

# NHS Orkney Board

## 16 December 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 16 December 2021** at **10:00am**.

Meghan McEwen  
Chair

### Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	<b>Apologies</b>	Chair		To <u>note</u> apologies
2	<b>Declaration of interests</b>	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	<b>Minute of previous meeting held on 28 October 2021</b>	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	<b>Matters arising</b>	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	<b>Board action log</b>	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
<b>6</b>	<b>Governance</b>			
6.1	Integration Joint Board – Annual Performance Report	Chief Officer	OHB2122-62	To <u>note</u> the report and take assurance on performance
6.2	Orkney Partnership Board Vice Chair Report	Chair	OHB2122-63	To <u>consider</u> the request and implications

Item	Topic	Lead Person	Paper Number	Purpose
<b>7</b>	<b>Strategy</b>			
7.1	Public Health Annual Report	Director of Public Health	OHB2122-64	To <u>review</u> the content of the report and <u>consider</u> the range of actions it can take to improve health and reduce inequalities whilst tackling the Covid-19 pandemic
7.2	Digital Strategy 2021-2026	Director of Finance	OHB2122-65	To <u>approve</u> the strategy on the recommendation of the Finance and Performance Committee
<b>8</b>	<b>Clinical Quality and Safety</b>			
8.1	Healthcare Associated Infection Prevention and Control Report	Interim Director of Acute Services	OHB2122-66	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
8.2	Covid update	Director of Public Health	OHB2122-67	To receive an <u>update and assurance</u> on Covid-19 cases, testing and vaccination activity.
8.3	Duty of Candour Annual Report	Interim Chief Executive	OHB2122-68	To <u>receive</u> the Annual Report as recommended by the Joint Clinical and Care Governance Committee
8.4	Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on the 13 July 2021	Joint Clinical and Care Governance Committee Chair	OHB2122-69	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.5	Area Clinical Forum Chairs report and minutes from meetings held on 5 October 2021	Area Clinical Forum Chair	OHB2122-70	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
<b>9</b>	<b>Workforce</b>			
9.1	iMatter	Interim Director of Human Resources	OHB2122-71	To <u>review</u> the organisational iMatter report
9.2	Staff Governance Committee Chairs report and minute from meeting held on the 24 August 2021	Staff Governance Committee Chair	OHB2122-72	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>10</b>	<b>Organisational Performance</b>			
10.1	Financial Management Performance Report	Director of Finance	OHB2122-73	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	OHB2122-74	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 23 September 2021	Finance and Performance Committee Chair	OHB2122-75	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
<b>11</b>	<b>Risk and Assurance</b>			
11.1	Corporate Risk Register	Interim Chief Executive/Head of Assurance and Improvement	OHB2122-76	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 7 September 2021	Audit and Risk Committee Chair	OHB2122-77	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
12	Any other competent business			
13	Items for Information			
13.1	Key Documentation Issued*	Chair	OHB2122-78	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 28 October 2021** at **10:00 am**

### **Present**

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

### **In Attendance**

Christina Bichan, Head of Assurance and Improvement (item 10.2)  
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

### **B87 Welcome and Apologies**

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

### **B88 Declarations of interests**

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

### **B89 Minutes of previous meetings held on 26 August 2021**

The minute of the meeting held on 26 August 2021 was accepted as accurate record of the meeting and were approved.

### **B90 Matters Arising**

No matters arising were raised.

### **B91 Board Action Log**

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

### **Governance**

### **B92 Code of Corporate Governance – OHB2122-45**

The Interim Director of Human Resources presented the report seeking Board approval of the Code of Corporate Governance, as recommended by the Audit and Risk Committee. Members were advised that the annual review of the Code would be

brought back in line with standard reporting by June 2022. The main amendments included updates to the Governance Committee Terms of Reference, Standing Financial Instructions, changes in wording to closer reflect the statements in the Model Standing Orders, and minor updates to links, job descriptions and contact details to reflect current arrangements.

It was agreed that work to consider how to make the Code more accessible and relevant to staff would be progressed for the 2022 review, including consultation with the Area Partnership Forum.

### **Decision / Conclusion**

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

#### **B93 Schedule of meeting dates 2022/23 – OHB2122-46**

The Interim Director of Human Resources presented the report seeking Board approval of the schedule of meeting dates from 1 April 2022 to 31 March 2023.

Members were advised that the schedule followed the same format and frequency as previous years and took into consideration outcomes from the Board Development session to include a review of core governance documentation by each committee in quarter 3, for onward presentation at the January Board Development Session for a whole system approach to cross committee assurance. Each committee also had a Development Session scheduled in Quarter 4 to allow for evaluation, reflection and provide opportunity to address any training and development requirements.

Members requested a further review of meeting dates for the Joint Clinical and Care Governance Committee, to improve and align onward reporting and assurance to the NHS Orkney Board and Integration Joint Board.

### **Decision / Conclusion**

The Board approved the schedule of meeting dates for 2022/23, subject to the amendments required for the Joint Clinical and Care Governance Committee.

#### **B94 Model Meeting paper template and Guidance DL(2021)31– OHB2122-47**

The Interim Director of Human Resources presented the report, noting that all Boards in Scotland had been provided with the Model Meeting paper for adoption through DL(2021)31.

The meeting paper would be updated to include the NHS Orkney logo and supporting guidance would be issued to those staff providing reports to the Board, Governance Committees, and other groups as appropriate.

Members welcomed the model meeting paper template but asked that this be personalised to consider reference to the island setting and ferry linked isles along with consideration towards climate change and sustainability.

### **Decision / Conclusion**

The Board adopted the Model Meeting paper as mandated in DL(2021)31 subject to the above amendments.

**B95 Review of the Joint Inspection of Services for Children and Young People in Need of Care and Protection – OHB2122-48**

The Chief Officer presented the report which provided the Board with the key findings of the progress review. It was noted that there was recognition by the Care Inspectorate that the necessary changes and improvements had been prioritised and that there was greater collaborative working across professions.

The visibility of senior leaders, especially those within health, was key to the impetus being maintained. This would be crucial in successfully driving improvement and ensuring sustainability of the changes.

There was still much work to be completed around the progress review and further improvements would be required. The improvement plan would continue to be implemented, including a 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 aimed to develop practice in relation to hearing, and better reflecting, the voices of children and young people through assessment processes.

The inspection team would return for a further progress review in Spring 2022 and would spend time focusing on the key question of what difference the work was making to children and their families across Orkney.

**Decision / Conclusion**

The Board noted the key findings from the review, welcomed the current progress being made and the sustainable manner in which this was being embedded.

**B96 Orkney Partnership Board Vice Chair Report and minute from meeting held on 28 June 2021- OHB2122-49**

Board members had received the report and approved minute.

I Grieve suggested that the current high levels of community transmission of Covid-19 should be an issue raised through the Orkney Partnership Board to maintain a unified response.

**Decision / Conclusion**

The Board noted the update provided and asked that consideration be given to the timing of items being progressed and also the requirement for input and feedback from the NHS Orkney Board to ensure a collaborative approach.

**Strategy**

**B97 Review of the Integration Scheme – OHB2122-50**

The Chief Officer presented the report, advising that the Integration Scheme was a comprehensive underpinning document that covered all aspects of the Community Health and Social Care Partnership's ways of working, including the detailed governance arrangements for the IJB

The Scheme had been initially created in 2016 with the establishment of the



Integration Joint Board in Orkney and there was a requirement for this to be reviewed every 5 years.

Members were advised that the Scottish Government were satisfied with the content and approach of the draft document, which had not been hugely amended from the 2016 version. The only substantive amendment to the scheme was around delegated services, with a recommendation to move Maternity services back to NHS Orkney rather than delegated to the IJB due to a natural alignment to gynaecology and obstetrics.

The Director of Finance noted that the scheme made provision for overspends but not underspends, the Chief Officer acknowledged this and agreed to consider further. He advised that legislation stated that IJBs should have a reserves policy as a 2% minimum of revenue budget, and there was an expectation that any year end underspend would contribute towards this. It was noted that this would be discussed further, out with the meeting.

### **Decision / Conclusion**

The Board approved the amended Integration Scheme for submission to the Scottish Government.

### **Clinical Quality and Safety**

#### **B98 Healthcare Associated Infection Prevention and Control Report – OHB2122-51**

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.

Members had been made aware of a ward closure event in August, caused by asymptomatic patients and resolved within the appropriate timescales.

The Chair gave thanks to staff involved for the professional way they had dealt with the ward closure and to the Infection Prevention and Control Team for their continued support.

In response to queries around hand hygiene, the Interim Director of Acute Services noted that any missed opportunity could potentially cause issues and would be addressed along with continuing to support staff to make improvements.

### **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.

#### **B99 Covid-19 update – OHB2122-52**

The Director of Public Health presented the paper noting that there had been a national and local rise in cases during August and September 2021. Lateral Flow Tests (LFT) were widely available along with Polymerase Chain Reaction (PCR) testing at the Covid Assessment Centre, which could be processed through the local laboratory for those clinically symptomatic or if the results were required rapidly around outbreaks and supported off island through the UK Government scheme in all

other cases.

There had been a good uptake rate for vaccinations and thanks were given to the public for this and for their understanding in the complex roll out of the Covid Booster and Flu vaccination programmes, which were being run in conjunction.

There had recently been an increase in cases locally, linked to extended family clusters, travel and social events. It was stressed that anyone with symptoms required to isolate immediately and arrange a PCR test, anyone without symptoms should continue with twice weekly LFT and log the results. Risks could be mitigated and managed if public health guidance was closely followed by all in the community.

I Grieve questioned if there was any further action required by the Board around the rising number of cases. The Director of Public Health stressed that this was about raising awareness, being vigilant and following guidance if symptomatic or contacted by the test and protect scheme; to safeguard individuals, family, loved ones and the community as a whole.

D Campbell sought assurance that the Covid booster programme was in line with national guidelines and was advised that this was, although it was slightly more complex operationally in Orkney as the Health Board were working to maximise vaccinations across both Covid-19, Covid-19 Boosters and Flu.

The Employee Director extended her thanks to the vaccination team and also the wider workforce for articulating a clear message to patients.

The Chair stressed the need for clear and consistent messaging through the members of the Community Planning partnership to ensure the safety of the community.

J Stockan questioned the status of flu nationally and was advised that respiratory illnesses in general were affecting people worse due to the lack of contact over the pandemic period. There were real concerns that the northern hemisphere would be badly affected by flu this winter and vaccinations were being given early in the season to mitigate this.

### **Decision / Conclusion**

The Board noted the update and the importance of clear and consistent messaging to ensure the safety of the community.

## **B100 Healthcare Improvement Scotland – Inspection report – OHB2122-53**

The Interim Director of Acute Services presented the report advising that Healthcare Improvement Scotland had made an unannounced inspection of the Balfour site on 24 and 25 August 2021. The inspection focussed on infection prevention and Covid-19 in the acute setting.

Staff practices and the ward environment were directly observed, policies, health records and documentation accessed, and staff spoken to. The report was very positive, with seven areas of good practice and one area for improvement highlighted.

The area for improvement focused on ensuring that when an isolation room door could not be closed, a patient risk assessment was completed and documented. This had been implemented and would continue to be audited informally and challenged where there were discrepancies.

The Chair questioned whether there were any plans to celebrate the positives from this report. The Interim Director of Acute Services advised that a newsletter to celebrate the positives and focus on the improvement work was being considered.

The Interim Director of Human Resources advised that a wellbeing support group had been established and a strand of this work was to celebrate success throughout the organisation.

### **Decision / Conclusion**

The Board noted the report, and requested that the positives from the inspection be celebrated and staff acknowledged for their hard work in making this a success. The Chair agreed to write to all staff on behalf of the Board to this effect.

#### **B101 Chairs Report Joint Clinical and Care Governance Committee Chairs report**

S Johnston, Chair of the Joint Clinical and Care Governance Committee, provide a verbal update from the meeting of the Committee held on the 26 October 2021, highlighting the following:

- There had been positive progress around the Clinical Strategy, with good levels of response through key groups and staff and public surveys. Mental Health had been consistently identified as a top of priority for focus through this consultation work. Progress would continue with further discussion and input before being brought to the Board in February 2022. Board members welcomed the positive engagement with the consultation and asked that learning be taken and shared.
- The Committee had received a helpful Care Home assurance report, which had been introduced as a result of the extension of NHS Nurse Director responsibility for care homes. Relationships were good in Orkney with the community nurse and infection control visits going well, as were the fortnightly assurance meetings. A further extension of this report around the wider aspects of residential care homes would be brought to a future meeting of the Committee.
- Members received the first mental health services assurance report which demonstrated some good practice and some areas of concern which would continue to be monitored.
- Members welcomed and approved the Learning from Adverse Events Policy with only minor amendments.

I Grieve noted the substantial amount of money provided to increase Mental Health Services, with the Integration Joint Board giving a direction to advertise additional posts to bring Orkney into parity in this area.

The Chair observed the recruitment challenges faced across the Board and was advised that work to address this continued, including strengthening recruitment information, alternative and innovative campaigns and a buddy system for successful candidates.

The Chief Officer advised that the Job Descriptions for the Children and Adolescent Mental Health Services posts were being reviewed, to ensure that the roles were not limited unnecessarily, and the posts were attractive to those with the right skills.

### Decision / Conclusion

The Board noted the verbal update provided.

#### B102 **Chairs Report Area Clinical Forum and minutes of meetings held on the 6 August 2021 – OHB2122-54**

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 5 October 2021:

- The Area Clinical Forum noted continuing concerns over the vacancies and long term absences at a Senior Management and Executive level, which were resulting in issues with the progression of some workstreams. Members looked forward to meeting with new Medical Director, Mark Henry, when he joined NHS Orkney in November 2021.
- 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. It had been 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.

It was suggested that training for office bearers be considered, as it was important that staff were supported in these roles and built upon these transferable skills.

The Interim Chief Executive reflected that progress was being made, but acknowledged the inherent risk caused by the gaps in the leadership structure, he gave assurance that substantive positions would be progressed wherever possible.

### Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 6 August 2021. The Board welcomed the strength of the Area Clinical Forum especially the significant and diverse clinical attendance at the Development Sessions.

### Workforce

#### B103 **Staff Governance Committee Chairs Report and minutes of meetings held on the 26 May 2021 – OHB2122-55**

F MacKellar, Vice Chair of the Staff Governance Committee, presented the report highlighting the following items which has been discussed by the Committee at their meeting on the 24 August 2021.

The Staff Governance Action plan highlighted the need for transparency, building a strong staffing foundation and allowing rich conversations to happen confidently through the organisation. A safe working environment was also paramount including social and psychological safety of staff through supporting the mental health and wellbeing of the workforce.

The Chair commended the clarity of the Staff Governance action plan and the focus of the committee for progressing this.

### **Decision / Conclusion**

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

### **Organisational Performance**

#### **B104 Financial Management Performance Report – OHB2122-56**

The Director of Finance presented the report which provided analysis of the financial position for the period up to 30 September 2021. Information was provided relating to resource limits, actual expenditure, and variance against plan. To date, NHS Orkney was over spent by £2.281m.

Following recent conversations with Scottish Government colleagues the Board now anticipated full funding for Covid 19 costs and the position had been adjusted accordingly. As spending patterns were reviewed, plans were refined to ensure that updates were reflected.

Achievement of £1.43m of the £5.5m savings targets identified in the Remobilisation Plans were anticipated, furthermore, the IJB had unachieved savings of £0.800m from 2020/21.

The Board disposed of a surplus property on Hoy and was reviewing other surplus assets and preparing these for sale. Currently, the old Balfour Hospital was partially occupied due to the ongoing pandemic. Disposal would be considered once the site became vacant.

J Taylor highlighted the £4.8m of unidentified savings and sought a further update around the conversations being held in this area.

The Director of Finance, advised that the sustained medical model would give rise to cost reductions in spend going forward, service repatriation was also being considered. With regard to the staff pay gap, conversations continued to ensure that this is rectified. The Garden House property lease was ongoing which continued to build overspend.

### **Decision / Conclusion**

The Board noted the reported financial position and the anticipate year end out turn of £4.840m overspend.

#### **B105 Performance Management Report – OHB2122-57**

The Head of Assurance and Improvement presented the report advising that performance improvements were being seen in many areas, although achievement of the access standards remained adversely affected by the impacts of the pandemic.

The Chair noted the lack of Children and Adolescent Mental Health Services data and questioned if lessons could be learnt from this. The Head of Assurance advised that data was available from September 2021 but as only published data was made available to the Board, this would not yet show in the reporting. Unpublished data was provided to the appropriate Governance Committees for assurance. She provided assurance that a very specific set of circumstances had led to this situation and it was not an issue that was replicated in other data sets.

The Interim Chief Executive noted that the Accident and Emergency targets had been met and exceeded despite significant increase in demand, those cases that had exceed the timeframes were clinically reviewed and this was often due to awaiting a patient transfer or a clinical reason for being unable to move the patient.

J Taylor questioned the Treatment Times Guarantee in relation to the vanguard theatre in the new year and was advised that the Board were working with colleagues in Shetland around a range of pathways along with the Golden Jubilee to ensure patients could access treatment options as clinically appropriate, across a range of pathways, within the constraints of the system in order to expedite treatment wherever possible.

The Chair noted the risks around delayed discharges and sought assurance that these were being mitigated, the Chief Officer acknowledged that this could be a challenge over the winter months and was also impacted by the effects of the pandemic on care homes. Work was ongoing with Orkney Islands Council around a recruitment drive to fill several vacancies in social care, Third Sector providers were also struggling to recruit.

### **Decision / Conclusion**

The Board reviewed the report and took assurance from the information provided. Thanks were given to the Accident and Emergency staff for their hard work in meeting and maintaining the targets in challenging circumstances.

#### **B106 Chairs Report Finance and Performance Committee and minutes of meetings held on the 22 July 2021 – OHB2122-58**

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 23 September 2021:

- Members had received a comprehensive IT and eHealth update
- Further progress had been made towards the sustainable medical model, and this was beginning to deliver savings.

The Chair noted the current climate emergency and the need for the Board to ensure that sustainability was built into the governance framework going forward as a critically important aspect of our work. It was noted that sustainability would be reported through the Committee on a regular basis from 2022.

### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes from the meeting on the 22 July 2021.

### **Risk and Assurance**

#### **B107 Corporate Risk Register – OHB2122-59**

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.

Three new risks had been added to the register around

- Senior Leadership, Oversight and Support with this continuing to be updated and reviewed to mitigate the risk.
- NHS Orkney's ability to comply with the requirements of the Manual Handling regulations following the HSE visit, with work already started on a remedial action plan to deliver.
- NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff, which was also related to the HSE visit and was also being progressed.

I Grieve questioned how the Board would remain updated on the actions and process relating to the management of Violence and Aggression and Manual Handling and was advised that reporting to the Board would be through the Staff Governance Committee who had oversight of this work.

#### **Decision / Conclusion**

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

#### **B108 Chairs Report Audit and Risk Committee and minute of meeting held on the 1 July 2021 – OHB2122-60**

D Drever, Chair of the Audit and Risk Committee, presented the report, highlighting the following items from the meeting on the 7 September 2021:

- The Committee had received the Internal Audit Recommendations action report, along with the summary of progress on outstanding audit recommendations, they had approved several recommendations and also some extensions to allow thorough review.
- The Committee received the amended Code of Corporate Governance for 2021/22, including the Standing Financial Instructions and made a recommendation of Board approval.

#### **Decision / Conclusion**

The Board noted the update provided and adopted the approved minutes from the meeting on the 1 July 2021. It was suggested that the full documentation around Audit recommendations be provided with the Chairs report to the December meeting.

#### **B109 Any other competent business**

##### National Care Services Consultation

Members were advised that the response to the consultation was being finalised and would be submitted ahead of the deadline.

##### iMatter

Members were advised of the positive response to the iMatter survey which was a national tool gathering the views of staff across the organisation. Locally 77% of staff had completed the survey, with only 4 of the questions receiving an amber rating, which required the Board to review, reflect and improve. There was a requirement to build on the positives going forward and highlight and celebrate the successes.

The Chair noted sustained and consistent progress in several areas and gave thanks to all staff for this effort at all levels of the organisation.

#### **Items for noting**

##### **B110 Key Documentation issued – OHB2122-44**

Members noted the key legislation issued.

##### **B111 Board Reporting timetables 2021/22**

Members noted the dates of future meetings.

##### **B112 Record of attendance**

Members noted the record of attendance.

##### **B113 Evaluation – reflection on meeting**

No issues were raised.

##### **B114 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. Members of the local press attending the meeting and a summary of questions and responses is included below:

#### **Sarah Sutherland, The Orcadian**

- It was noted that there had been a report that the Ba would be going ahead and questions raised around what support and planning NHS Orkney would provide. The Interim Chief Executive noted that the organisers of the event should understand the available guidance and comply with legislation, but that there was an inherent risk associated with any public gathering of close proximity. Work continued with colleagues in Orkney Islands Council for a unified approach and support around risk assessing all elements including pre meets and post celebrations, recognising the ongoing and changing dynamics. There was also consideration to be given to the additional pressure to the Accident and Emergency caused by the treatment of any minor injuries.
- Any positive news stories would be welcomed for sharing in the media, to highlight these further to the wider community.
- The current number of Children and Adolescent Mental Health Services staff was requested, it was advised that there were currently 2 members of staff which put into context the significant increase and opportunity available locally.
- Clarity was requested around the sale of property, it was noted that 1 property had been sold and other sales were upcoming, the old Balfour site was still in use and plans for disposal would be made in due course.
- It was questioned when the iMatter results would be available and was advised that this would be shared once processes were complete.



## NHS Orkney Board Action Log Updated 30 November 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	<del>October 2021</del>	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

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Integration Joint Board's Annual Performance Report 2020/21.</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Stephen Brown, Chief Officer/Executive Director, Orkney Health and Care.</b>
<b>Report Author:</b>	<b>Pat Robinson, Chief Finance Officer, Orkney Health and Care.</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Legal requirement

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

This report highlights information on performance against the Core Suite of Performance Indicators 2020/21. These indicators are integral to every aspect of the Orkney Health and Care Strategic Plan. Performance information relating to this Core Suite of Indicators has been helpfully provided by the Public Health Scotland Local Intelligence Support Team.

The report also highlights performance against the Ministerial Strategic Group (MSG) performance indicators again provided by Public Health Scotland.

Under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority. This report must be published, and a copy provided to both NHS Orkney and Orkney Islands Council. This performance report was submitted to Scottish Government in November 2021.

## 2.1 Situation

Attached as Appendix 1 to this report, is the IJB's Annual Performance Report for 2020/21, which was considered by the Board on 27 October 2021 and agreed for submission to the Scottish Government.

## 2.2 Background

The Annual Performance Report is required, by statute, to be submitted to NHS Orkney and Orkney Islands Council.

The Annual Performance Report is based on national information collected by Public Health Scotland to highlight the performance of Orkney Health and Care in respect of both the National Suite of Indicators and the Ministerial Steering Group (MSG) Indicators. Performance information relating to these indicators has been provided by the Public Health Scotland Local Intelligence Support Team.

Orkney Health and Care needs to develop local measures to further understand its effectiveness in delivering the Strategic Plan and to plan future services. Development of further local measures will continue following the recruitment of Planning and Performance Officer.

Following the impact of COVID-19, the Scottish Government allowed Integration Authorities to postpone the deadline for completion of Annual Performance Reports, which was agreed by the IJB from the end of July to the end of October 2021.

## 2.3 Assessment

Orkney Health and Care's performance in respect of the core suite of indicators is generally positive.

In the performance reporting Orkney is compared to seven 'peer group' areas and the other partnerships in Scotland, namely:

- Aberdeenshire.
- Argyll and Bute.
- Highland.

- Moray.
- Na h-Eileanan Siar.
- Shetland Islands.
- Western Isles.

The emergency admission rate across Orkney decreased marginally by 5.6% in 2020 to 9,443 admissions per 100,000 population. This is a further reduction compared to last year's figures. 2020 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). This followed the national trend, with the expected cause in the reduction being an effect of lockdown. Comparing to last year the 2020 emergency admission rate in Orkney was the sixth lowest nationally. It is however worth noting that due to COVID-19 and pressures across Council and NHS services that this figure has been amended and measured as calendar years compared to previous years where it was measured over the financial year.

Alongside the reduction in emergency admissions there was also a decrease in the number of patients attending A and E which is the first reduction in six years in Orkney (MSG Indicator 3.a). Attendances dropped from 7,651 seen in 2019 to 5,813 patients seen in 2020. Taking both measures together, this is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2020 there was a slight improvement seen in the 4-hour target during 2020/21 this increased from 96% (2019) to 97% (2020). (MSG Indicator 3.b).

The emergency readmission rate within 28 days per 1,000 discharges increased by 15.4% over 2020. Although again this measure was amended to calendar years compared to previously being measured per financial year. Amongst our Peer Group and National Rates the increase was seen comparatively across all areas.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission increased by 9% in Orkney during 2020. Across Orkney the falls rate increased in Orkney West with Orkney Isles showing the greatest increase, a reduction of 18% was seen in Orkney East. The 2020 Orkney fall rate was the fourth lowest across Scotland and represented the fourth year in a row where the falls rate was lower than the Peer Group and the National rate.

A success to highlight for 2020 in Orkney is the proportion of services graded good or better by the Care Inspectorate increased from 74% to 83% for Care Inspectorate inspections during 2020, an increase of 9%. However, Orkney compared below average compared to its Health and Social Care Partnership Peer Group Partnerships in 2019/20 but has now raised to above the national average of 82.5%. This increase has also saw

Orkney lift from the lowest rate nationally during 2019/20, now placing eighth lowest and far closer to the middle of the table. Although this is far from where we would hope to be, this shows great signs of improvement over the last year and represents a positive change in performance over 2020/21 in this measure.

Performance also improved over 2020/21 in the number of days people aged 75+ spend in hospital while ready to be discharged. The number of days recorded in 2020/21 was in line with the rates seen across the past five years. Put into the wider context Orkney is now mid table and recorded as the ninth lowest rate in 2020/21.

There has been an increase over 2020 in the proportion of people who spent the last 6 months of life in the community across Orkney. This increased from 90% in 2019/20 to 92.2% in 2020 (although again this measure has been changed to calendar years). The same trend appears across the Peer Group with the likely cause being an increased focus on care within the community where possible. Compared nationally, Orkney is the fourth best performer in this measure with Shetland, Angus, Argyll and Bute holding the top three positions, Orkney also places considerably above the Scottish average of 90.1%. All localities have shown an increase in this measure with Orkney West placing highest with 94% followed closely by both Orkney East and Orkney Isles with 92%.

The Committee is invited to scrutinise the Annual Performance Report in order to obtain assurance that the services which the IJB has commissioned from the Council are being delivered to an acceptable standard.

### **2.3.1 Quality/ Patient Care**

There are no implications arising from this report.

### **2.3.2 Workforce**

There are no workforce implications arising from this report.

### **2.3.3 Financial**

There are no financial implications arising from this report.

### **2.3.4 Risk Assessment/Management**

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires an Integration Authority to publish, within four months of the end of the reporting period, a performance report, and to provide a copy of that report to each constituent authority, in this case NHS Orkney and Orkney Islands Council.

### **2.3.5 Equality and Diversity, including health inequalities**

There are no equality implication arising from this report.

## **2.3.6 Other impacts**

There are no other implications arising from this report.

## **2.3.7 Communication, involvement, engagement and consultation**

N/A.

## **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.

- Integration Joint Board for approval on 27 October 2021.
- Orkney Islands Council's Policy and Resources Committee for information on 23 November 2021.

## **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.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: Integration Joint Board's Annual Performance Report 2020/21.



# Annual Performance Report

2020/2021

6.1



Integration Joint Board



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The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the fifth report for the Orkney Integration Joint Board (IJB) and within it we look back upon the last year (2020/21). We consider progress in delivering the priorities set out in our second [Strategic Plan \(2019-22\)](#), with key service developments and achievements from the last twelve months highlighted.

Within this report, we also review our performance against agreed local Key Performance Indicators, as well as in relation to the National Integration Indicators and those indicators specified by the Ministerial Strategic Group (MSG) for Health and Community Care.

## Foreword

### Integration Joint Board Chair – Issy Grieve

Welcome to the fifth Annual Performance Report of the Orkney Integration Joint Board.

We are the body responsible and accountable for the design, commissioning and oversight of the delivery of integrated community-based health and care services and unplanned hospital admissions through our statutory partners, Orkney Islands Council and NHS Orkney, known locally as 'Orkney Health and Care'. We undertake this in partnership with our Third Sector colleagues, people who use our services, their carers and the community as a whole. The breadth of this remit is to ensure that services in the community both seek to prevent the need for admission to hospital but also to facilitate early discharge from hospital so that people can remain with family and friends and importantly within their own communities and homes.



### Chief Officer – Stephen Brown



Welcome to the fifth IJB Annual Performance Report and of course my first in post as the Chief Officer of Orkney Health and Care.

Firstly I want to extend a heartfelt thank you to the staff of both NHS Orkney and Orkney Islands Council, and all of our partners in the third sector and Emergency Services for their incredible work over the last year. Staff should be incredibly proud of all the efforts they have spent as every week stories were heard of those in our community going the extra mile to support those in need during the pandemic.

From my first days as Chief Officer I could see the strong community spirit which runs through the heart of Orkney and the amazing lengths people go to when supporting friends, colleagues, neighbours and even complete strangers with the shared goal of making sure everyone within our communities are well and coping. It is truly amazing and something that Orkney, quite rightly, takes pride in.

COVID-19 has provided the most challenging of times and during a global emergency such as this, we must utilise all available resources to overcome the challenges ahead. We are proud to contribute to finding solutions alongside our communities.

In partnership with NHS Orkney and Orkney Islands Council we are working towards a strong recovery and adapting to new practices to improve how our services are developed, managed and provided, creating a more sustainable future with

increased access to services whilst building resilience from the lessons learned throughout this pandemic.

## IJB Membership

The current IJB membership consists of three members from NHS Orkney (NHSO) and Orkney Islands Council (OIC). These members have two NHSO deputies and 3 OIC deputies respectively.



Standing from left to right:

Davie Campbell (NHS Non Executive Director).  
Issy Grieve (Chair and NHS Non Executive Director).  
Councillor John Richards, (Elected Member).

Seated from left to right:

Councillor Rachael King (Vice Chair and Elected Member).  
David Drever (NHS Non Executive Director).  
Councillor Steve Sankey (Elected Member).

## Others who are involved

The IJB also holds a number of Non-Voting members including professional advisors and stakeholder members.

Non-Voting members who act as professional advisors include:

- Chief Officer of the IJB.
- Chief Social Worker Officer.
- Chief Finance Officer to the IJB – Proper Officer appointed under s95.
- A Registered Medical Practitioner who is a GP.
- A Registered Medical Practitioner who is not a GP.
- A Registered Nurse.

Non-Voting Members (Stakeholder Members):

- Staff Representative.
- Third Sector Representative.
- Unpaid Carer Representative.
- Service User Representative.

Additional Non-Voting Members (Locally Agreed in Addition to Requirements) include:

- An additional Staff Representative.
- A Housing Representative.

In this period, a few changes have been seen with Issy Grieve commencing as Chair of the IJB, with the previous Chair, Councillor Rachael King, commencing the role of Vice Chair in May 2021.

Gillian Morrison ended her time as Interim Chief Officer for the IJB with the arrival of Stephen Brown as a permanent appointment to the Chief Officer role in May 2021.

Non-Voting Members (Stakeholder Members) also saw the appointment of Danny Oliver as OIC's Staff Representative and Joyce Harcus appointed as the Unpaid Carer Representative.

An up-to-date list of membership can be found [here](#).



The impact of COVID-19 on services commissioned by the Orkney IJB has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having service delivery impact, which is likely to continue over the medium term.

All frontline staff attended workplaces and undertook frontline duties including seeing all vulnerable people where feasible within the Scottish national COVID-19 regulations. Some services required to change their models of delivery in line with guidance and so, for example, Day Care centres were closed and staff were deployed to deliver outreach support.

The opening of the fourth wing at Hamnavoe House showed true integrated working whereby people were discharged from hospital as quickly and safely as possible and received rehabilitation support before returning home.

Some other staff were redeployed for emergency responses whilst maintaining statutory service delivery within Scottish Government guidance.

A Humanitarian Aid centre was also opened within the Pickaquoy Centre within days of lockdown to help those most vulnerable through COVID-19 by offering services such as assisting with medication and sustenance deliveries and befriending.

The Parties quickly ensured staff had the relevant Information Technology (IT) equipment so that services could continue as much as possible. Meetings were very swiftly able to be held virtually via Microsoft Teams.

There were resilience meetings including Care for People meetings weekly with partners to discuss and co-ordinate emergency responses.

A Service Operational Recovery Team (SORT) was set up and these weekly meetings were held to identify priorities for commissioning and decommissioning emergency response services, scaling back and reopening services in line with Scottish Government COVID-19 advice.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

Locally (as of 23 August 2021) Orkney has had 186 confirmed cases of coronavirus (one case per 770 residents) with four associated COVID-19 deaths.

## NHS Orkney Covid Vaccination Response

NHSO commenced the COVID-19 Vaccination Programme on Monday, 14 December 2020. The first clinics were delivered for frontline Health and Social Care staff within the Kirkwall Vaccination Centre (KVC) alongside clinics within the local care homes.

Since mid-December, the KVC has continued to provide a daily service offering bookable weekday appointments for all cohorts of patients that are eligible to attend for vaccination. In addition, we have delivered Mass Vaccination Clinics in alternative venues to ensure the maximum possible protection was delivered to our community as quickly as possible.

Clinics were run at a variety of venues across mainland Orkney to capture as much of the population as possible. Although no targets were set for numbers of vaccinations at each clinic, information regarding the clinic times and dates were widely circulated to each age group to allow good attendance numbers for vaccination.

A summary of our mainland clinics is listed below:

<b>Venue</b>	<b>Type of clinic</b>	<b>Clinics</b>	<b>Patients per clinic (Approx)</b>
Outpatients Department - Balfour Hospital	Mass Vaccination Venue (Weekend only)	14	500
The Pickaquoy Centre	Mass Vaccination Venue (weekday and weekend)	11	600
Kirkwall Vaccination Centre	Daily venue – ongoing	150	110
Kirkwall Vaccination Centre	Evening drop in clinics	3	25
Warehouse Buildings – Stromness	Community Vaccination Venue	2	200
Milestone Church – Dounby	Community Vaccination Venue	2	200
The Kirk - St Margaret's Hope	Community Vaccination Venue	2	150

For the non-linked isles, a significant amount of logistical work was undertaken to ensure that each island had a supply of vaccines in time to match the delivery happening on the mainland. Across the islands, the vaccinations were delivered by GPs, Advance Nurse Practitioners and Community Nursing staff, normally within the local practice setting.

In addition to the vaccination clinics, housebound patients across all the islands were supported by the Community Nurses to be vaccinated within their own homes.

A summary of our results so far is listed below (as at 13 September 2021):

<b>COVID-19 Vaccines – NHSO</b>	
Total first doses delivered	17,637
Total second doses delivered	16,821
Total vaccines delivered	<b>34,458</b>

<b>NHSO – COVID-19 Vaccine Uptake</b>	
Population aged 16+ received first dose	92.70%
Population aged 16+ received second dose	87.50%

The COVID-19 Vaccine requires two doses for effective immunity, meaning that although Orkney has an approximate population of 21,000 the total vaccines delivered upon completion of the programme will be close to 40,000.

From a staff point of view, the programme has been supported by over 100 different vaccinators drawn from Nursing, Dental, Paramedics, Podiatrists, GPs and Hospital Consultants.

The programme is supported by a dedicated administration team of three full time and one part time staff members with management, logistical and operational support provided by the Primary Care team. Strategic direction has been provided by the Public Health Department.



The programme has been assisted by Voluntary Action Orkney (VAO) who supported by organising over 2,200 hours of volunteer time to help support the programme.

Where possible data was gathered by NHSO management and Public Health. Learnings were shared nationally and best practice throughout Scotland implemented where suitable at each NHS Board area.

NHSO performed well, despite there being no targets set for the vaccine roll out throughout Orkney, which was done efficiently and at speed with great uptake of the vaccine seen within the community. This success was largely due to the collaborative efforts of the community and the many people who helped to make this happen not only at the NHSO but including those who volunteered their time to assist with aspects of the project such as marshalling.

## Performance of COVID-19 Response

The Scottish Government targets for Scotland aim to ensure that at least 90% of those over the age of 16 are fully vaccinated against COVID-19 upon completion of the vaccination programme. As of 13 September 2021, Orkney has performed very well with 92.70% receiving their first dose and 87.50% fully vaccinated with a second dose. These figures grow daily with Orkney continuing to be one of the highest vaccinated areas in Scotland.

This was supported by excellent communication with the community by Primary Care as although no formal targets were set for attendance at clinics the performance was very good with high turnout at all venues.

Looking to the future, currently COVID-19 vaccinations in those under 16 are continually under review, as we progress new targets are likely to be set over 2021/22.

## Key Priorities for Recovery

Implementation of recovery plans is underway, following carefully planned approaches in how services can begin to reopen in line with government guidance.

Staff have now largely moved back to their own substantive posts as services have re-opened, in the context of the continued delivery of statutory services which have been prioritised throughout the emergency phase.

Services have been capturing all the information, lessons learned and new ways of working so that they are prepared for further emergency responses should they arise.

A pilot has commenced in regard to a Home First Approach, a discharge to assess model, which is in the very early stages, but it is anticipated this will make an impact on hospital discharges for people able to return to the community as quickly as possible. It is anticipated that care at home services will also have a pivotal role in the Home First pilot which aims to aid timely hospital discharge.



The IJB approved a pilot for the Home First service which has been extended to operate for one year including one full winter, until 31 March 2022. Following evaluation of the pilot, a report will be brought to the April 2022 IJB meeting as this will have more comprehensive outcome data and a recommendation based on the results of the pilot.

Early results from the Home First pilot show significant improvements in delayed discharge times which are leading to greater patient experiences and more effective use of services. Although full details are not currently available this early success will be explained in full in the pilot evaluation report in April 2022.

Day care services have resumed, however due to the requirement to meet physical distancing requirements, there is reduced capacity. Some people have opted to have their care needs received in a different way due to lockdown. It is hoped that where these have worked well and are more personalised to the individual, this support can continue rather than resuming traditional service delivery if the former is preferred. This will require considerable service redesign to services for both older people and those with learning disabilities and will require consultation with all stakeholders to determine what future services might look like.

## Key Achievements

Despite the challenges presented by the pandemic the IJB has seen many successes over 2020/21, some of our key successes are highlighted below:

Highly Successful Vaccination Programme delivering 34,458 Vaccinations within Orkney.

Roll out of Virtual Clinics (Near Me) 6,569 Calls made over 2020/21.

Maternity Unit received UNICEF Commendation for full "Baby Friendly accreditation".

Creation of the Strategic Performance Management Framework.

Roll out of the Strategic Commissioning Implementation Plan.

Employment of a new permanent Chief Officer for Orkney Health and Care.

Introduction of new specialists into GP practices through the Primary Care Improvement Plan.

Introduction of Orkney's Good Parenting Plan 2020-2025.

Creation of the Children's Health Services Improvement Plan (2020-2022).

Positive report upon the developments made following Children's Services Inspection.

Development of the COVID-19 Vaccination and Testing Centre.

Creation of a Humanitarian centre supporting the people of Orkney throughout the pandemic.

The Orkney Health and Care Workforce Plan 2020-22 was approved in December 2020.

Health Visitors achieve "Baby Friendly accreditation" in high scoring UNICEF assessment.

Piloting of Home First project, improving delayed discharges and organisation of post hospital care.

## Key Challenges

Over 2020/21 there have been several challenges facing the IJB, none more prominent than COVID-19 which has been discussed earlier in this report. There were however several additional challenges outlined below:

### Requirements of Service Change

The impact of COVID-19 on services commissioned by the IJB has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, which is likely to continue over the medium term.

All frontline staff attended workplaces and undertook frontline duties including seeing all vulnerable people where feasible within the Scottish national COVID-19 regulations. Some services required to change their models of delivery in line with guidance and so, for example, Day Care centres were closed and staff were deployed to deliver outreach support.

Some other staff were redeployed for emergency responses whilst maintaining statutory service delivery within Scottish Government guidance.

The Parties quickly ensured staff had the relevant Information Technology (IT) equipment so that services could continue as much as possible. Meetings were very swiftly able to be held virtually via Microsoft Teams.

There were resilience meetings including Care for People meetings weekly with partners to discuss and co-ordinate emergency responses.

A Service Operational Recovery Team (SORT) was set up and these weekly meetings were held to identify priorities for commissioning and decommissioning emergency response services, scaling back and reopening services in line with Scottish Government COVID-19 advice.

### Senior Management

Orkney Health and Care had a number of gaps within the Senior Management Team over 2020/21 which were filled with interim posts. One such post was that of our Chief Officer with the position being filled on an interim basis by Gillian Morrison before the employment of Stephen Brown as a permanent Chief Officer at the beginning of 2021/22.

Currently, there are still some vacancies which are reliant on interim staff such as the Head of Children and Families, Criminal Justice and Chief Social Work Officer.

### Workforce, Recruitment and Agency Worker Reliance

Staff within the Health and Social Care Partnership continue to be recruited in a timeous manner due to the need to cover the staffing vacancies at the earliest possible point in social care.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

The use of agency staff adds significant financial pressure to services however this continues to be monitored with an ongoing focus on ways in which we can recruit and develop home grown talent going forward.

## Mental Health

The demand on services has increased substantially over the last decade. At the start of 2021 this service also saw a significant increase in demand for urgent referrals and complex cases requiring more multi-agency meetings. This has added additional demands upon the service.

With the additional complex cases there has also been extra use of the transfer bed within the Balfour. This bed is used for patients who have been detained and who require transfer to inpatient mental health services in Cornhill Royal Hospital for a period of treatment. The use of this bed places challenges on CMHT staff who are required to provide staff cover for what can be a prolonged period of time until the transfer can take place. This results in planned work being postponed with the result that other patients do not receive much needed appointments. This has been a slowly growing but nonetheless an increasing trend even in the pre-pandemic phase. The Service Manager post vacancy adds additional pressures with less support available for operational matters. Currently this vacancy is out to advert with the aspiration to have this role filled during 2021/22.

Historical and long term challenges around having a local mental health consultant resource continues, one of the aspirations is to attain a permanent long term consultant to review the process of patients transfers and cases to improve quality and increase the quality of service assurance. At the time of writing this post is currently out to advert.

To address the known issues the following aspirations have been set within the mental health strategy:

- Continued work with our colleagues in Grampian, utilising the SLA, to ensure appropriate input for population.
- Review of our demand and allocation in relation to staffing levels to ensure we meet the 90% treatment time guarantees for referrals to treatment.
- Improve and further develop close working with school nurses, social workers and other third sector agencies with regard to adolescents less than 16 years of age. (National Strategy Actions 2 and 8).
- Increase formal supervision for staff who find themselves holding difficult cases. (National Strategy Action 6).

- Explore programmes and ways to document patient contact, risk assessments and any other current records to promote effective communication and record keeping.
- Review our data collection with specific regard to rejected referral for CAMHS service. (National Strategy Action 18).
- Improve access to Psychological Therapies for young people who have experienced Childhood Sexual Abuse.
- We will work with our colleagues in the Justice System to improve mental health care for Young Offenders (National Strategy Actions 7 and 10).

Although out with the reporting period it should be noted that considerable funding has been made available to substantially increase the CAMHS resource during 2021/22

## Children's Services

There have been issues across Social Work services with the systems support resource, of the Social Work management information system, presenting challenges with information management, data collection and analysis.

There have been significant, and at times, prolonged gaps in Children and Families staffing, including the Service Manager, Operational Manager, Social Workers across the service, Family Support Workers and Admin staff.

Locum staff were employed to ensure the functioning of the service and statutory duties for Child Protection could be met. There was significant staff turnover related to sickness absence, people leaving, short term contracts, retirement, and recruitment challenges.

This has meant, amongst other things, significant challenges associated with the operational delivery of Children and Families Social Work services. These issues were reflected in the Care Inspectorate inspection of 2019 (published February 2020).

Three of the main challenges facing social work are:

- Recruitment and retention.
- Capacity.
- Funding.

To deliver high quality Social Work and Social Care services to the local community we need to recruit and retain capable, strong, resilient professional, suitably qualified staff. We have been experiencing high levels of staff turnover and sickness, particularly in Children and Families services which has impacted on the staff team and disrupted the continuity of care and support for our children, young people, and families. This is noted in the Care Inspectorate Progress Review of August 2021.

Recruitment from within our local communities remains a challenge; due, amongst other things, to:

- Population size.
- Varied career choices.
- Challenges of dual relationships.

Suitable candidates, with the required qualifications and experience are often located out with Orkney, requiring time to find suitable accommodation in Orkney to allow people to relocate. The lack of accommodation can impact on successful recruitment.

The second point, capacity of small councils and health and Social Care partnerships can present challenges for undertaking the range and scope of all requirements expected of any such organisations. Operating in such smaller care and health systems can present both challenges and opportunities, which can hinder or enhance innovation and transformation. Here the small-scale nature, for example, of our operational Social Work services can lead to speedy and effective new service delivery models and practice being introduced and embedded.

The third challenge facing Social Work and Social Care services relates to the climate of public funding including savings requirements within the context of the above mentioned 2016 Audit Scotland report, which highlighted the challenges of available resource and funding set against public demand and expectation.

## Workforce, Recruitment and Agency Worker Reliance

Staff within the Health and Social Care Partnership continue to be recruited in a timeous manner due to the need to cover the staffing vacancies at the earliest possible point in social care.

With staff capacity already an issue pre-pandemic due to an almost full employment market in Orkney, this further exacerbated the need to staff additional emergency services within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had a substantial impact and therefore there was a requirement to employ further agency staff to ensure a safe and sustainable service.

The use of agency staff adds significant financial pressure to services however this continues to be monitored with an ongoing focus on ways in which we can recruit and develop home grown talent going forward.

The availability of accommodation locally has been an ongoing issue. The previous expectation was that once the hospital build had been completed with the contractors leaving the island, this would free up more accommodation allowing us to accommodate experts we require on island. However, this has not been the case, the availability of accommodation in Orkney is very low and a significant challenge to not only ensure we have enough agency workers to staff services but also when trying to attract staff from other areas who wish to move to Orkney.

## Data Availability

The availability of data over 2020/21 has been reduced, many of the key measures used by the Scottish Government have been delayed or changed in ways which make data comparisons harder. One such example, as will be seen later in this report, are the National Health and Wellbeing outcomes and Core Suite of Indicators where some measures have been amended to reflect the calendar year unlike previously where they were measured over the financial year.

This has been caused by the need to capture learnings from COVID-19 with regular reporting stopped to free up capacity in data analysts and performance management teams. This allowed the Scottish Government to make informed choices around how they managed the pandemic.

With many services coming to a halt during lockdowns there are also wide periods of time where much of the data for areas such as Outpatient Clinics have no information to show, giving no availability of information to feed into reporting over parts of the year.

Over 2021/22, it is hoped that much of the standard reporting that was seen in previous years will return with the previous reporting schedules re-aligned to those pre-pandemic. As the requirement to report on COVID-19 related data reduces, much of the original reporting workstreams will return and staff will return to their previous roles.

## Performance Reporting

Performance reporting over 2020/21 became limited, as mentioned the priority for all partners was how to safely continue services within the COVID-19 advice at various stages over the pandemic.

Much of the local intelligence teams have faced additional requests from the Scottish Government to provide increased reporting for COVID-19 related data throughout the pandemic and continue to see increased requests for areas that were not previously captured or recorded upon systems. This has resulted in increased workstreams to improve service recording systems to capture this data as well as continued development of reports which can be used to pull the data from these systems.

However, with the recruitment of a Planning and Performance Officer at the end of the 2020/21 financial year there is now increased capacity to capture areas which can be reported upon with assistance from the Local Intelligence Support Team (LiST). This capacity will increase the understanding of data that can be captured and help to develop a culture of continual improvement and learning across services.

## How we measure what we do

As a Health and Social Care Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement.



Our commitment to continuously improve services, in order to promote good outcomes for individual and families, underpins everything that we do. Over 2020/21 ensuring the safe continuation of services was the main priority meaning that for much of this period performance reporting was not submitted over the past year.

Looking ahead to 2021/22, performance reporting will be an essential part of capturing learnings from COVID-19. Although there were few examples of performance reporting submitted over 2020 with the remobilisation of services and adoption of new ways of working there will be a return to six monthly performance reporting at the Orkney Health and Care (OHAC) Committee and regular reporting to the IJB upon a variety of newly launched strategies all linked to the Strategic Plan.

Benchmarking with other Health and Social Care Partnerships (HSCP) assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'peer groups', which consist of seven comparator Partnerships. Orkney is placed in a peer group along with, Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland and the Western Isles.

Clinical, care and professional governance is an important aspect of our work to improve the wellbeing of people and communities by ensuring the safety and quality of health and social care services. During 2020/21 work has continued to consolidate clinical, care and professional governance activities within all teams across the Partnership, further steps have been taken to strengthen these links through the review of the Clinical and Care Governance Committee which has now become the Joint Clinical and Care Governance Committee. Operational teams continue to report through appropriate governance groups to ensure a strong focus on governance activities on Annual Performance Report 2020/21.

Further work is to be done in 2021/22 on the reporting of the hosted services through governance systems. To support improvements to governance more regular performance reporting will be required with quarterly performance reporting continuing to be shared with heads of service to evidence our progress and an overarching annual report to evidence progress over the year.



We recognise that our commitment to continuous improvements means that further work will be required during 2021/22 to build on and strengthen the self-evaluation, quality assurance, performance monitoring and clinical, care and professional governance arrangements that are already in place. A key priority over the next 12 months will be to ensure enhanced collation, analysis and reporting of information at a locality level.

## Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) brings together a wide range of information about how all Scottish Councils perform in delivering services to local communities.



It is a high-level benchmarking tool designed to help senior management teams and elected members ask questions about key council services. This tool allows Orkney to compare its performance at a glance to all 32 Local Authority partnerships in Scotland with the highest performers placing first in each measure.

Orkney Health and Care presented the most recent benchmarking framework to the OHAC Committee in July 2021. The data shared was for the 2019/20 period with a summary of where Orkney was placed amongst the 32 peers below.

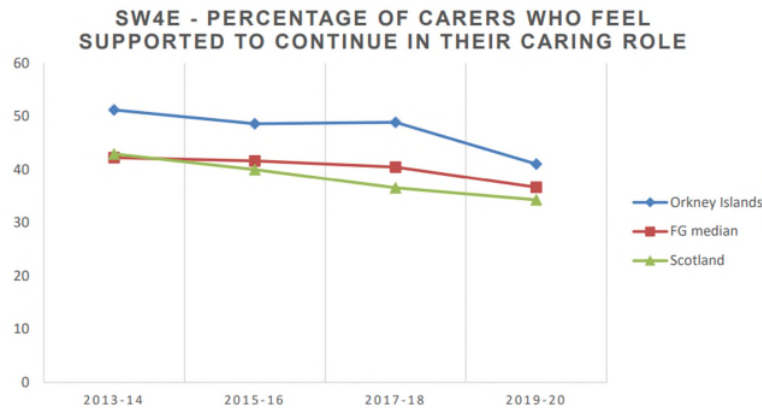
No	Measure	Position
1.	Home care costs per hour for people aged 65 or over.	30
2.	Self-directed support (direct payments + managed personalised budgets) spend on adults 18+ as a percentage of total social work spend on adults 18+.	10
3.	The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home.	2
4.	The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	2
5.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	1
6.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	2
7.	Percentage of carers who feel supported to continue in their caring role.	2
8.	Residential cost per week per resident for people aged 65 or over.	31
9.	Rate of readmission to hospital within 28 days per 1,000 discharges.	1
10.	Proportion of care services graded 'good' or better in Care Inspectorate inspections.	29
11.	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+).	10

The overall performance is good. Orkney has six measures which placed as either top or second top performer in Scotland. Those measures are:

- The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home.
- The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of carers who feel supported to continue in their caring role
- Rate of readmission to hospital within 28 days per 1,000 discharges.

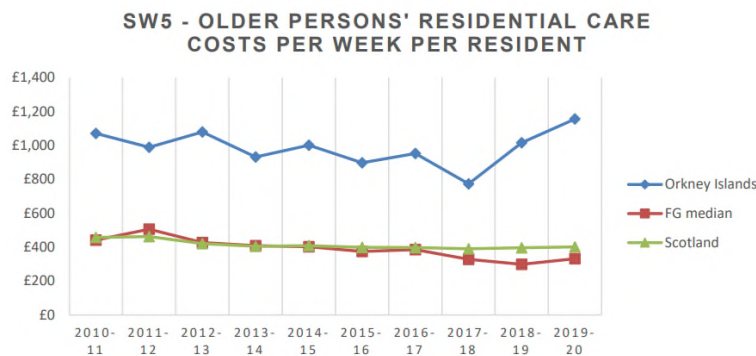
Scoring so highly in these measures compared to our peers was a success however there are still opportunities to improve our services.

Considering the results further one measure which shows one of these opportunities was the “Percentage of carers who feel supported to continue in their caring role”:



As can be seen despite placing highly amongst other Local Authority partnerships, placing second for this measure in Scotland it is a concern that less than 50% of carers feel supported to continue in their caring role.

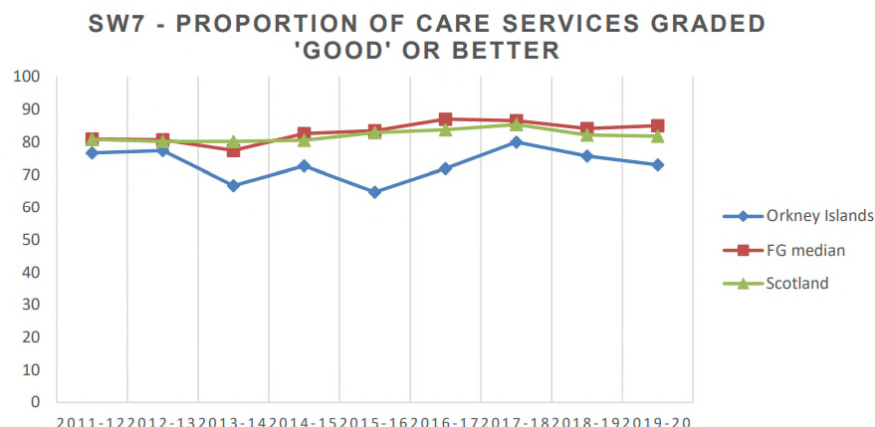
To improve this measure Orkney Health and Care have re-established the Carers' Strategy Group during 2020 and have carried out some awareness raising. Furthermore, we will discuss how we may capture data better going forward, to make vital improvements where required.



Our lowest scoring measure, “Residential cost per week per resident for people aged 65 or over”, there are several reasons for the higher cost. Our residential care homes meet the needs of individuals with very high dependency as we have no nursing homes on the islands. Rarely are people placed on mainland Scotland.

Care homes within Orkney are managed by the Health and Social Care Partnership which have higher running costs, often due to better staff terms and conditions than those offered by private care home providers on mainland Scotland. Additionally, we are now in the position of having to rely to some extent on agency staff which is more expensive both in salary but also in the need to provide accommodation. This is due to difficulty to recruit and higher levels of sickness for multifactorial reasons but includes an ageing workforce.

To ensure we are doing all we can to improve this score, we will continue to closely monitor our costs, especially staff costs. We will ensure our reliance on agency staff is minimised by robust sickness management and innovative attempts to recruit locally and ‘grow our own’.



The second lowest measure was “Proportion of care services graded ‘good’ or better in Care”. We are aware that the ageing St Peter’s House received poor grades for environment. This may well account for the 2.71% points dropped during 2019/20, a 2.71% increase in this score would have placed us amongst our peers within this measure. We were also awaiting an inspection of Hamnavoe House which was put on hold due to the effects of the pandemic. Over 2021/22 period this inspection has

taken place and Hamnavoe House received a great inspection grade which we expect will raise this score when national benchmarking is republished.

In addition, we will ensure that Health and Social Care Partnership services managed by OHAC with grades less than good develop action plans to not only meet any recommendations but also are sufficient to improve the grade.

## Orkney Health and Care Localities



## Locality Planning

Presently, Orkney has two localities: the isles and the Mainland, with the Mainland split between the East and West Mainland. The IJB is also a key partner in the Orkney Partnership Board's planning arrangements, taking responsibility for community level governance and setting priorities for their areas.

The legislation requires that in addition to establishing an IJB we are also required to establish at least two 'localities' for the purpose of planning services at a local level. The IJB agreed that Orkney should have two localities: The Mainland, which will be subdivided into the West and East Mainland, and the Isles. Given that the Community Planning Partnership had identified its priority locality as the Isles, it was anticipated that this geographical match would foster a co-ordinated planning approach to address health inequalities in the Isles.

Localities should play a key role in the strategic planning process and our local GPs and other health and care professionals, along with people who use services and people who are unpaid carers will, through the Strategic Planning Group, have the opportunity to have an influential voice in determining how the Board plans and commissions services that deliver improvements in the nine health and wellbeing outcomes set by Scottish Government.

One of the areas of outstanding work from the last report is the development of a Localities Plan to work alongside the current Strategic Plan.

## Locality Data

As with many areas, one of the main challenges with locality data has been the availability of data over 2020 due to postponed reporting during the COVID-19 pandemic.

Where data is available the performance has been positive in the following key areas:

- Up to 95% of adults able to look after their health well or very well.
- 100% of people in Orkney East feel they are supported to live as independently as possible.
- 82% of adults feeling they have a say in how their care or support is provided.
  - Although this is a good performance in this measure, we will continue to look at ways to improve performance and understand why 18% feel this is not the case.
- 89% of adults in Orkney East receiving care or support rate it as excellent or good.
- GP Practices are highly rated throughout Orkney with between 92-95% of adults having a positive experience.
- 88% of adults in Orkney East feel their services and support improved their quality of life.
- 98% of supported adults in Orkney West felt safe at home.

An area of concern that has been highlighted is National Indicator 8: Percentage of carers who feel supported to continue in their caring role. As discussed in the Local Government Benchmarking section this was identified as an area of concern with Orkney Health and Care taking action to improve this measure. Broken down to locality level satisfaction across mainland and isles localities differ significantly with the Isles communities showing 59% of carers feel supported to continue within their caring role whilst on mainland Orkney only 35% and 38% feel supported in the West and East localities. It will be important to understand why there is such a significant difference between satisfaction levels although over 2021/22 we would hope actions can be taken to greatly improve these scores.

On the next page the Local Integration Indicators (Core Suite) results are displayed at locality level.

## Locality Performance

### Local Integration Indicators (Core Suit)

Number	Description	West	East	Isles
NI1.	Percentage of Adults able to look after their health very well or quite well.	95%	94%	94%
NI2.	Percentage of adults supported at home who agree that they are supported to live as independently as possible.	...	100%	...
NI3.	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	...	82%	...
NI4.	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated.	...	76%	...
NI5.	Percentage of adults receiving any care or support who rate it as excellent or good.	...	89%	...
NI6.	Percentage of people with positive experience of care at their GP practice.	95%.	92%	92%.
NI7.	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	...	88%	...
NI8.	Percentage of carers who feel supported to continue in their caring role.	35%	38%	59%
NI9.	Percentage of adults supported at home who agree they felt safe.	98%	...	...
NI12.	Emergency admission rate (per 100,000 population).	8,310	11,132	9,761
NI13.	Emergency bed day rate (per 100,000 population).	70,849	70,695	82,299
NI14.	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges).	66	85	66
NI15.	Proportion of last 6 months of life spent at home or in a community setting.	94%	92%	92%
NI16.	Falls rate per 1,000 population aged 65+.	18	18	11

... = Data either unavailable or suppressed due to small numbers.



## Approaches to Service

### Community Led Support



### Community Led Support

Community Led Support is an approach that encourages communities and local organisations, such as churches and local voluntary organisations, to run and manage local services designed around the needs of local communities. These organisations work alongside the people who use the services to be responsive and relevant to the needs of the local community. This can be through providing church run lunch clubs, local transport solutions, or simply places to meet to reduce isolation and loneliness.

The key element is that the people using services have a say in how they are run and managed. This approach builds on the strong foundation within local community areas.

The IJB commissioned the National Development Team for Inclusion (NDTi) in January 2019 to facilitate an 18-month Community Led Support (CLS) programme, with match funding from the Scottish Government. At that time Orkney was one of five Scottish sites embarking on the process, with this increasing to nine Scottish sites during the following year.

Following a further voting process, it was agreed in February 2020 that the THAW building in Kirkwall would be the first 'fixed' Blether venue, along with Blethers in Sanday and St Margaret's Hope. Unfortunately, COVID-19 and the national wide lockdown, forced us to pause progress on the programme which we were unable to run fully over 2020.

However, the Orkney Coronavirus Community Support Hub which opened on 30 March 2020, to support the people who were shielding, was an excellent example of a Blether in practice and continued to support the community throughout the pandemic. We had a variety of colleagues redeployed from across NHSO, OIC and the third sector, who worked together to make contact and provide support to over 700 people.

Nationally, the Orkney CLS 'model' had gaining attention, due to us having a real mix of professionals involved, as well as the great response we have had from the public. The team involved in CLS have attended various national events to present 'the Orkney way' and showcase how we listened and responded to what the Orkney public told us.

Moving forward, the learning from COVID-19 from the statutory bodies, carers and communities helping to shape how CLS is delivered locally. Regular national meetings with other areas have been identified as a positive step to improve services/ information known to enhance individual's experience. It has been identified that more in-depth good conversation training with individuals who would be keen to become trainers would be beneficial as well as a joint seminar for Elected Members, NHS Board Members and IJB Members to ensure 'buy-in' and to show the benefits of CLS.



## Technology Enabled Care



Following being accepted as a Named Person to East Ayrshire's pathfinder, an ask was made to Scottish Government for some additional money to assist with funding a temporary post to support progress in developing Orkney's Tech Enabled Care action plan, to do research and link with various stakeholders including NHSO, OIC and East Ayrshire.

The long term aims of this post are to strengthen relationships and knowledge whilst maximising the learning and capturing the experiences of the community throughout the pandemic.

Due to the implications of the pandemic and capacity issues the joined Tech Programme Boards have been delayed. To progress the Orkney TEC Named Partner work it was agreed to reinstate the Programme Board: Tech First. The group have had presentations from the third sector following the engagement with both the West Mainland and Kirkwall consultation and the non-linked isles consultation to enable discussion on understanding local data and need, with colleagues from East Ayrshire joining to provide valuable feedback from their own engagement. A follow up session is arranged shortly.

Over 2020/21 one of the major successes supported through TEC was the expedited roll out of Near Me Virtual Clinics at NHSO. Health Care providers in Orkney were recognised nationally for embracing the technology to safely deliver services within Orkney with many taking part in national events to discuss best practice and how this helped them to deliver safe and effective care throughout the pandemic. Within Scotland, Orkney remained the top user of Near Me per 100,000 population over the entire period of 2020/21.

A total of 6,569 Virtual Appointments were held by clinicians in Orkney over 2020/21, these included a mixture of GP, Mental Health, Dental and a variety of outpatient specialities. Additionally to these appointments held locally NHS Grampian and Tayside also hosted Virtual Clinics to support those on Orkney who were unable to travel for treatment throughout lockdown.

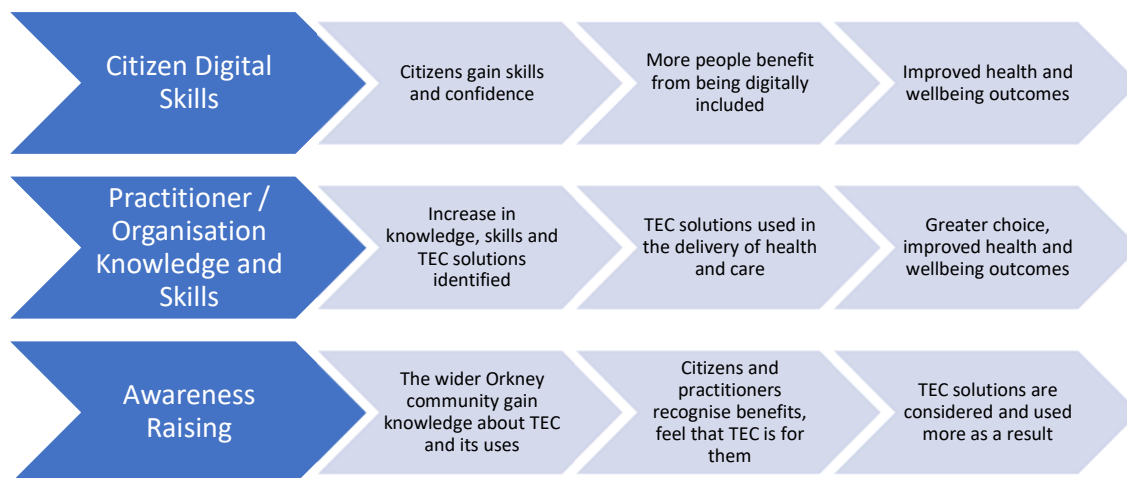
### Tech Peer Mentor Project information – OHAC Annual Report 2020/21

Funding for the 18-month Tech Peer Mentor project was secured through a joint bid from VAO and OHAC to TEC Scotland's Transforming Local Systems (TLS) Pathfinder Programme. This ambitious programme involves four Lead Partners: East Ayrshire, Midlothian, Highland and Aberdeen City with matched Named Partners. Orkney is a Named Partner area and is matched with East Ayrshire.

Pete McAndrew was appointed to the post of Tech Peer Mentor with VAO on 1 December 2020 to develop the Tech Peer Mentor project. During that month the main activities were: induction to VAO, attending Digifest 2020 (Digital Health and Care Scotland Conference online), orientation within the TLS Pathfinder programme

and network building with the National TEC Scotland team and matched Lead Partner (East Ayrshire). Pete also liaised with Orkney's Telecare team learning about their systems, processes and equipment.

The main focus during January 2021 was in developing a project plan and pursuing development opportunities for the Tech Peer Mentor, including completion of the core Digital Champion training and liaising with the TEC Scotland national team and Lead Partners in relation to issues such as the Scottish Approach to Service Design and data management. The full Orkney and East Ayrshire TLS teams agreed to meet bi-monthly and the project approach was completed and agreed by the end of January. This approach is to pursue three pathways towards the overall aim of increasing the use of Technology Enabled Care within Orkney. These pathways are summarised below:



The Health and Social Care Partnership's Programme Board: Tech First group was re-established in February 2021 and scheduled to meet every six weeks to share information about digital and technology developments and provide governance to the Tech Peer Mentor Project. It was agreed that the project would include two focus areas:

- 1) Delayed hospital discharge.
- 2) Access to services on the ferry-linked isles.

In relation to delayed discharge, Pete joined the Home First team undertaking a project evaluating the 'discharge to assess' model. Pete also liaised with the Island Wellbeing Project to explore how this second area could be progressed. Considerations at the Programme Board: Tech First during this period and subsequently have included discussion and planning regarding the use of data in service development within Orkney, in line with the principles of the Scottish Approach to Service Design (SAtdSD). The Tech Peer Mentor project was set up on Matter of Focus's 'Outnav' software platform which is being used for evaluation and reporting.

The project commenced a trial of the 'Buddi' GPS mobile alarm device and a GSM home hub and wristband unit in March 2021 and subsequently compiled and distributed a report. A Buddi Unit is now available (October 2021) for service users through OHAC's Telecare Team.

Access was provided through the TLS Programme to 'Digital Storytelling' training from the Third Sector Lab and through the Tech Peer Mentor project training sessions were arranged and offered to local Third Sector and Statutory Service partners within Health and Social Care. The training was attended by participants from NHSO, OIC and the third sector and the skills learned during this training were subsequently put to use in producing a short promotional video for the Tech Peer Mentor Project.

Following this initial discovery and initiation stage a launch event was planned for 6 May 2021 after which engagement and activities would commence with citizens, practitioners and the local health and care sector.

## Orkney Health and Care Vision



## Strategic Plan 2019-2022

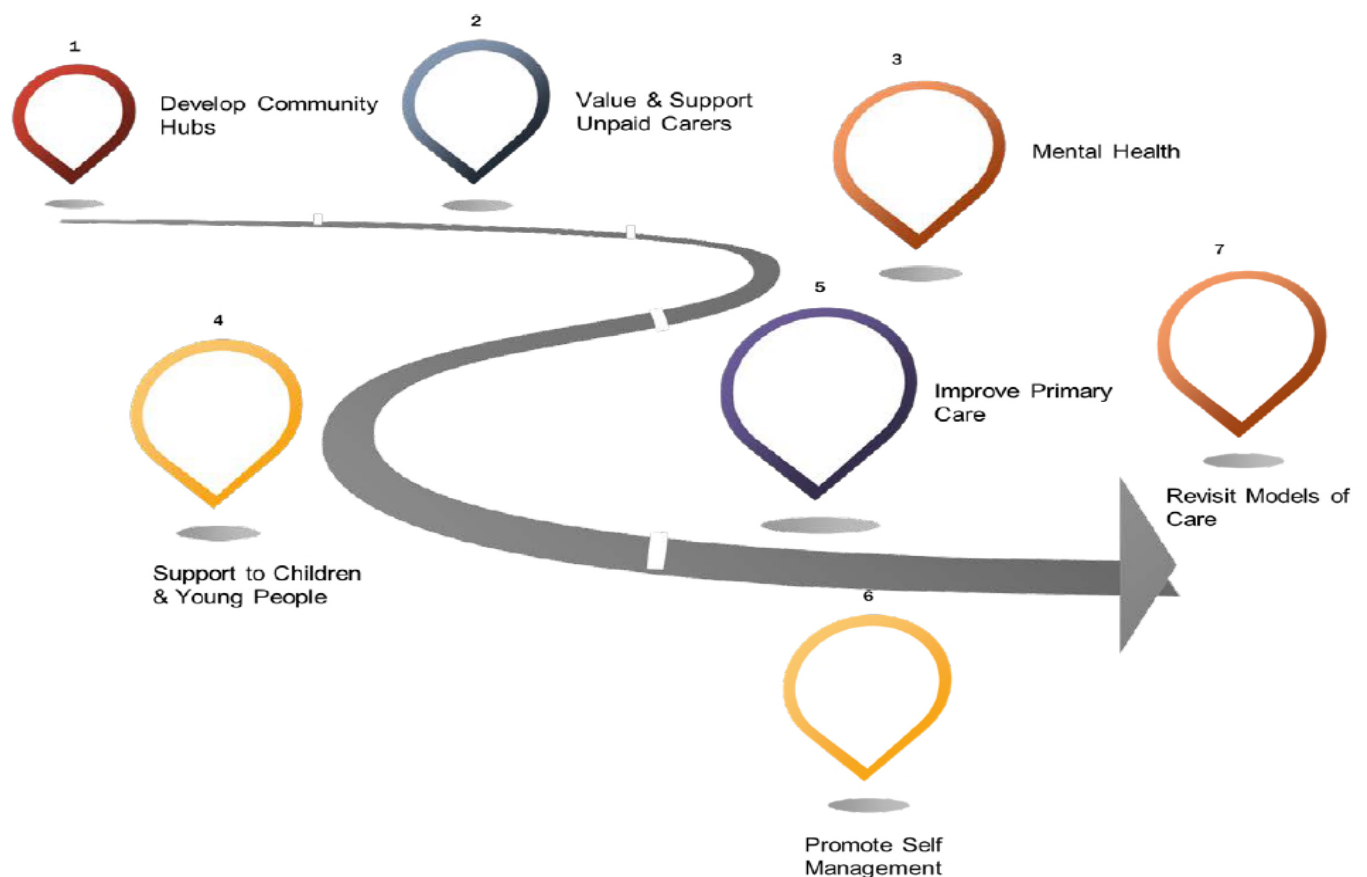
The Strategic Plan 2019-22 is designed to be public facing and primarily includes infographics for ease of reading and understanding. Although it was anticipated that the programme board approach would be implemented this has not progressed as anticipated. Therefore, the Strategic Planning Group was reconvened which is in accordance with legislation.

Although the Strategic Plan for 2019-22 was approved by the IJB on 2 October 2019, there was a delay in producing the Strategic Commissioning Implementation Plan (SCIP) due to the impact of COVID-19 and the management priorities having to focus on the response to the pandemic.

This plan sets out the detail of how the vision and strategic objectives outlined in the Strategic Plan 2019-22 are to be achieved within the remainder of the period. It also lays out the improvement priorities and outcomes, both national and local for the IJB in relation to the health and social care delegated functions in the Integration Scheme. This was approved for the last year of the Strategic Plan 2019-2022 and Directions were issued to NHSO and OIC following presentation to the IJB in June 2021.

Looking towards the future, steps have been taken to begin the process of strategic planning with initial work commenced towards the Strategic Plan 2022-25 with a Joint Strategic Needs Assessment being developed to inform, enable and support strategic planning into the 2022-2025 period.

## Orkney Health and Care Strategic Priorities



The Section below outlines some key developments in priority areas as set out in the Strategic Plan.

## Strategic and Operational Overview

In June 2020 a report on Directions, including a draft template, was presented to the IJB for approval. This is a process whereby the IJB delivers its Strategic Plan by issuing 'Directions' to the Local Authority and the Health Board as appropriate. The updated template which takes into consideration the key actions within the 2020 Statutory Guidance was approved by the IJB on 30 June 2020. Throughout 2020/21 key governance documents were updated including:

- Freedom of Information Policy and Publication Scheme.
- Market Facilitation Statement.
- Records Management Plan.
- Workforce Plan.
- Stakeholder/Representative Expenses.
- Alcohol and Drugs Partnership Framework.
- Role Descriptors.
- Risk Management Strategy.
- Communication and Engagement Strategy.
- Complaints Handling Procedure.

In this section we give an overview of some of the achievements at operational level and how they link to our strategic priorities. However, throughout the pandemic, there were various staffing challenges and capacity levels, resulting in senior managers needing to focus their time more on ensuring safe operational delivery rather than strategic planning. Despite this, strategic planning progress continued to be made in the seven priorities identified in the Strategic Plan, which is outlined below.

## Developing Community Hubs

Due to COVID-19 pandemic, a decision was made to halt the development of community hubs over 2020/21, with government guidance encouraging no physical gatherings. Until such time as restrictions are further eased the ability to create community hubs will be limited.

Over 2021/22, if possible, this priority may be revisited to consider what may be possible in light of the learnings from COVID-19 to ensure whatever is proposed is both safe and effective to meet the needs of our communities.

## Value and Support Unpaid Carers

### Raising Awareness

2020 was the year when the invaluable role of Unpaid Carers was recognised nationally. Organised by Scottish Government, and supported locally by the Carers' Strategy Group, a high-profile television, social and print media campaign sought to raise the profile of Unpaid Carers. Many carers are unaware of the support services available to them, and the campaign addressed this very issue, describing common-place circumstances, and asking people if they recognised themselves. The local



campaign directed people to Crossroads Orkney, our local carers' support organisation.

## Carer Support During the Pandemic

Speaking of Crossroads Orkney, the organisation has provided exceptional support to our Unpaid Carers during these challenging times. Some highlights from the last year include:

- Crossroads worked with the PPE hub and directed unpaid carers to where they could get PPE.
- Though the vaccination programme, Crossroads were able to contact unpaid carers and inform them of where-and-when they could get their vaccines. Word soon spread, with unpaid carers not known to Crossroads getting in touch, providing the opportunity to tell them about the support available.
- Crossroads have been creative in their approach to the Time to Live funding, as well as the extra funding available through the government's Winter Fund. Covid prevented from taking a short break, so Crossroads looked at other ways in which folk could use the money, to promote mental health and wellbeing. Some opted for a magazine subscription, a garden bench, money towards an e bike, craft kits, and even a reclining chair. These are just small things, but carry a huge benefit to Unpaid Carers, many of whom had no or little services available to them, owing to the pandemic.
- They secured three iPads, allowing some folk to keep connected, helping with social isolation and loneliness.
- The busy staff at Crossroads provided more support than usual over the phone, and did weekly check-ins with many folk.
- Extra respite was given to folk who were unable to go to Day Care, as well as compensating for the unavailability of residential respite.
- Crossroads even managed to take on extra clients, providing care where homecare provision was limited.

## Positive Audit

The duties that fall upon local authorities, to Unpaid Carers, are associated with the Carers (Scotland) Act 2016. The Council's internal audit team undertook an audit of the local response to the Act, with the subsequent report describing much positive work to support Unpaid Carers, in Orkney. There were no high priority recommendations in the report. Some low and medium level recommendations have tasked the Carers' Strategy Group, and health and social care staff, with further actions to improve the support available locally to Unpaid Carers. Some are already addressed, with the remainder due for delivery by the spring of 2022.

## More Raising Awareness!

The Carers' Strategy Group continues to promote and support the work of Unpaid Carers, in Orkney. The highest priority remains to help people realise they are carers, and make them aware of the services available to them. A video, featuring real examples, in Orkney, was produced and promoted. Unpaid Carers have also featured in our local paper, The Orcadian, with a high profile promotional campaign,

in June, during Carers' Week. This included social media promotion, posters and leaflets in Mainland and isles' shops, and a stand at Kirkwall's Tesco store.

## Mental Health

Two strategies were approved in the autumn of 2020 - the Orkney Dementia Strategy 2020-25, which was approved on 30 September 2020, and the Mental Health Strategy 2020 – 2025, approved on 29 October 2020 both after extensive consultation processes.

The purpose of the Orkney Dementia Strategy 2020-2025 is to set out a renewed vision for dementia care and support in Orkney. It draws on a wide range of evidence and inter-related policies, including Scotland's third National Dementia Strategy. Most importantly of all, it draws on the experiences and views of people living in Orkney whose lives are affected by dementia. Some of these people are living with dementia and others are unpaid carers, often family, supporting people living with dementia.

There is often a lack of awareness and understanding of dementia, resulting in stigmatisation, inequality and barriers to diagnosis and care. The impact of dementia on carers, family and wider society can be physical, psychological, social and economic. We have adopted a social model of dementia as a disability, recognising the challenges people with dementia face and affording the same priority to reduce impact, as we do for physical disabilities. Dementia is one of the foremost public health challenges worldwide. There is currently no cure for dementia. However, there are treatments, therapies and supports which are effective in maintaining skills and independence and contributing positively to the experiences of people with dementia and unpaid carers.

With an ageing population within Orkney, a projected increase in numbers of people with dementia (from 418-800 between 2016 and 2041) presents a range of challenges, not only for the people who develop dementia, and their families and carers, but also for the statutory and voluntary services that provide care and support.

The local Dementia Strategy will span a five-year period, with evaluation of outcomes and progress being reported through the performance monitoring of the Strategic Plan.

Orkney's Mental Health Strategy 2020 – 2025 provides a framework for the improvement and development of mental health and wellbeing supports across all our communities. This strategy reflects the vision, objectives and priorities within the Orkney Strategic Plan 2019 - 2022. It recognises the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on enabling people to access their own strengths and supports where possible; preventing onset of ill-health and providing early intervention and support for recovery; and developing personal and community resilience.

We all share a common factor, that being our health. Our mental and physical health is fundamentally linked and is influenced by factors such as living standards, education, employment and access to community local supports, as well as the way we think, behave, react to personal diversity and interact with those around us.

By working in close partnership with individuals, carers, communities, statutory and voluntary sector providers we are seeking to build upon existing services, to improve upon these and to develop additional supports through effective use of all resources available.

Over the coming five years we will seek to achieve the following outcomes:

- Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision.
- Support for a professional workforce, including robust training and strong multi-disciplinary culture.
- Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.
- Decrease mental health inequality, stigma and discrimination through greater community awareness.
- Improved access to information and communication.
- Develop opportunities for developing more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers.
- Improved access to a range of supports for carers.

These strategies provide a focus to help successfully deliver dementia support and services and mental health services based on the principles and priorities outlined in the Strategic Plan.

## Support to Children and Young People

Throughout the summer of 2019 the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney.

Five key areas were identified as requiring improvement from this inspection, they were:

- 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.

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, when the progress review took place the Care Inspectorate felt 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.

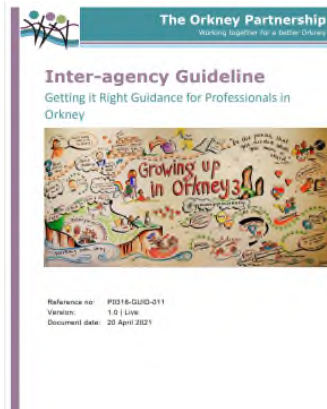
Consequently, in the second post-inspection period, during autumn 2020, significant developments were made in relation to updating and improving policies and procedures. These were followed up by implementation launch events into spring 2021. To reinforce the change that was required, these were led 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.

The Care Inspectorate now feel partners 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.

Some of the improvements made over 2020/21 included policies and procedures such as:

## Getting it Right for Every Child



There are five Key Priorities that are widely recognised and will be part of our focus as we move forward, these are:

1. Recognising and responding to neglect.
2. Developing practice supporting Chronologies of Significant Events.
3. Further developing the approach to Initial Referral Discussions (IRDs) for greater consistency.
4. Strengthening the approach to receiving, recording and responding to the voice of the child, including independent advocacy.
5. Strengthening the approach to receiving, recording and responding to the views of parents, carers and families.

Following this progression review 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, the Care Inspectorate expects 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 care and protection in Orkney will become evident and will lead to demonstrably better outcomes for them.

To provide evidence of this, Orkney Health and Care must 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, support will continue to be offered as required and progress will be monitored through existing link inspector arrangements.

The performance of the service towards making the requested improvements has been positive, within the most recent update the following was noted:

“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.”

These comments are very welcome and an indication of good performance and adoption of the recommendations of the initial report. With work ongoing and continuation of the children's' improvement plan further information will become available over the 2021/22 period with ongoing reporting at senior level throughout the organisation to ensure momentum is maintained and this continues to be a key focus of the service's development going forward.

## Improve Primary Care

The Primary Care Improvement Plan for Orkney sets out an ambitious vision for how services will be delivered in General Practice and Primary Care that operate in partnership with the wider health and care system.

There are particular challenges associated with delivery of these aspirations within the financial envelope available, particularly in regard to more remote and rural geographical areas. Work has continued with NHSO to identify how the resources available can meet the needs of Orkney's patient population, taking account of Scottish Government strategic priorities and taking account of clinical priorities. Previously, the plan had been developed to the stage where further decisions in regard to the roll-out of the plan were made at the IJB in June 2021.

With the improvement plan in motion Primary Care has seen a number of improvements with additional professionals working directly from GP practices. This has seen the commissioning and introduction of:

### Pharmacotherapy

This aims to transfer appropriate pharmaceutical tasks, most of which were being undertaken by GPs, to the pharmacy team. The team consists of a Lead General Practice Pharmacist, a General Practice Pharmacist and a part time General Practice Pharmacist. This team have assisted with core activities such as re-authorisation of repeat medications and acute prescribing.

This additional support will assist GPs by freeing up time and providing additional support to focus on improvements they would like to make within the practice. Over time the intention is to employ more staff within the Pharmacotherapy workstream to maximise benefit to our practices and make the most effective use of the skills and resources available.

## Community Treatment and Care (CTAC)

The CTAC workstream involves taking work such as phlebotomy and wound care out of the mainland GP practices. From discussion amongst practices two Practices have agreed to participate in a test of change around the set-up of this service with other practices expressing an interest once the service is up and running. Currently however the financial situation means that further roll out of the service is unlikely at this stage.

## Community Link Workers

The IJB commissioned, from VAO, 1.5 WTE Community Link Worker (CLW) Service. Initially a significant induction and trial period was undertaken with the CLWs based in two GP Practices.

The Link Workers commenced the service to patients in January 2020, and in September 2020 VAO commissioned and presented a review of the activity to date along with evidence of the key impacts of the service. The key findings of the review were very positive with significant benefits to both patients and services noted.

Currently the GP Practices are recommending an extension of this service from 1.5 WTE to 2.5 WTE so that patients of all practices can benefit from the service.

## Vaccine Transformation Programme (VTP)

The IJB has previously commissioned the childhood vaccine programme, staff have recently been recruited and induction commenced. Scottish Government is currently placing a high priority on vaccination delivery. The Government likewise appreciates the additional workload GP Practices are currently experiencing as a result of COVID-19 and as such are removing all responsibility for vaccines from Practices and onto boards from October 2021.

These additional services have supported patients to access the services they need closer to home making treatments more available to patients with services not being so focused to The Balfour facilities. Progress is ongoing and will continue to be monitored with reporting to return to the IJB over 2022.

## Promote Self-Management

Throughout the year, training continued to be offered to support stress control, mental wellbeing and resilience. Trauma Informed training continued to be made available to Orkney Health and Care staff. The health and wellbeing of staff is a priority, it is well documented that staff who are empowered and settled within their roles are more productive and produce a higher quality of work. Managers have been asked to ensure that Health, Safety and Wellbeing are a standing item in team meetings.

Throughout COVID-19 isolation has become an increasing concern with the importance of wellbeing and self-care more important than in previous years. The courses offered have supported staff and assisted them to become more informed about services available to them if they felt they required them.

A variety of opportunities continue to be offered to staff throughout Orkney Health and Care with graduate apprenticeships available in several areas. These courses help staff to become professionally qualified and support the development of “home grown” talent, increasing resilience and skill sets within the work force.

Four tenancies have been allocated to services users of Learning Disability as part of the new build at Carness. There is also a staff base with 24/7 staffing support. It is the intention to provide and introduce the use of Komp devices as a mechanism to enable individuals to enjoy privacy and independent whilst maintaining the ability to call for support if required and for staff to be assured of service user wellbeing.

## Revisit Models of Care

A considerable level of work has been undertaken during the 2020/21 period to review urgent care and how this operates. Orkney joined partners from Shetland, the Western Isles, Highland and Forth Valley to commit to ongoing tests of change and to share learnings on the experiences.

The Orkney Health and Care Workforce Plan 2020-22 was approved in December 2020. This was the first such plan, which identifies longer term needs and risks in relation to workforce planning, alongside a commitment to identify the workforce needs of the third sector to include in the next plan.

The Set Aside budget was received from NHSO in accordance with legislative requirements on 30 September 2020 and a plan was agreed by the IJB for further work to be undertaken to take on further operational management.

Funding was secured by VAO to establish and deliver a project called “Enhancing Wellbeing in Our Island Communities” which was to look at how community led care solutions could be developed on the smaller isles of Orkney. Further funding has been secured to continue and expand the project to 2022.

The proposed new replacement Kirkwall care facility, namely provision of a future-proofed 40 place facility, was approved with a start date for construction in autumn 2021, with delivery in early 2024.

The Joint Winter Plan was approved in February 2021. The aims of the plan are to create a set of conditions which improve resilience by building capacity to absorb, respond and recover from disruptive challenges. As part of the winter plan a pilot of Home First was introduced. Funding has been agreed to continue the pilot through the summer of 2021. Initial data is highly compelling about how individuals’ future needs should not be determined whilst in hospital.

## Created and Future Workstreams

Orkney Health and Care is a named partner alongside East Ayrshire who are the Lead Pathfinder taking forward a project called “thinking differently and think TEC first”. An agreement was reached that the Third Sector Interface would host a Tech Peer Champion post. Unfortunately, there were significant delays due to COVID-19. However, that post is now filled, and a launch event was held in May 2021.

A Finance Workshop was delivered in August 2020 which saw over 40 staff attend. This was informative on the current financial position and the challenges ahead. This was followed by a session of looking for ideas from all attendees on areas that could be looked at to try and ensure a sustainable service moving forward. This was also delivered to the IJB Members for information. An action plan has been drafted to look at all ideas and to take forward proposals

## Independent Adult Social Care Review

On 1 September 2020, the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government.

The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021.

The Health Secretary accepted the findings of this review and is working on key recommendations. The first measure in response has been the announcement of the Community Living Change Fund. This is for the redesign of services for people with complex needs including intellectual disabilities and autism, and for people who have enduring mental health problems.

## National Care Service Consultation

In response to the Independent Review of Adult Social Care, published in February 2021, the Scottish Government is now undertaking a consultation on the creation of a National Care Service for Scotland, for which responses are due by 2 November 2021.

The proposals contained within the consultation on the creation of a National Care Service for Scotland go beyond the scope and recommendations of the Independent Review of Adult Social Care and seeks to give Scottish Ministers accountability for all social work and social care services, including children’s services, alcohol and drug services and community justice.

The proposed reform of social care represents one of the most significant pieces of public service reform to be proposed by the Scottish Government and has the potential to be the biggest public sector reform in Scotland for decades. The proposals are wide-ranging and cover:

- Improving Care for People.
- A National Care Service and its scope.
- Community Health and Social Care Boards.
- Commissioning of Services.
- Regulation.
- Fair Work and Valuing the Workforce.

Implementation of the recommendations of the Independent Review of Adult Social Care and the current consultation regarding a National Care Service provide an opportunity to shape the future approach to addressing some of the challenges in the delivery of social care in Scotland as highlighted before and during the pandemic.

The Scottish Government believes the proposals present an opportunity to change the way that Scotland delivers support and services, placing human rights at the centre of decision making; shifting the emphasis to prevention; empowering people to engage positively with their own care; embedding fair work and ethical commissioning and strengthening the commitment to integrating social care with community healthcare, which was last legislated for in 2014.



## Care Inspections

### Care Inspectorate Service Grades



Health and Social Care services delivered by statutory and non statutory providers are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. Orkney Health and Care is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.

Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.

In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

Orkney directly provides a number of services which are subject to a rolling programme of independent inspection from the Care Inspectorate. Inspections assure us that services are working well and highlight areas for improvement. The inspectors examine the overall quality of care and support, staffing, the management and leadership, and the environment that care has on people's individual needs. Managers use the inspection findings to prioritise their continuous improvement work plans.

The Evaluation table provides the grades our services received using a six-point scale:

6.	Excellent.	Outstanding or sector leading.
5.	Very good.	Major strengths.
4.	Good.	Important strengths, with some areas for improvement.
3.	Adequate.	Strengths just outweigh weaknesses.
2.	Weak.	Important weaknesses – priority action required.
1.	Unsatisfactory.	Major weakness – urgent remedial action required.



## Care Homes, Extra Care Housing and Respite

In July 2018, the Care Inspectorate introduced a new framework for inspections of care homes for older people. The new approach remains familiar to people who have experienced inspections in recent years, however it better reflects Scottish Government's new Health and Social Care standards and provides more transparency around what is expected. The new Quality Framework for Care Homes for Older People is structured around the five questions:

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?

As with the previous inspection (grades) of service this is based on the new six-point scale. The following inspections have been undertaken using the new framework.

Over the pandemic, with travel restricted, inspections were unable to happen within Orkney over 2020. However, the below table shows the most up to date results of our most recent inspections within our care homes.

	Care & Support	Leadership	Staffing	Setting	Planning
Aurrida House	5	3			
Braeburn Court	5		5		
Rendall Road	4		3		
Care at Home Services	4		4		
Glaitness Centre	4	4			
Hamnavoe House	4			5	4
Kalisgarth and Very Sheltered Housing	5	3			
Smiddybrae House	5		5		5
St Colm's Respite Bungalow	4	4	4	3	4
St Rognvald House	4				4

Please note, this table also includes the first and highly successful inspection of Hamnavoe House since its opening. This inspection was held on 15 June 2021.

On the following page, an evaluation of our remaining services has been provided. Performance across inspections has been strong with most areas both across our care homes and support services graded as either good or very good.

## Evaluation of Services as of April 2021

Service	Date	Care and Support	Environment	Staffing	Management and Leadership
Adoption and Fostering	02/09/2019	3	N/A	N/A	3
Aurrida House	21/05/2019	5	N/A	5	N/A
Braeburn Court (Housing Support and Support Services)	05/11/2019	4	N/A	4	N/A
Care at Home (Housing Support and Support Services)	31/10/2019	5	N/A	N/A	4
Disability Resource Support Accommodation (Glaitness)	03/04/2019	4	N/A	N/A	4
Family Focus Service (Aurrida House)	09/11/2016	4	N/A	5	N/A
Gilbertson Day Centre	06/07/2017	4	4	4	4
Glaitness Centre (Care Home)	03/04/2019	4	N/A	N/A	4
Glaitness Centre (Support Services)	14/06/2018	4	4	4	4
Kalisgarth and Very Sheltered Housing	10/10/2019	5	4	4	3
Orkney Responder Service	31/10/2019	5	N/A	5	N/A
Lifestyles Service	21/06/2016	5	5	5	5
Learning Disability Services - Supported Living Network	24/04/2019	3	N/A	3	3
Rendall Road	23/05/2019	4	N/A	3	N/A
Sunnybrae Centre	05/12/2019	5	N/A	4	N/A
West Mainland Day Centre	18/06/2017	4	4	5	4

## National health and wellbeing outcomes

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery.

The national health and wellbeing outcomes also provide the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care. The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrating health and social care services should make, for individuals.

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2017/18), Orkney outranked every other Health and Social Care Partnership (HSCP) area throughout Scotland in eight of these nine outcomes. In the remaining indicator, relating to Engagement, Orkney ranked third in Scotland and was bettered by only one of its six 'Peer Group' HSCP areas.

However, the carer's support indicator needs to be highlighted. Although Orkney is again ranked first, it is in fact not a good news story. This indicator relates to how well carers feel supported to continue in their caring role. Only 49% of carers reported that they feel supported. There is a newly developed Carers' Strategy which will be presented to the IJB over 2021/22, it is important that there will be ways to measure the effectiveness of this strategy. Carers' health and wellbeing could be at risk and if we lose this vital workforce then greater demand on the already stretched services will be experienced.

Many of the issues around waiting times are due to the inability to recruit. Where there are small teams any staff absence could reduce the capacity by 50% in some services.

There is a national shortage in recruiting to specific posts. The Scottish Government has recognised some of these issues and has provided additional investment i.e. commitment to increase Mental Health workers.

The most recently released data for these outcomes are presented on the next page.

## Nine National Health and Wellbeing Outcomes

These indicators are only released every two years. The published information available is as follows:

Indicator	Description	Scotland 2017/18	Orkney 2017/18	Scotland 2019/20	Orkney 2019/20
Adult Health	Percentage of adults able to look after their health very well or quite well.	93%	96%	93%	95%
Independence	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	81%	100%	81%	98%
Engagement	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	76%	83%	75%	86%
Coordinator of Services	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	74%	91%	74%	83%
Adult Support	Total percentage of adults receiving any care or support who rated it as excellent or good.	80%	95%	80%	90%
GP Care	Percentage of people with positive experience of the care provided by their GP practice.	83%	94%	79%	94%
Quality of Life	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	80%	96%	80%	87%
Carers' Support	Total combined percentage of carers who feel supported to continue in their caring role.	37%	49%	34%	41%
Feeling Safe	Percentage of adults supported at home who agreed they felt safe.	83%	97%	83%	99%

# Integration Joint Board Annual Performance Report

## Local Indicators

The way these figures have been recorded over the COVID-19 period has changed with the most recent figures shared as annual records for 2020 and are as follows:

Indicator	Description	Scotland 2019/20	Orkney 2019/20	Scotland 2020	Orkney 2020
Premature Mortality Rate.	Premature mortality rate (per 100,000 persons by calendar year)	426	319.	457.	308.
Emergency Admissions	Emergency admission rate (per 100,000 persons)	12,522	10,002	11,100	9,443
Emergency Bed Days	Emergency bed day rate (per 100,000 population)	118,288	88,776	101,852	71,594
Readmissions	Readmission to hospital within 28 days (per 1,000 population)	105	67	114	75
End of Life – Care Setting	Proportion of last 6 months of life spent at home or in a community setting	89%	90%	90%	92%
Falls Rate	Falls rate per 1,000 populate aged 65+	23	17	22	17
Quality of Services – Care Inspectorate	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	82%	74%	83%	83%
Intensive Care Needs at Home.	Percentage of adults with intensive care needs receiving care at home.	63%	73%	63%	76%
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged for people aged 75+ (per 1,000 population)	774	467	488	381
Emergency Admission Costs	Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	24%	19%	21%	17%

## Financial performance

Revenue Expenditure Monitoring Reports were presented at IJB meetings throughout the year. The purpose of the reports is to set out the current position and projected financial year end out-turn.

The year end over/underspend within each Party was as follows:

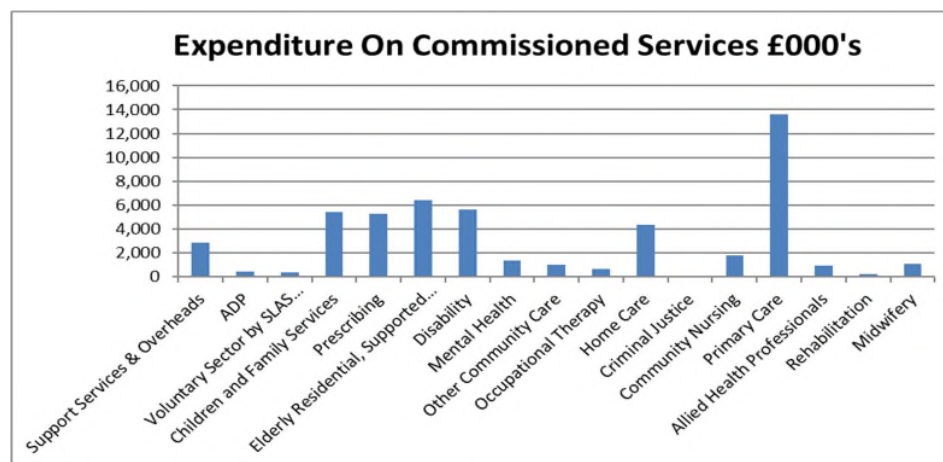
Partner Organisation	Opening Budget	Set Aside	Additional Allocations	Reduction in Funding	Full Year Budget	Full Year Spend	Variance
	£000	£000	£000	£000	£000	£000	£000
Orkney Islands Council	20,343	0	109	0	20,452	20,452	0
NHS Orkney	26,381	7,777	8,057	0	42,215	39,892	(2,323)
<b>Total Allocation</b>	<b>46,724</b>	<b>7,777</b>	<b>8,166</b>	<b>0</b>	<b>62,667</b>	<b>60,344</b>	<b>(2,323)</b>

The unscheduled care budget of £7.777 million was formally delegated to the IJB in September 2020. There were additional allocations throughout the year totalling £0.840 million resulting in a total set aside budget of £8.572 million.

The outturn position showed **an overall underspend of £2.323 million at the financial year end.**

The underspend of £2.323 million was in relation to funding received for specific services, some at a late stage, which was not fully utilised and therefore will be held within earmarked reserves. Within this figure there is COVID-19 funding unutilised which will be carried forward for use in 2021/22 which totalled £671k.

The net funds excluding unscheduled care provided the following services:



The main financial issues reported throughout the year were:

**Children and Families** – There were additional staffing requirements within the service due to sickness absence within the Children and Families team and the additional work required for the joint inspection improvement plan. There are also additional costs for residential care within Orkney due to the current children's house being at full capacity.

There has been a requirement for agency staff due to vacancies within the Speech and Language service. The successful recruitment process, in both adults and paediatric posts, will see a reduction in projected costs once candidates are in post.

**Elderly** – There is a continued reliance on agency staffing due to recruitment issues and long term sickness absence within residential care homes. Some of the COVID-19 costs are incurred within these cost centres. There are residual costs such as maintenance and security in regard to St Peter's House, the former residential care facility in Stromness. A recruitment campaign was launched in autumn to promote roles within Social Care services. Pending the usual recruitment checks this should reduce some reliance on agency staff. However, it should be noted that our workforce is ageing and much of the work is physically demanding despite modern day equipment.

**Prescribing** – Inflation and growth associated with medicines has been significant during the year which has resulted in a considerable over-spend within this budget. This is in part associated with increasing numbers of new and more effective medicines and access to these, which brings associated health benefits to our population at a significant financial cost. The full and long-term impact of COVID-19 and Brexit on medicines inflation, often driven by shortages, is not yet known and continues to be a significant financial risk.

**Mental Health** – There are additional costs regarding employing a locum consultant psychiatrist locally as well as agency psychiatric nursing being required to cover vacancies. NHS Orkney is having ongoing discussions in regard to a reduction in Service Level Agreement costs. In the next financial year, there will be a reduction in costs relating to agency nursing as a key post has been recruited to.

**Home Care** – The demand for Home Care continues to grow as the ageing population is continuing to increase. Once an assessed need has been identified and agreed, budget availability cannot be a deciding factor on provision of service due to the current eligibility criteria.

There is currently an increase in short term sickness within the team whereby there is a requirement to use agency staffing.

**Primary Care** – The underspend is around ring fenced Dental Primary Medical Services funding. This is allocated centrally each year from Scottish Government and reduced accordingly dependent on a yearly service review.

**Set Aside** – Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services, used by the partnership population, is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. This budget was formally delegated to the IJB in September 2020.

The main financial pressures within the Set Aside budget are in relation to unfunded posts and the increases in drug prices and growth have been greater than the inflationary uplift.

## Medium-Term Financial Plan

The IJB's Strategic Plan illustrates how the IJB plans and commissions future services. The Strategic Plan 2019-22 was approved on 2 October 2019 and the draft Strategic Commissioning Implementation Plan for 2021/22 was also developed and submitted to the IJB in June 2021, which was approved. The delay in this plan is in relation to staff prioritising the care and wellbeing of our community as part of the COVID-19 response.

Finance and performance reports are submitted to the IJB on a quarterly basis and highlight the financial position and projections to the year end, together with any significant variances and areas of concern.

A Medium-Term Financial Plan, which was approved in June 2019, provides an overview of the key messages in relation to the IJB's financial planning for 2019-22, and which links with the Strategic Plan, was also approved. It also provides an indication of the challenges and risks that may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Orkney. This will work alongside the Strategic Commissioning Implementation Plan.

There was regular reporting in regard to the costs of COVID-19 which were submitted to Scottish Government via Health Boards.



## Audit Reports

Audit Scotland provided a briefing note to explain how audits would function over 2020/21. This paper was presented to the IJB Audit Committee on 23 June 2020 and can be found [here](#).

The following audits have taken place over 2020/21:

### Internal Audit

[Annual Reports and Assurance Statement](#) – by Azets.

[Integration Joint Board Budgetary Process](#) – by Council Internal Audit.

[Annual Plan 2020/21](#) – by Council Internal Audit.

[Care Contribution Charing](#) – by Council Internal Audit.

[IJB – Budgetary Process](#) – by Council Internal Audit

[Corporate Governance](#) – by Azets.

[Corporate Governance](#) – by Azets.

### External Audit

[External Annual Audit Report](#) – by Audit Scotland.

The annual audit plan for 2021/2022 was also published on 10 March 2021 and can be found [here](#).



## Health and Social Care Partnership Group

Aberdeenshire, Argyll and Bute, Dumfries and Galloway, Highland, Scottish Borders, Shetland and the Western Isles.

2019/20

HSCP	NI1	NI2	NI3	NI4	NI5	NI6	NI7	NI8	NI9
Aberdeenshire	95.0	85.7	79.3	76.4	85.0	76.3	84.4	36.6	81.0
Argyll and Bute	93.2	79.9	72.5	73.7	78.3	84.5	76.5	35.0	78.7
Dumfries and Galloway	93.4	80.3	76.0	76.0	80.1	84.1	81.6	34.7	81.7
Highland	94.0	82.3	75.4	69.1	79.2	85.1	78.0	33.3	82.2
Orkney Islands	94.6	98.3	85.6	83.1	90.3	93.5	87.3	41.1	98.6
Scottish Borders	94.3	81.1	69.6	70.0	85.0	82.3	80.1	32.1	80.5
Shetland Islands	95.3	93.8	87.3	93.6	96.9	85.8	88.2	49.9	95.7
Western Isles	94.3	80.6	70.2	79.7	86.3	87.5	85.8	39.4	85.8
Scotland	92.9	80.8	75.4	73.5	80.2	78.7	80.0	34.3	82.8

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good
NI - 6	Percentage of people with positive experience of care at their GP practice
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
NI - 8	Percentage of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work

Partnership	NI11	NI12	NI13	NI14	NI15	NI16	NI17	NI18	NI19	NI20
Aberdeenshire	348	8002	72645	112	91	16	91	58	208	18.4
Argyll and Bute	398	10790	94863	91	92	25	87	72	346	19.2
Dumfries and Galloway	392	11843	118790	103	89	20	81	71	262	22.5
Highland	397	9766	98800	115	91	15	86	54	834	20.8
Orkney Islands	308	9465	73194	75.1	92.2	17.2	83.1	75.7	381	17.7
Scottish Borders	367	10433	104782	114	89	18	90	60	601	18.0
Shetland Islands	356	9238	55505	87	93	23	93	72	158	11.5
Western Isles	408	13335	105778	99	90	29	83	63	764	16.2
Scotland	457	11111	102961	115	90	22	82	63	488	21.2

NI - 11	Premature mortality rate per 100,000 persons
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergency bed day rate (per 100,000 population)
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Indicators 12, 13, 14, 15, 16, and 20 calendar year 2020 as a proxy for 2020/21

NI11 & NI 18 = Calendar year 2020

NI17 & NI19 = Financial Year 2020/21

## Performance Analysis 2020/21

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities publish an Annual Performance Reports within four months of the end of the reporting period. Normally the end of the reporting period would be 31 March however, due to data completeness issues which exist for hospital activity data between January to March 2021, PHS have advised Integration Authorities to report on calendar year 2020 rather than financial year ending 31 March 2020 for indicators 12, 13, 14, 15, 16 and 20.

The emergency admission rate across Orkney decreased marginally by 5.6% in 2020 to 9,443 admissions per 100,000 population. This is a further reduction compared to last year's figures. 2020 figures were mirrored across all three of Orkney's localities and remained broadly consistent with that of Orkney's peer group rate of 10,370 per 100,000 population (Integration Indicator 12 and MSG 1.a). This followed the national trend, with the expected cause in the reduction being an effect of lockdown. Comparing to last year the 2020 emergency admission rate in Orkney was the sixth lowest nationally. It is however worth noting that due to COVID-19 and pressures across Council and NHS services that this figure has been amended and measured as calendar years compared to previous years where it was measured over the financial year.

Alongside the reduction in emergency admissions there was also a decrease in the number of patients attending A and E which is the first reduction in six years in Orkney (MSG Indicator 3.a). Attendances dropped from 7,651 seen in 2019 to 5,813 patients seen in 2020. Taking both measures together, this is positive because it avoids unnecessary hospital admissions and frees up hospital capacity for planned services. Moreover, during 2020 there was a slight improvement seen in the 4-hour target during 2020/21 this increased from 96% (2019) to 97% (2020). (MSG Indicator 3.b).

The emergency readmission rate within 28 days per 1,000 discharges increased by 15.4% over 2020. Although again this measure was amended to calendar years compared to previously being measured per financial year. Amongst our Peer Group and National Rates the increase was seen comparatively across all areas.

Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2020, with Shetland now showing the lowest figures. At the locality level in Orkney all areas followed similar trends to that of Orkney as a whole. Orkney West recorded the most acute increase with an additional 14 emergency readmissions, equating to a 21% increase, Orkney Isles maintained figures showing no change and Orkney East recorded the highest level of emergency readmissions within 28 days at 86 admissions per 1,000 discharges and increase of 16 readmissions per 1,000 discharges equating to a 22% increase.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission increased by 9% in Orkney during 2020. Across Orkney the falls rate increased in Orkney West with Orkney Isles showing the greatest increase, a reduction of 18% was seen in Orkney East. The 2020 Orkney fall rate was the fourth lowest across Scotland and represented the fourth year in a row where the falls rate was lower than the Peer Group and the National rate.

A success to highlight for 2020 in Orkney is the proportion of services graded good or better by the Care Inspectorate increased from 74% to 83% for Care Inspectorate inspections during 2020, an increase of 9%. However, Orkney compared below average compared to its Health and Social Care Partnership Peer Group Partnerships in 2020/21 but has now raised to above the national average of 82.5%. This increase has also saw Orkney lift from the lowest rate nationally during 2019/20, now placing eighth lowest and far closer to the middle of the table. Although this is far from where we would hope to be, this shows great signs of improvement over the last year and represents a positive change in performance over 2020/21 in this measure.

Performance also improved over 2020/21 in the in the number of days people aged 75+ spend in hospital while ready to be discharged. The number of days recorded in 2020/21 was in line with the rates seen across the past five years. Put into the wider context Orkney is now mid table and recorded as the ninth lowest rate in 2020/21.

As highlighted previously less people are being admitted to hospital as an emergency, this has also seen a reduction in the number of emergency bed days from 16,198 to 13,063, a reduction of 19.4% in 2020 when compared to 2019/20. This data has however been amended to be measured against the calendar year over 2020 compared to previously being measured over the financial year. At a glance this is however good news with less bed days being assigned to emergency admissions. Comparatively, emergency bed days in Orkney have consistently remained lower than the Peer Group rate and well below the Scottish emergency bed day rate. In terms of the localities of Orkney, Orkney Isles reported the highest rate and for 2020 despite this it is still a decrease of 3%. Conversely, Orkney West showed an increase in emergency bed days from 66,880 to 70,849 whilst Orkney East decreased from 91,935 to 70,695, a significant decrease of 23%.

There has been an increase over 2020 in the proportion of people who spent the last 6 months of life in the community across Orkney, this increased from 90% in 2019/20 to 92.2% in 2020 (although again this measure has been changed to calendar years. The same trend appears across the Peer Group with the likely cause an increased focus on care within the community where possible. Compared nationally, Orkney is the fourth best performer in this measure with Shetland, Angus, Argyll and Bute holding the top three positions, Orkney also places considerably above the Scottish average of 90.1%. All localities have shown an increase in this measure with Orkney West placing highest with 94% followed closely by both Orkney East and Orkney Isles with 92%

## Conclusion

The COVID-19 pandemic and management of the recovery continues to be a focus for the IJB and all partnerships in Orkney, as is the case throughout Scotland. Meeting the health and care needs of the community and delivering services in a safe and effective way has taken precedence over the last twelve months. As a result, many of the strategic priorities have not progressed as far as would have been hoped over 2020/21.

Despite these significant challenges, the IJB has shared many great successes as has been discussed in this report with improvement across many of the national measures, increased learning throughout the pandemic, improvement within our children's services and a wide array of tests of change and new ways of working.

Notwithstanding, the adversity it has faced the partnership has shown exceptional resilience and adoption of new ways of working through the use of Microsoft Teams, increased practices of remote working and finding the most effective ways to keep the community safe throughout the pandemic.

Over 2021/22 the priorities of the IJB will be to develop a new Strategic Plan which will be supported by the Joint Strategic Needs Assessment, created in partnership between LiST, Orkney Health and Care, NHSO, OIC and our third sector partners.

This document is also available in large print and other formats and languages upon request. Please contact: [OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk)

## For Further information

Visit: [www.orkney.gov.uk/Service-Directory/S/orkneyhealth-and-care.htm](http://www.orkney.gov.uk/Service-Directory/S/orkneyhealth-and-care.htm).

Telephone: 01856873535 extension 2601.

E-mail: [OHACfeedback@orkney.gov.uk](mailto:OHACfeedback@orkney.gov.uk).

Mail: Orkney Health and Care, School Place, Kirkwall  
Orkney, KW15 1NY.

Care Opinion: [www.careopinion.org.uk](http://www.careopinion.org.uk)

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Orkney Partnership Board Vice Chairs Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Meghan McEwen, Board Chair</b>
<b>Report Author:</b>	<b>Meghan McEwen, Board Chair</b>

## 1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Emerging issue

## 2 Report summary

### 2.1 Situation

Through the Orkney Partnership Board, NHS Orkney have been approached by Orkney Islands Council for a capital contribution to the build of the new nursery and childcare facility in Orkney.

## 2.2 Background

At the Special General Meeting of the Council held on 30 June 2020 to consider options for the future provision of early learning and childcare in Kirkwall, Council agreed to introduce a temporary provision (The Willow Tree Nursery) and to the building of suitable accommodation for a new provision adjacent to Orkney College. The council also resolved to formally request financial support, including capital contributions from partners within the Community Planning Partnership.

The resolution to request financial support for this facility was partly in recognition that this is not a statutory provision that the Council is obliged to provide but is one where there has been market failure and the Council has stepped in to provide a crucial service for the whole community as evidenced through the petition “Say no to the closure of Peedie Breeks” that was circulating prior to the closure.

The new facility will provide a 51-place nursery consisting of spaces for 12 babies, 15 toddlers, and 24 children. Peedie Breeks Nursery was registered for 48 children aged 0 to 5 and also provided out of school care for primary age children at the BB hall.

Work on taking this development forward has been had adversely affected over the past year, as many plans have, but we are now getting close to the point where the building design, location and estimated costs will be presented to the Policy and Resources Committee seeking to have the project added to the Capital Programme.

## 2.3 Assessment

### 2.3.1 Workforce

NHS Orkney employees who seek childcare have been directly impacted by the closure of Peedie Breeks Nursery. The temporary Willow Tree Nursey has provided childcare security for those who were successful in securing a place, however the Board acknowledges the existing pressures for those who are unable to secure permanent, reliable childcare.

### 2.3.2 Financial

If NHS Orkney agreed to support this new provision, this would be considered as a potential unidentified capital cost pressure.

## 2.4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.



## 2 List of appendices

The following appendices are included with this report:

- Appendix No 1, Site Plans as proposed

## From the Leader

### Councillor James Stockan

Council Offices, Kirkwall, Orkney, KW15 1NY

Tel: (01856) 873535 E-mail: [james.stockan@orkney.gov.uk](mailto:james.stockan@orkney.gov.uk)



10 November 2021

Dear Colleague

#### **New Nursey at Orkney College**

At the Special General Meeting of the Council held on 30 June 2020 to consider options for the future provision of early learning and childcare in Kirkwall, Council agreed to introduce a temporary provision (The Willow Tree Nursery) and to the building of suitable accommodation for a new provision adjacent to Orkney College. The council also resolved to formally request financial support, including capital contributions from partners within the Community Planning Partnership.

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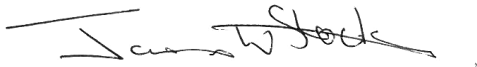
I have appended to this letter the location plans for the new nursery and some drawings of the elevations. You will see that the proposal is to locate the nursery to the east of the Orkney College main building with vehicular access off Burnett Brae. The new building will be connected to the College by a path that will facilitate easy access for college students visiting the nursery to gain practical experience as part of their caring skills courses.

I now come to the formal request for a capital contribution to the build cost for the new nursery that has a pre-tender estimate of £2.3 million. I envisage a roll of honour in the foyer to the nursery showing that the new facility for the community has been financially supported by the members of the Community Planning Partnership.

Please could you respond to Mr John Mundell, Chief Executive by 22 November 2021 with an indication of the level of contribution that your organisation may be able to make to the new nursery. This will greatly assist in the preparation of the report to Policy and Resources where we want to show the level of partnership financial contributions to offset the Council's own commitment.

Thank you in advance for your support

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Stockan', with a horizontal line above it.

James Stockan  
Leader





NOTES

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REVISIONS & ADDITIONS		DATE	BY
A	Updated following Client meeting.	13.10.21	LTP
B	Updated following Client meeting.	25.10.21	LTP

PROJECT

Orkney Islands Council  
New Kirkwall Nursery,  
Kirkwall

DRAWING TITLE

Site Plan as Proposed.

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CHARTERED ARCHITECTS & PROJECT MANAGERS

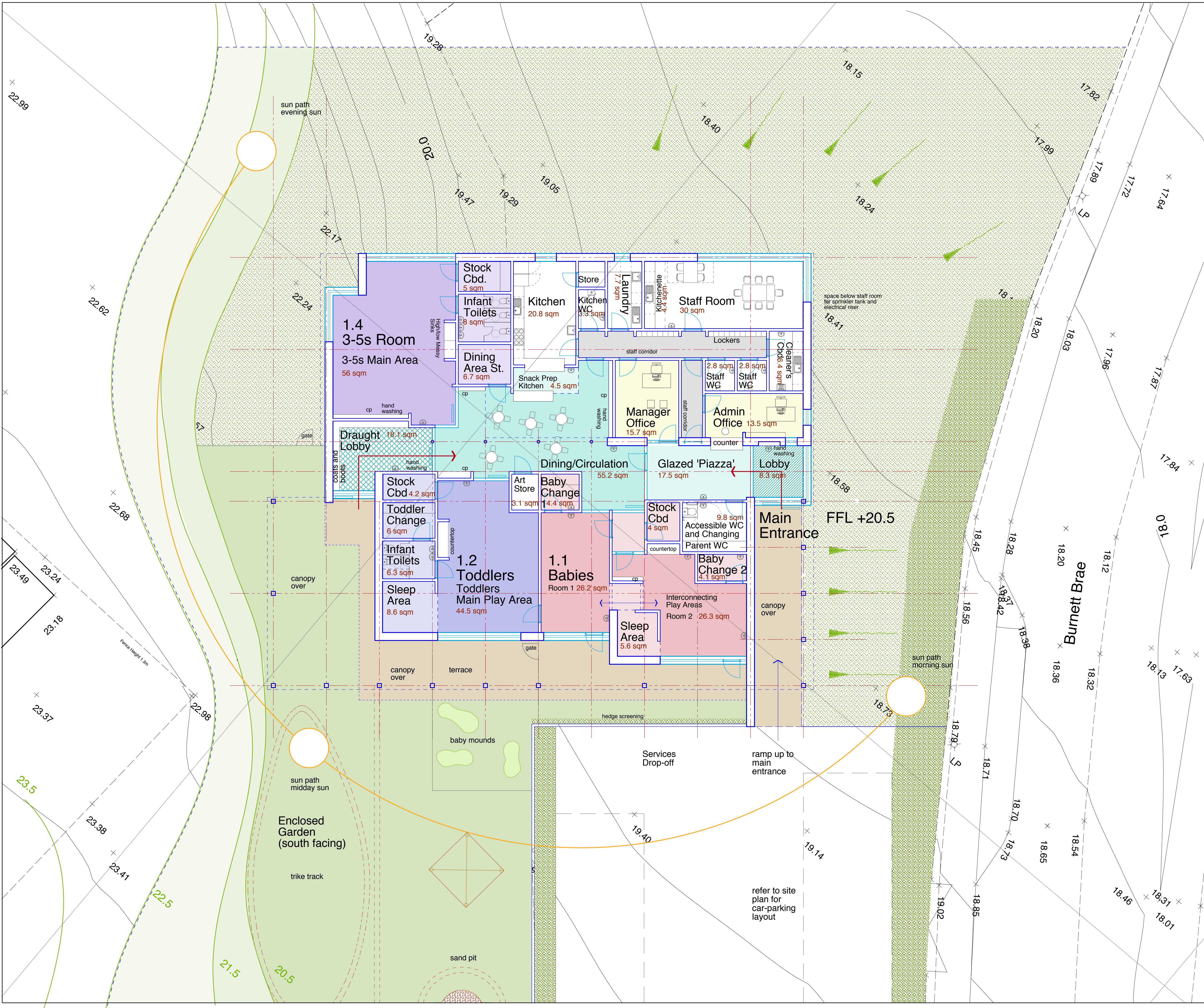
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REVISION		B



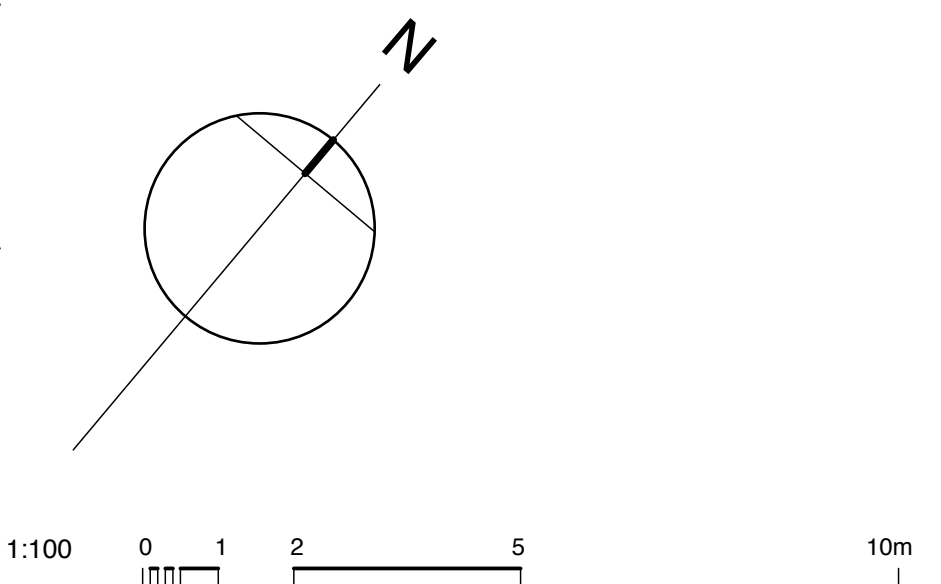


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Overall GIFA = 518 sqm

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REVISIONS & ADDITIONS		DATE	BY
A	Updated following Client meeting.	13.10.21	LTP
B	Updated following Client meeting.	25.10.21	LTP

PROJECT

**Orkney Islands Council**  
**New Kirkwall Nursery,**  
**Kirkwall**

DRAWING TITLE

**Plan as Proposed.**

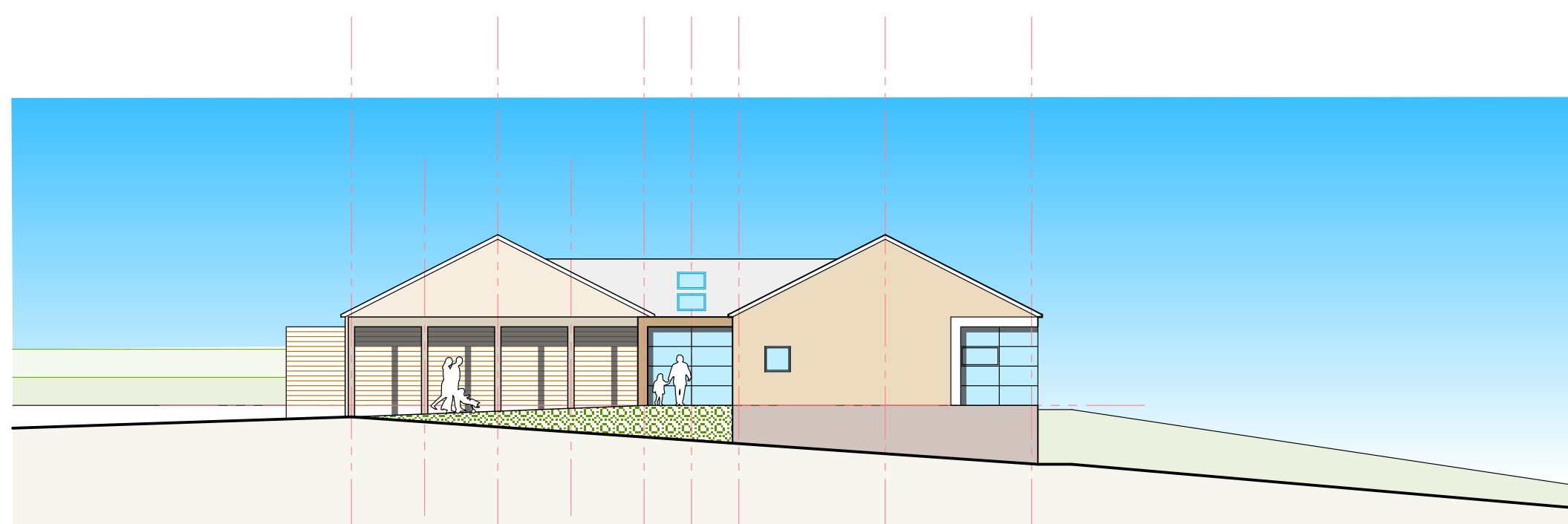
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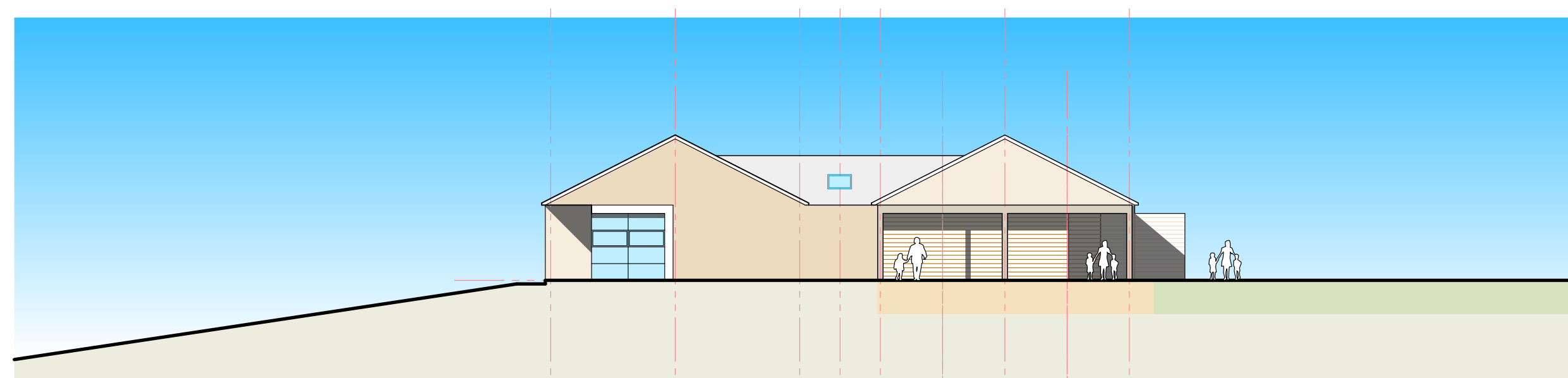
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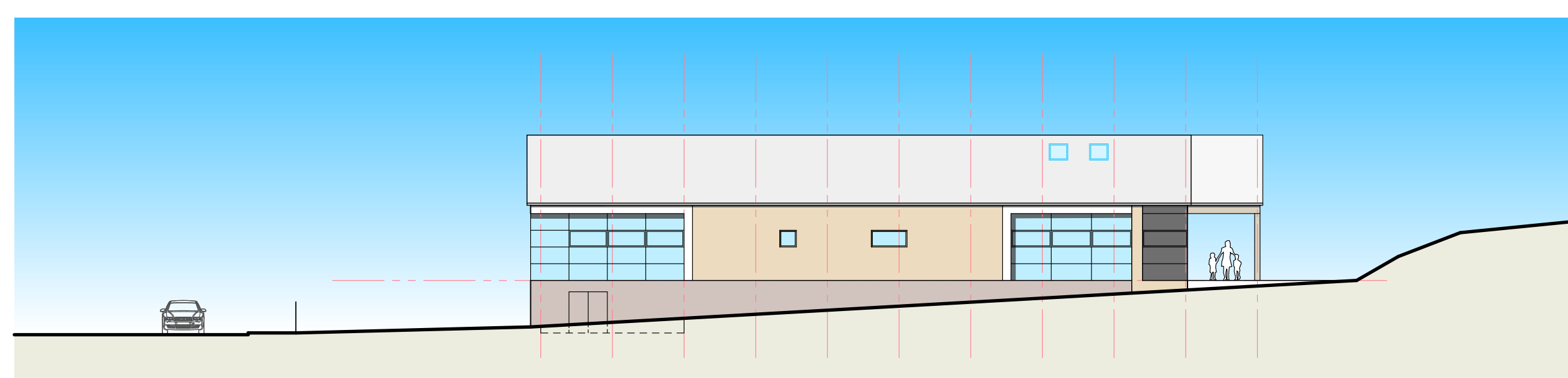
Elevation 1 Main Entrance (NE)



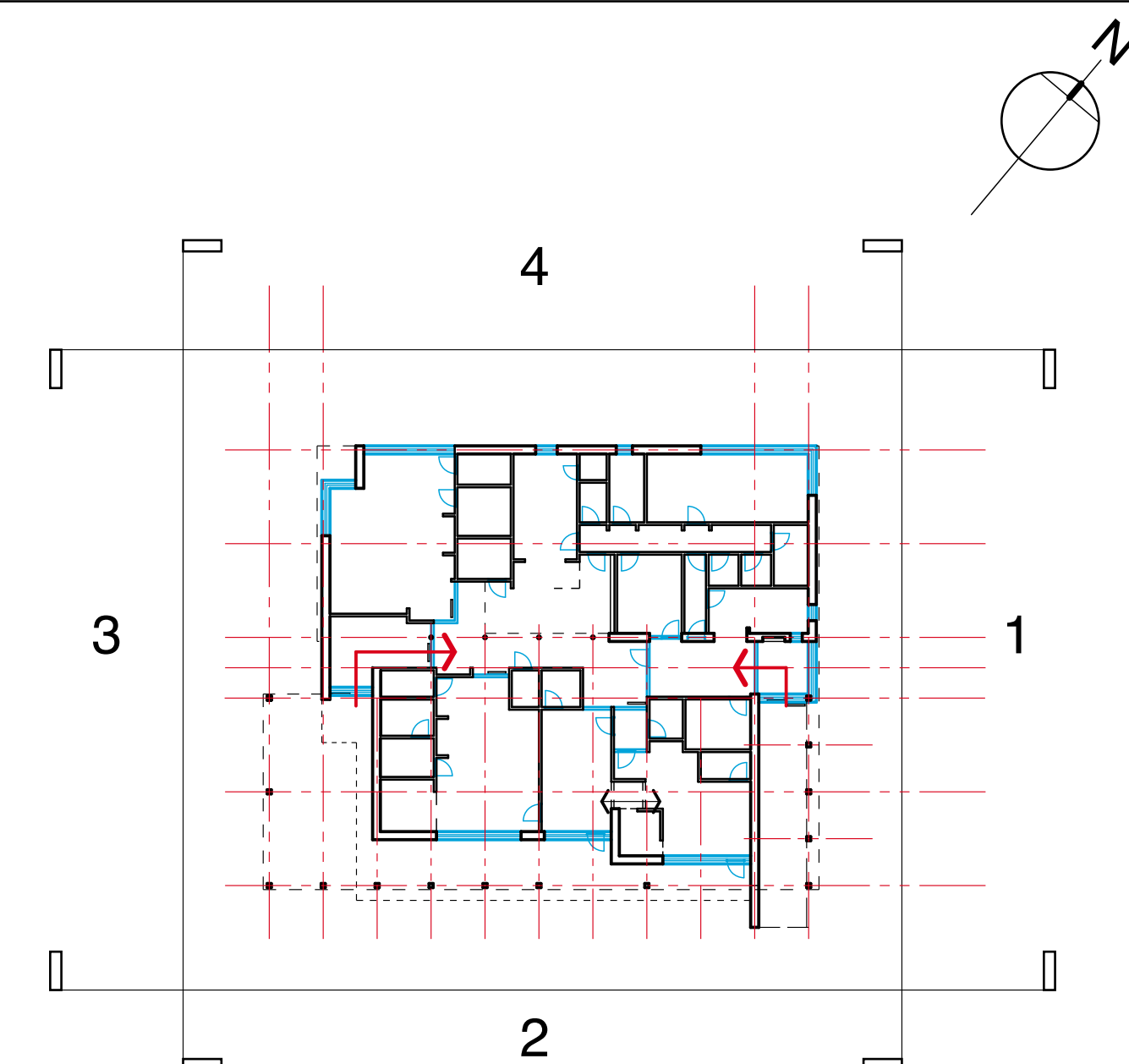
Elevation 2 Main Garden (SE)



Elevation 3 End Elevation (SW)



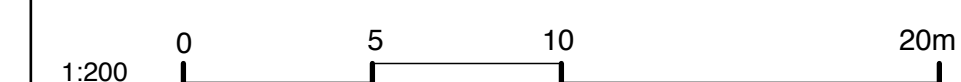
Elevation 4 NW Elevation



Reference Plan

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A	Updated following plan design revisions. Cross-Sections now on drawing 05.	25.10.21	LT

PROJECT	

Orkney Islands Council  
New Kirkwall Nursery,  
Kirkwall

DRAWING TITLE

Elevations as Proposed.

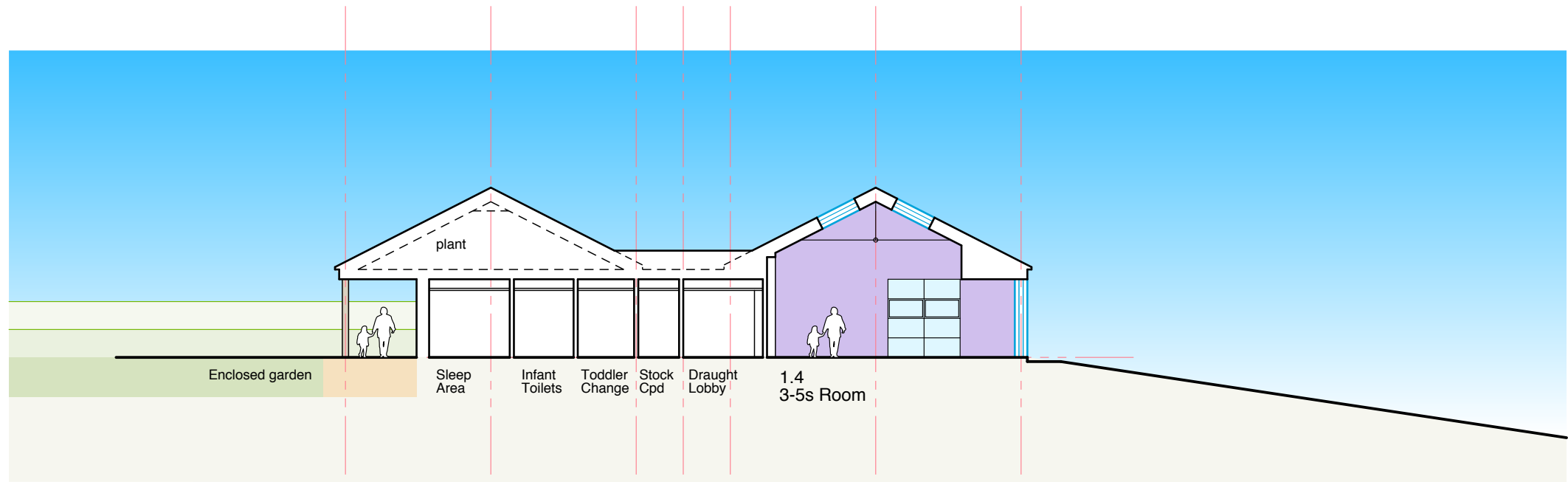
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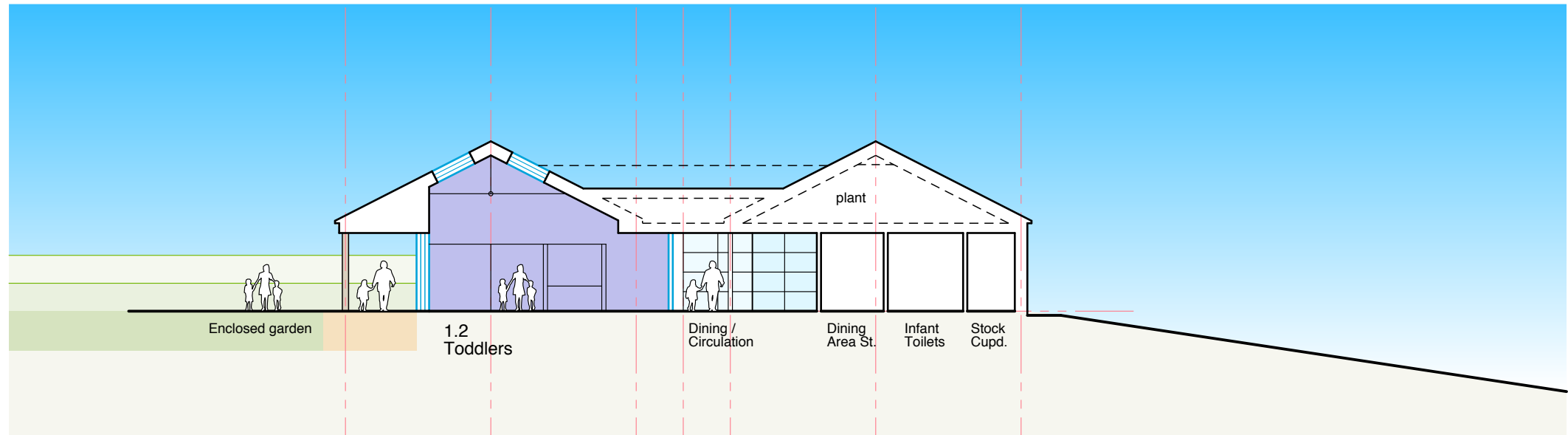
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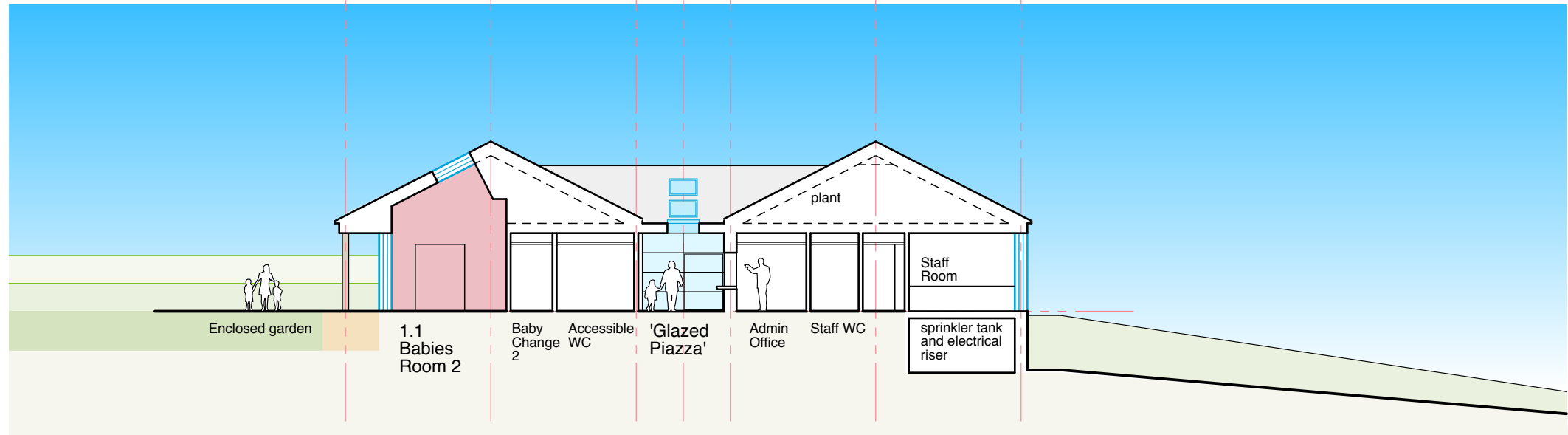




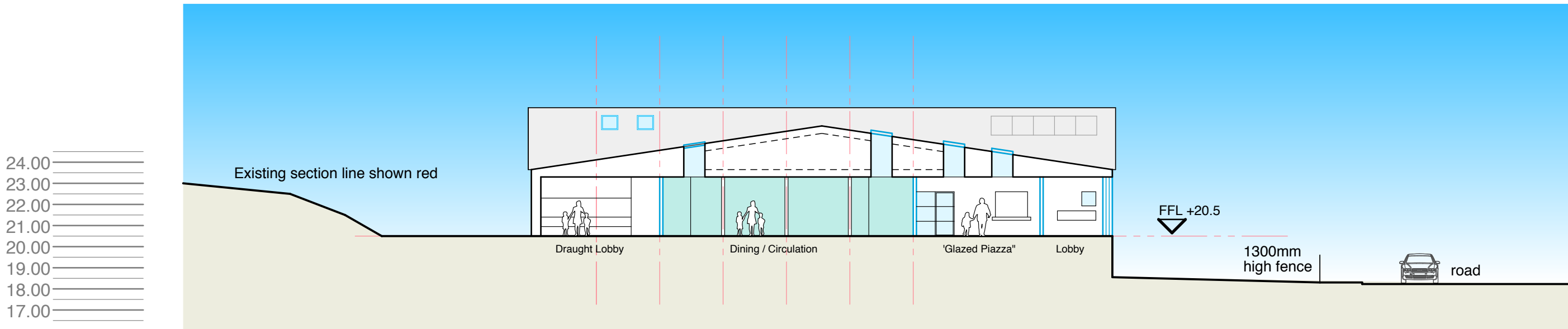
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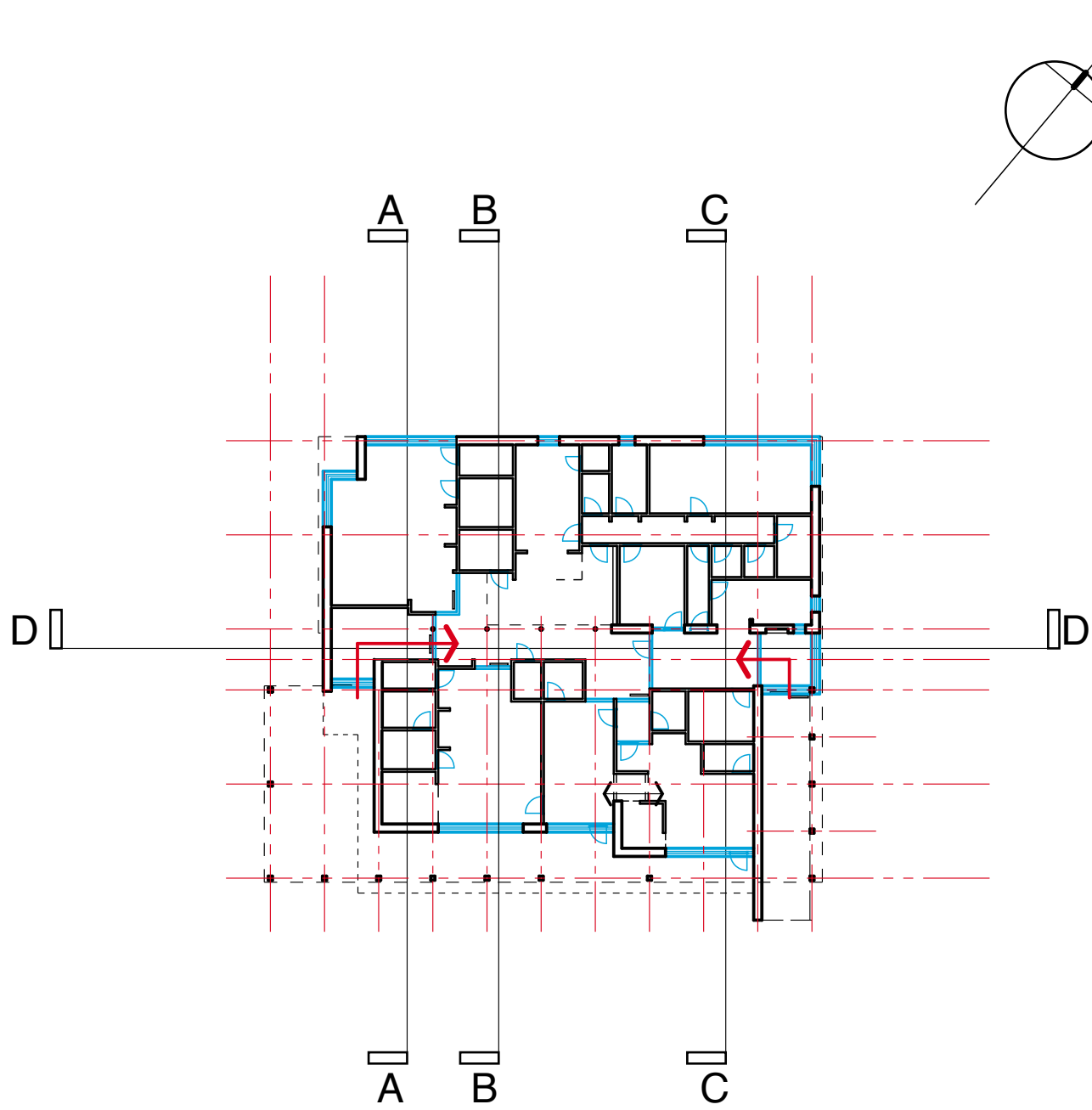
Cross-Section B-B



Cross-Section C-C



Long-Section D-D



Reference Plan

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PROJECT

Orkney Islands Council  
New Kirkwall Nursery,  
Kirkwall

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Cross-Sections as Proposed.

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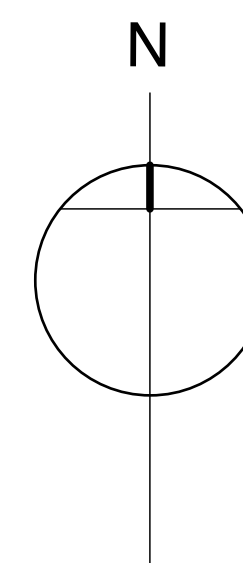




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A graphical scale bar for a map with a scale of 1:200. The bar is marked with 0, 5, 10, and 20m.

REVISIONS & ADDITIONS		DATE	BY

PROJECT

Orkney Islands Council  
New Kirkwall Nursery,  
Kirkwall

DRAWING TITLE

Roof Plan as Proposed.

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# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Public Health Annual Report 2021</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Louise Wilson, Director of Public Health</b>
<b>Report Author:</b>	<b>Louise Wilson, Director of Public Health</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Local policy

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The annual public health report provides the board with an update on key public health activities focused on the 2020-2021 financial year.

### 2.2 Background

The annual public health report covers the key areas of the public health priorities for Scotland and includes information on local vaccination rates and uptake of screening.

## **2.3 Assessment**

The COVID-19 pandemic has dominated much of the public health department activity over 2020-2021, with health improvement staff supporting the health protection function.

A focus on three key areas was maintained where possible, on tackling obesity, smoking cessation and financial inclusion. Screening programmes were managed in line with national guidance as were vaccination programmes. In general, NHS Orkney continues to perform well in relation to screening and vaccination delivery.

### **2.3.1 Quality/ Patient Care**

Some screening programmes were paused and reinstated in line with national directions. Vaccination programmes were maintained in line with national direction. The new test and protect service was implemented locally.

### **2.3.2 Workforce**

Staff have been extremely flexible in supporting the health protection response to COVID-19 and this has impacted on delivery of health improvement work. Additional staff have been recruited to support contact tracing.

### **2.3.3 Financial**

Additional resources were provided from Scottish Government to support Test and Protect activity.

### **2.3.4 Risk Assessment/Management**

The COVID-19 pandemic continues, and the department continues to prioritise the response to the pandemic, whilst also planning for the post pandemic phase.

### **2.3.5 Equality and Diversity, including health inequalities**

Significant work has been undertaken to ensure Test and Protect functions across the islands. However, it is recognised that the pandemic has exacerbated existing inequalities in health, and this will be important to tackle in the renewal of services at both the NHS and community planning arena.

### **2.3.6 Other impacts**

The report highlights the importance of NHS Orkney developing its role as an anchor institution.

## **2.3.7 Communication, involvement, engagement and consultation**

The report covers activity undertaken and no specific consultation has occurred in relation to the report.

## **2.3.8 Route to the Meeting**

Staff of the public health department have contributed to the report.

## **2.4 Recommendation**

- **Discussion**

The report highlights some key areas for public health action, highlights the likely ongoing impact of COVID-19 and contains five recommendations for areas of focus and action. These are:

Tackling the immediate threat to health that the COVID-19 pandemic poses must continue to be resourced and remain a priority.

Every opportunity should be taken when services are recovering from the COVID-19 pandemic to create a better, fairer future for the people of Orkney.

NHS Orkney should embrace its role as an anchor institution.

Public health should continue to prioritise its health improvement activities during the pandemic, with a clear focus on reducing inequalities in smoking cessation, healthy weight and financial inclusion.

We are ambitious in our vision for the health and well being of children and young people, in order to create the best possible future for them and a thriving Orkney.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1: NHS Orkney Public Health report 2020-2021

**NHS Orkney**  
**Public Health Report 2020-2021**



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## Introduction

The COVID-19 pandemic has at times stretched the NHS to its limits and challenged those working in public health. This year the annual report has been curtailed to enable staff to continue to focus on their key delivery roles. Some data that is normally produced nationally is also not available due to staff working nationally on COVID-19.

The report focuses primarily on work carried out over the 2020-21 period and reflects only a small amount of the public health activity undertaken by staff in the NHS and community planning partners and other organisations.

COVID-19 continues to dominate public health activity at the moment, and I am grateful to everyone who has played a role in preventing infection and treating those affected. In recovering from the pandemic it will be critical that we take an approach which does all it can to further reduce health inequities, and supports a fairer society.

I hope you find the report interesting, challenging and useful.

*Louise Wilson*

**Dr Louise Wilson**  
Director of Public Health  
NHS Orkney

# 1. Health improvement

We have linked the work undertaken in health improvement to the six national public health priorities.

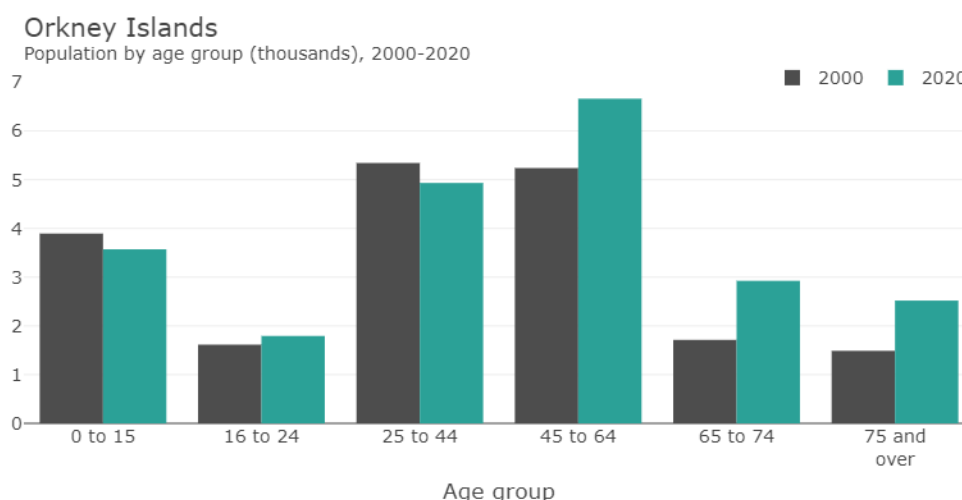
## Priority 1: An Orkney where we live in vibrant, healthy, safe places and communities

Understanding population demographics helps aid planning of services. Information on life expectancy and premature death from illness can also provide insight into the overall health of the population.

### Population demographics

The population of Orkney as reported by National Records Scotland ([www.nrscotland.gov.uk](http://www.nrscotland.gov.uk)) was estimated to be 22,400 in 2020, an increase of 0.6% from 2019 (Figure 1.1). The trend, within Orkney as elsewhere in Scotland, is currently towards an ageing population with an estimated 24% of the Orkney population over the age of 65 (19% Scotland), and 16% under 16 (17% Scotland). In 2020, there were more females (50.1%) than males (49.8%) estimated to be living in Orkney.

Figure 1.1 Orkney Islands population (thousands) 2000-2020



**Source:** <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2020>

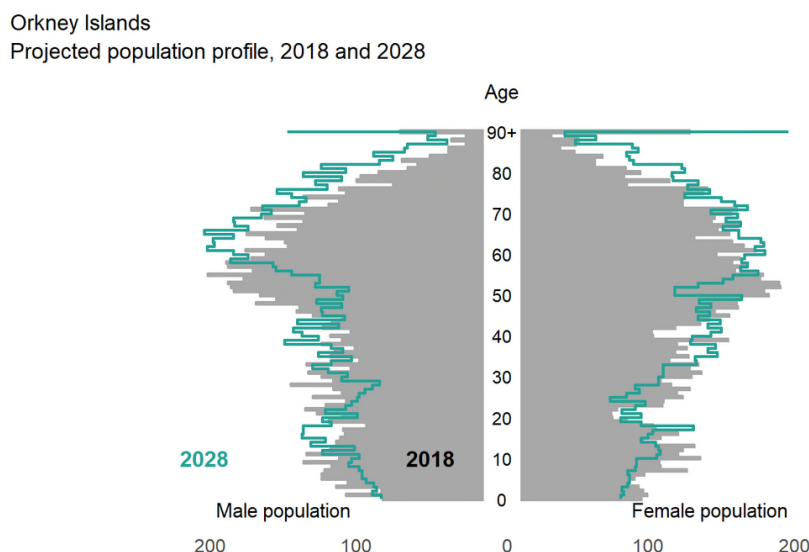
### Migration to and from Orkney

The number of residents in Orkney is partially determined by the number of people who leave or move to the islands. The most recent figures on migration based on council areas for 2019-20 show 700 people migrated into the islands and 530 migrated away from the islands.

## Population projections

In the long-term the population of Orkney is projected to increase from 22,190 to 22,311 over the period 2018-2028. This is an increase of 0.5%, which compares to a projected increase of 1.8% for Scotland as a whole. Figure 1.2 shows the expected change in population by age from 2018 to 2028.

*Figure 1.2 Population pyramid for Orkney Islands 2018 and 2028*



**Source:** *National Records of Scotland 2020*

It can be seen that from mid-2018 to mid-2028 in general the percentage of children under 15 is projected to decrease by 11.5%, working age adults is projected to increase by 1% and the older population 75 and over is expected to increase by 37.4%. This shift in age distribution is well known locally and being factored into how services will need to change for future health needs.

## Births and deaths

In 2020 there were 183 live births recorded for Orkney, an increase of 0.5% from 2019. Of these 183 births, 88 (48.2%) were female and 95 (51.9%) were male. The standardized birth rate remained at 8.2 per 1000 population from 2019. In comparison, the rate in Scotland overall decreased from 9.1 to 8.6 per 1000 population.

There was a total of 254 deaths in Orkney in 2020. This is a 9.5% increase from 232 deaths in 2019. Of these 254 deaths, 128 (50.0%) were female and 126 (50.0%) were male.

## Premature mortality

The NHS has a number of quality markers one of which is to reduce premature mortality. Premature mortality is measured by looking at the death rates for people aged under 75. In the last reported year, 2020, the under 75 age-standardised death rate for all causes of death in Orkney was less than the Scottish rate as is usually the case (Table 1.1).



*Table 1.1 Death rates (All causes) under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population.*

Year	Orkney	Scotland
2011	1007.2	1164.2
2012	996.6	1173.4
2013	1128.6	1152.3
2014	918.1	1116.9
2015	965.8	1177.3
2016	948.5	1136.4
2017	1150.7	1142.9
2018	917.2	1139.5
2019	899.6	1107.6
2020	946.7	1212.0

**Source:** NHS NSS 2021

When we look at mortality for under 75 year olds for specific diseases we can see that in general the mortality rate from all heart disease in Orkney has been lower than the Scottish rate apart from in 2017-18 (Table 1.2).

*Table 1.2 Circulatory Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population*

Year	Orkney	Scotland
2011	350.1	351.4
2012	330.0	343.8
2013	323.3	332.2
2014	243.9	312.9
2015	285.8	326.0
2016	286.4	305.9
2017	335.6	300.4
2018	301.9	290.9
2019	236.5	282.8
2020	234.4	290.9

**Source:** NHS NSS 2021

When we look at the mortality rate from all types of cancer, apart from in 2017, the rate is lower in Orkney compared with Scotland overall (Table 1.3).

*Table 1.3 Cancer Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population*

Year	Orkney	Scotland
2011	264.0	326.2
2012	226.2	329.7
2013	286.4	324.7
2014	264.0	318.6
2015	262.5	320.3
2016	183.2	311.3
2017	325.2	312.6
2018	185.6	308.4
2019	296.4	306.9
2020	280.3	301.0

**Source:** NHS NSS 2021

When we look at the mortality rate from respiratory system disease we see a year to year variability for Orkney with the rate generally below that of Scotland (Table 1.4).

*Table 1.4 Respiratory System Death rates under 75 (per 100,000 population): age-standardised using the 2013 European Standard Population*

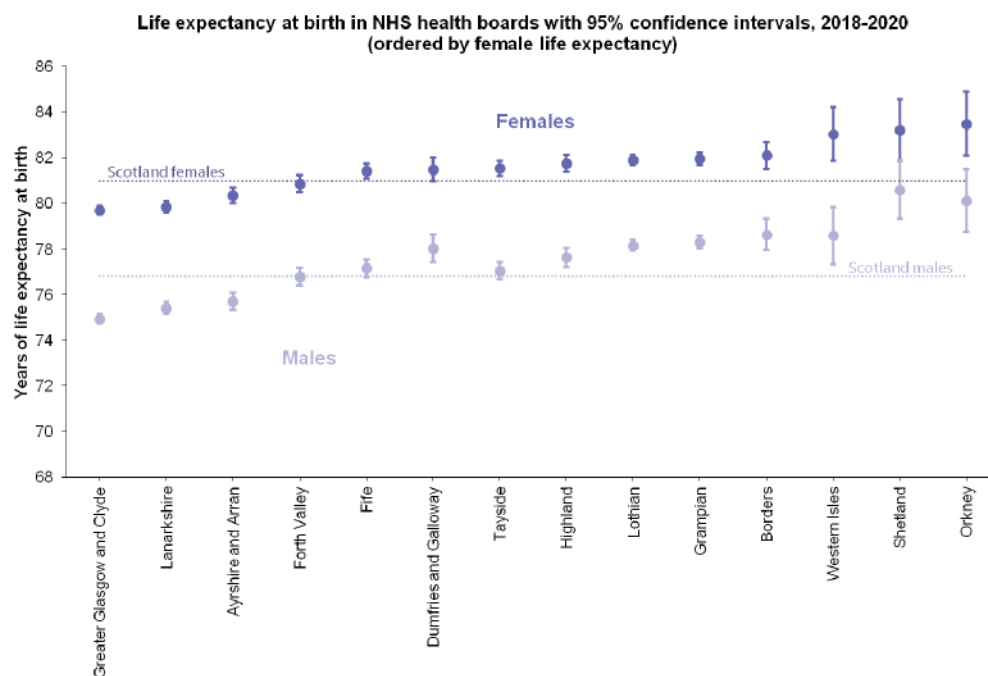
Year	Orkney	Scotland
2011	109.0	150.7
2012	146.2	156.7
2013	153.3	151.5
2014	92.2	140.4
2015	76.7	159.8
2016	146.3	148.5
2017	124.3	137.1
2018	113.7	141.0
2019	99.3	125.6
2020	80.7	104.2

**Source:** NHS NSS 2021

## Life Expectancy

The latest local life expectancy data is from 2018-20. Life expectancy at birth in Orkney is greater for females (83.5 years, highest in Scotland) than males (80.1 years), and both were greater than the Scottish average (females 81 males 76.8 years) (Figure 1.3). Life expectancy in Orkney at age 65 is greater for females (21.4 years) than males (19.4 years).

Figure 1.3 Life expectancy at birth in health boards 2018-2020



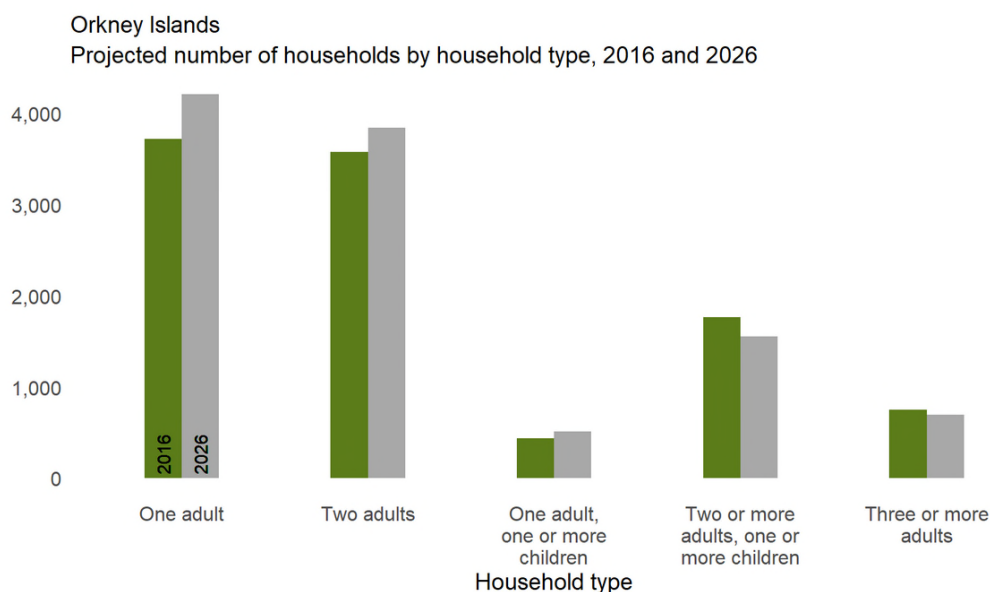
**Source:** National Records of Scotland 2020

## Household Estimates

In 2020, the number of households in Orkney Islands was 10,635. This is a 0.4% increase from 10,589 households in 2019. In comparison, the number of households in Scotland overall increased by 0.5%.

Between 2016 and 2026, the number of households in Orkney Islands is projected to increase from 10,256 to 10,821. This is a 5.5% increase, which compares to a projected increase of 6.4% for Scotland as a whole. In 2026 “one adult” household types are projected to remain the most common (38.9%) (Figure 1.4).

*Figure 1.4 Households by household type, 2016 and projected 2026.*



**Source:** *National Records of Scotland 2020*

The community planning partnership Living Well subgroup used a logic model to co-ordinate activity across partners focused around two medium term outcomes:

1. People live in safe, warm, homely settings.
2. People have the support they need to adopt healthy lifestyles throughout their lives and take responsibility for their wellbeing.

Early in the COVID-19 pandemic as part of the resilience response a ‘Caring for People’ group was set up through Orkney Islands Council to draw together statutory and voluntary partners in the community to implement and establish caring for people in Orkney who are affected by the COVID-19 pandemic. NHS Orkney health improvement team has been a partner in this group since its creation.

Fuel poverty is a recognised issue in Orkney as is damp housing. The best estimate of fuel poverty in Orkney according to the Scottish House Condition Survey Local authority analysis published in 2019, which reports on data from 2016-2018, is that 30% of households are fuel poor and Orkney ranks in the top five fuel poor local authority areas in Scotland. This same

survey suggests that 22% of households in Orkney are extremely fuel poor, which is second only to the Western Isles. The public measures imposed during the COVID-19 pandemic management in 2020 could increase the financial burden of households living in fuel poverty through increased time spent at home, including the need for home working or home schooling.

The Scottish House Condition Survey also reported on the percentage of dwellings in Orkney that suffer rising damp or penetrating damp at 5% and it reported 4% of dwellings in Orkney with condensation. As damp and mould increase the risk of respiratory infections and problems, the number of households affected by dwelling conditions of damp and condensation is a potential risk for an increased impact of COVID-19 on the population who are represented in these statistics.

There are a number of organisations working within Orkney to support people living in fuel poverty and it is important that NHS frontline staff are equipped to direct people in the community to support. The health improvement team offered online training for frontline staff who look after the health, wellbeing and social welfare of vulnerable people to raise awareness of the impact of fuel poverty and cold homes on people's health, which was advertised within NHS Orkney through the intranet.

## COVID-19

In response to the pandemic, significant changes were made in the public health department with reprioritisation of work. The health improvement team supported the health protection response to the COVID-19 pandemic both in Orkney and in Scotland through delivering mutual aid contact tracing. The team has undergone training which has allowed them to support local incidents and contact tracing requirements. Supporting the recruitment and training locally of staff to deliver this service has helped to increase local resilience and capacity in the service. The skills of the team have been further developed and they now are part of the Public Health 'first on call' provision on the island.

Much of the routine work in health improvement was suspended and this was reflected in the health board's remobilisation plans, with the following areas prioritised smoking cessation, child healthy weight, Type 2 diabetes prevention and tackling child poverty with income maximisation.

The health improvement team undertook a health-related external communications mapping and gap analysis in relation to COVID-19 and used the learning to develop a social media plan that was specifically aimed at the population of Orkney.

Working with the Health Protection Team, Health Improvement staff supported the implementation of asymptomatic testing for staff in care home settings in Orkney. Work was completed to increase the engagement of staff with the programme of testing, and trying to identify as well as overcome some of the barriers to staff engagement in this programme.

The Health Improvement Team working with primary and community care partners carried out a Health Inequalities Impact Assessment (HIIA) on the COVID-19 immunisation plan. The purpose of the HIIA was to identify any barriers to the uptake of the COVID-19 vaccination programme across the current population groups and potential actions to mitigate this. Learning from the HIIA has been taken into account in the subsequent delivery of the immunisation plan.

This COVID-19 pandemic will have far reaching and long-lasting consequences for health and wellbeing in communities across Orkney. Disease control measures alongside strategic and operational planning for optimum patient care arrangements are currently and rightly

centremost, but health improvement focused forward planning will be essential to lessen the negative longer-term impacts on morbidity for the people of Orkney over time.

Whilst the pandemic and its immediate impact on population health are being dealt with, we must also look to the future and how as a society we emerge from the pandemic. The outcomes sought be the Scottish Government in its 2021 Covid Recovery Strategy ([www.gov.scot/publications/covid-recovery-strategy-fairer-future/pages/1/](http://www.gov.scot/publications/covid-recovery-strategy-fairer-future/pages/1/)) are for a fairer future, emphasising collective national endeavour to achieve the key aims of

- Financial security for low income households
- Wellbeing of children and young people
- Good, green jobs and fair work.

The recovery strategy recognises that the impact of the pandemic has not been felt evenly across society, indeed the pandemic has highlighted and worsened some of the existing inequalities. Some of these are due to the social, economic and environmental consequences of a range of control measures as well as the direct health consequences of COVID-19. These will need to form the focus of health improvement activity over the coming years.

The focus is on not getting back to how things were prepandemic, but instead how we make life better for those most disadvantaged. The pandemic has impacted on many aspects of life here in Orkney. People have had changes to their employment and income, access to education for children changed. There were changes in the accessibility and use of food, alcohol and drugs, there was social isolation and family violence. Patterns of physical activity and transport changed, as did the availability and use of healthcare services.

The NHS is addressing some of these issues as it plans its services over the winter and coming year, and a real focus on the recovery from the pandemic in Orkney is required from all the community planning partners.

## Anchor Institutions

The COVID-19 pandemic has created numerous challenges, and NHS organisations played a key role in the immediate response. The pandemic has also created new opportunities and increased the need to take action in different ways. As an anchor institution (Box 1), there is the opportunity for the NHS to influence and mitigate against the wider determinants of health and take new approaches, as part of a long-term recovery.

### Box 1- What is an anchor institution?

- ◆ Anchor institutions are non-profit or public-based entities (e.g. universities and hospitals) that have a significant stake in their geographical area.
- ◆ The term ‘anchor’ is used as they are unlikely to relocate and therefore have a strong influence and connection to the local population. Moreover, they have a significant influence on the health and wellbeing of the local community.
- ◆ Anchor institutions have large assets that can be used to support wealth building within the local community, through procurement and spending power, workforce and training and other assets such as land and buildings.
- ◆ They can adopt an ‘Anchor Mission’ approach: a commitment to apply economic power in partnership with the local community to mutually benefit long-term health and wellbeing and reduce the determinants of health.
- ◆ Consequently, anchor institutions have the ability to influence and engage in long-term planning which aligns with the institution’s goals and with those of the local community.

Due to its size, scale and relationship with local populations, NHS Orkney is a powerful anchor institution that can positively influence social, economic and environmental outcomes in addition to its direct impacts on health. In general local leaders across the country are increasingly turning to anchor institutions to create conditions needed to support a healthy population and help tackle inequalities, while also positively impacting economic growth. There is an inherent risk that an increase in localism could widen socioeconomic divides if more advantaged anchor institutions are in a better position to access local resources and capacities to benefit the local community. This highlights the importance of the NHS in local communities, given that the NHS is distributed throughout Scotland and carries with it significant assets that could be directed for public good. NHS Orkney is well placed to work with other stakeholders to support place-based approaches that promote prosperity and create the foundation for healthy communities.

NHS Orkney can take action as an anchor institution in five key areas:

- (1) Employment
- (2) Procurement and commissioning
- (3) Capital and estates
- (4) Environmental sustainability
- (5) Working in partnership.

We can look at each of these in turn to see where additional action can be taken to build upon good work already underway, and also consider the role of the community planning partnership.

## 1. Employment

There are strong links between work and health. For work to provide a positive impact to health it must: provide stable employment, pay a living wage, offer fair working conditions, provide a work-life balance and career progression. This is known as quality work.

By aiding residents into quality work, NHS Orkney can improve the overall welfare of the local community and narrow inequalities.

Anchor workforce strategies involve determining how NHS Orkney can grow a local workforce supply and widen access to employment for residents, but also how to be a better employer and help build a career for more people.

NHS Orkney acts as an anchor due to the number of jobs it creates, but also how it can support the health and wellbeing of its staff through good employment conditions and working environments.

## 2. Procurement and commissioning

The decisions on how and what NHS Orkney decides to buy, have implications on local population health and wellbeing. Procuring and commissioning more goods and services from local small-medium enterprises and voluntary and community sector organisations, can have a positive economic impact. The resources spent locally have a multiplier effect and are more likely to be invested locally in the community at a faster rate than resources spent with large national corporations.

Through spending more resources within the local economy of Orkney, anchor institutions such as NHS Orkney, can aid local businesses to grow and consequently employ more people and pay higher wages, thereby stimulating local economic development.

If NHS Orkney were to choose to work only with suppliers that could advance social, environmental and economic outcomes for the local population, NHS Orkney could gain greater value from its investments and support broader health and wellbeing within the community.

## 3. Capital and estates

NHS Orkney has physical assets which can be leveraged for local community benefit. Anchor strategies would involve managing and developing land and estates



to support broader social, economic and environmental aims. (e.g. working with stakeholders to widen access to community spaces).

Communities have been found to be more resilient when they are connected through social networks. Opening NHS buildings and land for community use or supporting the development of green or blue space can provide opportunities for social interaction and improve health and wellbeing.

NHS Orkney could also influence the local economy through controlling who operates and conducts business in its facilities (e.g. stores and food outlets), which could further support community wealth development.

## 4. Environmental sustainability

NHS organisations are a large contributor to climate change, and therefore in general have a significant negative impact upon the environment. Given the NHS's large carbon footprint, any action that supports responsible consumption not only has the potential to have a significant positive impact on the environment, but also supports more sustainable utilisation of finite resources overall.

The climate crisis has, and continues to have, serious direct and indirect consequences to health and wellbeing. However, NHS organisations have the influence and responsibility to take action on a wider scale to reduce their contribution to climate change and protect resources for the health of future generations.

If NHS Orkney, as an influential anchor institution, were to take steps to further improve environmental sustainability, it will have a direct impact on population health and the wider determinants of health.

## 5. Working in partnership

Across each different dimension of anchor activity, NHS Orkney should work with other stakeholders and anchors from other sectors to scale impact and create shared approaches. Combining the assets of different anchor institutions can have a significant impact (e.g. working collaboratively allows more reach into the local community than working individually and allows for the sharing of ideas and best practice). Establishing partnerships is important to develop greater intentionality and shared purpose around an anchor mission. Collective influence can also encourage other organisations in the local economy to implement similar practices.

## Priority 2: An Orkney where we flourish in early years

Maintaining a focus on children and young people is vital for their development and for the future of Orkney. Child poverty is a key issue to address locally. The health improvement team have been working in partnership with the Child Poverty steering group to develop the Child Poverty Strategy and Action Plan.

The team are also worked in partnership with the Orkney Food Bank and THAW to distribute funding to be used for electricity top ups for families with young children who are living in poverty. Work is also occurring with Voluntary Action Orkney to implement some short term projects aimed at supporting families with children who are in poverty.

Ensuring children are a healthy weight is important. Scottish Government has issued the Child Healthy Weight Standards to all NHS Boards, and we have a commitment to meet these standards. To ensure NHS Orkney is meeting the Child Healthy Weight (CHW) Standards in 2019 a gap analysis was jointly undertaken by dietetics and health improvement to inform the development of an outcomes focused plan. The team continued to work in partnership with dietetics and undertook a quality improvement approach to develop a multi-agency steering group which despite the pandemic has met regularly to develop, implement, and evaluate the plan. The health improvement team are leading the group in the development of logic models which support the planning of activities to implement the standards (Figure 1.5, Figure 1.6).

Figure 1.5 Child Healthy Weight Standard One – Logic Model

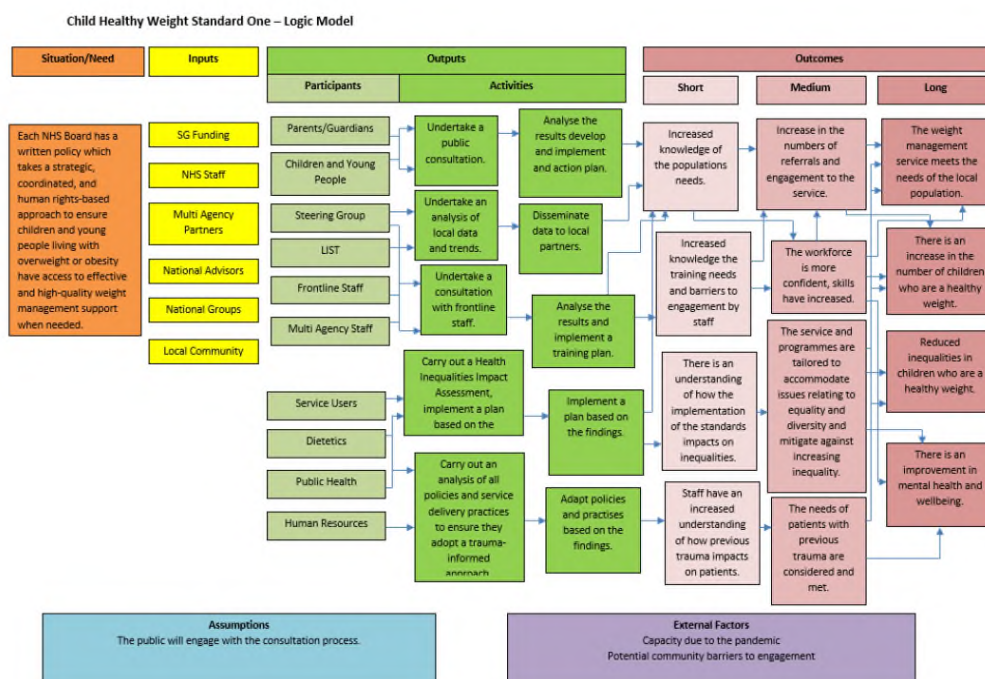
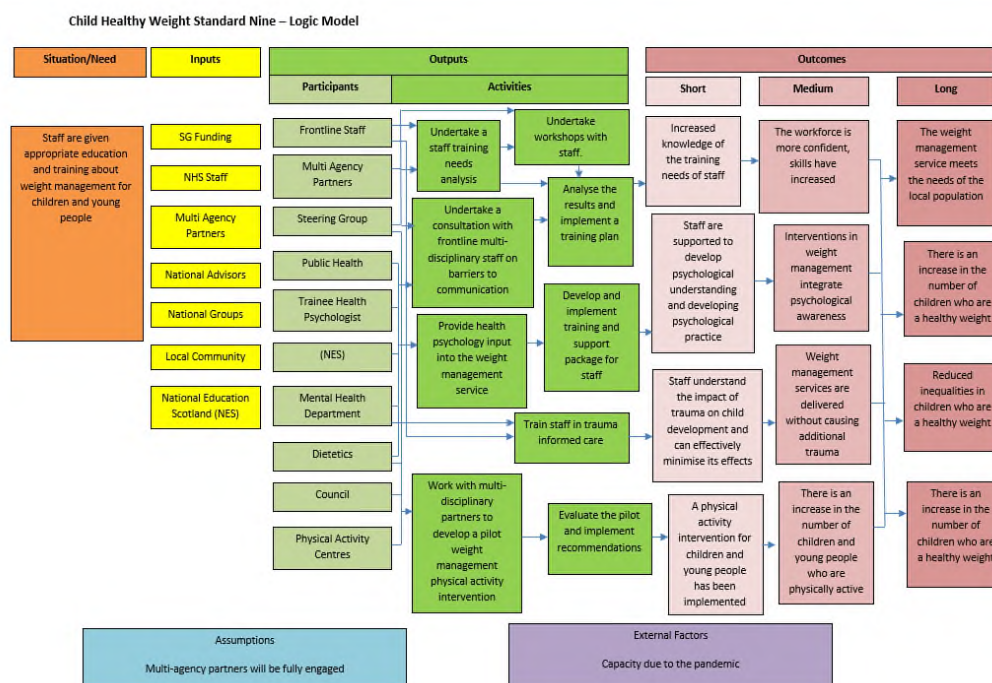


Figure 1.6 Child Health Weight Standard Nine – Logic Model



To ensure services are flexible and are able to accommodate issues relating to equality and diversity in local populations which might otherwise act as barriers to participation a Health Inequalities Impact Assessment (HIIA) has been carried out on the child healthy weight standards action plan which will be updated in late 2021.

The health improvement team worked with a Public Health Scotland analyst to produce a paper which analysed childhood weight at the 27 month and P1 child reviews. This paper helped to inform the Child Healthy Weight steering group.

There are two standards that specifically include staff training and one that includes public consultation: Standard One and Standard Nine. Standard one states that we should ensure programmes and support are tailored to local need. To do this, services should undertake a robust assessment of local need and consult with their local population and frontline staff to better understand their needs. This will help to identify any barriers and facilitators to uptake and completion of programmes and ensure that services are designed in a way that better meets the needs of the local populations. Standard nine states that we should ensure that sufficient numbers of suitably trained and experienced multidisciplinary staff are in place to deliver weight management interventions to children and young people. Good practice suggests that regular training around childhood weight management for staff should be in place. A training needs analysis of multi-agency staff in relation to raising the issue of weight has been undertaken and the results of the survey analysis will inform the development of a staff training programme.

Working in partnership with NHS Education for Scotland (NES) the Health Improvement Team have developed a two-year plan for a Health Psychology Trainee to work with the team on a number of programmes including the development of health psychology interventions for the weight management service.

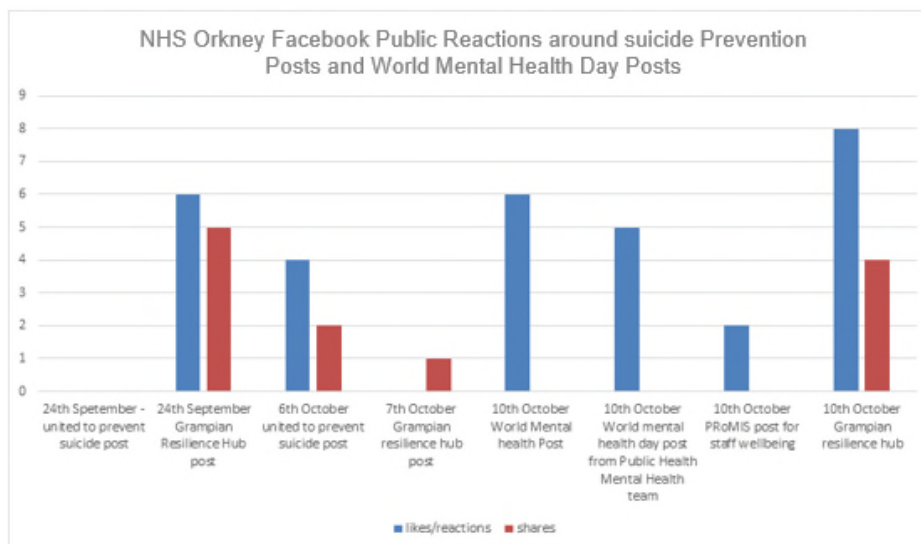
Vision screening normally occurs annually for eligible children. In 2020 the arranged clinics were cancelled due to the COVID-19 pandemic and instead screening clinics were carried out in March 2021. The orthoptists carried out screening on the current P1 children who were not screened due to the 2020 cancellations and the 2021 scheduled pre-school children. A catch up clinic was organised for those who missed the initial screening clinics. Any urgent referrals were made to the hospital optometrist and all those children have been reviewed.

### Priority 3: An Orkney where we have good mental wellbeing

The importance of good mental wellbeing is increasingly recognised. There are many potential negative psychological impacts of lockdown and self-isolation. It was recognised that it is important that people in Orkney have psychological support during the COVID-19 pandemic. The health improvement team worked with NHS Grampian to agree access to the NHS Grampian Psychological Resilience Hub support service which is now available to the population of Orkney. This service is open to anyone in Orkney who is struggling with the impact of the COVID-19 pandemic on their psychological wellbeing. The hub provides a short course of psychological first aid to help individuals to manage better. This includes offering some tips and techniques that can help and where appropriate, signposting to useful information and advice regarding where to access longer-term support if needed. The service can be accessed through a link on the NHS Orkney website and requires an online self-referral form to be completed.

A new Scottish suicide prevention identity to unify Scotland was launched on World Suicide Prevention Day (the 10th of September) 2020. This began an eight-week national campaign to help people to have the confidence to talk openly and supportively about suicide. NHS Orkney participated in this campaign through their online media platforms (Figure 1.7).

*Figure 1.7 NHS Orkney Facebook Public Reactions around suicide Prevention Posts and World Mental Health Day Posts*



**Source:** Public Health department

During the pandemic, the health improvement team have been required to suspend face to face training, including suicide prevention training 'Mental health First Aid' and the locally developed training Sound of Mind. The Well Programme normally delivered by the Health Improvement Team was also suspended at this point.

The Health Improvement Team have compiled an electronic resource of health improvement related online training which has been shared with multi agency partners to support the continuation of health improvement knowledge and skills development during the pandemic. In this, the 'Ask, Tell, Save a life' videos within the United to Prevent Suicide movement have been promoted to continue suicide prevention awareness in Orkney.

#### **Priority 4: An Orkney where we reduce the use of and harm from alcohol, tobacco and other drugs**

Smoking continues to be one of the single biggest causes of preventable ill health, premature death and is the single most important driver of health inequalities across Scotland, including the Orkney Islands. Nationally smoking is estimated to be linked to 13,500 deaths per year (24% of all deaths) and many more hospital admissions. Public Health within NHS Orkney is committed to reducing inequalities caused by smoking and the effects of second hand smoke. Treatment of smoking-related diseases costs the NHS in Scotland more than £409 million a year.

Stopping smoking is a key action people who smoke can take to improve their health. The national aim is to reduce population smoking rates to 5% or less by 2034. It is a Scottish Government priority to encourage children and young people to choose not to smoke with the ambition to create a tobacco-free generation of Scots by 2034.

The Scottish Tobacco Control Strategy identified that priority groups for smoking cessation services are:

- young people
- pregnant women
- those living in disadvantaged areas
- people with mental health problems
- prisoners

Smoking cessation has been a departmental priority for the year 2020/21, and smoking is a risk factor for poorer health outcomes linked to a COVID-19 infection. Quit Your Way Orkney smoking cessation service is provided by members of the health improvement team. It is a free, non-judgemental and confidential service which supports people who are motivated to quit smoking within Orkney using a structured 12-week programme.

On 23<sup>rd</sup> March 2020, in accordance with public health measures to prevent the spread of COVID-19, face-to-face client contact was suspended. Due to the increased risk to smokers of COVID-19 it was agreed that the continuation of the smoking cessation service should be a departmental priority. Due to redeployment of staff to other roles a waiting list for some clients' support occurred until July 2020 when all referrals were contacted and offered appointments. The health improvement team were innovative and quickly adapted the service for delivery via phone and video calls (using Near Me) supported by email and text message, where appropriate. The learning from the pandemic will be taken into future service delivery considerations.

Scottish Government sets each NHS Board an annual local delivery plan (LDP) standard. In Orkney the performance target is linked to those residing in the 60% least affluent areas. NHS Orkney's target for 2020/21 remained at 31 quits in the 60% least affluent areas, Scottish Government however acknowledged that due to the impact of COVID-19 for all Health Boards the target this year may be difficult to achieve. Local performance data shows that the number of quit attempts were at a similar level in 2020-21 as the previous year, but the number of quits

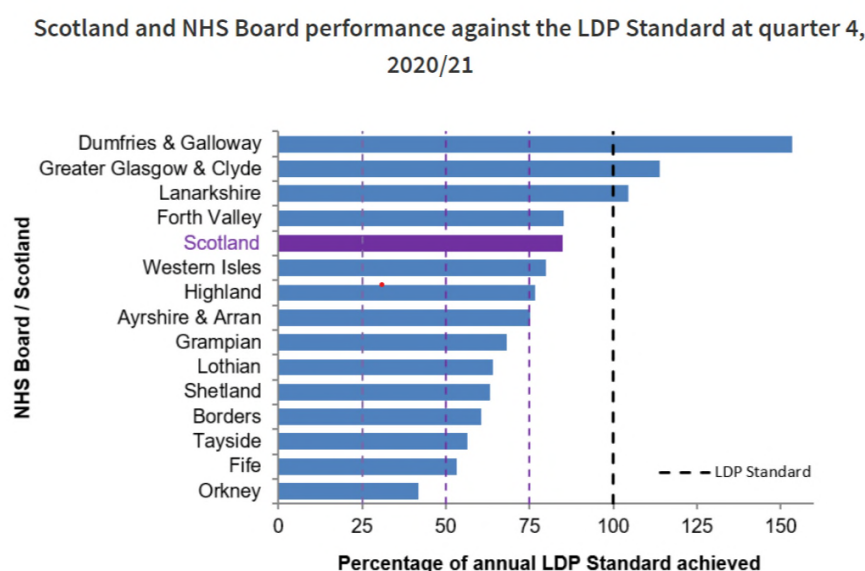
at 12 weeks were slightly less and the number in the target area markedly less, resulting in only 42% of the target LDP quits being achieved (Table 1.5, Figure 1.8)

*Table 1.5 Quit Smoking performance data for 2020-21 and 2019-20*

	2020-2021	2019-2020
LDP target 12 week quits	31	31
Total number of quit attempts	77	76
Total number of LDP quit attempts	42	47
Total number of 4 week quits	36	43
Total number of 12 week quits	30	35
Total number of 12 week LDP quits	13	21
% LDP 12 week quits achieved	42%	68%

**Source:** Public Health Department

*Figure 1.8 Scotland and NHS Board performance against the 2020/21 LDP standard*



**Source:** Public Health Scotland

A multi-agency workshop will occur in early 2022 to plan how Orkney can reduce the prevalence of smoking across the county and consider different prevention and service delivery models, including how performance against the LDP standard can be improved.

In 2020 the need to maintain capacity following staff retiral in the Quit Your Way team was addressed. With the cancellation of external training due to the pandemic a comprehensive in-house smoking cessation advisor training programme was developed in line with best practice



for smoking cessation advisors. In 2020/21 an additional member of the health improvement team undertook the training and held a case load. This significantly increased the resilience of the Quit Your Way Orkney team.

The Quit Your Way Orkney team has continued to engage with partners within NHS Orkney as well as other statutory and non-statutory organisations to ensure awareness of the support provided by Quit Your Way Orkney, address any barriers to referral and therefore support referral into the service. Promotional work has been specifically targeted at organisations addressing inequalities and those with a wide reach.

Partner engagement identified the Quit Your Way Orkney referral pathways as a barrier to referral. The team has worked to provide more accessible and faster methods of referral. This has included the establishment of an online option provided through Scotland's Service Directory on NHS Inform. It is increasingly being used by referrers and self-referrals. Work is ongoing to enable primary care to make referrals to Quit Your Way Orkney through the electronic referral system. This will rapidly reduce the time required for primary care to refer a patient to Quit Your Way Orkney.

Quit Your Way Orkney team established a peer learning group with the other island boards. Learning from this group has informed service design and delivery and innovative methods to develop relationships with partners and increase referral rates into the service.

In October 2020, an initiative was piloted offering all NHS and health and social care staff one month of free access to 'Smoke Free App'. Enquirers were offered Quit Your Way Orkney support as well. Interest in the free access was limited, however, learning from the pilot will be used for future work aimed at NHS and local council staff who smoke.

Leaflets aimed at NHS Orkney staff, GP's, external organisations and the public explaining Quit Your Way Orkney and the referral pathways were developed. Due to the changes to the service a service document outlining the parameters of the service and standard operating procedures have been developed.

The team had also worked on a local enhanced service agreement with Orkney independent Dental Practices with the aim to increase the number of referrals received from Dental Practices to the Quit Your Way Orkney Smoking Service. Due to the impact of the COVID-19 pandemic, this proposal is currently on hold.

The health improvement team began working on a project to increase engagement from clients who are cannabis users in addition to their tobacco dependency and therefore improve outcomes for these clients. This project is ongoing and will continue in to 2021/22.

The QYWO team identified the need for smoking cessation training to be available for all NHS Orkney staff. They identified Public Health Scotland's 'Very Brief Advice on Smoking' a pre-existing and nationally recognised online training aimed at supporting staff to raise the issue of smoking with service users. It has been agreed that this training (though not mandatory) will be added to LearnPro to be included in the eLearning programme with a view to it be completed by all new staff as part of their induction programme.

A meeting with GP's occurred to present the development of Quit Your Way Orkney and discuss how primary care and QYWO can work together to further improve the service and increase the number of Orkney residents stopping smoking. There was a discussion on the continuation of the current GP Local Enhanced Service agreement. A consultation was subsequently undertaken with the GP practices and recommendations are being developed. This will be taken forward in partnership with the GP practices.

Actions to tackle alcohol misuse are reported through the Alcohol and Drugs partnership and so have not been included in the report this year.

### **Priority 5: An Orkney where we have a sustainable, inclusive economy with equality of outcomes for all**

#### **Healthy Working Lives**

The Healthy Working Lives national team were re-deployed into supporting the COVID-19 pandemic. Despite this Healthy Working Lives continued to provide free and confidential support and advice to employers with the aim of creating a healthier workforce through their website and helpline. The advice and services offered support employers to implement health, safety and wellbeing policies and practices as well as helping employers to understand how is best to engage with their workforce in order to impact on protecting and improving their employee's health, safety and well-being. This has included advice and support during the COVID-19 pandemic to ensure employees safety.

Locally, due to the pandemic, face to face training for Healthy Working Lives has been suspended. With thanks to Business Gateway partners, NHS Orkney has been given the opportunity to signpost the support available through Healthy Working Lives in the pandemic to local business owners. The health improvement team has also responded to queries from local employers regarding their role in improving employees' health, safety and wellbeing, providing information on Healthy Working Lives resources and support available.

The team worked with NHS Education for Scotland (NES) to trial a new way of delivering the Motivation Action Prompt (MAP) training virtually online. MAP aims to provide learners with the knowledge and skills to be able to talk to people about behaviour change and to deliver interventions tailored to the individual's circumstances and based on current behaviour change evidence. NES is now developing the train the trainer module and once this is complete the team will be able to deliver the training to partners across Orkney.

Allied Health Professions are in an important place to signpost patients to other services which support their health and wellbeing. The health improvement team were asked to provide support in identifying local services, including financial support services, to signpost patients to locally as appropriate. We worked to provide this support and have continued throughout this year to work with our colleagues in the Allied Health Professions to further develop the links between Public Health and Allied Health professionals in Orkney.

The COVID-19 pandemic has had an impact on business and work in Orkney which may have had an impact on financial security of households locally. A number of services have been available both locally and nationally to support people with financial difficulties due to the pandemic. These services have been advertised to staff and public through NHS Orkney communications.

Health improvement staff have been involved in a national group set up to provide leadership for Public Health Priority 5 including guidance and support for public health departments to use the shared learning from the group to contribute to achieving the

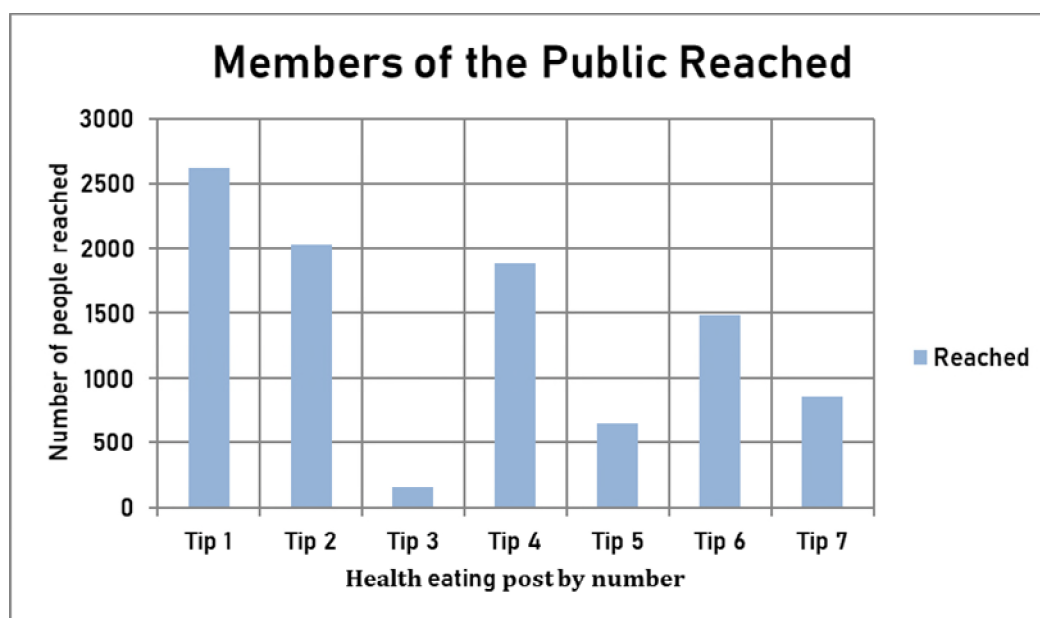


### Priority 6: An Orkney where we eat well, have a healthy weight and are physically active

A Healthier Future: type 2 Diabetes prevention, early detection and intervention: framework was created by Scottish Government in 2018 as part of the A Healthier Future – Scotland's Diet and Healthy Weight Delivery Plan. During 2020/21 work has continued to implement the Framework. Tier one of this Framework includes population wide prevention strategies. During the COVID-19 pandemic, social media and on-line resources have been used to support the population to access healthy eating and health weight advice.

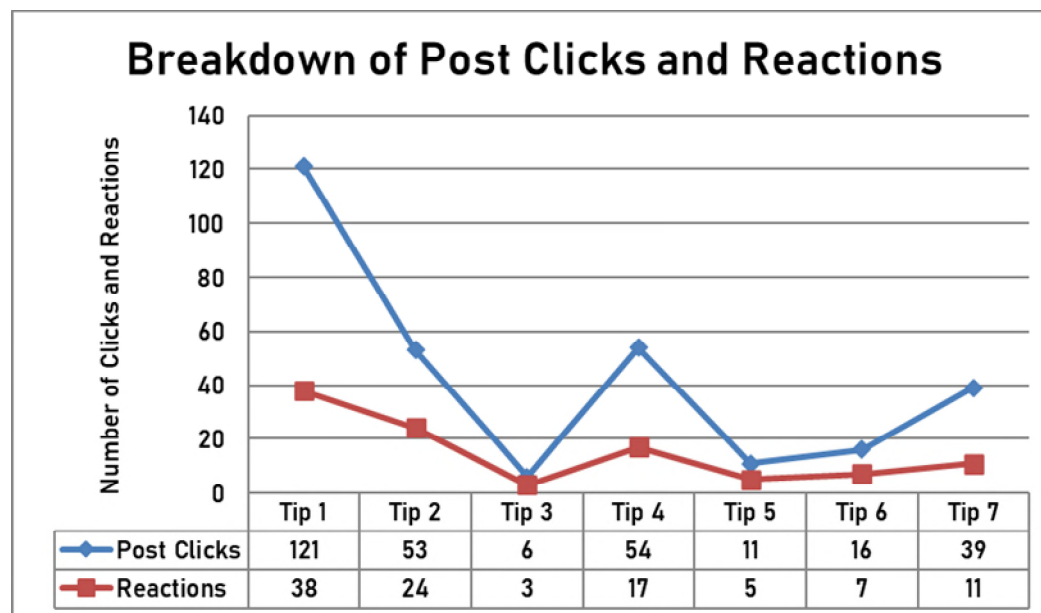
A healthy eating social media weeklong campaign was designed in collaboration between Dietetics and Public Health and public engagement was monitored through reach, clicks and reactions from the public. At its highest, this gained a public reach of 2619, 121 clicks and 38 reactions as shown in Figures 1.9, 1.10, 1.11).

Figure 1.9 Members of the public reached by social media campaign



Source: Public Health Department

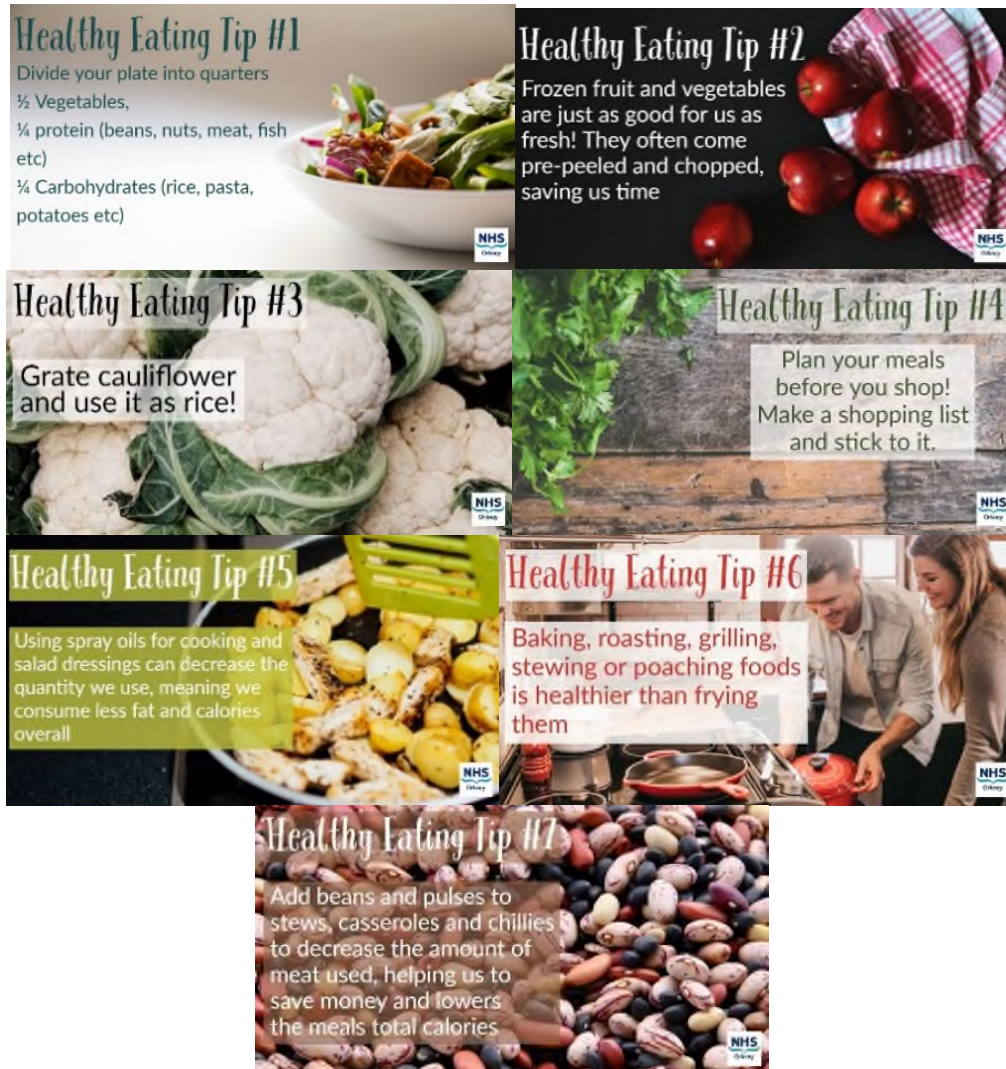
Figure 1.10: Social media interactions with campaign



**Source:** Public Health Department

The posts used for this campaign can be seen in Figure 1.11.

Figure 1.11 Healthy Eating Campaign Posts



In addition to the social media campaign, the online 12-week weight management programme launched through NHS inform has been advertised in the advert created by the health improvement team locally through Facebook and through communications with primary care colleagues (Figure 1.12).

Figure 1.12 12 Week Weight Management Programme



**Source:** NHS Inform

Through the work to implement the Type 2 Diabetes Framework, people in Orkney living with Type 2 diabetes were invited to take part in focus groups. The aim of these groups was to gain a greater understanding of service users' experiences of living with Type 2 Diabetes and the services available to them in Orkney, as well as to gain insight as to how those services might be improved. The discussions within these focus groups also aimed to identify potential barriers to a healthy lifestyle for people in Orkney living with Type 2 Diabetes including differences between living on mainland Orkney and the ferry linked isles.

A number of barriers to change were identified within the focus groups including the impact of co-morbidities, lack of motivation to realise health behaviour changes and a lack of consistent messaging across services. There was a generally positive attitude towards the services available in Orkney but the groups suggested that more could be done to increase education and information as well as influence culture surrounding Type 2 diabetes and its prevention.

The preliminary recommendations from the focus group work included:

- To establish multi-agency partnership working focused the early detection, prevention and treatment of type 2 diabetes
- The creation of consistent, simple health and lifestyle messaging related to type 2 diabetes from all healthcare providers.
- The inclusion of psychological support across all intervention tiers in order to better recognise and support the psychological impact of living with Type 2 diabetes. This would also serve to increase motivation, bring to light perceived barriers and help realise lifestyle change for individuals.
- Collaborative work between a range of services including dietetics, GP practices, the local leisure centre and third sector organisations with the aim to improve and promote

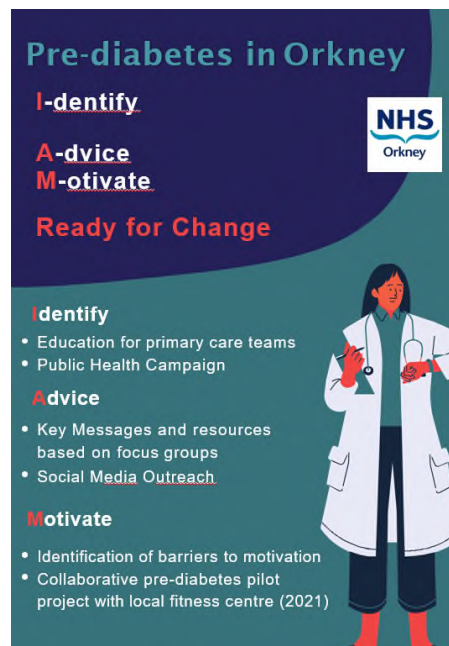
healthy eating and physical activity in the Orkney population, including those who are on a low income or deprived populations.

- Ensure Type 2 diabetes pathways are person-centred, supportive and considerate of each individual's context and needs. This includes consideration of potential co-morbidities, health inequalities and family circumstances.

The Type 2 Diabetes Framework implementation group includes representatives across agencies relating to the outcomes and diabetes and preventative services including, Primary Care, Public Health, dietetics, maternity and diabetes teams and the Pickaquooy centre. This multi-agency group has continued despite the COVID-19 pandemic, recognising the risk factors for people living with diabetes relating to COVID-19 infection. To create consistent and simple messaging, a pathway has been developed within Primary Care for the management of people who are newly diagnosed with pre-diabetes and Type 2 Diabetes. Dietetics and maternity services have also developed pathways for people newly diagnosed with pre-diabetes, Type 2 diabetes and gestational diabetes to provide consistent messaging and collaborative working within services in Orkney. NHS Orkney is developing the psychological support available within weight management support and diabetes services through the introduction of a trainee health psychologist who started work in 2021. An equality and diversity impact assessment has been completed on the plans for implementation of this Framework to highlight and mitigate any factors within the plan which may inadvertently increase health inequalities locally.

In September 2020 NHS boards across Scotland came together virtually to share learning on the implementation of the Type 2 Diabetes Framework across Scotland. Orkney health improvement team produced a poster presentation to share the work being undertaken within Primary Care to implement the Framework (Figure 1.13).

*Figure 1.13 Pre-diabetes in Orkney*



In July 2019, new standards for tier 2 and 3 weight management services for children, young people and adults across Scotland were published. In 2020/21, work across Public Health and dietetics has built on the gap analysis completed in relation to these new standards. A multi-agency steering group has been formed including representatives from Healthcare

Improvement Scotland, NHS Oral Health, health visiting and school nursing, primary care, Education and Active Schools. This group has been tasked with the implementation of the standards in Orkney ensuring that there is a consistent, equitable and evidence-based approach to the management of obesity in Orkney.

An equality impact assessment was completed on the proposed plan for the implementation of the Type 2 Diabetes Framework in Orkney for 2020/21. This was completed at a very early planning stage. This assessment produced recommendations for consideration within the project development phase to reduce the potential for negative impact on health inequalities. These recommendations were to consider:

- How those on islands or without access to easily accessible transport can access the service.
- Those with hearing, visual and learning difficulties and any potential language barriers and their equitable access to any programmes developed for this project
- How to reach those who do not engage with primary care services.
- How to reach those who cannot physically attend programme or use communication technology.

With these considerations in place, it was considered that there may be a number of positive impacts for Orkney's population of the proposed implementation of the Framework. These were:

- When implemented this programme has the potential to lead to an improved standard of service with regards prevention, early detection and early intervention of diabetes.
- As an intervention it has potential to have wide reaching benefits including both mental and physical health and socioeconomic and environmental gains.
- Improving an individual's self help knowledge and skills in relation to prevention and management of diabetes and weight helps them to improve their own health and the health of those around them thus helping to improve the health of the Orkney community.
- Depending on how the programme is rolled out across Orkney there is potential for improved geographical access to an improved standardised service.

A proposal has been developed to partner with local sport and exercise expertise for a project to reduce the incidence of pre-diabetes and risk of onwards development of diabetes through a community wide physical activity programme. The project is aimed at encouraging an active Orkney for all, utilising our community assets including environment and skill base to provide an accessible programme for all levels of inactivity.

In October 2019, the Scottish Government introduced a new mandatory weight management services core dataset. It is important that all necessary information governance approvals are in place prior to any information sharing with Public health Scotland regarding the collation of this dataset to ensure patient confidentiality. The health improvement team have worked with information governance and dietetics in NHS Orkney in their communications with Public Health Scotland to ensure all the correct approvals are in place prior to data sharing from October 2020.

NHS Orkney health improvement team and a representative from Primary Care who is heavily involved in the Type 2 Diabetes framework implementation, have developed a project proposal to support population level understanding of increased risk involved with waist circumference. It is proposed that information about access to support services will accompany the campaign to increase uptake of services and support people in Orkney to reduce their potential health risks.



Prior to the COVID-19 pandemic members of the health improvement team were trained in Confidence to Cook Training 4 Trainers – this is a training programme designed to equip participants with the knowledge and skills to deliver Confidence 2 Cook (C2C) courses with clients or in the local community. Previously multi agency partners had been trained to deliver the course to their service users. Prior to the pandemic the team members were preparing to deliver further training which due to the lockdown was then suspended. During lockdown a scoping exercise was developed by the team to learn about past C2C attendee's onward delivery of C2C with their service users. The questionnaire was designed to identify what had been delivered, potential barriers to delivery, facilitators' future plans for delivery and the acceptability of a virtual delivery of C2C by the Health Improvement Team.

The health improvement team had commenced the development of a plan to support the people of Orkney to become more active and stay active by grading core paths around Orkney. The Paths For All (PFA) Path Managers' Grading system focuses on 6 points of information:

1. Path Name (and waymarker colour or way-finding symbol)
2. Path Promotion
3. Grade Symbol
4. Terrain Description
5. Distance
6. Time

Graded core paths enable walkers to make an informed choice as to whether a particular path is suitable for them or not. Due to the pandemic the work both nationally and locally is currently on hold.

The Orkney Physical Activity and Sport Strategy has reached the end of its intended life span and to assess the success of the strategy and support the development of the next strategy, Orkney Islands Council colleagues have undertaken work to gather the appropriate data identified within the strategy. NHS Orkney health improvement team have supported this work, providing the data required and are now supporting the development of the new Physical Activity and Wellbeing Strategy.

## **Sexual Health**

The Nordhaven Clinic has continued to offer STI testing, access to contraception, including emergency contraception, pregnancy testing, sexual health related advice and information.

Orkney's needle exchange service is also accessed through the Nordhaven Clinic, guaranteeing good access to health advice and sexual health and blood borne virus testing through this service.

The condom by post service continues to be available through the Nordhaven Clinic website. When condoms are ordered through this service, they can be delivered free of charge to any Orkney residential address in a plain envelope with no NHS markings. This is to allow equitable access for condoms across Orkney in a discrete and confidential manner. The HIV Self testing kits by post, which runs in a similar manner and allows access to HIV home testing has also continued.

Scottish Government is expected to release new Sexual Health and Blood Borne Virus Standards in 2021/22. NHS Orkney will be required to work to meet the standards.

The health improvement team have continued to support the Orkney Domestic Abuse Forum (incorporating Violence Against Women (VAW) Partnership). A part of this has been the development of a Survival Card which includes details of support services available to those experiencing domestic abuse in Orkney.



## 2. Health Protection

Health protection has been primarily focused on responding to the local and national situation in relation to the COVID 19 pandemic. December 2020 also saw an outbreak of Avian Influenza H1N5, of low pathogenicity, in a flock of birds from a farm on Sanday. This was contained through a joint Animal and Plant Health Authority (APHA) and Health Protection Team (HPT)/Public Health Scotland (PHS) response with no avian to human transmission of flu detected. Sporadic cases of other notifiable diseases or diseases of public health significance were also detected but at much lower rates than previous years, likely due to lockdown restrictions and hygiene guidance laid down by the Scottish Government to curb the impact of the COVID-19 pandemic on the population (Table 2.1).

*Table 2.1 Number of reports of diseases with public health significance, 2019/20 and 2020/21*

<b>Disease with Public Health significance</b>	<b>2019-20</b>	<b>2020-21</b>
Acute Hepatitis E	0	0
Campylobacteriosis	49	21
Clostridium difficile associated disease (CDAD)	6	6
Cryptosporidiosis	0	1
E.coli infection	34	10
E.coli VTEC O157 infection	2	2
Giardiasis	1	1
Hepatitis B	2	0
Hepatitis C	1	1
iGAS (invasive Group A streptococcus)	1	0
Listeriosis	0	1
Measles	1	0
Mumps	0	0
Mycobacterium	3	0
Noroviral gastroenteritis	3	0
Pertussis	12	0
Psittacosis	0	0
Salmonellosis	4	0
Tuberculosis	0	1
Varicella (chickenpox)	0	0
<b>Total</b>	<b>119</b>	<b>44</b>

*Source: NHS Orkney Public Health Department*

## Response to the COVID-19 pandemic

The Health Protection team is small, and normally consists of one full time health protection nurse and a consultant in public health. The demands of the COVID-19 pandemic resulted in the integration of all five members of the Health Improvement team to respond to local cases and outbreaks and to provide mutual aid across the health boards in Scotland coordinated by the National Contact Tracing Centre. Additional staff were then also recruited to support contact tracing.

Outbreaks and clusters occurred locally on vessels, in the hospitality industry and within households, and care homes. Cases of COVID-19 were also detected in students at university on the Scottish mainland who had remained registered with a GP in Orkney. These individuals were thus counted in Orkney's figures published by Scottish Government.

High incidence rates in places on the Scottish mainland such as Aberdeen had a direct knock-on effect for health protection in Orkney in terms of the number cases emerging and the number of queries received.

The Simple Tracing Tool (STT) was implemented as an initial response to capture data in a uniform manner on cases across Scotland. This was then succeeded by the implementation of the current Case Management System (CMS) including an outbreak module and an integrated soft telephony system which worked through laptops with an internet connection.

From January 2021 onwards two new Health Protection Practitioner posts and three contact tracing posts funded by Scottish Government COVID-19 monies were filled and operational.

## COVID-19 Testing

NHS laboratory-based testing, UK Government scheme and Lateral Flow Device (LFD) testing is available and accessible in Orkney. Over time processes and policies have changed as more is learnt about COVID-19.

**NHS laboratory based testing** – used for all symptomatic testing with swabs being taken in healthcare settings, pre-operative assessment, and care home residents surveillance testing. NHS testing was also used for confirmation of asymptomatic lateral flow devices (LFD) positive results. Symptomatic testing was primarily performed at our COVID-19 Assessment Centre (CAC) in Kirkwall or by community nurses in remote areas. Results were usually within 48hrs, often the same day. The swabbing team was part of NHS Orkney's COVID-19 Assessment Centre.

**UK Government Scheme** - The public in Orkney could not access the national portals for postal kits, and UK Government testing sites were not available on island. The local management of this scheme was funded by NHS Orkney and sat within our CAC service. The scheme was used for asymptomatic testing of health and social care staff (non-care home staff) including the testing of peripartetic workers and locums prior to arrival in Orkney. These sometimes included individuals required to isolate in compliance with national quarantine arrangements on return from international travel.

**Care home PCR testing** - This was for weekly PCR tests of care home staff. These swabs are collected locally and put on either a plane or ferry to go to the Regional NHS laboratory. Results are usually back in 36 hours.

## **Lateral Flow Device Testing**

This was used across health and social care settings, for twice weekly asymptomatic testing. Some LFDs were distributed via NHS Orkney, and others directly to social care settings. NHS Orkney was not directly involved with LFD testing in education settings, or food workplaces that had opted into the government scheme, other than providing a confirmatory PCR test if required.

Throughout the year 8050 PCR tests were undertaken across the testing work streams.

## **Situations**

During the period up to April 2021 thirty-one situations were managed by the health protection team. This work is undertaken in partnership with our Orkney Island Council and Scottish Water colleagues as required.

The incidents consisted of COVID-19 outbreaks, managing COVID-19 cases in high risk settings, water issues, and an outbreak of avian influenza.

## **Immunisation Programmes**

During the COVID-19 pandemic guidance was provided by the Chief Medical Officer on the maintenance of the national immunisation programmes. Immunisation programmes were not classified as non-urgent work as they assist in preventing outbreaks of vaccine preventable diseases, providing important protection to children and other vulnerable groups, and reducing the numbers of patients requiring health services and hospitalisation from vaccine preventable diseases.

However, it was recognised due to the COVID-19 restrictions and official advice it would have been logistically difficult to deliver the school-based immunisation programmes and the shingles immunisation for adults aged 70 years and over. The guidance was therefore:

Routine childhood immunisations were to continue as a high priority, where possible and safe to do so.

- Neonatal immunisation for Hepatitis B and BCG should continue
- As Scottish schools were closed school programmes were suspended
- Immunisations for pregnant women and post-natal women were to continue
- The routine shingles programme was suspended in line with the COVID-19 advice for adults aged 70 years and over
- Pneumococcal vaccination for those in clinical at-risk groups aged two to 64 years and those aged 65 years and over should continue. Those aged 70 years and older could be vaccinated opportunistically if presenting for another appointment

## Childhood Immunisation Programme

Some infectious diseases can kill children or cause lasting damage to their health. A child's immune system needs help to fight those diseases. Vaccines stimulate the body to produce antibodies that fight infection providing protection against some infectious diseases. The vaccines offered in the childhood immunisation programme in Scotland protect children from diphtheria, tetanus, Pertussis (whooping cough), polio, haemophilus influenza type B (Hib), pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), measles, mumps, rubella, and Hepatitis B.

In addition to the core immunisation programmes targeted vaccination - Bacillus Calmette-Guérin (BCG) - are offered to children in relevant at-risk groups.

Due to the high number of children receiving vaccination in Scotland many serious childhood infectious diseases have disappeared altogether like diphtheria, polio or tetanus or been dramatically reduced, such as measles and whooping cough. Unless the vaccine uptake remains high many of these serious diseases could return from parts of the world where they still occur putting unvaccinated children at risk of these infections, their complications and death. In last year's report 13 cases of vaccine preventable diseases (whooping cough and measles) were recorded in Orkney.

Uptake rates for childhood immunisation programmes for year ending 31st March 2021 in Orkney compared with the Scottish average are available in Table 2.2.

*Table 2.2 Uptake rates for childhood immunisation programmes, year ending 31 March 2021*

Uptake by 12 months*	Orkney	Scotland
Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB)	91.8%	96.5%
6-in-1* primary course		
Pneumococcal (PVC) primary course	92.8%	97.1%
Rotavirus primary course	89.7%	94.2%
Meningococcal B (MenB) primary course	91.8%	96.3%
Uptake by 3-5 years		
6-in-1 primary course	99.1%	97.9%
Measles, mumps & rubella (MMR) 1	99.1%	96.6%
Hib/MenC	98.1%	96.0%
Diphtheria, tetanus, pertussis (whooping cough), polio (4 in 1 Booster)	97.2%	92.8%
MMR2	96.8%	92.3%
School immunisations (academic year 2019/20)**		
Human papillomavirus (HPV) (completed course S3 females)	75.2%	82.5%
Tetanus, diphtheria and polio	77.8%	79.6%
Meningococcal types ACWY	78.2%	79.8%

\*Data incomplete

\*\*Due to the pause the school immunisation programme was partially completed.

## Human Papillomavirus Immunisation Programme

As advised by the Joint Committee on Vaccination and Immunisation (JCVI) in the 2019/20 academic year the human papillomavirus (HPV) vaccine was offered to all young people aged 12 to 13 years to protect them against HPV related cancers including cervical cancer (in women) and other cancers of the anus, genitals, mouth, and throat. Due to the schools closing the programme was not fully completed in Orkney, data is therefore not available for the S1 and S2 school cohorts.

## **Adult Immunisations**

### Pertussis (Whooping Cough) Vaccination for pregnant women

Whooping cough is a highly contagious bacterial infection of the lungs and airways. It causes bouts of repeated coughing that can last for two or three months or more and can make babies and young children very ill. Whooping cough is spread in the droplets of the coughs and sneezes of someone with the infection.

A single dose of whooping cough vaccine is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may protect the mother against whooping cough and thereby reduce the risk of exposure to her infant. New mothers who have not been vaccinated against whooping cough during pregnancy are offered the vaccination up to when their child receives their first vaccinations at eight weeks of age.

This vaccination programme is administered by the NHS Orkney midwifery team and uptake is shown in Table 2.3.

*Table 2.3 Pertussis vaccination uptake for 2020/21*

<b>2020/21</b>	<b>Deliveries</b>	<b>Vaccinated</b>	<b>Percentage Vaccinated</b>	<b>Scotland percentage vaccinated</b>
Q1 2020	26	25	96.1	59.0
Q2	30	27	90.0	61.2
Q3	40	38	95.0	59.4
Q4 2021	30	27	90.0	61.2

**Source:** Public Health Department

### HPV Programme MSM

The HPV vaccine is available in Scotland for men who have sex with men (MSM) up to and including 45 years of age. The vaccination is offered to men who attend sexual health and HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer.

This programme is delivered through the Nordhaven clinic.

### Seasonal Influenza Vaccination Campaign

To reduce the impact of seasonal influenza on those most at risk and those who provide care for others during the COVID-19 pandemic the seasonal influenza vaccination programme was extended to the following groups:

- Social care workers who provide direct personal care
- Households of those who were shielding
- All those aged 55 to 64 years old.

Given the capacity restraints imposed by the need to maintain good infection prevention and control practices and appropriate physical distancing measures a whole system approach to delivery was required in Orkney. The influenza vaccination programme delivery was therefore led by the NHS Board supported by our primary care colleagues.

- All adults aged 65 years and over in Orkney were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)
- Those aged 18-64 years with at-risk conditions, including pregnant women were offered an egg based quadrivalent inactivated flu vaccine (QIVe) some cell based quadrivalent vaccine was also available (QIVc)

All uptake rates are above the Scottish average, and the preschool influenza cohorts and the adults aged 65 years and over uptake rates all exceeded the national targets set (Table 2.4).

*Table 2.4 Uptake rates of vaccination*

Influenza vaccination Uptake Rates	Orkney	Scotland	Target
Pre-school (2 to <5)	76.4%	52.5%	65%
Primary school children	74.9%		75%
Age 65 years and over	75.2%	74.0%	75%
All at risk (excluding healthy pregnant women and carers)	50.6%	42.3%	75%
Pregnant and not in a clinical at risk group	58.0%	42.9%	75%
Pregnant and in a clinical risk group	64.7%	56.9%	75%
Carers	55.9%	44.7%	

**Source:** Public Health Scotland

### COVID-19 vaccinations

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

The COVID-19 vaccination programme was rolled out in Orkney from December 2020 in line with JCVI priority groups. Mass vaccination sites were set up at the Outpatients department in The Balfour and the Pickaquooy Centre in Kirkwall primarily for first doses in addition to clinics being held on an appointment basis at The Kirkwall Vaccination Centre, located in the Old Balfour.

Vaccinations were administered in priority order as set by the Joint Committee of Vaccination and Immunisations (JCVI) with the aim of completing the priority cohorts by the end of spring 2021. The cohorts included:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

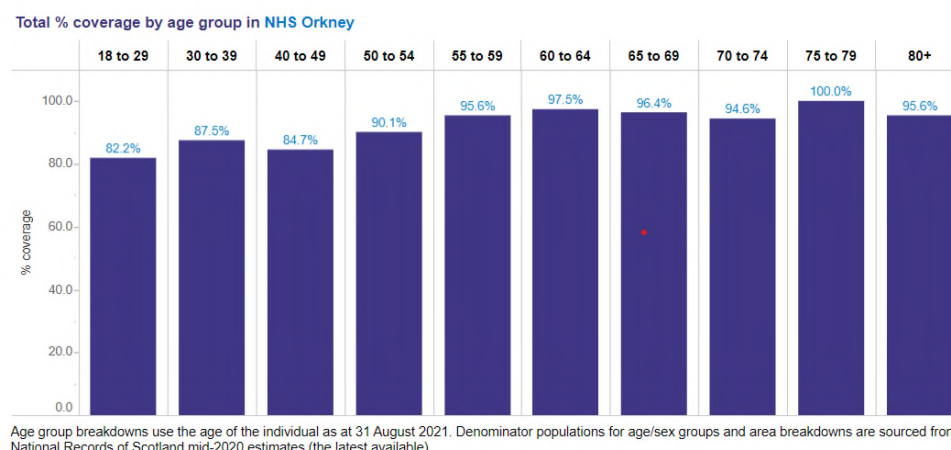
Service delivery across Orkney was informed by the learning from the delivery of the extended influenza vaccination programme. The programme was led by NHS Orkney focussing on the delivery of vaccinations via mainly large, centralised clinics on the mainland of Orkney in collaboration with the NHS Orkney Occupational Health Service and independent General Practices. A smaller clinic ran for unpaid carers at Sutherlands Community Pharmacy and Community Nurses offered vaccinations to the housebound. Smaller clinics were delivered across the outer isles. Marshalling at venues was provided by NHS staff and by the staff of the membership of Orkney Local Emergency Coordination Group (OLECG).

An in-reach service was offered to The Balfour patients to ensure opportunities for receiving vaccination were maximised.

A health inequalities impact assessment was undertaken to inform service delivery as the programme expanded into the younger working age cohorts.

Figure 2.1 shows COVID-19 second vaccination by age with a good percentage uptake across all age groups.

Figure 2.1 NHS Orkney COVID-19 second vaccinations by age

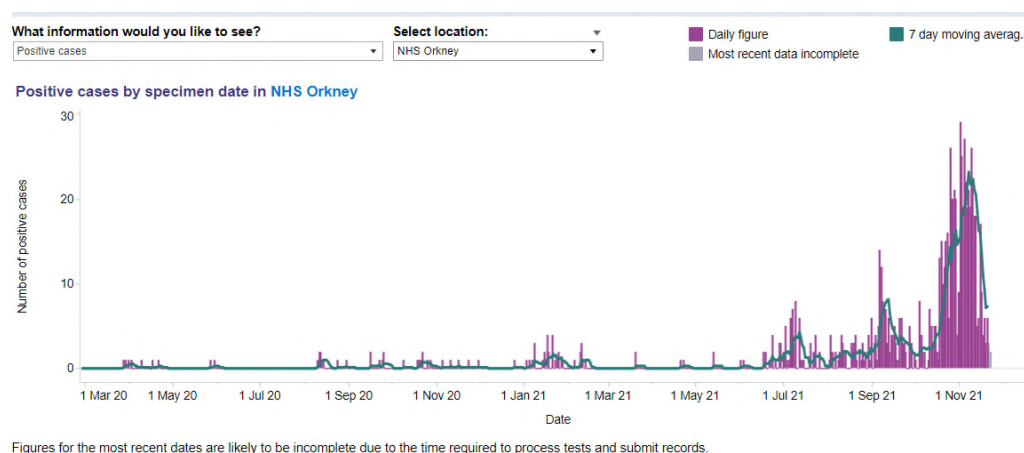


**Source:** Public Health Scotland November 2021

The delivery of the vaccination programme required interdepartmental and cross organisation working. A considerable effort was made by all involved resulting in the excellent performance indicated above.

Since March 2021 the situation with COVID-19 has changed, with an increase in case numbers locally in the autumn (Figure 2.2). The vaccination programme has continued to evolve with the introduction of the COVID-19 booster programme and changes to eligible age groups.

Figure 2.2 COVID-19 cases for Orkney March 2021-November 2021



**Source:** Public Health Scotland November 2021

The importance of the COVID-19 vaccination programme in reducing risk of hospitalisation and death is clear, and the delivery of the booster COVID-19 vaccination will continue through this winter.



### 3. Screening

There are six national screening programmes (Abdominal Aortic Aneurysm (AAA), Bowel, Breast, Cervical, Diabetic Eye Screening (DES) and Pregnancy & Newborn (PNBS)). In March 2020 due to the rapidly changing situation with COVID-19, the Scottish Government, on the advice of the Scottish Screening Committee, took the decision to temporarily pause the adult screening programmes. The rationale for the decision was primarily to reduce the risk of participants becoming infected with the virus, to facilitate social distancing and to minimise the impact on essential NHS services as they responded to COVID-19.

During the period of the pause public health work focussed on preparing for the resumption of the programmes so they could recommence as soon as it was agreed safe to do so following the evidence received on the progress of COVID-19 within the population. All programmes were to recommence in a prioritised manner and an overarching recovery and renewal approach was developed by national Services Division (NSD) and agreed by each Screening Programme Board, to guide the restarting of the programmes.

#### **Scottish Abdominal Aortic Aneurysm Screening Programme**

An abdominal aortic aneurysm (AAA) is a swelling of the aorta, the main blood vessel that leads away from the heart to the rest of the body. As a person gets older the wall of the aorta in a person's abdomen can become weak and balloon out. A one-off ultrasound examination to measure the width of the aorta is offered to all men in Orkney in their 65th year. Men are only invited for recall if an aneurysm is seen which requires regular monitoring (measures between 3.0cms to 5.4cms). The data included in this section was published in March 2021 and relates to 2020 data which was extracted on 1<sup>st</sup> March 2020 due to the impact of COVID-19, and therefore is slightly incomplete.

NHS Orkney is part of an AAA Screening collaborative with NHS Grampian and NHS Shetland. NHS Grampian staff undertake all screening activity. For the period 1st April 2019 to 31st March 2020 the men who are eligible to access the programme are men who turned age 66 years in the financial year ending 31st March 2020. Whilst 98.7% of NHS Orkney eligible men were offered screening before the age of 66 years the percentage of men who were tested (before the age of 66 years and 3 months) fell to 84.7% which is just below the target of  $\geq 85\%$  but above the Scottish average of 84.3%.

#### **Scottish Bowel (Colorectal) Cancer Screening Programme**

The Scottish Bowel Screening Programme resumed activity on 12th October 2020.

The national bowel screening programme was introduced into Scotland in 2007. The screen involves taking a simple test at home every two years. The test looks for hidden blood in stool. Bowel screening is offered to men and women aged 50 to 74 years to help find and treat bowel cancer early. People aged 75 years and over can request a screening kit.

Bowel cancer is the third most common cancer in Scotland. Around 4,000 people in Scotland get bowel cancer every year.

People can reduce their risk of developing bowel cancer by:

- Eating a healthy diet
- Limiting foods high in sugar and fat, and avoiding sugary drink
- Avoiding processed meat like bacon and sausages and limiting red meat
- Getting to and keeping a healthy weight
- Being more active in everyday life, this includes walking more and sitting less
- Drinking less alcohol
- Stopping smoking
- Telling their GP if they have any worries about their bowel habits.

Provisional uptake data for those invited for the calendar year of 2020 was 63% for Orkney residents against a national performance of 61%, the national target is 60%.

Of those tested 29 individuals received positive results a reduction on the 56 from the previous year.

## **Scottish Breast Screening Programme**

The breast screening service wasn't due to visit Orkney during the pause of the screening programmes. The service visited in June 2021 for a period of approximately 18 weeks and data will be reported in the next annual report.

Breast screening is a test for breast cancers that are too small to see or feel. Breast cancer is the most common cancer in women. About 1000 women die of breast cancer every year in Scotland. Older women have a higher chance of developing breast cancer, particularly after the menopause. It can also affect younger women. In Scotland women between the ages of 50 and 70 years are invited for breast screening every three years. Women aged over 70 years can continue to be screened if they arrange an appointment with the local screening centre.

There are a number of factors which increase the chance of developing breast cancer, including:

- Being overweight
- Drinking alcohol
- Taking some forms of Hormone Replacement Therapy (HRT)

Women may also have a higher chance of developing breast cancer if members of their family have had breast cancer, particularly at a young age.

The screening programme for NHS Orkney residents is provided through the North East Scotland Breast Screening Service which is hosted by NHS Grampian based in Aberdeen.

## Scottish Cervical Screening Programme

The Scottish Cervical Screening Programme resumed activity on 1st July 2020.

The aim of the Scottish Cervical Screening Programme (SCSP) is to reduce the number of women who develop invasive cancer (incidence) and the number of women who die from it (mortality) through a population-based screening programme for eligible women.

Cervical cancer is the most common cancer in women aged 25 to 34 years in Scotland.

The risk of developing cervical cancer is increased if a woman

- Is or has been sexually active
- Smokes, as this affects the cells in the cervix

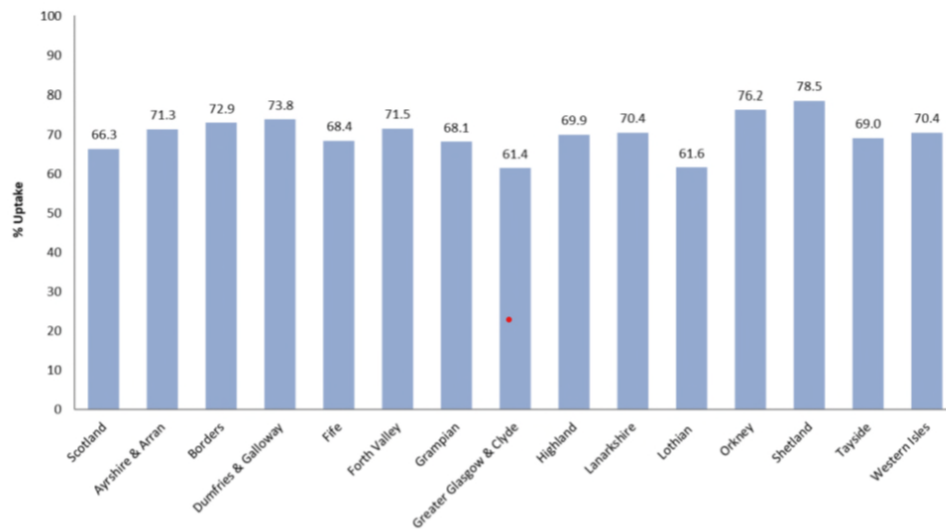
Most changes in the cells of the cervix are caused by a type of virus called the human papillomavirus (HPV) passed on through sexual contact. HPV is very common; eight out of ten people in Scotland will catch it at some point in their lives. As there are usually no symptoms many people have it for months or years without knowing it. The body fights off HPV infections naturally, but one in ten infections are harder to get rid of.

Evidence shows HPV testing is a better way of identifying women at risk of cervical cancer than the cytology (smear) test that examines cells under a microscope. From 30th March 2020 cervical cytology was replaced as the primary screening test with High-Risk (Hr) - HPV testing and the use of cytology-based tests as the triage for women who test positive for Hr-HPV. Evidence shows that women who test negative for HPV have a very low risk of developing cervical cancer within five years. Implementing HR-HPV testing will reduce the frequency of testing for those women with a negative result aged 25 to 64 years who will be invited for testing every five years instead of every three years.

Cervical screening uptake was relatively high in Orkney for women aged 25-49 (Figure 3.1) and 50-64 (Figure 3.2).

# 7.1

Figure 3.1 Cervical screening uptake, women aged 25-49 by NHS Board of residence 2020/21



**Source:** Public Health Scotland

Figure 3.2 Cervical screening uptake, women aged 50-64 by NHS Board of residence 2020/21



**Source:** Public Health Scotland

NHS Orkney's health improvement team are working in partnership with NHS Shetland on a project which aims to increase and update the knowledge and understanding of

the benefits of cervical and bowel screening programmes and HPV immunisation with people who have a learning disability or autism and their support workers or carers. Due to several factors including COVID-19 this project will be taken forward in late 2021 and 2022.

NHS Orkney's health improvement team had planned to work in partnership with NHS Dumfries and Galloway in 2020 on a project which aimed to increase the cervical screening uptake rates for women who are supported by Women's Aid. Due to several factors including COVID-19 this project will be taken forward in late 2021 and 2022.

### **Scottish Diabetic Eye Screening Programme**

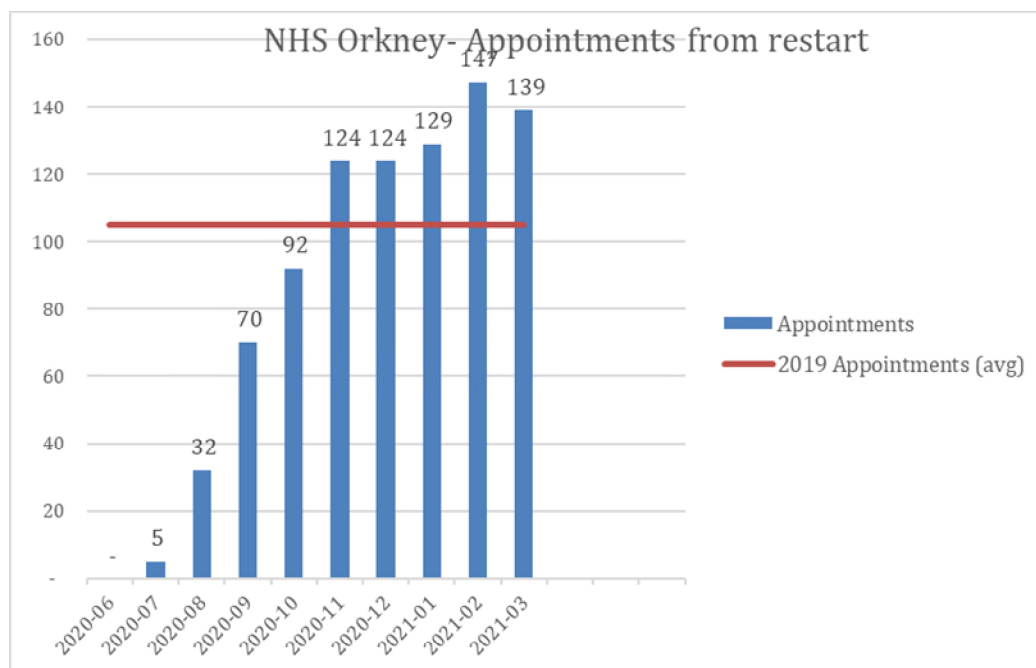
People with type 1 or type 2 diabetes are at higher risk of eye disease due to high blood sugar levels causing damage to the cells in the retina (back of the eye). All people with diabetes aged 12 years and over in Orkney are offered an annual eye screen. Diabetic Eye Screening (DES) is a test (photographs of the back of the eyes) to check if the small blood vessels in the retina have leaked or become blocked. When detected early treatment can be provided to reduce or prevent damage to an individual's eye sight. Left untreated diabetic retinopathy can cause blindness or serious damage.

An individual can reduce their chance of developing diabetic retinopathy by:

- Controlling their blood glucose levels
- Getting their blood pressure checked regularly
- Speaking to their optician if they have a problem with their eye sight
- Taking medication as prescribed
- Attending DRS appointments

The DES programme resumed in Orkney at the end of July 2020 for high-risk patients with routine patients being called for appointments from the end of August 2020. The resumption of the service went well as indicated below and it was anticipated the service would be on target to have caught up all patients by June 2021 offering all patients their regular annual screening appointment within 12 months (Figure 3.3).

Figure 3.3 NHS Orkney Appointments from restart



**Source:** NHS Orkney

The United Kingdom National Screening Committee (UK NSC) has recommended revised screening intervals for patients within the DES Programme. For diabetics at low risk of sight loss the interval between screening tests should change from one year to two years. This commenced from January 2021.

Optical coherence tomography (OCT) is a non-invasive imaging technique that provides high-resolution, cross sectional images of the retina as well as the optic nerve. It is envisaged that in each NHS Board, diabetic patients who are currently receiving OCT surveillance within Ophthalmology Services will be discharged to the DES Programme OCT service as the move to two yearly DES is implemented. The implementation of this change is due to commence in 2021.

### Scottish Pregnancy & Newborn Screening Programme

Pregnancy and newborn screening are considered to be important components of good healthcare that should both underpin and inform child and family health and wellbeing. Screening is a two stage process. Usually the first-line test indicates only a risk or probability that a particular condition is present. During pregnancy a woman is offered blood tests and ultrasound scans that are used to test for

- Blood count, blood group and Rhesus status (positive or negative)
- Sickle cell and thalassaemia
- Infectious diseases (hepatitis B, syphilis and HIV)
- Down's syndrome
- Foetal anomalies

These programmes are offered to women at an appropriate stage of the antenatal or postnatal period. Further diagnostic tests are offered if any conditions are suspected.

The aims of the programmes vary, and include: providing information for women so that they can make informed decisions (including whether to continue with the pregnancy); enabling timeous treatment of mother and baby to support a successful pregnancy, reduce transmission of communicable diseases from mother to baby, and reduce the risk of acute/chronic disease in the baby; and provide information to enable early intervention to support the development of the baby/child.

## **Newborn Hearing Screening Programme (NHSP)**

Universal Neonatal Hearing Screening consists of a simple test that looks for a clear response from both of a baby's ears. The test is usually done in the first few weeks after the baby is born, often before leaving the maternity unit. The test doesn't hurt and isn't uncomfortable. It's quick and can take place while a baby sleeps. Data for 2020/21 is not yet available.

## **Non- invasive prenatal testing (NIPT)**

Blood tests combined with scans can help find the chance of chromosomal abnormalities such as Down's, Edwards' or Patau's syndromes. Women whose results show a high risk of an affected pregnancy are currently offered diagnostic tests such as amniocentesis that carries a possible risk of miscarriage.

Non-invasive prenatal testing provides an opportunity to examine foetal DNA by taking a sample of blood from pregnant women. NIPT can be used to detect if an abnormal number of chromosomes is present in each cell, only if NIPT returns a positive result will the woman be offered amniocentesis.

With regards to antenatal screening for Down's syndrome, Table 3.1 shows the number of scans and trimester in which they were carried out.

*Table 3.1 Antenatal Screening for Down's Syndrome*

<b>NHS Orkney</b>	<b>2020/21</b>	<b>2019/20</b>	<b>2018/19</b>	<b>2017/18</b>
First Trimester	145	155	148	162
Second Trimester	9	17	22	7
Total Screens	154	172	170	169
%Second trimester	5.8	9.9	12.9	4.1

**Source:** NHS Orkney



# 7.1

NHS Orkney has the lowest percentage of second trimester screens of any health board with the national figure at 16.9%. The maternity department tries very hard to offer first trimester screening. There had been a little difficulty with scanning availability that is now largely resolved following the successful training of midwife sonographers.

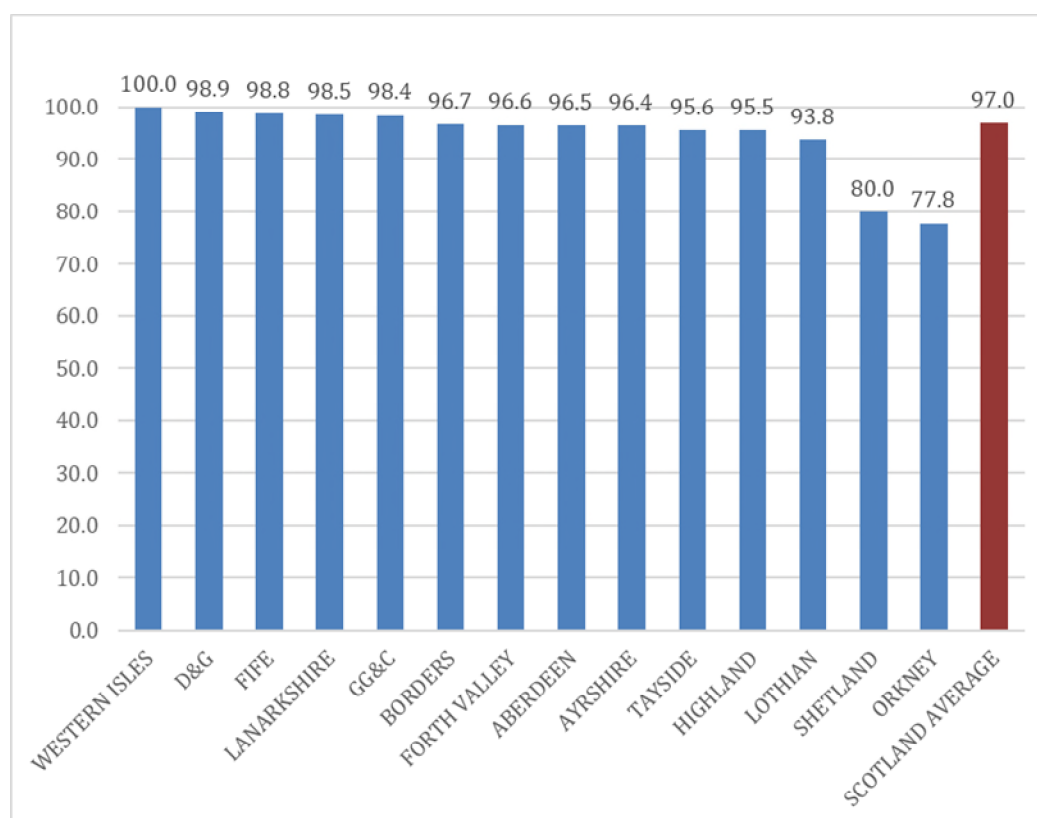
The rate of samples taken at the incorrect gestation was 0.69% (1 sample late) whereas the national rate was 0.04%.

Seven (4.8%) out of 145 first trimester screen samples were too old for analysis by the laboratory to be undertaken. The national figure was 0.7%. Our rate was lower than both Shetland (7.3%) and Western Isles (15.3%). A 24-hour delivery system has now been built into the posting service for these samples to improve delivery time.

It is important that the forms submitted with tests are correctly completed. 98.6% of forms were correct, above the key performance indicator of 97%, and performance is closely monitored with issues addressed at ward meetings. The observed first trimester screen positivity rate for the 2020/21 period was 2.1% of 145 first trimester screens, against a national figure of 2.77%.

With regard to trisomy screening in the second trimester, 9 tests were submitted and the request card was complete for 77.8% (Figure 3.4), down from the previous year's completion rate of 100%. Again this has been addressed through ward meetings and improvements have been made. None of the samples submitted were delayed in transit.

*Figure 3.4 Request card completion % for Scottish Health Boards 2020-21*



**Source:** Public Health Scotland

## **Newborn Bloodspot Screening**

Newborn blood spot screens for nine different rare but potentially serious inherited diseases. It's usually carried out around five days after the baby is born. During 2019/20 186 babies were screened. 194 blood spot cards were submitted, slightly down on 203 submitted last year. The avoidable repeat rate was 6.60% above the rate for Scotland which was 5.18

- The main issue was insufficient sample (6 cards, 3.1%)
- 1 sample had gestation at birth missing.
- One sample was taken too early at 3 days of age
- 1 sample was taken too late at 9 days of age
- 90% of samples were taken at 4-5 days of age
- 1 repeat cystic fibrosis sample was taken at more than 28 days of age.

The essential key performance indicator of 98% of cards to have a CHI entered was met (98.4%).

As the report highlights the COVID-19 pandemic had a significant impact on the work of the health protection team. Whilst supporting the NHS Orkney response to the pandemic the team was required to support the development and implementation of one of the largest targeted vaccination programmes delivered in Scotland and some significant changes within the Scottish Screening Programmes.

The focus of the work for 2021/22 will be on the continued management of the COVID-19 pandemic alongside business as usual. This will involve identifying service requirements to ensure NHS Orkney can continue to effectively fulfil its health protection duties in the recovery and renewal phase of the pandemic.

## 4. Resilience

### Partnership Working

The Multi-Agency Strategy adopted by Orkney Local Emergency Co-ordination Group (OLECG) “Supporting the frontline services of the NHS” resulted in the local resilience community working collaboratively across organisations as events unfolded and the pandemic was declared. During the lockdown stages transport providers restricted the movement of passengers travelling to Orkney to keyworkers in an effort to reduce the risk of the COVID-19 becoming established in the community and overwhelming the local healthcare provision. This supported the Board in preparing its clinical response. The Public Health Department were accessible to partners for advice and guidance on COVID-19 prevention measures so that key lifeline services such as utility providers and internal and external ferry operators could continue to operate services.

### Personal Protective Equipment Procurement

National guidance relating to the use of Personal Protective Equipment (PPE) issued to Boards in response to the pandemic was constantly evolving as more was learnt about the virus. The Resilience Officer worked with the Procurement and Stores Manager and clinicians as well as attending local and national PPE meetings to ensure that the right PPE was available for the appropriate staff in the right circumstances. In order to prepare for any upsurge in case numbers, a PPE and Procurement Group was set by the Resilience Officer to build a stockpile of PPE and ensure that clinical stocks were maintained.

### Face Fit Testing

As part of the pandemic planning process, a number of NHS Orkney staff were redeployed and areas of the hospital re-configured so that the Board had capability to respond to the admission of COVID-19 patients whilst continuing to deliver essential patient care. In order to support this a programme of upskilling face fit testers and delivering face fit testing was overseen by the Resilience Officer. This ensured that staff working in specific areas or undertaking certain patient procedures across the organisation were all fitted into face masks that provided an enhanced level of protection from airborne droplets. This was designed to reduce the risk of transmission of the virus from patients to staff and vice versa as one of the primary mitigation measures in suppressing the virus.

### Vaccination Programmes

The Resilience Officer provided the link between the Board and partner agencies to look at the logistics including available external resources to deliver both the winter flu and COVID-19 vaccination programmes. This included scoping venues and risk assessments to ensure that vaccination clinics had sufficient space to accommodate social distancing measures as well as being accessible to the whole community. This proved challenging during adverse winter weather particularly during periods of significant snowfall where large vaccination clinics had been arranged and the risk to the public travelling for appointments had to be balanced with the benefits receiving the vaccine. Throughout the vaccination programmes the Resilience Officer linked with OLECG who provided invaluable support with the provision of marshals and administration support from a range of agencies including Scottish Fire and Rescue Service, Maritime Coastguard Agency, British Red Cross Scotland, Scottish Environmental Protection Agency, Voluntary Action Orkney and Orkney Islands Council. This ensured that patients were reassured and supported in accessing the vaccination venues whilst maintaining social distancing measures.

## **Business Continuity Planning**

Business Continuity Plans are now in place across the organisation to support NHS services and departments recover from any disruptive event that could impact on their ability to operate. These plans focus on the most common risks such as the loss of critical staff, loss of IT applications or the denial of access to the workplace. All plans now include the measures that each service or department has in place to mitigate the risk of COVID-19.

The ransomware attack initiated against Scottish Environmental Protection Agency on 24th December 2020 further demonstrates the global growth in these attacks. Whilst work is ongoing to better protect the organisation, the learning from this event together with the acceleration in the frequency of attacks has demonstrated that organisational preparedness also needs to focus on lessons learnt and the recovery phase of such attacks. This will be an area of significant focus in the months ahead from a resilience perspective.

## **Climate Change Risk Assessment and Adaptation Planning**

Whilst The Balfour was designed to be as eco-friendly and carbon neutral as possible, global warming, rising sea levels and the increasing frequency and intensity of winter storms present risks to the NHS in term of the physical damage to NHS properties or disruption to service delivery. Work is underway to capture the risks and manage any disruption whilst retaining a basic delivery structure and ability to self-organise and adapt to stress and change. New mapping tools are becoming available to assist the NHS Resilience Community in assessing the climate hazard, identifying the healthcare assets that could be impacted as well as the scale of the impact and how we might mitigate the risks.

## 5. Recommendations

NHS Orkney working with partner organisations has a unique opportunity to further its role as a health improving organisation, delivering a strong focus on prevention and early intervention to reduce avoidable health inequalities. The COVID-19 pandemic will continue to impact on us all over 2021-22 and the recommendations below take that in to account.

### **Recommendation 1:**

Tackling the immediate threat to health that the COVID-19 pandemic poses must continue to be resourced and remain a priority.

### **Recommendation 2:**

Every opportunity should be taken when services are recovering from the COVID-19 pandemic to create a better, fairer future for the people of Orkney.

### **Recommendation 3:**

NHS Orkney should embrace its role as an anchor institution.

### **Recommendation 4:**

Public health should continue to prioritise its health improvement activities during the pandemic, with a clear focus on reducing inequalities in smoking cessation, healthy weight and financial inclusion.

### **Recommendation 5:**

We are ambitious in our vision for the health and well being of children and young people, in order to create the best possible future for them and a thriving Orkney.

# Acknowledgements

My thanks go as ever to the NHS Orkney public health team who have contributed to this report and for their dedicated work over the year. It has truly been a year like no other, as staff in the department and across the NHS have risen to the challenge of the COVID-19 pandemic. My thanks also go to the community of Orkney, who have worked alongside the public health department to help keep as many safe from harm from COVID-19 as possible. A big thank-you too to all the NHS staff and organisational partners who have been involved in the delivery of the public health work over the year. Finally, I would like to acknowledge the help of Ms Samantha Wishart and Ms Alison Hardie for the formatting of the report.

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 16 December 2021
Title:	Digital Strategy 2021-26
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Mark Doyle, Director of Finance and Richard Rae, IT Manager

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Digital Strategy establishes a roadmap and a plan over the next five years for developing and implementing new technologies to support our ambitious transformational change plans.



## 2.2 Background

Our vision is to provide digital solutions that will enable a seamless system of health and social care for everyone who needs it. Our goal is to empower individuals and communities to use digital technology to engage in their healthcare.

Our workforce will be supported to become digitally confident, and services will exploit technology to provide the most efficient health and care services as possible. We will work closely with staff and the public to develop solutions that will improve the experience of our health and care services.

## 2.3 Assessment

### 2.3.1 Quality/ Patient Care

Quality patient centred health and care experiences have been heavily factored into the development of the Digital Strategy.

### 2.3.2 Workforce

Supporting the creation of digital solutions and systems that are fit for purpose and align to health and care service delivery for all staff, patients and services.

### 2.3.3 Financial

Financial impact has been factored in throughout the development of the Digital Strategy.

The aim is for the strategy to be delivered within the available resources phased over five years. This will drive down financial wastage and allow the organisation to concentrate on the wider picture whilst delivering the infrastructure and abilities required to continue the important work for our community and retain a good balance sheet.

### 2.3.4 Risk Assessment/Management

Training and technical projects are being launched to reduce the risk to the organisation and increase our visibility to the current risks.

Increased cyber security is a top priority for the IT and eHealth team within the Digital Strategy

### 2.3.5 Equality and Diversity, including health inequalities

The Digital Strategy has been developed with ease of accessibility and equality of access across all of the islands of Orkney.

### 2.3.6 Other impacts

Not Applicable

### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Technology Enabled Care Board
- Finance and Performance Committee
- Area Partnership Forum

### **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.

- Technology Enabled Care Board – 9 November 2021
- Finance and Performance Committee – 25 November 2021

## **2.4 Recommendation**

- **Decision** – approve the strategy

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Digital Strategy 2021-26.



# NHS Orkney - Digital Strategy

## 2021 -2026

Richard Rae

IT and Interim eHealth Manager

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## **Message from the IT and Interim eHealth Manager:**

Since joining NHS Orkney, I've been impressed with the enthusiasm and passion our clinicians and staff have for adopting new technology. Innovation and transformation are fuelled by digital technology, and now is the time to harness these opportunities.

The Digital Strategy establishes a roadmap and a plan over the next 5 years for developing and implementing new technologies to support our ambitious transformational change plans.

Our vision is to provide digital solutions that will enable a seamless system of health and social care for everyone who needs it. Our goal is to empower individuals and communities to use digital technology to engage in their healthcare.

Our workforce will be supported to become digitally confident, and services will exploit technology to provide the most efficient health and care services as possible. We will work closely with staff and the public to develop solutions that will improve the experience of our health and care services.

I look forward to working with you to create a digitally enabled health and care system. Join us on this journey.



Richard Rae

IT & Interim eHealth Manager

*“Shaping the future - by building on our core foundations, digital technology offers the organisation significant opportunities to deliver transformational change”*



## **Introduction:**

Digital technology has the potential to radically improve our lives, and this includes all aspects of health and care. Digital technology will be central to delivering the transformational change that is necessary to support integrated health and care into the future. People expect to use technology in all areas of their lives and health and care should be no exception.

Digital technology provides the opportunities to support transformational change and to make care safer, sustainable and allow people to become active participants in their care. From life changing monitoring devices that allow people to self-manage health conditions from the comfort of their home, to the clinical and business systems that support our services the vision set out in this strategy will rely on digital technology to provide a truly integrated and modern service.

Digital technology includes a diverse range of areas including infrastructure, data, clinical and business application systems plus innovative opportunities relating to data analytics and artificial intelligence which can be seen as the enablers for service transformation. This strategy focusses on how this technology can be used and delivered, setting out a direction for clinical and social care transformation supported by technology.

This 5-year digital strategy establishes the direction for a prioritised programme of work that will exploit the investment in technology that has been made to date, harness the opportunities for innovation and deliver digital solutions to meet the growing health and care demands into the future. The strategy provides a renewed confidence in our



ongoing plan to use digital as a powerful tool to fundamentally improve day to day health and social care across NHS Orkney.

By building upon our digital outlook, we are confident that this will continue to provide answers to some of our most formidable and prevalent challenges and enable transformational change.

Today digital is intrinsic to the health and care we deliver, and its use will increase as services are transformed.

## **Digital at the centre of care**

Today digital is intrinsic to the health and care we deliver, and its use will increase as services are transformed. Digital powers our hospitals, gets people to appointments on time, keeps our data secure and is fundamental to the delivery of care. Digital is critical to achieving the Board's transformation goals and will enable the new models of care and service redesign opportunities into the future. We have been building solid foundations that will allow for continued growth and scale. Having put the infrastructure in place, we want to set our sights on ensuring more digital initiatives operate at scale and are integral to transformation of services. eHealth will work with the Board's transformation programmes ensuring that digital becomes the norm and the opportunity that technology offers is exploited.

### **For People**

At any stage of care; when visiting a hospital or receiving a visit from your community team, you will have noticed health and care teams are using technology to support them.

This digital capability is also being integrated in the care and monitoring used by our patients. This allows for more flexibility and less visits to the services, whilst improving the information available to our clinicians to ensure the correct level of care is employed. An area has seen the use of cloud services for remote management of our Audiology clientele by allowing the devices to be adjusted using NearMe consultancy avoiding the need for patients to come to the hospital for small changes.

Our diabetic customers have been utilising advanced technologies to monitor, control and manage their conditions. There are currently over 5 insulin pumps deployed, which connect to Guardian, over 140 Libre devices connecting to smart phones and over 200 devices that connect through Bluetooth or USB to allow files to be transferred. On top of these remote devices, the patients have access to SCI Diabetes to see the current status of their condition allowing the patient to be fully engaged in the journey.

The use of this technology has allowed our patients (or parents / carers) to manage their condition and be remotely monitored which in turn is removing a large element of constant management, guess and stress whilst undertaking activities, for example long distance travelling using flights. This excellent use of technology is discussed in the October 2019 board papers.

### **For Health and Care Staff**

In producing this strategy, we have been overwhelmed by the enthusiasm and passion our staff have for digital advancements across services. We appreciate that digital represents a high degree of expectation for our staff, who are always looking to improve and enhance delivery of health and care services with the person at the centre.

### **For Managers**

Digital can be a complex area yet digital is as much a part of NHSO as the physical buildings we operate. Given that we deliver health and social care in an era where

people expect to use technology and our workforce are very familiar with technology as part of their daily roles; the challenge for managers is to grasp digital as a practical and achievable opportunity, exploring how it can enable, evolve or even transform areas of service. This strategy has been created with our staff, patients and carers in mind, including how it will support your work, demystify this topic to some degree and provide you with the information that you need to use digital to transform and sustain your services.

### **For Partners**

For current and future partners we hope you will consider this strategy as a statement of intent that NHSO is active and progressive in our ambition to modernise and transform our services using digital technology. With partners we will be able to explore new digital solutions that will make a real difference to the lives of people and staff.

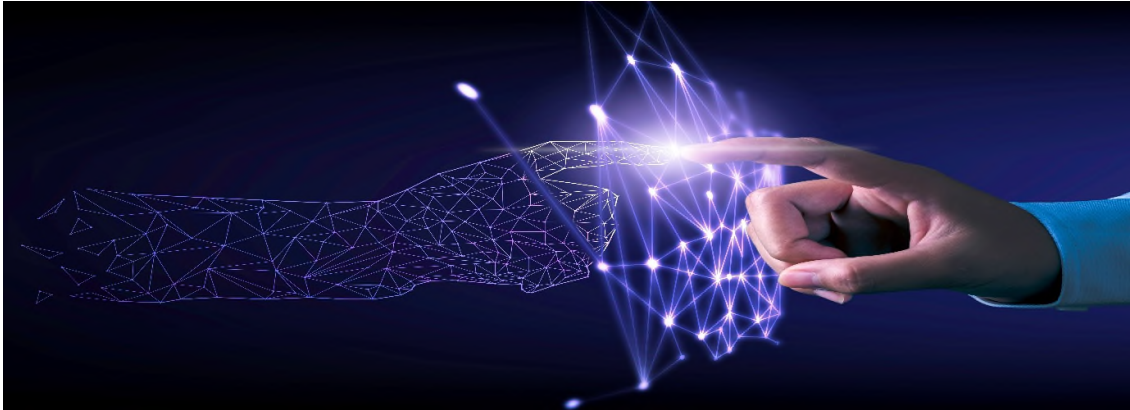
### **For Technologists**

Without the talent and expertise of our technologists, partners and suppliers, we would not be able to deliver and support the critical technology which the organisation relies on to deliver services. This strategy refers to many technology systems that are relied upon by thousands of NHS and the public on a daily basis.

### **For Everyone**

This digital strategy is an opportunity to gain a window into how we deliver digital and technology services and solutions at scale within NHSO. We would hope that this strategy would offer you a perspective regarding the size and scope of digital at NHSO and offer a direction for health and social care services who are looking to modernise and transform. A good starting point would be the 'Drivers for Change' section below.

This digital strategy will take into account the soon to be published Health and Social Care delivery plan. This will be done by reviewing, comparing and contrasting this strategy with a view to align any required part after careful consideration for any and all impact on the organisation and the teams.



## **Drivers for Change:**

When defining our digital strategy for the next five years, it is important that we consider the broader context so that we can remain aware of how people and our staff could benefit from or be disrupted by digital opportunities. Drivers for change represent both opportunity and challenge; from keeping up with modern technology expectations, through to how our society is changing and what this means in terms of managing and maintaining growing demand for our digital services. We are building upon a solid strategic base, which acknowledges digital is core to our transformational ambitions and critical to the day to day delivery of health and care.

### **Strategic drivers**

In developing this digital strategy, we have worked to ensure that our direction of travel is aligned with the emerging national strategy and other important policies, plans, objectives and strategies as follows:

#### **Corporate Objectives**

- Better Health
- Better Care
- Better Workforce
- Better Value

Scotland's Digital Health & Care Strategy states: " The issue is not whether digital technology has a role to play in addressing the challenges we face in health and social care and in improving health and wellbeing: the issue is that it must be central, integral and underpin the necessary transformational change in services in order to improve outcomes for citizens. Over the next decade digital services will become not only the first point of contact with health and care services for many people, but also how they choose to engage with health and care services on an on-going basis." Each of these mandates should be complemented or directly supported by our digital strategy. Where possible we would recommend further reading of these documents to obtain a wider view of how digital can support and sustain health and social care transformation.

## **Disruptive drivers**

In addition to the associated strategic drivers that need to be considered as part of this strategy, there are other drivers of change that should be acknowledged. Disruptive drivers are large scale trends or imperatives and represent important background context for our digital strategy:

## **Expectations**

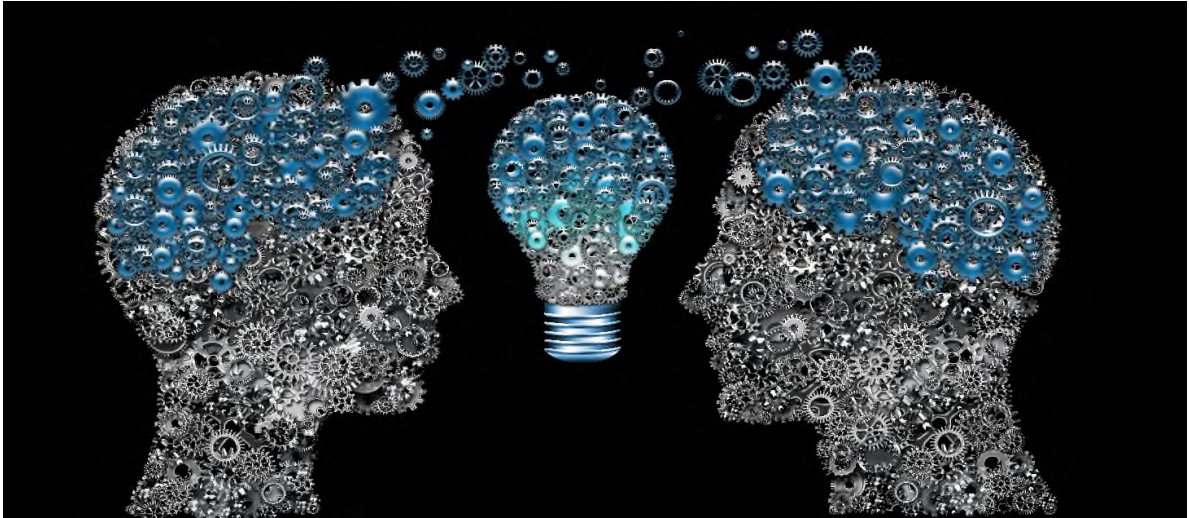
Changes in public and workforce expectations are being led by digital innovation. With most people owning a smart phone, the bar is set high in terms of what the 'computer in our pocket' can do to make our lives more healthy, convenient, and productive.

## **Digital Innovation**

Fitness and exercise Apps have proved that an active lifestyle can be fun and socially rewarding, and access to medical advice is becoming more prevalent via digital channels. These trends provide a healthy pressure for NHS Orkney to continue to find ways to make use of digital technology and methods to support our Nation's aims to achieve high quality health and social care services that have a focus on prevention, early intervention and supported self-management.

## **Integrated Care**

Integrated care will become the norm, whereby our people are supported by a total care package that includes health and social care across acute, community and primary care. Joining-up these services can be complex, given that separate systems and processes currently exist. Digital offers the toolkit to transform these areas, providing a truly integrated and modern care service



## Shared Vision

Why have a digital / eHealth strategy for NHS Orkney? Our digital strategy acts as a compass for all stakeholders who have an interest in the digital and eHealth capability at NHSO. The transformational ambitions within the Board have placed the implementation of digital technologies at the centre of the Board's plans. The strategy will enable a planned and managed approach to the delivery of digital plans which align with the Board's priorities and key transformation programmes. Whether you work in eHealth, use digital systems as part of your role, or simply have an interest in how digital can shape and evolve health and social care; we invite you to participate more actively, by sharing our vision and supporting this strategy.

## Our Aim

Our digital remit exists to advance delivery of integrated health and social care locally and more widely across Scotland and to enable and support the delivery of the transformation plans within NHS Orkney. This includes re-setting any pre-defined perceptions about digital, to make sure those who want to input and support our digital modernisation feel welcome and empowered to do so. It is our priority to ensure that our patients, carers, and workforce are enabled to benefit from positive health outcomes and experiences, including the greater choice and convenience that digital will provide.

To enable and enhance delivery of quality health and care services, using digital to deliver positive health outcomes and experiences for the people of Orkney.

To achieve this vision will involve considerable effort and signals a significant stage in our digital maturity. The vision is inclusive of all stakeholders, must be accessible, keeping people at the centre of our focus, ensuring that consent and security considerations are understood and managed by undertaking Privacy Impact Assessments (PIAs), whilst continuing to support and enable the workforce.

## Our Goals

1. People are well informed and enabled by digital technology in achieving positive health and care outcomes.
2. Our staff are assisted by technology to make effective decisions, deliver integrated models and work efficiently and safely regardless of organisational boundaries.
3. Our organisation's performance is optimised, and transformational change is enabled through the use of technology.

## How will we measure success?



- Increasing levels of adoption of electronic health and care records in our hospitals with reduction of paper-based processes.
- Building on the electronic health and care record to provide a comprehensive and integrated shared record which will support health and care multi-disciplinary teams working across acute, community and primary care sectors and new tiered care models.
- Ensuring people, over time, routinely have online access to personal health and care records and be able to make appointments electronically and interact with services using digital tools.



- Ensuring that access to records and digital tools is simple and straightforward for our staff and that they have secure access to the information that they need when they need it.
- Services have been engaged and there are robust design principles and business cases in place.
- Realising the wider opportunities that technology enabled care can offer when implemented at scale by measuring against the national Health & Social Care Digital Maturity Assessment.

## **Innovation**

Innovation almost always requires some form of coordinated collaboration with other teams, specialists, education, industry, manufacturers and volunteers. NHS Orkney is well placed to drive partnership working across the North of Scotland region to improve healthcare and patient outcomes and we have strong links with other Health Boards including NHS NSS.

Our strategy is to support innovation through the use of international technical standards and robust governance. To support our work, we will continue to invite specialist, medical and technology advice from inside and outside of our organisation. We will seek input from our partner organisations including the third sector.

## **Underpinning principles**

To help guide our strategy and ensure we can deliver our vision, we have determined a set of underpinning principles. Nine principles will underpin all our digital activities, programmes, and initiatives:

- Patient centred approach:

Ensuring that investments in digital support an integrated system to deliver patient centred health and care experiences

- Staff engagement

Supporting the creation of digital solutions and systems that are fit for purpose and align to health and care service deliver for all staff and services.

- Accessible, safe & secure systems

Supporting patients and staff through the development of accessible, compliant, safe and secure solutions. Undertake Privacy Impact Assessments to ensure that consent and security considerations are understood.

- Robust governance & investment management

Supporting consistent and integrated services for patients, allowing all our stakeholders to coordinate and plan effectively at local and board levels.

- Standards based environment

Adopting health information standards to facilitate and streamline the interoperability of systems, reducing integration costs while improving the overall quality of systems.

- Working collaboratively & partnerships

Forging strong partnerships and supporting development of a collaborative culture that will continue to embrace and find new ways to redesign health and social care.

- Effective change management

Enabling the sustainable and seamless transition of digital programs to become business as usual, including embedding digital literacy.

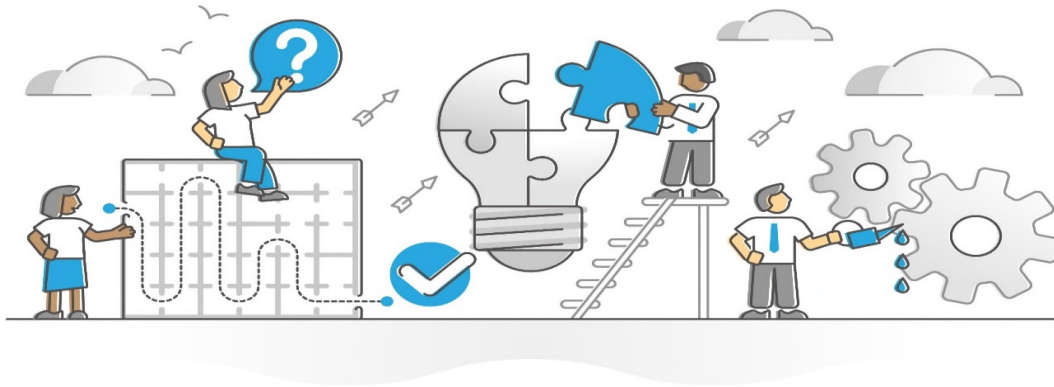
- Fostering innovation & research opportunities

Proactively anticipating citizen's needs to better predict and meet future expectations and demands.

- Platforms for all

The platforms hosting and delivering our services to our staff members are to be flexible, extendable and ensure that all services and all people are included.

## Size and Scale of the Challenge



### Meet the team

	Sandra Stankus Infrastructure and eHealth Team Lead		Carl Savage Desktop Team lead
	Bruce Smith Senior Desktop Engineer		Richard Scanlan eHealth Facilitator
	Michael Batty Desktop Engineer		Tracy Spence eHealth Facilitator
	Joe Bliss Desktop Engineer		Chris Werb eHealth Facilitator
	Colin Irvine Senior Desktop Engineer		Richard Bland Project Officer
	Karen Johnston IT Administration Officer		Derek Slater Infrastructure Engineer
	Ryan McLaughlin Desktop engineer		

## Everyday challenge

The IT Department's service overview

1. 227 IT tickets per week on average
2. 500 laptops and 320 desktops devices over 23 locations in 3 countries
3. over 120 applications of which 20+ are clinical care systems
4. 210+ mobile devices
5. 150+ servers with over 50 switches and 30 routers
6. 40+ SWAN connections

Despite digital offering opportunities to help NHS Orkney modernise and meet our commitments, there are several significant challenges as we look ahead to the next five years.

Whilst our services do need to modernise and change, digital will remain central to such improvements - this alone will not be the answer. Now widely accepted that people have a major role to play in improving their health and care, we will explore new ways to empower people with the tools they will need to better understand and manage their health and wellbeing and to access services through the use of digital.

Exploiting the opportunities that mobile medical technologies, health, and fitness services (such as wearables and Apps) offer will help to give people an improved and more interactive experience. This data, when joined with medical records, can be exceptionally valuable in determining cause and self-managing prevention. With digital offering so much potential to support and improve people's lifestyles (to eat better, exercise more, become fitter and healthier) this is one of the more proactive and long term options we have to help alleviate future pressure across our services.

If digital can be further applied in the area of enablement and prevention, we could actively reduce cases of smoking related illness, type 2 diabetes and obesity in our region which are key objectives in the Board's public health strategy.

In addition to these societal challenges, we also face a number of specific digital challenges:

- Data sharing versus data privacy
- Information security
- Making improvements and changes to complex 'inflight' systems
- How we shift to measuring outcomes over process
- Legacy technology versus risk of new technology
- Costs and financial investment required to deliver the ambitions

There will also be challenges relating to the necessary service re-design and associated change management. Whilst this can be supported with project management and organisational development, change management at scale across services will require leadership and buy in at corporate level. It will be necessary to ensure that there is sufficient capability and capacity in the Board to support the change management that will be required.

Several internal challenges exist in relation sustainability of an ambitious and wide-reaching strategy such as this.

- Software as a service is now the norm and requires a recurring revenue budget rather than one off capital funding as has been the case in the past.
- Annual increases in support and maintenance contracts for RPI/CPI
- The aging desktop and end user devices putting pressure on the resources needed to deliver this project
- Staffing levels within the IT department are being reviewed to meet this ambitious and ground up strategy
- Technical debt accrued throughout the digital landscape – What does this mean?
- Digital skillset within the organisation are being looked at with a view to increase to take full advantage of the new tools that will be made available to the Organisation and their affiliates.
- Trainers and Digital Champions. As with all new technologies and fast pace changes, it is easy to leave most behind. A strategy will be developed around the people and the change process to ensure that they are all onboard
- Everyday work. The day to day activity of the IT department and our clinical staff can present a real barrier to the adoption and progression of any new application. In order for this plan to be successful, buy in and dedication will be required from all levels with added support into the different departments and inclusion of the Digital Champions.

## Key milestone timelines



## Key Focus Areas for 2021 - 2026

5 Key Focus Areas have been identified which will provide a framework for planning and communicating the delivery of our strategic goals. These focus areas support the drivers for change and the shared goals defined within this strategy and are aligned to the Moving Forward Together priorities identified for eHealth.

This section sets out a summary of the key focus areas for the next 5 years and describes the successes to date and the opportunities that will be pursued in the context of strategic goals.

### ○ Innovation and Partnership

No institution is an island and through innovation, NHSO can grow its partnership throughout the local community and services utilising technologies and integration to bridge and bring services closer together.

### ○ North of Scotland eHealth Plan

Continuing on the innovation and partnership, a coordinated response with our closest boards and allies ensure that the service are consistent and complimentary with breakthroughs and solutions from one board used in another.

### ○ Remote working

The pandemic has forced the remote working questions. People have proved to be highly adaptable and embracing of this new way of living. This new era will push the understanding and challenge the status quo of how applications and communications are consumed by our staff, partners and suppliers.

### ○ Cyber Security

In an ever-evolving world where information is fast pace and unscrupulous people have their own agenda, we need to protect our patient's and staff data from those with malicious, political or criminal intent. New ways, through systems, education and awareness are needed to protect our staff, patients and assets, where-ever they may be.

### ○ Electronic Patient Records

Central view and understand of our patient's wellbeing journey is key. A global view would not only inform our clinical staff, but place recovery and engagement in the hands of our patients. This will move the current stance from 'health done to them' to a partnership

## **Where we have been**

In this section we will be looking at some of important milestones that the organisation has achieved in the last 18 months.

### **Infrastructure investment and modernisation**

A large program of investments has been carried out internally for the infrastructure that has allowed our services to benefit from new technologies which has improved the performance and resilience of the organisation as well as providing the foundations for the service going forward. Thanks to these changes, NHS Orkney is now in a position to implement and underpin several projects over the next few years to improve security, resilience and availability of our services in response to an ever-changing workforce and environment.

### **Clinician device improvement (all services)**

Over the past year a considerable advancement has been had within NHS Orkney. Several services have benefited from upgrades to their desktops from Windows 7 to Windows 10 ushering in the new operating system as well as an increase in the minimum hardware specification to ensure, not only that we are using the latest operating systems, but also that performance is optimal and able to continue functioning, without degradation of performance, until the scheduled replacement project.

Installation of webcams and sounds systems into the GP practices and across the clinical services in the hospital has allowed our clinical staff to meet their patients in a virtual manner, allowing remote diagnostic of illnesses at the same maintaining visual engagement during the lockdown periods with our community. This technology has also our patients to consult and be seen from the comfort of their own home, a valuable addition especially in an island setting where travelling to Mainland can be a long process with increased risks of being stranded especially during the winter months.

Further to the engagement with our patients, this set up was available for staff members to utilise to join in national meetings and projects greatly reducing the need for travelling making these events more accessible for people to participate in.

### **Covid – Vaccination, assessment and the Nightingale ward**

In response to the Covid pandemic and the needs of our community, NHS Orkney quickly and efficiently deployed a number of systems, processes and new technologies to meet, in a short time frame, this emerging, ever changing and challenging threat.

In a short space of time the organisation brought into service 2 buildings, a Nightingale Ward and the Covid assessment centre. From a digital point of view, this proved a



fresh challenge making the normal approach too long. Adapting to this, a new class of technologies was used. Deploying wireless point to point networks from the roof of the Balfour to the CAC centre this provided the services in the building immediate and quick access to the NHS Orkney network whilst remaining secure. This proved to be a good step as the assessment centre grew to include the vaccination centre but also lodge our AHP services.

The next challenge was to provide a scalable and modifiable telephone system which can not only handle an influx of calls from our community, but also ensure that this does not impact the existing service, but more importantly, that our patients do not receive an engaged tone which would only increase their worries. A cloud based technology was deployed to answer to this new need and in later months has been extended into a full service covering not only the vaccination lines, but also the assessment lines through a singular 0300 number to keep costs low for our community as these numbers are included in any 'free call' package.

The last digital challenge around this situation was record keeping. Working closely with NSS and the Scottish Government, NHS Orkney Public Health and IT department rolled out a number of iPad devices and joined them to the internal network. That last part was key to provide the last bit of flexibility – moving the clinics anywhere within NHS Orkney buildings or public buildings.

This modular approach to the service design is what has allowed the organisation to move mass vaccination locations quickly, efficiently with no need for long installation or configuration time frames reducing risk and improving efficiency.

The Nightingale Ward was built in the old hospital. Over a two day period, the IT department enabled the old links – keeping this system independent from the CAC building, and deployed a number of workstations, wireless access point and security features to ensure that, in the unfortunate event that this was required, the services would be fully available to our staff to support and take care of our community members.

### **O365 and teams**

During the Covid pandemic the rollout of Teams and Office 365 was accelerated to ensure continuity and communication within the organisation. This roll out, although challenging at the time, was a prime example of the NHS embracing the start of collaborative methodology across the organisation.

The roll out not only allowed the staff members to communicate regardless of their physical location whilst retaining the ability to see each other, it allowed collaborative work to take place at an accelerated rate.

Further to these advantages, a net gain was the reduction in the need for travel, reducing our carbon footprint as well as reducing the exposure to the virus from areas with higher infection rates.

## Where we are going

### Digital adaptability and capability

Several key areas need to be considered when designing a fundamental change in the topology of the underpinning platforms when moving from a predominant 'onsite service' where everything is locally accessed, to a 'remote accessible' service. This does not only include the clinical systems, but all of the underpinning services needed to make NHS Orkney function. One of the concepts behind the re-design is that of platforms which deliver most, if not all, as opposed to bespoke, individual, vertical application stacks which increase overhead, complexity and reduce flexibility.

Some key areas to consider whilst designing out these platforms are:

*Security:* How do we protect the data, the people and the organisation.

*Scalability:* How can we grow the platform without the need for large investments or long lead times – agile and reactive deployment

*Control:* How to manage it centrally wherever the end device or service may be

*Data integrity:* How to maintain and safeguard the data being generated locally

*Communication:* How do we talk to each other when on the move or in a remote location or the office

*Consumption:* Flexibility in how the applications are consumed over several platforms / forms removing the classic requirements and able to incorporate all services.

Throughout this document, you will find these key considerations woven into the delivery strategy itself where it forms part of the design, not an afterthought.

Responding to some of these key aspects, a number of enhancements to our infrastructure platforms and resilience is planned throughout 2021 and into early 2022.

Investing in our Disaster Recovery mechanism has provided the organisation with the ability to recover from a failed service in a short space of time. This platform will be enhanced in early 2022 by using a technology called Immutable Storage which will add further protect against crypto-ransomware.

A program of maintenance and management will be launched to ensure that the platforms themselves comply to the latest standards and best practices.

In 2023, consideration and planning will be made to look at cloud base services taking advantage of our M365 subscription and abilities.

### Remote working

In the wake of the lockdown changes have been made to the way we provide our services, and this has provided the required access to allow the organisation to function it is now time to have a ground up approach to this.

Normally organisations view their remote systems as an “added service” for when people are not onsite, however the direction taken by the IT department will be different and will put this technology front and centre.

A blend of technologies will be used to provide services that rely on a SWAN connection (all medical services) from a remote application platform (not desktop). This will provide cover for our remote workers, where-ever they are in the world, but will improve our DR (Disaster Recovery) ability and staff mobility by having the applications follow the logged-on user – not the computer. Furthermore, this platform will provide exact control around the location of data by keeping it inside the NHSO main datacentre reducing, not only the risk of it being lost, but also ensuring that it is subject to the main backup regime and safeguards.

The platform is fairly complex and is expected to take 2 years to full migration, however a phased approach will be utilised to ensure adoption through the organisation.

This platform will form part of an innovation investigation where mobile phones will replace the standard laptop / desktop. Most modern mobile phones have a lot of processing power built in, which combined with a small dock to connected to a screen, a keyboard/mouse (or use the phone if on the move) and a Bluetooth headset can be transformed into a desktop computer. Combine this with remote application delivery such as the one depicted here, the availability of productivity application (Microsoft Office) and you have an interesting, highly portable and connected solution that you can slip into your pocket. This area has seen large investment in the last few years from the likes of Samsung, Motorola, Ubuntu and Google and is built into the Android operating system directly which will make it general availability.

#### 2021-2022 – Creation of the base platform and migration of key services

- Main ‘office’ usage application
- Administrative use
- Finance
- HR
- Dental applications
- GP Practices

#### 2022-2023 – Enhancement to the baseline platform

- Single Sign-on – Clinical only
- Increase Medical application access
- Pilot of ‘application as a service’

#### 2023-2024 – Roll out of application as a service to common areas

- Single Sign on – all staff with MFA (Multi-Factor Authentication), all areas
- Change to work approach for ward computers
- Enhancement of Mobile device usability
- Pilot – Thin client – The Balfour

#### 2024-2025 – Extension of thin clients / service

- Rollout thin clients to the rest of clinical and stationary workstations

## **Cybersecurity**

The Cyber Resilience Public Sector Action Plan for Scotland was launched in November 2017. This plan put in place a process for independent assurance of critical cyber security controls. NHS Orkney has been through the first audit of this and is addressing the action plan. Although this is being worked on in collaboration with NSS, a significant local gap has been exposed within the organisation in terms of resources, skill set and organisational maturity. Training is underway within the IT team to meet some of the demand in the wake of the capacity plan, but other avenues are being further investigated. Further training, above the current available and mandatory training, for the whole organisation is currently being reviewed with a view to deploy.

In addition to the training cited above, several technical projects are being launched to reduce the risk to the organisation and increase our visibility to the current risks.

The connectivity for the remote sites will be migrated from the current Sophos appliances to Fortinet appliances. This move will not only increase the perimeter security of these sites but will provide a 'feed' of data pattern behaviour (not individuals) which will alert us to unknown or potential malicious data across them all through an aggregation system.

As part of the NIS and internal audit, a requirement for a network based monitoring and alerting system is required. Over the next 6 months engagements between the NHS Orkney and several vendors are being carried out looking specifically at AI and feed aggregation systems to bring a real-time monitoring and notification service to the organisation. This kind of service looks for patterns of behaviour that could be deemed as insecure, for example, if a GP accesses the G: drive and opens a file or two, it will not react, but if the same GP accesses the drive 50 times in 5 minutes, or 30 files in short space of time, then this will be flagged as suspicious behaviour highly likely to be ransomware.

Finally, a 'Command and Manage' application is also being deployed across all the laptops, desktops and servers leverage our M365 environment and capability to obtain more control of devices that are on and off site.

All of these enhancement form part of the NIS and Internal Audit response, but go beyond those requirements by aggregating and looking at the environment as a whole providing the IT department with that single pane of glass, but also the assurance and reports for consumption by the Board.

To meet the challenges described above, the current resources will need to be strengthened. The plan will be discussed with the Director of Finance and will be phased in over the life of the digital strategy.

## **M365 – The future of SAAS**

Microsoft 365 has been purchased by the Scottish Government in order to provide the NHS with an effective evergreen platform. This platform also provides other abilities and tools for collaborative work. The platform is complex and maintained by NSS with implementation of the function left to the local boards. In order to take advantage of this platform, a lot of the internal documentation will be moved online to enable the

consumption of this data from anywhere whilst maintaining the security and the integrity of it all.

The current deployment plan is as follows – please note that full planning is still subject to the central project and prioritisation beyond 2022.

2021 – 2022

- SharePoint for files and intranet
- Federation authentication for external service (Single Sign-on)
- Intunes – central control for end devices

2022 - 2023

- Always on VPN service for remote devices

### **Establishing an Electronic Patient Records (EPR) Management System**

A requirement to establish an EPR management system is currently being investigated. This is starting with the current systems to determine the capability and capacity for enhancements. As this system is heavily dependent on Grampian, with little lateral movement, the project will be looking at other boards and in time approach the vendors directly with the requirements from the business. This project and delivery will improve the way in which we record, manage and provide care for our community by ensuring that Clinicians have all the information required without the need to spend time looking through different systems decreasing time taken per case and the potential for missing information.

This project is currently in its discovery and benchmarking phase. It is anticipated that this will take us into the middle of 2022, with a view to define requirements and needs throughout the organisation. This is expected to be available in mid to late 2022 at which point the rest of the program will be generated.

### **Anywhere Telephony**

One of the biggest challenges that has been faced by the workforce during the pandemic is, how do we keep in touch with our supplies and community when people are not in the office.

NHS Orkney's internal telephone system is due to be reviewed in 2023. As flexible working and virtual presence will be taking more focus over the next few years, it is important that communications move from a 'building centric' to an individual centric approach. This will allow a phone number to be accessible through several avenues, for example an App on a mobile, an application or a desk phone in the office. This will enable services to continue to communicate with our suppliers and community in the same manner then they are currently used to providing a continuation of service without the consideration of who is where and if they can answer the phone. This is one of the key considerations for a true global service.

### **Island and GP connectivity enhancements**

At the moment, the inter-island connectivity is poor. This is having an impact for our services ranging from taking a couple of minutes to print a prescription, to not being

able to use Video calling and accessing a medical record at the same time. This is presenting our clinical staff with extra complexities to perform their roles within an already challenging setting.

Following lengthy discussions with NSS and Capita – SWAN, it has been agreed that the service to the islands needs an upgrade. A new wireless point-to-point network is being installed by a local provider - Cloudnet. This new system will provide a bandwidth of 20Mb to each practice. Increasing the connectivity quality for our remote sites also paving the way for the new cloud based GP-IT system.

A further enhancement to the connection appliances is being completed which is highlighted further in the Cybersecurity update.

### **GP-IT provisioning**

A central project is currently underway across all of Scotland looking to update the current GP systems. The current systems is several years old and is currently falling short of the needs meaning that our practitioners must do extra steps / actions to ensure that their patients are receiving the care they need.

The project aims at removing this as well as providing a One for Scotland approach to this service.

### **HEPMA**

The HEPMA project is driven by the NHS NSS. The project aims to harmonise, regulate and improve the dispensing of medication across all of Scotland and is part of the One for Scotland approach. This will be improving the purchasing power of smaller boards as well as providing alternatives, more cost effective, alternatives to medication. This project is running over 2021-2023 with the first phase being delivered end 2021.

### **Delivery plan**

For a Digital Strategy to go from paper to reality, a plan must be enacted to carry through all these actions and constraints. The projects within the strategy will be addressed, resourced and allocated prior to starting. As with all project delivery a balance will need to be struck between the local staff and the use of external experts where it makes sense.

### **North of Scotland eHealth Plan**

The Heads of eHealth in the North of Scotland meet regularly and have set out a 2 – 3 year prioritised plan of work. Current priorities, which will have significant impact on the IT Team, include:

- HEPMA
- GP IT
- Information Governance

- Information/Cyber Security
- NIS Audit
- Internal Audit
- Regional Initiatives
- Cybersecurity collaboration
- Asset management for medical device
- ITSM – inter-board work and reliance for services

## **National Picture**

As well as the local and regional eHealth programmes were also looking at the national context particularly with the publication of Scotland's Digital Health & Care Strategy in April 2018.

These national programmes include:

- The replacement of the Community Health Index (CHI) - completed
- Replacement of the Child Health Systems – Aug 2022
- FMS (Forensic Medical System) – End 2021
- PSC – End 2021
- M365 – Sharepoint, automation and IG requirements

All of these programmes require local and regional funding which is being reviewed.

## **Sustainability**

NHS Orkney have a duty of care to our planet, our environment, our community and our future generations. To this end, the IT department ensures that careful consideration is placed in the products, use and life spans for the equipment purchased and placed into service. Where possible, a consolidation of functions will be used to minimise the number of devices and power utilised to perform similar or complementary processes increasing efficiency and data collation.

This approach will positively impact the organisation's consumption of power and generation of heat ensuring a reduction in the overall carbon footprint coming from the digital estate.

As a final step, the devices that are no longer of use in our mainstream services, but still serviceable for home / personal use, will be donated to local charities to alleviate digital poverty, digital exclusion or to the local college to provide more resources of teaching and educating our future generations.

## **Financial**

Like all good businesses, the NHS Orkney is no different and this is reflected in one of the core values of the organisation. In order to continue caring for our community, this needs to be financially viable and achievable so that the services brought online can remain so.



The Digital strategy aims to deliver a holistic view to the financial stability by ensuring that all actions are cost effective, accurate and to specification. This will drive down financial wastage and allow the organisation to concentrate on the wider picture whilst delivering the infrastructure and abilities required to continue the important work for our community and retain a good balance sheet.

A number of challenges exist in relation to funding and sustainability.

- Software as a service is now the norm and requires a recurring revenue budget rather than one off capital funding as has been the case in the past.
- Annual increases in support and maintenance contracts for RPI/CPI
- The aging desktop and end user devices.

IT and eHealth agree an annual budget with finance that includes both revenue and capital strands. Funding for new projects is currently being considered and planned through the Board's financial plans, including office 365 and eRostering.

We will continue to work with finance colleagues to highlight up and coming projects including forecast funding requirements to ensure they are factored into future plans well in advance of commencement.

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 16 December 2021
Title:	Healthcare Associated Infection Prevention and Control Report
Responsible Executive/Non-Executive:	Kim Wilson, Interim Director of Acute Services
Report Author:	Sarah Walker, Infection Control Manager

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

Infections contracted while receiving healthcare are a significant cause of ill health. Members of the public reasonably expect that all practicable measures are being taken to reduce the opportunity for acquiring an infection as a result of their treatment and care.

Healthcare Associated Infection is a priority patient safety issue for both the Scottish Government Health Directorate and NHS Orkney, being one of the most important events that can adversely impact on patients when they receive care.

Attached to this report is the summary position for September and October 2021

## 2.2 Background

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have oversight of the HAI targets and compare NHS Orkney infection rates nationally using the latest National Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, and *Staphylococcus aureus* bacteraemia and Surgical Site infection in Scotland.

## 2.3 Assessment

RAG Rating:			
	Q1	Q2	Q3
<i>Staphylococcus aureus</i> bacteraemia (SAB)	0	0	0 to date
<i>Clostridioides difficile</i> infection (CDI)	2	1	0 to date
Hand Hygiene Combined Compliance (%)	Aug 90%	Oct 94%	Nov 96%
National Cleaning Compliance (Board Wide)	Aug 97%	Sep 97%	Oct 95%
National Estates Compliance (Board Wide)	Aug 100%	Sep 100%	Oct 100%

### 2.3.1 Quality/ Patient Care

- The Infection Prevention and Control Team continue to provide assurance that NHS Orkney is aware of and complying with new emerging guidance in relation to COVID-19 and Infection Prevention and Control.
- The Infection Prevention and Control Team continue to support preparation for containment, including active surveillance within the hospital and community setting, early detection, isolation and case management, contact tracing and prevention of onward spread, infection prevention & control support within care homes, remobilisation of services, and winter planning

## 2.4 Recommendation

- Awareness** – For Members' information only.

## 2 List of appendices

The following appendices are included with this report:

- Appendix No 1, Healthcare Associated Infection Control Reporting Template (HAICRT)

## HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

### SECTION 1 – BOARD WIDE REPORTING

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

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

#### LDP Standard 1st April 2021 to 31<sup>st</sup> March 2022 for *Staphylococcus aureus* bacteraemia (SAB)

The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect meeting pre-set targets.

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

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

<b>Quarter 4</b>	January- March	
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## Multi Drug Resistant Organism Screening (MDRO)

Below is current data for the 4 most recent quarters within your board, and for Scotland:

MRSA Uptake	2020_21 Q3	2020_21 Q4	2021_22 Q1	2021_22 Q2
Orkney	100%	77%	83%	83%
Scotland	82%	83%		

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

## Hand Hygiene

Hand hygiene peer review through Standard Infection Control Precautions in departments and Department Leads and all other team members play an important role in ensuring best practice is maintained across all staff groups. The IPCT continue to undertake quality assurance audits.

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

Hand hygiene data from October - November 2021

Jun/Jul 2021	Observations Opportunity	Technique	% score by group
<b>Nurses</b>	96	90	94%
<b>Medical</b>	17	15	88%
<b>AHPs</b>	10	10	100%
<b>Others</b>	6	6	100%
<b>Total Overall</b>	129	121	<b>96%</b>

Board totals	Apr	Jun	Aug	Oct	Nov
since April 21	96%	93%	90%	94%	96%

## Outbreaks/Exceptions

No new HIIORT's submitted to ARHAI to date.

## **NHS Orkney Surgical Site Infection (SSI) Surveillance**

NHS Orkney continues to participate in the Health Protection Scotland national surgical site infection surveillance programme for Caesarean Sections, hip fractures and large bowel surgery. No new cases across the three surveillance streams to date, this isn't currently being nationally reported as put on-hold for pandemic, and locally we are still collating this data.

## **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 October 2021; Domestic score 95% and Estates 100%.

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

## **IP&C update**

The team continue to support departments with any COVID-19 related questions, queries or advice on a daily basis. With any questions being issued to all teams through a FAQ newsletter for sharing. Guidance is currently being updated and will remove the red, amber and green pathways and theses will be replaced by respiratory and non-respiratory pathways moving into winter. The guidance is set to look more like pre-covid pandemic days with the non-respiratory pathway requiring Standard Infection Control Precautions and respiratory requiring droplet or airborne Transmissions Based Precautions depending on the care being delivered. Although this guidance is suggested to be implemented as winter respiratory guidance there is a suggestion that this will not be removed after winter and care will be delivered in this way going forward. The onus is also on ensuring all patients (inpatient, out-patient and GP patients) have triage respiratory questions asked prior to attending the healthcare setting.

The team are continuing to support the correct signage display for patients requiring Transmission-Based Precautions within departments.

## **Quality assurance audits**

The quality assurance audit program continues to be completed within timescale. Where areas do not meet green RAG status the IPC team continue to offer support to relevant teams.

### **GP Practice audits**

All 10 isles practices and 4 out of 5 mainland practices have had their IPC QA audit completed for 2021. The final audit is scheduled for the end of November. Total compliance is generally just under the 90% compliance rate. There is generally good understanding and practise with regard to the current COVID care pathways.

Within the isles' practices, commonalities include a lack of cleaning schedules being in place for care equipment and/or environment, inconsistent awareness regarding decontamination certificates, and frequency of screen/curtain changes in clinic rooms. IPC raised regarding the need for decontamination certificates when equipment is being sent to the workshop for maintenance or repair (this indicates to the handler the equipment has been appropriately cleaned). The use of cleaning schedules was promoted by supplying appropriate templates and education. IPC assisted INOC management in obtaining (and regularly distributing) any required equipment.

In practices where the domestic is not directly NHS employed, extra support has been required to ensure NHS cleaning specifications are met. In areas such as this, IPC have suggested that local audit of cleaning practice is carried out in order that any issues can be addressed person to person.

Within the mainland practices commonalities noted are in the appropriate use/labelling of sharps bins, having highlighted areas for improvement these are being addressed with individual practices. A number of areas had required to obtain alternate household waste bins in order to comply with guidance (lidded and foot operated) and are already being actioned.

### **COVID-19 update**

#### **Reporting of Covid-19 Scottish Government**

Positive cases within Orkney continue to rise, with ongoing reporting to Scottish Government on any healthcare associated cases NHSO has currently reported one incident to SG since the start of

the pandemic. However, as cases rise in the community the possibility of having positive cases identified in secondary care will also rise.

### **Care Home Support.**

The care assurance group meets every 2 weeks and in recent weeks has been expanded to include the third sector organisations. This facilitates a rounded approach to information dissemination for guidance updates. The team can offer any advice and support to the leads at this meeting and can be followed up with a face-to-face visit if required.

Community IPCN assists the Community Nursing team where capacity issues are raised to undertake the Care Home assurance monthly checks. The quality assurance has recently been undertaken by the IPCT and any improvements fed back to Care Home Managers/Seniors at the time of audit. Support to make any improvements is also given by the team.

Plans underway and dates confirmed for IPCN to deliver training to care home staff regarding the Care Home Infection Prevention and Control Manual (CHIPCM)



## 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	Oct 21
<b>Healthcare Associated</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Community Associated</b>	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	1	0	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	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
<b>Healthcare Associated</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Community Associated</b>	0	0	1	0	0	0	1	0	1	0	1	0	0
<b>Total</b>	0	0	1	0	0	0	1	0	1	0	1	0	0

### 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	Oct 21
<b>Board Totals</b>	96%	96%	95%	98%	96%	93%	99%	N/A	96%	95%	97%	97%	95%

### 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	Oct 21
<b>Board Totals</b>	99%	98%	99%	100%	100%	100%	100%	N/A	99%	99%	100%	100%	100%

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 16 December 2021
Title:	COVID-19 Update
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Sara Lewis, Consultant in Public Health

## 1 Purpose

The purpose of this report is to provide the Board with an update on COVID-19 cases, testing and vaccination activity.

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Government directive in relation to testing and vaccination programmes

**This aligns to the following NHS Scotland quality ambition(s):**

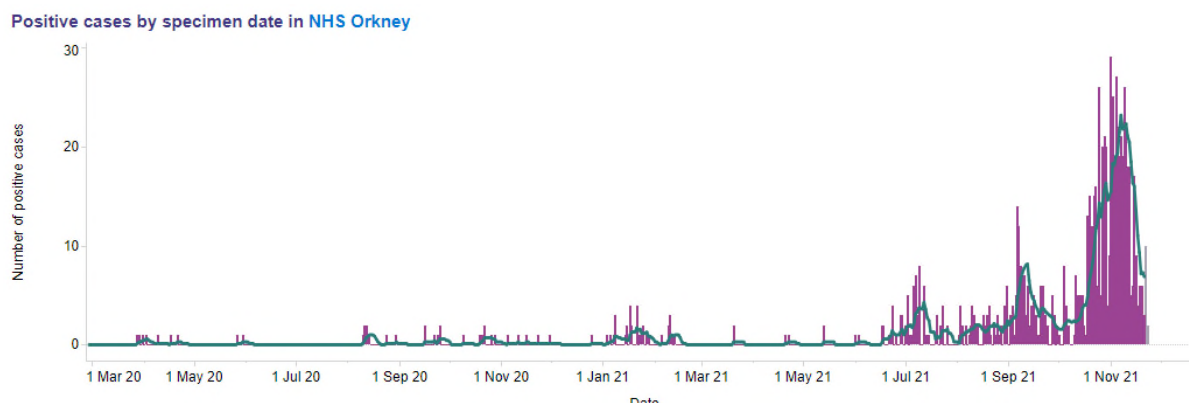
- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

As we move into the winter COVID-19 continues to cause significant pressure across NHS Scotland. Since the last report in October the case numbers have plateaued oscillating at a high level across Scotland. Orkney has seen a significant increase in case numbers commencing from the 15<sup>th</sup> October, the numbers began to decline on 1<sup>st</sup> November. However, at the time of writing the report the decline appears to have slowed (Figure 1)

Figure 1. COVID-19 cases numbers in Orkney.



## 2.2 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 through the UK government testing laboratories which aids capacity.

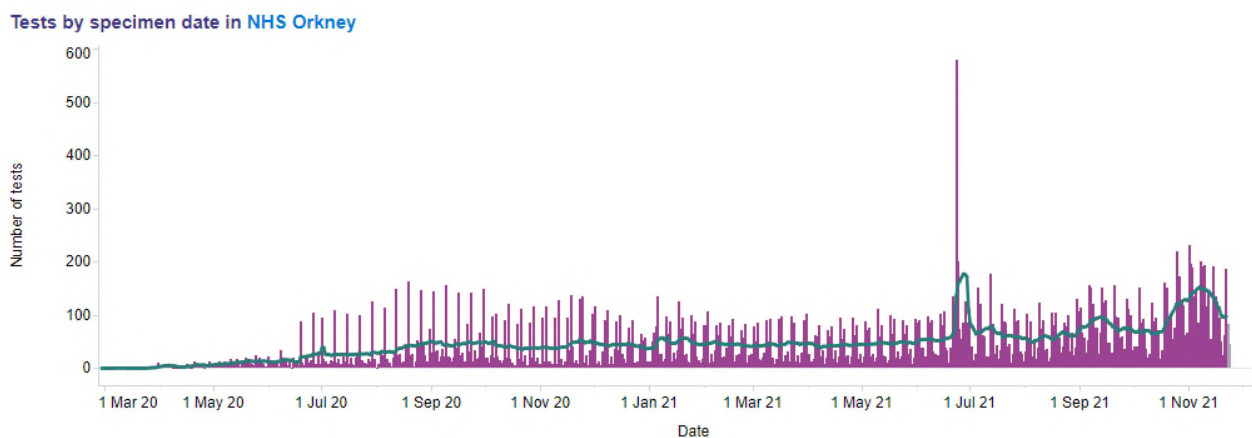
## 2.3 Assessment

Orkney has seen a rise in case numbers following the easing of societal restrictions and the increase in larger social gatherings. Cases increased across all age groups however a larger proportion were seen in primary school children, an unvaccinated population. A significant outbreak was associated with one of our larger primary schools. These cases were managed in line with national guidance which focuses on limiting the wider harms to children from non-attendance at school. In this outbreak due to the impact on staffing some pupils moved to online learning for a short period of time.

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 analysis which indicates the general 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

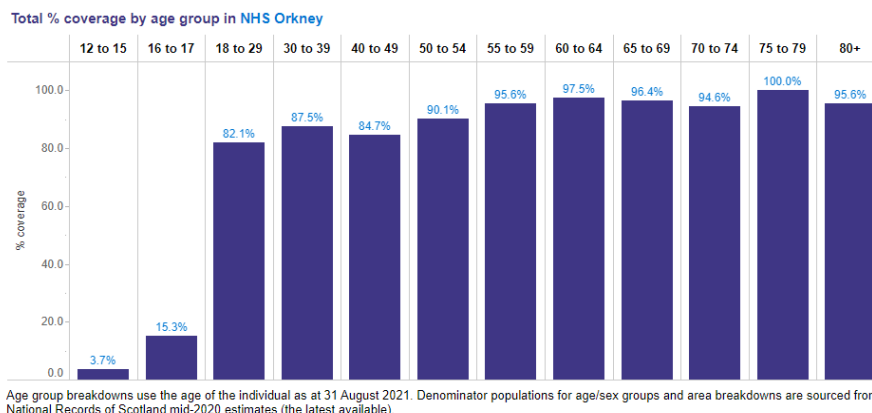


As the winter approaches, changes to testing protocols may occur nationally and NHS Orkney will align its protocols with these changes.

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 the impacts of clusters and outbreaks where they arise, slowing infection spread and protecting vulnerable groups. It is anticipated the symptomatic demand for testing will increase over the winter period from the higher prevalence of respiratory illnesses.

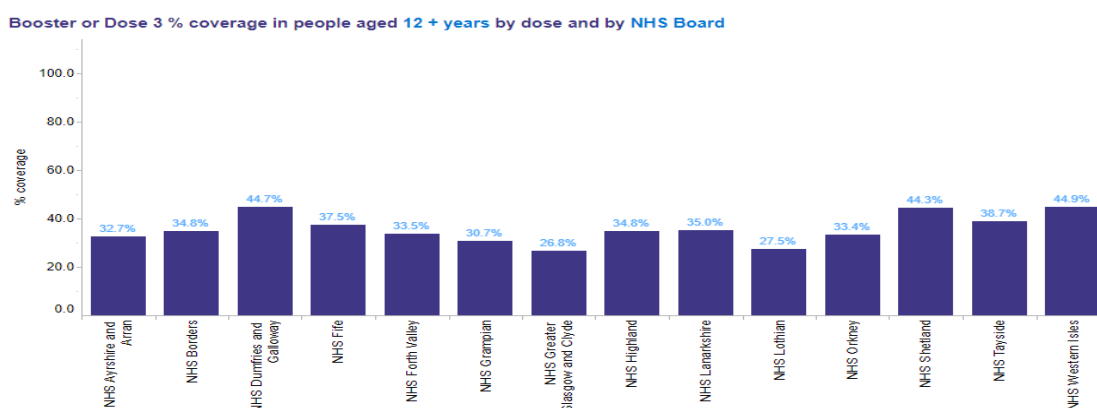
The introduction of COVID-19 vaccination has resulted in a decrease in severe illness and deaths from COVID-19. Vaccination rates have been good in Orkney. The percentage uptake of second doses by age group can be seen in Figure 3.

Figure 3. Second dose COVID-19 vaccination uptake by age group for Orkney



The booster vaccination programme is underway 33.4% of the Orkney population have received their booster vaccines this is comparable with programme delivery across Scotland (Figure 4)

Figure 4. Booster or dose 3 vaccination uptake across Scotland.



The programme of vaccination is complex and evolving, the focus is now on accelerating the programme along with ensuring; a rolling offer of vaccination is available for those who become eligible over time for example children turning 12 years of age or those with a new diagnosis of an eligible clinical indication; the booster programme with the 40–49-years age group being added and second dose vaccinations for 16- and 17-year-olds

The flu vaccination programme is in the final stages of delivery with all eligible groups having now received an invitation for vaccination and the focus moving to planning the offer of mop up vaccinations.

## 2.3.1 Quality/ Patient Care

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.

## 2.3.2 Workforce

Pending a national decision on future service provision all posts across the testing and contact tracing work streams are fixed term leaving the service vulnerable with a high rate of attrition.

## 2.3.3 Financial

Funding from Scottish Government is available to support some of the test and protect activities.

## 2.3.4 Risk Assessment/Management

Contact tracing is becoming more challenging as the public become less receptive to the restraints required to manage COVID-19. The wellbeing of the team is very closely monitored through the provision of hot debriefs and twice daily huddles.

### **2.3.5 Equality and Diversity, including health inequalities**

A health inequalities and diversity impact assessment for testing has been completed and is available on request from the Public Health Department.

A health inequalities and diversity impact assessment for vaccination has been completed and is available on request from the Public Health Department

### **2.3.6 Other impacts**

Land use change, ecological change, climate change and the changes in human animal interaction along with the way we live, being globally connected, will likely lead to more epidemics and pandemics.

### **2.3.7 Communication, involvement, engagement and consultation**

Report produced by the Public Health Department.

### **2.3.8 Route to the Meeting**

Approval by Executive Director.

## **2.4 Recommendation**

The paper provides awareness for members and assurance on the COVID-19 testing and vaccination programmes

- Since the last report in October there was a steep rise in the number of COVID-19 cases seen in Orkney peaking at the beginning of November before beginning to decline.
  - Vaccination uptake is high in Orkney
  - All eligible for flu vaccination have received an offer of vaccination. The COVID-19 vaccination programme continues with a rolling offer and the broadening of the booster programme.
- 
- **Discussion** – to seek assurance on the testing and vaccination programmes.

## Not Protectively Marked

<b>NHS Orkney Board – 16 December 2021</b>  <b>Report Number: OHB2122-68</b>  <b>This report is for noting and assurance</b>  <b>Duty of Candour Annual Report 2020/21</b>	
<b>Lead Director Author</b>	David McArthur, Director of Nursing, Midwifery and AHPs Christina Bichan, Head of Improvement and Assurance
<b>Action Required</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the report as recommended by the Joint Clinical and Care Governance Committee</li> </ul>
<b>Key Points</b>	<p>Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.</p> <p>During 1 April 2020 and 31 March 2021, nine events were reported where Duty of Candour applied.</p>
<b>Timing</b>	To be considered at the December NHS Orkney Board meeting.
<b>Link to Priority areas</b>	<p>How does this paper link to one or more of the priority areas as agreed for the Board in 2021:</p> <ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Systems and Governance</li> </ul>
<b>Consultation</b>	<ul style="list-style-type: none"> <li>• Joint Clinical and Care Governance Committee</li> </ul>



## **NHS Orkney Duty of Candour Report: 2020-2021**

Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexpected events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

An important part of this duty is that we provide an annual report to show adoption and implementation of Duty of Candour in our services. In the following report, we outline how Duty of Candour has operated in NHS Orkney between the 1<sup>st</sup> April 2020 and the 31<sup>st</sup> March 2021.

### **1. About NHS Orkney**

NHS Orkney serves a small community of islands with a combined population of 22,190 people over a collection of 20 inhabited islands. Geographically, we have unique challenges with the main transport links to the main island, where the hospital is situated, being via ferry or flight. The area can almost be considered entirely as rural with the largest town being Kirkwall, which has a population of 9,293 people. Our goal is to be the best remote and rural care provider in the UK.

### **2. How many incidents happened to which Duty of Candour applies?**

Between the 1<sup>st</sup> April 2020 and the 31<sup>st</sup> March 2021 there were a total of nine events where the Duty of Candour applied. These are intended or unexpected incidents that resulted in death or harm as defined by the act, and are not the result of the natural course of someone's illness or underlying conditions.

NHS Orkney identified these incidents through the clinical incident management process as per our policy. Three of the nine events were identified as requiring a Level 1 review in line with our Significant Adverse Event review process, the remainder were subject to local level investigation within the relevant Department.

<b>Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)</b>	<b>Number of times this happened (between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021)</b>
A person died	1
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	8
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions were impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them from dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
<b>Total events Duty of Candour was applied</b>	<b>9</b>

### **3. To what extent did NHS Orkney follow the Duty of Candour procedure?**

In eight of the nine cases, it was recognised immediately after the event happened that the Duty of Candour was applicable. From the moment the events were recognised, the Duty of Candour requirements were followed in all cases. The people affected were contacted and apologies offered to them.

In the ninth case the Duty of Candour process was instigated through the Significant Adverse Event process, by the lead investigator three days after the incident had occurred.

#### **4. Information about our policies and procedures**

According to NHS Orkney's Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the Datix incident reporting system.

The clinical risk and the level of review required of each incident is assessed by the Weekly Incident Review Group which includes the following individuals:

- Medical Director (or nominated deputy)
- Director of Nursing, Midwifery and AHPs (or nominated deputy)
- Lead Clinical Governance and Quality Improvement Manager
- Interim Director of Acute Services (or nominated deputy)
- Chief Officer (or nominated Integrated Head of Service deputy)
- Head of Assurance and Improvement
- Clinical Governance & Risk Facilitator
- Patient Experience Officer
- Health and Safety Advisor

The statutory requirement to refer to an external agency and compliance with the Duty of Candour is considered as part of this assessment. Furthermore, a clinical risk assessment takes place for all new complaints and litigation cases at the Weekly Incident Review Group. The policy includes NHS Orkney's local Duty of Candour Procedure as an appendix.

Each Significant Adverse Event is reviewed to understand what happened and how care provided in the future can be improved. The level of review allocated by the Weekly Incident Review Group is dependent on the severity of the event as well as the potential for learning.

The implementation of recommendations from the Significant Adverse Event review is monitored by the Quality Improvement Hub and reported to the Quality Forum.

NHS Orkney recognises that the Significant Adverse Event review process can be very distressing and emotionally trying for all staff involved as well as the patients receiving the care. Support is available to staff through line management structures as well as through the Occupational Health Service. This allows staff to contact the relevant individuals confidentially so support mechanisms can be developed to help them.

## **5. What has changed as a result?**

- The pharmaceutical protocol for the treatment of Acute Coronary Syndrome has been reviewed and shared widely amongst medical staff.
- The Ward Pharmacist has been added to the attendees at Medical Handover meetings.
- A Standard Operating Procedure has been developed and implemented relating to the temperature of food within the inpatient setting.
- An alternative to the call bell for those who are unable to use it has been made available within inpatients.
- Inaccuracies in falls documentation have been corrected and an improvement plan developed which is being implemented to ensure timely completion of risk assessments within the inpatient setting.

## **6. Other information**

As required, we have submitted this report to Scottish Ministers and we have also placed it on our website.

If you would like more information about this report, please contact NHS Orkney's Acting Executive Lead for Duty of Candour – Kim Wilson, Acting Director of Nursing, Midwifery & AHPs by email to [kim.wilson4@nhs.scot](mailto:kim.wilson4@nhs.scot)

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Chairs Report – Joint Clinical and Care Governance Committee</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Henry, Medical Director/ Stephen Brown Chief Officer</b>
<b>Report Author:</b>	<b>Steven Johnston, JCCGC Chair</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Emerging issues

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Joint Clinical and Care Governance Committee met on the 26 October 2021 and agreed the following key areas and agenda items that were reported verbally (due to meeting timings) to the board meeting on 28 October 2021.

- Clinical Strategy Update and Progress Report
- Care Home Assurance Report
- Mental Health Assurance Report
- NHS Orkney Learning from Adverse Events Policy

## 2.2 Background

The Joint Clinical and Care Governance Committee reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

## 2.3 Assessment

### **Clinical Strategy Update and Progress Report – JCCGC2122 - 50**

- There had been positive progress around the Clinical Strategy, with good levels of response through key groups and staff and public surveys. Mental Health had been consistently identified as a top of priority for focus through this consultation work. Progress would continue with further discussion and input before being brought to the Board in February 2022.

### **Care Home Assurance Report – JCCGC2122 - 58**

- The Committee had received a helpful Care Home assurance report, which had been introduced as a result of the extension of NHS Nurse Director responsibility for care homes. Relationships were good in Orkney with the community nurse and infection control visits going well, as were the fortnightly assurance meetings. A further extension of this report around the wider aspects of residential care homes and Home Care would be brought to a future meeting of the Committee.

### **Mental Health Assurance Report – JCCGC2122 - 61**

- Members received the first mental health services assurance report which demonstrated some good practice and some areas of concern which would continue to be monitored. The areas covered included:
  - Staffing Complement: JCCGC learned of the current staffing levels and the expectation from SG that a “critical floor” of 14 CAMHS staff will be in place in the island boards. Additional funding was welcomed but recruitment challenges around the latter (potential) and key posts (existing) including Service manager and Consultant Psychiatrist, were noted.
  - Referrals and Waiting Lists: There has been a considerable increase in referral numbers since 2010 across most services. As demand has increased, staffing levels have remained stagnant. The proportion of urgent referrals has increased

recently, and these are handled promptly by the duty nurse. Caseloads are high with complex cases posing challenging across agencies. In terms of CAMHS, it was heartening to learn that although an 18-week national target has been set, there is aspiration in Orkney to bring that down to as short a wait as possible.

- Detentions and Transfers place a strain on the staff and patients as they often involve cancellation of clinics.
- DATIX activity was outlined and some evidence of good practice to handle a particularly challenging individual case was presented.
- Adverse Events and Investigations section outlined an independent suicide review.
- Complaints have been handled appropriately.

## **NHS Orkney Learning from Adverse Events Policy – JCCGC2122-62**

- Members welcomed and approved the Learning from Adverse Events Policy with only minor amendments

### **2.3.1 Quality/ Patient Care**

Delivery of the aspirations of the clinical strategy and the implementation of the Learning from Adverse Events Policy will have a positive impact on quality of care (and services).

### **2.3.2 Workforce**

Challenges remain ahead for the recruitment of the critical floor of CAMHS staff as well as existing vacancies.

### **2.3.3 Financial**

Funding Streams were to be discussed further at IJB (in relation to CAMHS)

### **2.3.4 Risk Assessment/Management**

The development of the Clinical Strategy relates to Risk No 554: *Failure to Meet Population Health Needs Resulting from Pandemic*

### **2.3.5 Equality and Diversity, including health inequalities**

The Clinical Strategy purposefully targets reducing health inequalities and will undergo an impact assessment in time. Additionally, the ferry-linked isles were regularly considered during development and referenced within the draft document.

### **2.3.6 Other impacts**

The Clinical Strategy gives consideration of the environmental impact of our services and our role as an anchor institution.

## **2.3.7 Communication, involvement, engagement and consultation**

The Clinical Strategy has undergone extensive staff engagement, in addition to public consultation.

## **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.

- Joint Clinical and Care Committee 26 October 2021

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Approved minutes of the Joint Clinical and Care Governance Committee 13 July 2021



Minute of a virtual meeting of the **Clinical and Care Governance Committee** of Orkney NHS  
**Board on Tuesday 13 July 2021 at 13.00**

- Present** Steven Johnston, Non-Executive Board Member (Chair)  
Joanna Kenny, Non- Executive Board Member (Vice Chair)  
Rachael King, Integration Joint Board (IJB) Vice Chair (Vice Chair)  
David Drever, Non-Executive Board Member  
John Richards Integration Joint Board Member  
Heather Tait, Public Representative  
Gail Anderson, Third Sector Representative
- In Attendance** Stephen Brown, IJB Chief Officer (Executive Care Governance Lead)  
Louise Wilson, Director of Public Health and Acting Medical Director  
(Executive Clinical Governance Lead)  
Christina Bichan, Head of Assurance and Improvement  
Julie Colquhoun, Head of Corporate Administration (*joined 13.20*)  
Michael Dickson, Interim NHS Orkney Chief Executive (*joined 13.10*)  
Mary McFarlane, Interim Director of Pharmacy  
Dawn Moody, Associate Medical Director Primary Care  
Lynn Adam Healthcare Staffing Lead Nurse (*for item 9.4*)  
Gillian Coghill The Alzheimer Scotland Clinical Nurse Specialist  
(*for item 9.9*)  
Lynda Bradford for items (6.2 & 9.11)  
Heidi Walls, Committee Support

**C47 Welcome and Apologies**

The chair welcomed Gail Anderson to her first meeting and noted that as the Director of Nursing, Midwifery & AHPs was currently off work some agenda items had been deferred. It was also noted that G Coghill and L Adam would join near the start of the meeting to present items 9.10 & 9.4.

Apologies had been received from D McArthur, S Sankey, J Lyon and K Wilson.

Regarding meeting quorum, the Chief Officer was noted as the nominated depute for the Chief Social Work Officer.

**C48 Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items

**C49 Minute of meetings held 9 June 2021**

The minute of the Clinical and Care Governance Committee meeting held on 9 June 2021 was accepted as an accurate record of the meeting and approved on the motion of D Drever and seconded by S Brown.

## C50 Matters Arising

### 27 April 2021 Meeting

#### **40 Local Child Poverty Action Report 2020-21 – JCCGC 2122-23**

Members were advised that a timeline for a draft strategy had been confirmed and that an additional meeting to approve the final version before the September Scottish Government deadline may be required. A commitment to ensure wide engagement prior to final submission for approval was noted.

#### **56 Health Complaints Performance Report Quarter 3 JCCGC 2122-1**

The Head of Corporate Administration confirmed that MSP queries do not go on to become complaints.

#### **66 Draft TOR & Business Cycle 2021-2022 – JCCGC 2122-21**

The Head of Corporate Administration confirmed that further work on committee documentation was in progress.

## C51 Action Log

The Committee reviewed and updated the action log. (See action log for details)

### **Strategy**

## C52 Clinical Strategy

The Chief Executive updated members, noting that an outline Clinical Strategy update paper would be presented to Area Partnership Forum. He acknowledged the value of previous engagement work but highlighted broader public engagement as the critical next step and advised that it was hoped that a clear strategy should be in place by the end of the year.

## C53 Mental Health Strategy Implementation Update JCCGC 2122-25

The Head of Health and Community presented the Mental Health Strategy Implementation update highlighting the establishment of a Mental Health Strategy Steering group. Members were advised that work had been undertaken to populate an action plan and a further action prioritisation session was scheduled for August 2021 after which tasks to progress year one priorities would be undertaken as soon as practicable.

In addition to strategy work an update on the ongoing work of the task and finish work groups and the receipt of Scottish Government funding for CAMHS was provided. It was noted both workstreams, if approved, would improve mental health and support service delivery.

In response to queries it was confirmed that the steering group had broad representation from the different specialist teams as well as wide range of third sector organisations and that whilst a fixed term remote recruitment approach for

the ongoing Service Manager vacancy was not ideal it was an option for consideration. It was noted that whilst the approach might raise workforce expectations this could be managed and would help inform a wider approach to remote working as organisations move out of the pandemic. The risk and consequences if recruitment challenges remained unresolved over a longer time were also noted.

#### **Decision / Conclusion**

The Committee welcomed the update and noted that whilst progress had been slower than anticipated the developments made despite the challenges highlighted were acknowledged and members were assured and looked forward to further updates.

#### **Operational Planning**

##### **C54 Planning and Delivery Update JCCGC 2122 - 26**

The Head of Assurance and Improvement presented the update highlighting delivery of the third remobilisation plan and four notable developments since the last meeting captured in section four of the report. She also highlighted that remobilisation plan four was also expected soon so service engagement to start that work was in progress and would also support winter planning.

The chair noted that short notice periods from Scottish Government leading to tight deadlines were always disappointing but welcomed the anticipatory work noting that it was also important to be mindful of patient and public expectations.

#### **Decision / Conclusion**

The Committee reviewed the report and took assurance on progress.

##### **C55 Regional Clinical Services Update JCCGC 2122 - 27**

The Acting Medical Director presented the Regional Clinical Services update report highlighting the work in relation to cancer and blood transfusion service.

The chair warmly welcomed the update, noting the value of being sighted on work across the region and it was confirmed that monitoring mechanisms such as the local cancer group were in place.

In response to a query regarding screening services delays, the Head of Assurance and Improvement confirmed that there were longer than normal waiting times which would continue for some time, but NHS Orkney was in a better position than many other boards. She advised that the remobilisation of services continued to address the backlog and noted a strong prioritisation framework across Scotland which informed work and clinical prioritisation had been used throughout the process. Patients that needed to go off island were experiencing longer waits, but access was increasing, and the ongoing process was under continual review.

#### **Decision / Conclusion**

The Committee noted the service update provided.

## Governance

### C56 **Whistleblowing Quarterly Report JCCGC 2122 - 28**

The Head of Corporate Administration presented the Whistleblowing quarterly reporting highlighted that no concerns had been raised in the first quarter and that going forward the report would be presented in the same format as the complaints report as the key performance indicators were the same.

Members were advised that awareness raising work was ongoing but currently reports on the staff update of the TURAS learning module were not available, but it was hoped systems improvements would address this in the future.

Members noted that the report provided assurance from the point a concern was raised but queried whether effective measures were in place to ensure staff across all sectors felt able to raise concerns.

The Head of Corporate Administration confirmed that the size of the organisation did present a barrier and concerns that staff could be identified had been raised. Recent feedback had been received that the move to HR as a reporting route had provided some reassurance, but it was agreed that it was harder to capture and assess this element and work was ongoing.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance.

## Safe and Effective Care

### C57 **Quality Forum Chairs Report JCCGC 2122 - 29**

The Acting Medical Director presented the Quality Forum report highlighting the start of work on policies, the deep dive into inpatient falls, the review of terms of reference and the identification of investigation champions across the organisation.

The variety of topics and work covered by the forum was also noted.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance

### C58 **Quality Forum Annual Report JCCGC 2122 – 30**

The Acting Medical Director presented the Quality Forum Annual Report noting the number of changes over the reporting year and slight change in direction in the latter stages of the period. Members were advised that the report provided a high-level summary of the work which had been through the forum and that the refreshed clinical focus had been generally welcomed by attendees. It was noted that there remained opportunities for further development and the forum successes and challenges section of the report, particularly in line with policy and procedure and Office 365 roll out, was highlighted.

In response to queries the Acting Medical Director assured members that they were sighted on key issues discussed at Quality Forum noting the chair's report and meeting minutes which were submitted to every committee meeting. A regular item on the Quality Forum agenda where issues were reviewed and identified for escalation as appropriate was also highlighted.

Focussed meetings which covered key issues improved attendance but juggling clinical and meeting demands was particularly difficult under current circumstances so although room for further improvement was noted members were assured that progress had been made.

Members also noted that as a forum, meetings were less formal than a governance committee and use of a Quality Forum Teams page which provided real time information on ongoing work was highlighted. It was confirmed that service managers were no longer included in the membership and the paperwork would be updated.

## Decision / Conclusion

The Committee reviewed the report and took assurance.

### C59 Performance Report JCCGC 2122 - 31

The Head of Assurance and Improvement presented the performance update noting the impact on the Health Improvement team of increased surveillance and reporting requirements and highlighting the development of a Quality of Care self-assessment template.

## Decision / Conclusion

The Committee received the update on performance and sought assurance but looked forward to additional information in the next report.

### C60 Integrated Staffing Programme Update JCCGC 2122 - 32

The Healthcare Staffing Lead Nurse presented the quarterly update on progress with the implementation of the Health and Care (Staffing) (Scotland) Act noting that very little had been done at a national level due to the pandemic and the election but noting that work was just starting to come back on line and highlighting the next steps noted in the papers key points.

In response to a query the Healthcare Staffing Lead Nurse noted that comparative data on progress within other boards was not currently available but was anticipated in August 2021. She also noted that other bigger Boards had been working on this since 2019 so had more mature processes in place.

In response to queries regarding staffing and staffing model implications the Healthcare Staffing Lead Nurse noted that circumstances changed but the core purpose was about identifying the funded establishment and the training staff needed to do their job and to ensure that they were able to work in a way which was safe for both practitioner and client.

The Chief Executive noted that it was about the sustainability of healthcare and

the fundamental challenge of balancing what was essential, needed and possible. Safe staffing should inform the process and different models may offer the opportunity for improved services.

H Woodbridge noted that feedback from healthcare providers had highlighted that resident practitioners found it harder to maintain skills than colleagues from the central belt locations.

Members agreed that the most appropriate vehicle to move work forward should be informed and guided by the Healthcare Staffing Lead Nurse and engagement with senior colleagues would provide further direction.

## Decision / Conclusion

The Committee received the update on key developments and noted the highlighted risks

### C61 **Joint Inspection of Services for Children and Young People in Need of Care & Protection Update JCCGC 2122 - 33**

The Chief Officer presented the update on the progress of the Joint Inspection of Services for Children and Young People in need of Care and Protection noting that a verbal update on the key messages from the Care Inspectorate findings had been provided at a recent Chief Officers' Group meeting and a draft (embargoed copy) written report had been anticipated but remained pending. The final report for publication was expected to be late August 2021.

The key messages highlighted included care inspectorate recognition of the work completed and procedures in place, progress in collaborative working and positive feedback from staff. Some areas for further work such as consistency on decision around thresholds for neglect and multi-agency chronology of significant events were also noted. The challenge for staff making the improvements at the same time as dealing with the pandemic was also noted.

Members were assured that there were no surprises with the issues raised by the Care Inspectorate as gaps where improvements needed to be made had been identified. It was noted that the written report may highlight further elements for discussion but nothing major was anticipated and there would be an opportunity to discuss and negotiate around language used for the final report.

It was noted that overall, the feedback was positive, and the work undertaken and willingness to make sustainable changes to meet needs of children was recognised. The final publication was expected to be 24 August 2021.

Members welcomed the update and opportunity to review and comment on final language, noted the work undertaken and the impact on staff and looked forward to sight of the final report.

## Decision / Conclusion

The Committee received the update and took assurance on progress

### C62 Learning from Clinical Incidents Annual Report JCCGC 2122 - 34

The Acting Medical Director presented the Learning from Clinical Incidents Annual report noting the work around how clinical incidents were managed from a policy perspective, the high level summary of some of the adverse events and progress made along with the learning summaries which were now produced and shared.

In response to a query regarding nationally shared documents and access to learning from other areas it was confirmed that national systems for learning were in place and more generic learning summaries which provided thematic information.

The Head of Assurance and Improvement confirmed local participation in community of practice around learning from events which was in a closed environment, but the information was disseminated and shared more widely.

The chair welcomed the return of Morbidity and Mortality meetings as a mechanism for learning.

In response to queries regarding the feedback, identification and follow up mechanisms in place for patients off island and under the care of other health boards it was confirmed that health boards work closely together and aim to work across systems for complaints.

It was noted that whilst it would be difficult to change the processes of other boards any feedback that identified issues would allow local processes to address concerns but it was agreed, particularly for patients reluctant to use formal complaints processes that further work could be done to ensure robust mechanisms around shared patient journeys.

The Head of Assurance and Improvement highlighted the issue as one to raise through the national adviser event network noting that although collaborative work was already in place it would be a good opportunity to build on this.

In response to a query in relation to critical incidents raised by members of staff and the follow up mechanism for patients if they hadn't submitted a complaint the Head of Assurance of Improvement advised members that Duty of Candour processes were in place and described how recent work had identified that despite falling outside the Duty of Candour parameters, systems had captured good examples of conversations between services and patients.

It was also noted that patient and carer involvement was a key part of the significant adverse event review process and although there wasn't direct engagement with every patient, if no complaint made, access to the patient experience route was widely encouraged and promoted.

In response to a concern regarding the mental health impact on patients experiencing COVID related delays in cancer care the Head of Assurance and Improvement advised that there was no easy solution to the challenge of long delays, but information was shared and where there were very long waiting times or lack of timeline clarity efforts were being made to ensure good communication was in place so that patients were reassured that they were on a



list.

The impact on primary care from patients seeking updates was noted and pending work for patient guidance and clinical triage to identify and focus on those most likely to struggle with delays was highlighted.

## **Decision / Conclusion**

The Committee review the report and took assurance

### **C63 Care Home Assurance Report JCCGC 2122 – 35**

The Interim Director of Acute Services presented the Care Home Assurance Report noting that it had been introduced during Covid 19 but was ongoing.

It was confirmed that the oversight guidance related to registered care homes, but it was noted that support was also available to other areas.

The Chief Executive highlighted the high uptake of Lateral Flow Testing and the positive work around partnership working noting how it demonstrated the value of working together and ignoring boundaries.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance of the performance of care homes.

### **C64 Redesign of Urgent Care Update JCCGC 2122 - 36**

The Head of Assurance and Improvement presented an update on progress since the Redesign of Urgent Care went live in 2020 as part of phase one of the national programme and preparing for winter. Some flow shift was noted but there were no significant changes to highlight and it was confirmed that enhanced local and national communications had taken place.

There had been a recent national meeting so consideration to aligning phase two with planning was underway. At this stage a review of local data and in-depth analysis of the presentations and interventions would help inform the delivery of second phase development.

In providing assurance that inequalities were not being created by redesign the Head of Assurance and Improvement confirmed that it was crucial that good pathways and links for calls coming into 111 were in place so that the aim of right person first time was achievable. It was confirmed that there was broad representation and involvement in this work.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance on performance

### **C65 Annual Report on Adults with Incapacity JCCGC 2122 - 37**

The Alzheimer Scotland Clinical Nurse Specialist presented the Annual Report on Adults with Incapacity. The report acknowledged the background surrounding the report, as well as actions that had been completed to date since



the initial audit in 2017. It further highlighted the areas for continued development and improvement, specifically:

- Consistency in the use of 4AT assessment on admission and timely assessment of capacity
- Documentation of discussion with proxy decision makers
- Request for copy of legal powers and retention on file
- Documentation of section 47 certificates and treatment plans
- Personalised care plans for people experience cognitive difficulty in Acute Ward
- Recognition and management of delirium
- Robust systems to communicate cognitive status of all patients at point of transfer

The challenge of capacity issues going forward were noted but members were reassured and keen to celebrate the fact that the service had been maintained and improved throughout the difficult times of the COVID-19 pandemic.

The importance of carer consultation in the audit process was highlighted and the Alzheimer Scotland Clinical Nurse Specialist confirmed engagement with carers would be a key part of future assurance work.

It was agreed that as there were changes ahead it would be prudent to monitor and audit as appropriate and relax going forward if positive results were maintained

## Decision / Conclusion

The Committee reviewed the report and assurance was provided

### C66 **Mental Health Services Assurance Report JCCGC 2122 - 38**

The Chief Officer presented the Mental Health Service Assurance Report and members received a proposal that the Committee receive a bi-annual assurance report on various work elements, progress, and performance of mental health services within Orkney, with the first report scheduled to be presented at the October 2021 meeting.

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

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

The Chief Executive noted that a range of benchmarks might be useful, and it was agreed this would be discussed further outwith the meeting.

The Head of Health and Community Care highlighted the impact of the current out of hours arrangements noting that the same people provided cover during the day and night, which had a knock-on effect to the service provided.

Issues around the flexibility of Scottish Government funding for patients with long term trauma was raised and it was agreed that as an island system there should be opportunities to step back and assess what was in place, what needs to be in place and identify the challenges. It was noted that some funding strands were very specific, but this was a challenge faced across professions and there was a collective will to look at best practice elsewhere and see what more could be done locally.

The Head of Health and Community Care confirmed that an update paper regarding highlighted issues for Child and Adolescent Mental Health Services was due at the next Finance and Performance Committee and was optimistic that reporting could be restarted by September 2021. *Post meeting note: It was confirmed that a report was submitted to the Finance and Performance meeting on 23/9/2021*

It was confirmed that the Assurance report would be jointly prepared by the Head of Community Health and Care and the Director of Nursing, Midwifery and Allied Health Professionals, thus ensuring a rounded and holistic approach to oversight. Although six monthly updates were proposed, JCCGC members asked for an update report to the January 2022 meeting in the first instance and agreed to review the future frequency of reporting from there.

### **Decision / Conclusion**

The Committee reviewed the report and took assurance

### **Medicines Management**

#### **C67 Future of Pharmacy Update JCCGC 2122 - 39**

The Interim Director of Pharmacy presented the update on the operational position of the Pharmacy Service in relation on the Future of Pharmacy paper first received at the January 2021 meeting which highlighted three areas of Pharmacy Services – hospital, community and general practice.

Staffing challenges with the hospital technical team, ongoing work on HEPMA and the significant challenges faced in community areas but dependent on national implementation were highlighted.

Since the original paper was completed in December 2020 changes had continued to take place at a national level with new expectations around training and skills acquisition for both pharmacists and pharmacy technicians. It was acknowledged that whilst this would require new thinking locally it would also bring new opportunities to develop both the staffing complement and the service. Consideration of the recruitment of a new Director of Pharmacy as a joint post

between Orkney and Shetland was also highlighted.

With regards to community pharmacy, this was considered the area of biggest challenge and area with least influence but can't prescribe. In order to deliver this there was the need to get prescribers in each shop and team and make the shift to dispensing by a technical team so the pharmacist could be freed to provide the care. It was noted that several national drivers needed to be in place before some developments could progress.

The appointment of L Steel to a two-year research scholarship in simulation training with Robert Gordon was celebrated.

In response to concerns over prescription management in NHS Orkney the Interim Director of Pharmacy advised that the GP team were involved with work around the issues but noted it as a long-term process.

Members welcomed the comprehensive and high-quality report and the chair noted that going forward an annual pharmacy report would be anticipated

## **Decision / Conclusion**

The Committee received the update and were assured on progress

## **Person Centred Care**

### **C68 Health Complaints Performance Report for Quarter 4 JCCGC 2122 - 40**

The Head of Corporate Administration presented the update on the current position regarding complaints performance noting the following key points:

- Q4 saw the highest quarterly number of complaints received by NHS Orkney, recording 44 in total
- Nearly half this number related in some way, or had an aspect related to the Covid-19 Pandemic
- 7 of the 8 Stage 2 complaints received were responded to within the 20 working day timescale
- OHAC complaints doubled from last quarter
- Independent GP complaints increased and saw the highest number reported of this financial year

Issues highlighted for further consideration included clarity regarding the presentation of information regarding MSP engagements and the synchronisation of reporting timescales.

## **Decision / Conclusion**

The committee reviewed the report and were assured on performance.

### **C69 Social Care and Social Work Complaints Performance JCCGC 2122 - 41**

The Chief Officer presented the Social Care and Social Work Complaints Performance Report and agreed that the synchronisation and combined reporting of complaints performance should be explored.

The reduction in stage 2 complaints and compliments regarding the donning and doffing of PPE were highlighted as were some of the compliments received which were just as important as complaints for learning.

Further to earlier discussions regarding concerns raised via the MSP route members were advised that these concerns sat aside from current processes and probably weren't yet incorporated but agreed it was an important theme to capture and feed into future work.

## Decision / Conclusion

The committee reviewed the report and took assurance on performance

### C70 **Health Care Complaints Performance Annual Report JCCGC 2122 - 42**

The Head of Corporate Administration presented the Health Care Complaints Performance Annual Report noting that the number of complaints had increased on the previous year, and that 108 early resolutions and 27 investigations had been completed.

The decrease in level two complaints which demonstrated the improvements in early resolutions which had more than doubled in the last year was highlighted as were the many compliments received during pandemic.

Members welcomed the evidence of a move towards a learning culture

In response to a query relating to the trends and emerging themes around care experience, it was confirmed that discharge was one area that had been identified and more detailed follow up work on this issue was underway. Communication had also been highlighted as a prominent theme in relation to concerns raised and work with service areas to improve was ongoing.

The stages and timescales of complaints were confirmed as 5 working days to deal with an early resolution issues and 20 days working days for a stage 2 investigation. It was noted that an investigator could request an extension if it was felt an investigation could not be completed within anticipated timescales and the focus on these occasions was to ensure complainants were kept informed and up to date.

The Chair noted, as highlighted in the previous items, that the aim going forward would be for members to receive either an annual update from both health and social care or one combined report.

## Decision / Conclusion

The Committee reviewed the report for information noting recent board approval.

## Population Health

### C71 **Public Health Update JCCGC 2122 - 43**

The Director of Public Health presented the Public Health update which outlined key pressures, noted that these were mostly Covid-19 related and highlighted

that NHS Orkney were fully engaged with the nationally advised actions in relation to a national cervical screening incident.

It was also noted that the breast screening van was in Orkney and that NHS Orkney continued to perform really well on delivery of first and second vaccinations.

### **Decision / Conclusion**

The committee reviewed the update and took assurance

*NB: 16.00 – A number of attendees left the meeting for other commitments at this point and as the meeting was no longer quorate the meeting was concluded. The chair confirmed that remaining agenda items would be reviewed and either dealt with virtually or carried forward to the next meeting.*

*At the request of the Chair, remaining members proposed that the sustained improvement relating to previous concerns regarding Adults with Incapacity and a summary of the Mental Health Assurance report should be escalated to the next Board meeting via the Chair's report.*

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Chairs Report – Area Clinical Forum</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Steven Johnston, ACF Chair</b>
<b>Report Author:</b>	<b>Steven Johnston, ACF Chair</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**This report relates to an:**

- Emerging issue, and
- An NHSO Strategy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Area Clinical Forum (ACF) met on the 3 December 2021 and agreed the following key areas and agenda items that should be reported to the Board.

- Positive engagement and progress with the Clinical Strategy

- Issues with releasing staff to attend required training, especially nursing staff where there was a requirement to retain safe staffing levels on the wards.

## 2.2 Background

The Area Clinical Forum reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

## 2.3 Assessment

### Clinical Strategy

Work on NHS Orkney's Clinical Strategy for the next five years stalled as a result of the COVID-19 pandemic but, in recent months the work has gathered momentum and following a period of consultation with staff and the public, a late draft of the document was presented to the ACF in December 2021. The ACF were supportive of the document with only minor suggested amendments and praised the level of effort to engage with clinical staff. It was highlighted that after the Strategy comes to the Board for approval in February for final approval, the next steps were crucial to ensure NHS Orkney delivers the aims within and that this document must at the fore-front of our minds at all levels in NHS Orkney as we plan and deliver care over the next five years.

### Nursing Staff

Two issues were highlighted which share a common theme of Nurse Staffing:

1. The necessity to carry out the required Violence & Aggression and Manual Handling Training in response to the recent Health & Safety Improvement notices is undisputed. However, the Nursing and Midwifery Advisory Committee (NAMAC) have reported that the pulling of staff from their patient facing activities in order to achieve this on a tight timeline over the winter (and festive period) has created an environment where the already stretched staffing levels are being further reduced. NAMAC outlined a recent discussion around the DHI project and concern was noted around low appraisal rates and difficulty finding cover for other duties.
2. The Hospital-subcommittee of the Area Medical Committee (AMC) raised a concern around the retention and training of staff in HDU. Some aspects of care were needing to be delivered in Theatre due to skills gap within High Dependency Unit (HDU). It is understood that the matter has been on the risk register and the ACF are seeking assurance that it is being actively managed and that staff are being supported to manage it.

### 2.3.1 Quality/ Patient Care

Successfully delivering the Clinical Strategy will lead to a significant positive impact. Training gaps within our (nursing) staff and a lack of capacity to engage with the essential non-patient facing aspect of work will be detrimental.

### 2.3.2 Workforce

The issues raised above around nurse staffing are workforce matters with clinical implications and link to the Staff Governance Standard that staff are *appropriately trained and developed*.

### 2.3.3 Financial

If additional nursing cover is required in order for non-patient facing activity such as training and appraisal then there will be financial implications.

### 2.3.4 Risk Assessment/Management

The HDU matter is reportedly on the risk register already.

### 2.3.5 Equality and Diversity, including health inequalities

The Clinical Strategy purposefully targets reducing health inequalities and will undergo an impact assessment in time. Additionally, the ferry-linked isles were regularly considered during development and referenced within the draft document.

### 2.3.6 Other impacts

The Clinical Strategy gives consideration of the environmental impact of our services and our role as an anchor institution.

### 2.3.7 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.

- Area Clinical Forum meeting, 3 December 2021

## 2.4 Recommendation

- **Awareness** – For Members' information only.



### **3 List of appendices**

The following appendices are included with this report:

- Approved minutes of the Area Clinical Forum meeting held on 5 October 2021.

## Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on **5 October 2021 12:15pm.**

**Present:** Steven Johnston – ADC, Chair  
Jacqui Hirst, TRADAC, (*Deputising for Lynne Spence*)  
Sylvia Tomison, NAMAC  
Moiria Flett, NAMAC  
Wendy Lycett, APC  
Dawn Moody, Associate Medical Director, Community

**In Attendance:** Christina Bichan, Head of Assurance and Improvement  
Elizabeth Brooks, Hume Health Design (*For item 94*)  
David Drever, Non-Executive Director  
Emma West, Corporate Services Manager

## 87 Apologies

Apologies were received from L Kolthammer, L Wilson, D McArthur, K Wilson, K Cole, K Smith, K Fox and L Steele.

## 88 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

## 89 Minute of meeting held on 6 August 2021

The minute from the meeting held on the 6 August was accepted as an accurate record of the meeting and were approved on the motion S Johnston and seconded by J Hirst.

## 90 Matters Arising

### 69 – Electronic Patient Record

Members were advised that an EPR solution was being reviewed and progressed by the newly appointed eHealth Lead as a priority although it would take time to plan and implement. Consideration was being given to system access with NHS Grampian and how other remote, rural and island Health boards had addressed this issue.

## 91 Area Clinical Forum Action Log

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

## 92 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.

### **Decision/Conclusion**

Members noted the update provided.

### 93 Chairs report from:

#### Board

Tariro Gandiya had joined the NHS Orkney public Board meeting to provide an overview of the Hospital Adventures initiative, which aimed to help patients come to terms with their diagnosis and start a dialogue around this with their children. The intention was also to alleviate the fear of hospital for children and take away some of the burden from the patients of explaining their condition to their children. The presentation and initiative had been welcomed and well supported by the Board.

The update paper was emailed to ACF members shortly after the last Board meeting and noted in the ACF papers.

#### ACF Chairs Group

NHS Scotland Chief Executive Officer and Director General of Health and Social Care Caroline Lamb had attended the meeting of the ACF Chairs, to gain a further understanding of the work of Area Clinical Forums and the focus nationally continues to be around remobilisation and the vaccination programme.

### 94 Clinical Strategy – verbal

Elizabeth Brooks joined the meeting to provide an update around the Clinical Strategy, noting that there would be a session in November to further input into the document.

Comments received via the Area Clinical Forum had been responded to and shared with the Chair, some had been incorporated into the text, some actioned or addressed and other further actions or suggestions that hadn't been included would be recorded going forward as an iterative process.

It was noted that there had been a number of changes since the 2019 version of the Strategy was drafted, including the impact of the Covid pandemic and remobilisation planning, approval of the Plan on a Page and the outcomes, learning and actions from the listening project. The Mental Health and Dementia Strategies would also be referenced, ensuring that work was coordinated and avoided duplication.

The tone and tenor of the plan had been amended to reflect that this would now be a public facing document, and the Strategy would only include that which was over and above business as usual. It was envisaged that there would be links from the public document to more detailed information for those seeking this.

The increase in those suffering from single and multiple Long Term Conditions had been acknowledged including how to support and organise services to meet these needs. There was a move to earlier intervention and prevention and supporting people closer to their own environment, such as the hospital without walls initiative. There was also a need to recognise the importance of the climate change agenda and long term sustainability, adaptability, and resilience.

A Public engagement survey had been issued, including consideration around how to reach members of the public that did not often contribute, such as young people, especially those under 18, work would be iterative and learning taken for future consultations. There had also been promotion of the staff engagement survey. There had to date been over 200 responses to the public survey and 47 staff responses.

## 8.5.1

The Chair welcomed the progress being made and that the consultation was an iterative process. He also noted that this would be discussed further at the Area Clinical Forum Development Session in November.

M Flett questioned whether the public survey was still active, and if so, how this could be shared more widely to promote completion. E Brooks advised that the public survey had been advertised through Social Media links, included in the Orcadian with a QR code to scan, paper copies had been offered if required, and contact had been made to promote through community councils. The staff survey had also been promoted via internal communications and the staff newsletter.

D Drever noted that a conversation on Radio Orkney would also be a good means of promotion and it was agreed that this would be followed up with the communications team.

D Drever noted that 'Clinical Strategy' was not a very engaging title for a public facing document and asked if this could be reconsidered.

It was noted that the Child Poverty Strategy was also in production and should be referenced and coordinated within the document.

### **Decision/Conclusion:**

Members noted the update provided and welcome further input at the session in November which would be an open discussion and available to all clinical staff to attend.

## **95 Remobilisation Plan – ACF2122-15**

Christina Bichan, Head of Assurance and Improvement joined the meeting to present the draft Remobilisation Plan. She advised that the template and requirements had been received on the 20 July. The plan had been developed based on previous drafts, feedback and testing the processes of engagement. It was anticipated that the next plan would be a 3 year planning cycle from April 2022 onwards.

A high level approach had been outlined to the Senior Management Team and there had also been engagement with Heads of Service to ensure that learning from the past 6 months had been incorporated and forward planning impacts and mitigations had been considered. Several projection templates had been included but there was difficulty in predicting what 'normal' would look like in a fast changing environment. The delivery plan also included resilience for winter rather than this being a separate winter plan.

A deliverables template had been included to ensure that all Boards in Scotland were on the same plan. This was helpful in some ways, but also caused challenges as there was less scope for how information was submitted.

The draft plan had been submitted by the deadline and feedback was expected within 2 to 4 weeks. Further feedback locally would still be encouraged the draft would be provided to the In committee session of the Board until formally signed off by Scottish Government.

The Chair welcomed the inclusion of clinical prioritisation, and that clinical need was not considered as a driver.

### **Decision/Conclusion:**

## 8.5.1

Members noted the update provided and it was agreed that a reminder would be sent to members of the Area Clinical Forum and Advisory Committees seeking any further comments by the 15 October 2021.

### 96 Neuro Development Pathway

Jacqui Hirst, joined the meeting to present the Neurodevelopmental pathway, she advised that the pathway was being adopted by NHS Orkney but highlighted the challenges that this presented for a small team. Funding had been secured for 3 hours a week administrative support for a 6 month period, an email address for referrals had been established along with a Short Life Working Group to ensure communication with the wider public, GPs and referrers around how to use the pathway locally. There were long waiting list for Speech and Language Therapy and other paediatric services, both locally and across Scotland, but assurance was provided that children were able to access services. Further funding had been secured but clarity was required around this.

D Drever, welcomed the progress being made but also noted the challenges faced, he questioned whether the increase in referrals was due to changing material circumstances and if there was a way of assessing this. J Hirst noted that there had been a lack of clinical leadership to drive services locally and the Service Level Agreement with ARI was still under discussion and not finalised. It was noted that other changes in policy, such as closure of the language unit and reduced support for learning in schools were interdependent and made it difficult to assess why referrals were increasing.

#### **Decision/Conclusion:**

Members welcomed the update provided and the promotion of the pathway with refers.

### 97 Visit from the Director General, Health and Social Care and the National Clinical Director

The Chair reflected on the visit and the session held with the Area Clinical Forum which had emphasised the need for ownership by clinicians to drive forward clinical engagement.

W Lycett agreed that it had been a very useful, well received session with acknowledgment of the issues highlighted.

#### **Decision/Conclusion:**

Members appreciated the time taken to meet with the Area Clinical Forum during the visit.

### 98 Election of Vice Chair

The Corporate Services Manager advised that there had been no nominations or expressions of interest received for the post of Vice Chair to the Area Clinical Forum, she offered support where required to promote the post or provide further information on the requirements to those who may be interested.

The Chair advised that his current term as Chair of the Area Clinical Forum and Non-Executive Director ran until January 2023 and would only be extendable for a further 2 years if this was supported by the Chair and Public Appointments.

D Drever, suggested that the role be discussed and considered further at the next development session, as this would be an excellent development opportunity.

## 8.5.1

M Flett raised the issue of protected time, as for many it was impossible to add further commitment to an already busy workload. The Chair noted that the Board had been supportive of allowing clinicians time to engage in the Professional Advisory Committees and protected time for officer bearers to fulfil these roles could be considered further.

### **Decision/Conclusion:**

Members agreed that further information and promotion of the role would take place at the next development session.

### **Development Sessions**

#### **99 ACF Development Session: 3 September 2021: Guardianship**

The Chair thanked all who had attended the development session. There had been discussions around the Power of Attorney and increasing public awareness of this, both within NHSO and at an Orkney-wide level.

There had also been conversation around Anticipatory Care Planning including promoting meaningful conversations around the wishes of an individual and taking a proactive approach.

S Tomison raised that as the sessions were over lunch time it could be difficult for some staff to attend as this was an unpaid break, this was noted but agreed that for many it was a suitable time as clinicians were often on a break from patient care. This could be reviewed again as the meeting schedule is planned for next year.

### **Decision/Conclusion:**

Members noted the update provided and agreed that consideration could be given to amending timings if this would be beneficial to the majority.

#### **100 Topic for next session: 2 November 2021**

The Chair advised that the November session would be around the Clinical Strategy as discussed previously in the meeting.

### **Professional Advisory Committees**

#### **Professional Advisory Committee Chair's Reports**

#### **101 Area Dental Committee - ADC**

The committee had received the minute from the April meeting for information.

#### **102 Area Pharmaceutical Committee – APC**

W Lycett provided a verbal update noting that the committee had now met, and the approved minutes would be submitted to the next meeting of the ACF. Discussions had been held around changes to pharmaceutical education and training and the impact this would have on service areas. There would be experiential learning throughout the degree course and

## 8.5.1

concerns had been raised around how this would be managed and the impact this on other services.

A perceived lack of access to GPs had been noted by some community pharmacists, with patients visiting pharmacies as they did not understand how to access their GP practice appointments. Other patients had stated that they were unsatisfied with the GP telephone triaging system.

The Chair questioned the community pharmacy input into the APC and was advised that meetings took place out of hours to facilitate this and there had been further engagement with the last few meetings being quorate.

D Moody noted that there could be issues around communication regarding changes to the ways people accessed services and work continued to try and understand and address these especially for patient groups that found this challenging.

### **103 GP Sub-Committee Chair's Report and Approved Minutes**

Members noted that the Remobilisation plan had been noted as an issue for raising with the Forum and that this had been included on the agenda for discussion at the meeting.

The approved minutes were noted.

### **104 Hospital Sub-Committee Approved Minutes**

No minutes were available from recent meetings of the Hospital Sub Committee.

### **105 NAMAC Chair's Report and Approved Minutes**

It was noted that the September meeting had been cancelled due to quoracy issues, concerns had been raised around long term absences and vacancies at senior management and Executive level with some issues not being progressed due to this.

### **106 TRADAC Chair's Report and Approved Minutes**

TRADAC members had wished to raise issues around outpatient accommodation in the longer term and the Lead AHP vacancy.

#### **For information and noting**

### **107 Key legislation issued**

Members noted the key legislation issued since the last meeting.

### **108 Correspondence**

No correspondence had been received.

### **109 Quality Forum Approved Minute – 29 June and 27 July 2021**

Members noted the minutes provided.

### **110 Items to be brought to the attention of the:**

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

Board:

- Clinical leadership – concerns over vacancies and long-term absences
- Supporting Office Bearers of the Professional Advisory Committees and Area Clinical Forum

Joint Clinical and Care Governance Committee:

- Children's Neurodevelopmental Pathway

### **111 Items to be communicated with the wider clinical community**

It was agreed that the remobilisation plan would be shared further to seek any further comments.

### **112 Any other competent business**

No other competent business was raised.

### **113 Schedule of Meetings 2021/22**

Members noted the schedule of meetings for 2021/22.

### **114 Record of Attendance**

Members noted the record of attendance.

### **115 Committee Evaluation**

No issues were raised.



# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Organisational iMatter Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lorraine Hall, Interim Director of Human Resources</b>
<b>Report Author:</b>	<b>Lorraine Hall, Interim Director of Human Resources</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government Programme

**This aligns to the following NHSScotland quality ambition(s):**

- Person Centred

## 2 Report summary

The iMatter questionnaire, which is structured around the 5 pillars of Staff Governance (*attached Appendix 1*) is designed to gauge via completion of an online survey the collective views of staff on their workplace experience over the previous 12 months across three broad categories:

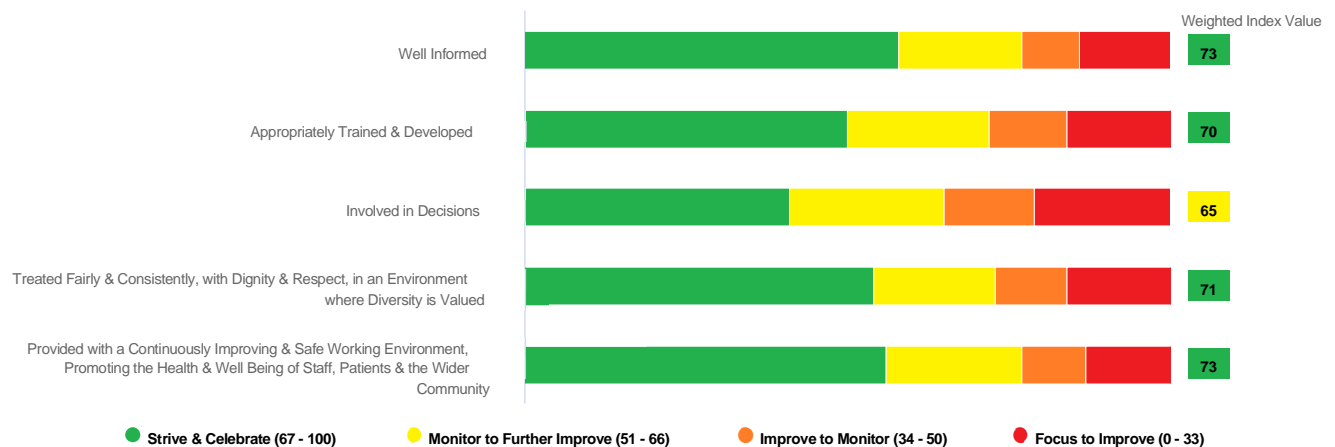
- as an individual
- of team and direct line manager
- of the organisation.

Respondents are asked to indicate their level of agreement or otherwise with 28 statements, grouped in to one of the above categories, plus a 29th asking them to rate their overall experience of working in their Board over the previous 12 months. The output is a Team Report which is discussed by the team who agree the team strength (celebrate) along with up to 3 improvement actions. This improvement plan is captured on a team 'Storyboard' which the team then use to monitor progress.

NHS Orkney's iMatter questionnaire ran from 16th August to 6th September 2021. The staff communications bulletin included a schedule outlining the process for the year, as well as periodic reminders.

The Learning and Development (L&D) team communicated regularly with managers through the line managers team channel and via email. These communications made clear the importance of encouraging staff to complete the questionnaire whilst also offering assistance from L&D throughout the whole process.

This paper presents to the Board the overarching iMatter Board out-turn report (*attached Appendix 2*) with members noting that 571 members of staff completed the survey giving the board a 65% response rate, an Employee Engagement Index (EEI) of 70.<sup>1</sup> and that out of 95 teams in the system, 90 received a report.



## 2.1 Situation

Against each of the strands (representing an element of the Staff Governance Standard) (with the exception of Involved in Decisions) the outcome was for the Board to Strive and Celebrate

## 2.2 Background

'iMatter' is a tool for measuring employee engagement and then as part of a quality improvement cycle putting in place actions to make improvements. Employee engagement can be defined as 'a workplace approach designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success, and are able at the same time to enhance their own sense of well-being'<sup>2</sup> The authors of this definition have identified four key enablers of employee engagement found in high-performing organisations. Namely:

<sup>1</sup> The combined responses from all individuals in a team provided for the production of a report, which includes an overall rating of engagement – known as the Employee Engagement Index (EEI).

<sup>2</sup> MacLeod, D & Clarke, N (2009) Engaging for Success: Enhancing Performance Through Employee Engagement (London, Dept for Business, Innovation and Skills)

1. Leadership provides a strong strategic narrative giving a line of sight between the job and the organisation's vision
2. Engaging Managers, who offer clarity, who treat people as individuals, who listen and encourage and who ensure work is organised efficiently
3. There is employee voice in the organisation, for reinforcing and challenging views; between functions and externally
4. There is organisational integrity: espoused values are reflected in behavioural norms

### **2.3 Assessment**

Nationally all Board reports will be collated into an overarching NHS Scotland report. We note that the national team have raised with us that we are one of four Boards whose staff experience components have dropped this year however we have fed back that this year the iMatter process did not include Social Care staff, who had already received a staff survey through the Local Authority and as the baseline group was different, that this may have led to an irregular comparison and there was recognition that the Board had commissioned the DHI Listening project for NHS staff. A fulsome response nationally has been provided.

This report highlights seven areas (out of 28) that as an organisation we need to note and be mindful of. These are mainly contained within the organisational section of the report. At the Board's Development session on the 18<sup>th</sup> November Board members discussed the themes, successes and concerns and agreed the areas to be progressed as part of the Board members action plan.

Whilst there are always areas for improvement, as a Board we must recognise that there were 21 questions completed by staff that we should Strive and Celebrate.

#### **2.3.1 Quality/ Patient Care**

Implementation of 'iMatter' is part of the wider implementation of Everyone Matters 20:20 Workforce Implementation Framework and Plan. This contributes and supports many of the Board Quality Objectives.

#### **2.3.2 Workforce**

The questionnaire provides staff with the opportunity to share their views and experiences and within their team to define areas for improvement.

#### **2.3.3 Financial**

The rollout of the 'iMatter' improvement methodology in the main uses existing resources with some national support from the Scottish Govern and some anticipated Organisational Development support. As far as possible this work will be progressed by the wider Workforce Team and Operational Managers.

## **2.3.4 Risk Assessment/Management**

There is an ongoing risk that due to competing priorities at individual and team level that 'iMatter' may not be seen as a high a priority for staff to see through the improvement cycle

## **2.3.5 Equality and Diversity, including health inequalities**

As a national survey the process has in partnership been impact assessed.

## **2.3.6 Other impacts**

Implementation of 'iMatter' is very much about contributing to embedding Staff Governance at a local level especially about improving Staff Experience while at work.

There is a direct correlation to an enhanced Staff Experience leading to an enhanced Patient Experience.

## **2.3.7 Communication, involvement, engagement and consultation**

The L&D team launched Manager training sessions for the first time this year to support managers with understanding their report and holding action planning sessions. 29 people attended these sessions and the feedback was very positive. There were 67 reports uploaded by the due dates into the iMatter system. The overarching Board iMatter report was cascaded via the weekly Communication bulletin. It was noted that whilst the majority of areas were of Celebration (Strive to Celebrate) there were some areas that organisationally we need to improve upon and these are to be included as part of the activities within the Staff Governance Action Plan.

## **2.3.8 Route to the Meeting**

Direct to Board

## **2.4 Recommendation**

- **Awareness.**

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1 – Staff Experience continuous Improvement Framework
- Appendix No 2 – Organisational iMatter Report

Health Care Quality Strategy 2010 - 3 Quality Ambitions	Person-Centred, Safe & Effective																			
MacLeod Enablers/Healthy Working Lives	MacLeod: Leadership				MacLeod: Engaging Managers				MacLeod: Employee Voice				MacLeod: Integrity to the Values & Purpose				Health and Well-being			
Staff Governance Standard Strands	SG1: Well Informed				SG2: Appropriately Trained & Developed				SG3: Involved in Decisions				SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued				SG5: Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients and the Wider Community			
Staff Experience Components	Visible & Consistent Leadership				Learning & Growth				Confidence & Trust in Management				Valued as an Individual				Appropriate Behaviours & Supportive Relationships			
	Sense of Vision, Purpose & Values				Performance Development & Review				Listened to & Acted Upon				Effective Team Working				Job Satisfaction			
	Role Clarity				Access to Time & Resources				Partnership Working				Consistent Application of Employment Policy & Procedures				Assessing Risk & Monitoring Work Stress & Workload			
	Clear, Appropriate & Timeously Communication				Recognition & Rewards				Empowered to Influence				Performance Management				Health & Well-being Support			
KSF Core Dimensions	C1	C1	C2	C1	C2	C2	C2	C2	C6	C4	C4	C4	C6	C5	C6	C5	C6	C5	C3	C3

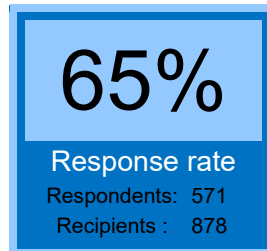
Staff Experience Components	iMatter Questions
Visible and Consistent Leadership	My direct line manager is sufficiently approachable
Visible and Consistent Leadership	I feel senior managers responsible for the wider organisation are sufficiently visible
Sense of Vision, Purpose and Values	I understand how my role contributes to the goals of my organisation
Role Clarity	I am clear what my duties and responsibilities are
Clear, Appropriate and Timeously Communication	I get the information I need to do my job well
Learning and Growth	I am given the time and resources to support my learning and growth
Performance Development and Review	I get enough helpful feedback on how well I do my work
Access to Time and Resources	I have sufficient support to do my job well
Recognition and Reward	I feel appreciated for the work I do
Confidence and Trust in my management	I have confidence and trust in my direct line manager
Confidence and Trust in my management	I have confidence and trust in senior managers responsible for the wider organisation
Listened to and Acted Upon	I am confident my ideas and suggestions are listened to
Listened to and Acted Upon	I am confident my ideas and suggestions are acted upon
Partnership Working	I feel involved in decisions relating to my organisation
Empowered to influence	I feel involved in decisions relating to my job
Empowered to influence	I feel involved in decisions relating to my team
Valued as an Individual	I am treated with dignity and respect as an individual
Effective Team Working	My team works well together
Consistent Application of Employment Policies and Procedures	I am treated fairly and consistently
Performance Management	I am confident performance is managed well within my team
Performance Management	I am confident performance is managed well within my organisation
Appropriate Behaviours and Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job
Job Satisfaction	My work gives me a sense of achievement
Assessing Risk and Monitoring Work Stress and Workload	I feel my direct line manager cares about my health and well being
Health and Wellbeing Support	I feel my organisation cares about my health and well being
Additional Question	I would recommend my team as a good place to work
Additional Question	I would recommend my organisation as a good place to work
Additional Question	I would be happy for a friend or relative to access services within my organisation

## Board Report 2021

NHS Orkney

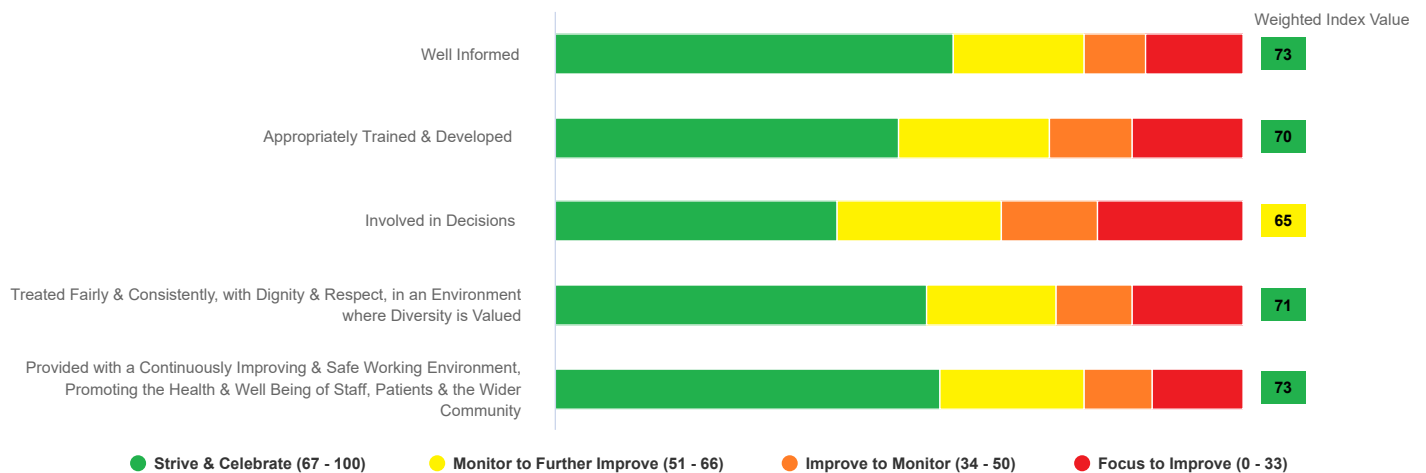
Total number of respondents: 571

### Response rate



Employee Engagement Index

### Staff Governance Standards - Strand Scores



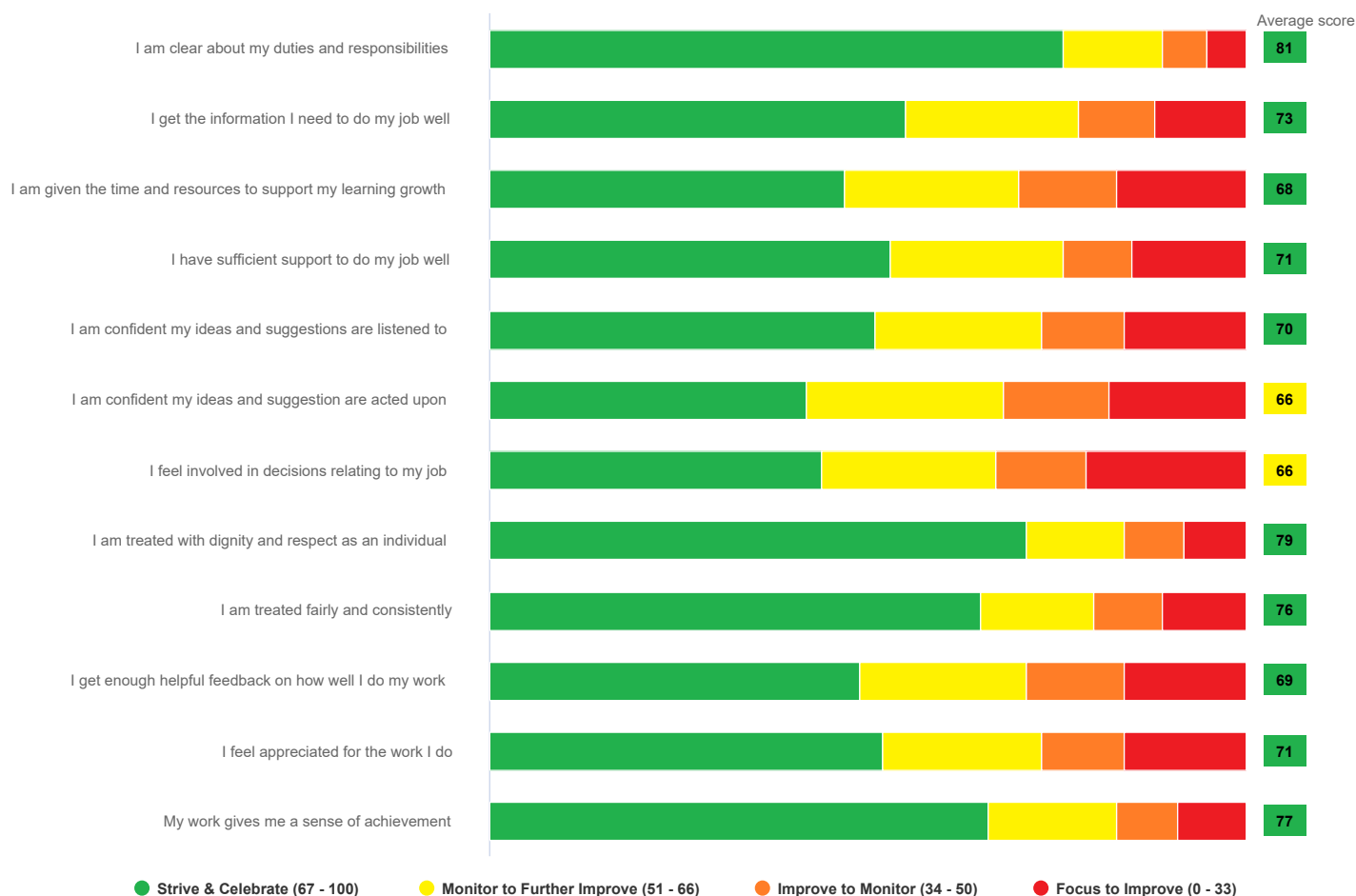
## Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 571





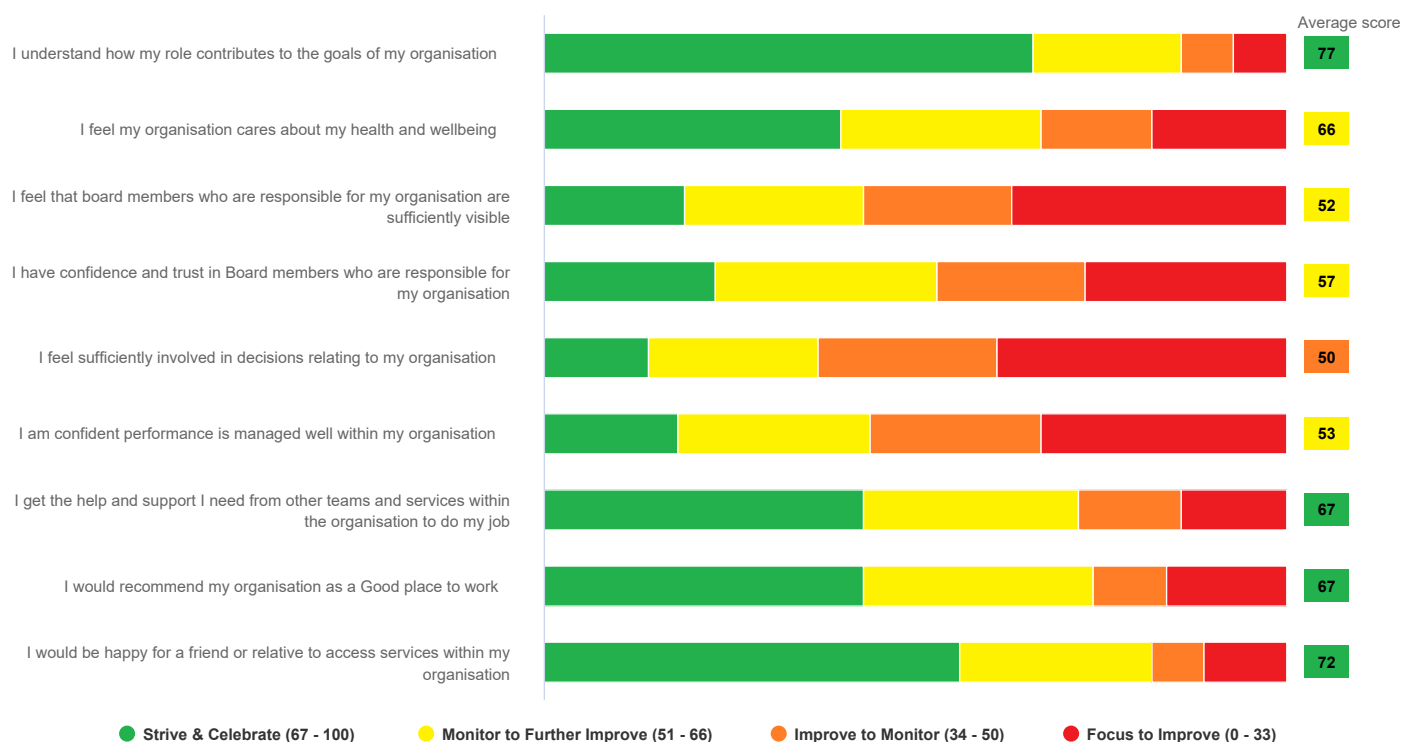
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 571



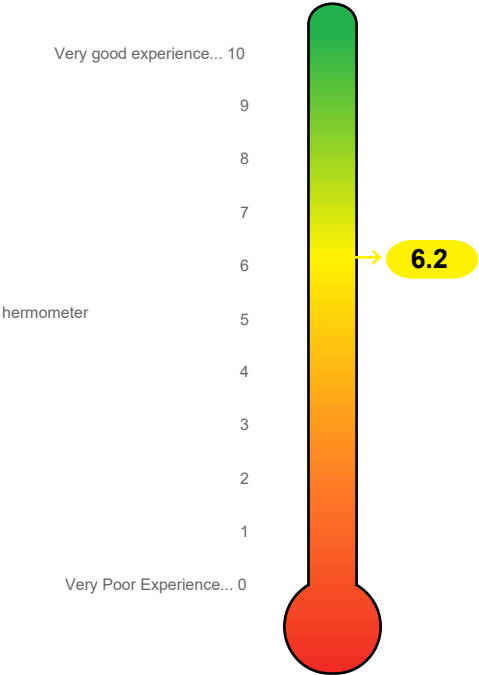
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 571



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 571



EEl number for teams in the same Board

EEl Threshold	(66-100)	(50-66)	(33-50)	(0-33)	No report	Total
Number of Teams	66	19	5	0	5	95
Percentage of Teams	69.5%	20.0%	5.3%	0.0%	5%	100%

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Chairs Report – Staff Governance Committee</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Lorraine Hall, Interim Director of Human Resources</b>
<b>Report Author:</b>	<b>Fiona MacKellar, Vice Chair of the Staff Governance Committee</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Local policy

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Staff Governance Committee reports through each NHS Orkney Board meeting, to ensure members receive any assurance given and action any issues raised.

### 2.2 Background

This report highlights key agenda items that were discussed at the Staff Governance Committee meeting on 24 November 2021. It was agreed that this should be reported to the Board.

## 2.3 Assessment

### 2.3.1 Workforce

#### Update on Staff Governance Draft Action Plan

Members received the update against the 5 Staff Governance Standards, noting that overall, the Board was in a good position. Key points highlighted included:

- Following the HSE report, new positions within the Health and Safety team had been advertised, to move forward with moving and handling training and violence and aggression training across the organisation.
- Work was in progress to refocus the work of the Health and Safety Committee
- Sickness absence rates were above the national average particularly in support staff groups and work was ongoing to ensure the appropriate routes were easily available for staff to support their own wellbeing and health in the workplace.
- The Statutory and Mandatory Training Group had been reinstated, and the group was developing new ways to encourage staff to undertake training.

Members noted the update and were assured of progress

#### National Whistleblowing Compliance Report

Members received the national Whistleblowing Compliance Report, noting that no concerns had been raised during the second quarter of the year. Work was ongoing to ensure staff knew how to raise a concern or discuss any issues with a confidential contact.

NHS Orkney were working together with NHS Shetland to develop a joint Steering Group to manage the whistleblowing work going forward.

Members noted the update and were assured of progress.

### 2.3.2 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.

- Staff Governance Committee 24 November 2021

## 2.4 Recommendation

### Awareness

- To adopt the approved minutes of the Committee

## 2 List of appendices

The following appendices are included with this report:

- Staff Governance Committee Minute – 24 August 2021

## Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Tuesday, 24 August 2021** at **10:30am**

**Present:** Caroline Evans, Chair  
Fiona MacKellar, Vice Chair  
Jason Taylor, Non-Executive Board Member  
Joanna Kenny, Non-Executive Board Member  
Lorraine Hall, Interim Director of Human Resources  
Ryan McLaughlin, Staff Partnership Representative

**In Attendance:** Gemma Pendlebury, Committee Support  
Malcolm Colquhoun, Head of Estates and Facilities and NPD Contract  
Ingrid Smith, Human Resource's Manager  
Lorna Johnston, Head of Organisational Learning and Development  
Louise Wilson, Director of Public Health  
Sally Hall, Head of Talent Development & Culture, NHS Shetland  
Samantha Wishart, Committee Support  
Steven Phillips, Human Resource's Manager

### Observing:

#### S28 **Apologies**

David McArthur, Kevin Fox, Davie Campbell, Michael Dickson

#### S29 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

#### S30 **Minute of meeting held on 26 May 2021**

The minute of the Staff Governance Committee meeting held on 26 May 2021 was accepted as an accurate record and approved subject to the following amendments:

- Page 1: Jason Taylor was not present. Joanna Kenny should be marked as Present rather than In Attendance.
- Page 2: 626 – Everyone Matters Pulse Survey: the second bullet should be clarified as last year's survey.

#### S31 **Matters Arising**

##### **S18 – NHS Orkney Equality and Diversity Workforce Monitoring Report**

The Director of Human Resources noted that from an organisation perspective, the report would mitigate a number of risks.

The Employee Director highlighted that the committee had agreed to support more and help others feel comfortable, and questioned how that would be taken forward. The Chair noted that it would be up to the individual to make the choice whether they felt the need to disclose a disability. The Employee Director was keen to ensure the Board had the appropriate processes and procedures in place to support all staff. The

## 9.2.1

Director of Human Resources noted that the creation of groups and sharing of knowledge could help create a culture and environment where staff felt comfortable to share information with the organisation.

### **S13 – Committee Effectiveness Survey**

The Interim Director of Human Resources noted that the survey results would be utilised to ensure the Committee improves in the areas that colleagues feel necessary. The action plan would help to develop and progress any areas of improvement, and would provide assurance to the Board. The committee support agreed to circulate the survey results to members after the meeting.

*Post meeting note: The committee support circulated the survey results on 25/08/2021.*

### **S32 Action Log**

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

### **S33 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 24 June 2021:

- The annual reports of the Governance Committees had been discussed and approved.
- The remobilisation plan draft 4 (RMP4) had been discussed, and it was highlighted that the Area Partnership Forum (APF) and the Area Clinical Forum (ACF) would continue to support the work. There had been concerns raised about a lack of inclusion of APF and ACF, but both committees were willing to participate. It was noted that issues of remote and rotational work would be included in the plan, alongside concerns of wellbeing.

The Employee Director suggested that RMP4 be added to the agenda for the next meeting for discussion.

### **Decision / Conclusion**

Members noted the Chairs reported highlights from the Board meeting on the 24 June 2021. The Chair agreed to add an item to the next agenda to discuss RMP4.

### **S34 Staff Governance Action Plan Update – SGC2122-14**

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

## 9.2.1

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 terms 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 together 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.

### **Decision / Conclusion**

Members noted the report and the progress made.

### **Governance**

#### **S35 Health and Care (Staffing) (Scotland) Act Report – SGC2122-15**

The Chair noted that apologies had been received from the Interim Director of Acute Services and suggested deferring the item to the next meeting.

Members highlighted one phrase of concern was “a decline in organisational wide engagement at senior clinical and management level”. The Interim Director of Human Resources highlighted that the executive leadership had picked up the work, looking at what working groups were needed, and linking with colleagues to ensure they are engaged. Workforce planning tools were being used and judgement would be made on how the tools worked. It was suggested that the Executive Management Team (EMT) should start allocating responsibility, as the committee wanted to ensure enough effort was made to engage staff.

The Employee Director wanted to highlight the complexity of applying the tools to real time staffing. The AHP teams were involved in the trial and had reported back that the tools were difficult to use and did not reflect practice. The Healthcare Staffing Lead



Nurse had been helpful with assisting groups to understand how the tools may be applicable to their environments. The Human Resource Manager (IS) agreed and noted that discussions around real time staffing would be included in the RMP4 discussions.

### **Decision / Conclusion**

Members noted the report, and the Chair agreed to highlight the challenges to the Executive Management Team.

#### **S36 Statutory and Mandatory Audit Process – SGC2122-16**

The Head of Talent Development & Culture presented the Statutory and Mandatory Audit process to the committee, and highlighted that compliance statistics were not high for Orkney. While pulling the data, engagement had been highlighted as an issue as staff were not linking to the training if it was not delivering to the syllabus. A focus had been put on continuing to link with managers to understand the learning needs. The statutory and mandatory group had been restarted to look at building improvement plans, which would be taken to the Staff Governance Committee to theme the actions. Individual managers would be approached, and any issues would be escalated through the directors and EMT. The budget remained an issue as the current budget only covered some of the statutory and mandatory training. Anything else required for service development would be difficult to fund. The Head of Talent Development and Culture asked members whether they were happy with the process.

J Taylor noted that providing protected time was vital to ensure staff undertake the appropriate training. The Head of Talent Development and Culture agreed and noted that the Head of Organisational Learning and Development would be feeding the data back to managers, and ensuring they understand the consequences of not completing the statutory and mandatory training. J Kenny questioned where NHS Orkney stood if the lack of training became a legal issue. The Chair noted the liability would fall with the Interim Chief Executive, as an organisation there is a duty of care to both staff and patients. The Employee Director agreed that there were many factors including the ability to attend and the availability of training, however staff must be aware of their responsibility to complete the training. Participation of staff side colleagues would be welcome in the group if they felt it would be valuable.

The Interim Director of Human Resources noted that managers should work through the rotas to ensure staff are provided adequate time to complete the training. The digital literacy of staff within the organisation needed to also be considered.

The Head of Estates, Facilities and NPD Contract noted that staff have a legal duty to cooperate with the employer, however the organisation is legally bound to provide training, information and supervision in the appropriate quantities.

*The Head of Talent Development & Culture withdrew from the meeting at 11:30am.*

### **Decision / Conclusion**

Members received and noted the report.

#### **S37 Key Legislation relevant to Committee – SGC2122-17**

The Employee Director presented the report on the key legislation to the committee,

for members to take assurance from.

### **Decision / Conclusion**

Members noted the key legislation.

#### **S38 Audit on Agency Locum Medical Staff Fitness to Practice – SGC2122-18**

The Human Resource Manager (SP) presented the audit on Agency Locum Medical Staff Fitness to Practice. An audit had been undertaken last year to look at agency staff however no further work had been done. The audit was completed this year again, and the Head of Assurance and Improvement and the Director of Finance had been involved to ensure colleagues were able to come to work in the organisation. The audit this year was potentially worse than the last, as many colleagues came in through Covid, including locums. The department need to ensure all documentation is there and had been checked, so monthly follow ups would be done going forward to ensure all checks were complete.

Members noted surprise at the audit results, and questioned who was responsible for the missed checks. The Human Resource Manager noted that checks were completed by one person who communicates with the agency, and checks should also be done by the hiring manager. J Taylor questioned whether this was a capacity issue, or even a training issue. It was noted that there were checklists and spreadsheets to confirm all the information and there were a number of gaps on those documents. The Employee Director agreed that learning would be needed to ensure the hiring managers felt confident and competent to undertake the checks necessary.

The Interim Director of Human Resources highlighted that the department were starting to build the foundations to ensure the right processes were in place and for structures to improve.

J Kenny questioned why the invoices were settled without the documents in place, and that the agencies should have the information already. The Human Resource Manager agreed that the checks should be in place before the invoices are settled.

### **Decision / Conclusion**

Members noted the report, and took assurance that processes were being put in place to improve the issues.

### **Organisational Culture**

There were no items for discussion at this meeting.

### **Well Informed**

There were no items for discussion at this meeting.

### **Appropriately Trained**

#### **S39 Update of Medical Appraisal – SGC2122-19**

The Director of Public Health provided an update on the medical appraisals. Covid had caused a lapse in the normal reporting around medical staff appraisals, so she

## 9.2.1

was keen to provide assurance to the committee around what had been put in place to allow the appraisals to continue as normal. NHS Orkney would be working with NHS Shetland to provide a wider range of appraisers, and ensure staff engage with and receive feedback from the appraisals. The Chair welcomed the update, and the Employee Director highlighted the additional capacity from Shetland would be a positive help.

*The Director of Public Health withdrew from the meeting at 12pm.*

### **Decision / Conclusion**

Members accepted the assurance presented to them.

### **Involved in Decisions that Affect them**

#### **S40 Partnership Forum Chair's Report – SGC2122-20**

The Employee Director highlighted the key areas of discussion at the Area Partnership Forum meetings held on the 15 June and 20 July 2021. She highlighted the main theme was the ongoing discussion regarding the listening exercise; progress would be monitored to ensure staff felt engaged and involved.

### **Decision / Conclusion**

Members noted the update provided from the Area Partnership Forum.

#### **S41 Minutes of the Area Partnership Forum meeting held on 15 June and 20 July 2021.**

Members noted the approved minutes as submitted.

### **Treated Fairly and Consistently**

### **Policies and Procedures**

#### **S42 Data Protection Policy – SGC2122-21**

The authors of the paper were unable to attend the meeting, however the Interim Director of Human Resources noted that the policy had been discussed at the Information Governance Committee (IGC) meeting. Members had commented and approved the policy, therefore she endorsed the policy for approval. Members agreed that based on recommendation from IGC and APF, they were happy for the policy to be approved.

### **Decision / Conclusion**

Members approved the policy.

#### **S43 Fire Safety Policy – SGC2122-22**

The Head of Estates, Facilities and NPD Contract presented the Fire Safety policy to the committee. J Kenny noted the policy stated that fire safety training was mandatory for all colleagues and was part of the staff induction. She questioned whether there

## 9.2.1

was a process that audited the training to ensure all staff have the appropriate fire safety training. The Head of Estates, Facilities and NPD Contract noted that the fire officer would work closely with the training team to ensure all colleagues complete the training.

### **Decision / Conclusion**

Members approved the policy.

#### **S44 Security Policy – SGC2122-23**

The Head of Estates, Facilities and NPD Contract presented the Security Policy to the committee, and highlighted that one question was whether security officers were necessary for the hospital. The security officers would not be able to touch staff or patients, or be able to check when colleagues swiped in and out of the building.

### **Decision / Conclusion**

Members approved the policy.

#### **S45 Voluntary Retirement and Re-employment on a Part Time Basis Policy – SGC2122-24**

The Human Resources Manager presented the Voluntary Retirement and Re-employment on a Part Time Basis Policy. He noted that a number of colleagues want to return to work after retirement, and introducing guidance would allow colleagues to retire, and return in a fixed term contract in a similar position. Some specialist jobs would require department head approval but special posts could be looked in to.

### **Decision / Conclusion**

Members approved the policy.

### **Provided with a Safe Working Environment**

#### **S46 Occupational Health and Safety Chair's Report – SGC2122-26**

The Head of Estates, 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 the work being done to streamline the committee to be represented by the right people. He had been working with the Head of Assurance and Improvement to figure a way to bridge DATIX with the risk assessments, and consider how it would affect how people think of health and safety.

### **Decision / Conclusion**

Members noted the report and approved minutes of the Occupational Health and Safety Group.

#### **S47 Workforce Report – SGC2122-27**

The Human Resources Manager (IS) presented the Workforce Report to the

## 9.2.1

committee, and highlighted the key areas. There had been an increase in headcount and turnover, and sickness absence rates had increases, now reporting above 4.5% with anxiety remaining the highest reason. The information on Covid related absence needed to be recoded so would be revisited. The absence statistics could explain why the bank spend is what it is. Annual leave was not spread equally through the year, with a higher number at the end of the financial year compared to the beginning.

The Interim Director of Human Resources was keen to gather comments on how to make the report meaningful. The self assessment would create a narrative around assurance and viability. The team would discuss the report next week to improve the report. One aspect they would consider would be why staff leave, and what the organisation are doing to help employee relations and wellbeing, both at a departmental and a directorate level.

J Taylor noted that the workforce report would provide context for the governance action plan.

The Employee Director would welcome employee relation statistics on the report, but highlighted it may be difficult to avoid identifiable data due to the small workforce.

### **Decision / Conclusion**

Members noted the report.

### **Risks**

#### **S48 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. The Interim Director of Human Resources stated that work should be done to highlight what the risks should be. The risks would include elements around statutory and mandatory training, appraisals, and other wider workforce potential risks. The self-assessment results would potentially highlight a risk if any section received disagree or strongly disagree as the majority answer. She agreed to highlight the risks to the EMT meeting tomorrow to note and agree a timeline. The Chair agreed that would be useful to understand the narrative behind the risks identified.

#### **S49 Issues Raised from Governance Committees**

No issues had been raised from other Governance Committee of the Board.

#### **S50 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

#### **S51 Any Other Competent Business**

There was no other business for discussion.

## 9.2.1

### S52 **Schedule of meetings**

The schedule of meetings for 2021/22 was noted.

### S53 **Record of Attendance**

The record of attendance was noted.

### S54 **Committee Evaluation**

Members of the Committee agreed that the reports received had been well presented and there had been good contribution to discussion.

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Financial Performance Report - Month 7 2021-22</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>Keren Somerville, Head of Finance</b>

## 1 Purpose

The report provides analysis of the financial position for the period up to 31 October 2021. Information is provided relating to resource limits, actual expenditure and variance against plan. To date, NHS Orkney is currently over spent by £2.849m.

**This is presented to the Board for:**

- Discussion
- Awareness

**This report relates to a:**

- Annual Operating Plan

**This aligns to the following NHS Scotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

This report is presented for discussion on the NHS Orkney financial position at Month 7 2021-22.

### 2.2 Background

The revenue position for the 7 months to 31 October reflects an overspend of £2.849m, of the £2.849m overspend, £2.847m relates to unachieved savings,

and NHS Orkney's operational performance at month 7 is £2k overspent. We are currently forecasting an overspend outturn of £4.705m, this is made up of:

Unachieved savings	£4.705m
Operational performance	Break-Even

## 2.3 Assessment

Analysis of the situation and considerations are provided in the attached report.

### 2.3.1 Quality/ Patient Care

There is no impact as a result of this report.

### 2.3.2 Workforce

The report is closely aligned to the workforce plan.

### 2.3.3 Financial

- Reference to Financial Performance Report, Appendix 1.

### 2.3.4 Risk Assessment/Management

The Corporate Risk Register outlines 3 main financial risks for the Organisation as follows

- Revenue Resource Limit (RRL)
- Capital Resource Limit (CRL)
- Cash Requirement

### 2.3.5 Equality and Diversity, including health inequalities

None.

### 2.3.6 Other impacts

None.

### 2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Scottish Government as part of ongoing returns
- Financial and Performance Committee
- NHS Orkney Board
- Budget Holders
- Area Partnership Forum



## **2.3.8 Route to the Meeting**

- Scottish Government as part of ongoing returns
- Discussion with Budget Holders

## **2.4 Recommendation**

- NHS Orkney Finance and Performance Committee are invited to note the contents of the Month 7 Financial Performance Report.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Financial Performance Report.

## Financial Performance Report

### Purpose of paper

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

### Background

Revenue position for the 7 months to 31 October reflects an overspend of £2.849m, of the £2.849m overspend, £2.847m relates to unachieved savings, and NHS Orkney's operational performance at month 7 is £2k overspent. We are currently forecasting an overspend outturn of £4.705m, this is made up of:

Unachieved savings	£4.705m
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.

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 7 are:

Pharmacy and drug costs to date - £195k overspend

Estates and Facilities - £301k overspend

Hospital Services - £255k overspend

There are some offsetting underspends to date which include:

Support Services - £576k 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. A further allocation for National Infrastructure Equipment has also now been received for £0.252m.

The Board proposes a capital to revenue transfer of £0.250m.

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 7, 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.

# 10.1

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Covid-19 PPE			3,000	3,000
Heart Disease Action Plan project			4,150	4,150
Contribution to Pharmacy Global Sum			(25,066)	(25,066)
Drug tariff reduction			(241,727)	(241,727)
New medicines fund		245,895		245,895
Long-acting Buprenorphine (Buvidal)			20,053	20,053
Sexual Assault Referral Centres			10,000	10,000
Workforce Wellbeing - Primary Care and Social Care			10,026	10,026
Workforce Wellbeing - NHS Scotland			9,927	9,927
GDS element of the Public Dental Service			1,747,299	1,747,299
Winter Planning Funding 2021/22			48,628	48,628
Remobilisation of NHS Dental Services			23,562	23,562
Primary Medical Services - Telephony Systems			20,000	20,000
Urgent & Unscheduled Care - Interface Care Programme			35,000	35,000
3rd & 4th Quarter of OU Students - year 20/21			40,000	40,000
Further General Covid Funding 2021/22			3,167,000	3,167,000
Nurse Director Support for Care Homes			120,000	120,000
Test & Protect			479,000	479,000
		<b>245,895</b>	<b>5,696,852</b>	<b>5,942,747</b>

## Summary Position

At the end of October, NHS Orkney reports an in-year overspend of £2.849m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £131k is attributable to Health Board operational performance budgets, with an underspend of £129k attributable to the health budgets delegated to the Integrated Joint Board. There are unachieved saving of £2.848m to date.

# 10.1

Previous Month Variance M06		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	<b>Core RRL</b>	£000	£000	£000	£000	%	£000
(202)	Hospital Services	12,687	7,350	7,605	(255)	(3.46)	(385)
(175)	Pharmacy & Drug costs	2,908	1,683	1,878	(195)	(11.57)	(326)
214	Orkney Health and Care - IJB	30,254	16,773	16,644	129	0.77	208
(900)	Orkney Health and Care - IJB Savings	(1,800)	(1,050)	0	(1,050)	100.00	(1,800)
(19)	External Commissioning	10,967	6,397	6,354	44	0.68	90
(262)	Estates and Facilities	7,015	4,086	4,387	(301)	(7.37)	(492)
612	Support Services	7,339	3,378	2,802	576	17.04	929
(0)	Covid-19	5,254	2,476	2,475	1	0.04	0
(19)	Reserves	1,077	(671)	(671)	0	0.00	(24)
(1,530)	Savings Targets	(3,040)	(1,798)	0	(1,798)		(2,905)
(2,281)	<b>Total Core RRL</b>	<b>72,661</b>	<b>38,624</b>	<b>41,474</b>	<b>(2,849)</b>	<b>(7.38)</b>	<b>(4,705)</b>
	<b>Non Cash Limited</b>						
(0)	Ophthalmic Services NCL	298	163	163	(0)	(0.00)	0
0	Dental and Pharmacy NCL - IJB	1,850	1,077	1,077	(0)	(0.00)	0
	<b>Non-Core</b>						
0	Annually Managed Expenditure	250	0	0	0		0
(0)	Depreciation	2,418	1,503	1,503	0	0.00	0
(0)	<b>Total Non-Core</b>	<b>2,668</b>	<b>1,503</b>	<b>1,503</b>	<b>0</b>	<b>0.00</b>	<b>0</b>
(2,281)	<b>Total for Board</b>	<b>77,477</b>	<b>41,367</b>	<b>44,216</b>	<b>(2,849)</b>	<b>(6.89)</b>	<b>(4,705)</b>

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, £173k 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, £2k underspend

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

- Radiology, £20k overspend

# 10.1

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

- Laboratories, £76k overspend

Diagnostic reagents spend has increased, we are currently forecasting an overspend at year end.

## **Pharmacy and drugs**

Pharmacy services and drugs are currently overspent by £195k, 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, 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 £2k this is due to the cost pressure of the locum psychiatrist within Mental Health, the overspend has reduced as IJB reserves have been utilised to fund the locum psychiatrist.
  - Pharmacy services overspend is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in recent months have increased resulting in an overspend to month 7 of £22k. We are currently forecasting a year end underspend of £51k.

# 10.1

The table below provides a breakdown by area:-

Previous Month Variance M6	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(962)	Integration Joint Board	5,896	2,708	3,857	(1,149)	(1,959)
183	Children's Services & Women's Health	2,610	1,517	1,305	212	307
96	Primary Care, Dental & Specialist Nurses	11,266	6,478	6,439	39	103
(17)	Health & Community Care	4,350	2,494	2,494	(0)	(34)
14	Pharmacy Services	4,332	2,527	2,549	(22)	(9)
(686)	<b>Total IJB</b>	<b>28,454</b>	<b>15,723</b>	<b>16,644</b>	<b>(921)</b>	<b>(1,592)</b>

## 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 £301k 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 £576k to date.

## Covid 19 Spend

NHS Orkney has recorded £2.575m spend to date attributable Covid 19, of this £1.881m is attributable to Health Board spend and £0.594m 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 £1.798m
- H&SCP £0.594m

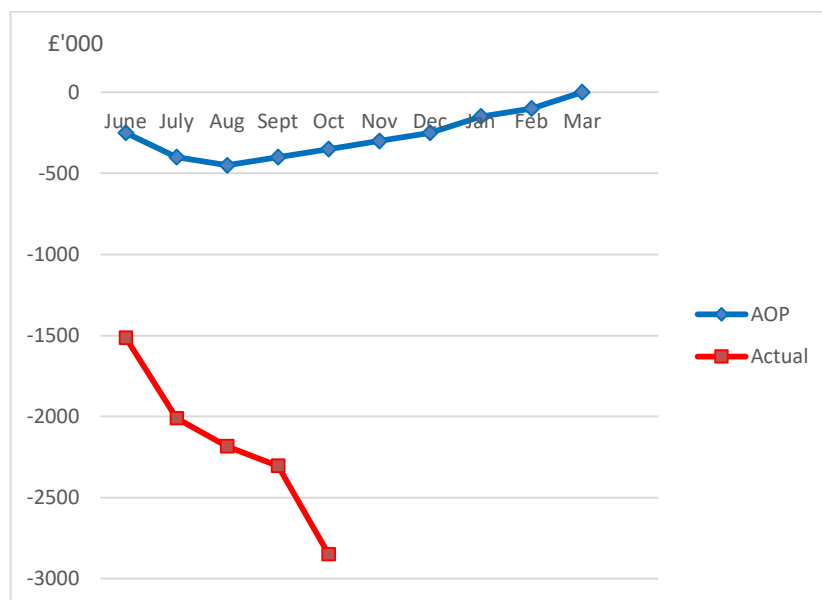
## **Unallocated Funds**

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	£4.705m
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.

The Board has identified savings schemes to date of £1.430m in 2021/22.

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 £2.849m to 31 October 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 to 31/10/21 £	Variance £	Outstanding £
<b>Allocations Received</b>				
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	
Salaried GDS	1,747,299	1,747,299	0	
New Medicines Fund	383,065	245,895	(137,170)	
Tariff reduction to global sum	(241,727)	(241,727)	0	
Open University	35,000	40,000	5,000	
Contribution to Pharmacy Global Sum	(14,052)	(25,066)	(11,014)	
<b>Allocations Awaited</b>				
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)
Open University Nursing Students 1st & 2nd Quarter Patments	45,000			45,000
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)
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)
	<u>63,009,822</u>	<u>64,351,061</u>	<u>297,114</u>	<u>(1,044,125)</u>

## 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 Programmme		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 Nerological Framework Funding Projects		34,085
Test & Protect		189,000
Covid & Extended Flu Vaccinations		165,000
Top Slice - NHS Ayreshire & 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
Covid-19 PPE		3,000
Heart Disease Action Plan project		4,150
Long-acting Buprenorphine (Buvidal)		20,053

# 10.1

Sexual Assault Referral Centres	10,000
Workforce Wellbeing - Primary Care and Social Care	10,026
Workforce Wellbeing - NHS Scotland	9,927
Winter Planning Funding 2021/22	48,628
Remobilisation of NHS Dental Services	23,562
Primary Medical Services - Telephony Systems	20,000
Urgent & Unscheduled Care - Interface Care Programme	35,000
Further General Covid Funding 2021/22	3,167,000
Nurse Director Support for Care Homes	120,000
Test & Protect	479,000
Covid and Extended Flu Vaccinations	226,000
	<b>7,792,716</b>

## Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

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

## APPENDIX 3

## 2021/22 SAVINGS

Savings schemes details		
Savings schemes by value	AOP Savings £000s	Revised full year forecast £000s
<b>Service Redesign</b>		
CRES Targets	400	400
Patient Travel	300	300
VAT Savings on Locums	300	300
<b>Total Service Redesign</b>	<b>1,000</b>	<b>1,000</b>
<b>Drugs and Prescribing</b>		
		0
<b>Total Drugs and Prescribing</b>	<b>0</b>	<b>0</b>
<b>Workforce</b>		
Clinical Admin Post		56
Sustainable Medical Model		100
<b>Total Workforce</b>	<b>0</b>	<b>156</b>
<b>Procurement</b>		
IT Contracts		24
<b>Total Procurement</b>	<b>0</b>	<b>24</b>
<b>Infrastructure</b>		
		0
<b>Total Infrastructure</b>	<b>0</b>	<b>0</b>
<b>Other</b>		
Capital to Revenue Transfer	250	250
<b>Total Other</b>	<b>250</b>	<b>250</b>
<b>Integration Joint Boards</b>		
2020/21 Savings Target		0
<b>Total Integration Joint Boards</b>	<b>0</b>	<b>0</b>
<b>Financial Management/Corporate</b>		
		0
<b>Total Financial Management/Corporate</b>	<b>0</b>	<b>0</b>
<b>Value of Schemes Underway</b>	<b>1,250</b>	<b>1,430</b>

## Summary of Savings

Value of schemes underway	1,250	1,430
Unidentified Savings Balance	4,220	4,840
<b>Total of Identified and Unidentified Savings</b>	<b>5,470</b>	<b>6,270</b>

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>(Actua l)</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
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	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	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

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 16 December 2021
Title:	Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Christina Bichan, Head of Assurance & Improvement and Louise Anderson, Waiting Times Co-ordinator

## 1 Purpose

Please select one item in each section and delete the others.

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Annual Operation Plan
- Government policy/directive

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The measurement of performance is an important part of the management of all public services. Over time, performance management allows relative measurement to be made so that improvements can be evidenced. It can also identify areas where extra effort is needed to achieve agreed improvements.

## 2.2 Background

This performance reports links across the Board's priority areas of quality and safety and systems and governance by providing Board members 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.

## 2.3 Assessment

Performance improvements are noted in this reporting period in relation to the cancer targets and performance against the 4 hour Emergency Department standard continues to exceed the 95% level. Achievement of the access standards remain adversely affected by the impacts of the COVID-19 pandemic.

This report contains information from published sources and it should be noted that access to up to date published information has been adversely affected by the pandemic in some instances. All standards which have no update to report have been moved to Appendix 1 to ease readability. Internal data continues to be used for reporting more timely updates on performance to the Finance and Performance Committee.

Following on from recent discussions regarding Active Governance this report will be restructured in the new year. Staff training and development to aid the formation and analysis of statistical process control charts is currently being progressed.

### 2.3.1 Quality/ Patient Care

Although the performance standards included within this report are largely numerical in nature they are founded on the principle that meeting target performance levels will secure better outcomes for people given evidence that long waits have a detrimental impact on health and well-being outcomes over the immediate and longer term.

### 2.3.2 Workforce

Balancing pressures of increased demand for services and reduced capacity was a theme from discussions with staff during Remobilisation planning meetings. Staff reported finding it disappointing to not be able to respond more quickly to referrals and challenging balance taking time to improve ways of working and find new solutions to waiting list pressures with providing clinical care.

### 2.3.3 Financial

The reduction in clinic and theatre throughput resulting from the COVID-19 pandemic has meant that less activity is being delivered for the money spent.

### 2.3.4 Risk Assessment/Management

Consideration of the performance report at the November 2021 meeting of the Finance and Performance Committee highlighted the need for the articulation of risk relating to the failure to deliver against the Board's performance targets. A risk assessment is being prepared for consideration by the Executive Management Team.

## **2.3.5 Equality and Diversity, including health inequalities**

Ensuring timely access to Ante-natal care across all SIMD quintiles (16) and sustaining and embedding successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (20), where the Board exceeded its performance target, are examples of seeking to address health inequalities through managing performance.

## **2.3.6 Other impacts**

None noted.

## **2.3.7 Communication, involvement, engagement and consultation**

- There are no consultation requirements associated with this item.

## **2.3.8 Route to the Meeting**

- This report has been prepared for the purposes of the Board and has not been shared through other forums.

## **2.4 Recommendation**

- **Discussion** – Examine and consider the implications of a matter.

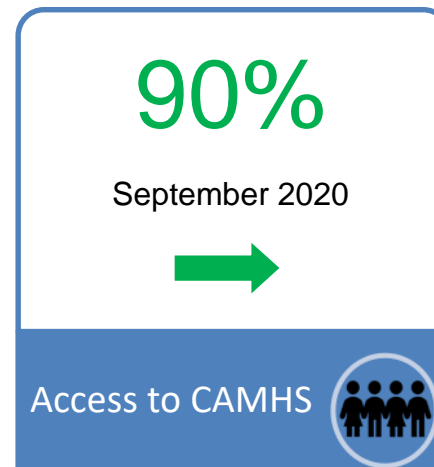
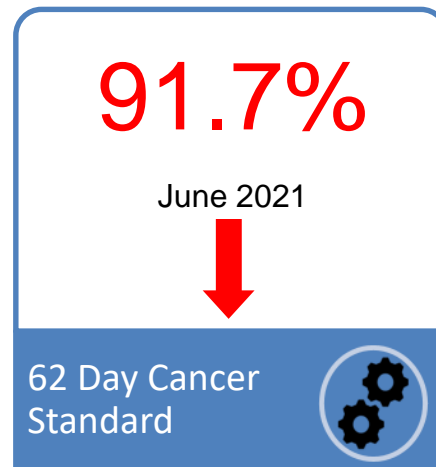
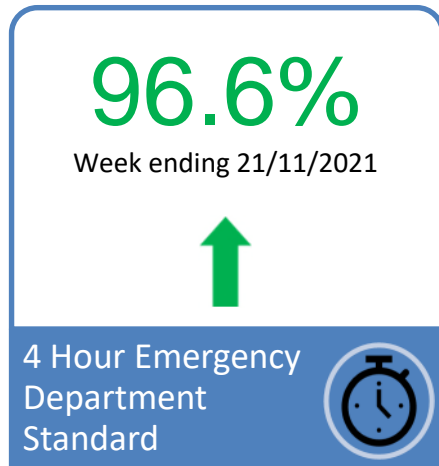
## **3 List of appendices**

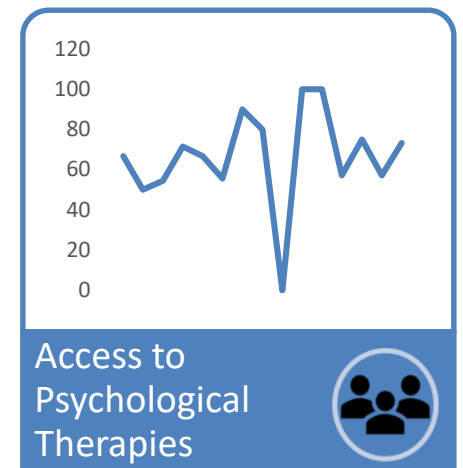
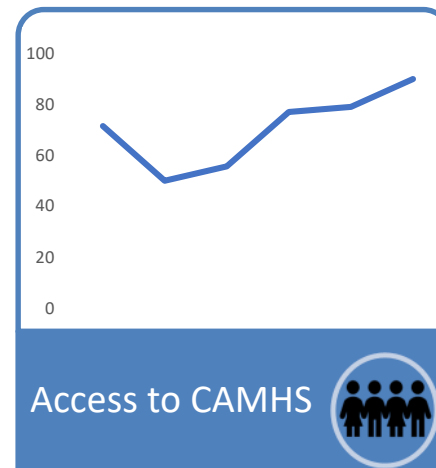
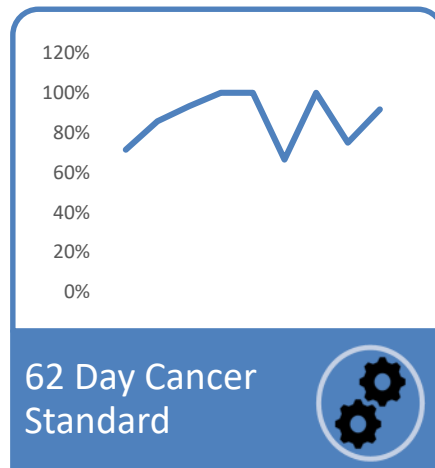
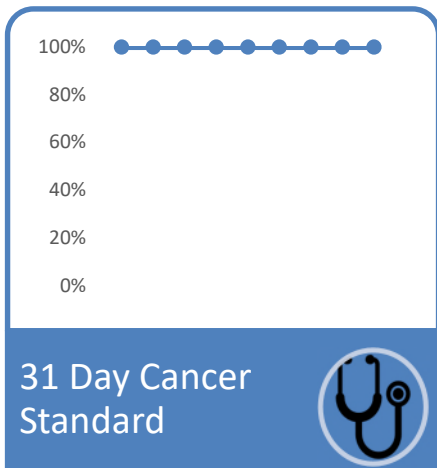
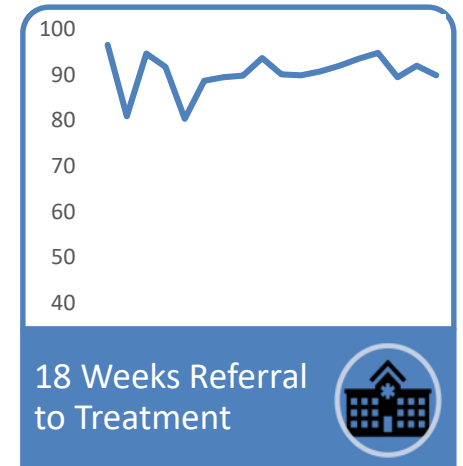
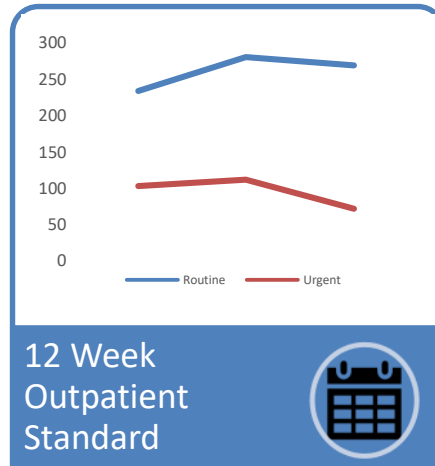
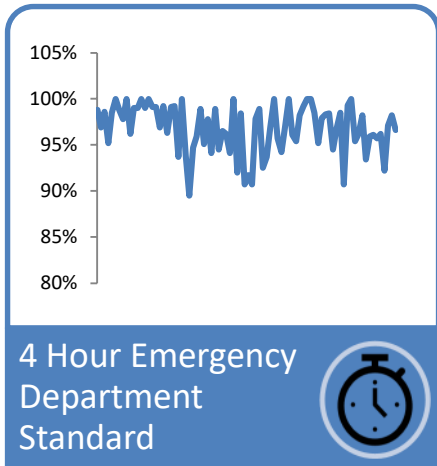
The following appendices are included with this report:

- Appendix No 1: Performance Targets with No Update to Report



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



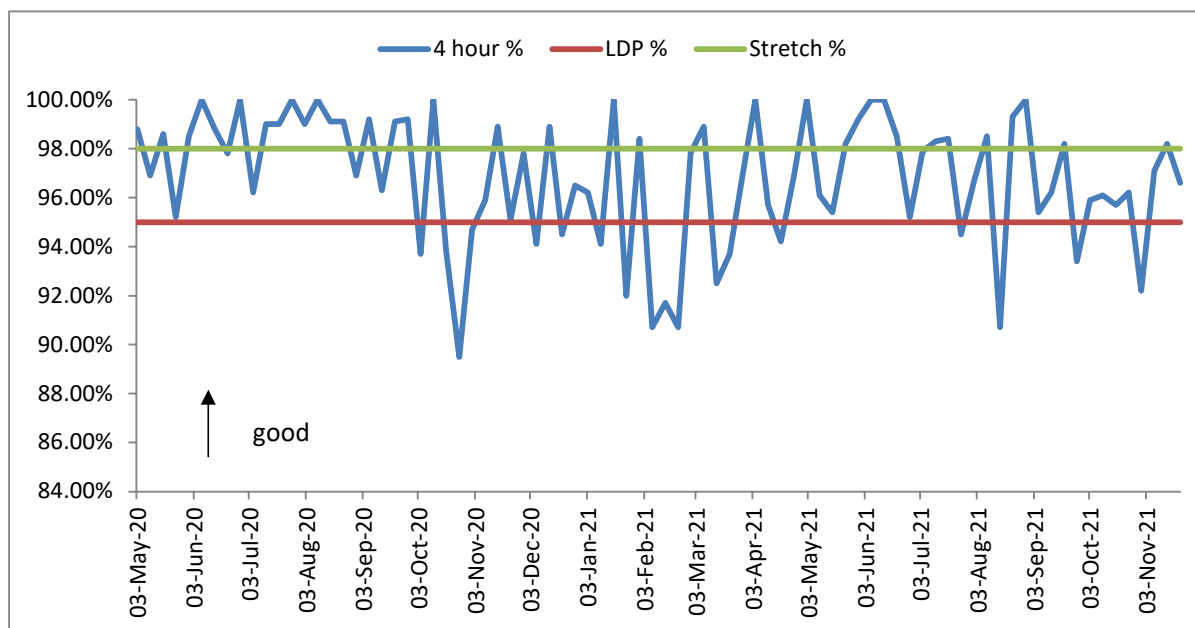


## 1. Emergency Department Performance

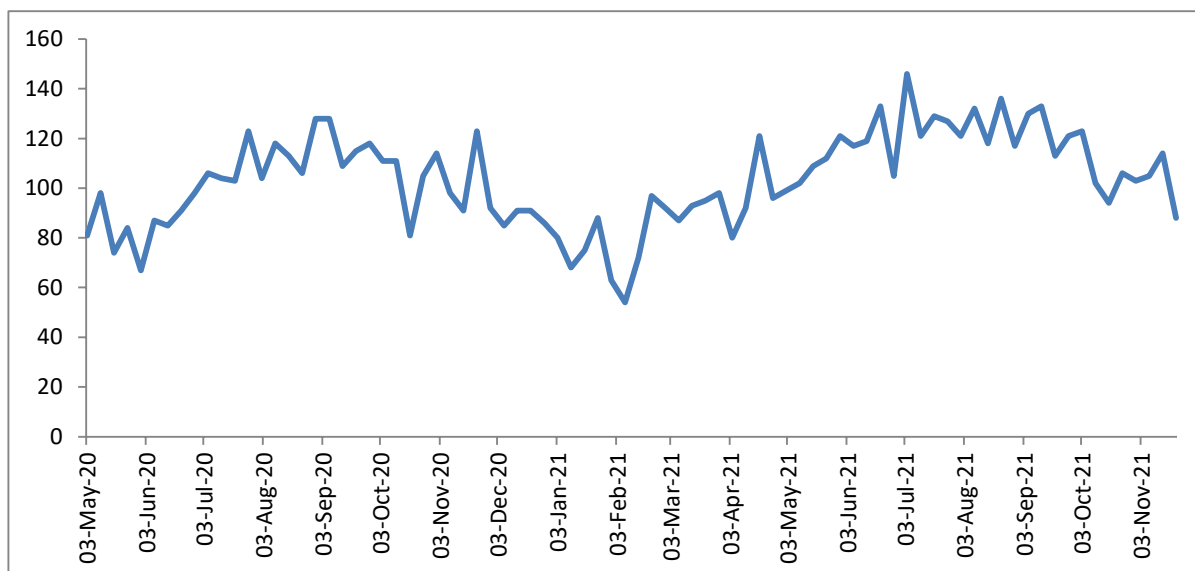
**Standard** - 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%.

**Update** - As at week ending 21st November 2021, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 96.6%. There were 88 attendances and 3 breaches. 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, The Balfour (% patients seen within 4 hours)**



**Figure 2: ED Attendances by week, The Balfour, March 2020- September 2021**

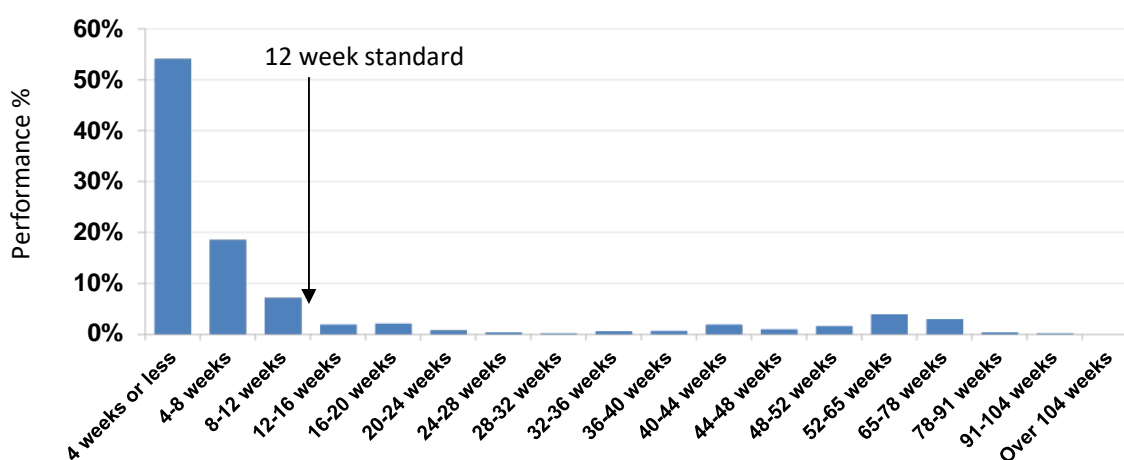


## 2. Outpatients

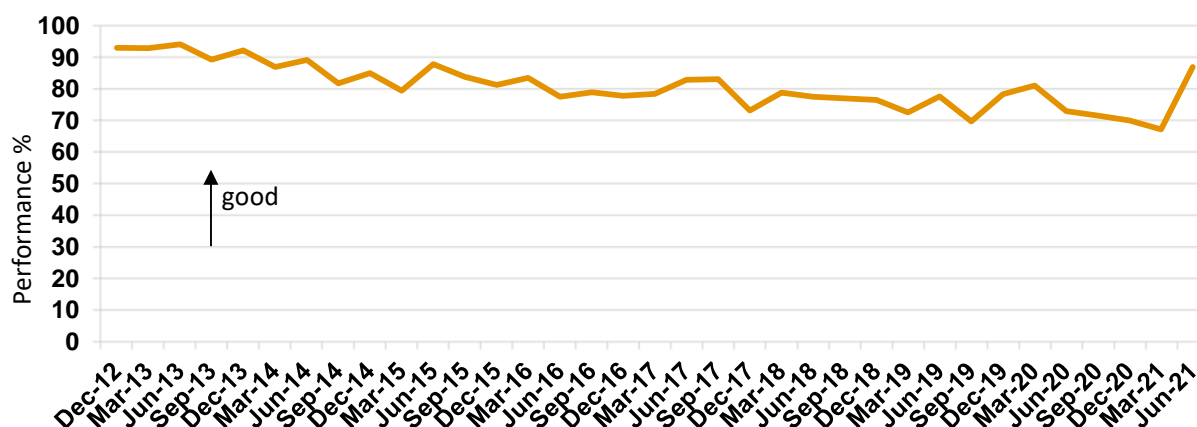
**Standard** - 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100%

**Update** – At the end of September 2021, there were 1111 patients waiting for a new outpatient appointment. 41.4% of these had been waiting longer than 12 weeks and 31.86% waiting greater than 16 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. 1045 patients were seen during the last reporting period with 80.1% waiting less than 12 weeks.

**Figure 3: Distribution of adjusted wait length for patients seen by NHS Orkney, all specialties – Quarter ending September 2021**



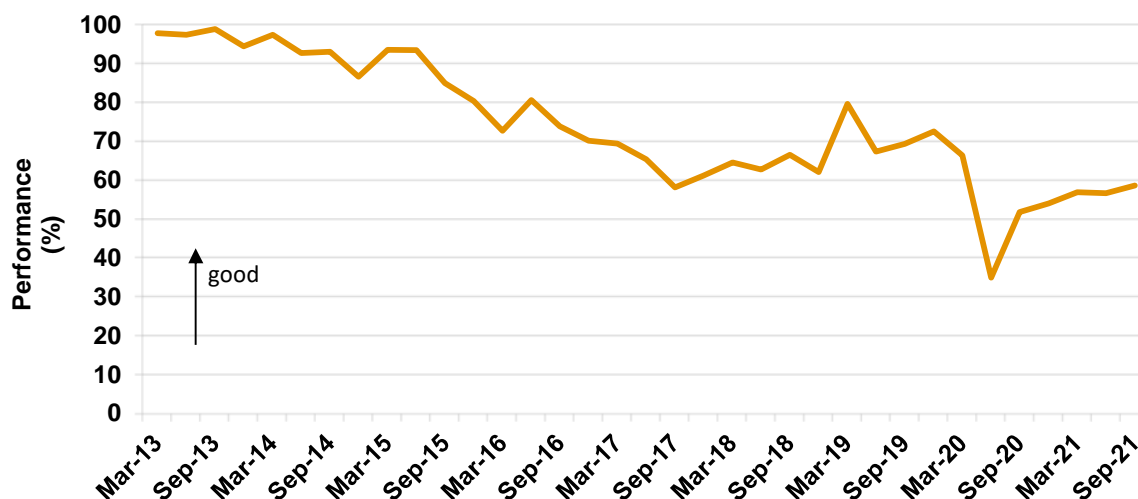
**Figure 4: Percentage of New Outpatient Completed Waits within 12 weeks, NHS Orkney – Sept 2021**



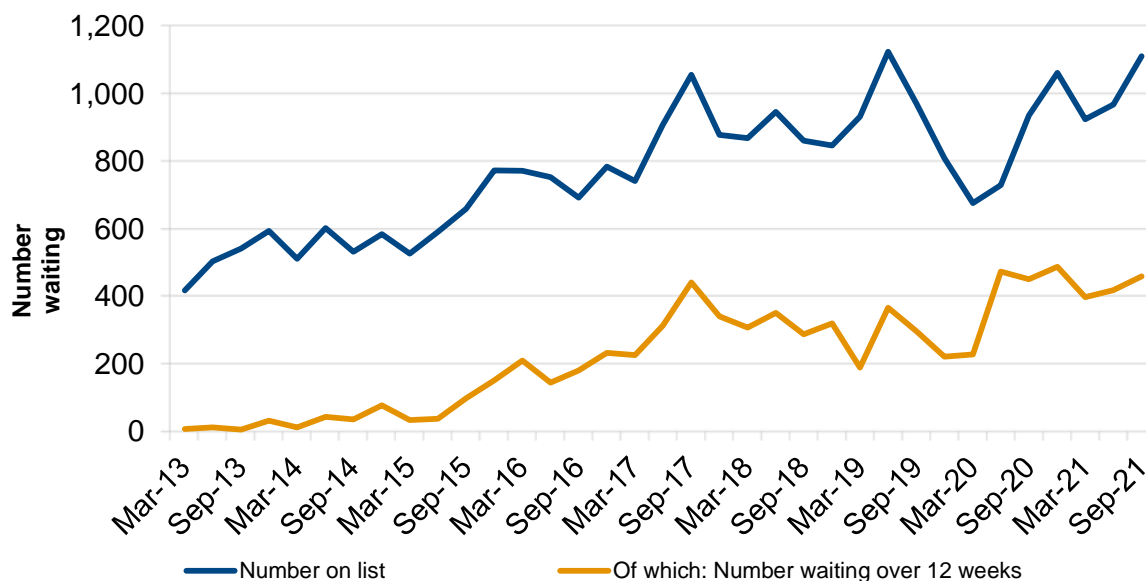
## 10.2

Some of the longest waits for outpatient appointments are being experienced in the Ear, Nose and Throat service given the backlog which formed during the pausing of visiting elective services in 2020. To improve this position 2 additional outpatient clinics were planned to see long waiting patients in November 2021 with one being delivered and the other postponed due to adverse weather conditions impacting on flight arrivals. This has now been rescheduled for January 2021 along with a third additional clinic for this speciality. Additional ophthalmology and trauma and orthopaedic clinics are also being planned to improve access and reduce waiting times.

**Figure 5: Performance against New Outpatient Standard (12 weeks) – NHS Orkney, 2012 – 2021**



**Figure 6: Outpatient waiting times – NHS Orkney, 2013-2021**

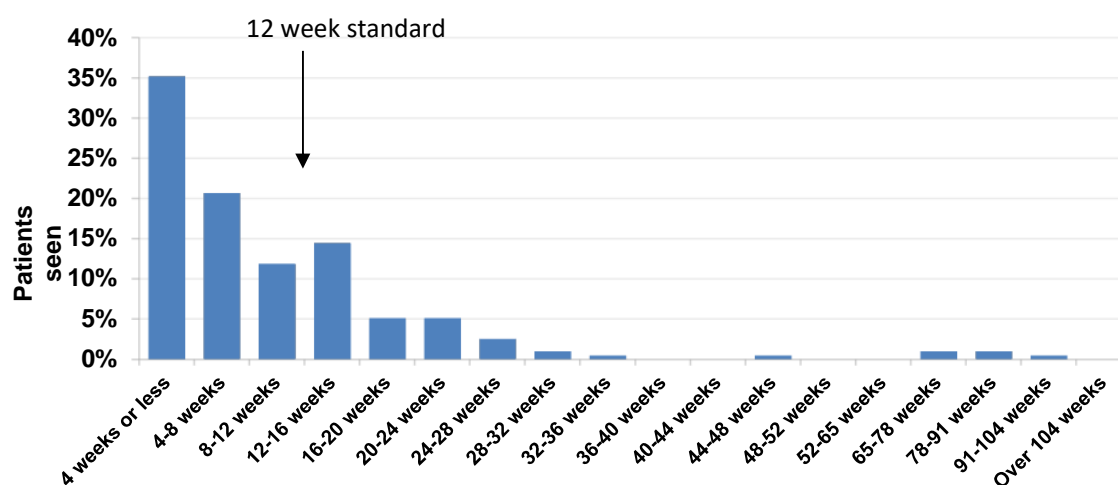


### 3. Treatment Time Guarantee (TTG)

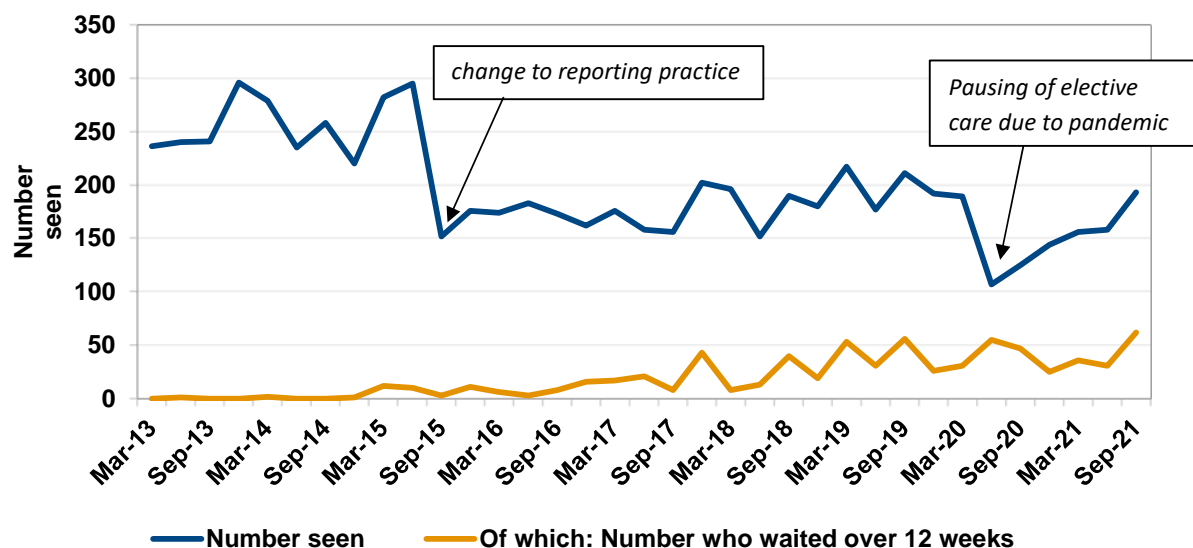
**Standard** - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

**Update** – During the quarter ending 30 September 2021, 193 patients were treated of which 62 had waited over 12 weeks. This represents an increase from the previous quarter ending 30 June 21 when there were 158 patients treated. In total during this quarter there were 295 patients waiting for an inpatient/day case procedure with 134 (45.42%) waiting for more than 12 weeks. Figure 7 below shows the distribution of waits for those seen in September and Figure 8 shows the number of people seen and those who waited over 12 weeks, over the time period March 2013-September 2021.

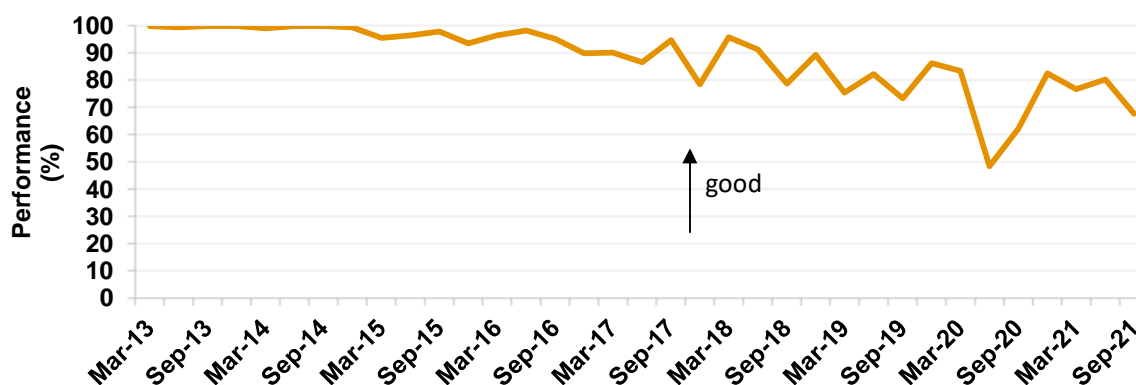
**Figure 7: Distribution of adjusted wait length, patients seen, NHS Orkney – quarter ending 30 September 2021**



**Figure 8: Number of inpatients and daycases seen and number who waited over 12 weeks, NHS Orkney, March 2013-September 2021**



**Figure 9: Performance against Treatment Time Guarantee, NHS Orkney, March 2013-September 2021**



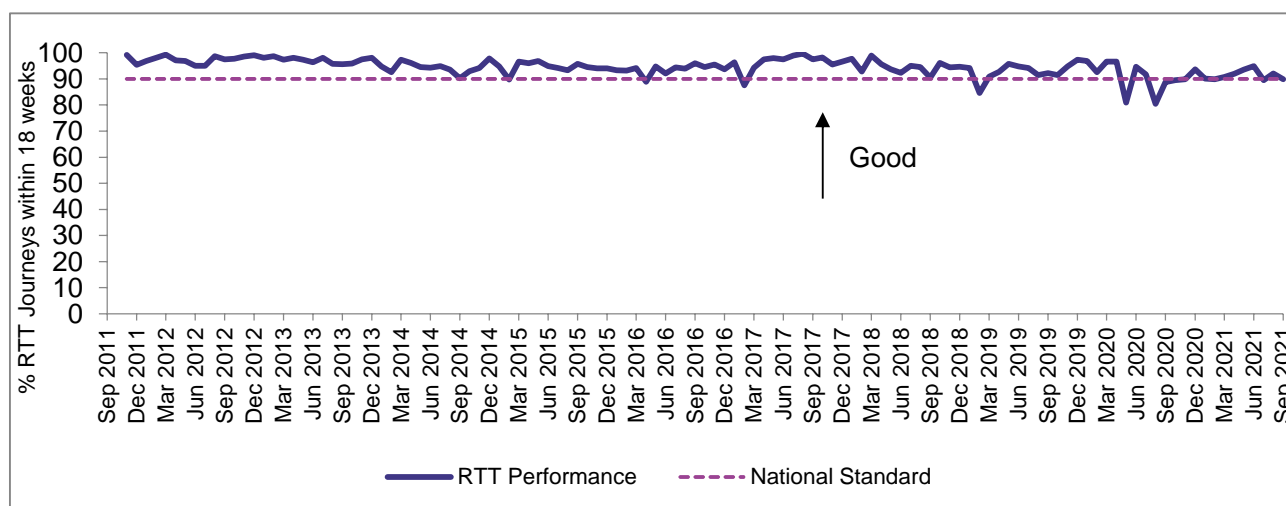
The majority of patients are within the Trauma and Orthopaedic, Ophthalmology and Oral Surgery specialties where elective cancellations in the earlier part of the year coupled with a reduction in operating capacity on an ongoing basis is creating a backlog of patients awaiting appointment both here and 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 only been accepted in reduced numbers 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 have become available and patient identification is ongoing. Plans are also in place for additional short term capacity within Oral Surgery to facilitate treatment.

#### 4. 18 Week Referral to Treatment

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

**Update** – Published data from September 2021 details 89.9% of patients were reported as commencing treatment within 18 weeks. There were 702 completed patient journeys of which 79 were not completed within 18 weeks.

**Figure 13: 18 week referral to treatment performance, NHS Orkney, September 2011-September 2021**



## 5. IVF Treatment

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

**Update** – During July to September 2021, there were 3 referrals and 1 patient seen who had waited less than 13 weeks, making performance for the period 100%.

## 6. 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)

**Update** – During 2020/21 there were 42 LDP quit attempts, exceeding the target of 31.

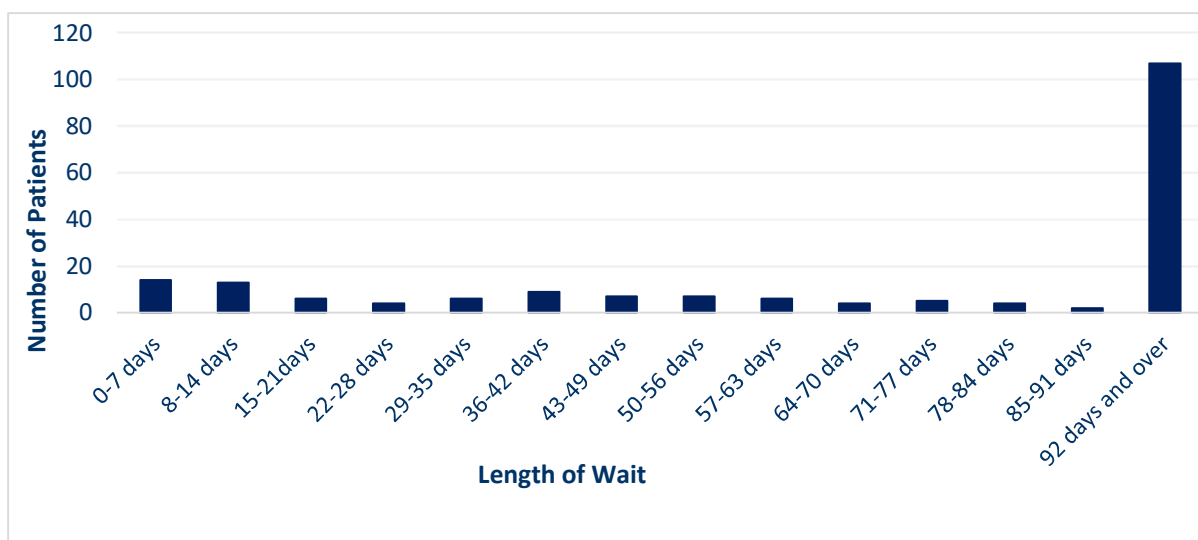
In addition to the above there are several areas of focus which do not sit within LDP standards but are areas of priority for Board delivery as stated by Scottish Government in their LDP guidance. Examples of this are reducing the number of people who are waiting to move from hospital wards to a more 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).

## 7. Diagnostics

**Update** - At the end of September 2021 there were 194 patients on the waiting list for a key diagnostic test. Of these, 81% had been waiting greater than 4 weeks and 73% had been waiting greater than 6 weeks. The numbers waiting has decreased in the past few months, reducing from 202 in July 2021 and 196 in August 2021. However, there are more breaching 4 and 6 weeks in comparison to previous months.

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.

**Figure 14: Distribution of waits – 8 key diagnostics tests, The Balfour – September 2021**

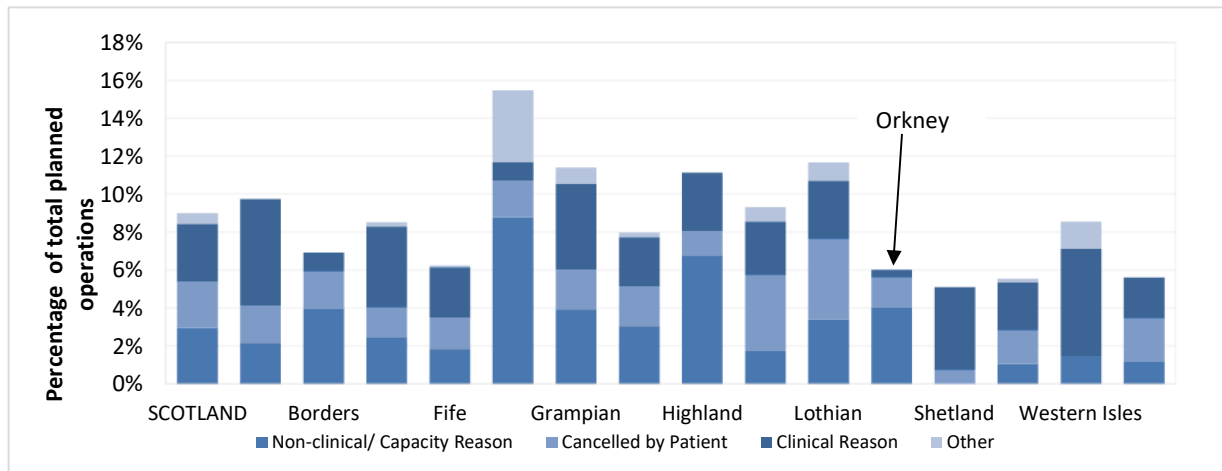




## 8. Cancelled Operations

The total number of planned operations across NHS Orkney during September 2021 was 249, a decrease from August 2021 (289). 15 operations were cancelled in September 2021. 10 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 4 were cancelled by the patient and 1 was cancelled based on clinical reason by the hospital. In comparison, 16 were cancelled in August 2021. Current performance at 6% is still ahead of the national average of 9%.

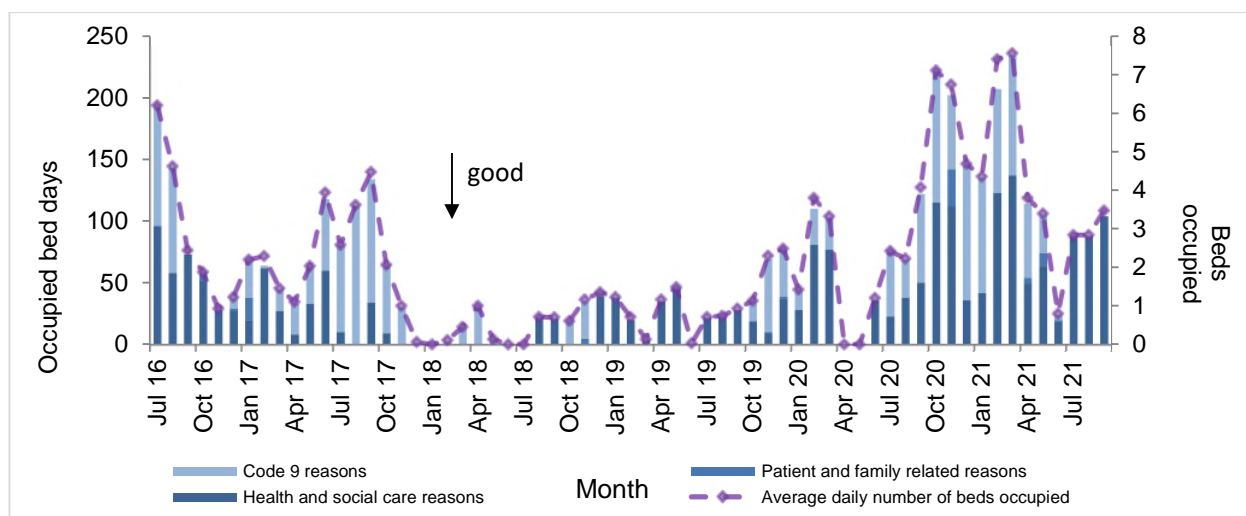
**Figure 15: Cancellation Reason for Planned Operations (September 2021) Source: PHS**



## 9. Delayed Discharges

**Patients who are medically fit for discharge but whose discharge has been delayed for non medical reasons.** Latest figures (September 2021) indicate that there were 104 Bed Days Occupied by Delayed Discharges. All 104 were due to Health and Social Care reasons. At Census there were 2 delays. Both of these were due to health and social care reasons (assessment). The latest performance is shown in Figure 23 below.

**Figure 23: Bed Days and average Beds Occupied by Delayed Discharges, The Balfour (Adults 18+) July 2016 – September 2021**



## Appendix 1: Performance Measures with No Update to Report

### 10. 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.

Most recent update – 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%.

### 11. 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.

### 12. Antenatal

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

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

### 13. 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.

### 14. 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.

## 15. 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.

No update to report – 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.

## 16. 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.

No update to report - 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.

## 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 & 2.

**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

**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%)

# NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 16 December 2021
Title:	Chairs Report – Finance and Performance Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Davie Campbell, Finance and Performance Committee Chair

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Local policy

**This aligns to the following NHS Scotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The Finance and Performance Committee reports through each NHS Orkney Board meeting, to ensure members receive any assurance given and action any issues raised.

### 2.2 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 25 November 2021. It was agreed that this should be reported to the Board.

## 2.3 Assessment

### 2.3.1 Financial

#### Lockdown Policy and Lockdown Plan

The Resilience Officer attended to present the Lockdown Policy and Lockdown Plan for The Balfour, highlighting the following key points:

- The documents provided were updated from those which were in place for the Old Balfour Hospital site, and highlighting the procedure for calling one of the four types of lockdown, including who has the authority to do so and any legal implications.
- Once the policy was approved, live testing of the plan would take place, with emphasis placed on ensuring that individuals involved in declaring a lockdown or undertaking the plan understand it in its entirety. This would include estates staff in particular, who would be involved at an operational level, should a lockdown be called.

Members approved the Lockdown Policy and Lockdown Plan.

#### Digital Strategy

The IT Manager attended to present the Digital Strategy, which highlighted the plan for the Board over the coming 5 years. Following the addition of some minor points of clarification and articulation, members recommended the strategy for approval by the Board.

The updated Digital Strategy is on the NHS Orkney Board agenda for 16 December 2021.

#### Financial Performance Report

The Director of Finance delivered the Financial Performance Management Report, detailing the current financial position of NHS Orkney. Members noted that the revenue position for the 7 months to 31 October reflects an overspend of £2.849m, with a current forecast of an overspend outturn of £4.705m.

Discussions with other Health Boards to monitor SLA activity and the impact of Covid 19 on these costs in year were ongoing.

Following recent conversations with Scottish Government colleagues we now anticipate full funding for Covid 19 costs.

Members noted the update and were assured of progress.

## Financial Recovery Plan

The Director of Finance presented the update, highlighting that since the time of writing the report, he had held a hugely encouraging conversation with his executive colleagues surrounding the plan. A further update would come to the NHS Orkney Board In committee meeting in December 2021, which would include the outcome of these discussions.

Members discussed the plan at length and noted the severity of the projected financial position and significant savings required. The Director of Finance stressed that the financial recovery plan would need to be led by the entire organisation as a whole.

## Capital Plan

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

- The Board would discuss a proposed capital to revenue transfer of £250k with the Scottish Government.
- Discussions have taken place with the Estates team surrounding utilising unspent capital resource which had been allocated to Medical Equipment, and plans were in place to spend this.
- Discussions were taking place with the Scottish Government regarding surplus funds from the sale of local properties, being utilised on island rather than returned to Scottish Government.
- It was hoped that a decision could be made regarding disposal of the old Balfour site in 2022/23

Members noted the updated Capital Plan for 2021/22

### **2.3.2 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.

- Finance and Performance Committee 25 November 2021

## **2.4 Recommendation**

### **Awareness**

- To adopt the approved minutes of the Committee

### **3 List of appendices**

The following appendices are included with this report:

- Finance and Performance Committee Minute – 23 September 2021

## Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of Orkney NHS Board held on **Thursday, 23 September 2021** at **9:30**

**Present:** Davie Campbell, Non-Executive Director (Chair)  
James Stockan, Non-Executive Director (Vice Chair)  
Michael Dickson, Interim Chief Executive  
Mark Doyle, Director of Finance  
Steven Johnston, Non-Executive Director  
Joanna Kenny, Non-Executive Director (deputising for M McEwen)

**In Attendance:** Christina Bichan, Head of Assurance and Improvement  
Christy Drever, Committee Support  
Colin Marshland, Director of Finance – NHS Shetland  
Richard Rae, IT Manager (for item F43)  
Keren Somerville, Head of Finance

### F38 **Apologies**

Apologies were noted from Steven Brown, Kevin Fox, David McArthur, Meghan McEwen, Pat Robinson and Louise Wilson.

### F39 **Declarations of Interests – agenda items**

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

### F40 **Minutes of Meeting held on 22 July 2021**

The minute of the meeting held on 22 July 2021 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- J Stockan noted that he had sent apologies for this meeting, however had not been noted in the apologies within the minute.

### F41 **Matters Arising**

#### F26 – Property Asset Management Strategy

Members queried progress towards the environmentally friendly funding application, the Director of Finance would seek an update for the next meeting.

### F42 **Action Log**

The action log was reviewed and updated as required.

#### **Performance Management**

### F43 **eHealth and IT Update – FPC2122-16**

The IT Manager attended to present the eHealth and IT Update, highlighting the following key points:

- The past 12 months had been a very busy period for the team, including the



## 10.3.1

roll out of Office 365, maintenance of Microsoft Teams and updates to underlying infrastructures.

- Work was progressing to provide increased control of the service desk requests, which would expand out to include the Estates and Learning departments.
- Training had been accessed through Microsoft which would be rolled out across the organisation through the Organisational Development and Learning Team.
- Work to upgrade the switch hardware, firewalls, policies and virus control was ongoing. This would provide the team with better visibility across the organisation.
- Over the past 18 months there had been a sustained campaign to reengage GP surgeries and upgrade servers, which had made good progress and most surgeries had been moved onto Windows 10 and the NHS Orkney domain.
- Nationally, the community health index project was now complete, and the child health system was due to start at the beginning of 2022.
- Future priorities for the team included progress on the Electronic Patient Record System, which included engagement with other Boards; increased isles and GP surgery connectivity, which was hoped to be completed by mid 2022; remote working platform upgrades; and increased cyber security across the organisation.

Members noted the update and queried whether there was an action plan or set timescales for projects going forward. The IT Manager advised that an action plan was still in draft, and would include budgets, staffing requirements and delivery timescales once these had been determined for each project.

The Director of Finance advised that the action plan would be included within the digital strategy, which it was hoped would come via the next meeting of the Committee. Key focus was on the resourcing and staff training to undertake work.

Members noted that the IT and eHealth team were now up to a full establishment, which it was hoped would allow individual team members to grow and progress over time.

Members were advised that work had begun in early 2021 surrounding sustainability, including monitoring of temperature, humidity and power usage with the server rooms. Where possible, the use of virtual systems was encouraged and reusing technology where possible. Any outdated technology that was no longer usable, was given to the local college to be used in hardware classes.

J Stockan highlighted the need for increased connectivity across the county, rather than only within NHS Orkney, noting concerns that NHS Orkney builds a single use platform rather than working with other organisations to increase connectivity all over. The IT Manager advised that he had been working alongside the team looking to introduce 5G to the county and would continue to do so. The planned structures to be built on isles to support our systems would be usable by other organisations and this would be discussed in future.

### **Decisions/Conclusion**

Members noted the update and were assured of progress within the team.

Members agreed to receive a further update in 6 months to monitor further progress.

### F44 **Technology Enabled Care Board Chairs Report and Minute – FPC2122-17**

The Director of Finance presented the Technology Enabled Care Board Chairs Report, highlighting that:

- The Group had met again on 17 August 2021.
- Members approved the Terms of Reference for the group, which had been provided to the Finance and Performance Committee today for noting.
- The Digital strategy had been reviewed by the group and was hoped to come to the next Finance and Performance Committee for recommendation for approval by the Board.
- Members noted the top priorities for the IT and eHealth team going forward, including the electronic patient records management system

### **Decisions/Conclusion**

Members noted the update and were assured of progress.

### F45 **Performance Management Report – FPC2122-18**

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 within the Emergency Department continued to be good. Planning and projections for winter were taking place to keep flow through the system.
- The 12 week outpatients continued to progress well.
- Golden Jubilee had paused receipt of trauma and orthopaedic referrals to avoid further delays. They plan to reopen to further referrals when it was applicable. Discussions had been ongoing with NHS Shetland regarding use of the Vanguard service. A meeting with Golden Jubilee and vanguard would take place in October to discuss relieving some of the pressure on the services in the short term.
- There was a small backlog within the cataracts service, however it was hoped that the return to day surgery capacity would allow case numbers to return to more normal levels.
- Performance against the cancer referral to treatment had been slightly below the target, however the Board continued to perform well compared to other areas. There had been a notable increase in patients referred to the service, which had caused slightly longer waits for some than usual.
- The Child and Adolescent Mental Health Services (CAMHS) data reporting had progressed well and would be published soon, with more regular updates to come in future. Work was ongoing surrounding capacity within the team to provide data going forward.

Members noted the positive update on dementia diagnoses rates, and the recent dementia strategy which had been drafted.

Members discussed the changing presentations to services in response to the Covid-19 pandemic, which had made projecting figures and future planning more difficult.

The Interim Chief Executive highlighted that delayed discharge pressures had been seen across all Boards, and recognised the hard work of NHS Orkney staff which had kept our figures down in this area.

Members felt it would be helpful to be able to look at the bigger picture of local performance, for instance presentations to the new hospital compared to the old hospital, and in comparison to other Boards.

### **Decisions/Conclusion**

Members noted the Performance Management Report and were assured of progress against standards.

### **Financial Management and Control**

F46

#### **Financial Performance Management Report – FPC2122-19**

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

- The year to date position was an overspend of £2.183m with an anticipated year end outturn of £5.029m overspend.
- 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.
  - NHS Orkney had recorded £1.745m spend to date attributable Covid 19. Following recent conversations with Scottish Government colleagues, full funding for Covid 19 costs was now anticipated and the position had been adjusted accordingly.
  - Achievement of £1.43m of the £5.5m savings targets identified in the Remobilisation Plans was anticipated to be met during the remainder of the year.
  - The main areas of overspend were within pharmacy, estates and facilities and hospital services. There was an offsetting underspend within support services.
- Plus Us engagement would begin later in September, and was hoped to begin generating savings against locum spend.

Members noted that the Integration Joint Board savings target had been mutually agreed for 3 years commencing 2019/20, however very little had been delivered so far, due to the Covid-19 pandemic response and so the target had been rolled forward. Suggestions for potential areas of savings had been discussed and work was ongoing.

Members noted that the sustainable medical model had begun to deliver savings, and the Interim Medical Director continued to work on further permanent posts and future savings.

Members were advised that the Head of primary Care would begin a review of pharmacy and prescribing costs within GP surgeries and would feedback in due course.

### **Decisions/Conclusion**

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

### **Governance**

#### **F47 Issues raised from Governance Committees / Cross Committee Assurance**

No issues had been raised.

#### **F48 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:

- eHealth and IT Update

#### **F49 Any Other Competent Business**

There was no other competent business.

### **Items for information and noting only**

#### **F50 Schedule of Meetings**

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

#### **F51 Record of attendance**

Members noted the record of attendance.

#### **F52 Committee Evaluation**

The Chair praised the level of scrutiny of papers, and noted the assurance received from the eHealth and IT Update.

*The meeting closed at 11.13*

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Corporate Risk Register</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Michael Dickson, Interim Chief Executive</b>
<b>Report Author:</b>	<b>Christina Bichan, Head of Assurance &amp; Improvement</b>

## 1 Purpose

**This is presented to the Committee for:**

- Awareness

**This report relates to a:**

- Government policy/directive
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide an update on and overview of risk management across NHS Orkney.

This paper links to the following priority areas of the Board.

- Quality and Safety
- Systems and Governance
- Sustainability

## 2.2 Background

NHS Orkney's Risk Management Strategy forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance. The Risk Management Strategy and Policy was approved by the Board at its December 2018 meeting following development by the Board's previous Director of Finance and Risk Management Lead. Work has been ongoing over the past 18 months to develop greater maturity in the risk management interactions across the health care system. As a result of these activities a refreshed Corporate Risk Register was approved by the Board of NHS Orkney at its June 2021 meeting.

A 3 tier risk management system has been developed which allows for escalation and de-escalation of risk as appropriate to take account of changes in our operating environment and organisational landscape with the Risk Management Forum playing an active role in this process.

The Corporate Risk Register is owned by the Chief Executive, who, in conjunction with the Executive Directors and members of the Board, ensures that strategic risks which would influence the 'business' aspects of managing the organisation are recognised and addressed. These risks may derive from:

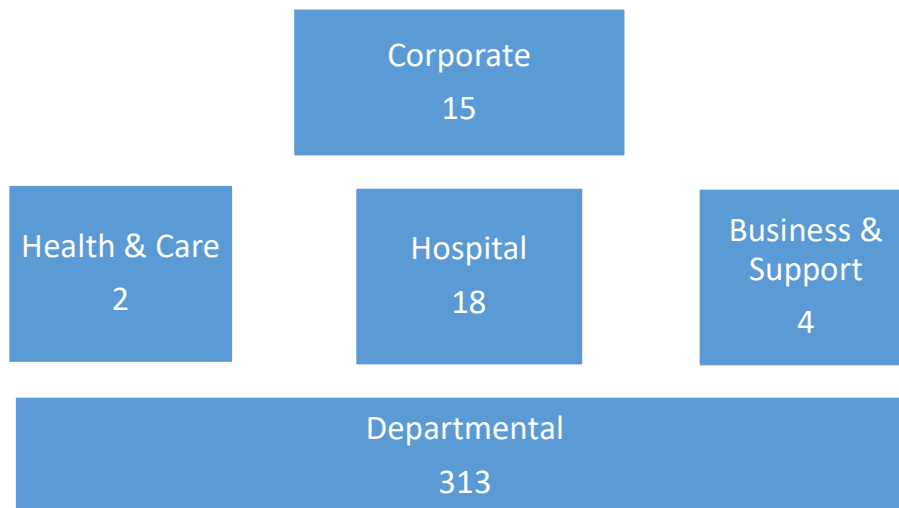
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

## 2.3 Assessment

The Risk Management Strategy referred to in Section 2.2 provides strategic direction for risk management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our documentation lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation. In line with the findings of the most recent internal audit on risk management report a revised strategy is under development.

Engagement in the identification, assessment, review and management of risks is very positive across all departments and the Clinical Governance and Risk Facilitator continues to work closely with risk handlers to provide support and guidance. In response to the findings of the HSE Inspection and as part of implementing the associated improvement plan there has been a particular focus on the assessment of risks associated with violence and aggression and manual handling across the organisation. This work has been taken forward at pace and with completion rates rising, analysis of gaps in controls and risk exposure is being undertaken to ensure mitigation is prioritised on the basis of highest areas of risk. This work is requiring one to one assistance in many instances and discussions are being used as an opportunity to ensure other health and safety related risks are also being considered as they relate to individual departments and assessed as appropriate.

Monthly reporting of all Tier 1 and 2 risks to the Executive Management Team is continuing and Figure 1 below summarises the active risk position across the organisations 3 tier risk register structure as of the end of October 2021.



As can be seen from the above summary the majority of risks are being managed and held at a departmental level. Risks at this level tend to be relatively fluid and identification and assessment of new risks is encouraged, as good management practice. Proactive risk assessment and regular review of departmental risk registers is supporting the prioritisation of responses and ensuring resources are being directed to address areas of most concern. Table 1 below provides a summary of risk exposure across each of the risk registers.

Risk Exposure – Table 1:

October 2021

Current Risk Exposure (Total score)	Very High	High	Medium	Low	Total	% of total
Corporate	80	143	9	0	232	43%
Health & Care	0	15	9	0	24	4%
Hospital	60	169	18	0	247	46%
Business & Support	0	12	24	0	36	7%
TOTAL EXPOSURE	140	339	60	0	539	100%
% of total	26%	63%	11%	0%		

During the last reporting period 2 risks were escalated from operational risk registers to the corporate risk register in light of information gleaned from the HSE inspection:

725: NHS Orkney's ability to comply with the requirements of the Manual Handling Operational Regulations 1992 and 726: NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHS Orkney.

The corporate risk register is provided in Appendix 1 and as can be seen there are currently 15 risks on the corporate risk register with each of them owned by a member of the Executive Management Team. All risks are subject to review and update at an interval appropriate to the individual risk and as can be seen from the information presented, all risks have been subject to recent review and mitigating actions are being taken to address gaps in controls.

The highest levels of corporate risk relate to health and safety compliance and information security, both areas where there is considerable improvement action ongoing with reporting to the Staff Governance and Information Governance Committees respectively as well as care and financial sustainability.

### 2.3.1 Quality/ Patient Care

Since the last update to Board risk 509 - *Care and financial sustainability may be compromised should the current medical workforce model continue* and the risk rating has been reduced to 16 (high) from its previous score of 20 (very high) showing positive movement in relation to this risk as a result of further successful recruitment.

Corporate risks aligned to the Clinical and Care Governance committee are being reported at each Committee meeting and early discussions with the Medical Director have indicated a potential role for the Quality Forum in consideration of operational clinical risks as part of improving clinical safety and quality. This will be further explored by the group and in the developing Clinical Safety & Quality Framework.

Corporate risk 554 *Failure to meet population health needs resulting from the pandemic* is currently rated as high with a score of 16 however this risk will be partially mitigated by delivery of the Clinical Strategy which is progressing well.

### 2.3.2 Workforce

Corporate risks aligned to the Staff Governance committee are now being reported at each Committee meeting, commencing with the meeting held on 24<sup>th</sup> November 2021.

The Risk Management Forum raised concern regarding the aggregated effect of staffing risks given that workforce capacity and ability to recruit were risks being articulated by most departments. This has been explored in a paper prepared for the Interim Director of Human Resources.

In terms of corporate risk exposure there are workforce implications arising from risk 655 relating to gaps in senior leadership and support while transitioning to permanent arrangements however with the Medical Director having commenced in position, other leadership positions being out to advert and additional capacity being engaged from outside the organisation, this risk has been reduced from 16 to 12. There are also notable workforce implications arising from risks 725 and 726 with the work being taken forward by the Taskforce in delivering a remedial action plan being critical to mitigating both risks going forward.



### **2.3.3 Financial**

There are financial implications associated with corporate risk 551 in regards to potential loss of workforce productivity as a result of a disengaged workforce. Corporate risks 725 and 726 also give rise to financial implications in the form of both fines for non compliance and the need for additional resources (staff and equipment) as part of mitigating actions. Corporate risks aligned to the Finance and Performance Committee are being reported at each Committee meeting, commencing with the meeting held on 25<sup>th</sup> November 2021.

### **2.3.4 Risk Assessment/Management**

An effective risk management process underpins all of the Board's corporate objectives. Risk identification, assessment and management is embedded in organisational process, in line with the Risk Management Strategy.

The existence of a visible and robust process of risk management provides assurance to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes.

### **2.3.5 Equality and Diversity, including health inequalities**

NHS Orkney's Risk Management Strategy and Policy provides a documented process for identifying and managing risks to ensure the safety of patients, staff visitors and the public. The risk assessment process involves identifying and considering the needs of those who are most likely to be affected by a hazard and ensuring the consideration of those factors in the implementation of management controls for the reduction or mitigation of a risk.

### **2.3.6 Other impacts**

Corporate risk 553 recognises the potential negative impact of NHS service provision on climate change and sustainability. The Sustainability Steering Group has been established to take a lead role in mitigating this risk and an update on progress is due in December 2021.

Corporate risk 749 recognises the risk to the Board in the failure of Robertson Facilities Management (FM) from providing a full FM service in and out of hours. Following successful recruitment to vacant positions this risk has been reduced from 16 to 12 with ongoing monitoring in place.

### **2.3.7 Communication, involvement, engagement and consultation**

There are no consultation requirements related to this paper. However, engagement in risk management is supported by the Risk Management Forum which meets regularly with the purpose of:

- Bringing together risk handlers and owners to share best practice and learning.
- Embedding the Board's Risk Management Approach throughout NHS Orkney.

- Developing and implementing Risk Management strategy, supporting framework and procedures.
- Supporting the strategic objectives of NHS Orkney.

### **2.3.8 Route to the Meeting**

The paper has been prepared for the purposes of reporting to the Board only.

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

Appendix 1, Corporate Risk Register

## Tier 1 - Corporate Risk Register - November 2021

Risk Type	ID	Title	Description	Handler	Manager	Risk level (current)	Risk level (Target)	Controls in place	Gaps in controls (Assurance)	Review date
Corporate Risk	311	NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient har	There is a risk that NHS Orkney will be unprepared and unable to respond appropriately from the 1st of January 2021 when the transition period ends and we officially exit from the EU. There could be adverse consequences for staffing levels, availability of consumables, supplies and medicines.  NHSO could experience significant issues regarding supply of stock equipment food and medicines leading to potential patient har  As a result of the UK leaving the EU there is a risk to the continuation of supplies of stock, equipment food and medicines, which could impact upon our ability to deliver service and lead to potential patient harm.	Graham, Eddie	Dickson, Michael	9	6	Brexit assessment has been completed Brexit Steering Group Monthly report to SMT  6/21 Ongoing general monitoring of situation as Brexit date passed	03.10.2018 Initial risk assessment compiled The UK will exit the EU with a deal, therefore the risk as it stands is greatly reduced, however as the exit date comes closer we will have greater understanding of the deal, and the impact it may have on our business. 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
Corporate Risk	365	Potential non compliance with Health and Care (Staffing) (Scotland) Act	There is a risk that the general principles & duties set out in the Health & Care (Staffing) (Scotland) Act 2019 will not be met as a result of incomplete systems, processes & clinical structure(s) which may lead to non-compliance with legislation and may impact on patient safety, quality and experience. In context of Nursing/Midwifery & AHPs.	Adam, Lynn	McArthur, David	12	9	<ul style="list-style-type: none"> <li>Executive Lead – Interim DoNMAHP</li> <li>Professional Leads: <ul style="list-style-type: none"> <li>Interim Nursing, Midwifery and AHP</li> <li>Interim Medical Director</li> <li>Lead Dentist</li> </ul> </li> <li>Executive &amp; Senior Management Team meetings Management Team</li> <li>Clinical Care &amp; Governance, &amp; Staff Governance framework; 6 monthly update report</li> <li>General Management Structure within Hospital and Community</li> <li>Policies / Procedures / Guidelines</li> <li>Health &amp; Care (Staffing) (Scotland) Act 2019: Guidance Summaries dated 17 Aug 21</li> <li>IMP4: Health &amp; Care Staffing Delivery Plan created 28 Sep 21</li> </ul>	Update Sept 2020 - Nursing workforce staffing review has taken place - paper being produced for DoNMAHP identifying gaps in workforce establishment that require funding Update Feb 2020 - Paper being reviewed prior to being presented to SMT - Finance to decide upon future funding May 2021 - HCSP work has restarted following COVID delay, therefore staffing paper being prepared for EMT Update July 2021 - Report went to joint Clinical Care Governance on 13th July outlining current progress on embedding the HCSP act Update Sept 2021 - Udate gone to NAMAC?TRADAC. Update going to October Clincal Care Governance Committee and SBAR to EMT	31/12/2021
Corporate Risk	508	NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care	These is a risk that the inadequacy of current systems, safeguards and processes could result in significant data loss or system outage which would lead to comprised critical information or safe and effective patient care.  This risk includes the potential impacts resulting from:  Inadequate IT Disaster Recovery provision - Risk 17 A Failure to Safegaurd information assets - Risk 227 & 361 Cyber security attacks - Risk 306 System security vulnerabilities Risk 343 & 344 Resilience and Management of Grampian Engagement	Bichan, Christina	Doyle, Mark	16	8	Improvement plan being developed being led by SIRO. With oversight mechinisms in place for delivery.		31/12/2021
Corporate Risk	509	Care and financial sustainability may be compromised should the current medical workforce model continue	NHS Orkney has an unsustainable medical workforce model including the use of high cost and transitory locums with limited assurance surrounding their practice. Care and financial sustainability may be compromised should this approach continue.	Wilson, Kim	Henry, Mark	16	12	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	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. Update Nov 2021 - Physician x1 appointed/ Obs & Gynae x1 appointed / Surgeons x3 appointed (1 in post). Own of risk changed from K ox to M Henry and likelihood of risk reduced resulting in overall risk reducing from 20 to 16.	31/01/2022
Corporate Risk	510	Corporate Finance Risk	General funding uplift over estimated resulting in inability to implement planned commitments.  Cost savings forecasts for major projects overestimated resulting in failure to achieve boards financial objectives (i.e. RRL) ability to meet cost of ongoing compliance with policy changes, statutory changes and updated guidance issued by SGHD.  Inability to deliver against the boards capital programme (CRL) failure to deliver reoccurring financial balance.	Doyle, Mark	Doyle, Mark	16	8	General Funding Overspend, Recurring Financial Balance and Capital Programme - Remobilisation Plan which information is placed to AOP which goes to F&P for consideration and then to Board for ratification and approval and finally signed off by Scottish Government. Ongoing dialogue across organisation to ensure they deliver financial balance. Scottish Government is cited on various discussion through the F&P, Remobilisation and Capital Updates Report. 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.	Update June - Risk reduced by M Doyle & K Sommerville and updated to reflect current status - Likelihood reduced and overall risk rating reduced from 20 to 16 and Target reduced from 12 to 8.	31/12/2021
Corporate Risk	550	Nefarious Applications, Operators or Agents	There is a risk that some/all data systems could be encrypted/data mined/erased resulting the deniability of access to all databases, backup servers and messaging systems resulting in NHS Orkney being unable to provide any form of clinical service and personal data being made available on the common market. All clinical services would be impacted with significant reduced ability to deliver any interventions. This will have a impact of accessing National systems and partners will be reluctant to allow Board access to their databases and networks due to fear to being targeted or contaminated. The ransom ware encryption is often followed by a substantial financial request for encryption keys. In the event of data mining confidential financial details could be compromised putting the organisation at risk to fraudulent financial activities or an indirect attack to staff through personal and financial details.	Rae, Richard	Doyle, Mark	20	8	Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support.	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 reiview Microsoft free available courses for organisation. Update Nov 2021 - NCSC course is now live and been announced to organisation and is part of the mandatory changing.	31/03/2022
Corporate Risk	551	Failure to Deliver DHI Listening Exercise Action Plan	There is a risk that NHS Orkney will fail to deliver the actions arising from the DHI Listening Exercise negatively impacting on the engagement of the workforce.	Hall, Lorraine	Dickson, Michael	15	5	Actions aligned to Executive Directors and built into Turas objectives. Cascading down through team objectives expected alongside organisation wide conversations. Oversight mechanism in development in discussion with EMT. This will involve quarterly EMT updates plus regular updates to SMT and the Board.	Update Sept 2021 - DHI information was cascaed 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

Corporate Risk	552	Failure to Respond Appropriately to COVID 19	There is a risk that population health maybe impaired due to NHS Orkney inability to respond appropriately to COVID 19.	Wilson, Dr. Louise	Dickson, Michael	12	8	Mobilisation and Surge Plans in place to manage COVID 19 infection within community. Remobilisation planning undertaken to minimise the impact of the pandemic on access to services. Clinical prioritisation of access in place for elective care. Testing process in place and well established. Vaccination programme rolled out ahead of schedule.	Update June 2021 - Current Rating reduced due to timely roll out of Vaccination Programme	31/12/2021
Corporate Risk	553	Impact of NHS Service Provision on Climate Change and Sustainability	There is a risk that NHS Orkney may have a negative impact on peoples health and the environment through the delivery of services should it not focus on climate change and sustainability.	Colquhoun, Malcolm	Wilson, Dr. Louise	12	8	Sustainability Steering Group established and low carbon transport adopted across NHS Orkney. Reduced off island and local travel through imbedding of Near Me. Reduced staff travel as result of working from home and the use of Microsoft Teams reducing off island travel.	Update Nov 2021 - Funding been received from Scottish Government to support Energy Audit across NHSO estate to identify on how to decarbonise remaining estate out with The Balfour. Further funding for being sourced for sustainability and environmental projects.	31/03/2022
Corporate Risk	554	Failure to Meet Population Health Needs Resulting from Pandemic	There is a risk that NHS Orkneys approach to the provision of health care may not meet the changed needs of our island population which result from the COVID 19 pandemic.	Wilson, Dr. Louise	Dickson, Michael	16	8	Clinical Strategy being developed which will consider future population health need.		31/12/2021
Corporate Risk	555	Failure to Meet Patients Specialist Healthcare Needs	There is a risk that the limitations of our remote and rural setting and rural general hospital facility may mean the health needs of those requiring more specialist care are not met.	Wilson, Kim	Henry, Mark	12	8	Partnership arrangements in place with mainland Boards to ensure access to more specialist secondary and tertiary services. Visiting services provided for more widely used specialities to avoid the need for off island travel. Repatriation off clinical care when it is safe to do so. Good relationships and SOPs to support access to senior clinical decision makers off island as required eg Paediatrics.	Update Nov - Ongoing risk will be monitored at regular intervals - mitigations already in place	31/03/2022
Corporate Risk	655	Senior Leadership, Oversight, and Support	The leadership team at NHS Orkney is experiencing ongoing gap due to unplanned absence and transitioning from interim to permanent arrangements. This creates the risk that staff may not be clear of who to approach, where to seek line management support and therefore defer actions or decisions.	Dickson, Michael	Dickson, Michael	12	8	The EMT have communicated out to the small number of staff impacted by this who they are being managed by, further extensions are being put in place to interim arrangements to facilitate transfer to the permanent structures and the Board is in discussion with the Scottish Government about the current interim CEO position.	Update Sept 2021 - No change to risk. Update Nov 2021 - The new Medical Director has commenced in position; other leadership positions are out to advert and additional capacity has been engaged from outside the organisation. Likelihood of risk reduced and so overall risk rating reduced from 16 to 12	31/01/2022
Corporate Risk	725	NHS Orkney's ability to comply with the requirements of the Manual Handling Operations Regulations 1992.	NHSO has a statutory duty to comply with the Health and Safety at Work etc Act 1974 and its subordinate legislation, in this case the Manual Handling Regulations. It also requires to comply with the other related legislation around equipment and its maintenance and testing namely the Provision and Use of Work Equipment Regulations 1998 and the Lifting Operations and Lifting Equipment Regulations 1998. NHSO must ensure that it provides sufficient resources to enable the organisation to meet these requirements.	Hall, Lorraine	Dickson, Michael	20	6	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.	Update October 2021 - Consequence & likelihood of risk increased with overall risk rating increased from 12 to 20 due to information gleaned from HSE audit. Update October 2021 - Budget for WTE conversations taking place to increase hours of Training Officer. Conversations taking place with external trainers to support backlog. Update October 2021 - Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register.	28/02/2022
Corporate Risk	726	NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.	NHS Orkney has a statutory duty to comply with the requirements of the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. One key requirement is the need to assess risk in the workplace. Health and Safety Executive defines work-related violence as 'any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.' NHSO employees should not accept incidents of violent or aggressive behaviour as a normal part of the job as they	Hall, Lorraine	Dickson, Michael	20	6	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. Conversations taking place with external trainers to support backlog. Due to Covid, issues in accessing sufficient training for the V&A lead. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports. Challenge freeing up staff time to attend training.	Update October 2021 - Consequence of risk increased with overall risk rating increased from 15 to 20 due to information gleaned from HSE audit. Update October 2021 - Budget for WTE approved conversations taking place to increase hours of Training Officer. Update October 2021 - Due to HSE audit this has been escalated to Corporate Risk Register from Operational Risk Register.	28/02/2022
Corporate Risk	749	Robertson Facilities Management Provision of Full FM Service – In and Out of Hours	A high risk that Robertsons facilities Management (RFM) are unable to fulfil all parts of their contract with NHSO particularly out of hours as currently RFM are providing this service with 2 staff members which is not sustainable for an out of hours service for a long period of time and due to challenges with retention and recruitment for specialist trades this is not expected to be resolved in the near future. Site familiarisation and specialist training will need to take place prior to new staff being able to cover the 24/7 on call service.	Colquhoun, Malcolm	Dickson, Michael	12	6	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.	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. Update Nov 2021 - Update Nov 2021 - Start dates agreed for engineering posts and all relevant disclosures and references received. Likelihood of risk reduced resulting in overall risk reduced from 16 to 12 - Will monitor closely over initial 6-week period.	31/01/2022

# NHS Orkney

<b>Meeting:</b>	<b>NHS Orkney Board</b>
<b>Meeting date:</b>	<b>Thursday, 16 December 2021</b>
<b>Title:</b>	<b>Chairs Report – Audit and Risk Committee</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Mark Doyle, Director of Finance</b>
<b>Report Author:</b>	<b>David Drever, Chair – Audit and Risk Committee</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness
- Discussion

**This report relates to a:**

- Emerging issue

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Audit and Risk Committee met on the 7 December 2021 and agreed the following key areas and agenda items that should be reported to the Board.

- Internal Audit report on Delayed Discharges
- Internal and External Audit recommendations
- Information Governance update



- Improvements in the Risk Management process

## 2.2 Background

The Audit and Risk Committee reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

## 2.3 Assessment

### Internal Audit report on Delayed Discharges

Members discussed the report on Delayed Discharges which provided good assurance that NHS Orkney's procedures reflected good practice in a number of areas. There had been two areas for improvement noted which, if addressed, would strengthen NHS Orkney's control framework. These were around the formal reissuing of existing Delayed Discharge related policies and procedures and adjustments to the Delayed Discharge database to include the prescribed fields.

It was noted that the integrated relationships between the health and social care sectors allowed for communication of social care needs at an operational and strategic level, but that final decision on capacity in the social care sector remained outside the Boards control and was a key factor impacting the performance data.

### Internal and External Audit recommendations

Members received the report noting the status of Internal and External Audit recommendations and seeking approval of completed items and extensions as detailed. As requested by the Board at their October meeting the full report is attached as an appendix.

### Information Governance update

Members received the Chair's report from the Information Governance Committee which detailed the key items of business. The Director of Finance also provided an update on the recent appointments to strengthen the Information Governance Team and the Committee welcomed the excellent improvement work and assurance this provided within this area.

### Improvements in the Risk Management process

The committee received the Risk and Assurance report noting that a three tier management system had been developed which allowed for escalation and de-escalation of risk as appropriate. One to one support in completing departmental risk assessments was ongoing and had very positive feedback, but there was an acknowledgment that there was a wider learning requirement around risk and this would be progressed as part of the management bundle in early 2022.

### 2.3.1 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.

- Audit and Risk Committee meeting, 7 December 2021

## 2.4 Recommendation

- **Awareness** – For Members' information only.

## 3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Audit and Risk Committee meeting held on 7 September 2021.
- Internal and External Audit Recommendations paper – as presented to the Audit and Risk Committee.

## Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 7 September 2021** at **11:30**

**Present:** David Drever, Chair  
Jason Taylor, Vice Chair  
Issy Grieve, Non-Executive Board Member  
Fiona MacKellar, Employee Director

**In Attendance:** Christina Bichan, Head of Assurance and Transformation  
Mark Doyle, Director of Finance  
Claire Gardiner, Senior Audit Manager, Audit Scotland  
Gemma Pendlebury, Committee Support  
Matthew Swann, Internal Audit associate Director, Azets  
Emma West, Corporate Services Manager

**A84 Welcome**

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

**A85 Apologies**

Apologies were received from M Dickson, D McArthur, K Somerville, Dr L Wilson, and G Woolman.

**A86 Declarations of Interest**

No interests were declared.

**A87 Minutes of previous meeting held on 1 July 2021**

The minute of the Audit and Risk Committee meeting held on 1 July 2021 were received by the Committee and approved as a true and accurate record of the meeting.

**A88 Matters Arising**

There were no matters arising additional to the agenda.

**A89 Action Log**

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

**Governance**

**A90 Code of Corporate Governance – ARC2122-44**

The Corporate Services Manager attended the meeting in order to present the changes to the NHS Orkney Code of Corporate Governance for 2021/22. She thanked members for taking this item first and proceeded to detail the changes which had been made to the document for 2021/22:



## 11.2.1

- 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 titled, email addresses, and links to reflect current arrangements.

The Director of Finance gave thanks for the updated document and queried the method used to track the receipt, reading, and compliance with the Code. The Corporate Services Manager explained that an email was circulated to all members of staff on the Scheme of Delegation with the Code as a controlled document, requested by return an email confirmation that the member of staff had received and read the Code, which would then be held on record. There was further discussion around the possibility of a more efficient way of working to gain assurance that all staff adhered to the Code, as well as looking at different ways to make the document more accessible for all members of staff.

F MacKellar noted that the Code was a complex document which some staff found difficult to digest. She welcomed the inclusion of the Area Partnership Forum for discussions regarding wider engagement and making the document meaningful for staff for future iterations of the Code.

### **Decision / Conclusion**

Subject to some minor amendments, the members of the Audit and Risk Committee approved the Code of Corporate Governance with a recommendation of Board approval.

### **External Audit**

There were no items for discussion at this meeting.

### **Internal Audit**

#### **A91 Internal Audit Progress Report – ARC2122-45**

M Swann, Associate Audit Director, Azets, presented the Internal Audit Progress Report for members of the Committee, highlighting that work had started (or was due to commence) on the internal audit reports which were due for tabling at the December Audit and Risk Committee meeting. He had no further items or issues to bring to the attention of members.

The Director of Finance noted that due to the Coronavirus pandemic, there had been a backlog on approvals for internal audit reports, however progress had been made in order to reduce the backlog and return to a more even schedule for the reporting of internal audits. M Swann shared his agreement of that summation.

I Grieve queried whether the current internal audit process was as expected and in line to meet with agreed deadlines and M Swann noted that there would potentially be some fluctuation due to intervening circumstances (such as staff

leave, service pressures, etc.) however he confirmed there were currently no issues with the timing of the reports.

### **Decision / Conclusion**

The Audit and Risk Committee noted the update.

### **Internal and External Audit Recommendations**

#### **A92 Internal and External Audit Recommendations Follow-up Report – ARC2122-46**

The Director of Finance delivered the update report on internal and external audit recommendations, thanking the Head of Finance and the Finance Team for their considerable amount of effort to effect change and progress with actions. The Committee was asked to note the updated status of the following action:

- Twenty-four audit recommendations were brought forward following the update provided in June 2021 (items 152, 162, 165-168, 194-196, 198-199, 201, 204-209, 212, 214, 219, 225, 226 and 231);
- Four of these items were recommended for completion (162, 196, 205 and 219);
- Twenty items remained in progress, of those, extensions were requested to the completion dates of fifteen items (165, 166, 167, 168, 194, 195, 198, 199, 201, 204, 207, 208, 209, 212, 214);
- No new recommendations have been added since the last update.

J Taylor voice his appreciation for the depth of information contained within the report and appendices. He continued to raise a query regarding whether the Audit and Risk Committee should be actively seeking further evidence that an action has been embedded into the relevant department or service area before said action is closed. The Director of Finance countered that providing assurance is given that plans, procedures, and/or mitigations are to be put in place, there would be no reason to keep said action open. There took place a further robust discussion regarding whether the effectiveness of plans and mitigations needed to be evidenced prior to an action being closed, but members reached a consensus that the intention to effect the required change was sufficient assurance.

### **Decision / Conclusion**

The Audit and Risk Committee approved the extensions, progress, and closing of audit recommendations and took assurance on progress being made.

### **Information Governance**

#### **A93 Information Governance Action Plan Progress Report – ARC2122-47**

The Director of Finance delivered the Information Governance Action Plan Progress report to members, highlighting the actions that had taken place since the previous update:

- Information Governance Policy and Information Request Policy had been approved by the Finance and Performance Committee at their July meeting;
- Mandatory training requirements had been reviewed and training had been completed by the Senior Management and Executive Management teams as well as members of the Information Governance Committee;
- Online mandatory training for all staff had been implemented;
- The key appointments of a Data Protection Officer and Deputy Data Protection Officer had been made, with start dates to be agreed.

The Chair of the Committee recognised the progress which had been made since the initiation of the information governance action plan workstream and welcomed the update on that progress.

### **Decision / Conclusion**

The Audit and Risk Committee noted the update and took assurance on the progress made.

#### **A94 Information Governance Group Chair's – ARC2122-48**

The Director of Finance presented the Information Governance Committee's Chair's Report for members of the Committee, providing an overview of the business and assurance received at recent Information Governance Committee meetings.

### **Decision / Conclusion**

The Audit and Risk Committee noted the report and approved minutes.

#### **A95 Information Governance 6-Month Assurance Update – ARC2122-49**

The Director of Finance took the opportunity to thank C Bichan, and the Quality Improvement Team, for the completion of actions in relation to the Information Governance 6-monthly Assurance update.

The aim of the report was to provide an insight into the work being undertaken to ensure NHS Orkney has robust information governance arrangements in place, clearly underpinned by good governance and clearly defined systems and processes. He further highlighted that significant work had taken place over the previous six months to take forward, develop and build on NHS Orkney's internal processes of control.

### **Decision / Conclusion**

The Audit and Risk Committee noted the progress made and gave thanks to C Bichan and the Quality Improvement Team.

### **Fraud**

#### **A96 Counter Fraud Services Quarterly Report – ARC2122-50**

## 11.2.1

The Director of Finance Presented the quarterly report from Counter Fraud Services, highlighting that while the report was for noting, members could take assurance that NHS Orkney had no cases of fraud as detailed on page 53 of the pdf.

### **Decision / Conclusion**

The Audit and Risk Committee noted the report.

### **Risk**

#### **A97 Risk and Assurance Report – ARC2122-51**

The Head of Transformation and Improvement provided members with an update in progress to implementing a refreshed approach to risk management within NHS Orkney. She highlighted:

- Engagement in assessing, reviewing, and updating risks is ongoing with the Clinical Governance and Risk Facilitator working closely with Risk Handlers;
- The Corporate Risk Register has been approved by the Board;
- Monthly reporting of all Tier 1 and 2 risks to EMT has been in place since July;
- There had been a reduction in active reported risks from 50 at the last update, to 27 currently;
- 1 new Corporate Risk had been identified since the last update;

### **Decision / Conclusion**

The Audit and Risk Committee noted the update and took assurance on progress being made.

#### **A98 Risks Escalated from other Governance Committees**

There were no items for discussion at this meeting.

### **Governance**

#### **A99 6-Month Litigation Report – ARC2122-53**

The Director of Finance presented the 6-monthly litigation report for members of the Committee, highlighting that there was one current litigation case which was being overseen and managed by the Central Legal Office (CLO) on behalf of NHS Orkney. He further noted that there had been little progress made since the previous update and there were no other known outstanding claims.

### **Decision / Conclusion**

The Audit and Risk Committee noted the report.

#### **A100 Review of Compliance with Property Transaction Monitoring – ARC2122-54**

The Director of Finance presented the Property Transaction Monitoring report for members of the Committee, noting that the report was self-explanatory. NHS

## 11.2.1

bodies were required to conduct property transactions in line with guidance in the NHS Scotland Property Transactions Handbook, maintained by the Scottish Government. An internal audit review of property transactions is to be carried out and the results reported to the Scottish Government on an annual basis.

### **Decision / Conclusion**

The Audit and Risk Committee noted the update that the internal audit on property transactions had taken place and been reported to the Scottish Government for 2020/21.

#### **A101 Agree items to be brought to attention of Board or other Governance Committees**

- Internal and External Audit Recommendations
- Code of Corporate Governance

### **Items for Information and Noting only**

#### **Audit Scotland Reports**

#### **A102 Technical Bulletin 2021-2**

Members noted the extract from the technical bulletin.

#### **A103 Counter Fraud Services – COVID-19 Rolling Alert**

#### **A104 Schedule of Meetings 2021/22**

Members noted the schedule of meetings for 2021/22.

#### **A105 Record of Attendance**

The Committee noted the record of attendance.

#### **A106 Committee Evaluation**

Members of the Committee noted the meeting had been well chaired and that there was a proportionate number of papers tabled, allowing for efficient and meaningful discussion to take place.

*Meeting closed at 12:27pm*

## Not Protectively Marked

### NHS Orkney Audit Committee – 7 December 2021

This report is for noting and approval

### Internal and External Audit Recommendations

<b>Lead Director Author</b>	Mark Doyle, Director of Finance Keren Somerville, Head of Finance
<b>Action Required</b>	Members are invited to: <ul style="list-style-type: none"> <li>• <b><u>note</u></b> the updated status of the actions for internal audit recommendations</li> <li>• <b><u>note</u></b> the external audit recommendations</li> <li>• <b><u>approve</u></b> the extension to timescale for internal audit recommendations</li> <li>• <b><u>approve</u></b> completion of the internal audit recommendations</li> </ul>
<b>Key Points</b>	<p><b>Internal Audit Recommendations</b> Twenty audit recommendations were brought forward following the last report. Extensions are sought for six of the recommendations brought forward. Approval is sought for six recommendations for completion. Fourteen recommendations remain in progress with estimated completion dates throughout 2021/2022.</p> <p><b>External Audit Recommendations</b> We have included the external audit recommendations received by the committee at its meeting on 1<sup>st</sup> June 2021 – see Appendix 2. Noted updated actions to date</p>
<b>Timing</b>	The Audit Committee receive an update of outstanding audit recommendations at each meeting.
<b>Link to Corporate Objectives</b>	Performance management on audit recommendations provide assurances to the Board and supports the Board's commitment to continuous improvement and delivery of its corporate objectives.
<b>Benefit to Patients</b>	The efficient and effective use of resources provides the best level of safe and effective care to patients as it can with the resources available.
<b>Equality and Diversity</b>	Performance management and adherence to legislation including Equalities Act 2010 is evident in Board papers and where appropriate an Equality Impact Assessment is completed.

## **Not Protectively Marked**

**NHS Orkney Audit Committee – 7 December 2021**

## **Internal and External Audit Recommendations**

**Mark Doyle, Director of Finance**

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### **Section 1 Purpose**

This report is to provide the Audit Committee with the summary of progress on outstanding audit recommendations.

### **Section 2 Executive Summary**

#### **Internal Audit Recommendations**

Twenty audit recommendations were brought forward following the last report. Extensions are sought for six of the recommendations brought forward. Approval is sought for six recommendations for completion. Fourteen recommendations remain in progress with estimated completion dates throughout 2021/2022.

#### **External Audit Recommendations**

We have included the external audit recommendations received by the committee at its meeting on 1<sup>st</sup> June 2021 – see Appendix 2. Note updates provided.

### **Section 3 Recommendations**

Members are invited to:

- **note** the updated status of the actions for internal audit recommendations
- **note** the external audit recommendations and updated actions
- **approve** the extension to timescale for internal audit recommendations
- **approve** completion of the internal audit recommendations

### **Section 4 Background**

#### **Internal Audit Recommendations**

Twenty audit recommendations were brought forward following the update provided in September 2021 (items 152, 165-168, 194-195, 198-199, 201, 204, 206-209, 212, 214,

## 11.2.2

225, 226 and 231). Six of these items are now recommended for completion (194, 195, 198, 199, 201 and 204). Fourteen items remain in progress, of these, extensions are requested to the completion dates of six items (152, 206, 207, 208, 225, 226). No new recommendations have been added since the last update.

Appendix 1 has also been shared with Internal Audit.

<b>Grade</b>	<b>Brought Forward</b>	<b>Additions</b>	<b>Complete</b>	<b>Carried Forward</b>
<b>Not listed</b>	0	0	0	0
<b>Low</b>	0	0	0	0
<b>Medium</b>	18	0	6	12
<b>High</b>	2	0	0	2
<b>Total</b>	<b>20</b>	<b>0</b>	<b>6</b>	<b>14</b>

As detailed in Appendix 1, the status updates are as follows:-

- Item 152 - updated actions to date - extension requested to April 2022
- Item 165 – in progress, due for completion 31 January 2022
- Item 166 – in progress, due for completion 31 January 2022
- Item 167 - in progress, due for completion 31 January 2022
- Item 168 - in progress, due for completion 31 January 2022
- Item 194 – updated actions to date – recommend complete
- Item 195 – updated actions to date – recommend complete
- Item 198 – updated actions to date – recommend complete
- Item 199 – updated actions to date - recommend complete
- Item 201 – updated actions to date – recommend complete
- Item 204 – updated actions to date – recommend complete
- Item 206 – updated actions to date - extension requested to April 2022
- Item 207 – updated actions to date – extension requested to January 2022
- Item 208 – updated actions to date – extension requested to January 2022



## 11.2.2

- Item 209 – in progress, due for completion 31 December 2021
- Item 212 – in progress, due for completion 31 March 2022
- Item 214 – in progress, due for completion 31 December 2021
- Item 225 – updated actions to date – extension requested to December 2022
- Item 226 – updated actions to date – extension requested to January 2022
- Item 231 – management response provided – due date 31 March 2022

Audit Recommendations

Report	Recommendation	Action Owner	Grade	Current Timescale	Revised Timescale	Update as at February 2020	Update as at June 2020	Update as at August 2020	Update as at November 2020	Update as at January 2021	Update as at April 2021	Update as at May 2021	Update as at August 2021	Update as at October 2021	Internal Audit agreement to observations
Strategic and Operational Planning 2017/18	Management and/or the Board may not fully understand the strategic direction of the organisation over the longer term and therefore may not be best informed for providing strategic vision and challenge to the processes at the most senior level. Our Orkney, Our Health - the NHS Board's strategy document should be reviewed and updated to ensure it focuses on providing the strategic direction of NHS Orkney over the next 5 - 10 years.	CEO	3	31/12/2019	30/09/2021	Engagement on the new strategy has commenced led by the Director of Nursing and the Medical Director. Initial feedback is positive and helpful. The full strategy will be presented to the Board for approval on 21 May 2020.	Strategic document was circulated to clinical workshops and has not progressed since March 2020 due to Covid-19 pressures. Along with this, the Director of Nursing underwent a sabbatical by the NHS Louise Jordan and will return to work on the 22 June. Upon his return to work, the clinical strategy work to date will be reviewed and will be progressed in line with changes created by the recent pandemic activity and the outcomes from this.		The Clinical Strategy is currently being reviewed by the Director of Nursing and Medical Director. Comments have been reviewed, updates will be reflected in the strategy. A draft strategy will be issued in January 2021 for further consultation.				The clinical strategy work is progressing led by the DMD supported by an external consultant. Public and staff engagement is underway and it is expected to be presented to the Board in December. From there a review of the current vision, values and purpose will take place to be in place by April 2022. <b>Revised timescale April 2022</b>	Update and revised timescale noted	
Information Governance 2019/20	We recommend that management ensure that the Board's data inventory is complete and subject to a quality assurance check to ensure that the detail of information recorded is accurate and addresses the requirements of Article 30 of GDPR. Once completed, it is recommended that a audit of review be implemented to ensure that the data held within the data inventory remains up to date over time. As part of the process of producing an Article 30 compliant inventory, management should ensure that it contains the following information as a minimum: - identifying all personal and special category data held; - the ownership of this data; - the purpose of processing; - where the data is stored; and - the legal basis for processing data. We also recommend that the IARs are updated to ensure that all relevant data regarding information assets is complete. We also recommend that a formal process is implemented to ensure that the IARs are quality assessed and updated on a regular basis. The Information Governance Group should seek assurance that the IARs are dated at least annually.	Information Governance Officer	3	31/03/2020	31/01/2022	The Information Asset Register (IAR) Templates to be reviewed by the IGO. IARs to be reviewed by the Information Asset Centres (IAC) and then to be quality checked by the Information Governance Officer (IGO). Audit plan developed and agreed by IGO, which will enable a schedule of reports throughout the year of all Information Asset Registers to Information Governance Committee	NSS review taking place and await output from this prior to progressing this action to ensure compliance	June 2021 timeline for implementation of Onetrust, dependent on capacity of IG team to deliver and successful recruitment to currently vacant positions. Reminder to review IARs sent to all departments. 1 IAR is presented at each IGO meeting going forward. QI Hub IAR presented to last meeting.					The IAR template has been reviewed and redrafted by the CRI and the IGO and the necessary changes made. Resources for a review of the Information Asset Registers (which incorporates the Data Inventory) have not been allocated by the Board because of the delays in appointing the new permanent/full time posts, but appointments have now been made. <b>Revised timescale January 2022</b>	Timescale noted as remaining Jan 2022	
Information Governance 2019/20	We recommend that, as part of the update of IARs, management ensure that all instances of information sharing are identified and confirm whether information sharing protocols are in place for these. Where information sharing protocols do not exist, action should be taken to ensure that these are created. Management should also make a risk-based decision to assess whether information should continue to be shared where there is no protocol in place.	Information Governance Officer	3	31/01/2020	31/01/2022	Information sharing protocol register developed and gap analysis undertaken to ensure that where such protocols do not exist, they are developed.	no further progress due to capacity issues	List of agreements that exist has been pulled together but this is not correlated with the existing IAR status. The above action will include completion of gap identification so timescale as it stands is not appropriate. Suggest alignment with <b>timescale above</b>					The IAR template has been amended to capture the required information about information sharing and, as set out above, the resources for a full review have yet to be allocated. <b>Revised timescale January 2022</b>	Timescale noted as remaining Jan 2022	
Information Governance 2019/20	We recommend that management create and implements a risk-based programme of compliance activity to gain assurance that operational practices and procedures are consistent with policy and legislative requirements. Where issues are identified from compliance reviews, a formal action plan should be produced to set out the agreed actions, action owners and timescales for implementation. Management should monitor each action plan to confirm that they are being addressed in a timely manner. We also recommend that the Information Governance Group is provided with regular updates on compliance activity undertaken as well as the results of each review performed.	Head of Corporate Services	3	31/01/2020	31/01/2022	Risk and assurance framework reviewed, with business cycle review to ensure regular schedule of compliance reports	no further progress due to capacity issues	A risk framework will be developed and implemented once capacity to take forward within IG. Suggest timescale of 6 months to allow for recruitment. In the interim reporting of compliance activity undertaken will go to IGO.					This will be the responsibility of the newly appointed CPO, to be progressed - <b>Revised timescale January 2022</b>	Timescale noted as remaining Jan 2022	
Information Governance 2019/20	We recommend that senior management continues to reinforce the importance of completing mandatory information governance training. Management should ensure that the completion rate is subject to regular monitoring by the Information Governance Group. Where there is sustained non-completion of training, this should be escalated to senior management for action. Consideration should be given to reviewing network and systems access for those staff who do not complete the training. We recommend that the Board identifies additional training requirements for those staff who have higher levels of responsibilities for managing and controlling data. Once this is done, management should ensure that the training is provided (ideally through an e-learning solution) and completed. The Information Governance Group should maintain responsibility for monitoring completion of this additional training. In addition, we recommend that the Board implements an ongoing campaign of staff awareness raising activity in relation to information Governance. This should include different methods to ensure that the Board are not reliant on a single mechanism to inform staff of issues and updates. As an example, the Board should provide regular updates via email bulletins to communicate recent news and information regarding information Governance and any developments are highlighted alongside links to useful information resources in order to consistently remind staff of their requirements as part of the Board's information handling arrangements.	Information Governance Officer	3	31/01/2020	31/01/2022	Information Governance Training Framework developed and with regular schedule reports to the IGO.	Training framework been shared as part of NSS review and await output from this prior to progressing further. New guidance has gone out to organisation asking for all staff to complete both IG learnpro modules. This is reported regularly to the IGO. Regular updates to the organisation on importance of IG compliance goes out via staff bulletin, is shared on the digital screens and most recently as part of move to CMOG all Executive Directors are asked to reinforce message.	Adoption of findings in EIR report plus the signed off training plan from IGO now in place. Support from LAD being sought to secure training identified and budget to support will be sought via DMT once full costs known.					The online training that all staff are required to complete has been updated and fully rolled. The new modules is now live and staff have been informed. The training for individual postholders has been identified and agreed and it is now the responsibility for the postholders to book the necessary courses. The Corporate Records Manager has completed the identified training and training has been has been made available to all members of the SMT and has been delivered. - <b>Revised January 2022</b>	Timescale noted as remaining Jan 2022	
Cyber Security Review 2020/21	We recommend that NHS Orkney adopts a formal programme of improvement activity with the objective of developing maturity of cyber security risk management processes in the short, medium and longer term. A starting point in that process should be to perform a risk assessment as well as a gap analysis of the current technology, policy and business environment, to identify the target future state and to allow focus on the key cyber security risk areas that NHS Orkney is seeking to manage. In conducting that risk assessment and gap analysis, NHS Orkney should make reference to recognised leading cyber security frameworks including the recent Scottish Government Cyber Resilience Framework. Potential areas to be considered as part of that risk assessment and gap analysis include: • How cyber security will feature as part of the design of future • Training and development needs of all staff who have access to NHS Orkney systems and data technology infrastructure • Training, development and resourcing needs of the ICT function or assessing third party service provision for more specialist areas where it is not cost-effective to deliver this internally. • Assurance processes over the ongoing security management of the NHS Orkney network and systems i.e. the extent to which, and the circumstances in which, penetration testing and vulnerability scanning will be performed. • How assurance will be gained over supply chain cyber security arrangements e.g. SWAN etc. • Identification, recording, management and monitoring of existing, new and emerging cyber security threats and how this aligns to the corporate risk management process. Once this is complete, a roadmap/implementation plan should be developed which sets out the activities that will be undertaken, along with the people and resourcing requirements to do so, in supporting improved cyber security risk management. We also recommend that there is formal governance around the completion of the risk assessment and gap analysis along with the implementation plan. Management should also set out how cyber security risk assessments will form a standard part of projects and change activity to ensure that risks are identified and managed from the outset of change activity. We recommend that there is regular formal reporting of NHS Orkney's cyber security posture to appropriate governance groups. This should include information on incidents that have occurred (ideally on a summary or thematic basis) to avoid the risk of weaknesses being widely publicised, actions being taken in response to incidents as well as assurance activity that has taken place, including the results of these.	Richard Rae	3	Complete					Adoption of a formal programme of improvement activities with clear objective of how the organisation will develop maturity of cyber security risk management processes in the short, medium and longer term. <b>COMPLETE</b>	Approach adopted and improvements have already been made in regards to some of the black and 'red' items based off of the data from the NHS Audit - <b>COMPLETE</b>	Completed - Gap analysis created using the NHS audit data - <b>COMPLETE</b>		Agreed as complete		
		Richard Rae	3	Complete					A risk assessment and gap analysis of the current technology, policy and business environment, to identify the target future state and to allow focus on the key cyber security risk areas that NHS Orkney is seeking to manage.	Completed - Gap analysis created using the NHS audit data - <b>COMPLETE</b>		Agreed as complete			
		Richard Rae	3	Complete					A roadmap/implementation plan developed setting out the activities that will be undertaken to support improved cyber security risk management.	Gap analysis used to drive the resolution of the situation. Black and Red are the main focus. The others will be handled further down the line - <b>COMPLETE</b>		Agreed as complete			
		Richard Rae	3	30/06/2021	Complete				A people and resource plan developed to support the improvements required for the organisation to comply with cyber security standards.	Resource is currently allocated at 1 day every 2 weeks due to a lack of dedicated resource for CyberSec. Plan is completed and worked off the NOS plan which should already be shared with the auditors - <b>Revised timescale 30 September 2021</b>	<b>COMPLETE</b>	Agreed as complete			
		Richard Rae	3	Complete	Complete				A formal governance structure be agreed to oversee the risk assessment and gap analysis and implementation plan.	Document shared with auditors. This is the North of Scotland Plan - <b>COMPLETE</b>		Agreed as complete			
		Richard Rae	3	30/06/2021	Complete				Senior Management Team to set out how cyber security assessments will form a standard part of projects and change activity to ensure that risks are identified and managed from the outset of change activity.	Work in progress. <b>Revised timescale 30 September 2021</b>		Agreed as complete			
		Richard Rae	3	31/03/2021	Complete				Regular formal reporting of NHS Orkney's cyber security posture should be undertaken to appropriate governance groups. This should include information on incidents that have occurred actions being taken in response to incidents as well as assurance activity that has taken place, including the results of these.	In progress - <b>revised timescale 30/9/21</b>	No further update. <b>Revised timescale 30 September 2021</b>	Agreed as complete			
Cyber Security Review 2020/21	We recommend that, as part of the development of a cyber security improvement plan, a formal programme of risk-based penetration testing is developed. This should set out the annual plan of tests to be performed and this should be informed by cyber security risk analysis. We recommend that action plans are created, managed and monitored. We also recommend that penetration testing and vulnerability scanning is performed as a mandatory activity wherever there is launch of a new or updated public facing web-based services. We also recommend that there is formal security monitoring of the NHS Orkney network by the IT team to identify and suspicious or anomalous activity. Management should evaluate the use of automated tools to perform monitoring using pre-defined use cases. We also recommend that management establishes processes to obtain assurance over security management risks via the supply chain. As a minimum, management should request assurance on at least an annual basis from NHS National Services Scotland on the adequacy of security management and monitoring activities for the SWAN. The results of any supply chain assurance should be formally reviewed, with any risks recorded and actions implemented to reduce risk to NHS Orkney.	Richard Rae	3	Complete	Complete				A formal programme of risk-based penetration testing (Developed setting out the annual plan of tests to be performed and this should be informed by cyber security risk analysis) should be developed and implemented.	Currently planned following implementation of the new firewall. Current ETA August/Sept 2021 - <b>COMPLETE</b>		Agreed as complete			
		Richard Rae	3	Complete	Complete				Appropriate vulnerability testing to be performed on the NHS Orkney network using a recognised scanning tool. Management should provide training to a member of the ICT team to allow this testing to be performed.	See above <b>COMPLETE</b>	Agreed as complete				
		Richard Rae	3	Complete	Complete				Security testing action plans created, managed and monitored.	See above <b>COMPLETE</b>	Agreed as complete				
		Richard Rae	3	Complete	Complete				Penetration testing and vulnerability scanning (performed as a mandatory activity wherever there is launch of a new or updated public facing web-based services).	NHSD does not currently have any public sites or services from its infrastructure. Our website is hosted offshore with no connections back. This requirement to be added to the above policy as a line item only. <b>COMPLETE</b>	Agreed as complete				
		Richard Rae	3	31/03/2021	Complete				Formal security monitoring of NHS Orkney's network by the IT team to identify any suspicious or anomalous activity. Management should evaluate the use of automated tools to perform monitoring using pre-defined use cases.	Resources to be confirmed - <b>extension to timescale 31/8/21</b>	Work in progress. - <b>Revised timescale September 2021</b>	Agreed as complete			
		Richard Rae	3	31/03/2021	Complete				Processes to be put in place to obtain assurance over security management risks via the supply chain.	Resource to be confirmed - <b>extension to timescale 31/8/21</b>	Work in progress. - <b>Revised timescale September 2021</b>	Agreed as complete			
IT Controls Review 2020/21	We recommend that an Access Control Policy (ACP) is developed for NHS Orkney, either as a separate policy or as part of the IT Security Policy. This should set out the policy requirements within the board for granting, amending and revoking access for network and application user accounts, including privileged accounts. It should also set out policy requirements for third party access to NHS Orkney network and applications. Policy should also address controls and requirements around the management of default and generic user accounts. We also recommend that formal procedures are established within IT for joiners, movers and leavers. A key element of those controls should be formal, authorised requests to create, amend and revoke user access. Part of that process should include engagement with HR partners with leavers, with HR validating new users and providing information to IT on a weekly basis of leavers, so that the IT team has a compensating control in place should line managers not inform them of a user who has left the organisation.	Richard Rae	3	30/06/2021	Complete				Development of a full Access Control Policy (ACP) for NHS Orkney.			Application currently being purchased to perform this task. <b>Revised timescale September 2021</b>	Platform has been designed out and in now awaiting to the creation of an options paper. This is a suitable cost to implement. In the meantime, the following reports are being manually reviewed on a weekly basis - AV status - Firewall Status - Domain Admin group monitoring - Exchange Admin Groups - Firewall alerting Alerts in place already - Monitoring system looking at server vital states - Virus intrusion sends immediate alert to team - Cyber Center notification - CMOG - Options appraisal complete and ongoing manual reporting will continue <b>COMPLETE</b>	Agreed as complete	
		Richard Rae	3	31/03/2021	Complete				Documentation of formal procedure for IT for joiners, movers and leavers.	In progress - <b>revised timescale 30/9/21</b>	IT section has been completed. Locom onboarding and offboarding is also completed. An IT/HR conversation is still required to allow visibility of the movement - <b>Revised timescale September 2021</b>	Currently a monthly report - <b>COMPLETE</b>	Agreed as complete		
IT Controls Review 2020/21	Policy requirements in relation to management and control of privileged accounts should be set out in an Access Control Policy. In addition, formal procedures for the management and monitoring of privileged accounts (including those to third parties) should be developed and implemented. We recommend that there is formal regular (at least quarterly) review of active accounts to confirm their appropriateness. We also recommend that access granted through privileged accounts is managed on the basis of least privilege to ensure that access can only be used for administrative purposes. We also recommend management considers the appropriateness of IT staff having membership rights within the Enterprise Administrator group. We also recommend that third party accounts are disabled whenever not in use for support purposes. Where third parties require access, they should contact the IT helpdesk and formally request access before the account is then enabled for a time-limited period (using account expiry date functionality), before it is then disabled. We also recommend that there is formal monitoring of privileged account activity. Ideally, this monitoring would be automated using a security incident and event monitoring tool that scanned all network log files and made use of log cases to identify suspicious or anomalous activity.	Richard Rae	3	30/06/2021	Complete				Formal procedures for the management and monitoring of privileged accounts including those assigned to third parties) developed and implemented.			Application being purchased - <b>Revised timescale September 2021</b>	AD Audit is now in place and monitoring the groups. Full auditable tracing is being submitted as a paper inline with the terms above. <b>COMPLETE</b>	Agreed as complete	
		Richard Rae	3	31/03/2021	Complete				Formal regular (at least quarterly) review of active accounts to confirm their appropriateness.	In progress - <b>revised timescale 30/9/21</b>	Application being purchased - <b>Revised timescale September 2021</b>	AD Audit runs a report on a monthly basis - <b>COMPLETE</b>	Agreed as complete		
		Richard Rae	3	30/06/2021	Complete				Access granted through privileged accounts is managed on the basis of least privilege to ensure that access can only be used for administrative purposes.			The team is multi-skilled and specific areas are locked down to the main desktop team. <b>COMPLETE</b>	Agreed as complete		
		Richard Rae	3	Complete	Complete				A review of membership rights within the Enterprise Administrator group to ensure appropriate staff have administrative access.			AD Audit runs weekly checks - <b>COMPLETE</b>	Agreed as complete		
		Richard Rae	3	31/03/2021	Complete				Third party accounts should be disabled when not in use for support purposes.	In progress - <b>revised timescale 30/9/21</b>	Accounts that are active are required. <b>COMPLETE</b>	Agreed as complete			
		Richard Rae	3	31/03/2021	Complete				Access granted through privileged accounts is managed on the basis of least privilege to ensure that access can only be used for administrative purposes.			AD Audit runs weekly checks - <b>COMPLETE</b>	Agreed as complete		
IT Controls Review 2020/21	We recommend that a patch management policy and supporting procedures be formally documented and implemented within the organisation. This should take cognisance of any legacy/ unsupported technology and how this will be protected to avoid increased risk to the rest of the network. The patch management policy and procedure should set out the requirements for patching of network devices and operating systems and testing to be performed as well as the timescales within which this should be done to minimise the risk of vulnerabilities being exploited. We also recommend that there is regular reporting of the patching status of the NHS Orkney technology estate to senior management. We also recommend that security configuration baselines for servers are routine monitored and updated to ensure that they have the latest security applied to them before they are used as part of the deployment of services.	Richard Rae	3	30/04/2021	Complete				A patch management policy and supporting procedures to be formally documented and implemented within the organisation.	Policy in progress	In progress - <b>revised timescale 30/9/21</b>	going through approval boards - <b>COMPLETE</b>	Agreed as complete		
		Richard Rae	3	31/01/2021	Complete				(Bi-monthly) reporting to the senior management team of the patching status of NHS Orkney's technology estate.			Work is required on the reporting servers - this is not scheduled until the end December. <b>Revised timescale January 2022</b>	Platform has been designed out and in now awaiting to the creation of an options paper. This is a suitable cost to implement. In the meantime, the following reports are being manually reviewed on a weekly basis - AV status - Firewall Status - Domain Admin group monitoring - Exchange Admin Groups - Firewall alerting Alerts in place already - Monitoring system looking at server vital states - Virus intrusion sends immediate alert to team - Cyber Center notification - CMOG - Options appraisal complete and ongoing manual reporting will continue <b>COMPLETE</b>	Agreed as complete	
		Richard Rae	3	30/06/2021	Complete				Monthly security configuration baselines for servers are routine monitored and updated to ensure they have the latest security applied to them before they are used as part of the deployment of services.			Scheduled for December - lack of skill in team has meant that this is sub-optimal. The requirement is locked into the Remote desktop project which start last week and is due to be in place by the end of the year. <b>COMPLETE</b>	Agreed as complete		
IT Controls Review 2020/21	We recommend that management implement formal tools to allow for proactive monitoring of the security availability and performance of the organisations network. This should also include capability to monitor privileged account activity. Network monitoring helps to keep track of network health status, software updates, bandwidth usage, broken or unreliable network connections. It also helps in identifying suspicious or anomalous activity that is symptomatic of an attempt to gain unauthorised access to the network.	Richard Rae	3	31/08/2021	Complete				Implementation of formal tools to allow for proactive monitoring of the security, availability and performance of the organisation's network.			Application being purchased - extra time allowed for configuration with minimal available resources - <b>Revised timescale 31 October 2021</b>	Platform has been designed out and in now awaiting to the creation of an options paper. This is a suitable cost to implement. In the meantime, the following reports are being manually reviewed on a weekly basis - AV status - Firewall Status - Domain Admin group monitoring - Exchange Admin Groups - Firewall alerting Alerts in place already - Monitoring system looking at server vital states - Virus intrusion sends immediate alert to team - Cyber Center notification - CMOG - Options appraisal complete and ongoing manual reporting will continue <b>COMPLETE</b>	Agreed as complete	
Strategic and Operational Planning 2020/21	A corporate strategic planning process should be developed and implemented, including utilisation of a robust medium and long term planning methodology, analysis of the external and internal environment and input from all stakeholders, development of SMART targets, and measurement of performance against them (including covering clinical and workforce strategies)	Chief Executive	4	30/09/2021					Development of a refreshed Corporate Strategy				The review of the corporate vision, values and purpose will take place to be in place by April 2022. <b>Revised timescale April 2022</b>	Update noted relating updated timescale	
Strategic and Operational Planning 2020/21	A planning policy and guidance document should be developed, clearly defining roles and responsibilities for strategic and operational planning, terms of reference for the specific management, and governance groups and bodies responsible for development and approval of NHS Orkney's plans at all levels.	Head of Assurance & Improvement	3	31/07/2021					A planning policy and guidance document will be developed and implemented which provides clarity on roles and responsibilities, methodology, governance and oversight.				A planning policy and guidance document is in development with proposed process being tested as part of preparing Remobilisation Plan 4. Timeline extension to accommodate focus on RMP4 development prior to completion. <b>Revised timescale January 2022</b>	Update noted relating updated timescale	

### Audit Recommendations

Report	Recommendation	Action Owner	Grade	Current Timescale	Revised Timescale	Update as at February 2020	Update as at June 2020	Update as at August 2020	Update as at November 2020	Update as at January 2021	Update as at April 2021	Update as at May 2021	Update as at August 2021	Update as at October 2021	Internal Audit agreement to disallow comments (EMALS SENT 19.11.21)
208 Strategic and Operational Planning 2020/21	The operational planning structure should be revised, to optimise arrangements for regular oversight and co-ordination of planning processes and appropriate level of scrutiny over developed plans	Head of Assurance & Improvement	3	31/07/2021											Internal Audit agreement to disallow comments (EMALS SENT 19.11.21)
209 Strategic and Operational Planning 2020/21	The recommendation that long term objectives for the services should be determined, in line with the strategic direction of NHS Orkney. This should be formally reflected in operational plans.	Chief Executive and Director of Nursing, Midwifery & A&P's	3	Clinical 31/7/21 Corporate 30/9/21											Update noted including updated timescale
210 Arrangements to Staff Briefings 2020/21	The Workforce Strategy should be updated, along with related policies and procedures, to ensure that current practices are in line with the NHS Orkney's desired outcomes and strategic objectives.	Interim Director of HR	3	31/07/2021											Timescale noted as remaining Dec 2021
214 Arrangements to Staff Briefings 2020/21	A formal, comprehensive policy should be developed and deployed. This should bring together (and if necessary, expand on) the existing templates, forms, and any local operational statement or practices. Justification for any agency or similar appointment should be clear and considered on a range of factors (such as workforce, clinical need, financial and legal/ HR). The modified procedure for emergency situations (eg covid-19 related) should be formally documented and approved, including potential scenarios where such emergency arrangements would be justified.	Interim Director of HR	3	31/07/2021											Timescale noted as remaining Dec 2021
220 Internal & External Communication 2020/21	NHS Orkney should develop a communication strategy that clearly articulates: -The vision that the approach to communication of the Board is trying to convey to key stakeholders -The specific aims of effective communication to both internal and external stakeholders -The key steps and measures that will indicate that communication processes are working effectively -Who is responsible for the effective delivery of internal and external communication processes, including consideration of the required resources. As part of this process, senior personnel should consider the extent to which the previous strategy outcomes have been delivered and whether any points are required to be carried forward to the new strategy	Corporate Services Manager (NHS Shetland)	3	30/09/2021											Update noted, including updated timescale
226 Internal & External Communication 2020/21	A communication policy should be created, defining as a minimum: -the main types of communication (eg website publications, freedom of information requests etc), -the review and authorisation approval to be undertaken prior to information being released -guidance for staff on who to engage in relation to communications, both where an initial enquiry is raised with the communications officer and if an issue is identified locally	Corporate Services Manager (NHS Shetland)	4	31/10/2021											Update noted, including updated timescale
231 Estates Management 2020/21	Aligned to the implementation of the NHS Orkney Asset Management Summary 2019-2025, regular reporting progress to the Board should be implemented. This should include the agreement of SMART metrics to facilitate progress monitoring and regular progress reporting to relevant management and board committees.	Head of Estates, Facilities & WPD	3	31/03/2022											Noted as not yet due for completion

## Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p><b>Adult social care - winter preparedness plan: 2021-22 and Health and Social Care Winter Overview 2021/22</b></p> <p><a href="https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2021-22/">https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2021-22/</a></p>	<p>Scottish Government strategic planning documents covering adult social care and health and social care concerns for the Winter 2021-22 period, which outlines the range of actions the Scottish Government is taking to support the health and social sector care throughout the winter period.</p>
<p><b>Allowing NHS ambulance services to carry out driving tests for their staff: response to consultation</b></p> <p><a href="https://www.gov.uk/government/consultations/allowing-nhs-ambulance-services-to-carry-out-driving-tests-for-their-staff">https://www.gov.uk/government/consultations/allowing-nhs-ambulance-services-to-carry-out-driving-tests-for-their-staff</a></p>	<p>In response to the consultation on allowing NHS ambulance services to carry out driving tests for their staff, the Driver and Vehicle Standards Agency states the Government has decided to introduce the proposals set out in the consultation to: allow delegated testing for NHS ambulance services and cross testing for the emergency services and Ministry of Defence. The Government needs to amend regulations to do this, which it will seek to do as soon as practicable.</p>
<p><b>National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2021 (SSI 2021/367)</b></p> <p><a href="https://www.legislation.gov.uk/ssi/2021/367/pdfs/ssi_20210367_en.pdf">https://www.legislation.gov.uk/ssi/2021/367/pdfs/ssi_20210367_en.pdf</a></p>	<p>These Regulations amend the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 to make provision for the collection of prescriptions for, and supply of, medicinal products in accordance with a collection and delivery arrangement as defined by the Human Medicines Regulations</p>
<p><b>Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 3) Regulations 2021 (SSI 2021/384)</b></p> <p><b>Keywords</b></p> <p><a href="https://www.legislation.gov.uk/ssi/2021/384/pdfs/ssi_20210384_en.pdf">https://www.legislation.gov.uk/ssi/2021/384/pdfs/ssi_20210384_en.pdf</a></p>	<p>These Regulations amend the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021. In force from 31 October 2021</p>

Topic	Summary
<p><b>Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill 2021 (SP Bill 6)</b></p> <p><a href="https://www.parliament.scot/bills-and-laws/bills/coronavirus-discretionary-compensation-for-self-isolation-scotland-bill/introduced">https://www.parliament.scot/bills-and-laws/bills/coronavirus-discretionary-compensation-for-self-isolation-scotland-bill/introduced</a></p>	<p>A Bill for an Act of the Scottish Parliament to temporarily modify sections of the Public Health etc. (Scotland) Act 2008 which require health boards to pay compensation for self-isolation so that, where self-isolation is for a reason relating to coronavirus, health boards have discretion as to whether to pay compensation; and to provide for the expiry of a provision of the Coronavirus Act 2020 which temporarily modified the same sections of 2008 Act.</p> <p>Introduced 16/11/2021</p>
<p><b>Public Procurement (Agreement on Government Procurement) (Thresholds etc.) (Amendment) (Scotland) Regulations 2021 (SSI 2021/378)</b></p> <p><a href="https://www.legislation.gov.uk/ssi/2021/378/pdfs/ssi_20210378_en.pdf">https://www.legislation.gov.uk/ssi/2021/378/pdfs/ssi_20210378_en.pdf</a></p>	<p>These Regulations amend the thresholds that apply in the field of public procurement that are specified in the Public Contracts (Scotland) Regulations 2015, Utilities Contracts (Scotland) Regulations 2016 and Concession Contracts (Scotland) Regulations 2016 respectively in accordance with the obligations of the UK under the Agreement on Government Procurement (GPA) and as required by each Regulation which is amended. The Regulations change the calculation of the estimated value of a procurement based on the total amount payable, from a calculation exclusive of value added tax to one inclusive of value added tax where applicable, in order to fully comply with the GPA. The Regulations also remove “Regional Development Scotland” from Sch.2 Pt 2 the 2015 Regulations.</p>
<p><b>SPICe briefing: Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill</b></p> <p><a href="https://digitalpublications.parliament.scot/ResearchBriefings/Report/2021/11/2/1dfbc7d3-212f-418f-a42e-47ebdf842bc8">https://digitalpublications.parliament.scot/ResearchBriefings/Report/2021/11/2/1dfbc7d3-212f-418f-a42e-47ebdf842bc8</a></p>	<p>A Scottish Parliament Information Centre (SPICe) briefing examines the Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill 2021, which was introduced in the Scottish Parliament on 23 June 2021. The Bill seeks to reimburse people who have paid for private surgery to remove transvaginal mesh from their body. The cost reimbursement is intended to include the costs of removal surgery and reasonable connected expenses.</p>

## Circulars

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

Reference:	Date of Issue:	Subject:
DL(2021)32	20.10.21	Guidance on Storage for Medicines (including Controlled Drugs) in Clinical Areas
PCA(O)(2021)11 & PCA(P)(2021)17	22.10.21	NHS Pharmacy First Scotland: guidance and referral form for treatment of minor eye conditions
CMO(2021)29	25.10.21	Enhanced Community Sentinel Surveillance of Respiratory Illness
PCA(D)(2021)7	27.10.21	Amendment no. 153 to the statement of dental remuneration
CMO(2021)30	27.10.21	Details of the shingles (herpes zoster) vaccination programme 2021-22
DL(2021)34	29.10.21	Mental Health (Care and Treatment) (Scotland) Act 2003: approval and management of AMP lists
DL(2021)35	03.11.2021	Annual Leave buyback and carry over 2021-22
DL(2021)36	05.11.2021	Quarantine (self-isolation) for NHS Scotland staff returning to the UK
CMO (2021)31	05.11.2021	COVID-19 Vaccination Programme: Green Book updated to allow operational flexibility on dose timing for booster vaccination
DL(2021)38	10.11.2021	A policy for NHS Scotland on the climate emergency and sustainable development
CMO(2021)32	11.11.2021	COVID-19 vaccination programme: JCVI advice on clinical trial participants
DL(2021)39	12.11.2021	NHS Scotland consultants distinction awards and discretionary points schemes

## NHS ORKNEY BOARD

### Timetable for Submitting Agenda Items and Papers 2021/22

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

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

<sup>1</sup> draft minute of previous meeting, action log and business programme to be available

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

<sup>3</sup> draft agenda, minute and action log issued to Directors following meeting

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

Name:	Position:	22 April 2021	24 June 2021	1 July 2021	26 August 2021	28 October 2021		
<b>Members:</b>								
	<b>Non-Executive Board Members:</b>							
M McEwen	Chair	Attending	Attending	Attending	Attending	Attending		
D Drever	Vice Chair	Attending	Attending	Attending	Attending	Attending		
D Campbell	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
C Evans	Non Executive board member	Attending	Attending	Apologies	Attending	Apologies		
I Grieve	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
S Johnston	Area Clinical Forum Chair	Attending	Attending	Apologies	Attending	Attending		
J Kenny	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
F MacKellar	Employee Director	Attending	Attending	Attending	Attending	Attending		
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
J Taylor	Non Executive Board member	Attending	Attending	Attending	Attending	Attending		
	<b>Executive Board Members:</b>							
M Dickson	Interim Chief Executive	Attending	Attending	Attending	Attending	Attending		
M Doyle	Director of Finance	Attending	Attending	Attending	Attending	Attending		
D McArthur	Director of Nursing, Midwifery and AHP	Attending	Apologies	Apologies	Apologies	Apologies		
L Wilson	Director of Public Health	Attending	Apologies	Attending	Attending	Attending		



# 13.3

Name:	Position:	22 April 2021	24 June 2021	1 July 2021	26 August 2021	28 October 2021		
	<b>In Attendance:</b>							
C Bichan	Head of Assurance and Improvement	-	Attending	-	-	-		
S Brown	Chief Officer – IJB – from 24.05.21		Attending	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	Attending		
G Morrison	Chief Officer – IJB – to 21.05.21	Attending						
E West	Corporate Services Manager	Attending	Attending	Attending	Attending	Attending		
K Wilson	Interim Director of Acute Services	Attending	Attending	Attending	Attending	Attending		