates teams was very good.

Standard infection prevention and control precautions

38. Compliance with standard infection control precautions such as linen, waste and sharps management was good.
39. In all areas inspected, we saw that there was sufficient stock of personal protective equipment (PPE) for staff and visitors. There were numerous PPE stations available at appropriate locations throughout both wards. Posters were displayed reminding staff how to put on and remove PPE safely. Staff wore surgical face masks at all times and waste bins for disposal of facemasks were appropriately located.

40. We were told face masks were available for use by patients when moving around the ward and being transferred between departments, where appropriate. We did not have the opportunity to observe patients as no patients were being transferred at the time of our inspection.
41. Where respiratory protective equipment is used for some procedures, it must provide adequate protection for the wearer. This is done by face fit testing to ensure that the equipment is suitable for the wearer. All staff who required respiratory protective equipment had been face fit tested.
42. Hand hygiene facilities were appropriately located throughout the clinical areas. Alcohol-based hand rub dispensers were filled and operational. There were sufficient clinical wash hand basins for the number of beds in the patient bays.
43. The majority of staff were compliant with the use of PPE and were performing hand hygiene at the correct opportunities. Any exceptions were raised at the time of inspection.

Physical distancing

44. All patients were cared for in single rooms. The rooms were large enough to facilitate physical distancing between patients and their visitors.
45. In clinical areas, staff maintained physical distancing where the duties being performed allowed. The ward layout enabled staff to physically distance at all other times. We saw that staff actively promoted the need to maintain physical distancing at busier times.
46. In one ward, we also saw that staff break rooms, offices, and meeting rooms had been reorganised to enable staff to physically distance.
47. We saw physical distancing posters and floor markings throughout the hospital. The staff dining areas had been reorganised to allow for physical distancing and a one-way system was in place. Staff were seen to physical distance in public areas. Some seating had been taken out of use in waiting areas to promote physical distancing.
48. The shops were closed at present and visitors were not allowed in the staff restaurant.

Transmission-based precautions

49. Transmission-based precautions were in place for patients with a suspected or positive COVID-19 status.
50. We saw patients in isolation for other infection control reasons. We saw signage on the patient's doors, however the doors were not always closed. The reason for the patient's door being open was not clear. There was no

evidence of a risk assessment being completed in the patient's health record. We raised this with staff at the time of our inspection.

Areas of good practice

- The cleanliness of the environment and patient equipment was very good.
- Staff wore surgical face masks at all times.
- Staff actively promoted the need to maintain physical distancing and achieved this when duties allowed.

Requirement

1. NHS Orkney must ensure that when an isolation room doors cannot be closed, a patient risk assessment is carried out and this is documented in the patient health record.

Staffing arrangements are responsive to the changing needs of people experiencing care

Key areas include the extent to which:

- staffing arrangements are right and are responsive and flexible
- staff are well supported and confident, and
- staff knowledge and skills improve outcomes for people.

Staffing resource

51. In both wards inspected, we were told that nursing staffing levels were usually adequate. Staffing is discussed at the safety huddles that enables a system-wide response to ensure the safe movement of staff. Additional resource could also be accessed through the nurse bank and agency staff.
52. We were told that agency staff have been utilised to strengthen the staffing levels and skill mix during the pandemic. We were also told there has been a recent recruitment drive to fill existing nursing vacancies.
53. Nursing and domestic staff told us that domestic resource was good. All areas had a dedicated domestic team available throughout the day. We were told that extra domestic staff were recruited during the pandemic to provide additional cleaning within the hospital, and this includes staff working later shifts. NHS Orkney hope to retain these posts in the future.

Staff COVID-19 risk assessments

54. Certain groups are more vulnerable to serious illness (and death) due to COVID-19. It is the joint responsibility of line managers and staff to complete a risk assessment for those staff at higher risk of COVID-19 infection. This is then used to inform decisions on any additional controls required for staff safety, such as where staff are deployed to work.
55. In both wards inspected, we were told that staff at high risk of developing COVID-19 had been identified. We saw evidence of a letter sent to all staff in March 2020 encouraging them if they were over 70 years of age, pregnant or had a chronic health condition to discuss this with their line manager. They would then be referred to occupational health for an assessment and appropriate measures were put in place for those individuals. Following the inspection, NHS Orkney believe this was sufficient to reach all higher risk groups.

Communication

56. Staff told us that systems were in place for the handover of key information about the patient, including any infection risks prior to transfer. These include verbal, written and electronic handovers.

Staff support

57. Staff we spoke with felt they had been supported by the infection prevention and control team during the pandemic. They told us the team are easily contactable for advice and support and the team also attend the morning staff huddle.
58. Staff told us they felt supported and kept up to date by their managers and colleagues. Staff we spoke with were unclear about what organisational wellbeing support was available as the information on the local intranet was not always clear and could be quite confusing. However, they did recognise that the hospital chaplain could provide this type of support if required.
59. All staff were aware that they could access occupational health for support, for example with skin issues resulting from mask wearing or hand hygiene products.

COVID-19 education and information

60. Staff told us and we saw evidence that they had received COVID-19 specific training, which is ongoing. This included the correct use of PPE such as putting on and removing it safely and the correct cleaning products.
61. Staff told us of the different ways COVID-19 specific information is shared. This includes the staff intranet, ward safety huddles, safety briefs, communication books and electronically.

62. There is an allied health professional lead employed for the pandemic. We were told this role has been invaluable in aiding good communication to the allied health professionals regarding COVID-19 information.

Areas of good practice

- Good domestic resource, including extra domestic staff for additional cleaning.
- Staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic.
- Staff were kept up to date and were well supported by line managers and hospital management during COVID-19.

Appendix 1 – Areas of good practice

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

- 1 Systems were in place to ensure patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital (see page 9).

Infection control practices support a safe environment for both people experiencing care and staff

- 2 The cleanliness of the environment and patient equipment was very good (see page 12).
- 3 Staff wore surgical face masks at all times (see page 12).
- 4 Staff actively promoted the need to maintain physical distancing and achieved this when duties allowed (see page 12).

Staffing arrangements are responsive to the changing needs of people experiencing care

- 5 Good domestic resource, including extra domestic staff for additional cleaning (see page 14).
- 6 Staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic (see page 14).
- 7 Staff were kept up to date and were well supported by line managers and hospital management during COVID-19 (see page 14).

Appendix 2 – Requirement

Infection control practices support a safe environment for both people experiencing care and staff

- 1** NHS Orkney must ensure that when an isolation room door cannot be closed, a patient risk assessment is carried out and this is documented in the patient health record (see page 12).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criteria 6.1.

Appendix 3 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- **COVID-19: Guidance for maintaining services within health and care settings**
Infection prevention and control recommendations (Public Health England, June 2021)
- **COVID-19: Guidance for the Remobilisation of Services within Health and Care settings: Infection Prevention and Control recommendations** (Public Health England, August 2020)
- **COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus** (NHS Scotland, April 2021)
- **Healthcare Associated Infection (HAI) standards** (Healthcare Improvement Scotland, February 2015)
- **National Infection Prevention and Control Manual** (NHS National Services Scotland, August 2021)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing & Midwifery Council, October 2018)
- **Generic Medical Record Keeping Standards** (Royal College of Physicians, November 2009)
- **Allied Health Professions (AHP) Standards** (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)

Appendix 4 – Inspection process flow chart



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We are happy to consider requests for other languages or formats.

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Not Protectively Marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-54 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 2. <u>Adopt</u> the approved minutes
Key Points	This report highlights key agenda items that were discussed at the Area Clinical Forum meeting on 5 October 2021 and it was agreed that these should be reported to the NHS Orkney Board: 1. Clinical Leadership 2. Supporting Office Bearers of the Professional Advisory Committees and Area Clinical Forum
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"> • 5 October 2021

Not Protectively Marked

NHS Orkney Board 28 October 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. Adopt the approved minutes

Section 3 Background

This report highlights key agenda items that were discussed at the ACF meeting on 5 October 2021 and it was agreed that these should be reported to the Board.

Section 4 Discussion

4.1 Clinical Leadership

Members of the Area Clinical Forum noted continuing concerns over the vacancies and long term absences at a Senior Management and Executive level. As some of these vacancies were now ongoing for several months, problems were arising with progression of some workstreams. For example, there was great enthusiasm following the publication of SIGN 161 around “Long Covid” published in December 2020 and an appetite for delivering a service in Orkney, with potential for innovation around the management of other long-term conditions. Progress with this has been slow although members learned that the Interim Medical Director as recently been appointed a lead on this work.

Therapies, Rehabilitation and Diagnostics Advisory Committee (TRADAC) raised specific concern around the Lead AHP vacancy, particularly where there were interim arrangements at Executive level and an update on progress is sought.

Members looked forward to meeting with new Medical Director, Mark Henry, when he joined NHS Orkney in November 2021.

4.2 Supporting Office Bearers of the Professional Advisory Committees and Area Clinical Forum

Members welcomed the continuing commitment of the Board to allow staff time to contribute to the Professional Advisory Committees but noted that there were still a number of Office Bearer vacancies, including the Vice Chair of the Area Clinical Forum.

Medical Input to the Area Clinical Forum was being provided directly through the GP Sub Committee and the Hospital Sub Committee in the absence of an Area Medical Committee.

It was agreed that further information on the Office Bearer roles would be provided at the Area Clinical Forum Development Session in November to ensure that these vital roles were fully understood and appointed to.

Section 5 Consultation

Area Clinical Forum – 5 October 2021

Appendices

- Minute from the meeting held 6 August 2021

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually, on **Friday 06 August 2021 12:15pm**.

Present: Steven Johnston – ADC, Chair
Jacqui Hirst, TRADAC, Lead AHP (*Deputy for Lynne Spence*)
Kate Smith TRADAC
Kirsty Cole, GP Sub Committee
Sylvia Tomison, NAMAC

In Attendance: Dawn Moody, Associate Medical Director, Community
Elizabeth Brooks, Hume Health Design (*For item 12*)
Joanna Kenny, Non-Executive Director
John Trainor, Lead Clinical Governance and Quality Improvement Manager (*For item 8 and 10*)
Louise Wilson, Director of Public Health
Lyndsay Steel, Lead General Practice Pharmacist
Samantha Wishart, Committee Support (*Minute Taker*)
Steven Phillips, HR Manager (*For item 9*)

56 Apologies

Apologies were received from D McArthur, L Kolthammer, S Brown and W Lycett.

57 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

58 Minute of meeting held on 1 June 2021

The minute from the meeting held on the 1 June 2021 was accepted as an accurate record of the meeting subject to the following amendments:

- Item 36: Delegation of AMC Business: “the doctors” should read “the hospital doctors”.

The minutes were approved on the motion of K Cole and seconded by S Tomison.

59 Matters Arising

Waiting Times

A public message of support towards the treatment of staff had been promptly circulated. The Interim Director of Acute Services had brought the concerns to the Waiting Times Group. Members were appreciative of the prompt response.

GP Sub Committee – CPAP Assessments

The Chair questioned whether the Continuous Positive Airway Pressure Therapy (CPAP) assessments had been stalled. K Cole noted that she had not heard any updates, and she was not sure whether the work had been taken forward in the absence of the Director of Nursing, Midwifery and AHPs. The Chair agreed to add this item to the action log, and the Director of Public Health agreed to pick up with Health Intelligence.

60 Area Clinical Forum Action Log

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

61 Log of Items Escalated

The Chair highlighted that the log of items escalated items had been updated since the last Board meeting, and members were encouraged to note the updates. Any questions about the updates could be raised to the Chair out with the meeting due to time constraints.

Decision/Conclusion

Members noted the update provided.

62 Chairs report from:

Board

The Chair provided an overview of the items discussed at the Board meeting on 24 June 2021:

- The annual reports from the governance committees had been approved, and members had discussed the infection report and child poverty report.
- The annual infection control report was favourable
- The Child Poverty Action Report was presented and the plan for a strategy later in the year was noted
- The 5 items from ACF (April and June meetings) were raised with details on the Escalation log.
- Patient feedback had been discussed due to the increase in complaints received. Many of these complaints were a result of the pandemic and focused on waiting times.
- NHSO financial position remains challenging with a £792k overspend to date and anticipated overspend of £4.9M based on unachieved savings.

ACF Chairs Group

The Chair noted that in other boards, the Area Clinical Forums had been discussing vaccine performance and Covid recovery. A representative from Scottish Government had attended to discuss staff wellbeing and the intention to continue support of staff beyond Covid.

63 Remobilisation Plan

The Lead Clinical Governance and Quality Improvement Manager attended the meeting to provide an update on the remobilisation plan. Guidance had been released from Scottish Government around the involvement of clinical staff and the development of the plan. A timeline had been pulled together as an action plan, which involved approaching each individual team with a template to detail how remobilisation was expected to go. Towards the end of September the plan would go to Clinical Care and Governance Committee (CCGC) for approval, and then to the Board. The Chair agree to share a guidance document on the Teams page.

Post-meeting note: Added to ACF Teams page 30/08/2021

K Cole noted that as a clinician she was not aware of what was happening with the remobilisation plan and queried whether other services had been involved in the plan. The Allied Health Professions (AHPs) had not seen the plan yet, however the Lead AHP had proactively asked for involvement for the previous draft. The Chair suggested that the plan

may not have had time to filter down to each service yet. The Lead AHP noted the timeline was tight, similar to the previous draft where some managers were missed due to deadlines. S Tomison noted the plan had not come to NAMAC or community nursing. The Chair noted that the plan must highlight the priorities for the organisation so it may not be appropriate for every area to be involved. It was stated that the remobilisation plan 4 would include winter planning. The Chair agreed to work with the Head of Assurance and Improvement to keep the committee posted on the timelines and updates. He suggested setting aside some time in the September development session to update on progress with the plan.

Decision/Conclusion:

Members noted the update provided, and the Chair would keep members updated.

64 APF/HR Response to TRADAC Concerns

The Chair highlighted that TRADAC had raised concerns about the process of recruitment to the Area Partnership Forum (APF). The Human Resources Manager had not been aware of these concerns, but noted that they were administrative ones, specifically an issue with vetting checks. The Scottish Partnership Information Network (PIN) policy covered the pre employment checks and set out a checklist of criteria that HR must abide by to ensure all staff are fully vetted. The team had begun looking at the recruitment process, and there was a team member checking all employees, and the checks already completed. If recruitment was through a Service Level Agreement (SLA), the team would reach out to the other Board to ensure checks had been completed.

K Smith highlighted a main concern that TRADAC had raised was the time between a colleague handing in their notice, and the post going to advert. The hope for vacant posts would be a seamless transition between colleagues, however members did not understand the processes that happen. The Human Resource Manager highlighted that there was a structure of approvals on the system, and sometimes posts may sit in the system until finance can approve. This can be held up if no funding is available at the time. The team currently can put the job live 2 days after approval is given, which was a decrease from the previous 6 days. Other reasons posts sit on the system are due to managers not providing an advert or job description, or struggling to job match. Members agreed that part of the issue may be the managers understanding of tasks. Once all parts of the process were aligned, the posts would be approved and advertised much more efficiently. The Chair highlighted the Clinical Strategy should help with recruitment; if a service needed to be developed it should be clear for the manager moving forward. The Chair thanked the HR manager for taking the time to respond to the concerns raised by TRADAC.

The Human Resources Manager withdrew from the meeting.

Decision/Conclusion:

Members noted the update provided, and K Smith agreed to update TRADAC.

65 Learning from Incidents: and Management of Significant Adverse Events

The Lead Clinical Governance and Quality Improvement Manager attended the meeting to seek clinical advice for the attached policy. He noted that the policy was under review as Scottish Government had changed the guidance on how significant adverse events should be managed. A working draft had been circulated and would go to CCGC for approval. Some of the comments already received were regarding DATIX feedback and how it was disseminated through the organisation. The medical team had provided comments about the process of the

Morbidity and Mortality meetings (M and M).

Members questioned the process of the M and M meetings, and how the decision was made on who is invited to each meeting. K Cole queried whether the cases are analysed to see if a GP presence would help, and if that was the case an effort would be made to send someone. It was noted that the policy gave reference to the general running of the M and M meetings in the form of an appendix but not within the policy itself. In terms of significant events anything referred through the M and M meetings are analysed by the clinical leads who decide who would be attending. The Lead Clinical Governance and Quality Improvement Manager suggested a sentence was added to the M and M process to mention multi-disciplinary attendance. A member noted they sometimes did not understand what the clinical learning point of the M and M meetings were.

S Tomison highlighted concern whether colleagues would be supported with the feedback of DATIX, and also how colleagues would differentiate an event from a significant adverse event. The Lead Clinical Governance and Quality Improvement Manager noted that the policy states someone with training would need to be on each team to ensure no one struggled with an investigation on their own. The classification of categories outlined in the policy would help colleagues understand.

Decision/Conclusion:

Members noted the policy provided.

66 Neuro Developmental Pathway

The Lead AHP provided an update on the neuro-developmental pathway. There was a national programme of work to develop the pathways, for seeing any child with a developmental concern regardless of what it was. A paediatrician and a psychiatrist would be needed, as currently there was only a multi-disciplinary team (MDT). There were three short life working groups set up: the first to promote a single point of entry pathway, the second to look at the existing gaps and what was in the national specification, and the third for training and identifying the skills already in the team. The Lead AHP agreed to share the pathway and provide an update at the next ACF meeting.

Decision/Conclusion:

Members noted the update provided, and an update would be on the next agenda.

67 Clinical Strategy

The Chair highlighted that in the absence of the Director of Nursing, Midwifery and AHPs, the Clinical Strategy work had been contracted to Elizabeth Brooks, Hume Health Design, to help the strategy move forward. E Brooks attended the meeting to provide an update on the strategy. An initial clinical consultation had been done in 2019, along with a large section of the strategy, however the work stopped due to Covid. There were comments received from a wide range of clinicians on that draft of the strategy, which had been reviewed and incorporated into the strategy. Since the strategy went on hold, the plan on a page had been created and the listening exercise had happened which would both be incorporated into the strategy. These created an opportunity to change the initial focus of the strategy to a public facing document. Another possible change to the initial strategy would be adding in new drivers of change to include sustainable and flexible delivery, and changing health inequalities. The next steps would be to restructure the strategy into a new context, which would include what changes were needed, why those changes were needed, and how can

those changes be implemented. She stressed that the work already undertaken would still be incorporated, just in a different way than expected.

The Chair suggested that the November development session would be a good opportunity to discuss the strategy, to give members time to consider the changes to the strategy and feedback comments on the next draft. He also suggested that the advisory groups should have an opportunity to discuss and feedback.

Members suggested that the inward migration of young families would need to be considered, alongside the ageing population.

K Cole recommended including a reference to realistic medicine, to set the expectation for patients and clinicians of what could be safely and realistically delivered. She also suggested including the realistic repatriation of services to Orkney.

At the moment the focus was on working through the text and comments, and following any actions arising. Clinical engagement would be requested at some point in the form of a digital questionnaire, alongside public engagement.

E Brooks withdrew from the meeting.

Decision/Conclusion:

Members noted the update provided.

68 Delegation of AMC Business

The Chair had met with the Interim Medical Director to discuss the Area Medical Committee (AMC) and the Hospital Sub Committee. Options had been discussed including: to change the frequency of Hospital Sub Committee meetings to accommodate AMC meetings; have representation from GP-sub at hospital sub and vice versa or informal dialogue between Chairs of the two sub committees. The recent substantive recruitment of staff would hopefully help move the committee along. The Chair would liaise with the new Medical Director and K Cole to progress this further.

Decision/Conclusion:

The Chair would liaise with the new Medical Director and K Cole to discuss the AMC.

69 Electronic Patient Record

The Chair had been provided with an update on the PARIS trial. The plan was to make PARIS fit for purpose for NHS Orkney, however the arrangement as a collaboration with NHS and OIC was complicated. It was noted that the health visitors were currently training in PARIS, and the school nurses were making documents suitable for use in PARIS, however both teams were still using cCube. The Chair agreed to continue to raise this issue whenever the opportunity presented itself.

Decision/Conclusion:

Members noted the update provided, and the Chair agreed to continue to raise the issue of Electronic Patient Records.

Development Sessions**70 ACF Development Session: 22 June 2021: Frailty**

The Chair thanked all who had attended the development session. There had been wide multidisciplinary attendance, and a summary of the session would be circulated once finalised.

Decision/Conclusion:

Members noted the update, and the committee support agreed to circulate the summary.

71 Topic for next session: 3 September 2021

The Chair noted the September development session would be on Guardianship and Capacity, and the November session would be around the Clinical Strategy.

Decision/Conclusion:

Members agreed the topics for future development sessions.

Professional Advisory Committees**Professional Advisory Committee Chair's Reports****72 ADC**

The committee had not met since the previous meeting, so no update was available.

73 APC Chair's Report and Approved Minutes

The Chair noted that the APC had officially formed, and the first minute was available for noting. It was noted that GP referrals and *Pharmacy First* was an ongoing issue. L Steel highlighted that members of the APC may struggle to attend the Area Clinical Forum (ACF) meetings due to other demands. The Chair welcomed the progress.

The Associate Medical Director (Community) withdrew from the meeting.

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

K Cole wanted to highlight the outcome of the workforce survey for GPs. Practices did not usually have the same pressures and issues that other colleagues on the Mainland faced, however these pressures were starting to show in Orkney. The huge increase in demand combined with Covid had a significant impact on the workforce. If these pressures were not recognised there could be significant issues.

Members of the GP Sub Committee showed appreciation for the message of support for the treatment of staff.

The Director of Public Health withdrew from the meeting.

75 Hospital Sub-Committee Approved Minutes

Members noted that the minutes were outdated, and this was due to a lack of administrative support for the committee. The Chair highlighted the current administration review which was ongoing.

76 NAMAC Chair's Report and Approved Minutes

Members noted the chairs report and minutes provided; members had nothing further to report.

77 TRADAC Chair's Report and Approved Minutes

K Smith highlighted that members had raised confusion over leadership roles within the Allied Health Professions (AHPs) and were concerned over the structure and the future. The Chair agreed that a recent structure overview drafted and published in the newsletter had not included every role necessary, and feedback was sought on any gaps.

For information and noting

78 Key legislation issued

Members noted the key legislation issued since the last meeting.

79 Correspondence

No correspondence had been received.

80 Quality Forum Approved Minute – 25 May 2021

Members noted the minutes provided.

81 Items to be brought to the attention of the:

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

Board:

- Clinical Strategy
- Message of Support for Staff

CCGC

- Clinical Strategy
- Morbidity and Mortality meetings

82 Items to be communicated with the wider clinical community

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

83 Any other competent business

Endowment Fund

The Chair wanted to highlight a pot of funding available for the enhancement of patient care

through NHSO Endowments. The purpose of the funding was to bring a level of care above what was expected from core NHS funding. He agreed to circulate an email to all advisory committees highlighting the process and criteria for the funding.

Vice Chair Election

The position of vice-chair for the Area Clinical Forum (ACF) remained vacant, therefore in order to fill the post the committee support agreed to circulate nomination forms to allow members to express interest, or nominate a fellow member ahead of the next AFC meeting.

Interim Medical Director

The Chair highlighted that the interim Medical Director post had been taken over by Kevin Fox, who would be in post until the arrival of the new Medical Director.

84 Schedule of Meetings 2021/22

Members noted that the next meeting of the Area Clinical Forum would be held on the 5 October 2021. The next development session would be held on the 3 September 2021.

85 Record of Attendance

Members noted the record of attendance.

86 Committee Evaluation

No issues were raised.

Not Protectively Marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-55 This report is for assurance Staff Governance Committee Chair's Report	
Lead Director Author	Lorraine Hall, Interim Director of Human Resources Caroline Evans, Chair of the Staff Governance Committee
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. <u>Note</u> the Staff Governance Committee Chair's Report covering the 24 August 2021 meeting 2. Take <u>assurance</u> on performance 3. To <u>adopt</u> the approved minutes from the 26 May 2021 meeting
Key Points	This report highlights key agenda items that were discussed at the Staff Governance Committee meetings held on Tuesday 24 August 2021.
Timing	The Staff Governance 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 – 28 October 2021

Staff Governance Committee Chair's Report

Caroline Evans, Staff Governance 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 Staff Governance Committee which took place on Tuesday 24 August 2021.

Section 2 Recommendations

The Board is asked to:

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

Section 3 Background

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting held on Tuesday 24 August 2021.

Section 4 Discussion

4.1 Staff Governance Action Plan

The Interim Director of Human Resources presented the Staff Governance action plan update. She highlighted that there were a vast range of activities which were not all delivered within a 12-month period, and she recognised the work that needed to be done to understand where the plan was at. Transparency would be key and would lead to conversations as a committee to help build a foundation.

A safe working environment was important, not just the physical environment, but the social environment too. Honesty was needed with staff to ensure they felt supported. There had been frustration with the statutory and mandatory training, so a piece of work had started to ensure conversations continued to support staff in the training. The Area Partnership Forum (APF) had discussed a way to ensure staff felt connected in a way that made sense to them, as one method may not suit everyone. Health and safety were building a key skill set to create a team and dynamic to support each other.

The sickness absence rate was higher than the standard national, but lower than NHS Scotland.

The report shared the work being done from a wellbeing capacity. A term of reference had been completed for a wellbeing group, and each directorate would provide a wellbeing champion to attend meetings, and feed information in and out.

In terms of knowledge and skills, there was a lot of activity underway. Management bundles had been rolled out, and a second lot were underway to look at investigations. The work was looking at how to support managers with looking at succession planning and leadership. The workforce plan had been submitted to Scottish Government, and work had been done on an integrated 3-year plan which would cover leadership and growth.

The Interim Director of Human Resources had taken the lead with the whistleblowing and raising concerns in the interim and had been looking at how to embed the process into the organisation. NHS Orkney and Shetland had joined to share learning and issues and gain support. No whistleblowing concerns had been raised organisationally, but it was vital to ensure staff knew where to go to raise concerns.

The Employee Director noted that the phrase “the art of good conversation” was applicable from a staff perspective. Communication was a skill that could help change the culture in the organisation.

Members thanked the Interim Director of Human Resources for the report and noted appreciation to see the actions set out along with the progress made.

Appendices

Appendix 1 Approved minute from 26 May 2021

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via MS Teams on **Wednesday, 26 May 2021** at **10:30am**

Present: Caroline Evans, Chair
Fiona MacKellar, Vice Chair
Michael Dickson, Interim Chief Executive
Issy Grieve, Non-Executive Board Member
Lorraine Hall, Interim Director of Human Resources
Ryan McLaughlin, Staff Partnership Representative
Kate Smith, Partnership Representative
Jason Taylor, Non-Executive Board Member

In Attendance: Malcolm Colquhoun, Head of Estates and Facilities and NPD Contract
Joanna Kenny, Non-Executive Board Member
David McArthur, Director of Nursing, Midwifery and Acute Services
Steven Phillips, Human Resource's Manager
Ingrid Smith, Human Resource's Manager
Gemma Pendlebury, Committee Support

S1 **Apologies**

There were no apologies recorded for this meeting.

S2 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

S3 **Minute of meeting held on 24 February 2021**

The minute of the Staff Governance Committee meeting held on 24 February 2021 was accepted as an accurate record and approved.

S4 **Matters Arising**

Update to Distribution List

The Interim Director of Acute Services requested that the distribution list for meeting papers be updated as she had not received the email.

757 - Corporate Learning and Education Plan

The Interim Director of Human Resources updated that the Corporate Learning and Education Plan had been incorporated into the Staff Governance Action Plan and would be captured in discussions within the corresponding item on the agenda.

626 – Everyone Matters Pulse Survey

The Interim Director of Human Resources updated the Committee in connection with this item, noting that:

- The national questionnaire was scheduled to be received in early August 2021
- The number of submissions that NHS Orkney had received had fallen below

- the Scottish Government threshold for the provision of an organisational report
- Due to this, NHS Orkney had been feeding into the programme of works regarding learning and concerns about the survey process and had also requested that the Scottish Government remove that 60% response threshold
- If staff were willing to participate, they should be entitled to receive the resulting report
- The survey process had not been established with small teams in mind, making it difficult to meet the 60% threshold
- So far deliberations with the Scottish Government had been inconclusive, but there was still a good deal of beneficial work that could be undertaken inhouse to ensure that colleagues part of a small team were supported to complete the reports and that they feel confident and comfortable in providing honest and open feedback and that their anonymity will be protected.

The Director of Nursing, Midwifery, and Allied Health Professionals queried if there were many other health boards who had not met the threshold to receive an organisational level report and the Interim Director of Human Resources noted that NHS Orkney was within the bottom quartile for not receiving the report. However, Orkney's feedback had been captured within the national level report.

The Employee Director voiced her agreement and noted that NHS Orkney staff had always engaged well with the survey in previous years, however there was a need to publicise the process to staff and provide the support mentioned for small teams to enable them to engage fully.

The Interim Director of Human Resources informed the Committee that future work was being directed through the Area Partnership Forum.

990 – Chair's Report from the Board – Modern Apprenticeships

The Interim Director of Human Resources highlighted for members that the options and processes around modern apprenticeships had been incorporated into the Staff Governance Action Plan and thus would be discussed as part of that item on the agenda.

1000 – Staff Governance Risk Report

The Employee Director noted that the Board was scrutinising risk registers as a whole and queried the timescale for the Staff Governance Committee to receive feedback. The Interim Director of Human Resources clarified that the Executive Management Team (EMT) were orchestrating a refresh of the corporate level risk register, however there had been no risk allocated to the Staff Governance Committee from that register. Further work was planned to look into risk around culture and transformation which would be shared with the Committee for input.

1003 – Any Other Competent Business – Recognition of Long Service and Retirement

The Interim Director of Human Resources noted that the action regarding the implementation of a long service and retirement procedure needed inclusion on the Staff Governance action log, with a view to receiving options and updates from the Area Partnership Forum (APF) at a future meeting. This was agreed by the Employee Director in her capacity as the Co-Chair of the APF.

S5 **Action Log**

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

S6 **Chair's Report from the Board**

The Chair highlighted the following items that had been discussed at the meeting of the NHS Orkney Board on the 17 December 2020:

- The Plan on a Page had been displayed in all staff areas to help ensure that all colleagues were sighted on it
- There was a plan in place regarding the implementation of the National Whistleblowing Standards. Quarterly reports would be provided for the Joint Clinical and Care Governance Committee (JCCGC), with an annual report to the Board
- The actions from the DHI listening report had all been allocated to the most appropriate Executive Director to lead on. There were also working groups in place to monitor improvements. The Board was keen to ensure there was continued communication to all staff on all levels within this area
- I Grieve, Non-Executive Director, was noted as the Chair of the Integration Joint Board (IJB)

The Employee Director noted the importance of the cultural change 3-year plan of work and recognised that progress would take time. She urged the Committee to continue supporting the Board throughout the process.

Decision / Conclusion

The Committee noted the Chairs reported highlights from the Board meeting of the 17 December 2020.

S7 **Staff Governance Draft Action Plan – SGC2122-01**

The Interim Director of Human Resources presented the Staff Governance Action Plan for members of the Committee, highlighting that it detailed actions under the five Staff Governance Standards and the 2020 Workforce priorities.

She informed members that the Staff Governance Action Plan was linked to the Plan on Page and presented the vast array of items that the organisation wanted to pursue in order to establish itself as an exceptional employer. Items from the plan for particular note were:

- **Health and Safety**
 - Work was being done to create a plan for achieving this organisation-wide embedding, with assistance and facilitation from experts within the Estates and Facilities team
 - There was further training needed to help ensure managers were able to support the delivery of the plan within their teams
- **Sickness Absence and Wellbeing**
 - Work would be continuing to support staff to remain healthy, resilient,

- and well during the pandemic, focusing on engaging with staff to make sure their opinions on proposed methods for maintaining their wellbeing and resilience
- Work was also being taken forward to promote staff attendance and to ensure that 'Keep in Touch' days and 'Return to Work' reviews were used effectively
- **Knowledge and Skills**
 - Managing Absence training was scheduled to take place on a monthly basis from May 2021
 - Managers Bundle Whistleblowing training would commence in June 2021.
- **Workforce Plan**
 - The Interim Workforce Plan had been submitted to the Scottish Government on 30 April 2021 and receipt had been acknowledged
 - Broad headings for the three-year plan were: Leadership, People, Talent, and Culture
- **Whistleblowing and Raising Concerns**
 - It was key to ensure that staff felt empowered to speak up and speak out about areas of concern and that they were protected when doing so
 - The Interim Director of Human Resources highlighted the success that input was being received from staff at all levels of the organisation
 - Work was progressing well, but there was more hard work to be done.

The Chair gave thanks to the Interim Director of Human Resources for the very detailed document that mapped the way forwards for the organisation. That sentiment was echoed by the Employee Director, who noted that the priorities were easy for staff to identify with. She further expressed that the actions detailed within the plan would lead to work that would be very welcomed, but there was a need to ensure the plan was communicated effectively to all staff groups.

The Director of Nursing, Midwifery, and Allied Health Professionals added that there was work to be done on the principles to operationalise them and ensure that leaders and managers fully adopt those principles to allow for an effective and thorough roll out to all staff.

The Interim Director of Human Resources thanked members for their input and endorsement and acknowledged the hard work of I Smith, S Phillips, S Hall, and M Colquhoun for their work in compiling the draft Action Plan.

Decision / Conclusion

The Committee received and endorsed the Staff Governance Action Plan and gave thanks to all who had input into the living document.

Governance

S8 Final Staff Governance Committee Annual Report 2020/21 – SGC2122-02

The Chair noted the Annual Report was for ratification following virtual Committee approval. She requested that in future years it would be more appropriate for the section celebrating Committee successes to come ahead of the concerns within the document.

Post Meeting Note: The Senior Corporate Services Officer would ensure that the

running order of information within the template for Governance Committee Annual Reports was amended to receive successes prior to concerns.

Decision / Conclusion

Members of the Committee accepted the final, approved Staff Governance Committee Annual Report for 2020/21 for ratification and auditing purposes.

S9 Remuneration Committee Annual Report 2020/21 – SGC2122-03

The Interim Director of Human Resources informed members that the Remuneration Committee Annual Report for 2020/21 was submitted to the Staff Governance Committee for information and noting.

Decision / Conclusion

Members received and noted the Remuneration Committee Annual Report for 2020/21.

S10 Area Partnership Forum Annual Report 2020/21 – SGC2122-04

The Employee Director presented the APF Annual Report for 2020/21 for the Committee, drawing attention to the inclusion of the impact of COVID-19. She also highlighted the fact that the APF had successfully continued to convene meetings throughout pandemic. The report was presented to the Committee for information, approval, and endorsement.

Decision / Conclusion

Members of the Staff Governance Committee received and approved the APF Annual Report for 2020/21, making note of the successes achieved by the Forum.

S11 Report on Circulars – SGC2122-05

The Employee Director presented the report on Circulars to the Committee, highlighting that it was a comprehensive report detailing the actions for NHS Orkney from circulars and publications received, and information regarding how those actions had been acted on and closed.

Decision / Conclusion

Members of the Staff Governance Committee received and noted the report and were assured of action taken.

S12 Staff Governance Monitoring Exercise 2020/21 – SGC2122-06

The Interim Director of Human Resources provided an update for members, explaining that a Staff Governance Monitoring exercise had not taken place in 2020 due to the Coronavirus pandemic. However, following discussions with the Scottish Government, a timetable had been provided for all Human Resource Directors for the undertaking of the exercise covering 2020/21.

Decision / Conclusion

Members of the Staff Governance Committee noted the Scottish Government timetable and gained assurance that progress would be made.

S13 **Committee Effectiveness Survey – SGC2122-07**

The Chair of the Committee advised members that the Staff Governance Committee Self-Evaluation Questionnaire was provided within the papers for information and further discussion. The questionnaire results had highlighted a number of differences of opinion within the Committee and the Chair queried whether members would find it beneficial to participate in another development session to discuss roles and remit.

The Employee Director noted that any survey or questionnaire was open to diversity of opinions and constructive challenge. She suggested that the Committee needed to look at the survey and pinpoint areas to be taken forward as actions.

The Interim Director of Human Resources confirmed that she would be happy to look at the themes raised within the questionnaire in order to help the Committee incorporate them into the business of regular meetings and sessions to allow for appropriate discussion.

The Interim Chief Executive urged members to be mindful and clear about the agenda for any planned development session to ensure that explicit objectives and actions could be identified from the discussions, rather than repetitive in nature.

It was noted that the Chair and the Interim Director of Human Resources would discuss the options further out-with the meeting.

Decision / Conclusion

Members noted the results of the Committee Self-Effectiveness Questionnaire and were keen to explore options for change and improvement at a potential development session.

Organisational Culture

There were no items for discussion at this meeting.

Well Informed

There were no items for discussion at this meeting.

Appropriately Trained

There were no items for discussion at this meeting.

Involved in Decisions that Affect them

S14 **Partnership Forum Chair's Report – SGC2122-08**

The Employee Director presented the Chairs Report covering discussion held at the Area Partnership Forum meetings on 19 January, 16 February, 16 March, and 20 April 2021. She noted that the APF was attempting to contextualise the information it was reporting up to the Staff Governance Committee in a format that would help members to gain more assurance and so that the report may provoke further

questions and analysis.

She continued by highlighting key points from the report:

- **Working From Home circular DL (2021 07)** – The APF requested that the Committee corroborate the action regarding the canvassing of staff as to the completion of risk assessments and supportive measures to allow them to continue working from home
- **Appraisal and Personal Development Plan Issues** – Staff Governance members were asked to monitor compliance rates and support the processes in place to allow for greater compliance
- **Whistleblowing Standards** – The Committee were advised of the soft launch of the new standards and the communication and engagement procedures put in place to support that launch. The AFP asked that the Committee recruit more confidential contacts across the organisation and that staff training for all levels be organised
- **Workforce Recovery Mailbox** – The Committee were asked to note the correspondence regarding the Health and Social Care Workforce Wellbeing and Mental Health Network Oversight Group
- **Trade Union Dying to Work Charter** – Staff Governance were asked to consider the mechanics of implementing and monitoring the requests asked of the Board described within the letter from the Scottish Partnership Forum regarding the TUC Dying to Work Charter.

J Kenny noted that the low compliance with appraisals had a substantial impact on training requirements and budgetary issues in relation to those training needs. She queried the possibility of including appraisals as a standing item on future agendas to allow for continued scrutiny of the numbers and improvements. The Interim Director of Human Resources responded that the item would remain as a key section on the Staff Governance Action Plan and that progress would be provided within the narrative at each meeting.

Decision / Conclusion

Members noted the update provided from the Area Partnership Forum.

S15 Minutes of the Area Partnership Forum meeting held on

Members noted the approved minutes as submitted.

Treated Fairly and Consistently

There were no items for discussion at this meeting.

Policies and Procedures

S16 Health and Safety Policy – SGC2122-09

The Head of Estates and Facilities and NPD Contract presented the Health and Safety Policy to the Committee, highlighting that it had been changed to include various updates and improvements. The policy had also undergone a peer review with colleagues in NHS Shetland which had provided an excellent level of insight and scrutiny.

The policy was presented to the Staff Governance Committee as the final step of the assurance process before Board approval.

The Chair thanked the Head of Estates and Facilities and NPD Contract for his and his teams work to update the policy.

The Interim Director of Human Resources echoed that thanks and noted that the policy had followed due process by being presented to the APF members. She noted it was an excellent piece of work which would be very beneficial.

Decision / Conclusion

Members of the Committee approved the Health and Safety Policy and recommended for approval at the Board.

S17 Corporate Health and Safety Strategy – SGC2122-10

The Head of Estates and Facilities and NPD Contract presented the Corporate Health and Safety Strategy to members of the Committee, noted that it had been updated to take account of the current organisational landscape. He took the chance to highlight for members that the most significant change was that Occupational Health services had moved in-house and under the Interim Director of Human Resources leadership. He confirmed that the process was now much more efficient and effective.

Decision / Conclusion

Members approved the Corporate Health and Safety Strategy and recommended it for approval at the next meeting of the Board.

S18 NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21 – SGC2122-11

The Committee received the NHS Orkney Equality and Diversity Workforce Monitoring Report for 2020/21, presented by the Equality and Diversity Manager. He noted that the report was a very positive report for NHS Orkney which was a legal requirement for the organisation laid out within the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The aim of the report was to:

- Enable the Board and others, to gauge whether NHS Orkney employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report would be investigated and any appropriate follow up action taken.
- Give reassurance to staff that they were working in an environment free from prejudice or discrimination.
- Give the population of Orkney and any prospective employees, reassurance that NHS Orkney treats its staff in a fair and equitable manner.
- Enable external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

Key findings highlighted from the report were:

- NHS Orkneys workforce was far more diverse than the population it serves, reflecting that in order to provide the highest standards of healthcare, worldwide recruitment was being utilised.
- There was a small number of individuals who identified as disabled. Members wanted to do more in order to support those individuals and also to help others to feel comfortable in identifying their disabilities and seeking any support that they may require.
- Gender imbalances within roles was historic and due to continued perceptions of certain roles being predominately male or female professions. There was a gradual increase in the blending of genders across these roles, but it would be a long process.
- NHS Orkney was commended on being fully compliant with the Gender Representation on Public Boards (Scotland) Act 2018.
- Faith and religion within the organisation were diversifying due to the more diverse workforce.
- Sexual orientation was not considered a barrier; however, it was noted that the Scottish Government systems do not give a specific category for staff to identify as gender reassignment and Trans. This had been raised directly with the Scottish Government.

The Committee thanked the Equality and Diversity Manager for the care and time taken to prepare the report.

Decision / Conclusion

Members agreed that the report should be presented to the Board with a suggestion of approval.

Provided with a Safe Working Environment

S19 Interim Workforce Plan – SGC2122-12

The Human Resources Manager presented the update around the Interim Workforce Plan to members of the Committee, informing them that the plan had been shared with members of the APF in advance of submission to the Scottish Government. The final iteration had incorporated the comments and suggestions from APF members.

She also informed members that unfortunately there had not been a timetabled Staff Governance Committee meeting between presentation and consultation with the APF and then submission to the Scottish Government on 30 April 2021 to allow for Committee scrutiny. However, she confirmed that the submission had been made in time with the deadline and that receipt had been acknowledged with feedback expected by the end of May 2021.

The Chair welcomed the very informative document and thanked the Human Resources Manager for her work in compiling the plan.

The Head of Estates and Facilities and NPD Contract expressed that meeting and liaising with the Human Resources Manager in compiling the required information had been an extremely helpful process and it gave great insight into the creation and

evolution of the Interim Workforce Plan. He gave his thanks for being involved in that beneficial process.

The Director of Nursing, Midwifery, and Allied Health Professionals reiterated the mutual benefit that had been gained from the engagement process and noted that the entire progression had been conducted in a joined up and cohesive manner.

The Acting Director of Acute Services queried whether there was a method in place for capturing and monitoring the outcomes of the plan and for identifying actions for any identified gaps. The Interim Director of Human Resources responded that the reports was specific to the Scottish Government and so was not a returning report, however, the updated narrative would be used to inform part of the Staff Governance Action Plan and so any required actions or mitigations would be monitored by those means.

Decision / Conclusion

Members noted the Interim Workforce Plan and thanked the Human Resources Manager for her work in compiling the document for submission to the Scottish Government.

S20 Occupational Health and Safety Chairs Report and minutes – SGC2122-13

The Head of Estates and Facilities and NPD Contract presented the Occupational Health and Safety Chair's report and previous minutes to the Committee for information and noting.

He highlighted for members that this was the initial presentation of the Health and Safety report to the Staff Governance Committee and as such the report was being revamped in order to provide full assurance for members. He expected that future iterations of the report would look more closely into DATIX, incidents, RIDDOR, Resilience, as well as ongoing work.

Decision / Conclusion

Members noted the report and approved minutes of the Occupational Health and Safety Group.

Risks

S21 Corporate Risks assigned to the Staff Governance Committee

The report had not been provided at this meeting due to wider organisational work taking place to realign the Corporate Risk Register.

S22 Issues Raised from Governance Committees

No issues had been raised from other Governance Committee of the Board.

S23 Agree any issues to be raised to Board/ Governance Committees

The Committee agreed that the following items should be reported to the Board:

Board

- The Staff Governance Action Plan
- Equality and Diversity Workforce Monitoring Report

S24 Any Other Competent Business

There was no other business for discussion.

S25 Schedule of meetings

The schedule of meetings for 2021/22 was noted.

S26 Record of Attendance

The record of attendance was noted.

S27 Committee Evaluation

Members of the Committee agreed that the reports received had been well presented and there had been good contribution to discussion.

Not Protectively Marked

<p>NHS Orkney Board – 28 October 2021</p> <p>Report Number: OHB2122-56</p> <p>This report is for discussion</p> <p>Financial Performance Management Report</p>	
Lead Director Author	Mark Doyle, Director of Finance Keren Somerville, Head of Finance
Action Required	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the reported overspend of £2.281m to 30 September 2021 • Note the anticipated year end outturn of £4.840m overspend
Key Points	The report provides analysis of the financial position for the period up to 30 September 2021. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £2.281m.
Timing	October 2021
Link to Priority areas	<p>Effective management of the financial position should be driven by and support the priority areas of:</p> <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 provide an update on the financial position for the period 1 April 2021 to 30 September 2021.

Background

The revenue position for the 6 months to 30 September reflects an overspend of £2.281m, of the £2.281m overspend, £2.430m relates to unachieved savings, and NHS Orkney's operational performance at month 6 is £149k underspent. We are currently forecasting an overspend outturn of £4.840m, this is made up of:

Unachieved savings	£4.840m
Operational performance	Break-Even

It is important to note that at this stage in the reporting cycle the numbers are caveated and based on several assumptions. We will update these assumptions as we progress through the course of the financial year:

- The year-end position is heavily predicated on the delivery of £1.2m of identified savings
- 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 19 concerns and EU Exit
- We continue discussions with other Health Boards to monitor SLA activity and the impact of Covid 19 on these costs in year

Following recent conversations with Scottish Government colleagues we now anticipate full funding for Covid 19 costs and the position has been adjusted accordingly.

As we review spending patterns, we will refine our plans to ensure that updates are reflected.

We anticipate achievement of £1.43m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the remainder of the year. Furthermore, the IJB has unachieved savings of £0.800m from 2020/21 and an additional £1m has been added for 2021/22. Appendix 3 provides a breakdown of the anticipated savings.

The main areas contributing to the Board's overspent operational performance at month 6 are:

Pharmacy and drug costs to date - £175k overspend

Estates and Facilities - £262k overspend

Hospital Services - £202k overspend

There are some offsetting underspends to date which include:

Support Services - £612k 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 Board proposes a capital to revenue transfer of £250k.

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

21/22 Sales Programme:

The Board disposed of a surplus property (Bayview on Hoy) for £145k giving a profit on sale of £104k. In addition, the board is reviewing its other surplus assets and preparing them for sale. These include:

Greystone - Evie

Kings Street – Kirkwall

Currently, the old Balfour Hospital is partially occupied due to the ongoing pandemic. Disposal will be considered once we are taken off emergency footing.

Financial Allocations

Revenue Resource Limit (RRL)

Our baseline recurring core revenue resource limit (RRL) for the year is confirmed at £55.408m

Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 6, 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:-

10.1

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
NSD Riskshare topslice			(225,068)	(225,068)
NSSC Business Case - Burns hub	(11,170)			(11,170)
NSSC Business Case - Lynch syndrome	(2,578)			(2,578)
NSSC Business Case - Psychology support	(1,805)			(1,805)
NSSC Business Case - HPV screening			(19,854)	(19,854)
Primary Medical Services		5,678,000		5,678,000
Emergency Covid Funding for Eating Disorders			22,309	22,309
Clinical Leads, Programme Managers and Value Improvement Fund			80,000	80,000
Workforce Wellbeing - Primary Care and Social Care			10,026	10,026
Change Management Fund			39,084	39,084
Electric Speed Adjusting Hand Pieces			37,599	37,599
Support to build recruitment capacity			5,009	5,009
CAMHS Improvement - Intensive Psychiatric Care Units		8,272		8,272
CAMHS Improvement - Intensive Home Treatment Teams		10,026		10,026
CAMHS Improvement - LD, Forensic and Secure CAMHS		3,509		3,509
CAMHS improvement - Out of Hours unscheduled care		5,865		5,865
CAMHS improvement - CAMHS Liaison Teams		8,773		8,773
CAMHS improvement - Neurodevelopmental Professionals		15,340		15,340
		5,729,785	(50,895)	5,663,337

Summary Position

At the end of September, NHS Orkney reports an in-year overspend of £2.305m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £65k is attributable to Health Board operational performance budgets, with an underspend of £214k attributable to the health budgets delegated to the Integrated Joint Board. There are unachieved saving of £2.454m to date.

Previous Month Variance M05		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(172)	Hospital Services	12,543	6,277	6,479	(202)	(3.22)	(359)
(146)	Pharmacy & Drug costs	2,896	1,438	1,613	(175)	(12.19)	(346)
63	Orkney Health and Care - IJB	29,789	14,131	13,917	214	1.51	106
(750)	Orkney Health and Care - IJB Savings	(1,800)	(900)	0	(900)	100.00	(1,800)
(46)	External Commissioning	10,967	5,483	5,503	(19)	(0.35)	88
(241)	Estates and Facilities	7,014	3,501	3,762	(262)	(7.47)	(502)
412	Support Services	7,232	2,706	2,094	612	22.63	929
(0)	Covid-19	5,254	2,074	2,074	(0)	(0.00)	0
(16)	Reserves	1,183	(19)	0	(19)	100.00	85
(1,286)	Savings Targets	(3,040)	(1,530)	0	(1,530)	n/a	(3,040)
(2,183)	Total Core RRL	72,037	33,163	35,444	(2,281)	(6.88)	(4,840)
	Non Cash Limited						
(0)	Ophthalmic Services NCL	298	144	144	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,464	920	920	0	0.00	0

10.1

	Non-Core						
0	Annually Managed Expenditure	250	0	0	0		0
0	Depreciation	2,418	1,289	1,289	(0)	(0.00)	0
0	Total Non-Core	2,668	1,289	1,289	(0)	(0.00)	0
(2,183)	Total for Board	76,468	35,517	37,797	(2,281)	(6.42)	(4,840)

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, £124k 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, £18k overspend

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

- Laboratories, £70k 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 £175k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £686k (including £900k unachieved savings and £214k 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,

10.1

modern apprenticeship/double up and home care team and step up step down service.

- The 2020/21 savings target of £800k remains unachieved.
- The 2021/22 saving target of £1m has been applied to the IJB budgets, there are currently no savings plans identified against this target
- 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 £17k 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 6 of £14k. We are currently forecasting a year end underspend of £51k.

The table below provides a breakdown by area:-

Previous Month Variance M5	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(794)	Integration Joint Board	5,720	2,104	3,067	(962)	(1,960)
122	Children's Services & Women's Health	2,608	1,300	1,116	183	297
(11)	Primary Care, Dental & Specialist Nurses	11,048	5,533	5,437	96	49
(31)	Health & Community Care	4,281	2,129	2,146	(17)	(131)
27	Pharmacy Services	4,332	2,166	2,152	14	51
(687)	Total IJB	27,989	13,231	13,917	(686)	(1,694)

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 £262k 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 £612k to date.

Covid 19 Spend

10.1

NHS Orkney has recorded £2.074m spend to date attributable Covid 19, of this £1.626m is attributable to Health Board spend and £0.448m 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 £1.530m
- H&SCP £0.900m

Additional Information

The Finance and Performance Committee requested additional information for significant spending areas at its September meeting. The following information was provided:

- Agency and Locum Spend
- Bank Spend
- Overtime and Excess Hours Spend
- Prescribing report

See Appendix 4 – 7 for information

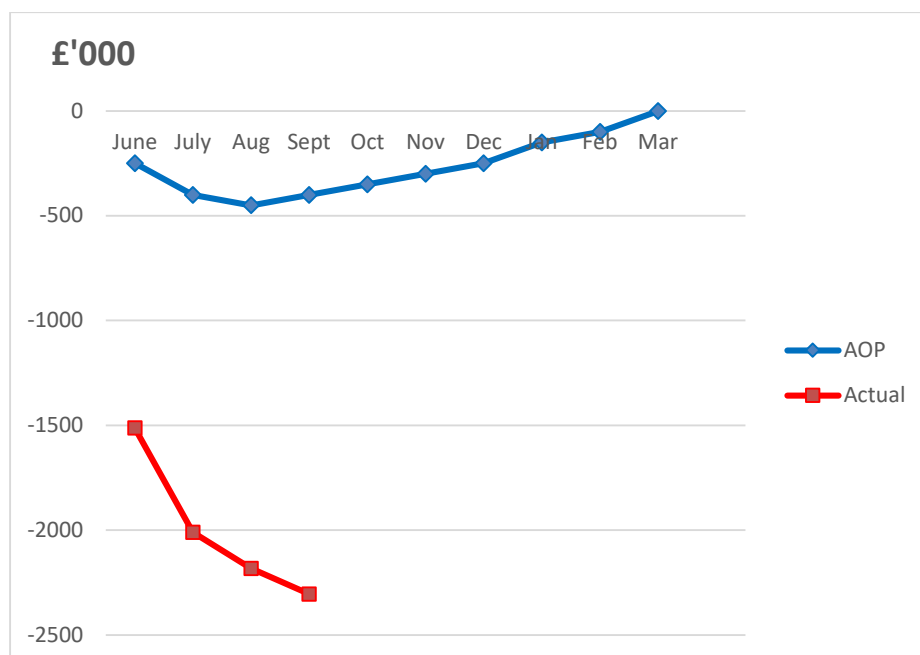
Unallocated Funds

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.

Forecast Position

As outlined above, the Board is forecasting a £4.840m overspend at year end, this is split per below:

Unachieved savings	£4.840m
Operational performance	Break-Even

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.

Following recent discussions with Scottish Government colleagues we now anticipate full funding for Covid 19 costs and the position has been adjusted accordingly.

The Board has identified savings schemes to date of £1.430m in 2021/22.

10.1

The Board is currently in discussion with the Scottish Government Health and Social Care Directorate (SGHSCD) about it plans to deliver recurring financial balance over the coming years.

Recommendation

note the reported overspend of £2.281m to 30 September 2021

note the narrative to the year end assumptions and outturn

note the on-going discussions with the SGHSCD, regarding the Boards plans to deliver recurring financial balance.

Mark Doyle

Director of Finance

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL £	Variance £	Outstanding £
Allocations Received				
Initial Baseline	54,774,110	54,791,740	17,630	
Outcomes Framework	466,250	496,357	30,107	
Primary Care Improvement Fund 2019/20 Tranche 1	228,724	313,520	84,796	
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	
Balfour Unitary Charge	1,050,651	1,060,770	10,119	
Primary Medical Services - provision and support	5,458,000	5,678,000	220,000	
NSD Topslice	(280,067)	(225,068)	54,999	
Allocations Awaited				
Salaried GDS	1,747,299			1,747,299
New Medicines Fund	383,065			383,065
Mental Health Outcomes Framework	265,122			265,122
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)
Open University Nursing Students 1st & 2nd Quarter Patments	45,000			45,000
Open University	35,000			35,000
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)
Non-Core expenditure - Depreciation	(1,228,000)			(1,228,000)
	63,009,822	62,584,660	440,298	865,460

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
School Nurses Commitment Tranche 1		46,000
Vitamins for Pregnant Women and Children		1,947
Training of Cardiac Physiologists		23,760
NSSC Business Case - Burns hub		(11,170)
NSSC Business Case - Lynch syndrome		(2,578)
NSSC Business Case - Psychology support		(1,805)
NSSC Business Case - HPV screening		(19,854)
Emergency Covid Funding for Eating Disorders		22,309
Clinical Leads, Prog Managers and Value Improv Fund		80,000
Workforce Wellbeing - Primary Care and Social Care		10,026
Change Management Fund		39,084
Electric Speed Adjusting Hand Pieces		37,599
Support to build recruitment capacity		5,009
CAMHS Improvement - Intensive Psychiatric Care Units		8,272
CAMHS Improvement - Intensive Home Treatment Teams		10,026
CAMHS Improvement - LD, Forensic and Secure CAMHS		3,509
CAMHS improvement - Out of Hours unscheduled care		5,865
CAMHS improvement - CAMHS Liaison Teams		8,773
CAMHS improvement - Neurodevelopmental Professionals		15,340
		3,616,370

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations	Included in	Received in	Variance	Outstanding
	LDP £	RRL £	£	£
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
Sustainable Medical Model		100
Total Workforce	0	156
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		0
Total Integration Joint Boards	0	0
Financial Management/Corporate		
		0
Total Financial Management/Corporate	0	0
Value of Schemes Underway	1,250	1,430

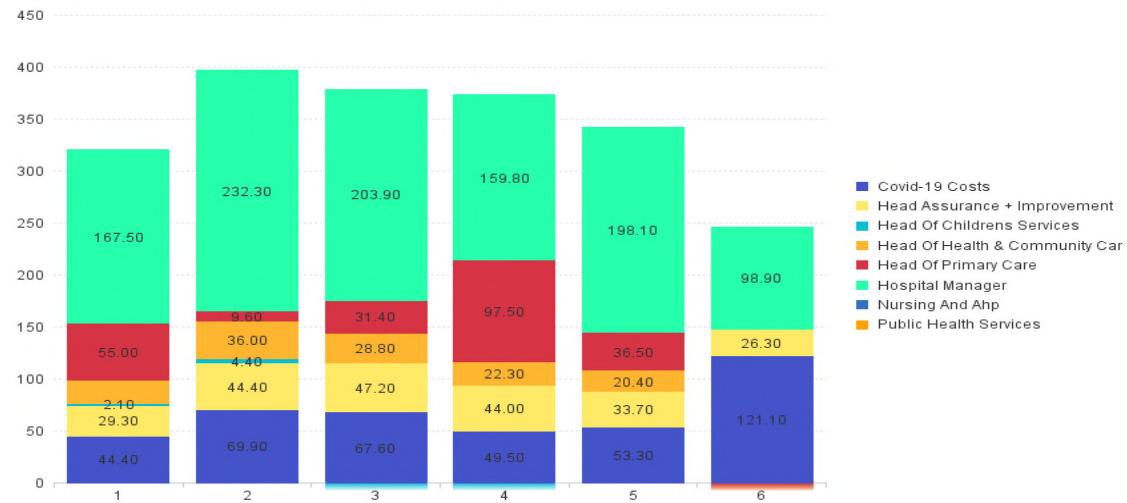
Summary of Savings

Value of schemes underway	1,250	1,430
Unidentified Savings Balance	4,220	4,840
Total of Identified and Unidentified Savings	5,470	6,270

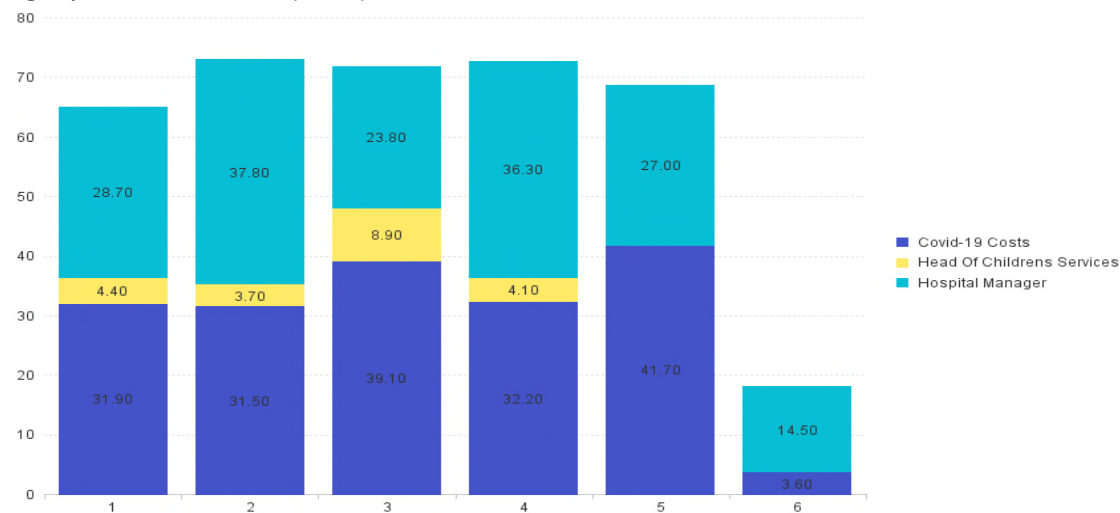
Savings Trajectory £000s												
April <i>(Actual)</i>	May <i>(Actual)</i>	June <i>(Actual)</i>	July <i>(Actual)</i>	Aug <i>(Actua l)</i>	Sep <i>(Actua l)</i>	Oct <i>(Antici pated)</i>	Nov <i>(Antici pated)</i>	Dec <i>(Antici pated)</i>	Jan <i>(Antici pated)</i>	Feb <i>(Antici pated)</i>	Mar <i>(Antici pated)</i>	Check Total
33	33	33	33	33	33	33	33	34	34	34	34	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	99	99	99	99	1,000
												0
0	0	0	0	0	0	0	0	0	0	0	0	0
56												56
							20	20	20	20	20	100
56	0	0	0	0	0	0	20	20	20	20	20	156
				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
											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	0	0	0
												0
0	0	0	0	0	0	0	0	0	0	0	0	0
114	58	58	58	102	98	98	118	119	119	119	369	1,430

Appendix 4 – Agency and Locum Spend 2021/22

Agency & Locum YTD Actuals (£'000s) for Medical & Dental



Agency & Locum YTD Actuals (£'000s) for Allied Health Professionals

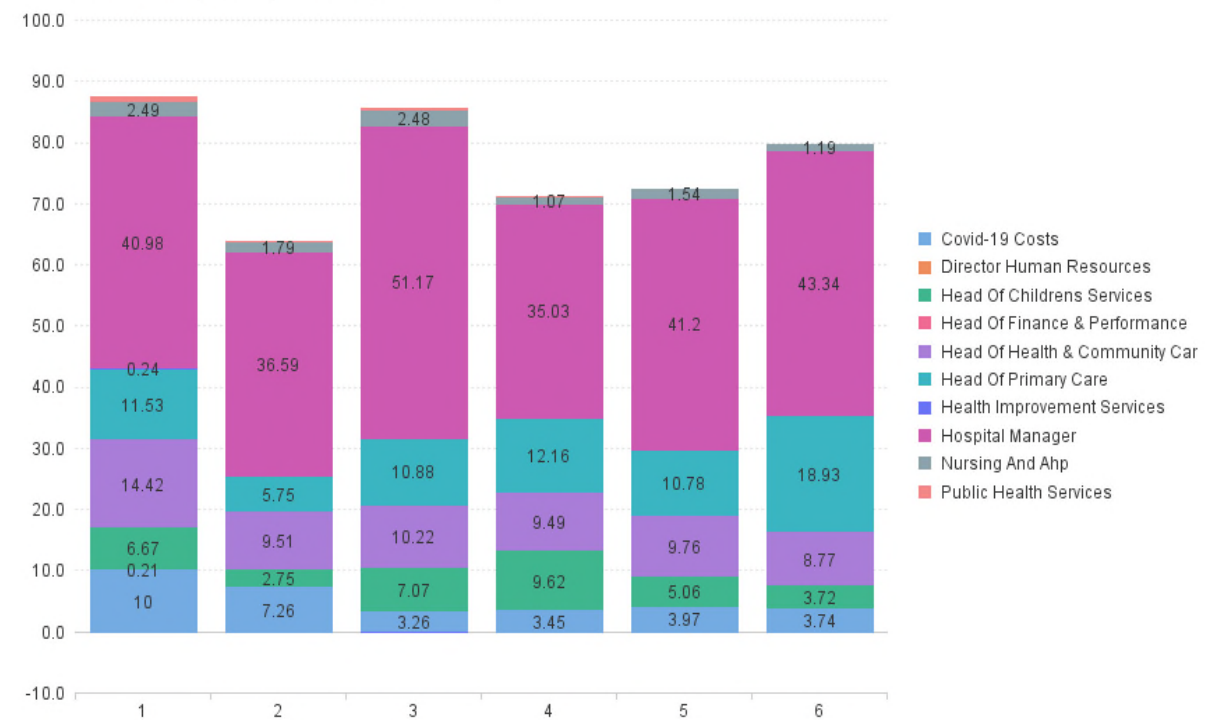


Agency & Locum YTD Actuals (£'000s) for Nursing & Midwifery

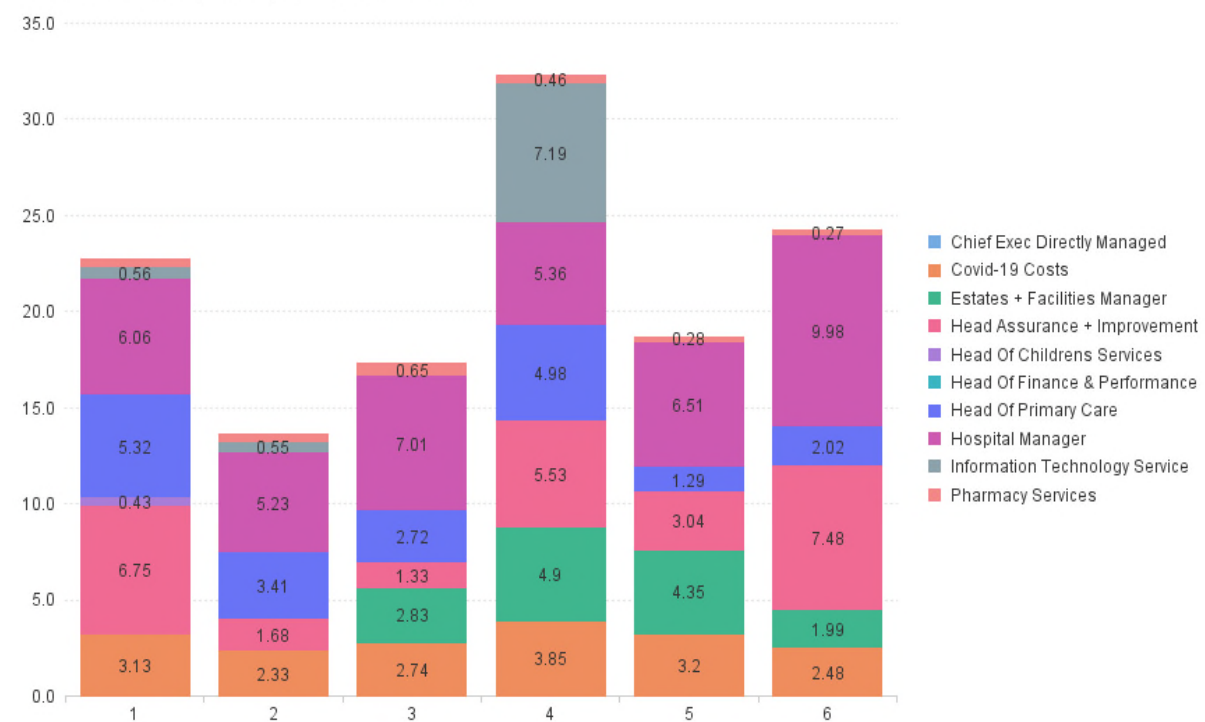


Appendix 5 – Bank Spend 2021/22

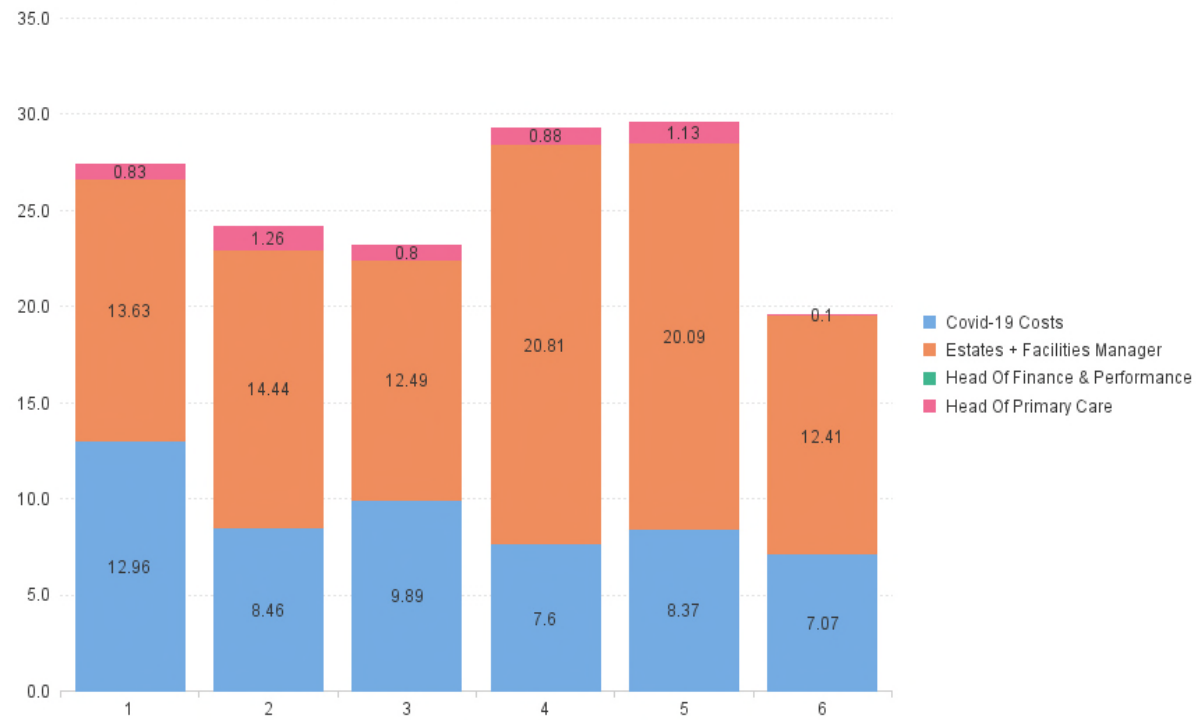
Bank YTD Actuals (£'000s) for Nursing & Midwifery



Bank YTD Actuals (£'000s) for Admin & Clerical



Bank YTD Actuals (£'000s) for Support Services

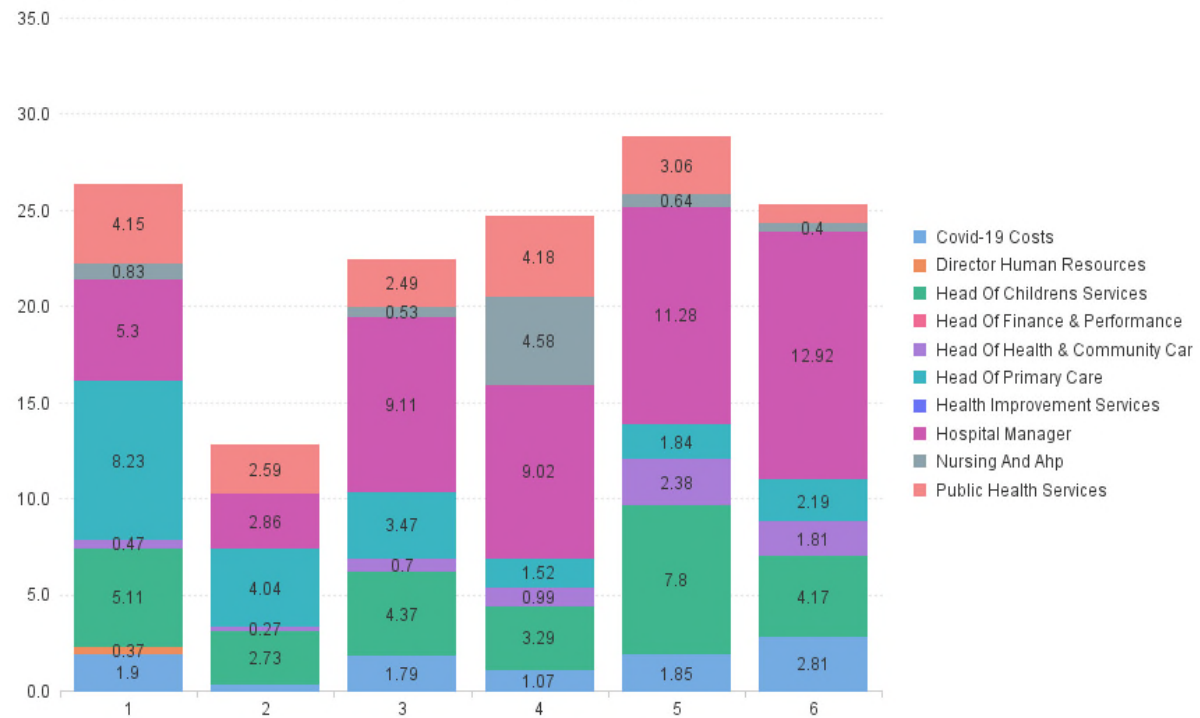


Bank YTD Actuals (£'000s) for Allied Health Professionals

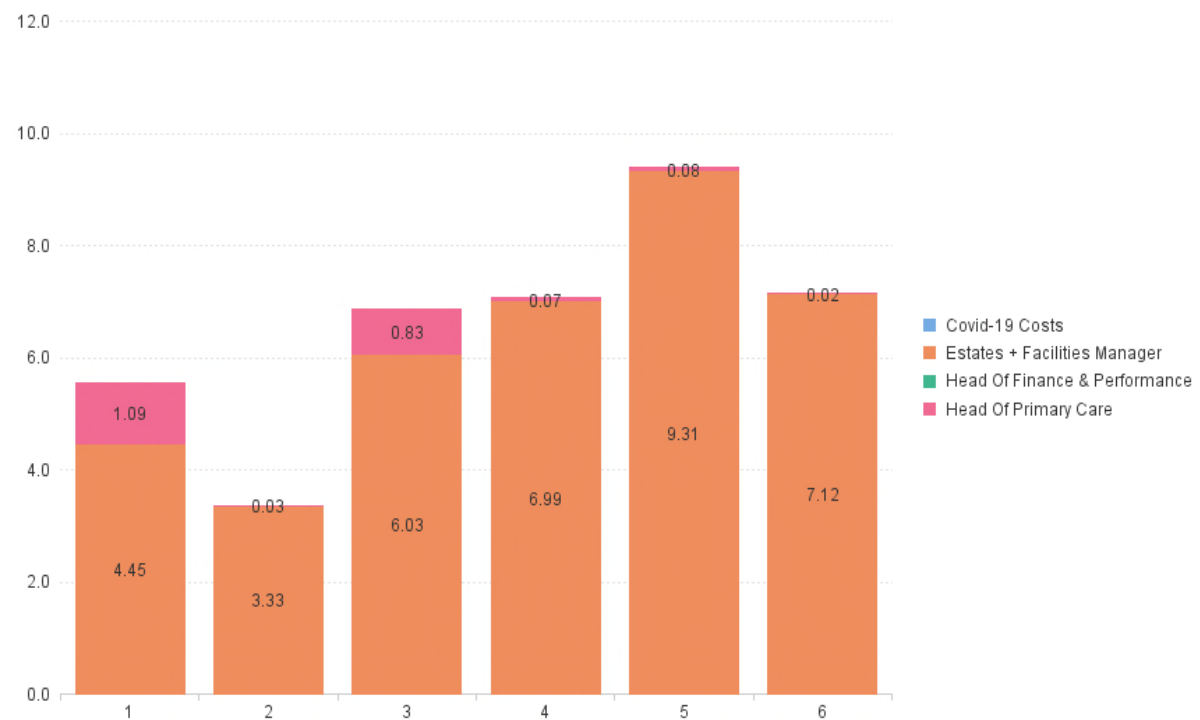


Appendix 6 – Overtime and Excess Hours Spend 2021/22

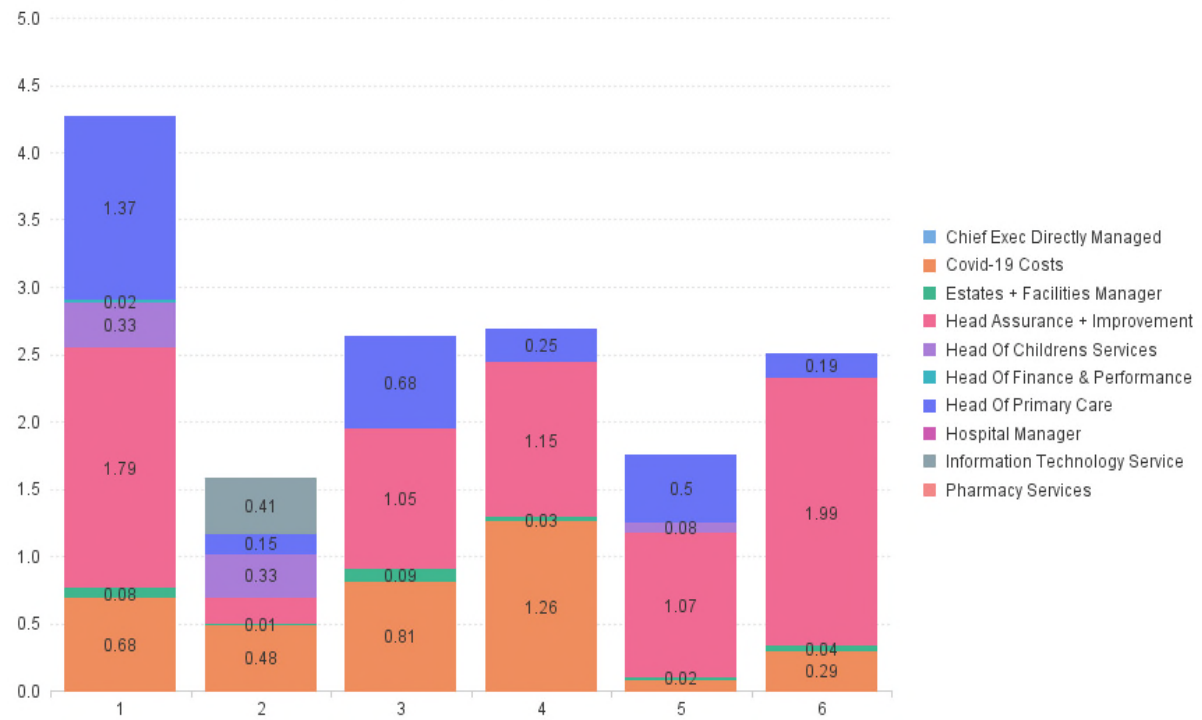
OT & Excess Hours YTD Actuals (£'000s) for Nursing & Midwifery



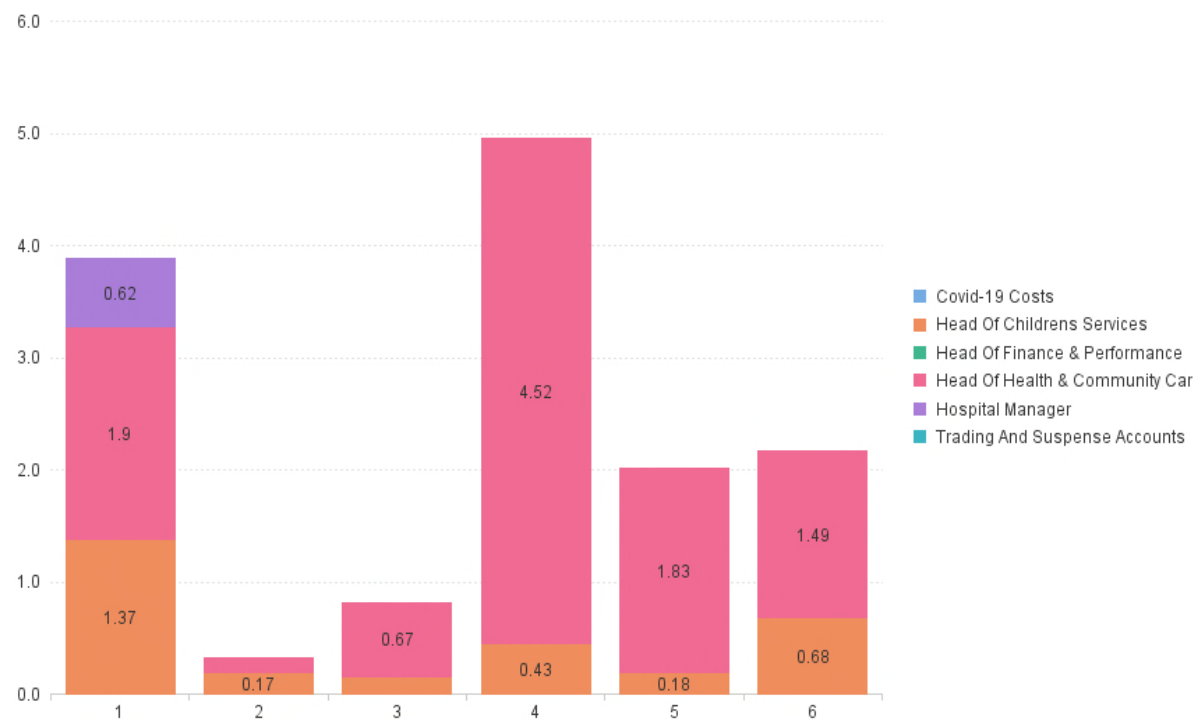
OT & Excess Hours YTD Actuals (£'000s) for Support Services



OT & Excess Hours YTD Actuals (£'000s) for Admin & Clerical



OT & Excess Hours YTD Actuals (£'000s) for Allied Health Professionals



Appendix 7 – Pharmacy and Prescribing Update

Official Sensitive

NHS Orkney Board

Pharmacy and Prescribing, Drugs Budget and Spend

Wendy Lycett, Principal Pharmacist July 2021

1. Purpose

To sight the Finance and Performance Committee on the status of prescribing budgets and associated costs within Acute and Primary Care sectors within NHS Orkney and to highlight existing and potential cost pressures for this financial year.

2. Executive Summary

Inflation and growth associated with medicines continues to be significant in 2021(22) to date, compared with the same period of 2020; particularly within Acute Services.

This is in part associated with increasing numbers of new and more effective medicines and Governments continued progressive approach for access to these, which brings associated health benefits to our population at a significant financial cost. As well as the continued increase repatriation of services aligned with Care Closer to Home, which means more specialist drugs are being procured, supplied, and administered within NHS Orkney. Remobilisation is also affecting drug costs associated with visiting services such as Ophthalmology.

Work across the board continues; to improve the cost effectiveness of medicines, maximise the benefits of local procurement and reduce variation in prescribing practice.

The rotational model of consultants, associated with individual prescribing practices, are not always aligned with the NHS Grampian Joint Formulary utilised by NHS Orkney. While some of these deviations are appropriate, work is progressing to rationalise stock holdings, and challenge prescribing practice which does not align with the formulary.

Within Primary Care, spend for the first quarter is broadly aligned with the budget however cost pressures within primary care normally develop during the winter months associated with increased prescribing activity and vaccination programmes.

3. Recommendations

The Finance and Performance Committee is asked to discuss and note the report and be assured that the quality and levels of prescribing within NHS Orkney continue to be of a high standard. To be assured that work is ongoing to maximise the quality, safety, and cost-effective use of medicines, to improve practice and reduce variation.

4. Background

Budgets for Pharmacy and Prescribing within NHS Orkney are split into two budget Areas: Primary Care (IJB) and Acute Services (Secondary Care). Areas of spend within each budget are detailed below:

Primary Care

Budget Area Title	Description of Spend
Pharmacy Prescribing Unified	General Practice Prescribing costs
Vaccination and Immunisation	Substantive Immunisation Programmes Seasonal Vaccination Programmes such as Flu and this year Covid
Pharmacy Community	Additional Community pharmacy Services such as Methadone services, Provision of Medicines Administration Records and medicines supplied in Multi Dose Systems, the Minor Ailment Scheme and Pharmacy First

Acute Care

Budget Area Title	Description of Spend
Hospital Drugs	Medicines used and administered within the hospital. This includes high cost treatments managed by visiting specialists or specialists out with NHS Orkney.
Home Care Services	Disease modifying treatments which are managed by specialists out with NHS Orkney, are dispensed by a Home Care Company and delivered directly to the patient's home. Service model maximises VAT savings.
New Medicines	New medicines which are approved nationally and for which central funding has been devolved to each Health Board. Managed by specialists, out with NHS Orkney, mainly prescribed and supplied or administered out-with NHS Orkney. Invoiced to NHS Orkney
Medical Gases	Medical Gas cylinders used to provide the piped and portable medical gas used within The Balfour. Includes cylinder rental
Home Oxygen Services	Supply of oxygen cylinders or concentrators to patients in their homes.
HEPMA	National and locally agreed funding to support the North of Scotland regional project, implementation and maintenance of the Hospital Electronic Prescribing and Administration of Medicines (HEPMA)
Pharmacy Staff Costs	Pharmacy and prescribing staff costs across both Acute and Primary Care Sectors. Includes Board and Primary Care Improvement Plan funding allocations.

Table 1 demonstrates budgets and uplifts for the last 2 financial years. Additional funds were added in year during 2020(21) in response to cost pressures associated with the Covid pandemic. The full impact of Covid and the potential long-term impact of Brexit on drugs inflation, often driven by shortages, is not yet fully known.

Table1. Budgets and uplifts 2020(21) to 2021(22)

Financial Year	Allocated Budget	Uplift from previous year	Actual Spend	Overspend against Budget
Acute Services				
2020(21)	*£2,013,465	£196,498(10%)	£2,589,326	£575,861 (28.6%)
2021(22)	£2,238,344	£224,897 (11%)	-	-
Primary Care services				
2020(21)	**£5,286,527	£493,014 (10.2%)	£5,286,643	£116
2021(22)	£4,984,926	-£301,601 (-5.7%)	-	-

*Increased from £1,965,253 in response to Covid Covid

**Increased from £4,774,140 in response to

5. Discussion

5.1 Acute Services

Significant changes in the delivery of care within Acute Services associated with Covid and subsequent remobilisation are ongoing. Visiting services, such as Ophthalmology,

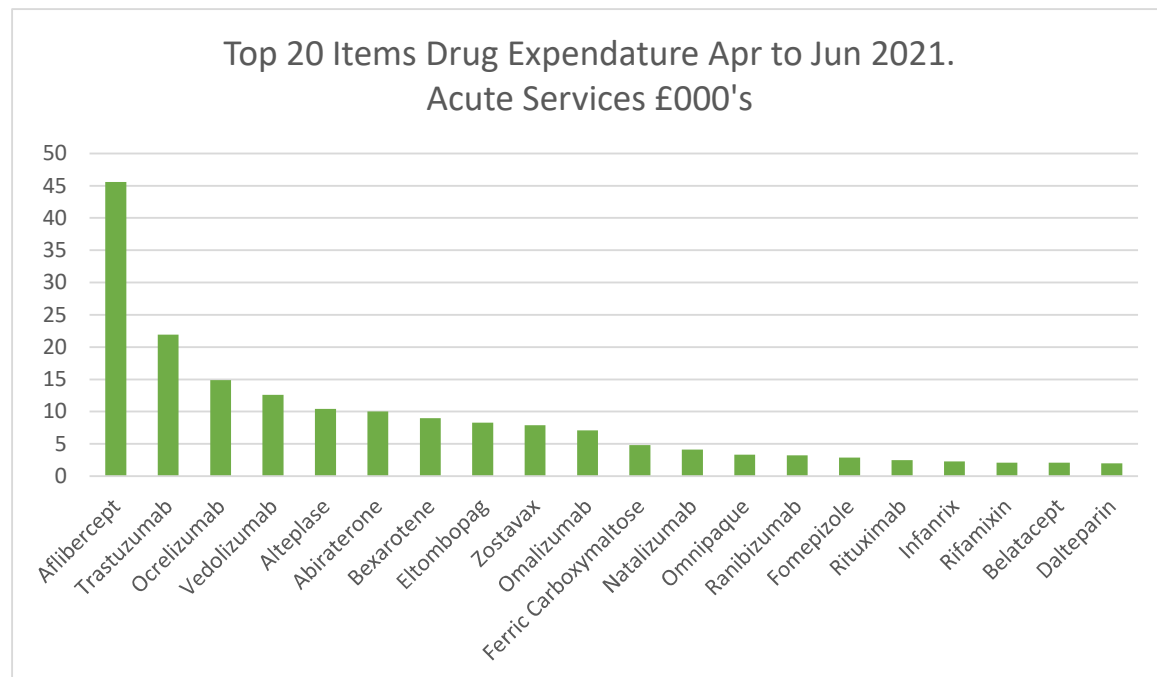
We have experienced several temperature excursions in the cold chain for refrigerated items being delivered and taking too long to reach Orkney. Circa £50k worth of stock; most of which has already been credited, with circa £13k credit being processed currently. These issues occur before medication reaches NHS Orkney and are out with our control. However, we continue to work with suppliers to ensure they fully understand our location and logistical challenges when arranging deliveries.

New and more effective treatments are being developed at an increased rate and existing 'new' agents are being licensed and indicated for additional conditions. Scottish Government's policy regarding access to new and innovative treatments is progressive. This significantly increases the cohort of patients who can be treated with these expensive, but often effective and life changing, treatments and at an earlier stage.

Often these are prescribed by specialist physicians out with NHS Orkney as part of the Health Care at Home service model. Medicines are dispensed and delivered directly to patients at home by Health Care at Home companies. The cost of services delivery is more than off-set

by the VAT savings made by supplying via primary care rather than secondary care where VAT is applicable.

Likewise, treatments delivered by specialist services, such as Oncology, Ophthalmology and Dermatology are increasingly more effective and expensive. Care closer to home brings associated savings to patient travel budgets and improves patient care but also incurs significant additional costs locally, which impacts the pharmacy drugs budget.



Spend on these items to date is £185k date and accounts for 33% of the total drugs budget spend and over 50% of the overspend.

Points of note include:

Afibercept used in the treatment of Age-Related Macular Degeneration (AMD) by Ophthalmology visiting services is our highest item of spend for 2021(22) to date. This treatment significantly increases the time to blindness associated with AMD, however increasing numbers of patients have seen costs soar by over £100k in the last few years. Costs have increased early this year as post covid treatments are reinstated.

World wide shortages of Tenecteplase necessitated a shift in practice and changes to clinical guidelines for the emergency treatment of Acute Coronary Syndrome. Our stocks of tenecteplase had to be reserved for community and Out of Hours settings (less complex administration schedule) so secondary care stocks were replaced with Alteplase at a cost of £10k

Zostavax Vaccination programme significantly dipped during the pandemic; remobilisation of services has increased spend here as catch-up vaccinations are undertaken.

All other drugs listed in the top 20 spend are specialist treatments instigated outside of NHS Orkney and are supported by national guidelines and access to medicines policy

To ensure we are accurately sighted on these cost pressures, a significant amount of work has been undertaken in collaboration with the finance department last year to ensure we are sighted the appropriateness of treatments and costs.

The benefits realisation associated with the introduction of HEPMA and the associated upgrade to the pharmacy stock control system by the end of 2021(22) will further improve our capacity to identify variations in prescribing practice associated with the rolling programme of consultants within Acute Services. Thus, ensuring practice follows local, regional, and national clinical guidance.

Last year Andexanet, an new product indicated for patients treated with a direct factor Xa (FXa) inhibitor (apixaban or rivaroxaban) when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding at a cost of £32 was procured in line with Haematology advice. This must be held in stock but is likely to expire as patient numbers will be very low. Work with national procurement resulted in a no-charge stock replacement scheme for expired stock, saving about 32k every 24 months. However, it should be noted that this is a saving against additional spend rather than a reduction in spend.

The Acute Services Drugs budget is currently £102K (14%) overspent. It is anticipated that the additional cost associated with remobilisation in the first quarter, accounting for about £52k of this will reduce significantly in the second quarter.

5.2 Primary care Services

NHS Orkney GP services are provided by 7 GP practices in 15 locations.

The budget allocation for NHS Orkney's prescribing cost centre is divided between practices based on population and demographics.

Growth on the expenditure on medicines is dependent not just on the medicine's inflation and growth, but also the choice of medicines available and further influenced by the cost effectiveness of any treatment. Prescribing a 'cleaner', more effective, and likely more expensive agent will proportionately increase spend within the drugs budget. However the choice may reduce full system costs by reducing; the number of side effects which need to be managed, monitoring costs, GP time, travel to hospital or clinic appointments both locally and regionally, and will bring health benefits to patients. These health benefits mean patients live longer and they are treated for longer at additional cost to the board. NHS Orkneys aging demographic and increasing numbers of patients living longer and fulfilling lives with multiple co-morbidities incurs associated medicines related costs.

Work is ongoing to standardise prescribing practice, aligned with national guidance and local formulary, to undertake polypharmacy reviews, and thereby maximise patient benefit from treatment with medicines.

That said, NHS Orkneys spend on medicines within primary care is continues to be one of the best in Scotland.

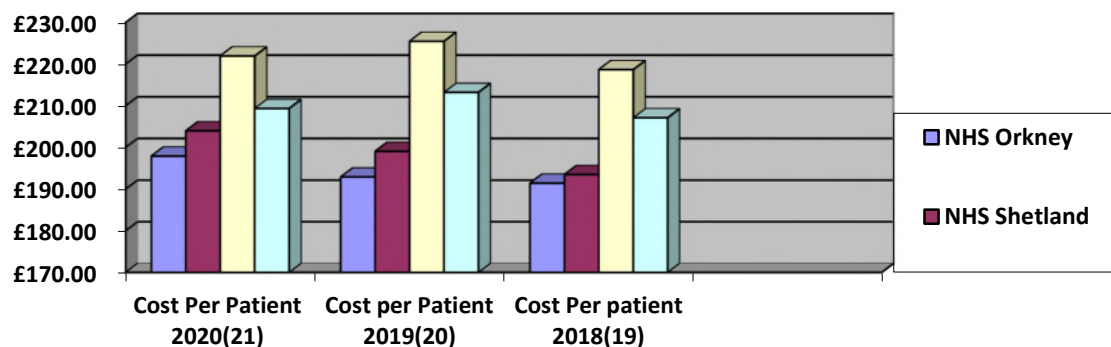
The spend vs budget for the first quarter is generally aligned with a budget to date of £1,083k and spend of £1,065k. The budget for 2020(21) at this time was £332k over-spent as a result

of increased prescribing attributable to the early stages of the pandemic. Previous years have been comparable to this year with spend generally within budget at the end of the first quarter.

Cost pressures within the primary care budget are generally aligned with winter pressures, a peak in prescribing over the festive period and the winter flu vaccine programme.

This year's flu vaccine programme is being extended to include additional patient cohorts and Covid vaccination boosters are being introduced. The impact on the primary care drugs budget and associated funding are unknown at this point.

Board comparison Cost Per patient



Work within GP practices to standardise prescribing practice and reduce variation is ongoing, however this requires engagement of GPs as prescribers. The pharmacotherapy services outlined in the GMS contract, have a focus on pharmacy service provision which reduces the workload of GPs rather than cost effectiveness and quality. However, the pharmacy team providing these new services are also striving to improve prescribing practice, and savings have been made. Having said that, the capacity to record these improvements has been challenging this year and savings achieved only offset some of the grown and inflation.

Cost Pressures

Advancements in medical treatments mean that new, and usually expensive, medicines are added to the NHS Grampian formulary (used by NHS Orkney) on a monthly basis. A large proportion of the treatments are for highly specialist conditions with associated small treatment numbers. Quantifying the financial risk is difficult. For a typical cost of £40k to £60k per annum, when NHS Orkney may be expected to see one patient per year; natural variation means that this could be no patients at no cost or three at a potential cost of £180k.

In conclusion

Spend on drugs across both Primary and Acute care sectors continues to rise, particularly within Acute services associated with Governments access to medicines policies, increasing numbers and indications of more effective and more expensive medicines, and shifting service delivery models.

As previously indicated the benefits of the increased cost of individual medicines, which impacts the drugs budget, have better outcomes for patients, improving the benefit and reducing the harm from their medicines.

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NHS Orkney Public Board – 28 October 2021	
Report Number: OHB2122-57	
This report is for noting.	
Board Performance Report	
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 invited to: 1. <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 to the Finance and Performance Committee for scrutiny and in the summary management information circulated to all Board members weekly to increase oversight of performance.</p>
Timing	For consideration at the October 2021 meeting of the Board.
Link to Priority areas	This performance reports links across the priority areas of quality and safety and systems and governance by providing the Board with oversight of performance in regards to LDP standards as well as other critical metrics which provide insight into the performance of the health care system.
Consultation	A version of this performance report which includes unpublished local data is considered at each meeting of the Finance and Performance Committee.

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

95.9%

Week ending 03/10/2021



4 Hour Emergency
Department
Standard



87.1%

June 2021



12 Week
Outpatient
Standard



80.5%

June 2021



Treatment Time
Guarantee



94.8%

June 2021



18 Weeks Referral
to Treatment



100%

June 2021



31 Day Cancer
Standard



91.7%

June 2021



62 Day Cancer
Standard



90%

September 2020



Access to CAMHS



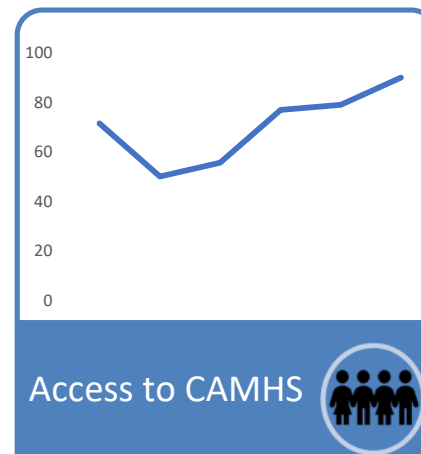
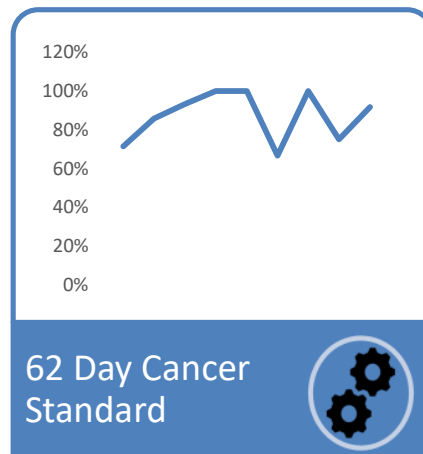
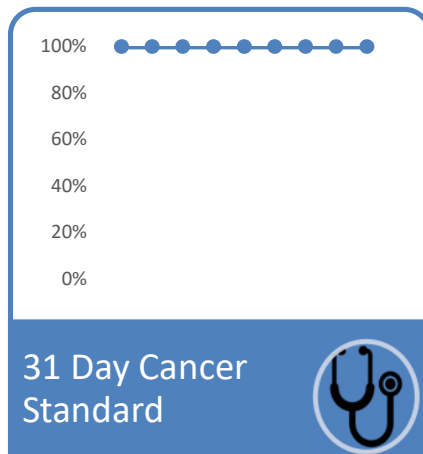
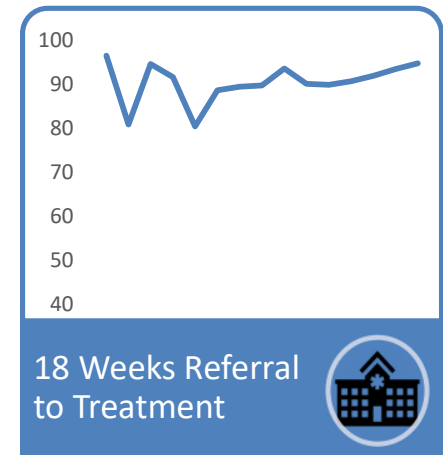
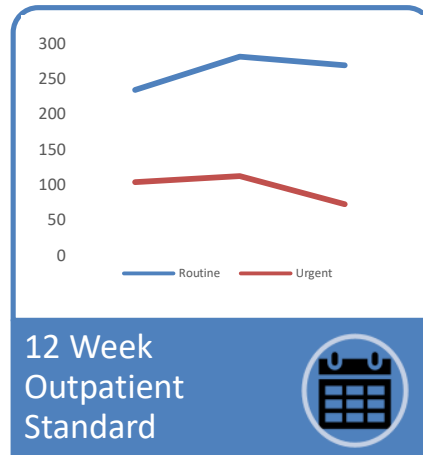
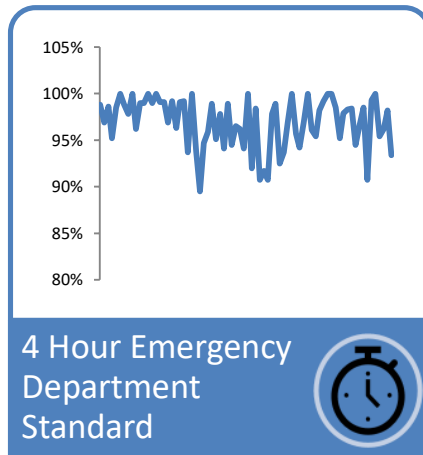
45.2%

June 2021



Access to
Psychological
Therapies





1. Emergency Department Performance

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

Update - As at week ending 3rd October 2021, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 95.9%. 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)

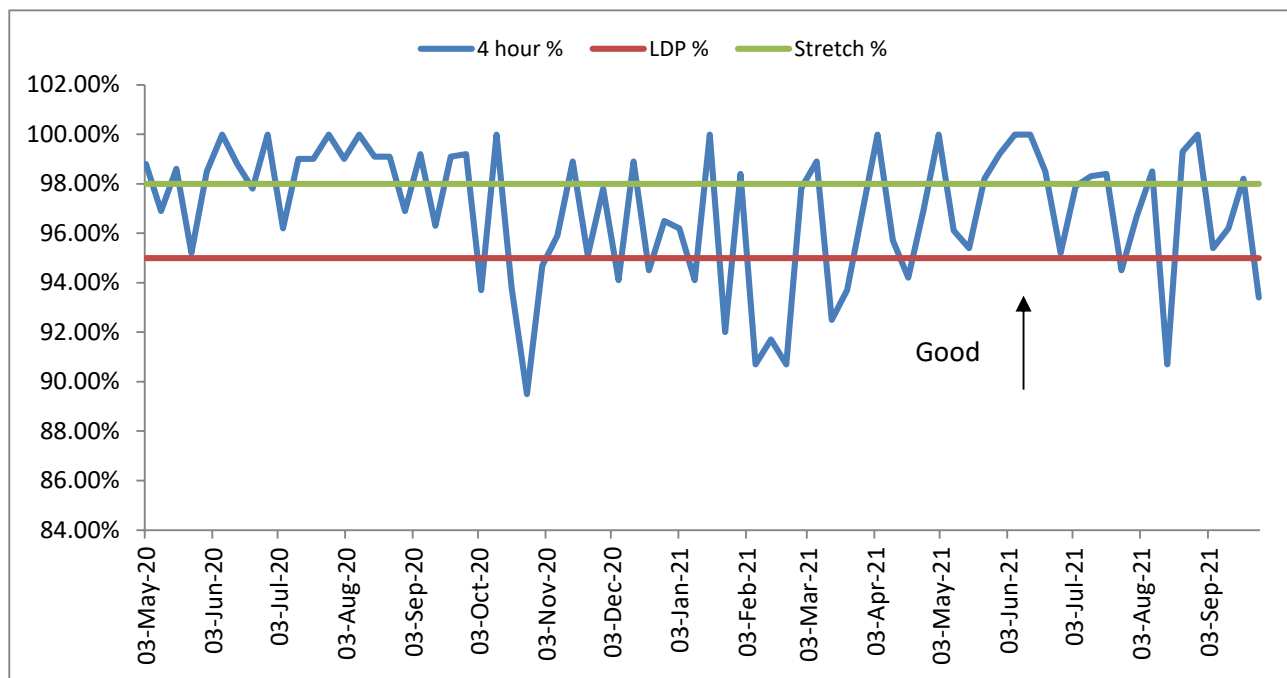
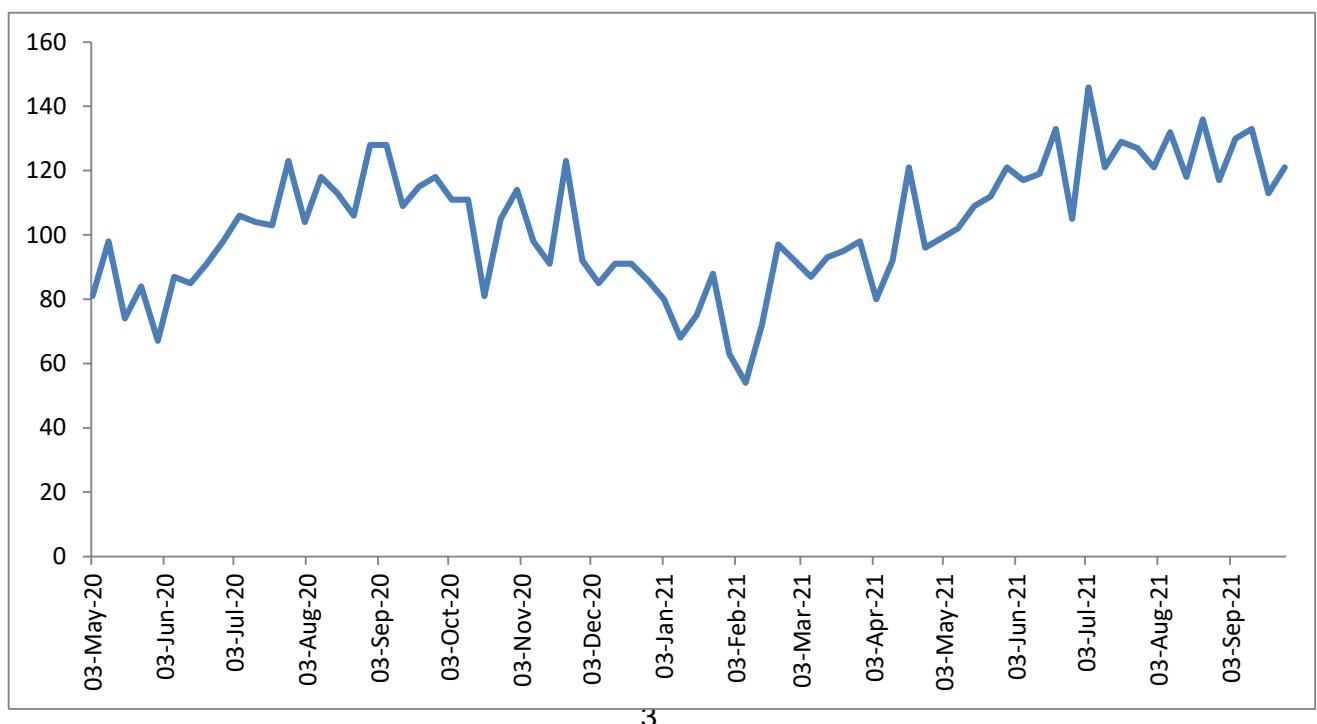


Figure 2: ED Attendances by week, March 2020- September 2021



2. Outpatients

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

Update – As at the end of June 2021, there were 975 patients waiting for a new outpatient appointment. 43.69% of these have been waiting longer than 12 weeks and 37.23% waiting greater than 26 weeks. This is an improved position since the end of March 2021 when 37.89% were waiting greater than 16 weeks and with increased access being facilitated as part of service remobilisation. 1120 patients were seen during June 2021; 144 (12.9%) waited over 12 weeks.

Figure 3: Performance in outpatients – The Balfour, 2012 – 2021

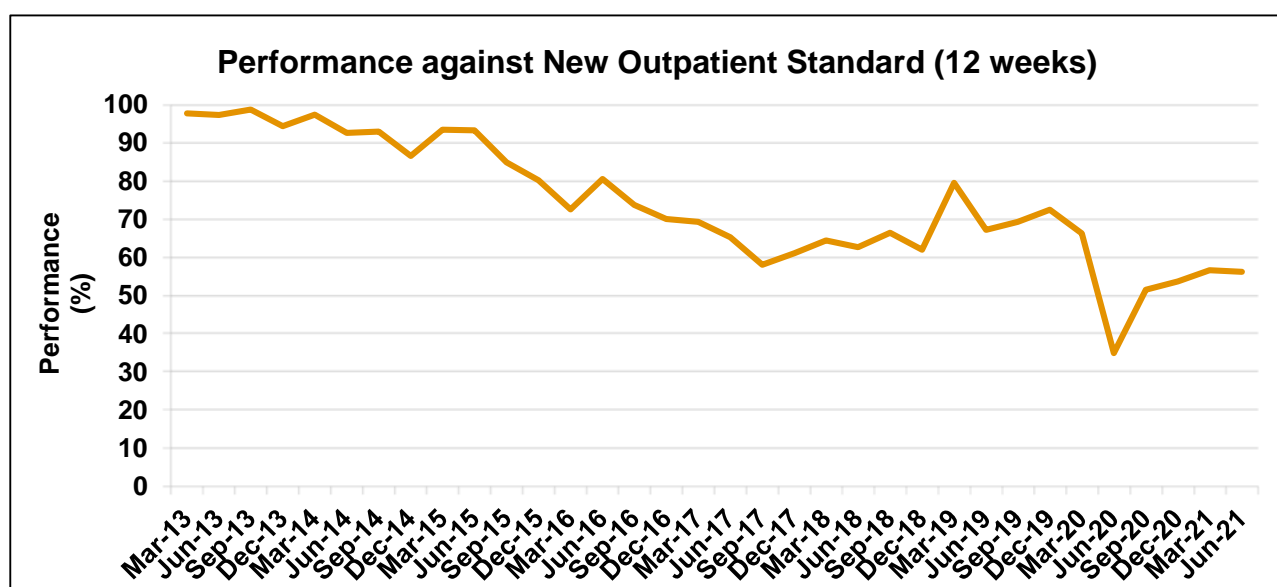
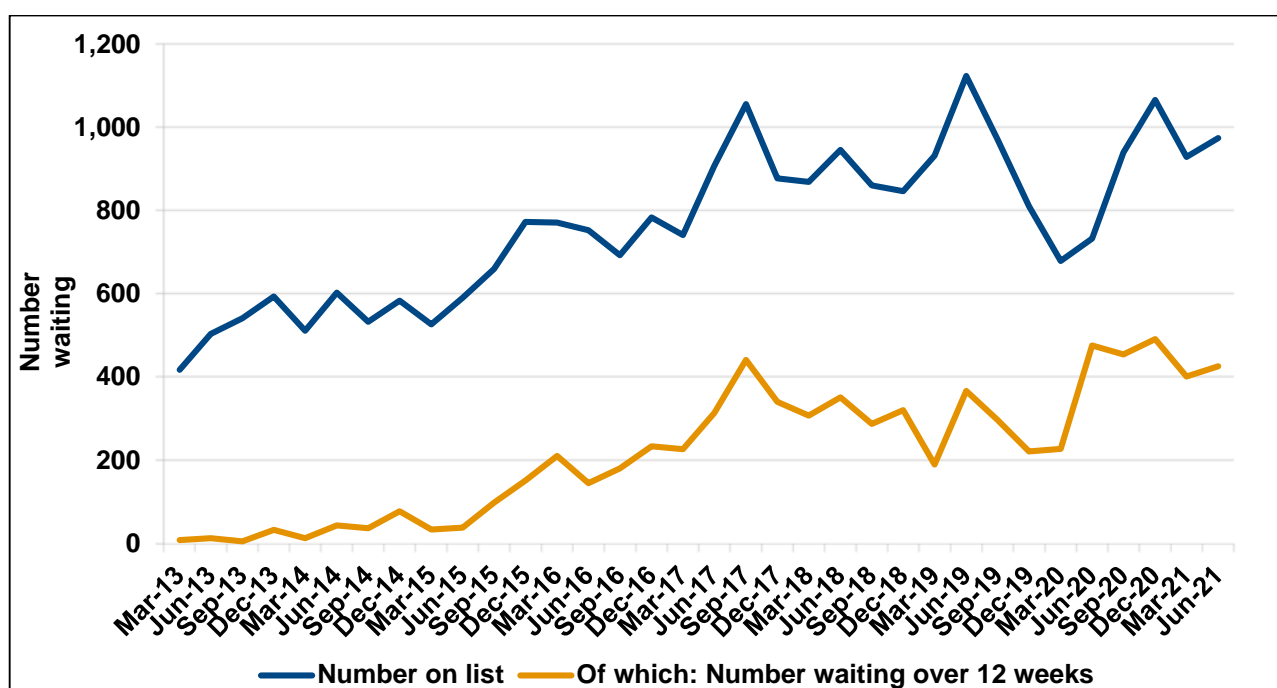


Figure 4: Outpatient waiting times – The Balfour, March 2013-March 2021



3. Treatment Time Guarantee (TTG)

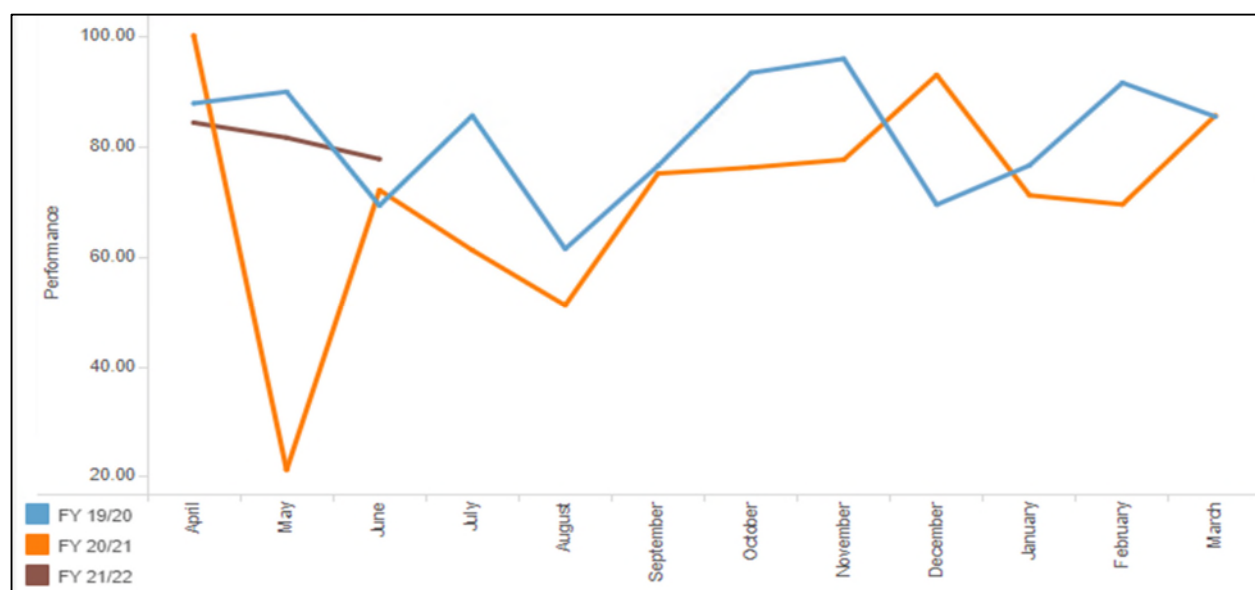
Standard - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

Update - As at the end of June 2021, there were 295 patients waiting for an inpatient/day case procedure. Of these, 98 (33.22%) have been waiting for more than 12 weeks. 159 patients were seen during June 2021; 31 had waited over 12 weeks.

The majority of patients are within the Trauma and Orthopaedic, Ophthalmology 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 new referrals are currently not being accepted for this service however it has been confirmed that all patients already referred will be treated within this financial year. Opportunities for utilising the Vanguard theatre capacity in NHS Shetland to further improve access to treatment in the new year are being explored alongside developing plans to address long outpatient waits for the visiting Ear, Nose and Throat service.

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

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

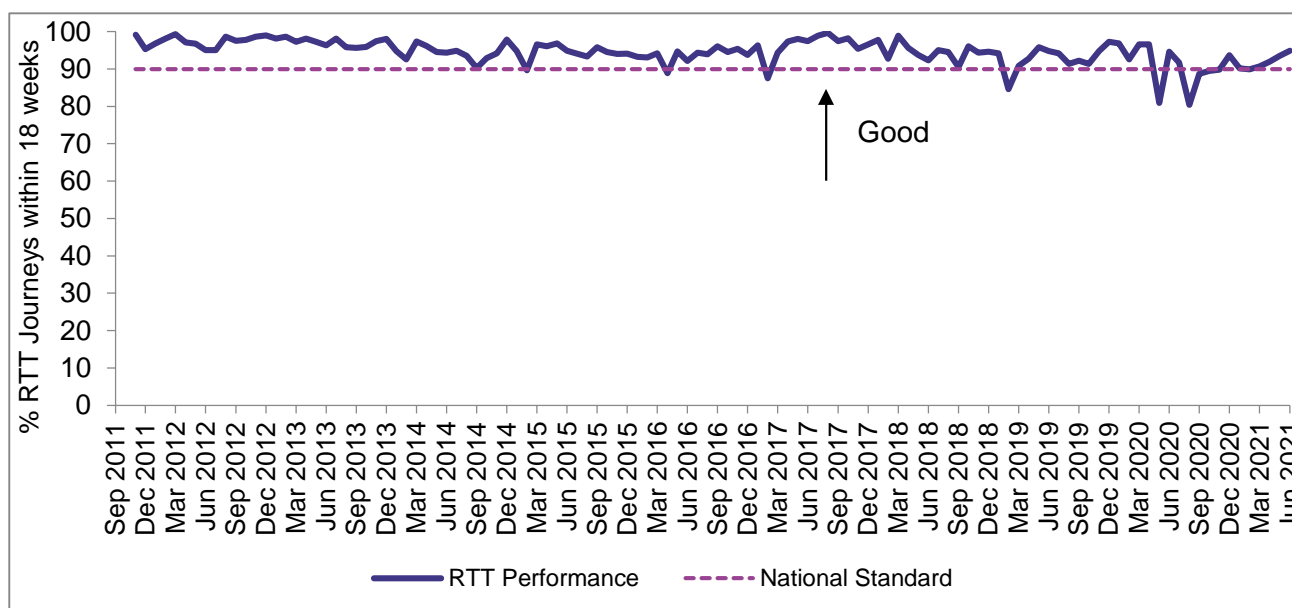


4. 18 Week Referral to Treatment

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

Update – Published data from June 2021 details 94.8% of patients were reported as commencing treatment within 18 weeks. There were 889 completed patient journeys. Of these 828 were within 18 weeks and 45 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 April – June 2021 shows 100% of patients started treatment within the 31-day standard. 91.7% of patients started treatment within the 62-day standard.

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

9. Dementia

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

No update to report – 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

No update to report - 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.

Update - Psychological Therapy - Published figures from quarter ending June 2021, shows 42 patients were seen. 45.2% of these were seen within 18 weeks. There are 199 patients still waiting during the month. Please note that these figures include all the Island Boards to prevent disclosive numbers.

13. IVF Treatment

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

Update – At the end of June 2021, 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)

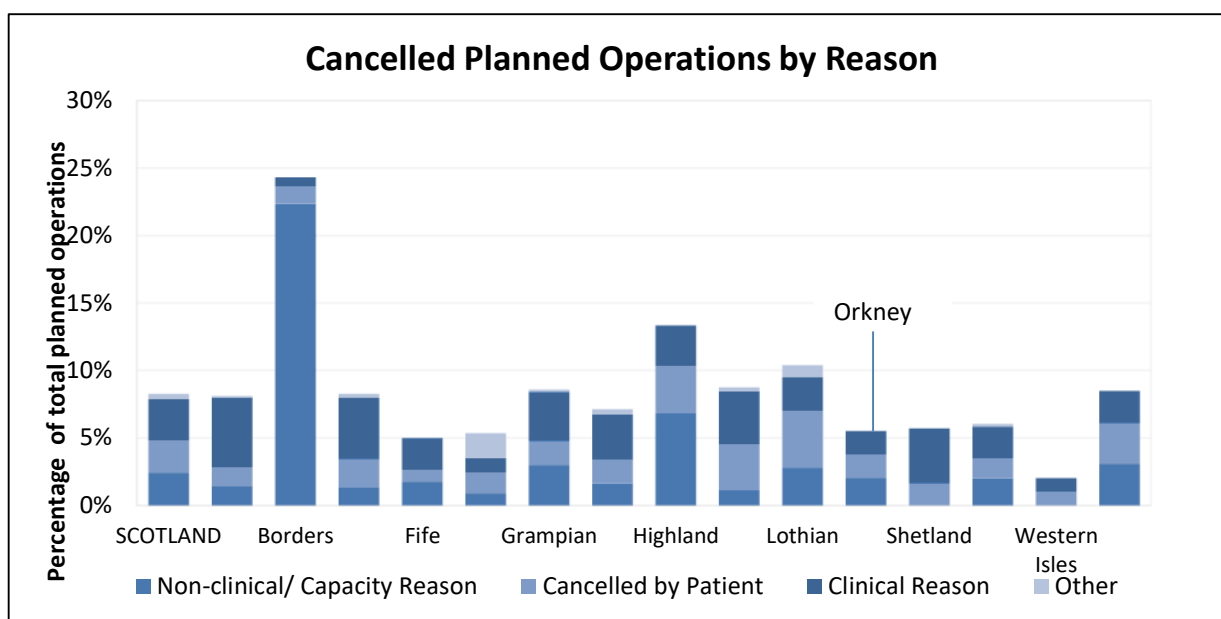
No update to report – During 2019/20 there were 18 quits (target was 31). This gives a performance against annual target percentage of 58.1%. The LDP 12 weeks quit rate performance percentage is 39.1%

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 August 2021 was 289, an increase from July 2021 (275). 16 operations were cancelled in August 2021. 6 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 5 were cancelled by the patient and 5 were cancelled based on clinical reason by the hospital. In comparison, 19 were cancelled in July 2021 and 16 were cancelled in June 2021. Current performance at 5.5% is still ahead of the national average of 8.3%.

Figure 16: Cancellation Reason for Planned Operation

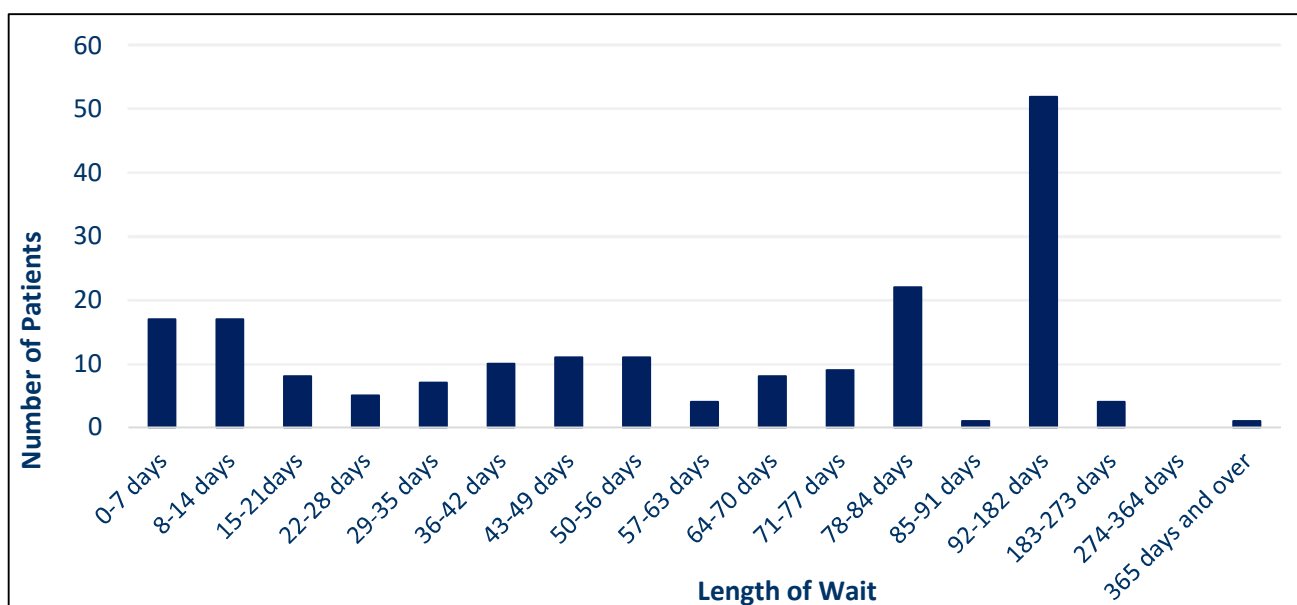


16. Diagnostics

Update - At the end of June 2021 there were 187 patients on the waiting list for a key diagnostic test. Of these, 75% had been waiting greater than 4 weeks and 66% had been waiting greater than 6 weeks. The numbers waiting has significantly increased since the end of May 2021 when 59% were waiting more than 4 weeks and 50% were waiting more than 6 weeks.

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 and clinical capacity. Clinical prioritisation of access to service continues to mitigate the risks of delay.

Figure 18: Distribution of waits – 8 key diagnostics tests



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. Additional outpatient clinic capacity continues to be provided 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 June 2021	508	68 (13.4%)	34	75
As at March 2021	561	63 (11.2%)	46	77

Figure 21. Number of patients waiting, All AHP MSK specialties

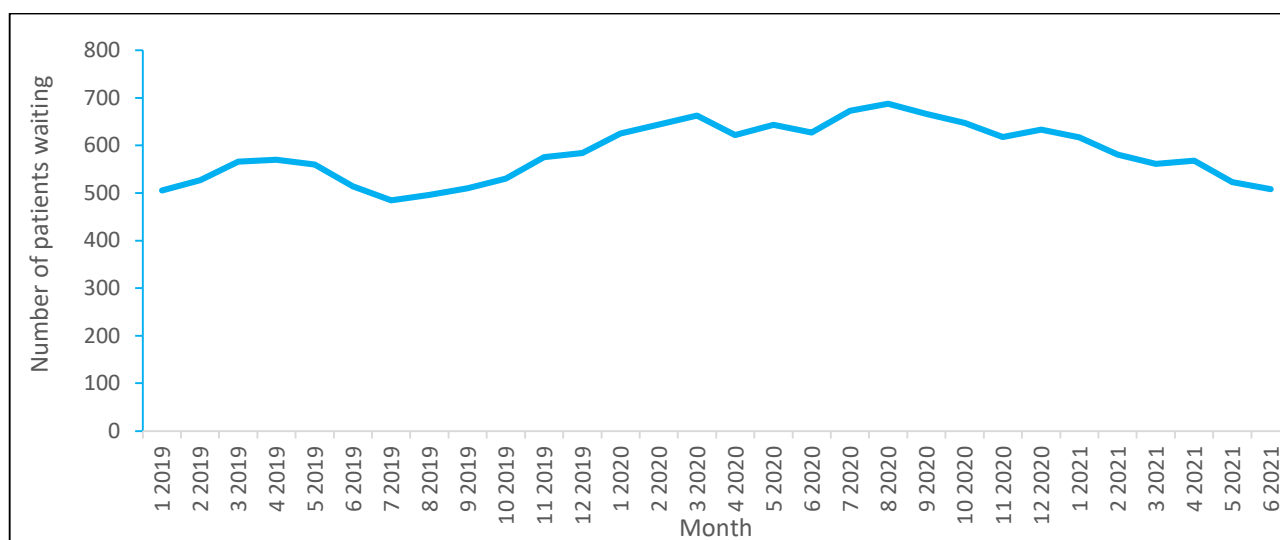
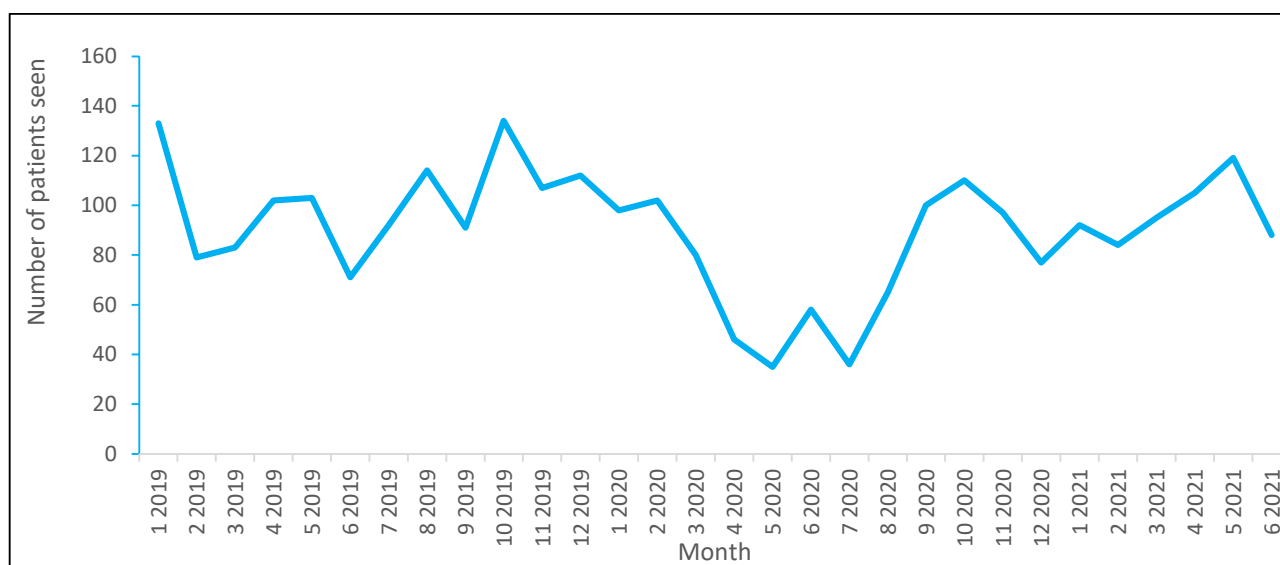


Table 2: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: ISD)

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at June 2021	312	194 (62.2%)
As at March 2021	271	167 (61.6%)

Figure 22. Number of patients seen, All AHP MSK specialties

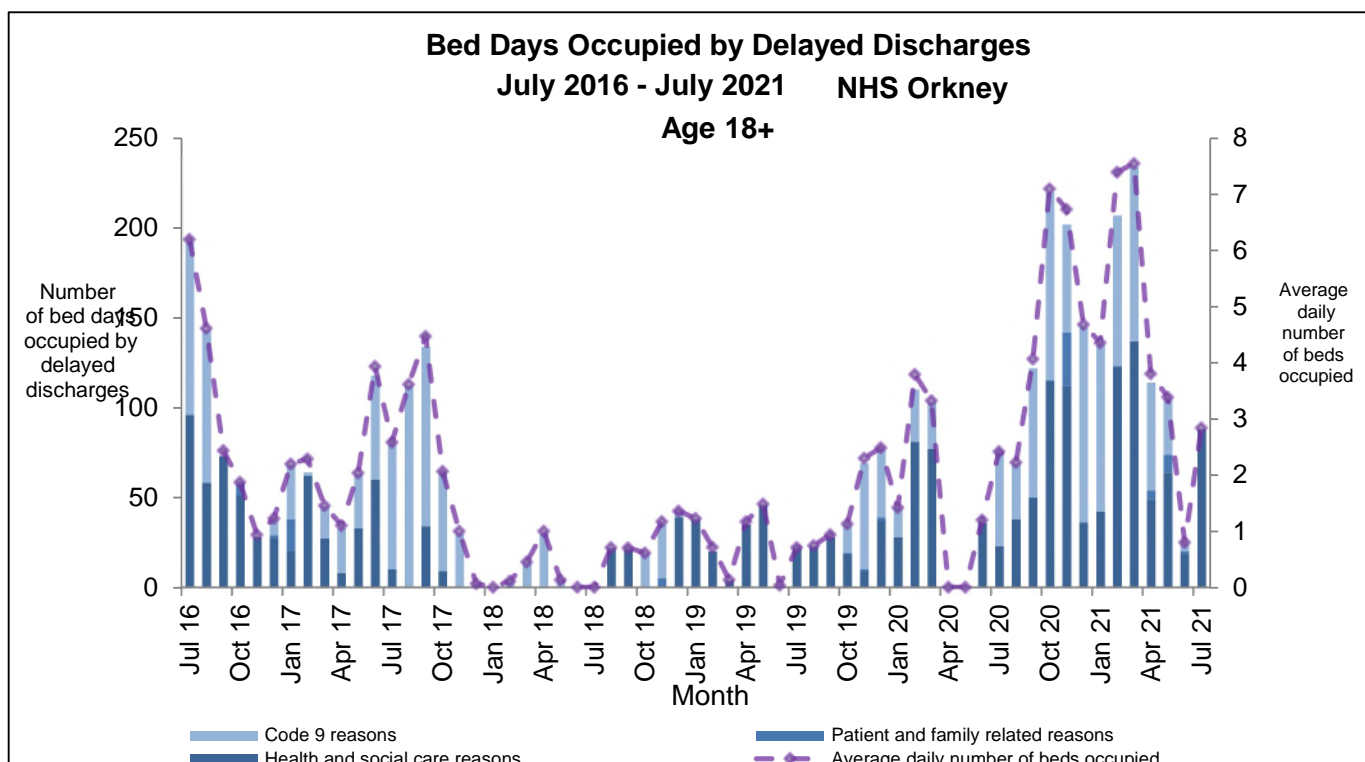


18. Delayed Discharges

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

Latest figures (July 2021) indicate that there were 88 Bed Days Occupied by Delayed Discharges. All 88 were due to Health and Social Care reasons. At Census there were 5 delays. Following an increase in delays over the winter and early spring, performance has improved in recent months as shown in Figure 23 below.

Figure 23: Bed Days Occupied by Delayed Discharges



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NHS Orkney Board – 28 October 2021 Report number: OHB2122-58 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 23 September 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 – 28 October 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 23 September 2021. It was agreed that these should be reported to the Board.

Section 4 Assurance Given

1. eHealth and IT update

The IT Manager presented the eHealth and IT update to members highlighting the following key points:

- The IT department had worked extremely hard over the past 12 months, providing vital technological updates to allow staff to continue working remotely during the Covid-19 outbreak. This included the rapid roll out of Microsoft Teams, as well as migration to Office 365.
- The requirement for an Electronic Patient Record Management System was high on the teams priority list going forward, and research into suitable systems, including discussions with other Boards, had begun to take place.
- Inter-island connectivity was currently very poor, which was impacting on service provision. Following significant discussion and research, the team had arranged for a new wireless point to point network to be installed by Cloudnet. This would

enhance current connectivity greatly, as well as allowing future developments to take place.

- Enhancements to remote working systems would take place to allow users to work remotely in a more safe and secure manner.
- Cyber security and resilience was a high priority for the team, with back up servers in place and research underway into applications to detect suspicious behaviour and take corrective action as required.
- Nationally, the Community Health Index (CHI) project had been completed, and work would begin to replace the Child Health Systems in 2022

Members noted the update and looked forward to a further update at the end of the financial year.

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 the forecast overspend outturn of £5.029m.

Members noted that further progress had been made towards the sustainable medical model, and this was beginning to deliver savings. The Associate Medical Director continued to review posts to provide permanent staff and reduce locum spend.

Appendices

- **Appendix 1** – Approved Minute of the Finance and Performance Committee meeting held on 22 July 2021

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 22 July 2021** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director

In Attendance: Christina Bichan, Head of Assurance and Improvement
Lynda Bradford, Head of Health and Community Care (for item F25)
Stephen Brown, Chief Officer, IJB
Christy Drever, Committee Support
Pat Robinson, Chief Finance Officer of the IJB
Alan Scott, Estates Manager (for item F26)
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

F20 **Apologies**

Apologies were noted from David McArthur and Meghan McEwen.

F21 **Declarations of Interests – agenda items**

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

F22 **Minutes of Meeting held on 27 May 2021**

The minute of the meeting held on 27 May 2021 was accepted as an accurate record of the meeting and was approved, subject to the following amendments.

Page 6, Bullet Point 5 should read “By comparison, NHS Orkneys GP prescribing costs were comparable with other Boards.”

Page 6, Paragraph 2 should read “Members queried the future environmental factors affecting use of drugs or medical gases and alternatives.

F23 **Matters Arising**

Page 2 – 7 Technology Enabled Care Programme Board

The Director of Finance provided clarity surrounding the purpose of the Technology Enabled Care Programme Board (TECPB), highlighting:

- The TECPB had been reinstated, with a redrafted remit planned to go to the meeting in August.
- The Digital Strategy was in the process of being reviewed, to outline plans for the next 3 years over key areas. The Strategy would encompass all areas of NHS Orkney, including the Integration Joint Board, GP Surgeries and third sector partners.
- The final versions of the remit and Digital Strategy would be brought through the Finance and Performance Committee once it had been reviewed by the TECPB.

F24 **Action Log**

The action log was reviewed and updated as required.

Performance Management

F25 **Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update – FPC2122-09**

The Head of Assurance and Improvement and Head of Health and Community Care presented the Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update, highlighting the following key points:

- Reporting of performance data for the CAMHS service remains suspended however The Operational Manager of the Community Mental Health Team and Head of Health and Community Care had been focusing team efforts 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. Through these subgroups' improvements are being progressed in relation to Referral, Mild-Moderate Treatment Modalities and Communication. This work was now being led by the Head of Health and Community Care and the Steering Group and Oversight Groups had not been re-instated given the negative impact additional meetings had on capacity and in particular on clinical time.
- Additionally, the introduction of Distress Brief Intervention (DBI) had also been progressed with a 2-year test of change being approved at the last meeting of the Integration Joint Board. Looking ahead, consideration was being given to how all three sub-groups and the DBI test of change could be rolled into the work of the Mental Health Strategy group to provide one streamlined programme of work.

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

The Interim Chief Executive stressed the importance of lessons learnt, including understanding what the barriers were to supplying quality data returns and sharing the learning across services from this. The Head of Assurance and Improvement highlighted that her team monitored any data quality issues across all services and highlighted these to be rectified as quickly as possible. She highlighted that this particular case had been more significant than would normally be expected, and that learning would be taken and shared with colleagues via the Executive Management Team meetings.

The Head of Health and Community Care advised that the team had introduced regular auditing of case notes prior to scanning into C-cube.

Decisions/Conclusion

Members noted the update and were assured of progress, looking forward to

further updates in future as applicable.

F26 **Property Asset Management Strategy – FPC2122-10**

The Estates Manager presented the Property Asset Management Strategy on behalf of the Head of Estates and Facilities, highlighting the following key points:

- The strategy had been integrated with the new North Regional Asset Management Plan.
- The strategy details the state of all assets, including all essential work needed to make buildings physically and functionally suitable.
- Many properties had been rated as high priority, including several on the outer isles. These ratings consider the suitability of a space, and in many cases the properties were repurposed homes. This meant more work might be needed to bring these properties to the same level of suitability as other properties, including space utilisation, water systems and fire safety standards.
- An application had been submitted for funding for a consultant to come on island and review properties from an environmentally friendly perspective. Following this assessment, a further application for funding would be placed to undertake any improvements identified

Decisions/Conclusion

Members noted the update and were assured of progress.

F27 **Performance Management Report – FPC2122-11**

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

- Performance in all areas had shown improvement, with the exception of the 62-day cancer standard. This standard had been affected by bed capacity issues in NHS Grampian and the team were actively monitoring this situation.
- The team was ready to go live with public reporting of average waiting times. This would be published on the NHS Orkney website and social media pages.
- Golden Jubilee Hospital had reopened to routine and urgent referrals, however there was a limit to those accepted each month. It was hoped that the backlog of patients would be cleared by 31 August 2021, after which patient flow should return to normal.
- All clinics and visiting services had resumed, with most working at the frequency they had prior to the pandemic. Clinics were running at a reduced capacity, due to social distancing within waiting areas, and increased infection prevention and control measures in place between patients.

Members highlighted the impressive Covid-19 vaccination data, and thanked all staff involved for their hard work.

Decisions/Conclusion

Members noted the Performance Management Report and were assured of progress against standards.

Financial Management and Control

F28 Financial Performance Management Report – FPC2122-12

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

- The report had already been presented to the Board meeting in June, however due to deadlines, June reporting was not prepared in time to be brought to the Finance and Performance Committee
- The year to date position was an overspend of £0.792m and at this very early stage we are anticipating a year end outturn of £4.9m overspend. The Covid-19 spend was £0.846m.
- At this very early stage in the reporting cycle the numbers are heavily caveated and based on several assumptions:
 - The year-end position was heavily predicated on the delivery of £1.2m of identified savings.
 - The £4.9m overspend also assumes no further savings delivered against the identified savings targets.
 - It was anticipated that the Integration Joint Board would, in conjunction with NHS Orkney, deliver against its unachieved savings brought forward from 2020/21 of £0.800m.
 - Prescribing costs might be further impacted by ongoing Covid-19 concerns and EU Exit.
 - We continue discussions with other Health Boards to monitor Service Level Agreement activity and the impact of Covid on these costs in year.
 - It was anticipated that full funding for Covid-19 expenditure would be provided by the Scottish Government.
 - Covid cases in Orkney continue to be low, if this changes there could be an impact on projected costs.

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 are making progress towards achieving financial balance and controlling the overspend.

Decisions/Conclusion

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

F29 2021/22 Capital Plan – FPC2122-13

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.

Decisions/Conclusion

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

Policies for Approval

F30 Information Governance Policy – FPC2122-14

The Director of Finance presented the updated Information Governance Policy for approval, highlighting that the Information Governance Committee had reviewed the policy on 17th 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”

Decisions/Conclusion

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

F31 Information Requests Policy - FPC2122-15

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

Decisions/Conclusion

Members approved the updated Information Requests Policy.

Governance

F32 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

F33 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 for assurance:

- Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update
- Financial Performance Management Report
- 2021/22 Capital Plan

- Information Governance Policy
- Information Requests Policy

F34 Any Other Competent Business

There was no other competent business.

Items for information and noting only

F35 Schedule of Meetings

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

F36 Record of attendance

Members noted the record of attendance.

F37 Committee Evaluation

The Chair highlighted the benefit of receiving the early savings foresight for the coming year and the deep dive into the CAMHS reporting to provide further assurance to the Board.

The meeting closed at 10:41

Not protectively marked

NHS Orkney Board – 28 October 2021 Report Number: OHB2122-59 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. <u>Note</u> 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 October 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 REGISTER REPORT – OCTOBER 2021

No	Risk Title	Current Risk Rating	Mitigation	Target Risk Rating	Update	Review Date
311	NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient harm	9	Brexit Steering Group Monthly report to SMT 6/21 Ongoing general monitoring of situation as Brexit date passed	6	Steering group re-established to re-asses risk. 6/21 Currently no issues but ongoing monitoring during transition period. Update Sept 2021 - Increased concerns re supply chain for foodstuff and goods in UK, increased energy costs and concerns re carbon dioxide supplies (latter used in theatre for laparoscopy and endoscopy and NHS Orkney has 2 months stock and limited supply held at Streamline. Manufacturing and distribution pressures likely to remain for sustained period with potential impact on foodstuffs and medical supplies with little advanced warning.	31/03/2022
365	Potential non-compliance with Health and Care (Staffing) (Scotland) Act	12	<ul style="list-style-type: none"> Executive Lead – Interim DoNMAHP - Professional Leads: Interim Nursing, Midwifery and AHP Interim Medical Director Lead Dentist Executive & Senior Management Team meetings Management Team / Clinical Care & Governance, & Staff Governance framework; 6 monthly update report / General Management Structure within Hospital and Community / Policies / Procedures / Guidelines / Health & Care (Staffing) (Scotland) Act 2019: Guidance Summaries dated 17 Aug 21 / RMP4: Health & Care Staffing Delivery Plan created 28 Sep 21 SG / HSP Board Self-assessment Report / Healthcare Staffing Resources area on Blog > Clinical Governance > Healthcare Staffing / Departmental Generic healthcare staffing risk assessment on Blog > Clinical Governance > Risk > Departmental – Generic Risk Assessment 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. Have procedures for assessing staffing requirements in real-time, identify & escalate risk across all clinical settings & staff groups.	9	Update July 2021 - Report went to joint Clinical Care Governance on 13th July outlining current progress on embedding the HCSP Act. Update Sept 2021 - Update gone to NAMAC/TRADAC. Update going to October Clinical Care Governance Committee and SBAR to EMT	31/12/2021

			Seek & have regard to appropriate clinical advice in decisions relating to staffing. Report annually to Scottish Ministers how they have met the requirements in the legislation.			
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. Update Sept 2021 - Owner of risk changed from L Wilson to K Fox - 3 substantial surgeons recruited awaiting start dates - Physician post back out to advert. Varies speciality consultant posts out to advert.	30/11/2021
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	Update Sept 2021 - NCSC course is being added to Learn Pro in the next couple of weeks. Meeting with Microsoft, OD & L, HR and IT scheduled in 2 weeks to review Microsoft free available courses for organisation.	31/01/2022
No	Risk Title	Current Risk Rating	Mitigation	Target Risk Rating	Update	Review Date
551	Failure to Deliver DHI Listening Exercise Action Plan	15	Actions aligned to Executive Directors and built into Turas objectives. Cascading down through team objectives expected alongside organisation wide conversations. Oversight mechanism in development in discussion with EMT. This will involve quarterly EMT updates plus regular updates to SMT and the Board.	5	Update Sept 2021 - DHI information was cascaded via EMT and each Director working on their specific areas and taking forward via relevant governance committees. The Staff Governance Committee will be oversight for the full set of recommendations and will be receiving an update at November meeting.	31/12/2021
552	Failure to Respond Appropriately to COVID 19	12	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.	8	Update June 2021 - Current Rating reduced due to timely roll out of Vaccination Programme	31/12/2021
553	Impact of NHS Service Provision on Climate Change and Sustainability	12	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.	8		31/12/2021
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

555	Failure to Meet Patients Specialist Healthcare Needs	12	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.	8		31/12/2021
655	Senior Leadership, Oversight, and 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	Update Sept 2021 - No change to risk.	30/11/2021
No	Risk Description	Current Risk Rating	Mitigation	Target Risk Rating	Update	Review Date
725	NHS Orkney's ability to comply with the requirements of the Manual Handling Operations Regulations 1992.	20	Moving and Handling lead (Training Officer) in place for 0.5WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer. Conversations taking place with external trainers to support backlog. Training plan in place but challenge in freeing up staff time. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Robust system for maintaining hoists in place. Robust system for inspecting slings in place. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports.	6	Update October 2021 - Consequence & likelihood of risk increased with overall risk rating increased from 12 to 20 due to information gleaned from HSE audit. Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register. Budget for WTE approved conversations taking place to increase hours of Training Officer.	28/02/2022
726	NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.	20	Violence and Aggression lead (Training Officer) in place for 0.5 WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer. Due to Covid, issues in accessing sufficient training for the V&A lead. Conversations taking place with external trainers to support backlog. Challenge freeing up staff time to attend training. Limited in what Training Officer can do as they are working on their	6	Update October 2021 - Consequence & likelihood of risk increased with overall risk rating increased from 12 to 20 due to information gleaned from HSE audit. Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register. Budget for WTE approved conversations	28/02/2022

			own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports.		taking place to increase hours of Training Officer.	
749	Robertson Facilities Management Provision of Full FM Service – In and Out of Hours	16	Escalated to the Robertsons Directors who are currently working on a risk mitigation plan this is being treated in highest priority as would result in breach of contract which would incur major financial penalties for Robertsons. NHS Orkney Estates staff would be available to assist in the case of an emergency. No transfer of risk.	6	Update Sept 2021 - Offers accepted for both engineering posts, offers were made subject to satisfactory disclosure and references. Provisional start dates will be the beginning of November. We are hopeful that Disclosure Scotland and the referee responses will be received by then	30/11/2021

New/Escalated Risks					
No	Risk Title	Current Risk Rating	Mitigation	Target Risk Rating	Review Date
655	Senior Leadership, Oversight, and 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	30/11/2021
725	NHS Orkney's ability to comply with the requirements of the Manual Handling Operations Regulations 1992.	20	Moving and Handling lead (Training Officer) in place for 0.5WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer. Conversations taking place with external trainers to support backlog. Training plan in place but challenge in freeing up staff time. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Robust system for maintaining hoists in place. Robust system for inspecting slings in place. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports.	6	28/02/2022

			Update October 2021 - Consequence & likelihood of risk increased with overall risk rating increased from 12 to 20 due to information gleaned from HSE audit. Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register. Budget for WTE approved conversations taking place to increase hours of Training Officer.		
726	NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.	20	Violence and Aggression lead (Training Officer) in place for 0.5 WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer. Due to Covid, issues in accessing sufficient training for the V&A lead. Conversations taking place with external trainers to support backlog. Challenge freeing up staff time to attend training. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports. Update October 2021 - Consequence & likelihood of risk increased with overall risk rating increased from 12 to 20 due to information gleaned from HSE audit. Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register. Budget for WTE approved conversations taking place to increase hours of Training Officer.	6	28/02/2022
	Risk Description	Current Risk Rating	Mitigation	Target Risk Rating	Review Date
749	Robertson Facilities Management Provision of Full FM Service – In and Out of Hours	16	Escalated to the Robertsons Directors who are currently working on a risk mitigation plan this is being treated in highest priority as would result in breach of contract which would incur major financial penalties for Robertsons. NHS Orkney Estates staff would be available to assist in the case of an emergency. No transfer of risk.	6	30/11/2021

Changes to Risk Ratings

No	Risk Description	Previous Risk Rating	Current Risk Rating	Update/Reason for Change	Target Risk Rating	Review Date
There were no changes to any risks during this reporting period.						

Inactive/Closed Risks/De Escalated					
No	Risk Title	Current Risk Rating	Reason for Closing/Making Risk Inactive	Target Risk Rating	Date Closed/De Escalated
There were no risks closed/de-escalated or made inactive during this reporting period.					

Risks Overdue for Review						
No	Risk Title	Current Risk Rating	Mitigation	Target Risk Rating	Update	Review Date
There are no risks overdue for review in this reporting period.						

Not Protectively Marked

NHS Orkney Public Board – 28 October 2021 Report Number: OHB2122-60 This report is for assurance Audit and Risk Committee Chair's Report	
Lead Director Author	David Drever, Chair of the Audit and Risk Committee Gemma Pendlebury, Audit and Risk Committee Support
Action Required	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the Audit and Risk Committee Chair's Report covering the 7 September 2021 meeting 2. Take assurance on performance 3. Adopt the approved minutes from the 1 July 2021 meeting
Key Points	This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Tuesday, 7 September 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"> • Systems and Governance
Consultation	N/A

Not Protectively Marked

NHS Orkney Board – 28 October 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, 7 September 2021.

Section 2 Recommendations

The Board is asked to:

1. **Note** the Audit and Risk Committee Chair's Report covering the 7 September 2021 meeting
2. **Take assurance** on performance
3. **Adopt** the approved minutes from the 1 July 2021 meeting

Section 3 Background

This report highlights key agenda items that were discussed at the Audit and Risk Committee meeting held on Thursday, 7 September 2021.

Section 4 Discussion

4.1 Internal Audit Recommendations – Action Report

The Audit and Risk Committee received the Internal Audit Recommendations action report, along with the summary of progress on outstanding audit recommendations.

Twenty-four audit recommendations were brought forward following the last report. Extensions are sought for fifteen of the recommendations brought forward. Approval is sought for four recommendations for completion.

Twenty recommendations remained in progress with estimated completion dates throughout 2021/2022.

Grade	Brought Forward	Additions	Complete	Carried Forward
Not listed	0	0	0	0
Low	0	0	0	0
Medium	22	0	4	18
High	2	0	0	2
Total	24	0	4	20

Members of the Audit and Risk Committee commended the depth of detail and information captured within the report and were reassured that the Director of Finance was overseeing the progress of audit actions and their follow up.

The Committee approved the extensions requested, noted the progress made and authorised the closing of the mentioned audit recommendations.

4.2 The Code of Corporate Governance

The Audit and Risk Committee received the amended Code of Corporate Governance for 2021/22, including the Standing Financial Instructions.

Members were reminded that the Code of Corporate Governance was reviewed on an annual basis to take account of changes in legislation and outcomes from the review of Governance Committee and Board key documentation.

The Code was last reviewed in December 2020, due to capacity challenges from the Covid-19 Pandemic, with a view that the reporting cycle would revert to the norm by June 2022.

They were informed that the main amendments which had been made during the yearly review were:

- Amendments to the Governance Committee Terms of Reference following individual review
- Updates to the Standing Financial Instructions to reflect the latest working practices
- Changes in wording to closer reflect the statements in the Model Standing Orders contained within DL(2019)24, as adopted by the Board
- Minor changes to job titles, emails addresses and links to reflect current arrangements

Members took the opportunity to discuss the potential for making the Code more accessible for all members of NHS Orkney's staff by way of involving the Area Partnership Forum, as well as ways in which assurance could be gained that all staff had read and confirmed receipt of the Code and would adhere to the contents.

Appendices

Appendix 1 Approved minute from Tuesday, 1 July 2021

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Thursday, 1 July 2021** at **9:30**

Present: David Drever, Chair
Jason Taylor, Vice Chair
Issy Grieve, Non-Executive Board Member
Fiona MacKellar, Employee Director

In Attendance: Stephen Brown, Chief Officer – Integration Joint Board
Davie Campbell, Non-Executive Board Member
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Claire Gardiner, Senior Audit Manager, Audit Scotland
Joanna Kenney, Non-Executive Board Member
Meghan McEwen, Board Chairperson
Keren Somerville, Head of Finance
Kim Wilson, Interim Director of Acute Services
Gillian Woolman, Audit Director, Audit Scotland
Emma West, Corporate Services Manager

A63 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting along with other members of the Board who were in attendance.

A64 **Apologies**

All Board members had been invited to the meeting to scrutinise the Annual Accounts in advance of recommendation of Board approval.

Apologies were received from C Evans, S Johnston, Dr L Wilson, and D McArthur.

A65 **Declarations of Interest**

No interests were declared.

A66 **Minutes of previous meeting held on 1 June 2021**

The minute of the Audit and Risk Committee meeting held on 1 June 2021 were received by the Committee and approved as a true and accurate record of the meeting.

A67 **Matters Arising**

There were no matters arising additional to the agenda.

A68 **Action Log**

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

Service Assurance Reports**A69 Covering letter from Carolyn Low, NHS NSS Director of Finance – ARC2122-35**

The Director of Finance presented the reports to allow members to receive and take assurance from the Service Audit Assurance Reports from NHS National Services Scotland for 2020/21.

The Service Audit Reports were in respect of Payments to Primary Care Practitioners and National IT Services including ePayroll services. There were three levels of conclusion that the service auditor could apply when reviewing the effectiveness of the control environment:

- Unqualified – controls were those necessary to provide reasonable assurance and were working effectively;
- Qualified – where controls were working, but that there were significant “Exceptions”
- Adverse - where controls were absent or failed

In 2019/20 NSS received a qualified Service Audit opinion in both areas and as such an improvement plan had been agreed, although significant improvements had been made the payments to Primary Care Contractors Service Audit remained qualified for 2020/21.

Decision / Conclusion

The Audit and Risk Committee received the covering letter and background to the Service Audit Reports.

A70 Service Audit Management Response - ARC2122-36

The Director of Finance presented the outcomes of the meeting of the NSS Audit and Risk Committee held on the 26 May 2021.

In 2019/20 all three services received a qualified Service Audit opinion:

- Payroll – one of five control objectives qualified
- IT – three out of six control objectives qualified
- P&CFS – four out of five control objectives qualified

Management in all three areas had committed to a plan of improvements to address the control issues identified. Following this only the payments to Primary Care Contractors remained a qualified opinion with further actions required to address matters going forward and a report would be published in July 2021.

There were a number of causes that had been identified; including the wording of the control description being too general, the manual recording of information, interim changes as a result of Covid-19 not being accurately reflected and a lack of sufficient time to enable further evidence to be sought. The findings were mainly administrative in nature and evidence supported by regular sample testing showed no significant errors in payments made.

Decision / Conclusion

The Committee noted the update provided and the assurance contained within this.

A71 IT Services Audit Report – ARC2122-37

The Director of Finance noted the detailed service audit report from KPMG and drew attention to control objectives 1 and 3 as noted below:

1 – *Controls provide reasonable assurance that logical access to applications, operating systems and databases is restricted to authorised individuals.* Overall, this control objective had been achieved, although this matter still warranted specific emphasis.

3 – *Completeness and accuracy of population lists for system changes.* It was noted that the list of changes were maintained manually, sufficient overall evidence was in place to support an unqualified opinion on this objective, the matter warranted specific emphasis.

Decision / Conclusion

The Audit and Risk Committee noted the report and took assurance from the information provided.

A72 Practitioner and Counter Fraud Services Audit Report (non COVID payments) - ARC2122-38

The Director of Finance provided the detailed independent KMPG audit report which was a qualified opinion and highlighted that there were qualifications to the following four control objectives:

- 1- Control operating effectiveness failures were noted on GP practice mandates authorisation, and the verification and accuracy checks of ad hoc payments and standing data amendments.
- 2- Regarding the verification of completeness, validity and accuracy of General Pharmaceutical Services payments control operating effectiveness failures were noted.
- 3- Regarding the controls in place over the verification of completeness, validity and accuracy of General Dental Services payments, control design failures were noted.
- 4- Regarding the controls in place over the verification of completeness, validity and accuracy of General Ophthalmic Services payments, control design failures were noted on the validation of eDental payment claims.

Decision / Conclusion

The Audit and Risk Committee noted the report and the qualified opinion to the above four control objectives.

A73 Practitioner and Counter Fraud Services COVID-19 Transaction Testing Audit Report - ARC2122-39

The Director of Finance presented the report, as a result of Covid-19 the Scottish Government had announced a series of financial measures for dentists,

Ophthalmic Practitioners, Pharmacists and General Practitioners in order to mitigate key financial risks. The audit concluded that transactional services payments and, where necessary, reclaimed funds were appropriately calculated, monitored, and processed accurately. No significant issues were noted in regard to the calculation and processing of payments although it was noted that evidence of independent checks was not always clear through all processes.

Decision / Conclusion

The Audit and Risk Committee noted the report and took assurance from the information provided.

A74 **General comments on the Service Audit Assurance Reports from NHS National Services Scotland for 2020/21.**

The Chair questioned the assurance and risk to NHS Orkney and was advised by the Director of Finance that this related to financial misstatement as NSS were making payments on behalf of all Boards and there was a requirement to ensure that this was accurately reflected in the annual accounts. There was a level of concern that a qualified opinion had been issued in two subsequent years, but assurance had been taken around the work completed.

The Employee Director noted that these were detailed, technical papers and welcomed the clarity provided by the Director of Finance around the relevant points and assurance. She noted that the reports contained a theme that staff felt they could not do any more than they already were.

The Interim Chief Executive noted that that primary assurance could be taken from the Boards own audit and assessment, but it was also useful to see a reflection of other organisations experiences and challenges.

G Woolman provided an external audit perspective with a focus on where there were qualified opinions. Primary Care accounted for around 10% of expenditure in the accounts, previous Primary Care payments had been processed locally, this was now centralised with NSS carrying out on payments on behalf of all Territorial Boards across Scotland. Control processes were taking place, but this didn't always correspond with record keeping and there was a requirement to ensure that controls were in place and appropriate.

Audit Scotland were the external auditors for NSS, they were able to confirm that the work carried out was competent and reliance could be placed on this with no qualification in the accounts proposed.

Annual Accounts

Not for publication until laid before Parliament.

A75 **Representation Letter – ARC2021-35**

The Interim Chief Executive noted that this was the conclusion of the Annual Accounts process for 2020/2. The representation letter attested to the accuracy of the financial statements that NHS Orkney has submitted to External Auditors for their analysis.

Decision / Conclusion

The Audit and Risk Committee noted the representation letter and agreed that this would be signed following the approval of the Annual Accounts.

A76 **2020/21 Annual Audit Report from External Auditor – ARC2122-41**

G Woolman, Audit Director for Audit Scotland, presented the draft Annual Audit Report and letter 2020/21, drawing attention to the key messages which would be relevant to be shared more widely with the Board.

The global coronavirus pandemic had a considerable impact on NHS Orkney during 2020/21. This had significant implications not least for the services it delivers but also for the costs of healthcare provision, sickness absence levels, and the suspension of non-essential activities. Risks related to the pandemic were included in the Annual Audit Plan.

Members were advised that the audit opinion on the annual report and accounts was unmodified, providing assurance that a true and fair position had been represented. There was a minor delay in signing the annual report and accounts due to an accounting issue relating to Personal Protective Equipment and community testing kits.

NHS Orkney had made some progress in implementing the prior year audit recommendations. The impact of Covid-19 had resulted in some actions being delayed and for those actions not yet implemented, revised responses and timescales had been agreed with management.

With regard to financial management it was confirmed that

- NHS Orkney had appropriate financial management arrangements in place.
- NHS Orkney met all its financial targets for 2020/21 and operated within its revised Revenue Resource Limit
- NHS Orkney incurred additional expenditure of £11.808 million in relation to Covid-19 costs. These costs were fully met by the Scottish Government.

Although there were no significant weaknesses identified in the review of financial systems of internal controls, areas for improvement were highlighted with regards to the Payroll Service Level Agreement, authorisation of journals and declaring of close family members interests. It was concluded that the controls put in place by management were satisfactory and are operating effectively.

A review of the adequacy of the internal audit function had been carried out and concluded that it operated in accordance with the Public Sector Internal Audit Standards (PSIAS) and had sound documentation standards and reporting procedures in place. There had been appropriate disclosure of areas which were deemed high risk in the governance statement.

It was noted there were appropriate arrangements for the prevention and detection of fraud, error, and irregularities.

With regard to financial sustainability the following were highlighted:

- In line with Scottish Government guidance, NHS Orkney developed a one-year financial plan for 2021/22. The pandemic has had a significant impact, and this is still be evaluated over the medium/longer term.
- To achieve breakeven in 2021/22 savings of £5.47 million are required and 77 per cent of the savings are yet to be identified
- NHS Orkney has ongoing difficulties in the recruitment of staff and agency costs increased by 48 per cent in 2020/21.

The main judgements in regard to Governance and Transparency were that:

- NHS Orkney had effective governance arrangements in place that support good governance and accountability. Changes to the arrangements in response to the Covid-19 outbreak in March 2020 were set out in the Governance Statement.
- NHS Orkney reported a small number of information governance failures in early 2020/21. An independent evaluation was carried out in 2020/21 and action to address issues has been ongoing.
- There had been significant change within the senior management team in 2020/21. However, we are satisfied that there was effective leadership throughout the year.

The main judgements in regard to Value for Money were that:

- Covid-19 had significantly impacted NHS Orkney's activity and waiting times for services. NHS Orkney has published a remobilisation plan to address backlogs caused by the Covid-19 pandemic and how and when services will be restored
- NHS Orkney was in the process of developing a clinical strategy to develop clinically led strategic direction for the board.
- The board has appropriate performance management arrangements in place which supports continuous improvement. However, NHS Orkney may want to review this to align arrangements to the revised clinical strategy.

The Action plan and recommendation were attached to the report and had management responses and agreed dates.

The Chair welcomed the comprehensive, well written and easy to understand report and also gave thanks to the finance team for all their work around the annual accounts.

Decision / Conclusion

The Audit and Risk Committee noted the Annual Audit Report and letter for 2020/21.

A77 NHS Orkney Annual Accounts for year ended 31 March 2021 – ARC2122-42

The Director of Finance presented the NHS Orkney annual accounts for year ended 31 March 2021 seeking a recommendation of Board approval.

He advised that the accounts had been reviewed in full by the Audit and Risk Committee on the 1 June 2021 with comments reviewed and incorporated where appropriate. Once approved by the Board the accounts would be submitted to the Scottish Government and then laid before parliament later in the year.

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

The Board had achieved all three of its financial targets in relation to Revenue Resource Limit, Capital Resource Limit and Containing its spending and cash requirements.

Due to the impact of the Covid-19 pandemic, the Scottish Government paused the Annual Operating and financial planning process. Recognising the exceptional nature of 2020/21 and the impact on delivery of financial recovery plans, additional non-repayable funding was provided to support in-year financial balance across all NHS Boards. NHS Orkney received £11.807m.

NHS Orkney provided in year funding to allow the IJB to breakeven in 2020/21. There were however, earmarked funding allocations received in year which were unutilised at year end, and therefore had been carried forward to the following financial year, £2.323m of earmarked funding would be carried forward to 2020-21. NHS Orkney has 50% share of these funds as a joint venture.

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.

Decision / Conclusion

The Audit and Risk Committee noted the Annual Assurance Statement and the Directors Subsidiary Statement on Governance and recommended Board approval of the Annual Accounts for 2020/21.

Annual Governance Letter

A78 Significant Issues that are Considered to be of wider interest – Letter to the Scottish Government – Health Finance Division – ARC2122-43

The Chair presented the letter advising that there were no significant issues or fraud to draw attention to.

Decision / Conclusion

The Audit and Risk Committee noted the final letter and agreed signature by the Chair.

A79 Risk escalated from Joint Clinical and Care Governance Committee – ARC2122-44

The Audit and Risk Committee received the assurance report from the Joint Clinical and Care Governance Committee around the audit of clinical documentation on recent discharges from In Patients 1 and 2 at the Balfour, the areas identified for improvement from this audit work and the Short Life Working Group that had been established to take these forward.

The Committee welcomed the report and requested to be updated on progress at a future meeting as appropriate, it was also noted that the SLWG should have a clear Terms of Reference and a record kept of discussions to allow evidence and assurance of the developments and improvements that were to be agreed.

Decision / Conclusion

The Audit and Risk Committee noted the report provided and requested to be kept up to date with work in this area, this would be advised to the Chair and Lead Officers of the Joint Clinical and Care Governance Committee.

A80 Agree items to be brought to attention of Board or other Governance Committees

- The Audit and Risk Committee recommendation the approval of the Annual Accounts by the Board.
- The Committee welcomed the report from the Joint Clinical and Care Governance Committee and asked to be kept up to date with work in this area.

Items for Information and Noting only

A81 Schedule of Meetings 2021/22

Members noted the schedule of meetings for 2021/22.

A82 Record of Attendance

The Committee noted the record of attendance.

A83 Committee Evaluation

Members of the Committee noted that the high-level technical information contained within the Service Audit Assurance Reports from NHS National Services Scotland for 2020/21.

Meeting closed at 11:04

Not Protectively Marked

<p>NHS Orkney Board – 28 October 2021</p> <p>Report number: OHB2122-61</p> <p>This report is for noting</p> <p>Key Legislation</p>	
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	This report contains a list of documents issued by the Scottish Government so that members are kept up to date with new requirements, regulations, legislation, standards and consultation documents.
Timing	The list of key documentation is presented to the Board at each meeting.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p>Data Sharing: A Code of Practice</p> <p>The Information Commissioner has published a statutory code of practice made under section 121 of the Data Protection Act 2018</p> <p>https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-a-code-of-practice/</p>	<p>The code contains practical guidance on how to share data fairly and lawfully, and how to meet your accountability obligations. It does not impose any additional barriers to data sharing but will help you comply with your legal obligations under the UK GDPR and the DPA 2018.</p>
<p>Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021 (SSI 2021/277)</p> <p>https://www.legislation.gov.uk/ssi/2021/277/pdfs/ssi_20210277_en.pdf</p>	<p>These Regulations set out continuing requirements which apply in Scotland as a result of coronavirus and revoke the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020.</p>
<p>Covid Recovery - a consultation on public services, justice system and other reforms</p> <p>Covid Recovery - a consultation on public services, justice system and other reforms</p>	<p>A Scottish Government consultation focuses on reviewing legislative powers that supported the Scottish Government's response to coronavirus (COVID-19). It begins with discussion of the Scottish Government's ambitions for COVID-19 recovery and invites comments on possible action to support a fair, safe and secure recovery including proposals.</p> <p>Comments by 8 November 2021.</p>
<p>COVID-19 Inquiry</p> <p>https://nhsnss.us6.list-manage.com/track/click?u=c4243e0c8519042a427694d9c&id=951c93cf49&e=f0a3b4011c</p>	<p>On 24 August, the Scottish Government announced the establishment of a public inquiry into the handling of the Coronavirus pandemic in Scotland.</p> <p>The terms of reference are yet to be finalised.</p>

Topic	Summary
Procurement Reform (Scotland) Act 2014: statutory guidance - Updated June 2021 https://nhsnss.us6.list-manage.com/track/click?u=c4243e0c8519042a427694d9c&id=2b8a9aa7bc&e=f0a3b4011c	Scottish Government updated statutory guidance to the Procurement Reform (Scotland) Act 2014 on procurement strategies and annual reports, the sustainable procurement duty, community benefit requirements, tenders and award of contracts, which had been updated to reflect changes that have occurred as a result of the UK's exit from the EU and the end of the Transition Period.

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2021)25	11/08/2021	Recommendations from the Independent Review of the Queen Elizabeth University Hospital
PCA(P)(2021)11	12/08/2021	Universal access lateral flow device test kits, community pharmacy covid-19 test kit distribution service, correct reporting of supply
DL(2021)26	16/08/2021	Updated guidance on twice weekly asymptomatic testing of healthcare workers
CMO(2021)BD	20/08/2021	URGENT: Supply Disruption of BD Vacutainer Blood Specimen Collection Tubes
PCA(M)(2021)08	20/08/2021	GMS uplift 2021/22
PCA(D)(2021)04	20/08/2021	100 Days Commitment: removal of NHS dental charges for young people
DL(2021)24	27/08/2021	Update on isolation exemptions for Health and Social Care Staff
CMO(2021)20	30/08/2021	Respiratory viral Infection in children: clinical pathway
DL(2021)27	30/08/2021	National Framework for Vaccine Administration by Healthcare Support Workers in Scotland V2.0 (July 2021)
DL(2021)28	31/08/2021	Update to the National Infection Prevention and Control Manual COVID-19 addenda on physical distancing in Health and Social Care

Reference:	Date of Issue:	Subject:
PCA(D)(2021)05	31/08/2021	Amendment no. 151 to the Statement of Dental Remuneration
CMO(2020)21	31/08/2021	Details of the shingles (herpes zoster) vaccination programme 2021-22
PCA(O)(2021)10	01/09/2021	General Ophthalmic Services (GOS): new physical distancing requirements in health and social care settings; new guidance regarding isolation exemptions for health and social care staff; clarification regarding wearing of Personal Protective Equipment (PPE) and COVID-19 contact tracing; staff wellbeing support; 31 October 2021 mandatory training deadline for all GOS practitioners
CEM/CMO/2021/015	03/09/2021	COVID-19 therapeutic alert - continuous positive airway pressure in patients hospitalised due to COVID-19 with acute respiratory failure
PCA(D)(2021)06	07/09/2021	Amendment no. 152 to the Statement of Dental Remuneration: improvement allowance for electric speed adjusting hand pieces (Determination X)
PCS(DD)2021/02addendum	08/09/2021	Pay and conditions of service: remuneration of hospital medical and dental staff, doctors and dentists in public health medicine and the community health service
PCS(DD)2021/02	08/09/2021	Pay and conditions of service: remuneration of hospital medical and dental staff, doctors and dentists in public health medicine and the community health service
PCS(MD)2021/01	08/09/2021	Pay and conditions of service 2021-22: health board medical directors/former medical directors on protection
PCS(AFC)2021/03	08/09/2021	Pay and conditions for NHS Staff covered by the Agenda for Change agreement
CDO(2021)09	10/09/2021	Improvement Allowance for Electric Speed Adjusting Hand Pieces.
DL(2021)29	13/09/2021	Right to request flexible working
PCA(M)(2021)09	16/09/2021	Covid-19 Vaccination directed enhanced service
CMO(2021)24	16/09/2021	COVID-19 vaccination programme: universal vaccination of children and young people aged 12-15 years against COVID-19
CMO(2021)25	17/09/2021	Covid-19 Booster Vaccination Programme
CMO(2021)26		COVID-19 vaccination programme: JCVI advice on the vaccination of clinically vulnerable 12 to 15 year olds and national policy on offering covid-19 vaccinations to 12 15 year olds
CMO(2021)27	21/09/2021	COVID-19 vaccination programme: JCVI advice on the vaccination of severely immunosuppressed individuals
PCA(P)(2021)12	23/09/2021	Additional pharmaceutical services public health service - addition of bridging contraception

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Reference:	Date of Issue:	Subject:
PCA(P)(2021)13	25/09/2021	Universal access lateral flow device test kits community pharmacy covid-19 test kit distribution service amendments to standard operating procedure and product supply
PCA(M)(2021)10	28/09/2021	Guidance to health boards to serve notice to practices to continue to deliver vaccinations: deadline for rural flexibility and options appraisal
PCA(P)(2021)14	30/09/2021	Additional pharmaceutical services: NHS Pharmacy First Scotland: revised approved list of products
PCS(AFC)2021/04	05/10/2021	Christmas and New Year at weekend – 2021/22
PCA(P)(2021)15	05/10/2021	Universal access lateral flow device test kits dispensing practices COVID-19 test kit distribution service amendments to standard operating procedure and product supply
DL(2021)30	06/10/2021	Covid-19 enhancing workforce capacity
CMO(2021)28	07/10/2021	Seasonal Flu immunisation programme 2021/22
DL(2021)31	07/10/2021	Model Meeting paper Template and Guidance

NHS ORKNEY BOARD

Timetable for Submitting Agenda Items and Papers 2021/22

Initial Agenda Planning Meeting¹ with Chair, Chief Executive and Corporate Services Manager ³ 12:00 noon on <i>< 1 week after previous meeting ></i>	Final Agenda Planning Meeting with Chair, Chief Executive and Corporate Services Manager 12:00 noon on <i>< 4 weeks before Date of Meeting></i>	Papers in final form² to be with Corporate Services Manager by 17:00 on <i>< 2 weeks before Date of Meeting ></i>	Agenda & Papers to be issued no later than 16:00 on <i>< 1 week before Date of Meeting ></i>	Date of Meeting held virtually via MS Teams (unless otherwise notified) at 10:00 on
4 March 2021	25 March 2021	8 April 2021	15 April 2021	22 April 2021
30 April 2020	27 May 2021	10 June 2021	17 June 2021	24 June 2021 (Annual Accounts)
1 July 2021	29 July 2021	12 August 2021	19 August 2021	26 August 2021
2 September 2021	23 September 2021	14 October 2021	21 October 2021	28 October 2021
28 October 2021	18 November 2021	2 December 2021	9 December 2021	16 December 2021
6 January 2022	27 January 2022	10 February 2022	17 February 2022	24 February 2022

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

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

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

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

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

Name:	Position:	22 April 2021	24 June 2021	1 July 2021	26 August 2021			
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attending	Attending	Attending	Attending			
D Drever	Vice Chair	Attending	Attending	Attending	Attending			
D Campbell	Non Executive Board member	Attending	Attending	Attending	Attending			
C Evans	Non Executive board member	Attending	Attending	Apologies	Attending			
I Grieve	Non Executive Board member	Attending	Attending	Attending	Attending			
S Johnston	Area Clinical Forum Chair	Attending	Attending	Apologies	Attending			
J Kenny	Non Executive Board member	Attending	Attending	Attending	Attending			
F MacKellar	Employee Director	Attending	Attending	Attending	Attending			
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending			
J Taylor	Non Executive Board member	Attending	Attending	Attending	Attending			
	Executive Board Members:							
M Dickson	Interim Chief Executive	Attending	Attending	Attending	Attending			
M Doyle	Director of Finance	Attending	Attending	Attending	Attending			
D McArthur	Director of Nursing, Midwifery and AHP	Attending	Apologies	Apologies	Apologies			
L Wilson	Director of Public Health	Attending	Apologies	Attending	Attending			

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Name:	Position:	22 April 2021	24 June 2021	1 July 2021	26 August 2021			
	In Attendance:							
C Bichan	Head of Assurance and Improvement	-	Attending	-	-			
S Brown	Chief Officer – IJB – from 24.05.21		Attending	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	Attending			
G Morrison	Chief Officer – IJB – to 21.05.21	Attending						
E West	Corporate Services Manager	Attending	Attending	Attending	Attending			
K Wilson	Interim Director of Acute Services	Attending	Attending	Attending	Attending			

