

NHS Orkney Board

24 February 2022

Purpose of Meeting

NHS Orkney Board's **purpose** is simple, as a Board we aim to **optimise health, care and cost**

Our **vision** is to ***'Be the best remote and rural care provider in the UK'***

Our **Corporate Aims** are:

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

Quorum:

Five members of whom two are Non-Executive Members (one must be chair or vice-chair) and one Executive Member

Orkney NHS Board

There will be a virtual meeting of **Orkney NHS Board** on
Thursday 24 February 2022 at 10:00am.

Meghan McEwen
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minute of previous meeting held on 16 December 2021	Chair		To check for accuracy, <u>approve</u> and <u>signature</u> by Chair
4	Matters arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board action log	Chief Executive		To <u>monitor progress</u> against the actions due by the meeting date and to agree corrective action where required
6	Governance			
6.1	Corporate Governance Arrangements	Chair/Corporate Services Manager	OHB2122-79	To <u>note</u> the re-establishment of standard Corporate Governance arrangements as agreed by the Agile Board
6.2	Board Appointments and Audit Chair	Corporate Services Manager	OHB2122-80	To <u>approve</u> the appointments

Item	Topic	Lead Person	Paper Number	Purpose
6.3	Orkney Partnership Board Vice Chair Report	Chair	OHB2122-81	To <u>seek assurance</u> from the report and <u>note</u> the approved minutes
7	Strategy			
	No agenda items this meeting			
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Prevention and Control Report	Medical Director	OHB2122-82	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
8.2	Covid-19 update	Director of Public Health	OHB2122-83	To receive an <u>update and assurance</u> on Covid-19 cases, testing and vaccination activity.
9	Organisational Performance			
9.1	Financial Performance Report	Director of Finance	OHB2122-84	To <u>review</u> the in year financial position and <u>note</u> the year to date position
9.2	Performance Report	Head of Assurance and Improvement	OHB2122-85	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
10	Risk and Assurance			
10.1	Corporate Risk Register	Interim Chief Executive/Head of Assurance and Improvement	OHB2122-86	To <u>monitor</u> the corporate risks which have been agreed by the Executive Management Team.
11	Any other competent business			
12	Items for Information			

Item	Topic	Lead Person	Paper Number	Purpose
12.1	Key Documentation Issued*	Chair	OHB2122-87	To <u>receive</u> a list of key legislation issued since last Board meeting
12.2	Board Reporting Schedule 2022/23*	Chair		To <u>note</u> the schedule
12.3	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 16 December 2021** at **10:00 am**

Present

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

In Attendance

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

B115 Welcome and Apologies

No apologies were received.

The Chair advised that due to the current response to the Covid-19 pandemic, including the challenges of the new Omicron variant and the acceleration of the vaccination programme, the Board were being asked to formally approve a temporary revised approach to Corporate Governance.

A paper had been provided to this effect, and it was the intention today to only discuss the papers that required a Board decision or warranted further discussion in the current circumstances. All papers for noting would be assumed as read, any queries should be raised with the Executive Director, Author or Corporate Services Manager as appropriate.

B116 Declarations of interests

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

B117 Minutes of previous meetings held on 28 October 2021

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

B118 Matters Arising

No matters arising were raised.

B119 Board Action Log

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

Governance

B120 Temporary revised Governance Arrangements

The Board were asked to approve the temporary revised approach to Corporate Governance arrangements while the organisation continued to deal with the Covid-19 pandemic and the additional immediate pressures caused by the Omicron variant and accelerated vaccination programme.

The Board meeting cycle would be amended with meetings of the Agile Board taking place fortnightly, Chairs should take action to stand down all non-essential meetings until the end of February 2022, with all business for information being conducted by email as appropriate.

The amendments would be reviewed on a four weekly basis so that a return to the more established arrangements could be achieved at the earliest opportunity. The first review would be held on the 13 January 2022, and the Board advised if any further amendments were required to be considered at this time.

It was agreed that all queries and correspondence would be through the Corporate Services Manager to maintain consistent messaging and ensure all items of virtual business was transacted and recorded appropriately.

Decision / Conclusion

The Board approved the temporary revised approach to Corporate Governance arrangements with immediate effect.

B121 Integration Joint Board – Annual Performance Report – OHB2122-62

The Board had received the IJB Annual Performance report, highlighting information on performance against the core suite of Performance Indicators for 2020/21 and the Ministerial Strategic Group indicators which had both helpfully been provided by Public Health Scotland.

Decision / Conclusion

The Board noted the Annual Performance Report for the Integration Joint Board.

B122 Orkney Partnership Board – Voce Chairs Report – OHB2122-63

The Chair presented the report noting that the NHS Orkney Board had been approached through the Orkney Partnership Board, for a capital contribution towards the costs of building a new nursery and childcare facility in Orkney.

The Director of Finance raised concerns that if this new provision was supported there would be a potential unidentified capital cost pressure. The Board were already facing significant financial challenges and any funding for a new facility would increase these. Capital Plans had already been agreed and any further requirements would have a significant impact on plans to address back log maintenance, property and the digital strategy.

Decision / Conclusion

The Board agreed that it would be unable to support the request for a capital contribution to the new nursery and childcare facility.

Strategy

B123 Public Health Annual Report – OHB2122-64

The Director of Public Health presented the report, which provided the Board with an update on key public health activities focused on the 2020-21 financial year. It was noted that the Covid-19 Pandemic had dominated much of the activity, with health improvement staff supporting the health protection function. Thanks were given to all Public Health Staff for their hard work in such a challenging year

Five recommendations for areas of focus and action going forward were noted:

- 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 wellbeing of children and young people, in order to create the best possible future for them and a thriving Orkney.

Decision / Conclusion

The Board noted the update and the areas for focus and action going forward. It was agreed that the report should be shared with the Community Planning Partnership for information, acknowledgement and to shape thinking.

It was also agreed noted that a Development Session around the role of NHS Orkney as an Anchor Institution should be scheduled in 2022-23.

B124 Digital Strategy 2021-26 – OHB2122-65

The Director of Finance presented the report seeking approval of the Digital Strategy as recommended by the Finance and Performance Committee. It was acknowledged that an Equality and Diversity Impact Assessment was required and this would be progressed before issuing the Strategy as a final version.

The Chair questioned the deliverability of the Strategy and how this would be monitored, and was advised that work would be progressed through the Technology Enabled Care Board with monitoring and assurance by the Finance and Performance Committee.

I Grieve noted that the Strategy made no mention of improving IT facilities to allow those working in child protection to share records more easily. The Director of Finance advised that this was in the planned work for an update to the Electronic Patient

Record. Information Technology colleagues across both NHS Orkney and Orkney Islands Council were reviewing systems and a working group had been established to take forward the work stream of providing better access to patient records.

Decision / Conclusion

The Board approved the Digital Strategy, subject to the completion of an Equality and Diversity Impact Assessment.

Post meeting note: Impact assessment completed and final document circulated and adopted.

Clinical Quality and Safety

B125 Healthcare Associated Infection Prevention and Control Report – OHB2122-66

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.

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.

B126 Covid-19 update – OHB2122-67

The Director of Public Health presented the paper noting the current Covid situation had changed with the omicron variant, amendments to advice and changes to the self-isolation rules.

Focus remained on vaccinations, especially booster vaccinations, rates were currently high and the community was asked to continue to come forward and access all vaccinations that were offered.

Decision / Conclusion

The Board noted the update and the amendments to public health guidance.

B127 Duty of Candour Annual Report – OHB2122-68

The Board had received the Duty of Candour Annual Report as recommended by the Joint Clinical and Care Governance Committee. Duty of Candour was a legal responsibility of all Health and Social Care Services in Scotland, where 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. During 1 April 2020 to 31 March 2021, nine events were reported where Duty of Candour applied.

Decision / Conclusion

The Board noted the Duty of Candour Annual Report.

B128 Chairs Report Joint Clinical and Care Governance Committee Chairs report - OHB2122-69

The Board had received the Chair's report from the Joint Clinical and Care Governance Committee meeting held on the 28 October 2021. The report highlighted the following:

- An update on progress around the Clinical Strategy
- Further information around the Care Home Assurance Report
- Further information around the Mental Health Assurance Report
- Confirmation that the NHS Orkney Learning from Adverse Events policy had been approved

Decision / Conclusion

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

B129 Chairs Report Area Clinical Forum and minutes of meetings held on the 5 October 2021 – OHB2122-70

The Board had received the Chair's report from the Area Clinical Forum meeting held on the 3 December 2021. The report highlighted the following:

- Positive engagement and progress with the Clinical Strategy
- Issues around releasing staff to attend training, especially nursing staff which would also be raised to the Clinical and Care Governance Committee

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 5 October 2021.

Workforce

B130 iMatter – OHB2122-71

The Board had received the iMatter Organisational report for information. The report presented the results from the iMatter questionnaire that ran from the 16 August to 6 September 2021, noting that 571 members of staff completed the survey, resulting in a 65% response rate, and an Employee Engagement index of 70.

Decision / Conclusion

The Board noted the information provided, acknowledging that there were always areas for improvement but also recognising the many areas that should be celebrated.

B131 Staff Governance Committee Chairs Report and minutes of meetings held on the 24 August 2021 – OHB2122-72

The Board had received the Chair's report from the Staff Governance Committee meeting held on the 24 November 2021. The report highlighted the following:

- An update on the Staff Governance Action Plan
- The National Whistleblowing Compliance report

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 24 August 2021.

Organisational Performance

B132 Financial Management Performance Report – OHB2122-73

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 October 2021. Information was provided relating to resource limits, actual expenditure, and variance against plan. To date, NHS Orkney was over spent by £2.849m.

Decision / Conclusion

The Board noted the content of the month seven Financial Performance Report.

B133 Performance Management Report – OHB2122-74

Members had received 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.

Decision / Conclusion

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

B134 Chairs Report Finance and Performance Committee and minutes of meetings held on the 23 September 2021 – OHB2122-75

The Board had received the Chair's report from the Finance and Performance Committee meeting held on the 25 November 2021. The report highlighted the following:

- The Lockdown Policy and Plan had been approved
- The Digital Strategy had been recommended for Board approval
- The Financial Performance Report had been received and scrutinised
- The Financial Recovery Plan had been discussed
- The Capital Plan had been presented

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 23 September 2021.

Risk and Assurance

B135 Corporate Risk Register – OHB2122-76

Members had received 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.

Decision / Conclusion

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

B136 Chairs Report Audit and Risk Committee and minute of meeting held on the 7 September 2021 – OHB2122-77

The Board had received the Chair's report from the Audit and Risk Committee meeting held on the 7 December 2021. The report highlighted the following:

- The Committee had received the report on Delayed discharges providing assurance of good practice in a number of areas and the recommendations for improvement
- The Internal and External Audit Recommendation report had been reviewed
- An update had been provided around Information Governance
- Improvements in the Risk Management process were noted

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 7 September 2021.

B137 Any other competent business

No other competent business was raised.

Items for noting

B138 Key Documentation issued – OHB2122-78

Members noted the key legislation issued.

B139 Board Reporting timetables 2021/22

Members noted the dates of future meetings.

B140 Record of attendance

Members noted the record of attendance.

B141 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.

NHS Orkney Board Action Log Updated 17 January 2022

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

No	Action	Source	Target date	Owner	Status / update
01-2021/22	<u>Child Poverty Strategy</u> The Child Poverty Task Force are currently drafting a Child Poverty Strategy for 2021-23 which will provide a coherent framework for future partnership action planning, implementation, monitoring, reporting and scrutiny from 2021-22 onwards.	Board meeting 24 June 21	October 2021	Chief Officer	Discussed by SMT on 23 August and at the Board Development Session on 1 October 2021. Further input required before finalisation and approval by Board

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Corporate Governance Arrangements
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Emma West, Corporate Services Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is asked to note the return to standard Corporate Governance Arrangements, from the 1 February 2022, as approved at the meeting of the Agile Board on the 27 January 2022.

2.2 Background

At the meeting of the NHS Orkney Board on the 16 December 2021, the Board approved the temporary revised approach to Corporate Governance arrangements while the organisation continued to deal with the COVID-19 pandemic and the additional immediate pressures caused by the Omicron variant and the accelerated vaccination programme.

It was agreed that these temporary revision to the Board governance arrangements would be reviewed at 4 weekly intervals for their efficiency and appropriateness to the circumstances that NHS Orkney faced at any given time and consider a return to business as usual when appropriate.

2.3 Assessment

At the Agile Board meeting on the 27 January 2022, Board Members agreed to return to the re-establishment of standard governance arrangements from the 1 February 2022.

It was agreed that standing up of committees would be taken as a flexible and pragmatic approach, with Executives agreeing any areas of risk and assurance that needed addressed in the short term, while normal business was resumed.

2.3.1 Quality/ Patient Care

Clinical staff were given the time to prioritise the response to the Covid pandemic, including the accelerated roll out of the vaccination programme to better protect the population.

2.3.2 Workforce

The Board recognised that front line staff, senior officers, support services and the Executive team must be allowed to deal with the Covid-19 Pandemic with as little distraction as possible and that the organisation maximises the time available for staff to deal with the new requirements

2.3.3 Financial

There is no additional financial impact to the recommendations.

2.3.4 Risk Assessment/Management

The Agile Board continued to remain sighted around the key ongoing risks associated with the Health and Safety Executive Inspection and the Financial Recovery Plan.

The Board will continue to assess the current covid situation and consider a further review of governance arrangements if required.

2.3.5 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.

- NHS Orkney Public Board 16 December 2021
- NHS Orkney Agile Board 26 January 2022

2.4 Recommendation

- **Awareness** – For Members' information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Board and Committee Appointments
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Emma West, Corporate Services Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is asked to:

- **Formally Appoint** Davie Campbell as Vice Chair of the Board
- **Appoint** Jason Taylor as Chair of the Audit and Risk Committee
- **Appoint** Joanna Kenny as a Substantive Member of the Integration Joint Board

- **Note** that a further overarching review of committee member will commence following the appointment of two new Non-Executive Directors to the Board and will be submitted to the April meeting of the Board for approval

2.2 Background

Following the end of David Drever's Non Executive and Vice Chair Board appointment on the 31 January 2022, there is a requirement to appoint to a number of vacant roles as advised.

Vice Chair of the Board

As detailed in Model Standing orders the Chair shall nominate a candidate for vice-chair to the Cabinet Secretary. The candidate must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair.

Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

Chair of the Audit and Risk Committee

As detailed in the Model Standing Orders the Board shall appoint the chairs of all committees.

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

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

IJB membership

The Orkney Integration Scheme states that voting membership will consist of:

- Three elected members of the Local Authority
- Three non-executive directors of the Health Board, although article 3(5) of the Integration Joint Board Order permits otherwise if necessary.

Individual Board appointments will be made as required when a position becomes vacant for any reason.

Committee membership

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

comprehensive review of overall Committee Membership will be conducted once the new Non Executives Board members are in post, and presented to the April meeting of the Board for approval.

2.3 Assessment

Vice Chair appointment

It was confirmed on the 6 January 2022 that the Cabinet Secretary for Health and Social was content to appoint Davie Campbell as Vice Chair of Orkney NHS Board.

Chair of the Audit Committee

The Chair of the Board has proposed that Jason Taylor take on the role of Chair of the Audit Committee for a two year period. The Vice Chair of the Committee will be agreed as part of the wider review of Committee membership and approval sought by the Board in due course.

IJB membership

The Chair of the Board has proposed that Joanna Kenny be a substantive member of the Integration Joint Board. This will leave a vacancy for the deputy role which will be considered as part of the wider review of Committee membership and approval sought by the Board in due course.

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

- **Decision**

- **Formally Appoint** Davie Campbell as Vice Chair of the Board
- **Appoint** Jason Taylor as Chair of the Audit and Risk Committee
- **Appoint** Joanna Kenny as a Substantive Member of the Integration Joint Board

- **Awareness**

- **Note** that a further overarching review of committee member will commence following the appointment of two new Non-Executive Directors to the Board and will be submitted to the April meeting of the Board for approval

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Orkney Partnership Board Vice Chairs Report
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Meghan McEwen, Board Chair

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Orkney Partnership Board met on Friday 10 December 2021, there was a subsequent meeting held on the 8 February 2022 where local authority and NHS Orkney met and are bringing awareness of the following three points:

- Isles network of care and the lack of resilience and recruitment challenges
- Out of hours provision and first responders
- Public protection

2.2 Background

Continuing staffing issues have impacted on out of hours services, and the outer island communities. Efforts to alleviate stress to the services in way of locums is having a negative impact on budget and consistency.

2.3 Assessment

If the shortfall were not made up, the current level of support could not be sustained, which would put at risk facilitating partners' ability to comply with their statutory duties regarding community planning. Officers would therefore recommend the continuation of the current level of community planning support.

2.3.1 Quality/ Patient Care

A risk of depleted patient care as staffing issues continue. Inconsistency of care due to visiting locums.

2.3.2 Workforce

The Board acknowledges there is a lack of resilience and current recruitment issues within the isles. They are collaborating closely with colleagues to implement sustainable staffing.

2.3.3 Financial

On going financial pressures to the budget due to the increased use of locums.

2.3.4 Risk Assessment/Management

Risk assessments are being continually conducted, and mitigations are being put in place to reduce the risks where possible

2.3.5 Other impacts

Increase to CO₂ emissions correlating with higher frequency of visiting locums using inter island travel rather than staff base permanently on outer islands.

2.3.6 Communication, involvement, engagement, and consultation

The Board has performed its duties to involve and engage external stakeholders where appropriate:

The issues being raised were brought to attention during The Orkney Partnership Board meeting.

- Orkney Partnership Board, Friday 10th December 2021
- Meeting with NHS Orkney and Local Authority on Tuesday 8th February 2022

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, The Orkney Partnership Board 4 October 2021 Minutes



DRAFT Minute of the meeting of the **Orkney Partnership Board**
held at **3pm** on **4 October 2021** via Microsoft Teams

Present:	James Stockan	Orkney Islands Council (Chair)
	Gail Anderson	Voluntary Action Orkney
	Stephen Brown	Orkney Community Justice Partnership
	Seonag Campbell	Skills Development Scotland
	Cheryl Chapman	VisitScotland
	Karen Greaves	OIC Chief Executive's Service
	Issy Grieve	Integration Joint Board
	Graeme Harrison	Highlands and Islands Enterprise
	Claire Kemp	UHI/Orkney College
	Thomas Knowles	Historic Environment Scotland
	John MacDonald	SEPA
	Leslie Manson	Orkney Islands Council
	John McKenna	Scottish Fire and Rescue Service
	John Mundell	OIC Chief Executive
	Graham Neville	NatureScot (SNH)
	Marcus Shearer	Scottish Ambulance Service
	Mark Shiner	UHI/Orkney College
	Graham Sinclair	HiTRANS
	Craig Spence	Orkney Housing Association Limited

By invitation:	Glen McLellan	ASPIRE Chair
	Luke Fraser	ASPIRE Programme Manager
	Rebecca Crawford	Voluntary Action Orkney

In attendance:	Anna Whelan	OIC Corporate Services (Secretary)
	Joanna Buick	The Orkney Partnership

1. Apologies:

Alan Dundas	SEPA
Alan Johnston	Scottish Government
Joanne Wallace	Orkney College
Meghan McEwen	NHS Orkney (Vice Chair)
Michael Dickson	NHS Orkney

2. Draft minute of the meeting of the Board on 28 June 2021

The minutes were agreed.

3. Matters arising

- 3.1. At Item 7.2, **Area Dental Committee letter** dated 23 March 2021. No update available from Meghan McEwen. Anna Whelan reported that the Child Poverty Task Force had launched the 'Making Ends Meet' Consultation, this includes questions regarding travel to dental appointments and that information would be available in due course. OPB Secretary to draft response, acknowledging

reduction in Ferry Fares and advising information would be available at the conclusion of the consultation.

Action: MM to report back from NHS Endowments Committee

Action: Secretary to draft response to Dental Committee Letter

- 3.2. At Item 6.7, **Child Poverty Task Force**– will be addressed by Jim Lyon at item 6 today.
- 3.3. At Item 13.3, **Resourcing for Third Sector Agencies** – Orkney Islands Council has provided £300,000 of funding and the first tranche has been issued. Gail Anderson advised 7 awards totalling £45,577 has been offered in the second tranche, should they be accepted then a total of £146,360 has been awarded. Noted that some agencies are reticent to apply, feeling others are in greater need. Confirmed all Third Sector organisations are eligible to apply and should be encouraged to do so in the next 2 rounds.
- 3.4. At Item 6.1.4, Local Employability Partnership will be covered later in today's meeting.
- 3.5. At Item 12.5, ASPIRE Orkney Ltd to be discussed at today's meeting, item 3.1.
- 3.6. Aspire Orkney Limited – with assistance from OIC Legal Services and the Aspire Orkney Limited Board, Anna Whelan had prepared a briefing note to answer questions on Aspire background and Governance information. It was confirmed that any Orkney resident can be a member and there are currently 6 Director posts filled. Start-up funding received was £30,000 paid in two instalments. Approximately £11,000 remaining for operating costs and salaries.
4. **Draft Orkney Community Plan/Local Outcomes Improvement Plan 2021-23**
 - 4.1. The 23 September draft is being reviewed, taking account of OIC Policy and Resources Committee comments from their meeting on 21 September 2021.
 - 4.2. Targets are looking a couple of years ahead.
 - 4.3. Three delivery groups have been set up; Community Wellbeing Group have met to discuss their sections. The other group chairs have provided input but not yet held meetings. Therefore, some minor changes can still be expected.
 - 4.4. Asking for approval as a working document.
 - 4.5. Each agency is to approve the document, to date OIC has approved and NHS Orkney will discuss later this month. This is a rolling plan.
 - 4.6. Noted that Digital Connectivity targets will not be met due to R100 issues and Ferry targets are also unlikely to be met in the next 18 months. Agreed that targets should be ambitious.
 - 4.7. The Plan was approved as a working document.
5. **Kirkwall and West Mainland Place Standard Consultation**
 - 5.1. Gail Anderson advised that a previous delivery group (Strong Communities Delivery Group) had an action to conduct a Place Standard consultation. The previous Business Manager advised focussing on Kirkwall and West Mainland

as previous consultations showed that West Mainland responses were similar to the Islands responses. VAO applied for consultation funding prior to COVID.

- 5.2. Rebecca Crawford presented the findings of the consultation based on the February to March 2021 results. COVID restrictions still in place so an online survey had been used. 328 Responses were received and over 1000 comments.
- 5.3. Top priorities identified in the survey were Moving Around, Public Transport, Work and Local Economy, Housing and Community and Influence and Engagement. Further information can be accessed on the VAO webpage.
- 5.4. Further Digital Connectivity analysis was requested, comparing mainland and isles survey results.
- 5.5. With regard to age and gender analysis, younger age categories were underrepresented due to COVID restrictions; VAO had been unable to contact younger people during periods of home schooling.
- 5.6. Noted the first Place Standard for the Locality Plan for the ferry-linked isles was completed 5 years ago. It was planned to follow up last winter but due to COVID this was not possible. Follow up proposal to be presented to the Board in December 2021.
- 5.7. Influence and Engagement shows up as an important issue for us to address.
- 5.8. A second stage to this project is to return to communities using the results to initiate discussions. This has been overtaken at the moment as VAO have been asked to participate in a joint collaborative consultation 'Orkney Matters'.

6. Children's Services Plan and Child Poverty Strategy

- 6.1. An update was provided by Stephen Brown in his capacity as Chief Officer Health and Social Care Partnership and IJB on the Children's Services Plan (CSP) and Child Poverty Strategy (CPS).
- 6.2. The Care Inspectorate and Health Improvement Scotland have now completed their progress review and published report. Statutory partners (OIC and NHSO) had waited to ensure any significant issues found in the review were reflected in the Children's Services Plan before issue.
- 6.3. Some minor amendments/updates have been made, and additional actions are in place since the group last reviewed the CSP. Comments received by the Orkney Partnership's Vice Chair last week are still being appraised.
- 6.4. Stephen reported that the Child Poverty Strategy was a robust document. It identified that in the Orkney Islands more than 1 in 5 children are living in poverty. Fuel poverty is a large factor.
- 6.5. The CPS has a good policy framework in place, with supporting data. Results are coming in from the Child Poverty Task Force's "Making Ends Meet" survey.
- 6.6. The outcomes in the Strategy are challenging but not unobtainable and will make a big difference to children and their families in Orkney.

- 6.7. Clarification is being sought on the Scottish Government's national Child Poverty targets and their relevance to Orkney. Some data are relevant to Scotland, but not Orkney. Orkney has a lower absolute child poverty figure in comparison but there has been a rise in the number of young people hitting the relative poverty level. There are many inequalities especially in the islands and in particular fuel poverty.
- 6.8. It was agreed that fuel poverty and transport poverty are significant issues in Orkney, and we should ensure they are always referenced in policy documentation.
- 6.9. Noted that Universal Credit (UC) claimant figures should be monitored especially with the ending of furlough schemes. There were concerns over the loss of the additional £20 government payment.
- 6.10. Agreed it was important that each Board member considers both the Children's Services Plan and the Child Poverty Strategy when looking at their own organisation's policies.
- 6.11. Noted that Public Health have launched a 'Making Money Count' leaflet and plan to offer training to those working with people at risk of poverty.

7. Local Resilience Partnership update

- 7.1. Community Recovery Liaison Group – This group had been meeting jointly with the Partnership's Community Wellbeing Delivery Group, with meetings jointly chaired by Gail Anderson and Karen Greaves.
- 7.2. The new Community Wellbeing Delivery Group has now replaced both former groups. It is proposed that the long-term directions previously identified ie Pandemic Recovery are taken forward by the new group, with a link back into the Local Resilience Partnership who will continue to have monthly meetings.
- 7.3. Long term issues are now being addressed by the LRP rather than the original short term pandemic issues.
- 7.4. The Care for People Group chaired by Lynda Bradford continues to meet monthly. Group members are reporting a concern amongst service users of another winter lockdown resulting from a rise in local covid cases.
- 7.5. Thanks were given by the Chair for all the work undertaken by the groups.

8. Delivery Group updates

8.1. Connectivity Delivery Group

- 8.1.1. No formal meeting had been arranged as yet but information gathering has taken place. Initially separate meetings required to discuss Transport and Digital Connectivity issues.
- 8.1.2. Engagement can be made with the Scottish Government Islands Connectivity Plan and the Outline Business Case for Ferry Strategy.
- 8.1.3. R100 roll out to be looked at and the lack of uptake of fibre broadband. Provisional meeting date being looked at week commencing 18 October 2021.

8.2. Community Wellbeing Delivery Group

- 8.2.1. The group have identified their initial membership and held two planning meetings to agree actions and themes.
- 8.2.2. Smart template being completed by members for agreed actions, next meeting due 18 October 2021. Discussions from this meeting will help to form the Delivery Group Plan.
- 8.2.3. VAO has secured funding, £95,500 from the Community Recovery Fund to support the reopening of community places and the re-establishment of community activities.
- 8.2.4. It was queried if positive aging will be looked at by this group. Something that will be addressed at the next meeting although via social isolation issues. The Islands Wellbeing Survey has taken place and will provide a lot of reference data. Report due mid November 2021.

8.3. Sustainable Development Delivery Group

- 8.3.1. Noted membership is being finalised and meeting date to be scheduled before the end of October.
- 8.3.2. Meeting required with Glen McLellan to discuss delivery via Aspire Orkney Ltd and the Economic Recovery Steering Group to ensure work is not duplicated.
- 8.3.3. Noted that the Board's climate change agenda will be driven through this group and regular updates will be required in preparation for COP26.
- 8.3.4. Noted that Skills Development Scotland had offered to assist with advice on skills for low carbon economy jobs. The Green Jobs Workforce Academy and New Climate Emergency Job Plan have been launched.
- 8.3.5. Everyone has a responsibility towards climate change, NHS Orkney have a local Sustainability Steering Group set up to look at NHS Waste, in particular disposal of PPE. NHS Orkney have a representative who would like to be invited join the Sustainable Recovery Delivery group.

Action: Graham Neville to invite NHSO rep

- 8.3.6. The Third Sector are looking at climate change responsibility and Gail Anderson would like to contribute this information to the SRDG.

8.4. Economic Recovery Steering Group

- 8.4.1. An OIC Elected Members seminar took place with the Chair of the ERSG on 24 August 2021. Excellent session with lots of valuable input and feedback which will be used in action plans. Hope that this level of engagement can continued.
- 8.4.2. Aspire Orkney Ltd was continuing to be set up. The Programme Manager was working on consultation with various sectors to gather information and identify areas for cross sector cooperation.

- 8.4.3. A housing needs survey was being worked on with OIC, OHAL and local building companies which has led to looking at the feasibility of a Local Housing Conference.
- 8.4.4. Clarification was sought on how ASPIRE priorities are determined. Noted that lengthy discussions held with OIC and HIE were followed up with workshops to identify key aims and priorities which developed the ASPIRE strategy and action plan. A lot of changes have occurred since the original concept. Reporting will be governed through the Economic Recovery Steering Group, which is an OIC, HIE and Business Representative partnership.
- 8.5. Noted that Orkney tourism partnership are also working on a recovery plan and the Programme Manager has been actioned to make contact to discuss.
- 8.6. It was proposed the Delivery Group Chairs should meet from time to time to align plans and ensure there is no duplication of work.

Action: Anna Whelan

9. Engagement HQ

- 9.1. Noted that repeated Place Standard consultations have highlighted “Influence and Engagement” as a concern, showing we are not meeting the expectations of the community with regards to modern standards of consultation and engagement.
- 9.2. A shared engagement tool has been considered for several years but not progressed due to lack of capacity. Luke Fraser, ASPIRE Programme Manager has looked into different engagement tools and selected EngagementHQ as the best option available, for an initial annual fee of £9,000. Aspire has offered the Partnership an opportunity to participate for an additional fee of £2,000 to secure a shared licence.
- 9.3. Partnership Board funding is available from the 2021-22 budget to cover this fee. The board is asked to consider approving this fee.
- 9.4. Luke Fraser gave a demonstration of how EngagementHQ would work and tie in with other information methods used.
- 9.5. Noted that OIC Development Planners are looking at a map-driven app whereas we are looking for an all-encompassing platform.
- 9.6. The consultation platform would allow an Orkney specific platform, allowing a more coordinated response for all participating partners.
- 9.7. Organisations that choose to join the platform will be allocated their own hub area for consultations.
- 9.8. Governance concerns have been discussed with the platform supplier and OIC Information Governance Officer, George Vickers.
- 9.9. ASPIRE will administer the site and a data controller will be appointed. Each organisation that joins the platform will have a data controller for their hub.
- 9.10. Bang the Table will be a data processor as it is their platform as would be any consultants working on behalf of the participating organisations.

- 9.11. After discussions with Bang the Table, Reflex and George Vickers, all feel that a shared platform is achievable with data sharing agreements being in place. This will meet GDPR requirements.
- 9.12. Noted that ASPIRE will buy a licence valid for 12 months. Should other organisations use the platform and find it useful, discussions would take place before the renewal date regarding contributions towards the licence renewal. Contributions could be based on the size of the organisation.
- 9.13. Data storage length depends on data sharing agreements that are put in place. Data can be stored for a long time. ASPIRE (as Data Controller) would have access to all the data collected but each organisation would only have access to their hub areas.
- 9.14. The platform has a good reporting function; participants can be contacted via generated newsletters and data can be left online with original questions and findings.
- 9.15. Anonymised reporting could be agreed depending on what information is being requested.
- 9.16. All data can be exported as required or at the end of the contract period if the licence is only used for one year.
- 9.17. Training will be available from Luke or via online videos.
- 9.18. Awareness of this platform opportunity needs to be pushed. Local Employability Partnership should be made contact with to discuss.
Action: Luke Fraser
- 9.19. Unlimited hubs available but restricted to 8 administrators who may require overseeing more than one hub. Additional hub licenses can be purchased for approx. £500.
- 9.20. Agreed to go ahead subject to resolution of VAT issues.
- 9.21. Follow up report to be submitted to the Board in Spring 2022.

Action: Luke Fraser/Anna Whelan

10. Any Other Business

- 10.1. Some may be aware that the SNP Manifesto for Government promised to create a new National Care Service, noted this consultation was now live. A number of aspects of the consultation would have a serious impact on Orkney. Particular cause for concern is the proposal to remove social work from OIC and some NHS Orkney services and create a third national bureaucratic organisation. Consultation is open to public and organisations. Noted that an online Orkney-specific consultation for the National Care Service was scheduled for 8 October 2021 and all were encouraged to attend if available.
- 10.2. Noted the Skills Development Scotland Charter presented some months ago is now signed off. The offer to provide performance data on a regular basis is now available i.e. an overview of Economy and Skills data.

11. **Date of Next Meeting**

10 December 2021, 2-5pm.

The meeting closed at 5.08pm.

AFW/JB/JT

19.11.21

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Healthcare Associated Infection Prevention and Control Report
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Sarah Walker, Infection Control Manager

1 Purpose

To provide assurance on infection prevention and control measures and targets within the Board.

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 February 2022

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	Q4
<i>Staphylococcus aureus</i> bacteraemia (SAB)	0	0	0	1 TBC
<i>Clostridioides difficile</i> infection (CDI)	2	1	0	0 to date
Hand Hygiene Combined Compliance (%)	Aug 90%	Oct 94%	Nov 96%	Jan 98%
National Cleaning Compliance (Board Wide)	Aug 97%	Sep 97%	Oct 95%	Dec 96%
National Estates Compliance (Board Wide)	Aug 100%	Sep 100%	Oct 100%	Dec 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.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Healthcare Associated Infection Control Reporting Template (HAICRT)

NHS ORKNEY REPORT CARD HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

SECTION 1 – BOARD WIDE REPORTING

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Orkney of activity and performance against Healthcare Associated Infection Standards and performance measures.

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

LDP Standard 1st April 2021 to 31st March 2022 for *Staphylococcus aureus* bacteraemia (SAB)

The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect meeting pre-set targets. One case to be confirmed for January 2022.

LDP Standard 1st April 2021 -31st 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	0
Quarter 2	July - September	0
Quarter 3	October - December	0
Quarter 4	January - March	1 TBC

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. The se target for NHSO is 3 cases per year and currently on track to meet this target.

LDP Standard 1st April 2021 - 31st March 2022 <i>Clostridioides difficile</i> infection (CDI)		
Quarter 1.	April-June	2
Quarter 2	July-September	1
Quarter 3	October-December	0
Quarter 4	January- March	0 (to date)

Multi Drug Resistant Organism Screening (MDRO)

MRSA and CPE screening uptake for 2021 Q3 (July to September)

There has been a shift, nationally, in monthly CPE screening uptake monitoring data that is below the median which serves as a historical baseline. This is an indication that CPE screening uptake has decreased during the COVID-19 pandemic. Continuing to undertake and monitor MDRO screening remains critically important to reduce the risk from MDRO.

An uptake of **90%** with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening.

Below is current data for the 4 most recent quarters within the board, and for Scotland:

MRSA Uptake	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Orkney	100%	77%	83%	83%
Scotland	82%	83%	84%	81%

CPE Uptake	2020 Q4	2021 Q1	2021 Q2	2021 Q3
Orkney	96%	83%	87%	87%
Scotland	79%	82%	83%	82%

The lack of improvement in MDRO screening has been raised with the Inpatient Senior Charge Nurses, for improvement in the next quarter. The Infection Prevention & Control team are undertaking daily Clinical Risk Assessment checks, raising with teams on a daily basis for completion.

Hand Hygiene

The IPCT continue to undertake quality assurance audits and raise any dress code or compliance issues with individuals on a day-to-day basis. Audit results are also raised with department leads on audit completion.

Hand hygiene data from December 2021- January 2022

Dec 2021 /Jan 2022	Observations Opportunity	Technique	% score by group
Nurses	88	86	97.7
Medical	20	20	100
AHPs	14	14	100
Others	7	7	100
Total Overall	129	127	98.4

Board totals since April 21	Apr	Jun	Aug	Oct	Nov	Dec
	96%	93%	90%	94%	96%	98.4%

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 national surgical site infection surveillance programme for Caesarean Sections, hip fractures and large bowel surgery. One case of surgical site infection within the three surveillance streams to date.

Cleaning and the Healthcare Environment

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

The NHS Scotland National Cleaning Services audit results over time are included on the reporting page for ease but as of January 2022; Domestic score 97.5% and Estates 99.8%.

Cleaning is being undertaken in line with the latest guidance.

IP&C update

Guidance changes

Following on from the release of the Winter Respiratory Guidance by ARHAI with accompanying DL (2021) 46. The guidance requires the organisation to have provision for all respiratory infections, not solely SARS-CoV-2 provision. The new build with mainly single room provision is usable for respiratory patients who do not require aerosol generating procedures (AGPs). A Standard Operating Procedure for Opening windows and trickle vents has been implemented for ensuring rooms with natural ventilation have procedures in place to provide ventilation.

The provision for respiratory pathway patients is now located within IP1 within the wing with two negative pressure rooms, this enables ease transfer for patients that require AGPs to be undertaken.

Additionally, there are national “triage” questions recommended for use within the Winter Respiratory guidance, which aims to identify patients that are at increased risk of SARS-CoV-2 or Flu carriage at time of first healthcare interaction. This question set is being undertaken in the Emergency Department, Renal Dialysis and Central Reception for outpatient and dental clinics, and within inpatients for any direct admission.

The information letter for patient appointments has been updated to include the most recent guidance changes and now includes the triage question set, to inform patients of the requirement to answer questions on arrival or where required that they inform the relevant department if answering “yes” to any of the questions. This will enable clinicians and teams to clinically assess whether patients can wait to be seen until symptoms are resolved or whether there needs to be a respiratory pathway arrangement made for the appointment to undertaken. This has also been circulated via NHSO Comms.

Staff training is continuously ongoing to ensure all teams are refreshed with the latest guidance, as requested by Department Leads, training records are shared with Operational Development and Learning.

Staff Extremis Department Letter

The Policy Framework on Return To Work for Health and Social Care Staff Identified As Cases or Following Close Contact with a Positive COVID-19 Case, has been issued and updated frequently in recent weeks. The team workload has increased with follow up of all staff cases and contacts identified by Test and Protect being delegated to the IP&C team to undertake follow up and risk assessment with Line Managers.

Risk Assessment for Open Patients Room Doors

The team are continuing to support the correct signage display for patients requiring Transmission-Based Precautions (TBPs) within departments. Daily review of rooms used for isolation has been on-going for some time and the team ensure that ward teams have risk assessed where patient room doors are left open, this may be for various patient risks such as increased risk of falling, etc.

This improvement work is ongoing daily, with feedback to teams following IP&C review. There has been an improvement in the correct TBP signage and risk assessments for doors being left open. IPCT have worked along with the ward nursing staff and have developed a tool to ensure risk assessment is completed in the notes. This tool is working well at present.

This was an improvement raised by the Healthcare Improvement Scotland, to ensure individual risk assessment is undertaken.

Quality assurance audits

In the most recent month, the quality assurance audits have been reduced in order to free up clinical time in line with the Omicron variant. IP&C audits have been reduced to focus on patient safety driven care, such as hand hygiene, personal protective equipment, peripheral vascular cannulation and catheter associated urinary tract infection bundle audits. Although formal quality assurance auditing has been reduced, if any issues become apparent to members of the IPC team whilst undertaking other duties these will still be highlighted and addressed appropriately at the time, and support and advice offered to staff where needed.

IP&C staffing

Currently the team have reduced staffing capacity as one WTE staff member working to support Acute Services, and additional pressures of staff absence. A risk assessment is in place to support workload whilst reactive work only can be undertaken.

Primary Care

The IP&C team continue to support Primary Care on an ongoing basis, offering advice and support to meet guidance.

COVID-19 update

Reporting of Covid-19 Scottish Government

Reporting to Scottish Government on any NHSO healthcare associated cases is ongoing on a weekly validation basis, most recent cases identified within secondary care are found on mandatory admission screening and cases are asymptomatic. Patients admitted with other non-respiratory issues are then moved to the respiratory pathway for care.

Encouraging the public to undertake lateral flow device testing is crucial in detecting patients prior to admission who may have asymptomatic carriage.

Care Home Support.

Care home support for staff cases and contacts along with small COVID clusters is ongoing daily.

Line managers within social care are being supported as and when required, they readily seeking advice from the IP&C team wherever needed.

APPENDICIES

SECTION 2– HEALTHCARE ASSOICIATED INFECTION REPORTING CARDS

The following section is a series of 'Report Cards' that provide information for each acute hospital and key non acute hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all non-acute hospitals [which do not have individual cards] and a report card which covers *Clostridiodes difficile* specimens identified from non-hospital locations e.g., GPs, hospices, care homes, prisons etc. The information in the report cards is provisional local data and may differ from the national surveillance reports carried out by Health Protection Scotland (HPS) and Health Facilities Scotland (HFS). The national reports are official statistics which undergo rigorous validation which means final national figures may differ from those reported here. However these reports aim to provide more detailed and up-to-date information on healthcare associated infection activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

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

☐ **Healthcare associated cases.**

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

☐ **Community associated cases**

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

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

<https://www.hps.scot.nhs.uk/>

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/hai>

NHS ORKNEY REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

C = contaminated sample

P = Provisional not yet validated.

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
Healthcare Associated	0	0	0	0	0	0	0	0	0	0	0	0	1TBC
Community Associated	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	1TBC

Clostridioides difficile infection monthly case numbers

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
Healthcare Associated	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Associated	0	0	0	1	0	1	0	1	0	0	1	0	0
Total	0	0	0	1	0	1	0	1	0	0	1	0	0

New Balfour Cleaning Compliance (%) Domestic

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
Board Totals	98%	96%	93%	99%	N/A	96%	95%	97%	97%	95%	98%	96%	98%

New Balfour Estates Monitoring Compliance (%)

	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
Board Totals	100%	100%	100%	100%	N/A	99%	99%	100%	100%	100%	99%	100%	100%

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
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:

- 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

Scotland has seen a rise in case numbers following the easing of societal restrictions and the increase in larger social gatherings. Due to the high prevalence of COVID-19 the case definition for a probable COVID-19 case has been revised removing the requirement for a confirmatory PCR test following a positive Lateral Flow Device (LFD) test. Contact tracing

and all other public health actions should commence immediately on receipt of a positive LFD test. Following the change in case definition there was a decrease in PCR positive cases (Figure 1).

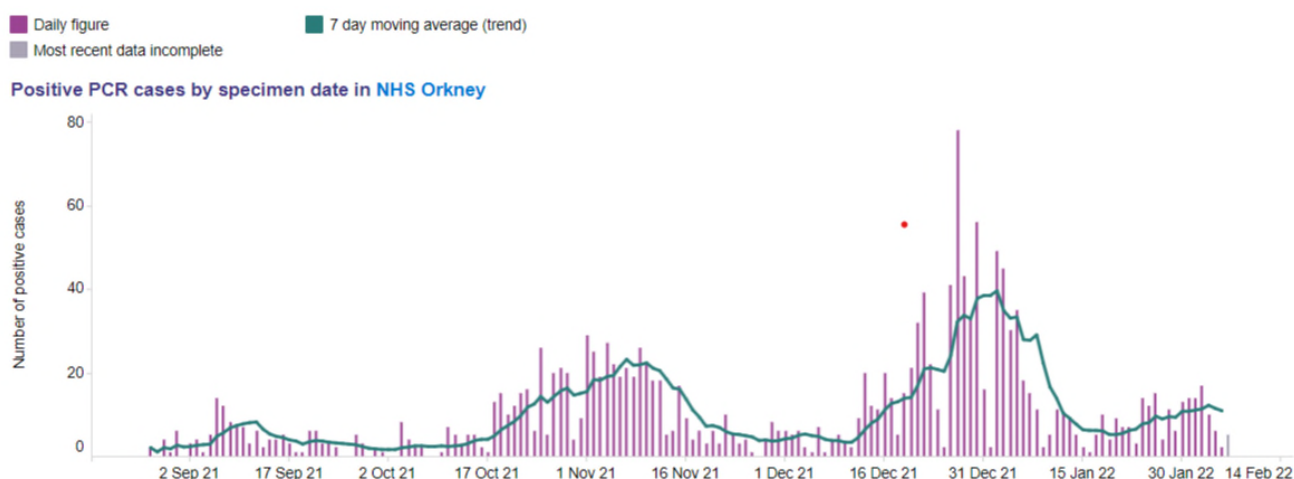


Figure 1. Positive PCR cases Orkney

More recent data which includes PCR and LFD tests shows a different pattern with a recent rise in local cases.

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 testing at home and tests being analysed locally, regionally, and through the UK government testing laboratories which aids capacity.

On 23rd November, a small number of cases of a new Beta variant lineage were reported by South Africa to the international genomic database. The variant had concerning mutational characteristics, 32 spike mutations, which could increase the risk of reinfection and possibly cause other unfavourable changes in the epidemiology of COVID-19. The WHO designated Omicron as a SARS-CoV-2 Variant of Concern. Like the Alpha variant Omicron has a mutation that leads to S gene target failure in a widely used PCR testing platform available at the UK Gov Lighthouse Laboratories. S-gene target failure (SGTF) has been identified as a reasonable proxy for identifying Omicron.

All other public health workstreams continue alongside managing the pandemic.

2.3 Assessment

Case numbers are increasing in the younger age groups across Orkney which is having an impact on schools. From whole genome sequencing data, we know both the Delta and

Omicron variants are circulating in our community, we are seeing small numbers of people previously infected with Delta being reinfected with Omicron.

Effective ascertainment and isolation of cases, along with identification, isolation and testing of contacts is necessary to limit onward transmission of infection. Scotland's contact tracing service Test and Protect is experiencing substantial and sustained pressure. As a result of this the case management level for contact tracing moved to FOCUS on 28th December. Contact tracing moved to a focus on people who have been flagged as having visited a high risk setting and outbreaks where vulnerable people may be affected, and then on the 7th of February moved back to a slightly wider focus as case numbers nationally dropped slightly.

Ensuring testing for COVID-19 is available is important for the diagnosis of disease and for contact tracing purposes. Lateral flow device tests are available for asymptomatic routine testing and contact tracing purposes. PCR testing is used for symptomatic individuals, those eligible for treatment and individuals requiring isolation grants. Lateral flow device 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. Since 4th January data has been published of positive cases by test type shown in Figure 2. From around mid January the general trend for positive cases has been upward.

Daily combined positive cases by test type in NHS Orkney

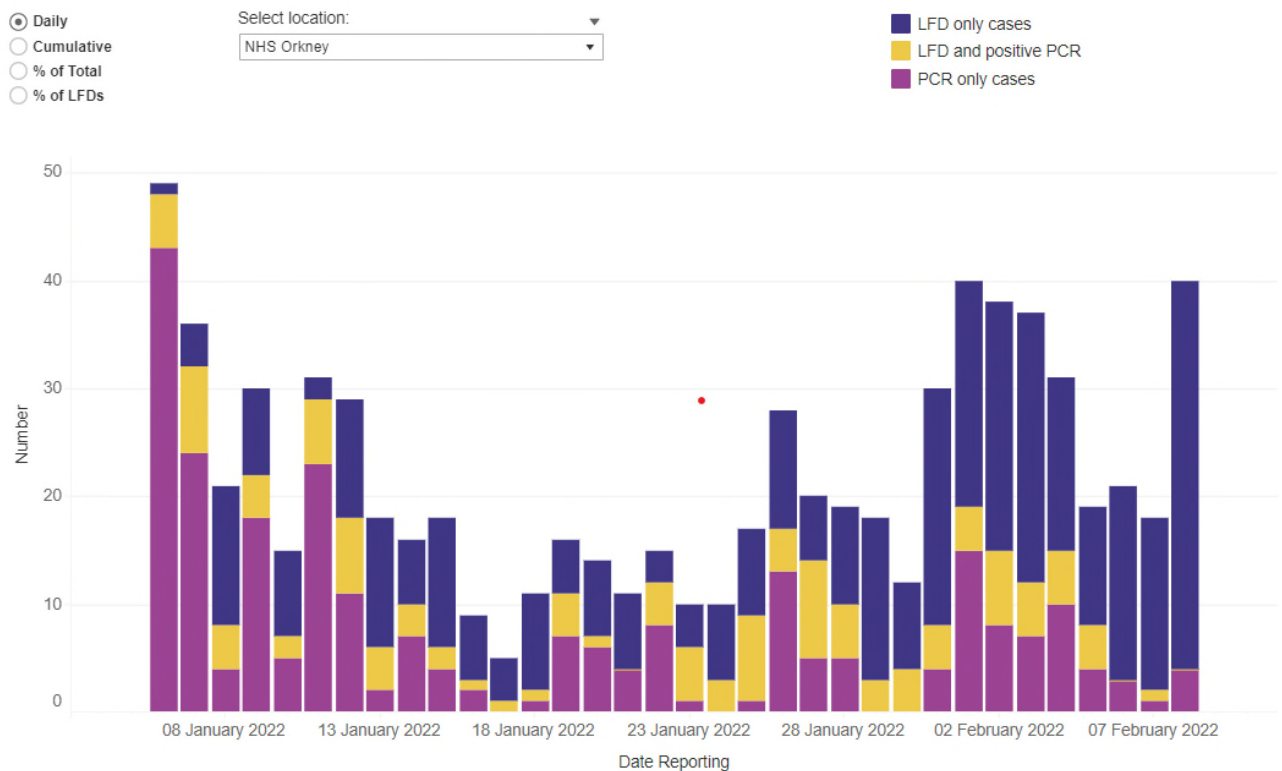


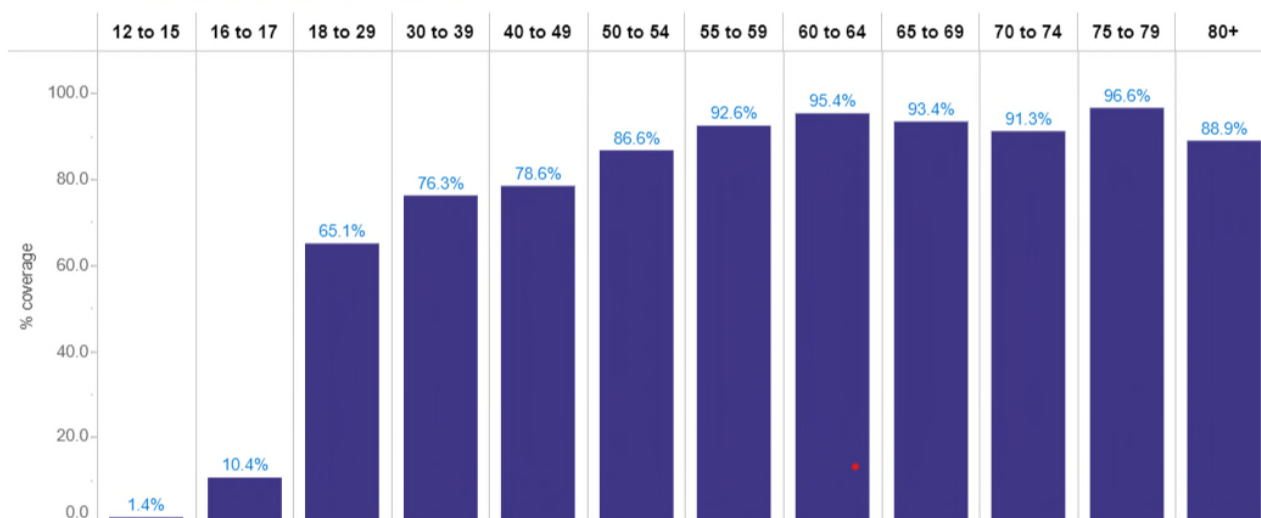
Figure 2. Daily combined positive cases by test type Orkney

Now winter has arrived the Government directed strategy has requested a slight expansion to the current COVID-19 focused testing. There is a move toward more routine testing for other key respiratory viruses in addition to COVID-19 for those displaying respiratory symptoms. Patients who have been clinically assessed in secondary or primary care with respiratory symptoms will be offered multiplex testing routinely including COVID-19, Flu A, Flu B and Respiratory Syncytial Virus (RSV).

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 with 84.1% of over 18's having had a third or booster vaccination. The percentage uptake of booster or third doses by age group can be seen in Figure 3.

Total % coverage by age group in NHS Orkney



Age group breakdowns use the age of the individual as at 31 August 2021. Denominator populations for age/sex groups and area breakdowns are sourced from National Records of Scotland mid-2020 estimates (the latest available).

Figure 3. Booster or dose 3 vaccination uptake across Orkney

The programme of vaccination is complex and evolving as the Joint Committee for Vaccination and Immunisation continues to consider emerging data. The focus is now on 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 flu vaccination programme interim data indicates the uptake in 16-64 years clinical at risk and social care staff groups is not at target, and a further offer of vaccination is being made to these cohorts.

2.3.1 Quality/ Patient Care

It is recognised that the winter will prove challenging for NHS services, and it will be important to maintain a robust test and protect response along with vaccination delivery.

2.3.2 Workforce

All posts across the testing and contact tracing work streams are fixed term until September 2022.

Recruitment for senior health protection posts has been unsuccessful, this will be revisited in the spring.

Nationally consideration is being given to the work of national contact tracing workforce moving forward in relation to surge capacity and skill maintenance.

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 and supported 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

- Patterns of PCR testing have changed, however the number of cases of COVID-19 has risen recently.
- 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.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Financial Performance Report 2021-22
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

1 Purpose

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

This is presented to the Board for:

- Discussion

This report relates to:

- 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 2021-22.

2.2 Background

The revenue position for the 9 months to 31 December reflects an underspend of £0.083m, which assumes full funding for unachieved savings to date of £3.319m. We are currently forecasting a breakeven position at year end and assuming full funding for the underachievement of savings of £4.405m and Covid funding of £4.283m.

We continue to forecast the Board position based on a number of assumptions, which have been highlighted previously.

As we review spending patterns, we will refine our plans to ensure that updates are reflected.

We anticipate achievement of £1.865m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the year. Furthermore, the IJB has unachieved savings of £0.800m from 2020/21.

The main areas contributing to the Board's overspent operational performance at month 9 are:

- Pharmacy and drug costs to date - £225k overspend
- Estates and Facilities - £359k overspend
- Hospital Services - £338k overspend

There are some offsetting underspends to date which include:

- Support Services - £813k 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.

2.3 Assessment

Analysis of the situation and considerations are provided in Appendix 1.

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

Discussion - note the contents of this Financial Performance Report.

3 List of appendices

The following appendices are included with this report:

- **Appendix 1: Core Revenue Resource Limit (anticipated allocations)**
- **Appendix 2: Core Revenue Resource Limit (new allocations)**
- **Appendix 3: Anticipated Non Core Revenue Resource Limit Allocations**

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. Further allocations for National Infrastructure Equipment £0.252m, Switched on Fleet £0.042m, CDU Particle Measuring System £0.06m, Equipment replacement £0.085m and £0.108m for the National Eyecare Workstream have been received.

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 9, per Appendix 1.

Anticipated Non Core Revenue Resource Limit

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

Changes in the month are listed below:

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Improvements to forensic medical services			10,200	10,200
Pre-registration Pharmacist Scheme		(12,204)		(12,204)
Cancer Policy Additional Strategy			15,000	15,000
Community Pharmacy Champions		5,000		5,000
Primary Medical Services - Telephony Systems			4,564	4,564
Inequalities projects			2,005	2,005
Task Force funding to ADPs			1,570	1,570
Discharge without delay - Pathfinder sites			25,000	25,000
Mental Health & Wellbeing in Primary Care Services		54,011		54,011
Multi-disciplinary teams			88,000	88,000
Additional Band 2-4 Staffing			75,197	75,197
		46,807	447,536	494,343

Summary Position

At the end of December, NHS Orkney reports an in-year underspend of £0.083m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £49k is attributable to Health Board operational performance budgets, with an underspend of £132k attributable to the health budgets delegated to the Integrated Joint Board. This assumes full funding for year to date unachieved savings of £3.319m.

Previous Month Variance M08		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(275)	Hospital Services	12,819	9,524	9,862	(338)	(3.55)	(433)
(228)	Pharmacy & Drug costs	2,908	2,170	2,395	(225)	(10.37)	(333)
171	Orkney Health and Care - IJB	30,665	21,540	21,409	132	0.61	29
(1,200)	Orkney Health and Care - IJB Savings	(1,800)	(1,350)	(1,350)	0	0.00	0
39	External Commissioning	10,967	8,225	8,165	60	0.73	57
(307)	Estates and Facilities	7,040	5,282	5,642	(359)	(6.80)	(476)
707	Support Services	7,302	4,790	3,977	813	16.98	987
6	Covid-19	8,688	6,488	6,488	(0)	(0.00)	0
0	Reserves	767	(671)	(671)	0	0.00	170
(2,047)	Savings Targets	(2,605)	(1,969)	(1,969)	0	0.00	0
(3,134)	Total Core RRL	76,751	54,029	53,947	83	0.15	0
	Non Cash Limited						
(0)	Ophthalmic Services NCL	298	197	197	0	0.00	0
0	Dental and Pharmacy NCL - IJB	1,850	1,319	1,319	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	250	202	202	0	0.00	0
0	Depreciation	2,418	1,788	1,788	(0)	(0.00)	0
0	Total Non-Core	2,668	1,990	1,990	0	0.00	0
(3,134)	Total for Board	81,567	57,535	57,453	83	0.14	0

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

Hospital Services

- Ward and Theatres, £170k overspend

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

- Hospital Medical Team, Breakeven

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

- Radiology, £28k overspend

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

- Laboratories, £142k 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 £225k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

The Internally Commissioned health budgets report an underspend of £0.132m (this assumes full funding for unachieved savings of £1.350m year to date), 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.
- Children's Therapy Services and Women's Health are both currently underspending due to vacancies.
- Forecast underspend 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 underspent by £24k.
- 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 9 of £38k. We are currently forecasting a year end overspend of £131k.

The table below provides a breakdown by area:

Previous Month Variance M8	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(1,312)	Integration Joint Board	6,220	3,299	3,426	(126)	(164)
215	Children's Services & Women's Health	2,594	1,942	1,727	215	256
54	Primary Care, Dental & Specialist Nurses	11,367	8,485	8,428	56	82
19	Health & Community Care	4,350	3,215	3,191	24	(14)
(4)	Pharmacy Services	4,332	3,249	3,287	(38)	(131)
(1,029)	Total IJB	28,865	20,190	20,059	132	29

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 £359k 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 £813k to date.

Covid 19 Spend

NHS Orkney has recorded £3.184m spend to date attributable Covid 19, of this £2.434m is attributable to Health Board spend and £0.750m to the HSCP.

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

- Hospital - Additional Bed Model/ Maintaining Surge Capacity £1.415m
- Vaccine £0.274m
- Contact Tracing £0.195m
- Additional Staffing £0.195m
- Testing £0.274m
- Loss of income £0.029m

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

- The Covid-19 Assessment Centre £0.177m
- Additional Staffing £0.367m
- Testing £0.100m

Underachievement of Efficiency Savings/Cost Reductions

The reported underachievement of savings to date are:

- Health Board £1.954m
- H&SCP £1.350m

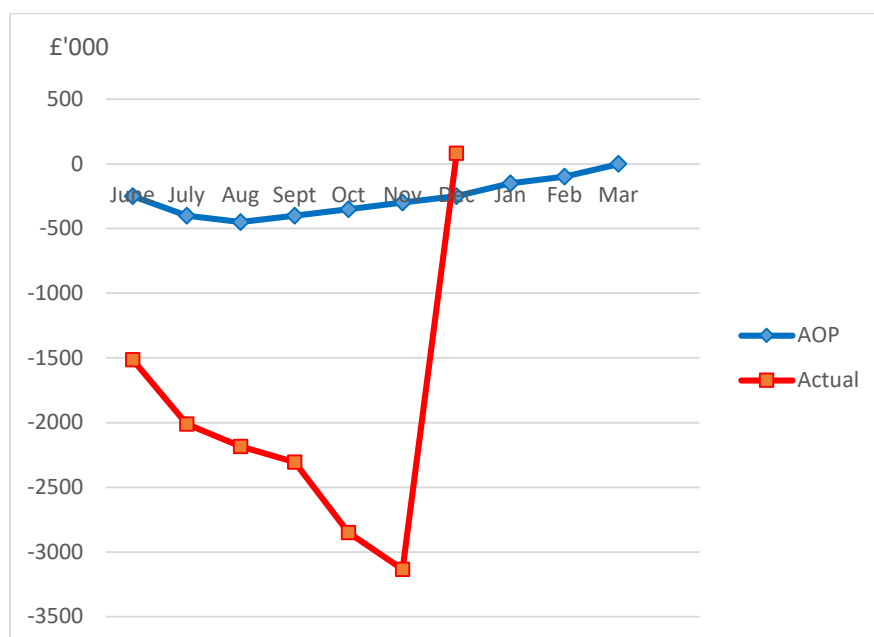
Unallocated Funds

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 breakeven at year end, this is split per below, assuming full funding for the underachievement of savings of £4.405m and Covid funding of £4.283m.

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.

Recommendation

note the reported underspend of £0.083m to 31 December 2021

note the update to 31 December 2021 and year end forecast position

Mark Doyle
Director of Finance

Appendix 1: Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 30/11/21 £	Variance £	Outstanding £
Allocations Received				
Initial Baseline	54,774,110	54,791,740	17,630	
Outcomes Framework	466,250	496,357	30,107	
Primary Care Improvement Fund 2019/20 Tranche 1	228,724	313,520	84,796	
Mental Health Strategy Action 15 Workforce - First Tranche	81,410	80,210	(1,200)	
Alcohol & Drug Partnership - Local Improvement Fund	48,380	67,678	19,298	
eHealth Strategic Fund	211,186	211,186	0	
Integrated Primary and Community Care (IPACC) Fund	33,600	33,600	0	
Realistic Medicines Lead	40,000	30,000	(10,000)	
GP Out of Hours (OOH) Fund	24,229	25,066	837	
District Nurse Post	10,806	24,494	13,688	
PASS Board Costs	(2,917)	(2,893)	24	
Balfour Unitary Charge	1,050,651	1,060,770	10,119	
Primary Medical Services - provision and support	5,458,000	5,678,000	220,000	
NSD Topslice	(280,067)	(225,068)	54,999	
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)	
Mental Health Outcomes Framework	265,122	265,122	0	
Open University Nursing Students 1st & 2nd Quarter Payments	45,000	45,000	0	
Community Pharmacy Practitioner Champions	5,000	5,000	0	
Pre-Registration Pharmacist Scheme	(11,947)	(12,204)	(257)	
Allocations Awaited				
Discovery Top Slice	(2,774)			(2,774)
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>64,653,979</u>	<u>296,857</u>	<u>(1,347,300)</u>

Appendix 2: Core Revenue Resource Limit (new allocations)

New RRL allocations	
	Recurring
	£
	Non-recurring
	£
Mental Health Recovery & Renewal Fund	798,273
Mental Health Support for those hospitalised with Covid-19	6,720
6 Essential Actions - Building Capacity to Support Recovery	33,588
Redesign of Urgent Care Programme	50,132
RMP3 Elective Care Activity Allocations	401,052
Child Healthy Weight	56,400
Type 2 Diabetes / Adult Weight Management	114,100
Round 2 of Neurological Framework Funding Projects	34,085
Test & Protect	189,000
Covid & Extended Flu Vaccinations	165,000
Top Slice - NHS Ayrshire & Arran - Quarrier Unit	(6,496)
Perinatal & Infant Mental Health Services	61,000
Agenda for Change 2021/22	712,000
Q1 Covid Funding 2021/22	310,000
Breastfeeding Projects Year 4	56,000
Implementation of Excellence in Care	37,300
Cancer Waiting Times	50,000
Ventilation Improvement Allowance	25,066
Implementation of Health & Care Act	34,038
Support Development of Hospital at Home	207,000
School Nurses Commitment Tranche 1	46,000
Vitamins for Pregnant Women and Children	1,947
Training of Cardiac Physiologists	23,760
NSSC Business Case - Burns hub	(11,170)
NSSC Business Case - Lynch syndrome	(2,578)
NSSC Business Case - Psychology support	(1,805)
NSSC Business Case - HPV screening	(19,854)
Emergency Covid Funding for Eating Disorders	22,309
Clinical Leads, Prog Managers and Value Improv Fund	80,000
Workforce Wellbeing - Primary Care and Social Care	10,026
Change Management Fund	39,084
Electric Speed Adjusting Hand Pieces	37,599
Support to build recruitment capacity	5,009
CAMHS Improvement - Intensive Psychiatric Care Units	8,272
CAMHS Improvement - Intensive Home Treatment Teams	10,026
CAMHS Improvement - LD, Forensic and Secure CAMHS	3,509
CAMHS improvement - Out of Hours unscheduled care	5,865
CAMHS improvement - CAMHS Liaison Teams	8,773
CAMHS improvement - Neurodevelopmental Professionals	15,340

Covid-19 PPE	3,000
Heart Disease Action Plan project	4,150
Long-acting Buprenorphine (Buvidal)	20,053
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
ADP Frontline Services	32,585
ADP Programme for Government 2021-2022	82,380
Psychological Therapies	64,000
Dementia Post Diagnostic Support Service	17,546
Fleet decarbonisation - car leases	57,000
RMP4 Elective Care Activity	112,320
Scottish Trauma Network (NoS Tranche 1)	2,147
Spiritual Care winter pressure	150
Primary Care Digital Improvement	10,026
Expansion of Primary Care Estates	10,026
GP Premises Improvement	17,546
2020-21 Surplus Brought Forward	78,000
Medical and Dental Pay Uplift 2021-22	133,000
Further Agenda for Change Uplift 2021-22	39,000
Community Link Workers £500 payments	1,138
Improvements to forensic medical services	10,200
Cancer Policy Additional Strategy	15,000
Primary Medical Services - Telephony Systems	4,564
Inequalities projects	2,005
Task Force funding to ADPs	1,570
Discharge without delay - Pathfinder sites	25,000
Mental Health & Wellbeing in Primary Care Services	54,011
Multi-disciplinary teams	88,000
Additional Band 2-4 Staffing	75,197
	8,725,127

Appendix 3: Anticipated Non Core Revenue Resource Limit Allocations

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
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

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 access targets (outpatients, inpatients and day case and referral to treatment) although achievement of the standards remains adversely affected by the impacts of the COVID-19 pandemic. Performance against the 4 hour Emergency Department standard continues to exceed the 95% level and the 31 day cancer standard continues to be met.

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 is being developed and will be presented in a restructured form at the start of 22/23. Staff training and development to aid the formation and analysis of statistical process control charts is currently being progressed. The use of Discovery to support the reporting process is also being explored.

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

There are no new risks relating to performance to highlight.

2.3.5 Equality and Diversity, including health inequalities

Ensuring timely access to Ante-natal care across all SIMD quintiles (5) and sustaining and embedding successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (4), where the Board exceeded its performance targets, 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 (February 2022)
SUMMARY (Published Data)

100%

Week ending 23/01/2022



4 Hour Emergency
Department
Standard



58.6%

September 2021



12 Week
Outpatient
Standard



54.6%

September 2021



Treatment Time
Guarantee



89.9%

September 2021



18 Weeks Referral
to Treatment



100%

September 2021



31 Day Cancer
Standard



40%

September 2021



62 Day Cancer
Standard



90%

September 2020



Access to CAMHS



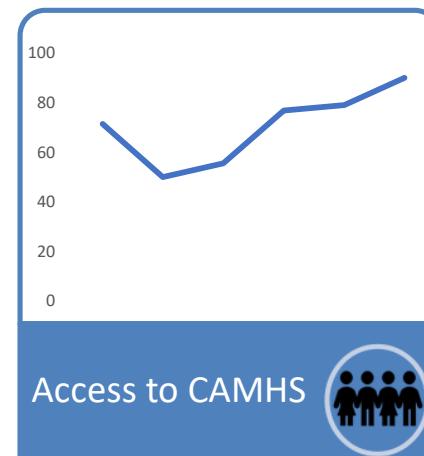
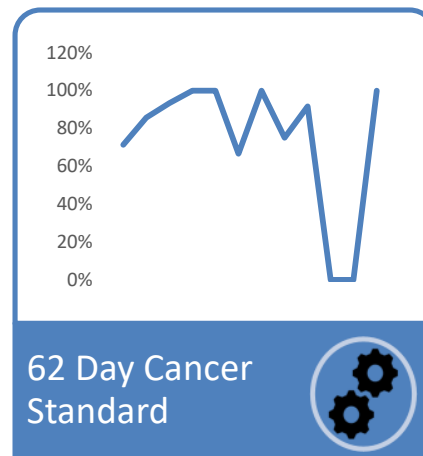
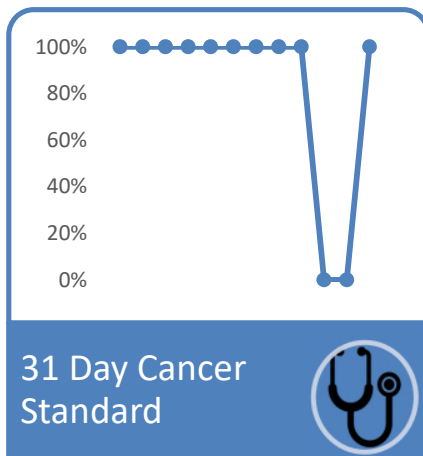
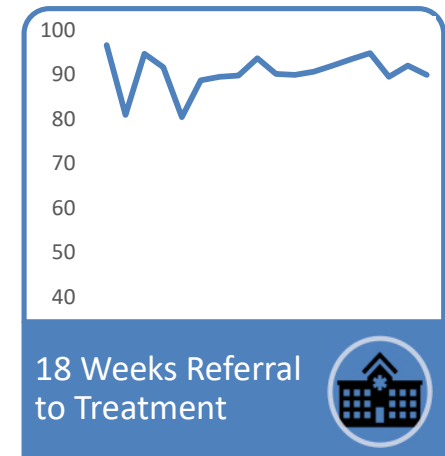
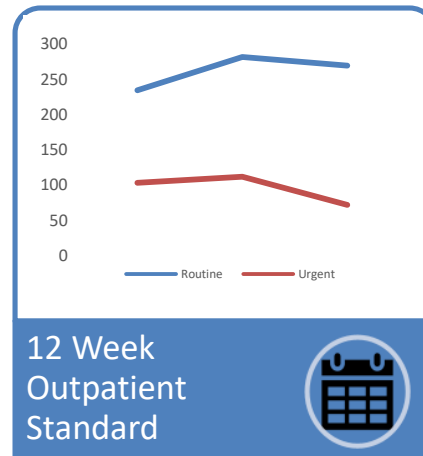
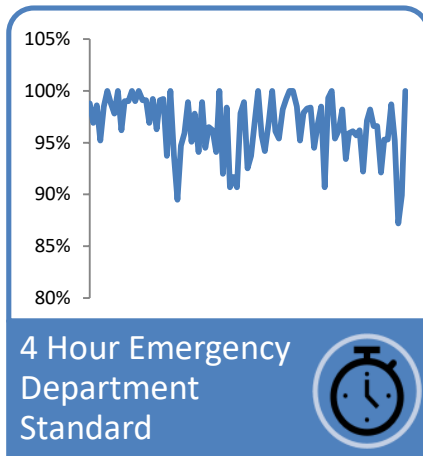
30.4%

September 2021



Access to
Psychological
Therapies





1. Emergency Department Performance

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

Update - As at week ending 23rd January 2022, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 100%. There were 119 attendances and 0 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 (% patients seen within 4 hours)

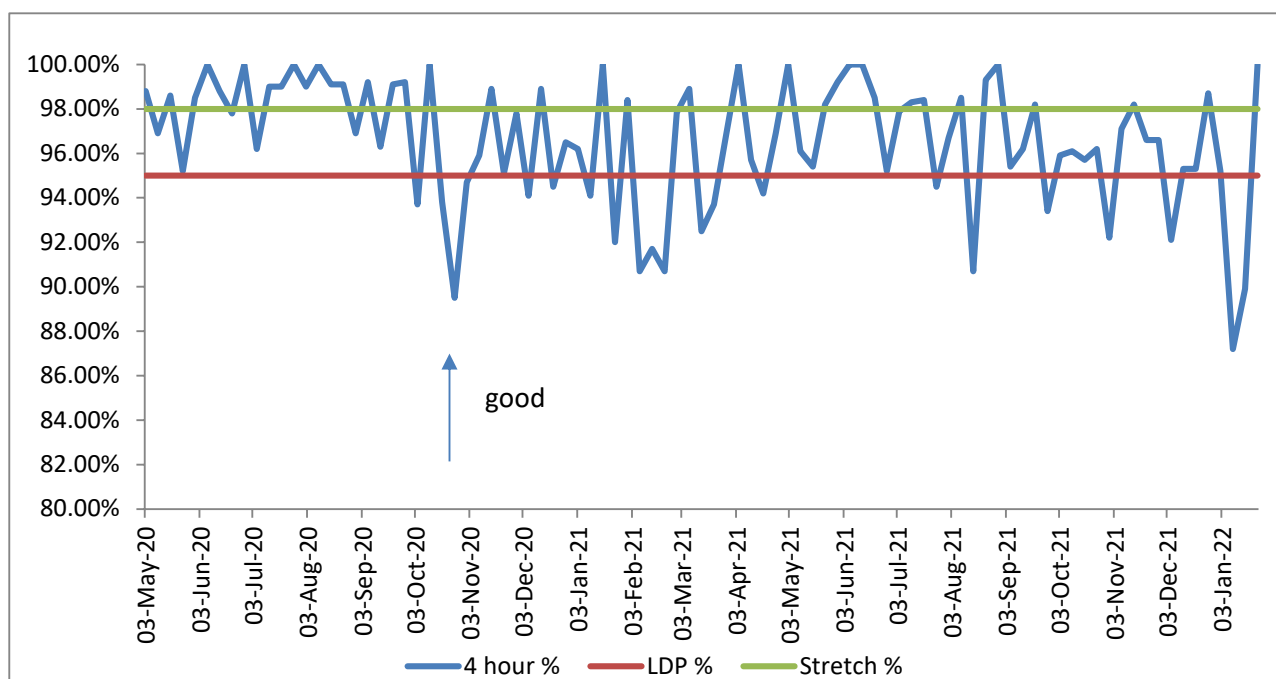
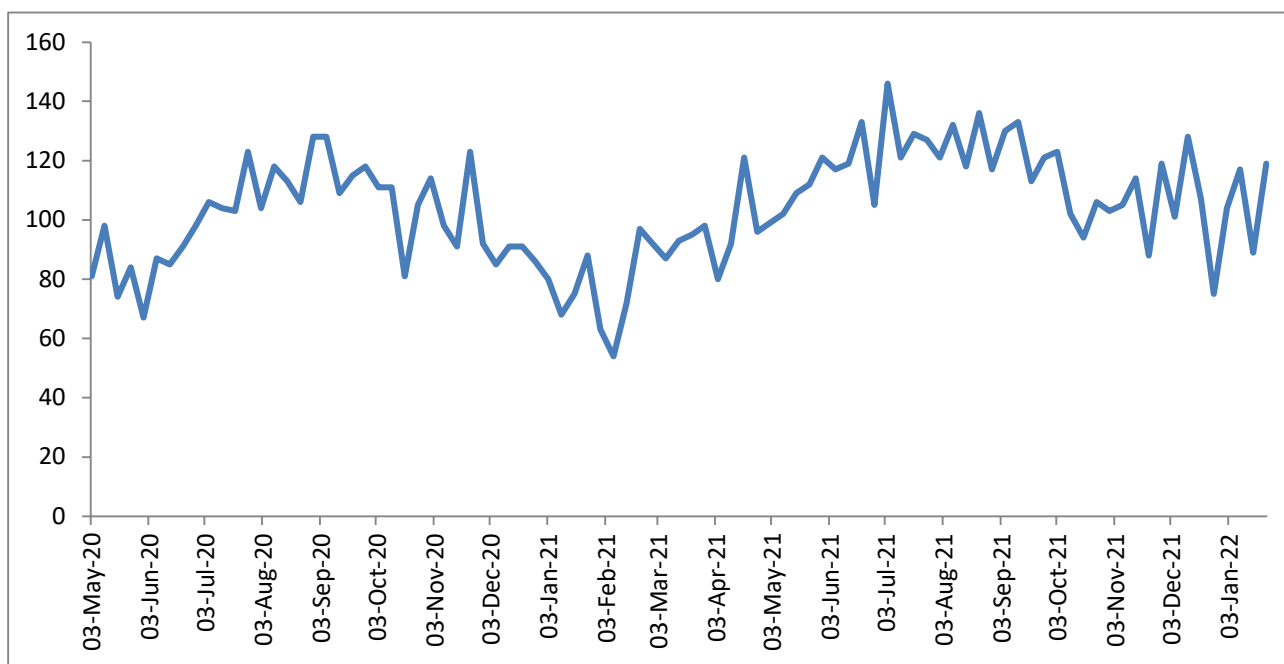


Figure 2: ED Attendances by week, March 2020- September 2021



2. Cancer

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

Update – Data from July – September 2021 shows 100% of patients started treatment within the 31-day standard. 40% 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. Due to the small numbers involved large swings in percentage performance is seen in relation to very small numbers of pathways extending past the target.

3. Mental Health

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

Update - Psychological Therapy - Published figures from quarter ending September 2021, shows 23 patients were seen. 30.4% of these were seen within 18 weeks. There are 196 patients were still waiting at the end of the month. Please note that these figures include all the Island Boards to prevent disclosive numbers.

4. 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.

5. Antenatal

Standard - At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Update – The most recent figures (31st March 2021) show 97.8% of pregnant women in any of the SIMD quintiles were booked for antenatal care by the 12th week of gestation.

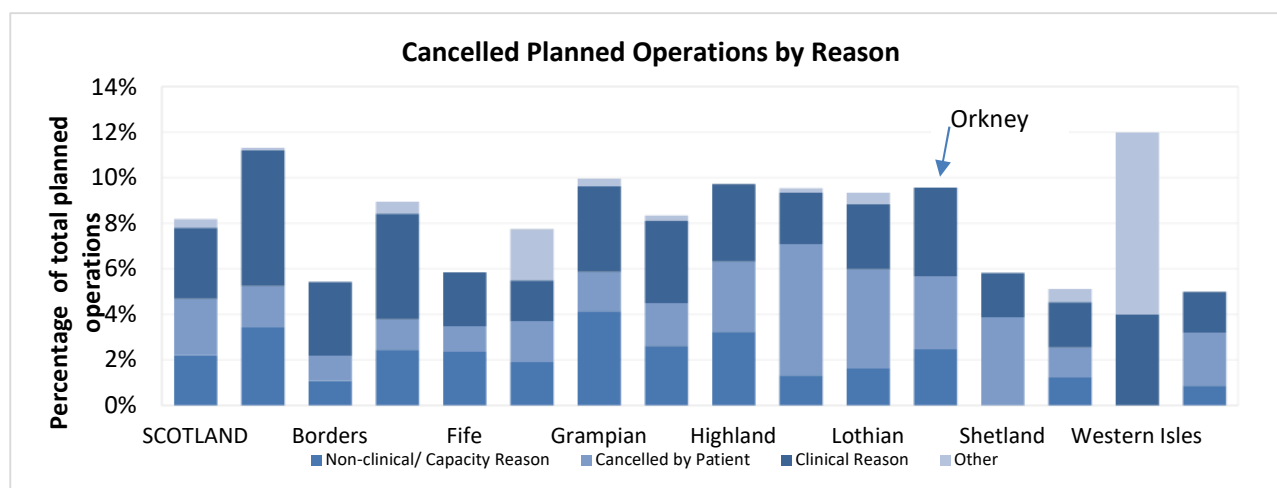
- SIMD 1 (most deprived) – 94.7%
- SIMD 2 – 100%
- SIMD 3 – 96.8%
- SIMD 4 – 96.4%
- SIMD 5 (least deprived) – 100%

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).

6. Cancelled Operations

The total number of planned operations across NHS Orkney during December 2021 was 282, a decrease from November 2021 (312). 27 operations were cancelled in December 2021. 7 of the operations were cancelled by the hospital due to capacity or non-clinical reasons, 9 were cancelled by the patient and 11 were cancelled based on clinical reason by the hospital. In comparison, 25 were cancelled in November 2021. Current performance is at 9.6% whereas the national average is 8.2%.

Figure 3: Cancellation Reason for Planned Operation

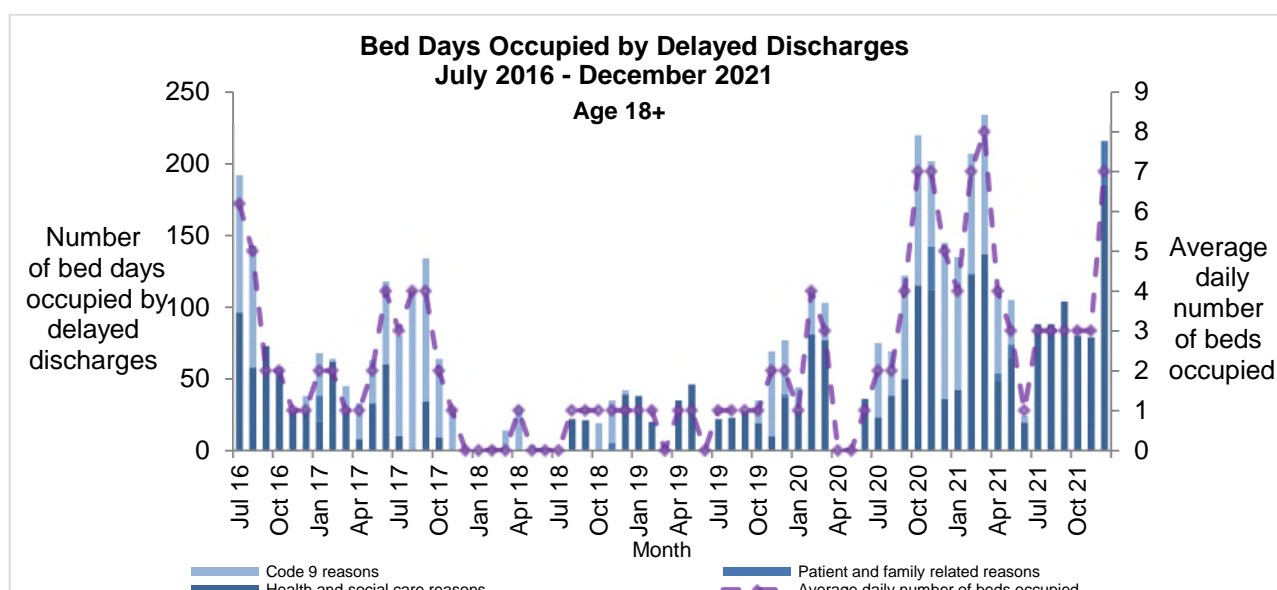


7. Delayed Discharges

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

Latest figures (December 2021) indicate that there were 216 Bed Days Occupied by Delayed Discharges. 185 were due to Health and Social Care reasons and 31 were due to patient and family related reasons. The latest performance is shown in Figure 4.

Figure 4: Bed Days Occupied by Delayed Discharges



8. Access to MSK Services

In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 1 and 2 below.

In line with Scottish Government guidance increasing access to MSK services is being prioritised as part of implementing the Board's Remobilisation Plan which has been supported through the introduction of first point of contact physiotherapists within primary care. Additional outpatient clinic capacity continues to be provided through the use of the old Health Centre to reduce the impact of COVID-19 related constraints on service provision however increased appointment times and the impact of social distancing within healthcare services continues to impact adversely on capacity as does general access to clinic space.

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 September 2021	462	43 (9.3%)	35	81
As at June 2021	508	68 (13.4%)	34	75

Figure 5. Number of patients waiting, All AHP MSK specialties

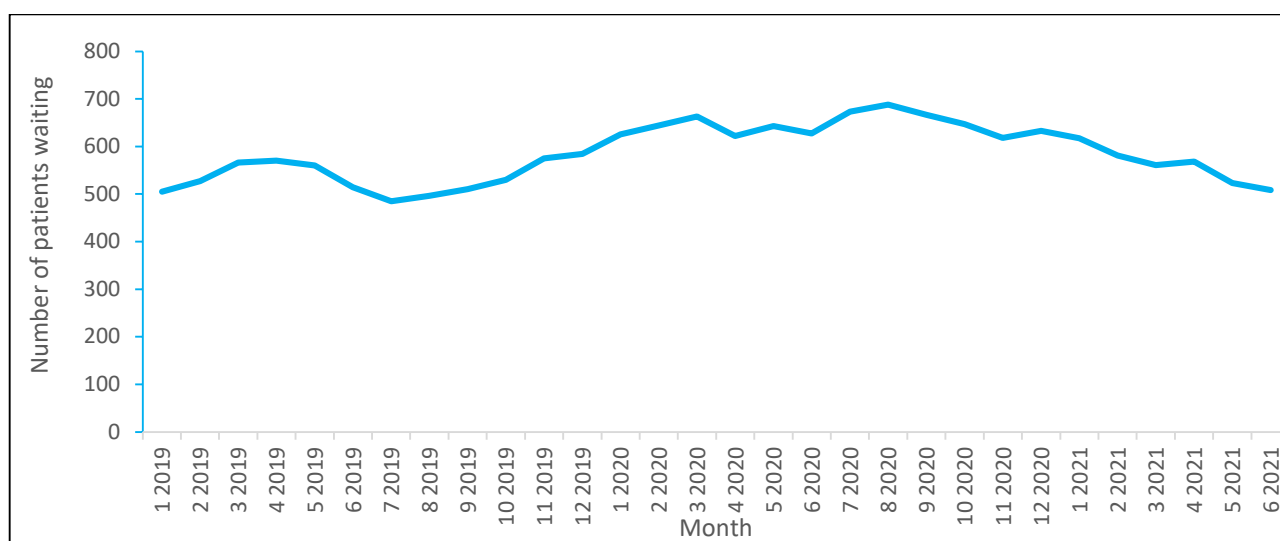
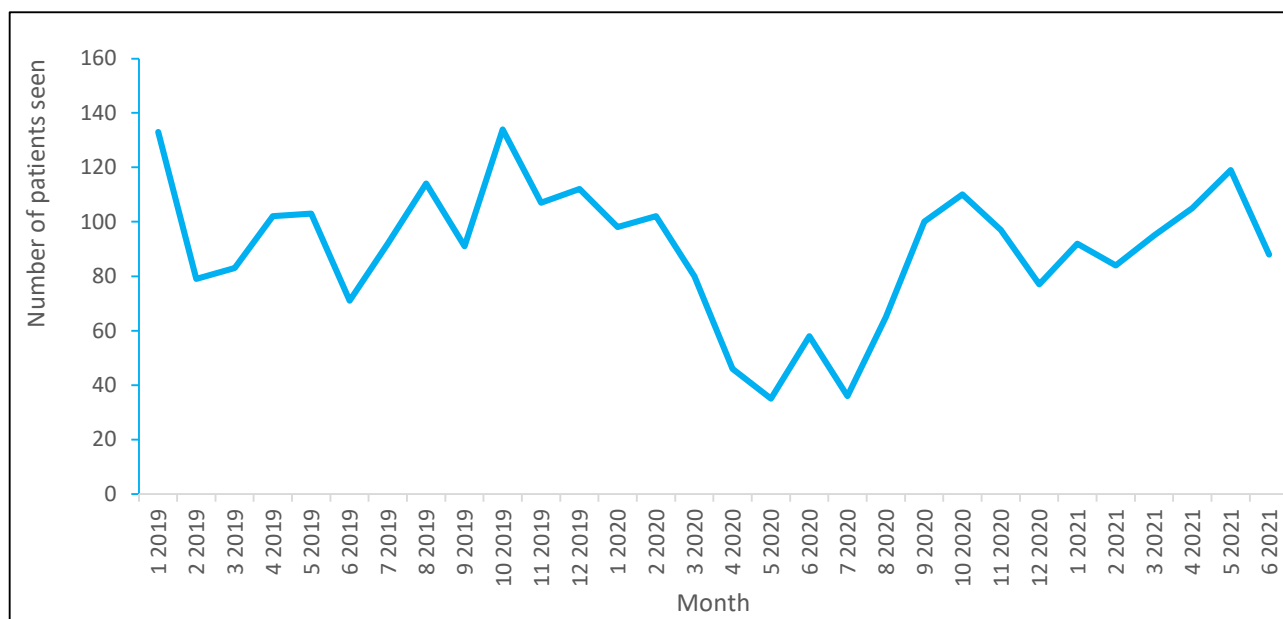


Table 2: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: ISD)

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at September 2021	256	151 (59%)
As at June 2021	312	194 (62.2%)

Figure 6. Number of patients seen, All AHP MSK specialties



Appendix 1: Performance Measures with No Published Update to Report

9. Outpatients

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

Update – As at the end of September 2021, there were 1111 patients waiting for a new outpatient appointment. 41.4% of these have 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; 208 (19.9%) waited over 12 weeks.

Figure 7: Performance in outpatients – The Balfour, 2012 – 2021

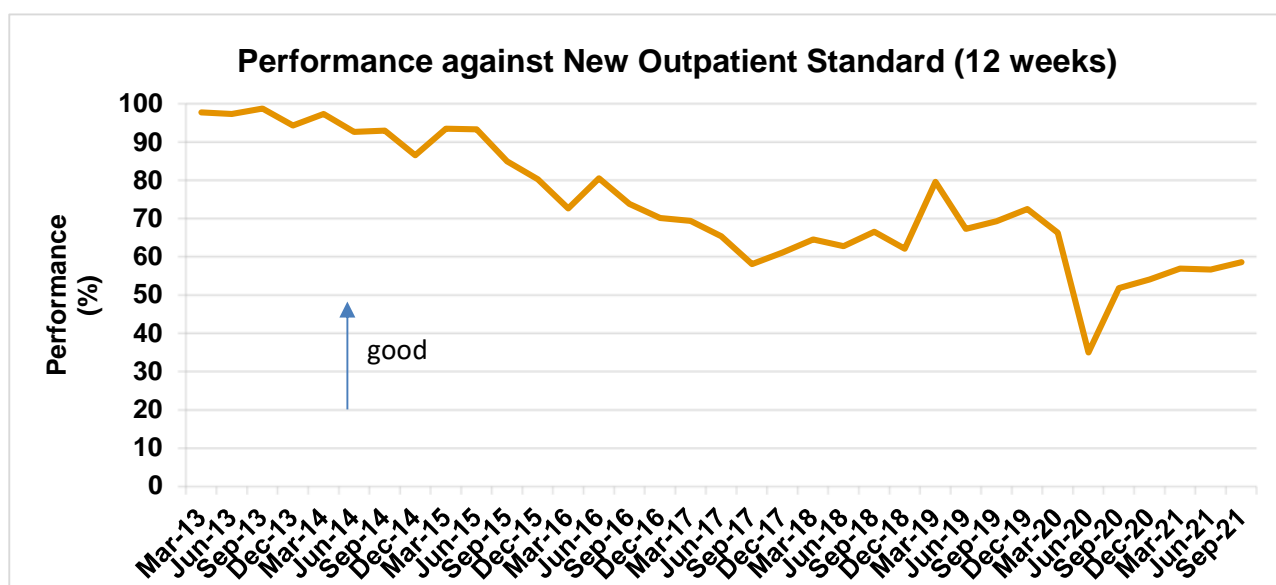
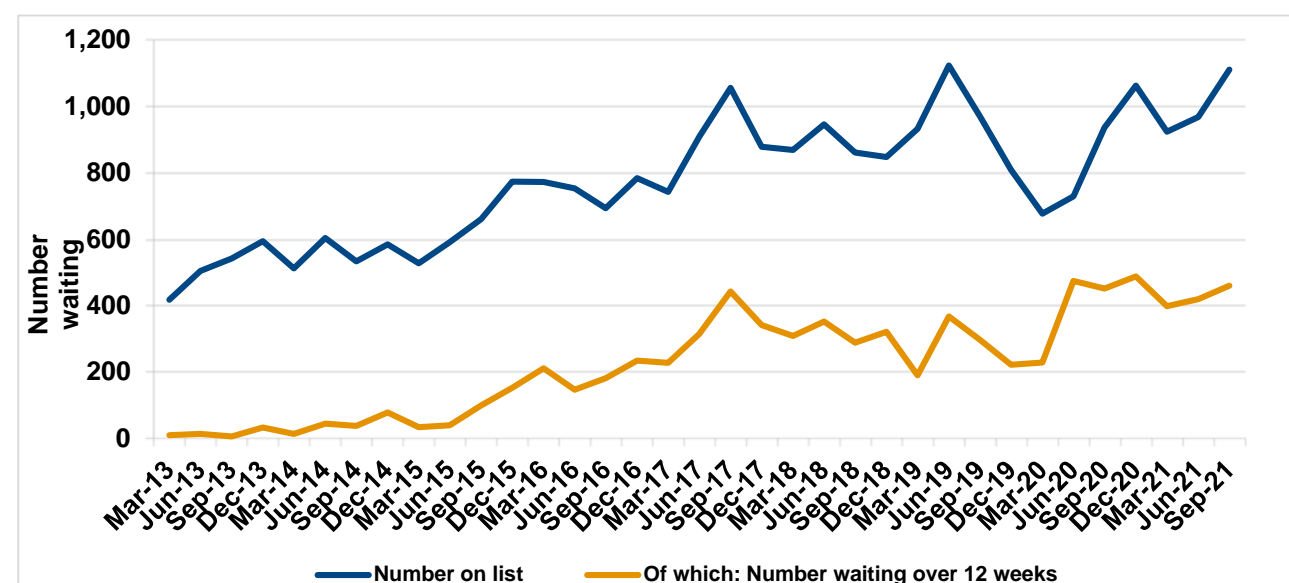


Figure 8: Outpatient waiting times – The Balfour, 2013-2021



10. Treatment Time Guarantee (TTG)

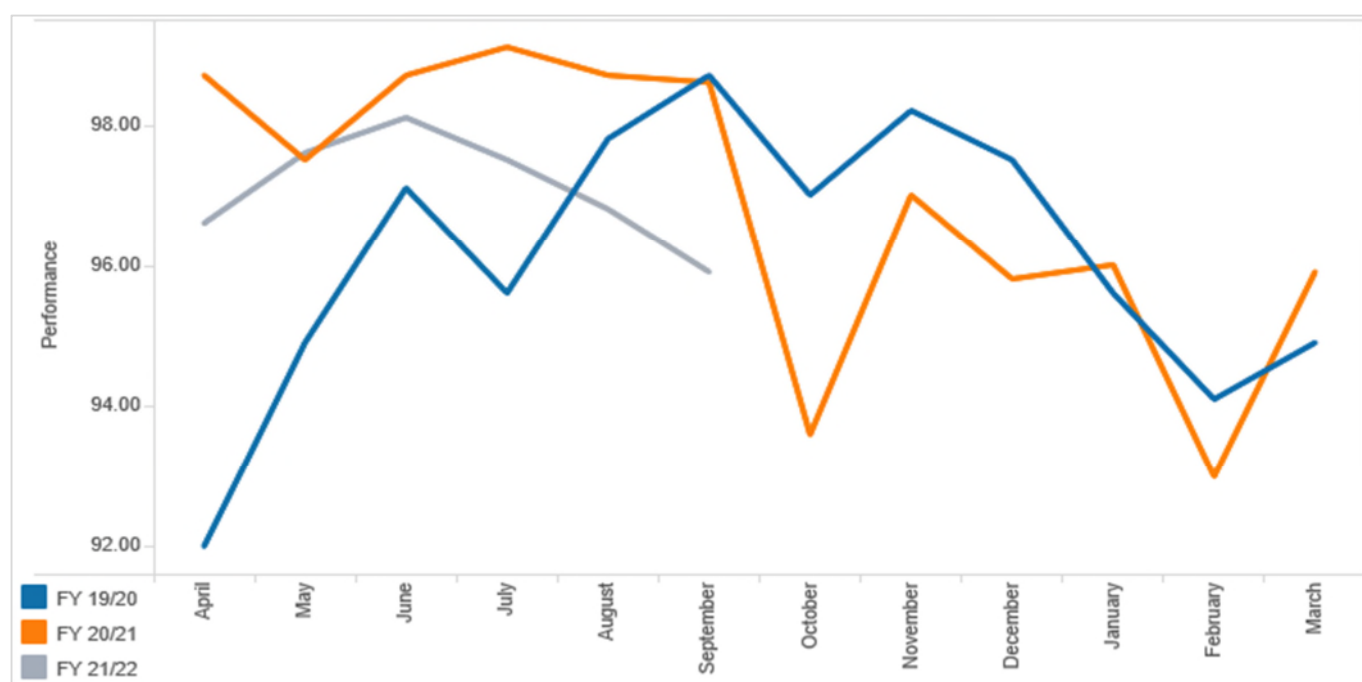
Standard - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

No update to report - As at the end of September 2021, there were 295 patients waiting for an inpatient/day case procedure. Of these, 134 (45.42%) have been waiting for more than 12 weeks. 193 patients were seen up until the end of September 2021; 62 had waited over 12 weeks.

The majority of patients are within the Trauma and Orthopaedic, Ophthalmology and Oral Surgery specialties where elective cancellations in the earlier part of the year coupled with a reduction in operating capacity on an ongoing basis is creating a backlog of patients awaiting appointment both here and in Boards such as Golden Jubilee National Hospital (GJNH). Access to GJNH is being clinically prioritised in line with national guidance and new referrals are only been accepted in reduced numbers however it has been confirmed that all patients referred at October 2022 will be treated within this financial year. Opportunities for utilising the Vanguard theatre capacity in NHS Shetland to further improve access to orthopaedics treatment have also been utilised. Additional activity in ophthalmology and ENT has also been taken forward and will show in a reduction in waits in future reports.

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

Figure 9: Current performance (comparison to other financial years)

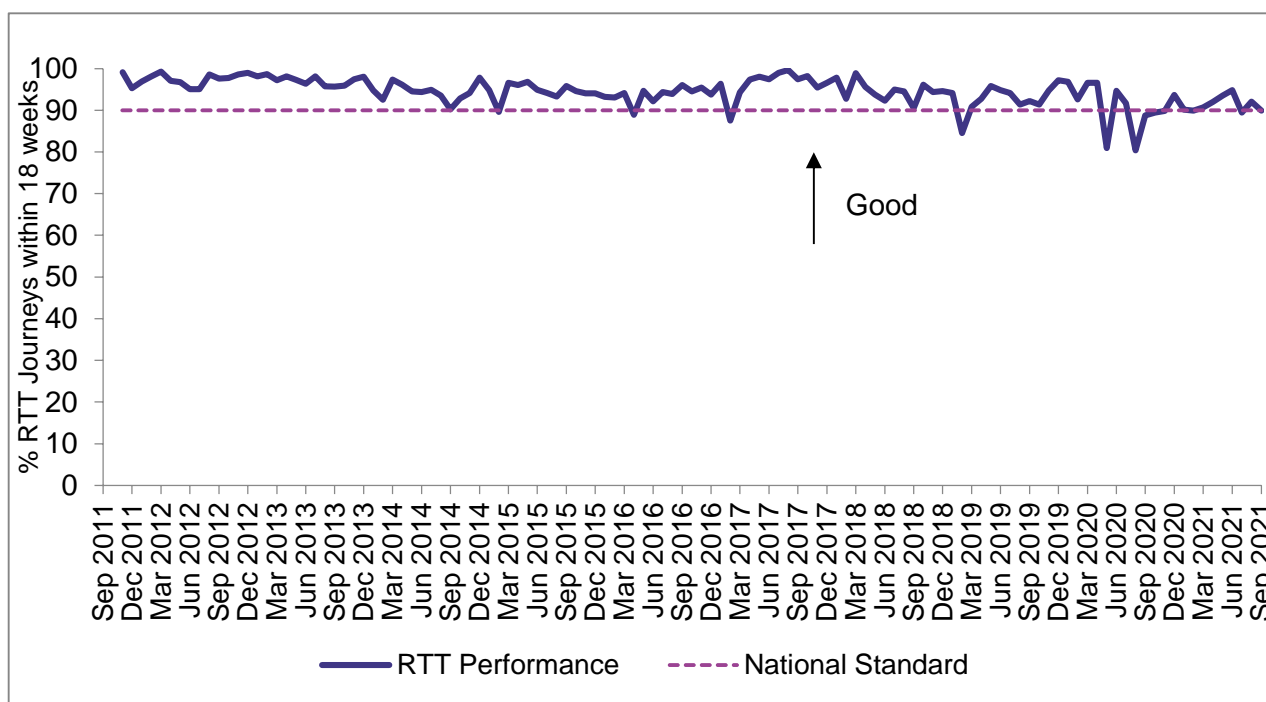


11.18 Week Referral to Treatment

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

No update to report – Published data from September 2021 details 89.9% of patients were reported as commencing treatment within 18 weeks. There were 702 completed patient journeys. Of these 79 were over 18 weeks.

Figure 10: 18 week referral to treatment performance – NHS Orkney



12.48 hour Access GP

Standard - GPs to provide 48 Hour access or advance booking to an appropriate member of the GP team for at least 90% of patients.

No update to report - Information provided from the Health & Care Experience Survey in 2020 showed that 93% of people were able to book a GP appointment more than 48 hours in advance. The Scottish average was 64%.

13. Detect Cancer early

Standard - Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%

No update to report – The baseline taken in 2010-2011 for NHS Orkney showed 13 (19.7%) patients were treated at stage 1. Data provided in December 2020 showed that 14.1% of patients were diagnosed and treated in the first stage of breast, colorectal and lung cancer. 35.3% were treated in stage 2.

14. IVF Treatment

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

No update to report – During July to September 2021, there were 3 referrals and 1 patient seen; waiting less than 13 weeks.

15. 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.

16. 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.

17. 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.

18. Mental Health

Standard - 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services 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.

19. Diagnostics

No update to report - 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 (going 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 team.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 24 February 2022
Title:	Corporate Risk Register
Responsible Executive/Non-Executive:	Michael Dickson, Interim Chief Executive
Report Author:	Christina Bichan, Head of Assurance & Improvement

1 Purpose

This is presented to the Board 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.

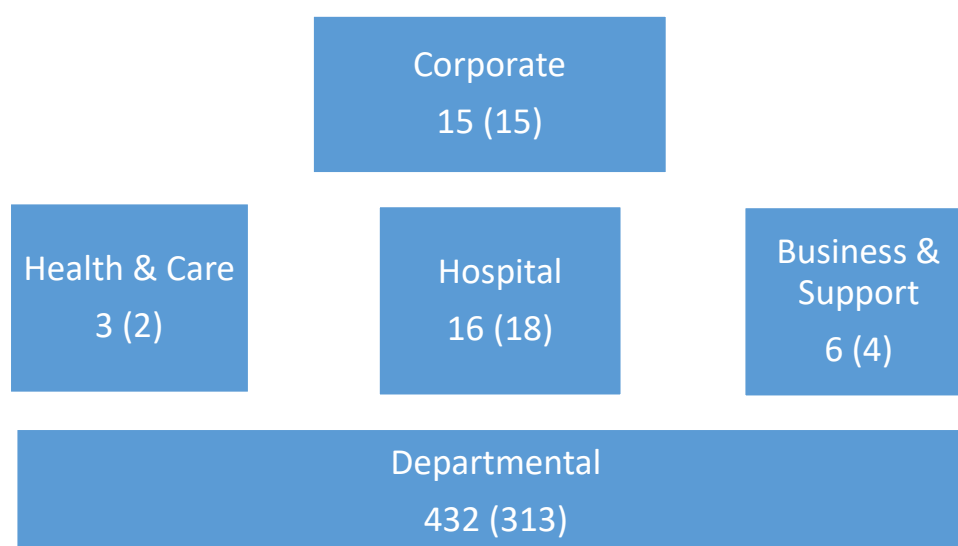
2.3 Assessment

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 with the first draft due to be considered by the Risk Management Forum at its March 2022 meeting.

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 with all departments now having initial risk assessments in place for these subjects. The findings of the risk assessment process are being used to analyse gaps in controls and ensure mitigation is prioritised on the basis of highest areas of risk.

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 January 2022, with the position at the last update provided in brackets for reference.



As can be seen from the above summary the majority of risks are being managed and held at a departmental level, with the increase being largely as a result of the health and safety risk assessment activity which has been taken forward across all departments. 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 at the last update and Table 2 provides the January 2022 position.

Risk Exposure – Tables 1 & 2:

November 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%		

January 2022

Current Risk Exposure (Total score)	Very High	High	Medium	Low	Total	% of total
Corporate	80	137	9	0	226	40%
Health & Care	25	15	9	0	49	9%
Hospital	40	157	23	0	220	39%
Business & Support	0	44	24	0	68	12%
TOTAL EXPOSURE	145	353	65	0	563	100%
% of total	26%	63%	11%	0%		

During the last reporting period 1 risk was escalated from operational risk registers to the corporate risk register:

923: *Data Security - Control of Access to Clinical & Non-Clinical Personal Data*

Additionally, since the last report Corporate risk 749 relating to the potential failure of Robertson Facilities Management (FM) to provide a full FM service in and out of hours has been deescalated following successful recruitment to vacant positions. The risk now sits on the Estates and Facilities Departmental risk register for ongoing monitoring.

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

Corporate risks aligned to the Clinical and Care Governance committee are being reported at each Committee meeting and there are no new risks in this area to highlight.

Board risk 509 - *Care and financial sustainability may be compromised should the current medical workforce model continue* which had its risk rating reduced to 16 (high) from its previous score of 20 (very high) at the last update and is due for review in February 2022.

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 now in final draft, ready for approval.

2.3.2 Workforce

Corporate risks aligned to the Staff Governance committee are reported at each Committee meeting, commencing with the meeting held on 24th November 2021.

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 reported at each Committee meeting, commencing with the meeting held on 25th 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 funding has been secured to take forward an energy audit across NHS Orkney.

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

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"> Executive Lead – Acting DoNMAHP Professional Leads: <ul style="list-style-type: none"> oActing Nursing, Midwifery and AHP oMedical Director oLead Dentist Executive & Senior Management Team meetings Management Team Clinical Care & Governance, & Staff Governance framework; 6 monthly update report General Management Structure within Community Policies / Procedures / Guidelines oHealth & Care (Staffing) (Scotland) Act 2019: Guidance Summaries dated 17 Aug 21 RMP4: Health & Care Staffing Delivery Plan created 28 Sep 21 SG / HSP Board Self-assessment Report Healthcare Staffing Resources area on Blog > Clinical Governance > Healthcare Staffing Departmental Generic healthcare staffing risk assessment on Blog > Clinical Governance > Risk > Departmental – Generic Risk Assessment 	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 - Upute gone to NAMAC/TRADAC. Update going to October Clinical Care Governance Committee and SBAR to EMT Update Nov 2021 - SBAR to SMT/ Updated to CCGC & Staff Governance	31/03/2022
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.	Update Dec 2021 - Will be reviewed again in March 2022 in light of the number of projects which have been commenced. These include Fortinet Traffic analyser / Remote Desktop modernisation project / Fortinet and inter-isle connectivity	31/03/2022
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	28/02/2022
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. Update Dec 2021 - No significant change to risk for 2021 - 2022 however this situation will be reviewed as we move into 2022 - 2023 in light of the letter received from the Scottish Government on the 26th October 2021 regarding the Boards need to develop a Financial Recovery Plan for 2022 - 2023/ 2024 - 2025.	31/03/2022
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 in 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. Update Dec 2021 - The actions that particularly pertain to staff are included within the staff governance action plan and therefore are scrutinised at each staff governance committee. The main focus area being progressed as agreed in partnership with the Area Partnership Forum is that of Communications. A communications working group has been established and holds its inaugural meeting on the 3rd December. Since the listening exercise took place the Board has completed the national imatter staff engagement process and a follow up piece of work on comparison is being undertaken and will be shared at the Board Development session early 2022.	30/06/2022
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.	Update June 2021 - Current Rating reduced due to timely roll out of Vaccination Programme Update Dec 2021 - No change to risk rating - Meetings with SG and PHS re management of new variants	31/03/2022
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.	Update Dec 2021 - No change to current risk rating. UB needs assessment completed. Remobilisation and winter plan in place.	31/03/2022
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 regulary 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	10	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 Jan 2022 - 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 12 to 10	31/03/2022
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. Robust system for inspecting slings in place. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports.	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 have a right to expect a safe and secure workplace. In order to manage this risk, NHSO must ensure that it provides sufficient resources to enable the organisation to meet these requirements.	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. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place.	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	923	Data Security - Control of Access to Clinical & Non-Clinical Personal Data	There is a risk that Personal data could be at risk of un-necessary access, release, loss or deletion as a result of members of staff having security permissions that are no longer required due to transfer or termination, that allow them access to or edit records within manual and electronic systems that contain personal data, which may lead to regulatory (ICO) action, prosecution and reputational risk to the organisation.	Robinson, Mr Gordon	Doyle, Mark	20	4	IT Access request process Information Security Policy	Update Jan 2022 - Audit in progress expected initial results to be completed by mid February 2022.	28/02/2022

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p>Freedom of Information during and after the Covid-19 pandemic: Learning lessons and looking to the future</p> <p>https://www.itspublicknowledge.info/home/SICReports/OtherReports/Special_Report_FOI_during_and_after_the_Covid-19_pandemic.aspx</p>	<p>A Scottish Information Commissioner special report explores the impact of the COVID-19 pandemic on freedom of information (FOI) in Scotland across 2020 and 2021 and reflects on lessons to learn in order to strengthen FOI practice, performance and culture.</p>
<p>Community Care (Personal Care and Nursing Care) (Scotland) Amendment Regulations 2022 (SSI 2022 Draft)</p> <p>https://www.legislation.gov.uk/sdsi/2022/9780111053249</p>	<p>These Regulations modify, for the purpose of charging, the meaning of accommodation provided under the Social Work (Scotland) Act 1968 or the Mental Health (Care and Treatment) (Scotland) Act 2003 s.25. They also increase the thresholds below which certain care is not to be charged for.</p>
<p>Health Protection (Coronavirus) (Requirements) (Scotland) Amendment (No. 3) Regulations 2022 (SSI 2022/29)</p> <p>https://www.legislation.gov.uk/ssi/2022/29/pdfs/ssi_20220029_en.pdf</p>	<p>These Regulations amend the Health Protection (Coronavirus) (Requirements) (Scotland) Regulations 2021.</p>
<p>Coronavirus (Recovery and Reform) (Scotland) Bill 2022 (SP Bill 9)</p> <p>https://www.parliament.scot/bills-and-laws/bills/coronavirus-recovery-and-reform-scotland-bill</p>	<p>A Bill to make provision about public health protection powers; to make provision about educational establishments and school consultations; to make miscellaneous public service reforms; to modify the law on tenancies; to make temporary modifications to the law in relation to the justice system; and for connected purposes.</p>
<p>A consultation on the future supply of pandemic Personal Protective Equipment in Scotland</p>	<p>A Scottish Government consultation seeks views on the lessons that can be learned from the provision of personal protective equipment</p>

Topic	Summary
https://www.gov.scot/publications/consultation-pandemic-personal-protective-equipment-scotland/	(PPE) during the coronavirus (COVID-19) pandemic, and the proposed new strategic arrangements for pandemic PPE supply in Scotland. Comments by 22 March 2022.
Stage 1 Report on The Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill https://digitalpublications.parliament.scot/Committees/Report/CVDR/2022/1/13/87736a13-685e-4202-ab69-ba57033e2fa8	A COVID-19 Recovery Committee publication reports on the Stage 1 proceedings of the Coronavirus (Discretionary Compensation for Self-isolation) (Scotland) Bill 2021, which seeks to extend temporary modifications to the Public Health Etc (Scotland) Act 2008 so that health boards have discretion as to whether to pay compensation for self-isolation in connection with coronavirus (COVID-19), rather than a duty.
Redress for Survivors (Historical Child Abuse in Care) (Payments Materially Affected by Error) (Scotland) Regulations 2021 (SSI 2021/479) https://www.legislation.gov.uk/ssi/2021/479/pdfs/ssi_20210479_en.pdf	These Regulations make provision in connection with the redress scheme established by the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021.

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2021)41	17.11.2021	Interim protocol for decommissioning of nitrous oxide manifolds
DL(2021)37	18.11.2021	Covid-19 Recovery for Children, Young People and families
DL(2021)40	18.11.2021	New Covid-19 treatments for non-hospitalised patients
CMO(2021)33	22.11.2021	COVID-19 Vaccination Programme: Joint Committee on Vaccination and Immunisation
DL(2021)43	22.11.2021	Revised guidance for pregnant employees
DL(2021)42	23.11.2021	Mortuary access – compliance with guidance
DL(2021)44	24.11.2021	Scottish Code of Practice for the international recruitment of health and social care personnel
DL(2021)45	25.11.2021	NHS health boards and special health boards: remuneration increase 2021-22: chairs and non-executive members
DL(2021)46	29.11.2021	Launch of the Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control (IPC) Addendum
CMO(2021)34	01.12.2021	COVID-19 vaccination programme: B.1.1.529 variant (Omicron)
DL(2021)47	06.12.2021	Incremental credit for new employees
DL(2021)48	08.12.2021	Request to stand-up services for targeted deployment of COVID-19 treatments for non-hospitalised treatments
DL(2021)49	09.12.2021	Information for frontline healthcare professionals – targeted deployment of COVID-19 medicines for non-hospitalised patients
CMO(2021)36	09.12.2021	Abortion – Women's health plan actions on telemedicine and contraception
CMO(2021)35	09.12.2021	Cancer treatment guidelines
CMO(2021)38	10.12.2021	Appraisals during period of winter pressure
CMO(2021)37	15.12.2021	COVID-19 vaccination programme: supporting further acceleration of the booster programme: prioritisation of covid-19 boosters above primary course for 12 to 15 year olds; de-prioritisation of the flu vaccination programme; temporary reduction in the 15 minute observation period to 5 minutes for mRNA vaccinations
CMO(2021)39	16.12.2021	COVID-19 in pregnancy – vaccination

Reference:	Date of Issue:	Subject:
DL(2021)50	17.12.2021	Update on self-isolation exemption for health and social care staff
DL(2021)51	17.12.2021	Healthcare Workers to increase Lateral Flow Device (LFD) testing frequency from twice weekly to daily
DL(2021)52	21.12.2021	Information for frontline healthcare professionals – targeted deployment of COVID-19 medicines for non-hospitalised patients
DL(2021)53	30.12.2021	Temporary changes to fit notes
DL(2022)01	06.01.2022	Update on self-isolation for health and social care staff
CMO(2022)01	07.01.2022	Deferral of fertility treatment for patients who are not vaccinated against COVID-19
CMO(2022)02	14.01.2022	Scottish cervical screening programme
CMO(2022)03	18.01.2022	COVID-19 vaccination programme: further vaccination of children and young people
CMO(2022)04	24.01.2022	Blood – safety alert – preventing transfusion delays in bleeding and critically anaemic patients
CMO(2022)05	25.01.2022	Guidance for information sharing requirement between police and general practitioners (GPs) and registered medical practitioners for implementation of Home Office firearms licensing: statutory guidance for Chief Officers of Police
PCS(ESM)2022/04	26.01.2022	Pay and conditions of service: executive and senior management pay 2021-22: consolidated performance related pay
DL(2022)02	28.01.2022	The Queen's Platinum Jubilee
DL(2022)03	10.02.2022	NHS Scotland Job Evaluation Policy

Timetable for Submitting Agenda Items and Papers 2022/23

Initial Agenda Planning Meeting ¹	Final Agenda Planning Meeting	Papers in final form ²	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager ³	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) at
12:00 noon	12:00 noon	17:00	16:00	10:00
< 1 week after previous meeting >	< 4 weeks before Date of Meeting >	< 2 weeks before Date of Meeting >	< 1 week before Date of Meeting >	< Day of Meeting >
7 March 2022	1 April 2022	14 April 2022	21 April 2022	28 April 2022
5 May 2022	26 May 2022	9 June 2022	16 June 2022	23 June 2022 (Annual Accounts)
30 June 2022	28 July 2022	11 August 2022	18 August 2022	25 August 2022
1 September 2022	29 September 2022	13 October 2022	20 October 2022	27 October 2022
3 November 2022	17 November 2022	1 December 2022	8 December 2022	15 December 2022
22 December 2022	26 January 2023	9 February 2023	16 February 2023	23 February 2023

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

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

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

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

Name:	Position:	22 April 2021	24 June 2021	1 July 2021	26 August 2021	28 October 2021	16 December 2021	24 February 2022
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attending	Attending	Attending	Attending	Attending	Attending	
D Drever	Vice Chair	Attending	Attending	Attending	Attending	Attending	Attending	
D Campbell	Non Executive Board member	Attending	Attending	Attending	Attending	Attending	Attending	
C Evans	Non Executive board member	Attending	Attending	Apologies	Attending	Apologies	Attending	
I Grieve	Non Executive Board member	Attending	Attending	Attending	Attending	Attending	Attending	
S Johnston	Area Clinical Forum Chair	Attending	Attending	Apologies	Attending	Attending	Attending	
J Kenny	Non Executive Board member	Attending	Attending	Attending	Attending	Attending	Attending	
F MacKellar	Employee Director	Attending	Attending	Attending	Attending	Attending	Attending	
J Stockan	Non Executive Board member	Attending	Attending	Attending	Attending	Attending	Attending	
J Taylor	Non Executive Board member	Attending	Attending	Attending	Attending	Attending	Attending	
	Executive Board Members:							
M Dickson	Interim Chief Executive	Attending	Attending	Attending	Attending	Attending	Attending	
M Doyle	Director of Finance	Attending	Attending	Attending	Attending	Attending	Attending	
M Henry	Medical Director						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	Attending	

12.3

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