

NHS Orkney Board

28 April 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 28 April 2022 at 10:00am.

Meghan McEwen
Chair

Agenda

Presentation Young People's Mental Health

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 24 February 2022	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	Governance Committee membership	Corporate Services Manager	OHB2223-01	To <u>approve</u> the amendments to committee membership and appoint Chairs and Vice Chairs as required

Item	Topic	Lead Person	Paper Number	Purpose
6.2	Orkney Partnership Board Vice Chair Report and minute from meeting held on 10 December 2021	Chair	OHB2223-02	To <u>discuss</u> the issues raised from the report and <u>note</u> the minutes
7	Strategy			
	No items this meeting			
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Prevention and Control Report	Medical Director	OHB2223-03	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	OHB2223-04	To receive an <u>update and assurance</u> on Covid-19 cases, testing and vaccination activity.
8.3	Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on 26 October 2021	Joint Clinical and Care Governance Committee Chair	OHB2223-05	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.4	Area Clinical Forum Chairs report and minutes from meetings held on 3 December 2021 and 1 March 2022	Area Clinical Forum Chair	OHB2223-06	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
9	Workforce			
9.1	DHI update	Interim Chief Executive	OHB2223-07	To <u>note</u> the update provided and the wider work to be progressed

Item	Topic	Lead Person	Paper Number	Purpose
10	Organisational Performance			
10.1	Financial Performance Report	Director of Finance	OHB2223-08	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Capital Plan 2022-23	Director of Finance	OHB2223-09	To <u>approve</u> the capital plan
10.3	Performance Report	Head of Assurance and Improvement	OHB2223-10	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
10.4	Finance and Performance Committee Chair's Report and minute of meeting held on 25 November 2021	Finance and Performance Committee Chair	OHB2223-11	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Risk and Assurance			
11.1	Corporate Risk Register	Interim Chief Executive/Head of Assurance and Improvement	OHB2223-12	To <u>monitor</u> the Corporate Risks which have been agreed by the Executive Management Team.
11.2	Audit and Risk Committee Chair's Report and minute of meeting held on 7 December 2021	Audit and Risk Committee Chair	OHB2223-13	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
12	Any other competent business			
13	Items for Information			
13.1	Key Documentation Issued*	Chair	OHB2223-14	To <u>receive</u> a list of key legislation issued since last Board meeting

Item	Topic	Lead Person	Paper Number	Purpose
13.2	Board Reporting Schedule 2022/23*	Chair		To <u>note</u> the schedule
13.3	Record of Attendance*	Chair		To <u>note</u> attendance record

Open Forum – Public and Press Questions and Answers session

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

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held **via MS Teams** on **Thursday 24 February 2022** at **10:00 am**

Present

Meghan McEwen, 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, Executive Medical Director
 Steven Johnston, Non-Executive Board Member
 Joanna Kenny, Non-Executive Board Member
 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

B142 Welcome and Apologies

Apologies were received from F MacKellar and K Wilson.

B143 Declarations of interests

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

B144 Minutes of previous meetings held on 16 December 2021

The minute of the meeting held on 16 December 2021 was accepted as accurate record of the meeting and approved.

B145 Matters Arising

Care Homes

The Chief Officer advised that Orkney had recently seen the first significant outbreak of Covid-19 within a care home setting, with several staff and residents testing positive. No one had become significantly unwell, partly due to the high levels of vaccinations and boosters which had stood people in good stead for remaining relatively well throughout any period of illness. Thanks, were given to all staff involved in providing care and services during this challenging time which had seen the workforce embrace agility; numbers were now starting to reduce.

B146 Board Action Log

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

Governance

B147 Corporate Governance Arrangements – OHB2122-79

The Corporate Services Manager presented the report noting 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.

Decision / Conclusion

The Board noted the re-establishment of standard Corporate Governance arrangements from the 1 February 2022 as agreed by the Agile Board.

B148 Board appointments and Audit Chair – OHB2122-80

The Corporate Services Manager presented the report seeking approval of the following appointments:

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

It was noted that a further overarching review of committee membership would commence following the appointment of two new Non-Executive Directors to the Board and would be submitted to the April meeting of the Board for review and approval.

J Stockan noted that there would be a need to consider the post of Local Authority Representative on the Board following the Local Government Elections in May.

Decision / Conclusion

The Board approved the appointments as noted above.

B149 Orkney Partnership Board – Vice Chairs Report – OHB2122-81

The Chair presented the report noting that the Orkney Partnership Board had met on the 10 December 2021, there had been a further meeting between the Local Authority and Health Board on the 8 February 2022 to discuss:

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

Decision / Conclusion

The Board noted the update provided and suggested that a Board session on the remit, work and whole system landscape of the Community Planning Partnership would be useful.

Clinical Quality and Safety**B150 Healthcare Associated Infection Prevention and Control Report – OHB2122-82**

The Medical Director 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. Compliance rates were improving with all metrics above 95%.

D Campbell questioned when quality assurance reports would return to a normal cycle.

Post meeting note: Audits would return to normal as soon as the team were back functioning at full capacity and the local Covid situation was resolving.

The pressure on the team was driven by a number of issues including:

- *Request to step back any non-urgent work by the Board in December 2021, to cope with Omicron variant.*
- *Outbreak management, in social care settings, always being prioritised.*
- *Pressure of staff follow up of all cases and contacts identified by contact tracing team for health and social care*
- *Staffing capacity issues due to a combination of factors.*

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. The excellent work of the Infection Prevention and Control across the whole organisation was acknowledged.

B151 Covid-19 update – OHB2122-83

The Director of Public Health presented the report which provided a local update on Covid-19 cases, testing and vaccination activity.

Members were advised that there had been a significant rise in cases within Orkney, with cases across all ages and sectors, thanks were given to staff for their excellence work managing and working within these difficult situations.

Locally there had been a 21 month timeframe for Orkney to reach the first 1000 Covid cases, a further 2 months to reach 2000 cases and just two weeks to increase this to 3000 cases. The importance of all that were eligible taking vaccinations and boosters was stressed, noting that this would continue to be rolled out in line with current Scottish Government Policy.

The Interim Chief Executive acknowledged that the Board had moved to an agile footing to allow staff to focus on priorities and noted the impact high numbers of positive cases and isolation requirements had on fragile services, across both Health and Social Care and in the wider community. He gave credit to all staff for remaining flexible and continuing to operate services in such a challenging environment.

I Grieve questioned the support available to those suffering with the symptoms of long Covid and was advised that this presented differently in different people and appeared to be independent of the severity and symptoms of the acute phase, updated clinical guidance had been received and would be enacted.

D Campbell questioned the messaging and communications to the wider community and the responsibility of the Board to continue to relay this message. It was noted that as the national position changed there would still be important public health measures

in place to keep people well. Additional vigilance would be required as transitional changes in guidance were implemented.

The Director of Public Health advised that all Health Boards shared learning and collated knowledge, but that variants and sub variants could affect different populations differently based on community activity.

The Interim Director of Human Resources advised that Occupational Health were supporting teams and managers to help staff remain in work where possible and consider different duties if required, conversations to further support colleagues would continue.

S Johnston noted the need to continue to manage the expectations of patients and the public as restrictions were reduced as there were significant backlogs to address and continuing pressure from high case numbers locally.

The Interim Chief Executive agreed that there would continue to be changes to service delivery moving forward, and staff would continue to be supported to recover from the pressures of the past two years. Public patience and support would be required in moving forward

Decision / Conclusion

The Board noted the update provided and took assurance on the testing and vaccination programmes locally.

Organisational Performance

B152 Financial Management Performance Report – OHB2122-84

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 December 2021. Information was provided relating to resource limits, actual expenditure, and variance against plan. Members were advised that the position for January and February 2022 would be presented to the next meeting of the Finance and Performance Committee for scrutiny and assurance.

The revenue position to 31 December 2021 reflected an underspend of £0.083m, which assumed full funding for unachieved savings to date of £3.319m. A breakeven position was forecast at year end, assuming full funding for the underachievement of savings and Covid funding.

The Board had already disposed of a surplus property on Hoy and continued to review other surplus assets. Currently, the old Balfour Hospital was partially occupied due to the ongoing pandemic. Disposal would be considered once emergency footing was lifted.

The Chair questioned the Covid allocation and if this would become part the general allocation moving forward and was advised that some elements of testing and vaccination would continue to be funded but as the Board moved out of the pandemic phase Covid funding would not form part of normal business or allocations.

The Interim Chief Executive advised that there were wider strategic issues for the Board to consider and there were no guarantees of any additional funding.

Decision / Conclusion

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

B153 Performance Management Report – OHB2122-85

The Head of Assurance and Improvement presented the report advising that performance improvements were being seen in many areas, although achievement of the access standards remained adversely affected by the impacts of the pandemic. It was noted that a number of areas had no published data due to the timing of the report, unpublished data was routinely provided to the Finance and Performance Committee as appropriate for assurance.

The Chair expressed her disappointment that the Children and Adolescent Mental Health Services Data had not yet been updated and requested further information and assurance. The Medical Director advised that he was sighted on the issues with data, which were challenging, there was a significant recruitment campaign across Mental Health Services and the new Clinical Director was well aware of the current situation. S Johnston added that the Joint Clinical and Care Governance Committee would continue to receive a Mental Health assurance report and report onwards to the Board.

Members were advised that the Vanguard Mobile Theatre had been successful and would continue for a number of weeks, with patients being assessed for clinical review and suitability. The Interim Chief Executive added that the theatre would be used as a second theatre for NHS Shetland, to allow significant works to take place, opportunity had been taken to bring up a specialist team and address some of the backlog caused during the Covid period which would normally have taken place through agreements with mainland Boards.

In relation to questions the following were noted:

- Operations cancelled due to Covid related reasons were reported to the Scottish Government on a weekly basis, changes in guidance would be implemented and current operating lists reviewed
- Capacity and demand continued to be unaligned in some outpatient service areas, with additional challenges for those services provided by partner boards, additional clinics would be arranged where possible to address demand.
- Scottish Government were committed to expanding elective work in dedicated centres with additional staff recruitment and this would be an opportunity as part of the Covid recovery plan.
- Locally a number of posts had been recruited to and ongoing work continued around this staffing model to increase capacity where possible

Decision / Conclusion

The Board reviewed the report and took assurance from the information provided and welcome amendments to the data presentation aspect of the report going forward.

Risk and Assurance

B154 Corporate Risk Register – OHB2122-86

The Interim Chief Executive presented the report 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.

J Stockan noted that there were no low risks reported to the Board and was advised that the Board were only sighted on the high level Corporate Risks, other service level risks were held and current escalation and de-escalation procedures were working well.

The Chair encouraged all Committee Chairs and Lead Executives to ensure that they understood the current risks within their remits and that these were appropriately scrutinised for assurance at governance committee level.

Decision / Conclusion

The Board noted the update provided and the current mitigation of risks highlighted. The Chair noted the more mature approach to risk and gave thanks for all involved in moving this work forward.

B155 Any other competent business

No other competent business was raised.

Items for noting

B156 Key Documentation issued – OHB2122-87

Members noted the key legislation issued.

B157 Board Reporting timetables 2022/23

Members noted the dates of future meetings.

B158 Record of attendance

Members noted the record of attendance.

B159 Public Forum

It had not been appropriate to convene the meeting in public due to the preventative measures put in place across the country, including physical distancing. The Board papers had been published on the website in line with current procedures. Members of the local press attending the meeting and were welcomed to ask any questions relating to the content of the meeting.

NHS Orkney Board Action Log Updated 20 April 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	Members noted the issues of separating Child Poverty from other elements of poverty within wider society To Strategy would be brought to the Board in due course CLOSED
01-2022/23					

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Governance Committee Membership
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:

- **Approve** the reviewed and updated Governance Committee Membership as detailed
- **Approve** the Chairs and Vice Chairs for each of the Governance committees as detailed

2.2 Background

As stated in the Code of Corporate Governance each Governance Committee of the Board will have a minimum number of Non-Executive Members.

In determining the membership of Committees, the Board shall have due regard to its purpose, role and remit, and accountability requirements.

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 has been conducted following the appointment of two new Non Executives Board members.

The attached membership document details the membership requirements as stated in the Terms of Reference and the specific requirements and exclusions where these are mandatory.

2.3 Assessment

Chairs and Vice-Chairs of Committees

The Board shall appoint Chairs and Vice-Chairs of Committees who shall hold office for two years. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

- **Decision**
 - **Approve** the reviewed and updated Governance Committee Membership as detailed
 - **Approve** the Chairs/Vice Chairs for each of the Governance committees as detailed

ORKNEY NHS BOARD

Chair: Meghan McEwen

Vice-Chairperson: Davie Campbell

STANDING COMMITTEES: Period May 2022 to March 2024

Audit and Risk Committee: Four non executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees <u>Lead Officer – Director of Finance</u>	
Current Members: Jason Taylor, Chair VACANT, Vice-Chair Issy Grieve, Non-Executive Director Fiona MacKellar, Employee Director	Updated Members: Jason Taylor, Chair Issy Grieve, Vice-Chair Martha Gill, Employee Director Ceri Dare
Finance and Performance Committee: Four non executive members including the Local Authority member <u>Lead Officer – Director of Finance</u>	
Current Members: Davie Campbell, chair James Stockan, vice-chair Meghan McEwen Steven Johnston	Updated Members: Davie Campbell, chair Des Creasey, vice-chair Steven Johnston James Stockan
Integration Joint Board: Three non executive members	
Current Members: Issy Grieve, chair Joanna Kenny Davie Campbell	Updated Members: Issy Grieve, chair Davie Campbell Ceri Dare

Deputies: Caroline Evans VACANT	Deputies: Caroline Evans (until 31 August 2022) Joanna Kenny Meghan McEwen (from 1 September 2022)
Joint Clinical and Care Governance Committee: Three non executive members including the Area Clinical Forum Chair and a voting member of the Integration Joint Board. <u>Lead Director – Medical Director (Clinical)/ Chief Officer (Care)</u>	
Current Members: Steven Johnston, Chair Joanna Kenny, Vice Chair VACANT	Updated Members: Steven Johnston, Chair Meghan McEwen, Vice Chair Ceri Dare
Staff Governance Committee: Four non executive members including the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Joanna Kenny, Interim Chair Fiona MacKellar, Vice chair Caroline Evans Jason Taylor	Updated Members: Joanna Kenny, Chair Martha Gill, Vice Chair Jason Taylor Caroline Evans (until 31 August 2022) Des Creasey (from 1 September 2022)
Remuneration Committee: Four non executive members including the Chair of the Board who will be Chair of the Committee, and the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Meghan McEwen, Chair James Stockan, Vice Chair Fiona MacKellar Davie Campbell	Updated Members: Meghan McEwen, Chair James Stockan, Vice Chair Martha Gill, Employee Director Davie Campbell

<u>OTHER COMMITTEES:</u>	
Endowment Fund Sub Committee:	
Five trustees, one of whom will be the Director of Finance	
<u>Lead Director – Director of Finance</u>	
Current Members: Davie Campbell, Chair Issy Grieve, Vice Chair Joanna Kenny David McArthur, Director of Nursing, Midwifery and Allied Health Professions Mark Doyle, Director of Finance	Updated members: Davie Campbell, Chair Issy Grieve, Vice Chair James Stockan/Local Authority Representative Ceri Dare Mark Doyle, Director of Finance
Orkney Alcohol and Drugs Partnership:	
Joanna Kenny Caroline Evans	Joanna Kenny Des Creasey – Deputy
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Martha Gill	Employee Director
Area Clinical Forum:	
Steven Johnston, chair	Steven Johnston, Chair
Orkney Partnership Board:	
Meghan McEwen	Meghan McEwen
Ethical Advice Group:	
Jason Taylor	Jason Taylor

Breakdown of Workload

Member	Current Committee membership	Committees as proposed
Meghan Mcewen	Remuneration Committee chair Finance and Performance Committee Community Planning Partnership	Remuneration Committee, Chair Orkney Partnership Board Joint Clinical and Care Governance, Vice Chair
James Stockan/Local Authority Representative	Finance and Performance Committee Remuneration Committee	Finance and Performance Committee Remuneration Committee, Vice Chair Endowment Fund Sub Committee
Steven Johnston	Area Clinical Forum - chair Joint Clinical and Care Governance Committee - chair Finance and Performance Committee Endowment Fund Sub Committee	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee
Martha Gill/Employee Director	Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member	Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non voting member
Davie Campbell	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Endowment Fund Sub Committee - chair	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Endowment Fund Sub Committee, Chair
Caroline Evans	Staff Governance Committee Audit and Risk Committee Integration Joint Board, deputy Orkney Alcohol and Drugs Partnership	Staff Governance Committee IJB Deputy
Joanna Kenny	Staff Governance Committee, Interim Chair Clinical and Care Governance Committee Endowment Fund Sub Committee	Staff Governance Committee, Chair Integration Joint Board, Deputy Orkney Alcohol and Drugs Partnership

Member	Current Committee membership	Committees as proposed
	Integration Joint Board, deputy Orkney Alcohol and Drugs Partnership	
Issy Grieve	Integration Joint Board, Chair Endowment Fund Sub Committee, Vice Chair Audit and Risk Committee	Integration Joint Board, chair Audit and Risk Committee, Vice Chair Endowment Fund Sub Committee, Vice Chair
Jason Taylor	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group
Ceri Dare	-	Joint Clinical and Care Governance Committee Endowment Fund Sub Committee Audit and Risk Committee IJB
Des Creasey	-	Finance and Performance Committee, Vice Chair Staff Governance Committee (from 1 September 2022) ADP Deputy

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 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:

- Discussion

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Orkney Partnership Board met on the 22 March 2022 where the local authority and NHS Orkney met and are bringing awareness of the following two points:

- Child and fuel poverty
- Engagement in delivery groups

2.2 Background

Rising fuel costs are a growing concern for all and increasing the risk of poverty across the islands. To ensure that NHS Orkney is playing an active and constructive role in the work of the community planning partnership, the Chair requests further clarity on how NHS Orkney is engaging in the work of the delivery groups.

2.3 Assessment

The Board is being asked to note the concern from the Orkney Partnership Board in relation to the removal of the fuel price cap and the impact this will have upon households in Orkney.

In addition to the above, the Chair requests that the Board discuss a plan of engagement in the work of the delivery groups to ensure that we are playing an active role in its work.

2.4 Recommendation

- **Discussion** – To discuss how NHS Orkney can support service users who may find themselves struggling financially. To provide clarity on how NHS Orkney participates in the work of the community planning partnership and adds value to its work.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, The Orkney Partnership Board 10 December 2021 Minutes



Orkney Partnership Board

DRAFT Minutes of the meeting held 10 December 2021 via Teams

Present:	James Stockan Meghan McEwen Alistair Garrow Leslie Manson Issy Grieve Graham Neville Alan Dundas Seonag Campbell John Mundell Garry Reid Karen Greaves Stephen Brown Graeme Harrison Gail Anderson Michael Dickson	Orkney Islands Council (Chair) NHS Orkney (Vice Chair) Police Scotland Orkney Islands Council Integration Joint Board NatureScot (SNH) SEPA Skills Development Scotland OIC Chief Executive SportScotland OIC Chief Executive's Service Orkney Community Justice Partnership Highlands and Islands Enterprise Voluntary Action Orkney NHS Orkney
By invitation:	Ros Aitken	Voluntary Action Orkney (<i>for item 8</i>)
In attendance:	Anna Whelan Joanna Buick	OIC Corporate Services (Secretary) The Orkney Partnership
Apologies:	David Drever Cheryl Chapman Claire Kemp Craig Spence Graham Sinclair John MacDonald John McKenna Marcus Shearer Jim Quate Mark Shiner Thomas Knowles Alan Johnston Joanne Wallace	NHS Orkney VisitScotland UHI/Orkney College Orkney Housing Association Limited HiTRANS SEPA Scottish Fire and Rescue Service Scottish Ambulance Service Scottish Ambulance Service UHI/Orkney College Historic Environment Scotland Scottish Government Orkney College

1. Covid-19 Update

- 1.1. Michael Dickson gave an update on the Covid-19 situation. Omicron was now overtaking Delta as the dominant strain. R number in Scotland was 1.1 and infections in Scotland doubling every 2-3 days. A significant surge was inevitable but it was not known how seriously ill people would be. A rise in admissions comparable to infections would be a huge strain on NHS. New lockdown rules were in place. Christmas parties were to be discouraged or at least kept small. Message: "get tested before you get festive". Testing to be strengthened in Orkney and anyone travelling to Orkney asked to test before

getting on the ferry or plane. Any household contact must isolate for 10 days even if vaccinated.

- 1.2. John Mundell reported OIC was due to meet with Louise Wilson and advice to OIC staff would probably change following this meeting. Overall OIC strategy was to protect NHS and front-line services.
- 1.3. There was concern about the Ba' going ahead. Noted that the Ba' committee was aware of the situation and were ready to change their advice up to last minute. They could not stop people gathering but had the power not to throw up the Ba'.
- 1.4. Noted that there were many community wellbeing issues arising. TOP members could not ask people to take measures that were not in the national guidance but could add nuance locally. A balance had to be struck between immediate response and long term plans.

2. Draft minute of the meeting of the Board on 4 October 2021

- 2.1. The minutes were agreed.

3. Matters arising

- 3.1. At item 7.2, Area Dental Committee letter dated 23 March 2021
 - 3.1.1. The Chair reported that he had responded to the Area Dental Committee
 - 3.1.2. Meghan McEwen reported that the NHS Endowment Committee had considered the matter but felt it was not appropriate for NHS Orkney to make an application to its own fund. Other groups would be welcome to apply. The matter was referred to the Community Wellbeing Delivery Group to consider for possible action. **Action: Gail Anderson**
- 3.2. At item 8.3.5. NHS Orkney representative to be invited to join the Sustainable Recovery Delivery group
 - 3.2.1. Graham Neville reported that Sharon Smith, NHSO Sustainability Champion, had been invited to join the group.
- 3.3. At item 8.6. Delivery Group Chairs to meet from time to time to align plans and ensure there is no duplication of work
 - 3.3.1. Anna Whelan reported that further meetings were being set up for delivery group Chairs.
- 3.4. At item 9.18. Awareness of Engagement HQ platform opportunity to be pushed, and contact made with Local Employability Partnership
 - 3.4.1. Noted that this had been done.
 - 3.4.2. Noted that concerns had been raised about security of data which would be raised with the platform provider. **Action: Luke Fraser**
- 3.5. At item 9.21. Engagement HQ follow up report to be submitted to the Board in Spring 2022
 - 3.5.1. Reported to be in hand. **Action: Luke Fraser/Anna Whelan**

4. Report from Executive Group Chair

- 4.1. John Mundell reported that all delivery groups were now meeting regularly. Amendments to the LOIP may be requested by delivery groups and would be submitted to the Board. Joint resourcing of the Community Planning Business Manager post had been considered by the Executive Group and referred to the Board. Noted that recruitment had taken place and a new appointment was pending agreement by the Board on this matter.

5. Joint Resourcing of community planning support for 2022-23

- 5.1. Anna Whelan presented the paper and noted that a similar request was submitted to the Board every December to agree the funding package to support community planning for the following financial year. The situation was complicated this year by two factors: NHS Orkney had indicated that they intended to withdraw their share of the joint funding, and the Partnership was in mid-recruitment for the post of Community Planning Business Manager.
- 5.2. Meghan McEwen clarified that NHS Orkney had asked for a review of community planning support to be undertaken when she had seen the post advertised. NHS Orkney wished to ensure that support arrangements were efficient and effective, and were not willing to support the post until the review had been done.
- 5.3. John Mundell noted that the review could not be done without staff in post. The current (temporary) CPBM would be leaving the post at end of December and community planning could not be supported until the new appointment was made.
- 5.4. Agreed to discuss further outwith the meeting and bring back to the Board in March 2022.
Action: OIC (JS/JM) and NHSO (MM/MD)

6. Orkney Community Learning & Development Partners Plan 2021-2024

- 6.1. Anna Whelan reported that the CLD plan had been submitted for endorsement, this being a requirement of new guidance for CLD in Scotland. The priorities in the plan reflected those in the new LOIP for 2021-23 and would support the achievement of the outcomes in the LOIP.
- 6.2. Noted that there was some confusion among auditors, inspectors and Scottish Government itself as to the extent of the powers of community planning partnerships following the Community Empowerment (Scotland) Act 2015. They were no longer required to take responsibility for everything happening in their area but this point had been missed by some agencies. David Milne at Scottish Government was taking steps to improve clarity on the issue.
- 6.3. Graham Neville reported that Kerry Spence had presented the CLD Plan to the Sustainable Recovery Delivery Group which was happy to endorse it and include it as part of their oversight brief.
- 6.4. It was agreed to endorse the CLP Partners Plan 2021-2024.

7. New Nursery at Orkney College – funding request

- 7.1. The Chair introduced this item and noted that nursery provision was not a statutory duty on the Council, but OIC was stepping in as provider of last

resort due to market failure. The new nursery would be a community resource and he had written to partner agencies inviting them to consider what contribution they could make.

- 7.2. Issy Grieve reported that the nursery was on the agenda for discussion at the new meeting of the IJB but, as a commissioning body for services, it had no resource for capital spend.
- 7.3. Meghan McEwen reported that NHS Orkney had not yet had an opportunity to discuss the nursery funding request but would do so the following week.

8. Streamlining Multi-Agency Groups

- 8.1. Ros Aitken presented the final draft report which had been commissioned by the Board from VAO. The landscape had changed while the research was in progress including the restructuring of the delivery groups. The report noted some duplication as well as confusion as to who does what. However, disbanding or amalgamating groups might not improve efficiency. The report recommended training on setting the terms of reference of groups, a possible merger (community justice and community safety) and taking a whole systems approach to the future management of groups.
- 8.2. Noted that we were generally good at starting things and not so good at stopping them. We didn't want to stop things getting done but needed clarity on action plans and who's doing what.
- 8.3. Ros noted that there was a need for better understanding of action plans and that it was OK to stop doing something if others were doing it.
- 8.4. Noted that the Partnership couldn't control the creation of groups which were outwith its control, but could offer training for multi-agency partnership groups and try to tighten up on mission drift. SDS would be willing to support training.
- 8.5. Noted it was not always necessary for every new group to have an action plan, for example the Sustainable Recovery Delivery Group had chosen to monitor and support the ASPIRE and Climate Change plans rather than create a new one which would duplicate those.
- 8.6. Agreed to circulate the final report to all groups listed in the report so they could begin to explore opportunities for streamlining and possibly merging with other groups in similar fields. **Action: Ros Aitken/Anna Whelan**

9. Connectivity Delivery Group update

- 9.1. Hayley Green reported in her capacity as Vice Chair of the group. The CDG had met on 19 November and agreed a programme of two workshops with external invitees on transport and digital connectivity, plus a further meeting of the delivery group, to be held in Jan/Feb 2022.
- 9.2. It was anticipated that the main value which the group could add to what was already happening would be in lobbying national government decision makers and it would prepare a communication strategy to present to the Board in March.
- 9.3. Noted that there were other things holding back connectivity e.g. low take up of services even where available did not help Orkney's case. This could be

due to cost, lack of awareness or lack of technical know-how. Targeted support to improve take-up had been discussed by the delivery group.

- 9.4. Re. internal ferry replacements, the Chair reported that he was liaising with Kate Forbes (SG Cab Sec for Finance and the Economy) and there was a glimmer of hope.

10. **Community Wellbeing Delivery Group**

- 10.1. Gail Anderson (Chair) presented the group's delivery plan for approval, noting that they had been lucky that some funding applications submitted had come through. Third Sector Interfaces had been asked to disperse the SG's Mental Health and Wellbeing Fund locally, and it had agreed this should be done via the CWDG. The Child Poverty Task Force, which reported into the CWDG, had done a campaign for Child Poverty action week and had since done five workshops on the 5Ps in the draft strategy.
- 10.2. Meghan McEwen noted that the legacy of the pandemic was making all poverty worse and we perhaps needed an overall poverty strategy rather than splitting it up into child poverty, fuel poverty etc. Agreed it was an option and referred to the CWDG for consideration. **Action: GA/AFW**
- 10.3. Noted that the CWDG were on standby to step up to response work if needed in the event of an emergency situation.
- 10.4. The Chair thanked the CWDG for their work and the delivery plan was approved with recognition that it was a live plan and would change over time.

11. **Sustainable Recovery Delivery Group** and **12. Economic Recovery Steering Group** (taken together)

- 11.1. Graham Neville reported that the SRDG had met twice to look at the climate change and ASPIRE work plans along with the Local Employability Plan. The group was now working through a duplication risk assessment and gap analysis for all of those plans.
- 11.2. ERSG was reviewing and revising the ASPIRE plan for March and it was planned to recommend any changes to the LOIP at the March 2022 Board meeting.
- 11.3. It was reported that the SRDG had been invited to comment on the criteria to be used by SG in selecting six islands to become Carbon Neutral Islands, one in each of the local authority areas covered by the National Islands Plan. The SRDG had recommend keeping the criteria as wide as possible so that six very different islands could be selected. They had advised the criteria to focus on industries eg agriculture, fishing, fish farming. Noted that the need for ferries would make it difficult for any islands to become carbon neutral without significant investment in a new green fleet.
- 11.4. The Chair welcomed the focus on climate change and the opportunity to collaborate and share good practice which the STDG was bringing to the Partnership.

14. Any other competent business

- 14.1. The Chair reminded the Board of the need to keep at the forefront of everyone's mind the Partnership mission of "Working together for a better Orkney".

15. Date of next meeting

Tuesday 22 March 2022, from 13.00-16.00

(subsequently changed to 13.30-16.00)

AFW/JB/280222

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Healthcare Associated Infection 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

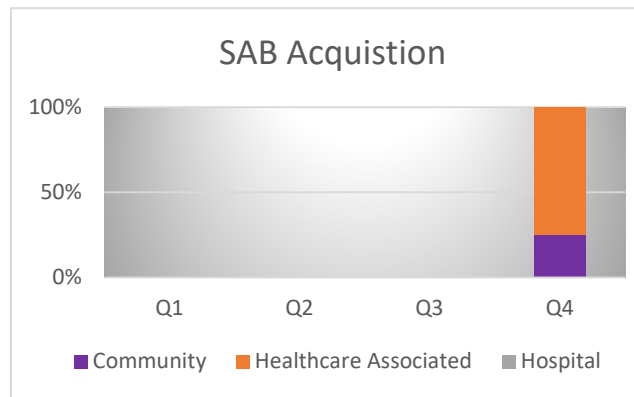
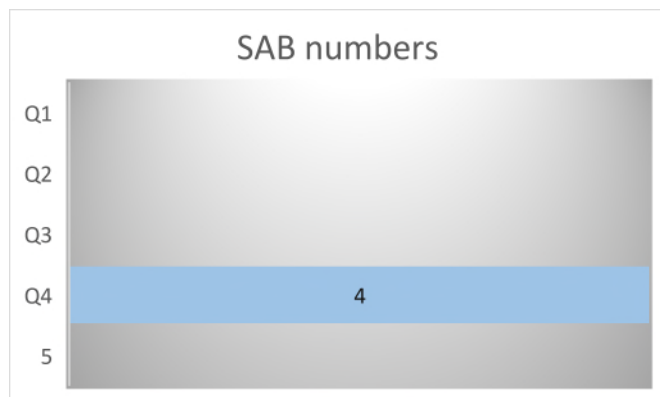
Infections contracted while receiving healthcare are a significant cause of ill health. Members of the public reasonably expect that all practicable measures are being taken to reduce the opportunity for acquiring an infection as a result of their treatment and care. NHSO is one over target for *Staphylococcus* bacteraemia and *Clostridioides difficile* Infection, none of which were healthcare preventable.

2.2 Background

Healthcare Associated Infection is a priority patient safety issue for both the Scottish Government and NHS Orkney, being one of the most important events that can adversely impact on patients when they receive care.

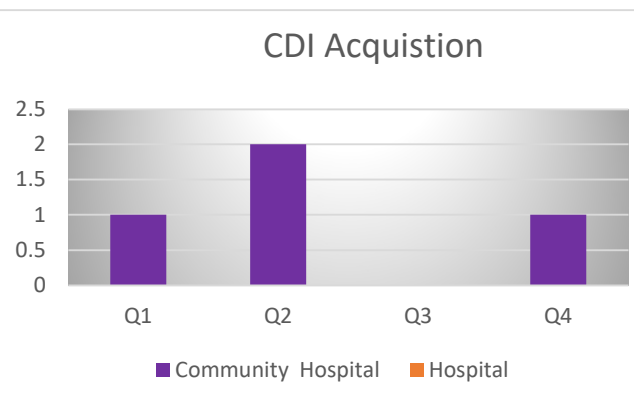
2.3 Assessment

LDP Standard 1st April 2021 to 31st March 2022 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3



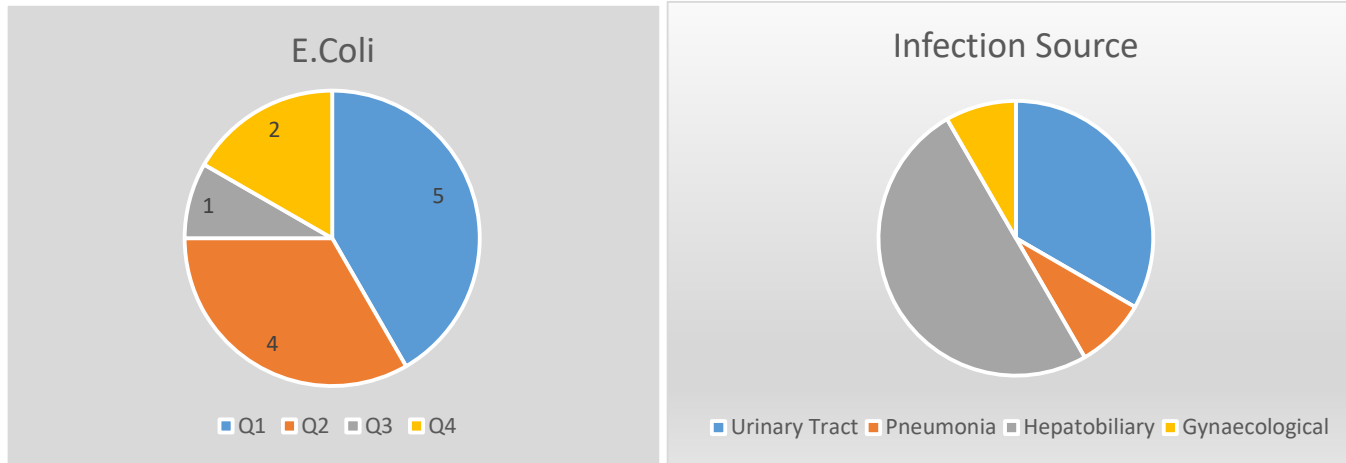
SAB surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP target set for Orkney is 3 per year, NHSO will always strive for 0 and part of the investigation is to identify preventable/device related SABs. There is no commonality between the cases. One case was device related but this may be due to the unavoidable length of time the device has been required for and clinical inability to re-site the device.

LDP Standard 1st April 2021-31st March 2022 for *Clostridioides difficile* Infection – TARGET 3



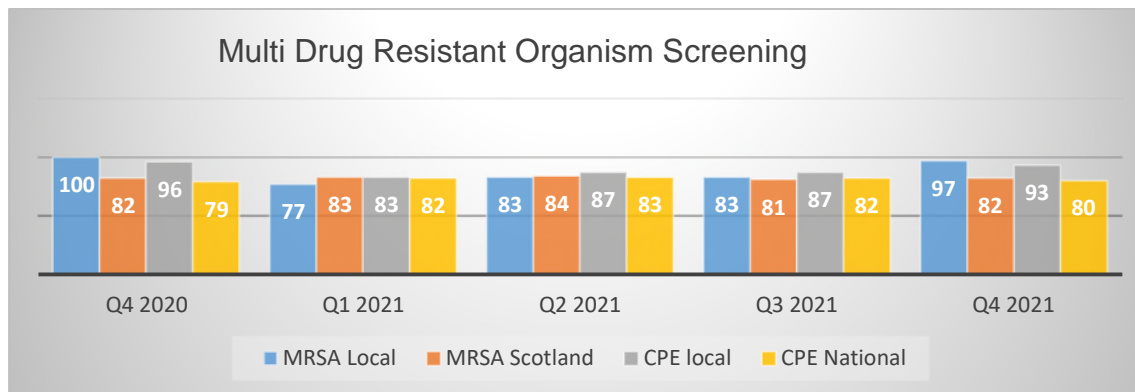
CDI surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The LDP target set for Orkney is 3 per year but the aim is always to have a few as possible. CDI can be caused by underlying medical condition or more commonly antibiotic treatment. All cases have been community and unpreventable.

E. Coli Bacteraemia 1st April -31st March 2022



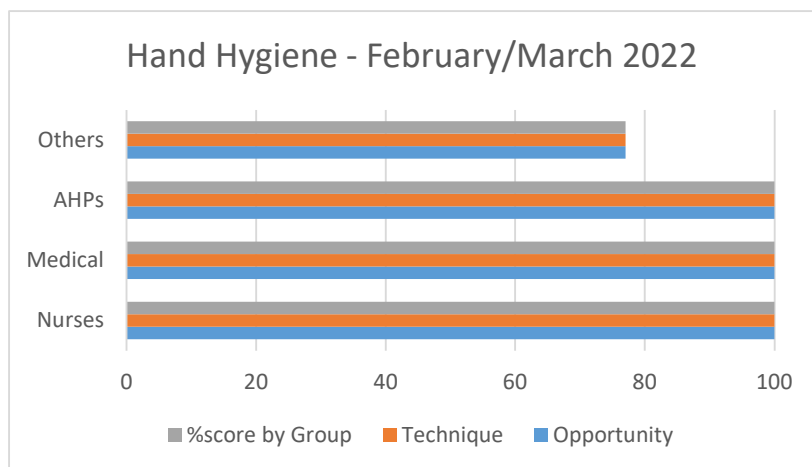
National surveillance of *E.coli* bacteraemia has been ongoing now some years. Each case is investigated to discern origin of infection and to identify any preventable infection. A national surveillance system is in place which collates all cases and is completed by IP&C team. Each case is individual, and any learning identified shared on a case-by-case basis. This is a decision made with the patients Lead Clinician.

Multi Drug Resistant Organism National Screening

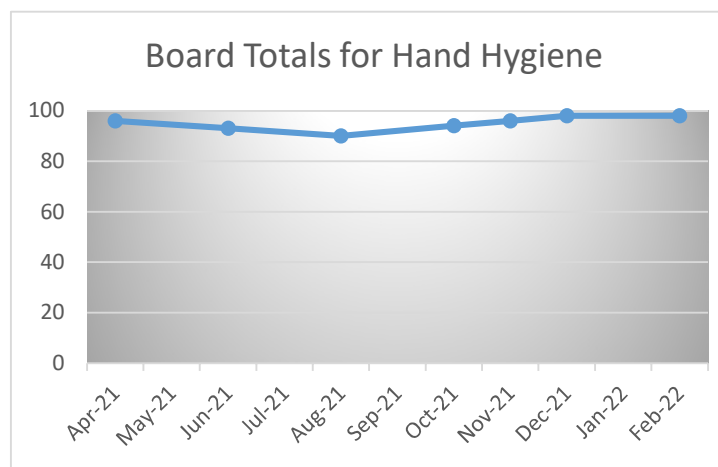


Quarter 4 sees an improvement in scores and therefore improved patient safety, the infection Prevention & Control team have been undertaking a small improvement project for improving screening of patients at time of admission with teams, this is now being reflected in scores and will continue to embed in practice.

Hand Hygiene Feb-March 2022

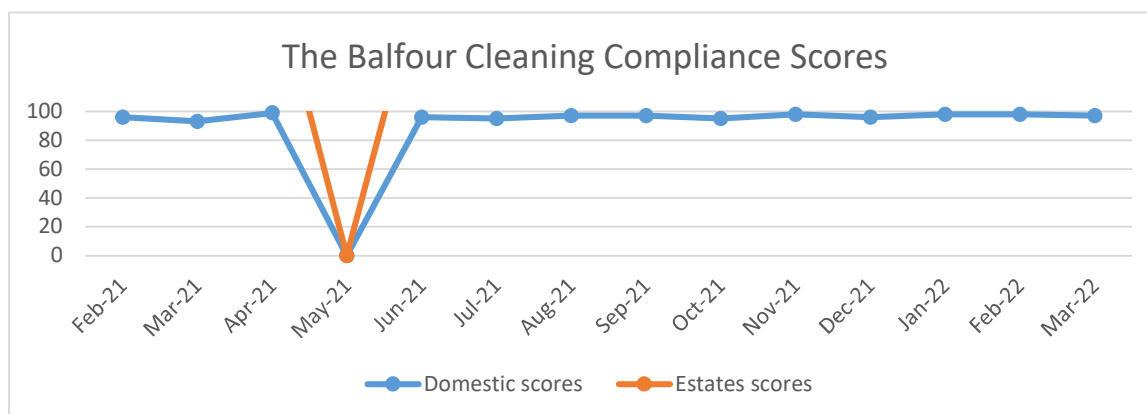


Running totals for hand hygiene



Hand hygiene is collected on an ongoing basis, teams are engaged and understand its importance. The team report back to staff at the time of audit good practice and on an individual basis, areas for improvement. This is undertaken on a day-to-day basis and continued good practice reflected in the overall results.

Cleaning of the environment



The environment is crucial to prevention/transmission of infection and both Domestic Teams and Estates/RFM have maintained an outstanding level of cleanliness within care settings. During May 2021, no Domestic or Estates audits were undertaken due to staffing pressures. This was an exception and contingencies have been put in place to prevent this occurring in future.

2.3.1 Quality/ Patient Care

- **Quality Assurance Environmental and Clinical Practice audits**

Quality assurance audits have restarted in March, following a brief pause due to focussing on the local pandemic situation, including outbreak management.

The team have commenced with full audits to restart the process, full audits take a significant amount of time to complete.

Whilst undertaking the latest audits, areas previously identified for improvement will be reviewed.

From previous audits, dress code (wrist watches, wrist pedometers), documentation around equipment and domestic cleaning and clarity of respiratory pathways in outpatient settings were identified areas for improvement.

- **Covid Update**

Outbreak Reports or Exception Reporting to Scottish Government.

A number of "Covid Clusters" of both patients/residents and staff have been managed in recent weeks. This reflects the prevalence of Covid within the county. All clusters have been reported as per guidance and Pre-assessment Groups and Incident Management Teams have met as required to ensure all processes are implemented with the aim of reducing further spread of the virus. Three clusters have been reported to Scottish Government by the IPCT in the last quarter, with additional reported via the Public Health reporting tool within HPZone.

The team support staff with best practice for Covid management on an ongoing basis across sites including support to Line Managers for follow up of staff cases and contacts, reported to the team by Trace and Protect, as the community situation has impacted on services. This has been a resource heavy duty in the last 3 months but hopeful that Orkney will be moving out of the current wave shortly.

2.3.4 Risk Assessment/Management

A release of updated guidance was received on the 1 April, The accompanying DL(2022)07 enables Boards to take a risk assessed approach to changes. NHSO will be taking a staged response to implementation across the Board, to ensure full stakeholder engagement, planning and implementation.

2.4 Recommendation

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

2 List of appendices

The following appendices are included with this report:

- DL(2022)07 – De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures.

Dear Colleagues,

De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures

Background

We know that throughout the COVID-19 pandemic, hospital admissions and nosocomial transmission events have mirrored COVID-19 prevalence within the general population and guidance has sought to control the number of cases within health and care settings to reduce harm as a direct result of the virus.

Whilst there are currently high numbers of COVID-19 cases and nosocomial cases in hospitals, we are all aware that there are small numbers of patients in ICU, or with life threatening illness, with approximately two thirds of nosocomial cases being asymptomatic at the time of testing, indicating that they are mild cases.

Over the course of the pandemic, all-cause mortality in all COVID-19 cases and nosocomial cases have also significantly decreased.

We have observed that harms associated with reduced elective services within NHS Scotland are now outweighing the COVID-19 harms and many boards are no longer following the IPC guidance in its entirety and are undertaking local risk assessments to balance system pressure harms.

It is therefore necessary that we consider what the next stage looks like for IPC guidance and COVID-19 management within health and care settings as we enter a phase of the COVID-19 pandemic where it is proposed that the risk no longer be considered in the context of COVID-19 case numbers, but rather severity of illness caused by the COVID-19 virus.

Revisions to IPC Guidance

NSS Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland has made a number of recommendations aimed to reduce pressures on NHS Boards, highlighting lessons learned during the pandemic, and recognising COVID-19 as a pathogen that will require management, to varying degrees, within

From the
Chief Nursing Officer

31 March 2022

DL (2022) 07

For action

NHS Scotland Chairs,
NHS Scotland Chief Executives,
Chief Officers Health and Social
Care Partnerships
Local Authorities
HR Directors,
Medical Directors,
Nurse Directors,
Primary Care Leads,
Directors of Pharmacy,
Directors of Public Health,
Directors of Dentistry,
Optometric Advisors,
All Independent Contractors
(Dental, Pharmacy, General
Practice and Optometry),
Infection Control Managers
Infection Control Doctors
Infection Control Nurses

Enquiries

Scottish Government
Directorate for Chief Nursing
Officer
Email: cn0@gov.scot

health and care settings. COVID-19 Nosocomial Review Group (CNRG) has endorsed the proposed amendments.

All IPC changes are available in the [Scottish Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#) (note guidance will be available from 1pm on 1 April 2022). A summary of the key changes is provided below.

Summary of key changes:

In acute and community hospitals

- 1 Move pre-operative testing to Rapid Diagnostic Testing (including point of care tests (POCT) or lateral flow device (LFDs) for vaccinated service users.
 - 2 Continue with PCR testing for service users not fully vaccinated in the pre-elective pathway, however, rapid diagnostic test (including POCT) or LFD can be used to aid rapid risk assessment.
 - 3 Remove all PCR testing in HCW asymptomatic testing.
 - 4 Removal of blanket PCR testing prior to undertaking Aerosol Generating Procedures (AGPs) on non-respiratory pathway.
 - 5 COVID-19 contact exemption for patients who are fully vaccinated and have tested PCR positive in the last 28 days.
- Rapid diagnostic testing (including POCT) or LFDs for 7 consecutive days from date of contact identification and removal of transmission based precautions (TBPs) where testing remains negative.

Specific guidance for dental settings – letter to follow from Chief Dental Officer in respect to this guidance.

7. Respiratory screening assessment to be undertaken prior to undertaking an AGP.

In all health and social care settings (excluding residential social care)

8. Withdrawal of physical distancing guidance (See below for full detail).

9. Withdrawal of car sharing guidance.

These revisions are with immediate effect upon receipt of the guidance and Boards can decide how to implement locally.

We recognise that Boards do not currently have lateral flow tests for patient use, if Boards do decide to use LFD test kits NSS National Services Scotland will take responsibility for delivery of these. Boards will be issued with packs of 7 Orient Gene LFDs (these kits are nasal swab only). Annex A provides information on how to access LFD test kits via NSS.

The de-escalation of IPC measures provided may result in higher nosocomial transmission rates, and Healthcare worker exclusion amongst those who are unvaccinated and therefore systems for monitoring need to be considered.

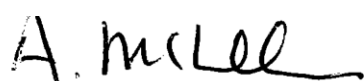
There will also be a need for ongoing review of these recommendations, this will be important in the context of new variant risk.

At this time, care homes, prisons and social, community and residential care settings are exempt from these recommendations, affording time for these to be considered and where agreed, endorsed for these sectors through the appropriate governance channels.

We would be grateful if you would ensure effective communication of these recommendations to colleagues and ensure managed implementation of the de-escalations, as appropriate to your local context.

We would also like to take this opportunity to thank you and your valued colleagues for your resilience and ongoing commitment during these challenging times.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A. McLe'.

PROFESSOR ALEX MCMAHON
CHIEF NURSING OFFICER

ANNEX A

If health boards plan to use LFD test kits, then they are asked to make contact with NSS by emailing NSS.LogisticsOpsCovidSupport@nhs.scot. Boards should indicate that they wish to use LFD tests and when they plan to implement this.

Please liaise with your board LFD/Procurement lead to ensure requests for test kits are made in a timely manner.

For information the cut off for requests is every Wednesday and deliveries are made from Thursday onwards.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	28 April 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 a:

- Government directive in relation to testing and vaccination programmes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The effective COVID-19 Vaccination Programme, along with new treatments, has resulted in a decrease in severe illness and deaths from COVID-19. It is now recognised we are transitioning to the virus becoming endemic and the national Strategic Intent is now:

To manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future.

The purpose of testing is changing to targeted testing to support patient treatment and care; protect those in highest risk settings (health and social care), monitor prevalence and the risk of new variants, respond to outbreaks, along with the ability to scale, if required, for future health threats.

The Spring COVID-19 vaccination booster campaign is focussed on those; with increased risk aged 75 years and over, those living in older peoples' care homes and individuals who are immunosuppressed.

The move is towards managing the virus like other respiratory infections. This includes providing public health guidance encouraging responsible behaviour, to help people make informed decisions in order to live safely with COVID.

2.2 Background

Test and Protect has been one of the key interventions to reduce the impact of COVID-19 on the health of our population, and on the wider social and economic harms caused by the pandemic. The primary goal of Test and Protect has been to reduce population wide transmission of the virus. The use of testing and the focus for contact tracing has changed throughout the pandemic period in response to the changing epidemiology and as new evidence has emerged.

Since the middle of March, Orkney has seen a downward trend in case numbers (Figure 1). Contact tracing as we progress in line with transition planning has focused on individuals; associated with a high risk setting (health and social care), those with a landline only, those aged 70 years and over with the majority of other cases being contacted through SMS messages and email only.

Positive cases by specimen date in NHS Orkney

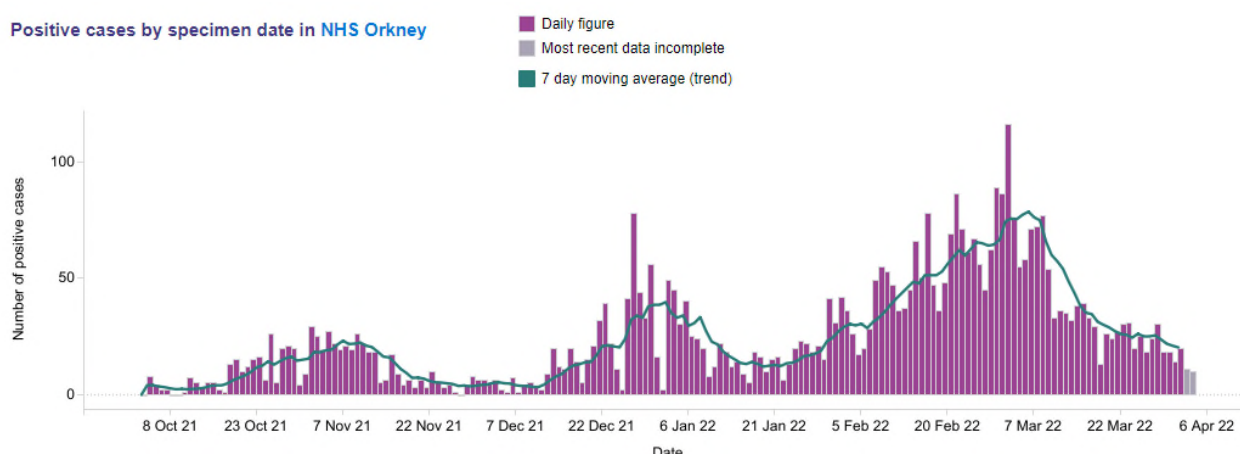


Figure 1: Positive cases by specimen date in Orkney

2.3 Assessment

COVID-19

Daily infections are reducing across all age groups. The majority of new cases are identified through lateral flow testing. However, for those identified using PCR testing the S gene positivity used as a proxy indicates the Omicron variant BA.2 has overtaken the original Omicron Variant of Concern (BA.1) as the dominant variant over the last few weeks (Figure 2).

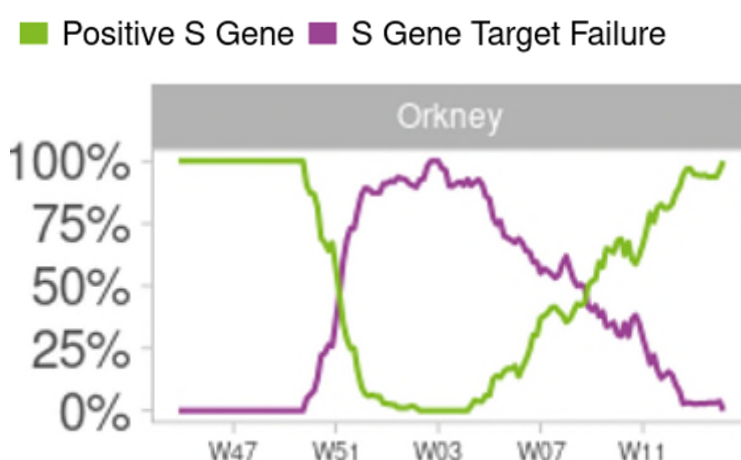


Figure 2: Seven-day trend of proportion of cases by S gene status NHS Orkney (since 01 November 2021)
Source: PHS data reported 06.04.2022

There is strong evidence of a small increased risk of transmission of BA.2 over the original Omicron variant but to date, no evidence of any clinically significant difference in outcome. In Scotland, a small reduction has been seen in hospital admissions to wards and in intensive care cases.

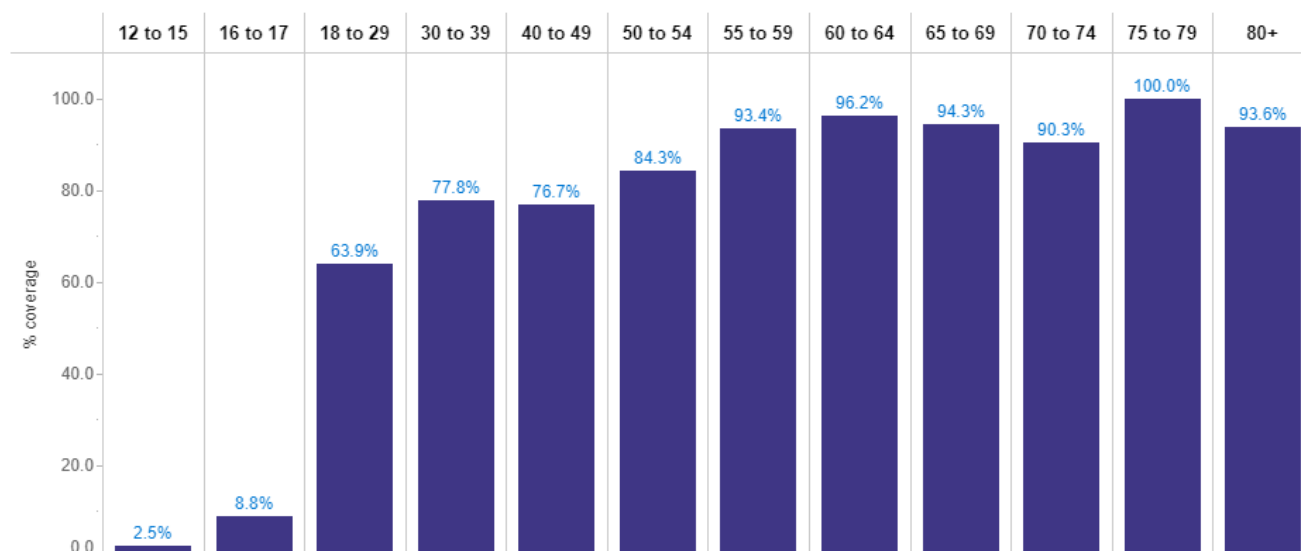
Work is underway to step down testing and contact tracing in line with the Scottish Government strategic aim. A phased approach is being utilised, moving forward as guidance becomes available.

COVID-19 vaccination delivery continues alongside planning for the delivery of the autumn campaign which will include a repeat of the extended influenza vaccination programme delivered in the 2021/22 season.

Vaccination rates remain good in Orkney. The percentage uptake of three doses by age group can be seen in Figure 3. Not all young people are offered a third dose and the

uptake rate for two doses for young people aged 16 to 17 years is 72.6% and for those aged 12 to 15 years 54.9%.

Total % coverage by age group in NHS Orkney



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

Figure 3: Total % coverage by age group for three doses NHS Orkney
Source: PHS dashboard accessed 07.04.2022

Other notifiable infections

Following the removal of restrictions, cases of other notifiable infections have been seen in Orkney including campylobacteriosis, cryptosporidiosis, E coli O157, giardiasis and meningococcal B meningitis.

Screening

For the Orkney population, all the Scottish national screening programmes are running as normal except the appointment times for Abdominal Aortic Aneurysm screening which are longer than pre-Covid. This will be addressed through the de-escalation of COVID-19 infection, prevention and control measures in line with national guidance.

The transition to normal has enabled two projects funded by Cancer Screening Inequalities bids to resume. The first is in collaboration with Women's Aid and Orkney Rape and Sexual Assault Service aiming to reduce the risk of cervical cancer in women with experience of intimate partner violence. This focuses on staff training and identifying barriers to access screening. The second in collaboration with NHS Shetland is focusing on reducing inequalities in the uptake of cancer screening and HPV immunisation for those individuals with learning disabilities or autism.

2.3.1 Quality/Patient Care

It is recognised that the transition process will prove challenging for patients and the public as they begin to understand the new approach to the virus. It will be important to maintain effective communication alongside accessible vaccination delivery.

2.3.2 Workforce

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

Recruitment for an Advanced Health Protection Nurse Specialist has been successful.

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

Surveillance will continue to identify new COVID-19 variants and mutations; surge capacity will be maintained in order to mount an effective response.

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.

- Orkney experienced a steep rise in the number of COVID-19 cases throughout the month of February, peaking at the beginning of March. Case numbers continue on a slow downward trend
- Vaccination uptake is high in Orkney
- **Discussion** - to seek assurance on COVID-19 testing and vaccination programmes

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Chairs Report – Joint Clinical and Care Governance Committee
Responsible Executive/Non-Executive:	Mark Henry, Medical Director/ Stephen Brown Chief Officer
Report Author:	Steven Johnston, JCCGC 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 Joint Clinical and Care Governance Committee met on the 5 April 2022 and agreed the following key areas and agenda items that were reported to the Board meeting on 28 April 2022.

- Joint Clinical and Care Governance Committee Annual Report
- Mental Health Assurance Report
- Performance Report

2.2 Background

The Joint Clinical and Care Governance Committee reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

2.3 Assessment

Draft Joint Clinical and Care Governance Committee Annual Report

Members welcomed and approved the draft Joint Clinical and Care Governance Committee Annual Report and highlighted the ongoing work to ensure a truly integrated committee which ensures appropriate assurance but avoids duplication in the system.

Mental Health Assurance Report

Members received the second mental health services assurance report which demonstrated some good practice and some areas of concern which would continue to be monitored. The areas covered included:

- Staffing Complement: Good news on recent recruitment was received and welcomed. Dr Ian Dewar was due to take up the permanent part time post as Adult Consultant Psychiatrist on 6 June 2022, Dr Chetana Patil commenced in post as CAMHS Clinical Director on 1 March and Diane Young had just

started as Mental Health Service Manager. A service level agreement with NHS Shetland for the provision of one session a week for urgent cases in recognition of the remaining consultant gaps was noted as was approval for Scottish Government funding to enable prevention work in relation to CAMHS by third sector colleagues. A waiting list initiative to address the increased number of patients waiting for dementia diagnosis was also reported.

- Referrals and Waiting Lists: 2020 referrals were not of the magnitude of 2019 however it was clear that there would be a significant impact of lockdown during that calendar year. It was anticipated that 2021 referrals volumes would be in line with 2018 and 2019. Urgent caseloads remained high with complex cases posing challenge across agencies with the recent tragic suicide of a young person highlighted. A weekly short life task force had been set up to ensure awareness of any young people at risk and enable actions to keep vulnerable young people safe. The estimated waiting time for non-urgent patients to be seen by the Adult Mental Health Team was six months. One patient had breached the 18 week treatment guarantee and would be prioritised.
- Detentions and Transfers continued to place a strain on staff and patients as they often involved cancellation of clinics.
- DATIX activity reported was related to the tragic events of completed suicides and extra support had been required for the teams involved
- Adverse Events and Investigations section outlined the profound effect on many professionals across services and the impacts in the community of the 3 reported suicides. A suicide review had been commissioned for two of the cases and the young person event was being consider via a learning review under the auspices of the Public Protection Committee. In March 2022 the Head of Information Governance had visited the CMHT and noted an inconsistent approach to case file recording and concerns regarding the securing of paper records. Several recommendations were made, most of which had already been address with the remainder to taken forward by the new Service Manager.
- Complaints had been handled appropriately.

NHS Orkney Performance Report

Members received the NHS Orkney Performance Report and welcomed the good visibility provided regarding patient falls and pressure ulcers. Further proposed improvements to include wider metrics to identify any correlations between falls/pressure ulcers and staffing patterns were anticipated.

2.3.1 Quality/ Patient Care

The ongoing work reported in the Joint Clinical and Care Governance Committee Annual Report to develop an integrated committee which ensures appropriate assurance across a range of service contributes to the quality of patient care and services

2.3.2 Workforce

Reporting of reduced staffing levels whether from absence or recruitment challenges as reported in the Mental Health Assurance Report and the Performance Report may have impacted adversely on patients. Improvements, as outlined in the Performance Management report, to include wider metrics will support the continued quality improvement approach to ensure safe and effective care.

2.3.3 Financial

There are no financial implications to highlight associated with this item.

2.3.4 Risk Assessment/Management

The issues highlighted in the Mental Health Assurance regarding case file management represents a risk until all recommended actions are concluded

2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity impacts highlight associated with this item.

2.3.6 Other impacts

There are no other impacts to highlight associated with this item.

2.3.7 Communication, involvement, engagement and consultation

The Annual Report was based on discussions at the committee development session held in December 2021.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Joint Clinical and Care Committee 5 April 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Joint Clinical and Care Governance Committee 26 October 2021

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee** on **Tuesday 26 October 2021 at 13.00**

Present

- Steven Johnston, Non-Executive Board Member (Chair)
- Joanna Kenny, Non- Executive Board Member (Vice Chair)
- Rachael King, Integration Joint Board Vice Chair (Vice Chair)
- David Drever, Non-Executive Board Member
- John Richards Integration Joint Board Member
- Heather Tait, Public Representative
- Heather Woodbridge, Integration Joint Board Member

In Attendance

- Lynda Bradford, Head of Health and Community Care
- Elizabeth Brooks (item C77)
- Stephen Brown, IJB Chief Officer
- Christina Bichan, Head of Assurance and Improvement
- Michael Dickson, Interim Chief Executive
- Mary McFarlane, Interim Director of Pharmacy
- Dawn Moody, Associate Medical Director Community
- Gemma Pendlebury, Committee Support
- Louise Wilson, Director of Public Health

C72 Welcome and Apologies

Apologies had been received from, Gail Anderson, J Colquhoun, K Fox, L Hall, D McArthur and Jim Lyon.

C73 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items

C74 Minute of meeting held on 13 July 2021

The minute of the Joint Clinical and Care Governance Committee meeting held on 13 July 2021 was accepted as an accurate record of the meeting and approved on the motion of Rachael King and seconded by Stephen Brown.

C75 Matters Arising

No matters arising were raised.

C76 Action Log

The Committee reviewed and updated the action log. (See action log for details)

Strategy

C77 Clinical Strategy update and progress report – JCCGC2122-50

D Moody and E Brooks joined the meeting to provide an update on the Clinical Strategy project status and plan. It was noted that the strategy had been through wide consultation and was moving forward at pace.

Members were provided with a presentation giving further background

information and activity to date, including the priority focus areas and ongoing consultation and communication. Further work was planned with local schools to ensure representation and engagement with the under 18 age group.

A Staff Survey had been issued along with a very valuable session with the Area Partnership Forum, ensuring that the Strategy was compatible and integrated with other ongoing work streams.

The final timelines for completion were not yet set, but the aim was for the beginning of 2022, there would be ongoing consultation with the Professional Advisory Groups on the various iterations of the plan as comments were received and actioned. Input from the new Medical Director would also be sought as it was essential that he was fully versant with the document.

Members welcomed the high response rate along with constructive and positive engagement around the consultation from staff, committee and groups, and the general public. It was noted that many of the consultation responses would also be useful in other work streams moving forward.

It was noted that work should be in tandem with the Digital Health and Care Strategy as community connectivity was essential to allow engagement. Members were advised that the Technology Enabled Care Board had made this issue a key priority and the Clinical Strategy would include a section around the intent to engage with technology. The Carbon Neutral aspiration of the Strategy was welcomed.

The Chair advised that the Area Clinical Forum development session around the Clinical Strategy would be widely advertised and open to all staff.

Decision / Conclusion

The Committee welcomed the positive progress to date and gave thanks for the interesting and informative presentation.

Operational Planning

C78

Planning and Delivery Winter update JCCGC 2122-51

The Head of Assurance and Improvement presented the update advising that a commissioning pack had been received from the Scottish Government on 20 July 2021 which outlined the required elements of the Board's Remobilisation Plan and the submission deadline for draft plans of 30 September 2021. The Plan highlighted the engagement activities over the past months along with a look forward of 6 months, including planning for the winter period, there would not be a requirement for a separate winter plan.

Decision / Conclusion

The Committee reviewed the report and took assurance on progress, noting that the final document would be presented to the private session of the Board, as was required, before submission and comment from Scottish Government.

Governance

C79 **Whistleblowing Performance against Key Indicators JCCGC2122-52**

Members had received the report which advised that during the second quarter of 2021/2022 no reported Whistleblowing concerns had been raised. Staff awareness and training continued to be a priority across all the service providers.

It was clarified that all staff working for NHS Orkney or in partnership could use the Whistleblowing process.

Decision / Conclusion

The Committee noted the update provided.

C80 **Governance around repatriation of low-level concerns in Dentistry SBAR Update – JCCGC2122-53**

The Director of Dentistry presented the report advising that the proposal had been through governance processes at each of the three Island Boards. An approach has been made to the Scottish Dental Practice Advisors group to ask for a representative to sit on the screening group and provisional terms of reference were being drafted.

Decision / Conclusion

The Committee noted the update on progress and the benefits of working in conjunction with other boards. It was agreed that further reporting to the Joint Clinical and Care Governance Committee on this matter would be by exception only.

C81 **Strategic Commissioning Implementation Plan – JCCGC2122-54**

The Chair introduced the item noting that the purpose of presenting the item was to use the plan to help identify any gaps in our clinical and care governance and where focus should be realigned. The Committee may have a role in seeking assurance on behalf of the IJB on aspects of primary care, unpaid carers or in promoting self-management, for example.

The Chief Officer presented the report advising that the Strategic Commissioning Implementation Plan (SCIP) 2021/22 had been developed based on both the priorities of the existing Strategic Plan and also with a firm focus throughout on recovery from the impacts of the Coronavirus pandemic. The SCIP also presented a sharpened focus on the existing key priority of improvement in services for children and young people.

The Interim Director of Pharmacy noted that pharmacy within Primary Care did not only reduce GP workload but increased patient safety, promoted self-management and also reduced readmissions due to medication issues.

Decision / Conclusion

The Committee noted the update provided and agreed that the objectives from the Strategic Commissioning Plan would be revisited in alignment with the work plan. It was also noted that clarification on logos was required, to define the appropriate use of those for Orkney Health and Care, NHS Orkney and Orkney Islands Council.

Comfort break 14:35

Safe and Effective Care

C82 Quality Forum Chairs Report JCCGC2122-55

The Director of Public Health presented the report which provided an overview of the work of the Quality Forum during June and July 2021.

Members were advised that the Forum had considered learning summaries arising from Significant Adverse Events and how best to share this. The Quality Forum Annual Report had also been provided with some amendments made to ensure focus and clarity. There had also been celebration of successes in ongoing clinical work and improvements made across the organisation.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance.

C83 Performance Report JCCGC2122-56

The Head of Assurance and Improvement presented the Performance update report in draft for review and feedback, the report included:

- Significant Adverse Events
- Adverse Events
- Inpatient Falls
- Hospital Acquired Pressure Ulcers
- Hospital Standardised Mortality Rate
- Crude Mortality

Although important indicators of care quality Complaints and Hospital Acquired Infections had not been included in this report due to being included in other reporting processes to Committee

The Director of Public Health noted that the report was very hospital focused and consideration should be given around how to better extend reporting, across community and primary care services, for a more robust data set.

Decision / Conclusion

The Committee received the update on performance and agreed that data sets would be reviewed to ensure wider context was included, including consideration given to presenting this in control chart format to better represent levels of tolerance, performance over time and any outlying results.

C84 Integrated Staffing Programme Update JCCGC2122-57

The Interim Director of Acute Services presented the Committee with an update on the Health and Care (Staffing) (Scotland) Act 2019 implementation for the period from the previous report to 30 Sep 2021, and outline the actions needed to enable the Board to deliver the Duties as detailed in the Act.

Members were advised that NHS Orkney's progress with embedding the Health Board Duties as laid out in the Act, had stalled, in part due to the national and local focus on global pandemic operational planning and delivery, coupled with capacity constraints formed by vacant and interim posts. There was also issues around funding from Scottish Government to enact and lack of deadlines.

The Chair questioned whether other Boards were also facing similar challenges and was advised that this was not unique to Orkney and had been significantly affected by the ongoing pandemic.

S Sankey questioned whether an Islands Impact assessment of the Act had been completed or considered and was advised that this had not, but it was acknowledged that local some clinical teams were very small in numbers and there was a need to be cognisant of this moving forward and apply a degree of flexibility.

Post meeting note: Healthcare Staffing Lead Nurse confirmed that the Island Act was taken into account during the Health & Care (Staffing) (Scotland) Bill's (now Act) transition through Parliament and further that The Act requirements are sufficiently flexible for local context to be considered.

Decision / Conclusion

The Committee reviewed the report, noting the areas for development and current challenges relating to progressing implementation of the Act.

C85 Care Home Assurance Report JCCGC2122-58

The Interim Director of Acute Services presented the Care Home Assurance Report noting that:

- The Care Home Assurance Group continued to meet fortnightly to assure the Board and respond swiftly to any concerns
- Community Nurses continued to undertake monthly assurance visits with audits and Infection Control undertake additional assurance visits to supplement the Community Nursing staff with any infection control challenges
- More recently the group has been extended to include care at home in response to the Scottish Government ask.

J Richards questioned if additional care housing and group homes with live in care were also incorporated and was advised that this was the case, with ongoing assurances provided by the Infection Control Nurse visiting all other care services.

Members were advised that oversight had now also been extended into care at

home, a range of representatives from these providers were now attending the meetings.

Decision / Conclusion

The Committee noted the update provided and requested that future reports reflect the extension of oversight into other aspects of care, such as Home Care, rather than limiting to care homes.

C86 **Duty of Candour Annual Report JCCGC2122-59**

The Interim Director of Acute Services presented the report advising that Duty of Candour is a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happen that result in death or harm as defined in the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

During 1 April 2020 to 31 March 2021, nine events were reported where Duty of Candour applied.

The Chair questioned how wide the awareness of Duty of Candour was across the organisation and how this was maintained and was advised that reporting levels gave assurance that awareness was high, in some areas there was over reporting and education around the parameters continued.

Decision / Conclusion

The Committee reviewed the report and took assurance on performance

C87 **Partnership Equality and Diversity Annual Report JCCGC2122-60**

Members had received the report which advised that NHS Orkney was fully compliant with all equality and diversity legislation and the four Statutory Reports had been produced, as required by law.

Decision / Conclusion

The Committee approved the very positive report for publication and commended the large number of NHS Orkney staff who have maintained the excellent Equality and Diversity progress, during the difficult period of the Covid-19 Pandemic.

C88 **Mental Health Services Assurance Report JCCGC2122-61**

The Head of Health and Community Care presented the report advising that following the report to the Committee in July 2021, it had been agreed that quarterly reports in the first instance would be provided to enable members to seek assurance on the delivery of Mental Health Services.

The following progress and challenges were noted:

- Orkney had the third highest number in Scotland of adult and older people on the caseload as at the end of March 2021.
- The Orkney Children and Adolescent Mental Health Service (CAMHS)

has the lowest staff ration per 100,000 across Scotland

- There was currently no consultant psychiatrist in post but recruitment was progressing for a permanent appointment, with a Service Level Agreement in place with NHS Shetland as an interim arrangement.
- There had been an overall increase in referrals in each sub speciality and, with the exception of psychology, staffing levels had remained stagnant.
- The current wait to be seen by the Adult Mental Health Team was estimated at around 6 months, contact was maintained with individuals to review and assess need.
- CAMHS referrals were currently meeting the 18 week target for assessment, but due to staffing shortages the wait for treatment could extend beyond this, urgent cases were prioritised.

Members were advised that CAMHS had received a considerable sum of funding during 2021/22, with clear priorities on spend. In addition, Scottish Government has indicated that they expect to see a critical floor of 14 staff for each island Board. Members welcomed this development but voiced concern around the ability to recruit to these posts.

R King welcomed the update and additional funding, ahead of the report being provided to the Integration Joint Board later in the week, acknowledging the significant personal implications of waits on the patients involved.

Concern was raised around detentions and transfers and work to review this continued.

J Kenny noted the current long waiting times and questioned how this compared to the waiting times for similar services within other Boards. The Chief Officer acknowledged this concern and the impact that waits had on individuals, no matter how long. Assurance was provided that young people most in need were being seen, but there was not the same significant investment in adult services, with physical health often prioritised over mental health, in funding allocations.

Decision / Conclusion

The Committee noted the recent service delivery progress and challenges within the mental health services in Orkney.

Policies for approval

C89 **NHS Orkney Learning from Adverse Events Policy - JCCGC2122-62**

The Head of Assurance and Improvement presented the policy for approval, members were advised that this was a revision of a previous policy, to further align with national guidance and Audit findings and had been subject to considerable consultation, including the clinical advisory committees and Area Clinical Forum with feedback incorporated.

Decision / Conclusion

The Committee approved the NHS Orkney Learning from Adverse Events Policy, subject to the amendment of the gender specific terminology.

Post meeting note: The Head of Assurance and Improvement confirmed that the policy had been amended as requested and was now final.

Medicines Management

C90 Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes JCCGC2122-63

The Interim Director of Pharmacy presented the chairs report highlighting the role of the group and providing an update from the recent meeting, noting that several appointments to the membership continued to be actively sought.

Assurance was provided around the progress of a number of Orkney based projects, including the recruitment to the Director of Pharmacy post.

Decision / Conclusion

The Committee received the update and approved minutes.

Person Centred Care

C91 Health Complaints Performance Report for Quarter 1 JCCGC2122-64

The Interim Director of Acute Services presented the update on the current position regarding complaints performance noting the following key points:

- 33 complaints had been received within the current quarter, which was a slight reduction
- 20 Orkney Health and Care complaints had been received
- Average response time for Stage 1 complaints was 3 days, for Stage 2 complaints this had been 21 days
- Complaints had nearly doubled from the same quarter in 2020/21

Post meeting note: The patient experience officer confirmed that the issue with complaints data from independent dental practice being "requested not provided" has been resolved and this data would be provided in the future.

Decision / Conclusion

The committee reviewed the report and were assured on performance.

C92 Social Work and Social Care Service User Experience Report - JCCGC 2122-65

The Chief Officer presented the report which provided data to the Committee on the experience of service users from 1 July to 30 September 2021.

Members were advised that there had been a reduction in the current quarter and all responses had been provided within the required timeframes.

Decision / Conclusion

The committee reviewed the report and took assurance on performance.

Population Health

C93 Public Health Update report JCCGC2122-66

The Director of Public Health presented the Public Health update which outlined key pressures, including those related to Covid-19, which were continuing in the department and workforce issues in relation to Covid-19 contact tracing which were challenging.

Members were advised that locally there had been a continuation of both Covid and Flu vaccination programmes with rates remaining high. Updates were also provided around the child vaccination programme.

There had been a number of recent national incidents around screening, but impact locally had not been as significant as in other Boards and NHS Orkney continued to engage in the overall incident management and to undertake actions as agreed by the adverse event management team.

A number of posts were currently out to recruitment including a health protection nurse role and several COVID-19 contact tracing roles. As the COVID-19 contact tracing roles currently ran until March 2022, there was a national issue with staff leaving to more secure permanent roles.

Decision / Conclusion

The committee noted the Public Health update and welcomed the continued work around Covid-19 and other essential Public Health work streams.

Chairs reports from Committees

C94 Area Clinical Forum Chairs Report - JCCGC2122-67

The Area Clinical Forum Chair presented the report which provided an update on the following three areas which members had wished to bring to the attention of the Committee:

- There had been positive progress with the Clinical Strategy, and continued involvement was welcomed.
- The value of the reinstatement of Morbidity and Mortality meetings was highlighted, along with the requirement for a clear mechanism for actions to be tracked and progressed
- The development of a Children's Neurodevelopmental Pathway had progressed positively and once ready would be shared widely with referrers and would be adopted by NHS Orkney

Decision / Conclusion

The committee reviewed and noted the chair's report from the Area Clinical Forum.

H Woodbridge withdrew from the meeting.

C95 **Ethical Advice and Support Group Chairs Report - JCCGC2122-68**

Members had received the Chairs report from the group advising that the Covid related business addressed at these meetings had diminished and as a result NHS Grampian had taken the decision to extend the remit of their group to include the review of additional items such as policies and procedures. This would also be considered for NHS Orkney and would be discussed with the Medical Director when he commenced his post.

Core documentation for the group had been reviewed with the only amendments made in relation to membership and frequency of meetings. The group would retain the ability to call ad hoc meetings if required, with an annual business meeting.

It was noted that there had been no requests for ethical advice or support since the last update.

Decision / Conclusion

The committee reviewed and noted the chair's report from EASG.

C96 **Area Partnership Forum – Cross Committee Assurance Report - JCCGC2122-69**

Members had received a report from the Co-Chair of the Area Partnership Forum, raising a concern around clinical space being used as a rest area for staff and the impact of this. Concern raised re clinical space being used as rest. The Chief Executive advised that this space was not having an impact on the ability to see patients and suggested that no further action was needed from the Joint Clinical and Care Governance Committee.

Decision / Conclusion

The Committee noted the report but agreed that this was not within the remit of the Joint Clinical and Care Governance Committee.

C97 **Audit and Risk Committee – Cross Committee Assurance Report - JCCGC2122-70**

Members had received a report from the Chair of the Audit and Risk Committee around ongoing concerns for the correct reporting route for Scottish Public Services Ombudsman (SPSO) reports, and additional assurance on communication of learning from Significant Adverse Events.

The Head of Assurance and Improvement advised that there was no specific risk recorded relating to this item as it was an operational reporting issue rather than a risk. It was agreed that reporting would be built into existing performance reports being produced for the committee going forward.

The Interim Director of Acute Services provided an update on the work around improvements to clinical documentation, advising that a Short Life working Group had been established and Terms of Reference were being produced. Updates and assurance would be provided through the Quality Forum Chairs report.

Decision / Conclusion

The committee noted the information provided and were in agreement over the action taken, as noted above.

C98 **Finance and Performance Committee – Cross Committee Assurance Report - JCCGC2122-71**

Members had received a report from the Chair of the Finance and Performance Committee, around record keeping for Children and Adolescent Mental Health Services, noting that this work was now complete.

Decision / Conclusion

The committee noted the update provided.

Risk

C99 **Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2122-72**

The Head of Assurance and Improvement presented the report which provided an update of risk movement and mitigation since the previous meeting and the current status of these risks.

Decision / Conclusion

The committee welcomed the update and assurance provided.

C100 **Agree any risks to be escalated to Audit and Risk Committee**

There were no items requiring escalation to the Audit and Risk Committee.

C101 **Emerging Issues**

The Interim Chief Executive advised that the Health and Safety Executive had visited NHS Orkney and raised a number of concerns relating to Manual Handling and Violence and Aggression along with issues with some buildings and alarm systems. The report had been shared with staff and remedial work was ongoing, with a date of February 2022 agreed to be compliant in all areas. Monitoring of the recommendations, action plan and progress against this would be through the Staff Governance Committee, with onward reporting and assurance to the Board.

C102 **Any other Competent Business**

Public Representative

Members were advised Heather Tait would be stepping down as Public Representative on the Committee but would continue until the end of the 2021/2022 meeting cycle. Contact would be made with Voluntary Action Orkney to seek a Public Representative going forward.

C103 Items to be brought to the attention of the Board or other Governance Committees

It was agreed that the following items would be highlighted to the NHS Orkney Board:

- The positive progress around the Clinical Strategy
- Care Home Assurance Report and the extension of this to wider care settings
- Mental Health Assurance Report
- Approval of the Learning from Adverse Events report

Items for Information and noting

C104 Schedule of meetings 2021/22

Members noted the schedule of future meetings.

C105 Record of Attendance

Members noted the record of attendance.

Meeting closed at 16:02

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Chairs Report – Area Clinical Forum
Responsible Executive/Non-Executive:	Steven Johnston, ACF Chair
Report Author:	Steven Johnston, ACF Chair

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to an:

- Emerging issue, and
- An NHSO Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Area Clinical Forum (ACF) met on the 1 March 2022 and 1 April 2022 and agreed the following key areas and agenda items that should be reported to the Board.

- Recruitment and retention difficulties facing dental services.
- ACF involvement with the Financial Sustainability Office

- Desire for ACF and clinicians to help with e-Health developments

2.2 Background

The Area Clinical Forum reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

2.3 Assessment

Recruitment and retention issues facing services

The ADC Chair advised that Dental Practices are continuing to experience recruitment and retention issues of both support staff (in General Dental Practice) and clinicians (in Public Dental Service). At a time where dental services are experiencing a large backlog of treatment amidst ongoing Covid-19 related challenges in Orkney, this additional pressure has resulted in a fragile dental services. Additionally, from the GP-sub the ACF has learned of the impact the increased workload is having on General Practice staff following the BMA workforce survey. The ability to attract staff to GP roles and retain them remains a concern along with the knock-on effect this has on other areas. GP practices have limited capacity to take on additional work and, to give an example, discussions were had at ACF around the pressure caused by the lack of a hospital phlebotomy service and the need for an innovative solution in order that the work did not default to General Practice. The recent shift of Covid pathways from NHS 24 to primary care is another example of additional pressure. With a number of staff shortages across AHP services, TRADAC raised concern around the introduction of a new process around vacancy management as part of the financial sustainability work and are seeking assurance that clinician involvement would remain.

ACF involvement with the Financial Sustainability Office

There is a desire from the ACF to be involved in the savings target process, establishing members as a key voice in the discussions. As part of our committee workplan development, the ACF were keen to be involved in the process, contribute to plans and highlight the key role advisory committees can play in the process. It was agreed to approach the Director of Finance to arrange a session around this.

Desire for ACF and clinicians to help with e-Health developments

Digital healthcare is now the norm and provides excellent opportunities for improvements for both patients and staff. The ACF regularly discuss eHealth matters with the most

recent examples being the lack of a suitable Electronic Patient Record across many of our community based services and, more recently, the issue of Orkney now being the only area in Scotland which has not implemented OrderComms (a means of ordering investigations electronically). At our April meeting, concern was raised around the lack of progress locally with the GP IT Re-provisioning project.

The ACF appreciate the huge workload facing IT and eHealth and the difficulty which might be faced with capacity and prioritisation. We are eager for clinicians to be involved to help with the development of projects. The ACF Chair sits on the Technology Enabled Care Board as a clinical representative and the Digital Champions are made up of many clinical staff but both of these groups are currently paused.

2.3.1 Quality/ Patient Care

The quality of care correlates with the establishment of the appropriate staffing. Digital solutions are key to improving patient care.

2.3.2 Workforce

Much of the above cuts across staff governance and relates to workforce strategy and execution of plans for recruitment, retention and importantly, successional planning and different models of delivering care which work for Orkney. However, the ACF wished to bring the matter to the attention to the Board, as the clinical impact is being felt at the coal face.

2.3.3 Financial

The clinical implications or risks associated with any savings need to be understood and clearly outlined.

2.3.4 Risk Assessment/Management

The risk posed by the recruitment issues in the medical workforce are already on the corporate risk register but this report highlights wider recruitment issues.

2.3.5 Equality and Diversity, including health inequalities

Health inequalities could be exacerbated should key positions not be recruited to and NHS Orkney doesn't have a stable workforce.

2.3.6 Other impacts

Achieving success with many of the digital projects has a beneficial effect with regards to climate change (less paper, less travel, less waste in the system etc).

2.3.7 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Area Clinical Forum meeting, 1 March 2022 and 1 April 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Area Clinical Forum meeting held on 3 December 2021.
- Approved minutes of the Area Clinical Forum meeting held on 1 March 2022.

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on **3 December 2021 12:15pm.**

Present: Steven Johnston – ADC, Chair
Jacqui Hirst, TRADAC, (*Deputising for Lynne Spence*)
Hilary MacPherson, Hospital Sub Committee
Lyndsay Steel, APC
Sylvia Tomison, NAMAC
Scott Tulloch. ADC

In Attendance: Elizabeth Brooks, Hume Health Design (*For item 123*)
Caroline Evans, Non-Executive Director
Mark Henry, Medical Director
Dawn Moody, Associate Medical Director, Community
Charlie Siderfin, General Practitioner (*Items 126 and 127*)
Emma West, Corporate Services Manager

116 Apologies

Apologies were received from K Cole, W Lycett, K Smith, L Wilson, Kim Wilson and L Kolthammer.

117 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

118 Minute of meeting held on 5 October 2021

The minute from the meeting held on the 5 October was accepted as an accurate record of the meeting and approved.

119 Matters Arising

No matters arising were raised that were not already covered on the agenda.

120 Area Clinical Forum Action Log

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

121 Log of Items Escalated

The Chair highlighted that the log of items escalated items had been updated since the last Board meeting, and members were encouraged to note the updates.

122 Chairs report from:

Board

Members had received a written report following the Board meeting on the 28 October 2021.

ACF Chairs Group

The Chair advised that the group had considered contractor arrangements, to ensure that independent contractors had the ability and remuneration to attend meetings and provide valuable input.

123 Clinical Strategy – ACF2122-23

Elizabeth Brooks joined the meeting to provide an update around the Clinical Strategy, noting that there had been wide consultation and review of the Strategy with final evaluation by the Medical Director and Interim Chief Executive to consider the next steps and context against other strategies and implementation focused documents.

The Strategy would be presented at the meeting of the Executive Management Team on the 13 December before final approval being sought at the February 2022 meeting of the Board.

The Chair noted the hard work in producing the document and how the next steps were vital in progressing the work. He welcomed parity across community and the isles and asked that the photos and excerpts reflected this, he also requested further reference to the Community Planning Partnership.

S Tomison noted the healthy weight statistics and was advised that figures for adults were included but children's healthy weight was not referenced in the same manner as this data was only recorded at intervals.

The Medical Director welcomed the hard work to bring the Strategy to the current stage, work would now focus on comparison and intersections with other strategy and documentation both at local Board and Scottish Government directive level. Third sector input was also key in delivering slightly different newer models of care in an innovative manner.

Decision/Conclusion:

Members noted the update provided and welcomed the progression of the Strategy which will be presented to Joint Clinical and Care Governance Committee before going to board for approval in February 2022.

124 Annual Review 2021 – ACF2122-24

The Chair noted that the document had been provided to members for comment and had now been submitted to the Scottish Government as required ahead of the 2021 Annual Review which would be held virtually with the Chair and Chief Executive.

Decision/Conclusion:

Members ratified the submission as agreed virtually.

125 Clinical Engagement

The Chair noted that due to timescales this item would be deferred to the next meeting.

Members were advised that a way to establish the Area Medical Committee, without putting additional pressure on staff was being considered.

Decision/Conclusion:

Members agreed that the item would be discussed fully at the next meeting.

126 Hospital without Walls – ACF2122-25

Charlie Siderfin joined the meeting to provide an update on the project, advising that funding had been received from the Scottish Government as a Hospital at Home test of change, but it was hoped that this could be expanded by investing funding into a team to provide an increased service within the home environment, this wider project had been called Hospital Without Walls. One of the most important provisions of this was home care which currently had a significant recruitment campaign as a priority.

The second area of investment would be to increase Allied Health Professional availability and utilising the Occupational Therapy and Physiotherapy Teams to provide functional assessment and community rehabilitation, investing in current teams and reducing barriers wherever possible. There would also be a requirement for an increase in Community Nursing capacity to support the provision of home treatment delivery and patient assessment and monitoring.

Members were advised that an appointment had been made to the role of GP Clinical Lead for the project for a fixed term three month contract to roll out the programme, ensure full governance, developing the programme and supporting the Multidisciplinary Team.

L Steel questioned the GP IT re-provision and how this could be utilised within current systems, C Siderfin welcomed thoughts around this and advised that the new GP IT system would not allow for this but that the Morse system allowed communication between the GP and Hospital systems.

S Tomison noted the ongoing concerns across community nursing and welcomed further discussions around developing systems and services that were sustainable for all the teams involved.

Decision/Conclusion:

Members noted the update and agreed that the current pressures in home care be raised at the next meeting of the Joint Clinical and Care Governance Committee.

127 Maximising the Utility of the NHS Highland Flow Navigation Centre – ACF2122-26

Charlie Siderfin provided members with an update around work being completed to consider how the NHS Highland Flow Navigation Centre (FNC) can work more effectively with NHS Orkney to support the appropriate management of Urgent Care presentations.

The Highland Flow Navigation Centre was staffed with GPs with wide expertise in remote and rural settings but was currently underutilised. The paper had also been presented to the GP Sub Committee for review and consideration of how the centre could best support and enhance service provision within NHS Orkney.

S Tomison sought further information around how the system worked operationally if prescriptions were required, C Siderfin advised that this was an issue nationally around the lack of an electronic prescribing system, and solutions to this were required with work progressing in collaboration.

Decision/Conclusion:

Members welcomed the informative update provided.

Development Sessions

128 ACF Development Session: 2 November 2021: Clinical Strategy - ACF2122-27

The Chair noted that the session had been very positive, and the outcomes update had been circulated.

Decision/Conclusion:

Members noted the update provided.

129 Topic for next session: March 2022

Members suggested that a joint session with the Area Partnership Forum around the action plan of recommendations from the DHI listening project would be useful.

Professional Advisory Committees

Professional Advisory Committee Chair's Reports

130 Area Dental Committee – ADC

S Tulloch advised that there had been an election to office bearers at the previous meeting and he had taken on the role of Chair of the Area Dental Committee. There had also been discussion around a potential for increase in capacity due to new residents seeking dental registration. Figures around this would be obtained to allow a more detailed discussion at a future meeting.

Members were also advised of staff recruitment and retention challenge, which had been raised with the Director of Dentistry and the Scottish Government. It was suggested that a recruitment strategy was required, and that learning should be taken from recent successful and innovative recruitment campaigns across various services.

131 Area Pharmaceutical Committee – APC

L Steel advised that the committee were maintaining momentum and being proactive, along with reviewing educational links and referral pathways. The role of a community pharmacy champion was also being progressed.

132 GP Sub-Committee and Approved Minutes

The approved minutes were noted.

133 Hospital Sub-Committee Chair's Report Approved Minutes

H MacPherson, noted that concerns had been raised around staffing of the High Dependency Unit (HDU) including staff time to be released for training and the process around patient ventilation, as this is still requiring theatre staff input. This was currently on the risk register but

8.4.1

felt that it should also be escalated to the Board and Joint Clinical and Care Governance Committee.

134 **NAMAC Chair's Report and Approved Minutes**

S Tomison advised that concerns had been raised around the PARIS system and this not currently being fit for purpose. The Chair agreed to look into this issue further.

There had been issues releasing staff to attend essential training and for managers to attend the management training bundles. The Chair noted the following the HSE inspection, training had been assigned as a priority, challenges should be acknowledged and escalated if this continued to be an issue. S Tomison noted that there was a balance required between attending training and staffing wards to a safe level and that this should be acknowledged by the Board.

135 **TRADAC Chair's Report and Approved Minutes**

Members were advised that the Lead AHP post had been appointed to on a 6 month basis.

There were concerns around accommodation for services currently being provided in the old health centre as current arrangements were only in place until March 2022 and need to consider who represents AHPs on accommodation group.

Members agreed that it would be beneficial to understanding the stakeholders on the accommodation group and ensure that all services were represented.

Post meeting note: Article in the weekly staff newsletter seeking views and feedback on accommodation solutions and to feed into re-formed accommodation group.

For information and noting

136 **Key legislation issued**

Members noted the key legislation issued since the last meeting.

137 **Correspondence**

No correspondence had been received.

138 **Quality Forum Approved Minute – 29 June and 27 July 2021**

Members noted the minutes provided.

139 **Items to be brought to the attention of the:**

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

Board:

- Nursing Staffing issues
- Positive progress with the Clinical Strategy

Joint Clinical and Care Governance Committee:

8.4.1

- Hospital without walls and the current homecare pressures affecting this
- Concerns raised around the Electronic Patient Record
- Nursing staffing issues

140 Items to be communicated with the wider clinical community

The Chair welcomed any further items for inclusion in the newsletter.

141 Any other competent business

No other competent business was raised.

142 Schedule of Meetings 2021/22

Members noted the schedule of meetings for 2021/22.

143 Record of Attendance

Members noted the record of attendance.

144 Committee Evaluation

No issues were raised.

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on **1 March 2022 12:15pm.**

Present: Steven Johnston – ADC, Chair
Morven Gemmill, TRADAC
Sylvia Tomison, NAMAC
Scott Tulloch, ADC

In Attendance: Mark Henry, Medical Director
Lauren Johnstone, Committee Support
Nicola Muir, Committee Support
Louise Wilson, Director of Public Health

163 Apologies

Apologies were received from P Martin, S Brown, D Moody, K Jones, M Flett, K Cole and L Steel.

164 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

165 Minute of meeting held on 3 December 2021

The minute from the meeting held on the 3 December 2021 was accepted as an accurate record of the meeting, subject to the below amendment, and was approved.

126 – Hospital Without Walls
“L Steel withdrew from the meeting.” to be removed from the minute.

166 Matters Arising

135 - TRADAC Chair's Report and Approved Minutes
M Gemmill, Interim Lead AHP, introduced herself to the group, noting that she was looking forward to working with the Area Clinical Forum.

167 Area Clinical Forum Action Log

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

168 Log of Items Escalated

The Chair highlighted that the log of items escalated items had been updated since the last Board meeting, and members were encouraged to note the updates.

169 Chairs report from:

Board
Members received a verbal update following the Board meeting on the 24 February 2022.

8.4.2

- Covid-19 Update

L Wilson advised that the significant number of Covid-19 cases was highlighted to the Board, which is having a sizable impact on the services that could be provided by NHS Orkney. She added that although a DL Scottish Government announcement was published informing healthcare workers that they could revert back to twice weekly testing, NHS Orkney had requested that healthcare staff continue to undertake daily lateral flow testing, which was considered appropriate for local infection levels. L Wilson advised that planning was underway for a forthcoming spring vaccination programme for the most vulnerable groups.

M Henry added that the current infection levels were having a significant impact on hospital services, with health and social care and critical services becoming very stretched. It was confirmed that Kevin Fox was leading the Long Covid pathway work.

- NHS Orkney Financial Position

The Chair advised that although the Board had delivered within operational financial balance this year, there were challenging savings targets ahead to ensure NHS Orkney regain a sustainable financial position. It was noted that the Board had many unachieved savings due to Covid-19, this would be considered and addressed as part of the financial recovery plan.

- Performance Data

The new CAMHS Clinical Director was now in post, delivering six clinical sessions per week and showing investment in improvement. Members considered this to be a positive move forward for Community Mental Health and hoped that improved performance data would be seen in the months ahead.

Development Sessions

170 **Topic for next session: 6 May 2022**

The following topics were suggested for future ACF development sessions:

- Long Covid – Although previously discussed, it is felt that it would be valuable to revisit in future due to the group's multidisciplinary skillset.
- Public Protection

Action:

- S Johnston to share previous 'Long Covid' development session output with M Henry.
- S Johnston to review and identify any outstanding development session previously raised.

Post meeting note 11/03/22. Long covid development session emailed to M Henry. Safe staffing development session jointly with APF was suggested previously. S Johnston to discuss this further the Employee Director (co-Chair of APF).

Professional Advisory Committees

Professional Advisory Committee Chair's Reports

171 **Area Dental Committee – ADC**

S Tulloch advised that potential significant changes were afoot for dental practices as a consequence of the withdrawal of Covid funding from the Scottish Government, further information was expected.

It was raised that practices continued to experience recruitment and retention issues of both support staff (in General Dental Practice) and clinicians (in Public Dental Service) and was

8.4.2

requested that this was escalated to the Board. The Chair advised that he was acutely aware of the situation, and the knock-on effect it was having to service provision. He added that at a recent meeting, discussions were held regarding new and innovative ways to deliver the service, attract new talent and develop existing skillsets in more collaborative ways. M Gemmill enquired whether advanced dental nurse practitioners were being explored and developed in similar ways to nursing colleagues. S Tulloch confirmed that there were very similar pathways in place for upskilling dental nurses.

172 Area Pharmaceutical Committee – APC

No Area Pharmaceutical Committee members were present to provide an update.

173 GP Sub-Committee

No GP Sub-Committee members were present to provide an update.

174 Hospital Sub-Committee

No Hospital Sub-Committee members were present to provide an update.

175 NAMAC

S Tomison advised that NAMAC have not met since December 2021, due to the agile Board arrangements however were due to restart regular meetings at the end of March. Clarity was requested surrounding the reporting structure for Nursing, Midwifery and AHP colleagues, whilst the Director of Nursing role was vacant. M Henry confirmed that a communication would be sent within the next 48hours advising of the interim arrangements.

S Tomison queried next steps for the Nursing, Midwifery and Allied Health Professional Strategy, M Gemmill advised that she and Mary Moore would be attending the Senior Midwives and AHP Forum meetings and were collectively working on key strategic objectives which would influence and help shape the strategy.

176 TRADAC

M Gemmill advised that a rejuvenation of TRADAC meeting was recently held to discuss the appointment of new office bearers. Current office bearers met to discuss and review the TRADAC Terms of Reference alongside M Gemmill in a supportive role.

M Gemmill raised that the loss of the old Balfour site and clinical space within posed a significant service delivery risk for NHS Orkney. She noted her awareness of the outpatient accommodation challenges and advised that work was ongoing to triangulate the demand and supply by taking a three pronged approach with better integration with SELBRO and the Peedie Sea Children's Centre at the forefront to establish how best to allocate clinical space based on patient demand. M Gemmill will continue to meet weekly with AHP leads to map out services.

M Gemmill noted that the team were linking into the national level long Covid AHP Group, which were reviewing rights to rehab and associated frameworks for Scotland. She added that Ganesh Subramanian had secured a MS Teams Long Covid webinar presentation which TRADAC were hoping to utilise locally with the potential of extending this nationally.

For information and noting

177 Items to be brought to the attention of the:

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

Board:

- Recruitment and retention difficulties facing dental services (ADC).
- How the financial office will interface with ACF and what the clinical impact will be for colleagues and patients. Request for ACF to be involved in process, contribute to plans and advise of key role advisory committees can play in this process.

178 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

179 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 13:15

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	DHI Listening Report
Responsible Executive/Non-Executive:	Michael Dickson, Interim Chief Executive
Report Author:	Michael Dickson, Interim Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board are being asked to note the progress made in delivering the agreed recommended improvements. As outlined at the outset of the work cultural change is complex and is a multi-year effort.

2.2 Background

In August 2020, the Board commissioned a listening programme to provide NHS Orkney staff with an external method to gather feedback regarding their experiences whilst working for the Board and the culture within the organisation. The work and commitment to it was confirmed at the April 2021 Board. The Board are working in partnership with staff in taking forward the recommendations into deliverable outcomes.

2.3 Assessment

Many of the recommendations are on schedule, with a number of them completed. Due to recent changes within the executive cohort, it is acknowledged that some outstanding recommendations are yet to progress at the pace initially intended.

2.3.1 Quality/ Patient Care

Locally, there is ongoing engagement with the national discharge without delay programme and expansion of the Hospital without Walls programme. In addition to this, the Home First pilot has received funding via the IJB and working to reduce hospital admissions. It should be noted that elements of accelerated discharge are dependent on social care provision which is experiencing significant challenges.

2.3.2 Workforce

Positive improvements have been made in relation to staff structures and visibility of the Executive Management Team. A further session to review portfolios is due to take place in the coming months.

A Communication subgroup, in partnership with Area Partnership Forum have met on a number of occasions and are engaging with teams to establish communication methods across the organisation.

2.3.3 Financial

The recommendations implemented will continue to support the move to a sustainable and financially balanced NHS Orkney via the Financial Sustainability Office.

2.3.4 Risk Assessment/Management

The Board is sighted on the progress in relation to Health and Safety including reviewing policies and procedures. The newly appointed Health and Safety Manager is ensuring that

local policies are being taken through the Health and Safety Committee and onwards to the Staff Governance Committee.

2.3.5 Equality and Diversity, including health inequalities

Impact assessments may have been undertaken as part of the implementation of individual recommendations, however, is not required for the overarching plan.

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

Communication of the work is integral to our approach and extensive engagement occurred during the process. An anonymous survey has been launched as a temperature check within the organisation.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, DHI Listening Recommendations Action Log

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

<u>Strategic</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
1: Clinical Strategy: Establish the preferred model of medical care for the next 3 years and beyond. Engagement with those delivering care, community organisations and the public should inform this exercise.	Director of Nursing, Midwifery and AHPs / Associate Medical Director (Community)	Clinical and Care Governance Committee/Board	Engagement has commenced, aiming for December / January presentation	Link to recommendation 28 around discharge planning	13/04/22 - MD Clinical strategy worked through with public and staff, to be approved by the Board in April 2022
2: Carry out a review of policies, processes and procedures to ensure they are up to date, readily available and that staff are aware of them.	Medical Director – Clinical Director of Nursing, Midwifery and AHPs/Head of Corporate Administration – Non-Clinical Interim Director of HR – HR/Health and Safety	Quality Forum and Staff Governance Committee		Noted that progress would be limited by the timescales for the implementation of Sharepoint LH - HR policies that are local approved via APF and SGC – Once for Scotland on hold till March2021	12/04/22 - Policies that are not under the National Once for Scotland banner continue to be progressed locally – with the new H&S Manager in post the local policies are being taken via H&S Committee and SGC – Moving and Handling/Lone Worker and Violence and Aggression and for HR
3: Build on the good relationship with NHS Grampian through the Strategic Clinical Relationship Group at a	Interim Director of Acute	Quality Forum should issues arise	Concluded replaced by BaU through	Following discussion with the medical directors and AMD's	13/04/22 - MD Closed action, further work being

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clinician to clinician level across all the surgical and medical specialties.	Services/Associate Medical Director		current forums	at NHSO, NHSS and NHSG, the SCRG was in place when this was a GP led hospital so no longer exists as was replaced by GP sub, Hospital sub and NoS groups.	taken forward to establish a more robust SLA
4: Increase cooperation with IJB: supporting shared services and points of handover between the two organisations.	Chief Officer	Management review underway to simplify management and reporting arrangements to improve communications	In progress	Consider where IJB should be amended to delegated and community services	14/04/22 - Integrated Structure charts now shared through APF and Local Government trade unions. Integration Scheme has been reviewed and agreed by NHS Orkney and Orkney Islands Council. The Scheme due to be laid before parliament

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<u>Organisation</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
5: Review the organisational structure and key roles and responsibilities.	Interim Director of HR	Area Partnership Forum	Ongoing	<p>Significant development in supporting processes surrounding roles and responsibilities and aligning them with up to date HR practice. OHAC restructure will also need to be considered with input from both Chief Executives</p> <p>LH – EMT away time to look at structure and portfolios from here we will issue structure –HR team currently looking at what people responsibilities should sit in roles dependent upon band</p>	<p>12/04/2022 – EMT away time to look at structure and portfolios took place Feb – further session planned for May. Communication sub group (in partnership with APF) has met twice – agreed ToF R and pulled together structure charts which are being engaged with the service on – Roles and Responsibilities being refreshed at each Committee and subcommittee group providing clarity around remit.</p>
6: Create a (digital or physical) who's Who for the organisational which can be shared with and referenced by staff.	Head of Corporate Administration		Initial version completed and circulated	Initial version completed and circulated; the intention is to keep	

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				this up to date every 3 months.	
7: The command structure that was implemented during Covid-19 increased transparency and communication. Look at the lessons which can be learned.	Interim Chief Executive	SMT	December 2021	Work underway with senior managers to scope training needs to support a Balfour silver rota	13/04/22 - A silver rota is in the process of being established supported by revised expectations of senior and executive managers
8: Review the process for clinical incidents to ensure a collaborative approach is taken and that lessons learnt are disseminated.	Director of Public Health/Director of Nursing, Midwifery and AHP	Quality Forum	Ongoing	Chief Officer to be involved where there is cross over into delegated services. Revised policy drafted and going through consultation with committees. Lessons learnt summaries being created and shared with Quality Forum	13/04/22 - LW Learning from adverse events policy refreshed and approved. Weekly incident review group terms of reference and approach refreshed. Monthly review of all closed incidents implemented to identify learning and wider organisational sharing. Review of metrics reported to Quality Forum undertaken and refreshed approach being tested in April. Development of Healthcare Governance framework progressing

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<u>Digital Improvements</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
9: The development of a digital strategy which will review the current digital challenges in the board and look at improvements and innovations.	Director of Finance	Finance and Performance Committee	30 th September 2024 - 31 st December 2021	Preparing a draft strategy which will be reviewed by the Finance and Performance Committee and the Board	12/04/22 - This work has now been completed. The draft digital strategy was considered by the Tech Enabled Care Board, recommended by the F&P Committee the Board and approved by the Board for implementation
10: There is an opportunity to look at developing an electronic patient record.	Director of Finance	EMT / Board	This project will span a number of financial years	An Initial scoping meeting has been arranged with the Director of Nursing / Interim Director of Acute Services / Chief Operating Officer / Director of Public Health	12/04/22 - A working group has been established made up of representatives from across the organisation and OIC / IJB. There is an evaluation of paper-based systems with a move to electronic systems wherever possible. We are also considering rolling out an inpatient management system.

<u>Staff Levels and Profile</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
11: Review of staffing levels to ensure they are adequate given the layout of the hospital and ensuring allowances for leave and sickness are met.	Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP	Staff Governance	Ongoing	Work underway via safer staffing	
12: Examine the requirement for generalists and specialist staff (including Emergency Nurse Practitioners, Advanced Nurse Practitioners and Clinical Nurse Specialist) working in areas such as HDU and the Acute Receiving Unit.	Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP	Staff Governance	Ongoing		Linked to recommendation 15
13: Provide clinical nurse leadership for the hospital since this appears to be falling between the Nurse Director and the Senior Charge Nurses.	Interim Director of Acute Services/ Director of Nursing, Midwifery and AHP	Staff Governance	Initial work completed	Regular senior nurse meetings with a focus on outcomes and action established	

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<u>Staff Development</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
14: A leadership framework could be established to support and develop managers and leaders (formal and informal). Consider NES National Leadership Unit and Corporate Rebels programme.	Interim Director of HR	Staff Governance	Ongoing	Work already being taken forward LH – work ongoing in Joint Leadership across NHSO and NHSS – Kind caring and compassionate leadership – Management bundles out on Good Conversations and from there we want to look at Active Bystander training	12/04/22 - work ongoing will be substantial part of Staff Governance Action plan 22/23 – evaluating the 21/22 programme between NHSO and NHSS – Kind caring and compassionate leadership – Management bundles out on Promoting Attendance/ Investigation and Good Conversations and from there we want to look at Active Bystander training
15: Draw up a staff development strategy (including GP Specialist Training). This should include the current requirements for general and specialist skills and new roles such as emergency nurse practitioners.	Interim Director of HR MD/Interim Director of Nursing and Acute	Staff Governance	TBC	LH – work will not be commenced until the new financial year 22/23 –	
16: Set leadership conduct standards ensuring the agreed values of the organisation are demonstrated at the highest level.	Interim Director of HR	Staff Governance	Ongoing	This would be around the application and consistency of	LH – Graduate trainee currently undertaking project around values base. NHS Scotland

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				delivery of the national standards	Value stream work being reviewed – as part of culture good conversations training in place for staff to access – Communications sub group set up as again visible leadership and how we listen and communicate an important set of living the values
17: Ensure the protection of time for training in staff workload.	All Directors	Staff Governance	TBC	LH - provided time resource for all directorate to undertake all Statutory and Mandatory training in year	<p>12/04/22 - LH - Completed and in the business as usual for HR Directorate –where all staff are provided time resource to undertake all Statutory and Mandatory training in year</p> <p>14/04/22 - SB Staff across OHAC supported and encouraged to engage in and complete relevant training as appropriate. Recent levels of community infection and staff absence over the past three or four months has made this more difficult.</p>

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<u>Workforce</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
18: Consider joint appointments with other Boards to enhance specialist leadership and expertise e.g. clinical practice education.	Interim Chief Executive	APF	Work has commenced with joint Comms Function	Links into ongoing recruitment work	13/04/22 - A number of joint roles have been taken forward across the organisation with exploratory discussions about clinical roles underway as BAU
19: Standardise and develop personnel management ensuring ongoing staff reviews and clear progression routes.	Interim Director of HR	Area Partnership Forum		Ongoing work with HR standard ways of working LH- Appraisal process is clear for all staff – all people leaders are regularly reminded of their responsibility in delivering this – succession planning process currently being written for conversation at APF March 2022	12/04/22 - Completed and in business as usual - LH- Appraisal process is clear for all staff – all people leaders are regularly reminded of their responsibility in delivering this – People function looking at how to support managers with skill set to deliver this part of their role where needed
20: Creation of a robust complaints procedure with timely feedback for staff.	Interim Director of HR	APF / Staff Governance	TBC	LH- Once for Scotland policies on Raising Concerns/Grievance in place	12/04/22 - Completed - LH- Once for Scotland policies on Raising Concerns/Grievance in place

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21: Review the process of recruiting staff and appointing locum staff.	Interim Director of HR	TBC	TBC	<p>Internal Audit report completed in NHS Shetland, to be shared with NHS Orkney once issued</p> <p>LH- HR have completed a review of contracts and taken via APF and SGC – Plus Us in place for the appt of Agency staff</p>	
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<u>Communication</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
22: Review current methods of communicating decisions to the organisation in order to improve openness and transparency.	Interim Chief Executive	APF	Ongoing	Initial strategic communications plan to be presented by December 2021	13/04/22 - Communication strategy approved by EMT, regular “keyhole” staff news has been reintroduced alongside a weekly brief. Work underway to review current intranet aka the Blog
23: Review and simplify the structure of meetings and committees that are used to engage and communicate with staff.	Director of Nursing, Midwifery and AHPs/Head of Corporate Administration	Wider Governance work	Ongoing	Initial phase undertaken	
24: Collectively agree the key priority topics and be explicit about roles, responsibilities and mechanisms for engagement and communication.	Interim Chief Executive	Board / EMT / SMT	Ongoing	Links to Plan on a Page with strategy work (clinical and wider strategic consideration)	13/04/22 - Building on the work of the clinical strategy work has commenced on establishing the purpose of NHS Orkney ETA July /Aug 2022

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<u>Culture</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
25: Installation of a collaborative artwork for Balfour Hospital's atrium would be an opportunity to allow staff to work together and create something they can be proud of within the new hospital.	Director of Finance/Corporate Records Manager	EMT	March 22	An initial scoping meeting has been arranged to discuss how we take forward this piece of work. A capital allocation has been set aside to aid delivery.	12/04/22 - As per the brief, the artwork has been installed in and around the Balfour (Standing Stone / Copper Herring Wall). The remaining piece of work "History Wall" is being taken forward in conjunction with the Royal Scottish Academy, and as per the brief is not expected to be completed until the end of December 2022
26: Investing in swipe card doors to outpatients to replace the current egg box key which can add stress and waste time.	Interim Director of Acute Services	Hospital Sub Committee	TBC	Under review	
27: Single Department contact number to make it easier to contact the department rather than a specific person.	Head of Corporate Administration/ Head of Estates, Facilities & NPD Contract	Link to recommendation 6 - who's who within the organisation	Ongoing	Link to recommendation 6 - who's who within the organisation	

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<u>Discharge</u>					
Recommendation	Lead	Reporting Structure	Timescale	Additional comments	Executive Lead-Update
28 Re- design of admission and discharge process. This would build on the mapping and engagement work already done by DHI which has identifies potential improvements.	Director of Nursing, Midwifery & AHP/Chief Officer	Quality Forum	Work has commenced	Part of Balfour clinical improvement works	14/04/22 SB - Local whole system engagement with national Discharge without Delay programme ongoing. Home First pilot now been mainlined and funded via IJB. New SG money for multi-disciplinary teams and interim care being utilised to introduce ways of reducing admissions

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 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 28 February 2022.

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 11 months to 28 February reflects an underspend of £0.086m, a slight improvement on the previous month. The month 10

allocation letter confirmed funding for our forecast Covid costs of £4.283m and unachieved savings of £4.405m, at this time we are forecasting a small underspend of £0.091m at year end.

As previously highlighted, we continue to forecast the Board position based on a number of assumptions.

We anticipate achievement of £1.865m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the year.

The main areas contributing to the Board's operational performance at month 11 are:

- Pharmacy and drug costs to date - £454k overspend
- Estates and Facilities - £471k overspend
- Hospital Services - £447k overspend

There are some offsetting underspends to date which include:

- Support Services - £1.004m 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 to 28 February 2022 and considerations are provided in Appendix A.

Analysis of the situation to 31 January 2022 and considerations are provided in Appendix B.

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, Appendices A and B.

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 these Financial Performance Reports.

3 List of appendices

The following appendices are included with this report:

- Appendix A: Financial Performance to 28 February 2022
- Appendix B: Financial Performance to 31 January 2022

Appendix A: Financial Performance to 28 February 2022

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, £0.108m for the National Eyecare Workstream, Colposcope £0.012m and Waste Treatment Unit £0.536m have been received. Further allocations received in month 11 are £0.083m for Fuji X-Air (X-Ray detector) and Audiology Equipment £19k.

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 11, 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 £
Task Force Funding to ADPs			30,079	30,079
Improvements to forensic medical services			10,041	10,041
Audiology Equipment			1,000	1,000
Optometry Support			21,000	21,000
Out of Hours additional Urgent Support			25,000	25,000
ScotSTAR Topslice	(25,860)			(25,860)
National Distribution Centre - Top-slice		(34,537)		(34,537)
	(25,860)	(34,537)	87,120	26,723

Summary Position

At the end of January, NHS Orkney reports an in-year underspend of £0.086m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An underspend of £42k is attributable to Health Board operational performance budgets, with an underspend of £44k attributable to the health budgets delegated to the Integrated Joint Board.

Previous Month Variance M10		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(356)	Hospital Services	12,820	11,752	12,199	(447)	(3.80)	(484)
(327)	Pharmacy & Drug costs	2,880	2,627	3,081	(454)	(17.27)	(478)
28	Orkney Health and Care - IJB	31,031	25,212	25,168	44	0.17	35
0	Orkney Health and Care - IJB Savings	(1,800)	(1,650)	(1,650)	0	0.00	0
229	External Commissioning	10,967	10,029	9,846	183	1.82	199
(391)	Estates and Facilities	7,047	6,412	6,882	(471)	(7.34)	(528)
891	Support Services	7,319	6,313	5,308	1,004	15.91	1,098
(0)	Covid-19	11,531	8,272	8,272	(0)	(0.00)	0
0	Reserves	(187)	(444)	(671)	227	(51.13)	248
0	Savings Targets	(2,605)	(2,383)	(2,383)	(0)	n/a	0
75	Total Core RRL	79,002	66,139	66,053	86	0.13	91
	Non Cash Limited						
(0)	Ophthalmic Services NCL	298	233	233	0	0.00	0
(0)	Dental and Pharmacy NCL - IJB	1,850	1,623	1,623	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	250	202	202	0	0.00	0
(0)	Depreciation	2,418	2,179	2,179	0	0.00	0
0	Total Non-Core	2,668	2,381	2,381	0	0.00	0
75	Total for Board	83,819	70,377	70,290	86	0.12	91

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, £254k 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, £24k overspend

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

- Laboratories, £162k 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 £454k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report an underspend of £0.044m, 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 £52k.
 - 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 11 of £72k. We are currently forecasting a year end overspend of £69k.
 - Full funding has been allocated for the year to date unachieved savings of £1.650m.

The table below provides a breakdown by area:

Previous Month Variance M10	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(176)	Integration Joint Board	6,409	2,974	3,125	(151)	(164)
216	Children's Services & Women's Health	2,598	2,274	2,169	105	92
67	Primary Care, Dental & Specialist Nurses	11,526	10,438	10,327	111	122
26	Health & Community Care	4,365	3,950	3,898	52	51
(106)	Pharmacy Services	4,332	3,926	3,999	(72)	(66)
28	Total IJB	29,231	23,562	23,518	44	35

In month 10, the Board received funding for the unachieved savings which have now been allocated to the IJB savings target. The expectation at the point of submitting the quarter 3 Financial Performance Return was that the Board and the IJB would continue to tackle the unachieved savings targets for 2021/22 and funding would be allocated on the basis of the net outturn, at year end, any underspend on the IJB operational position will need to be offset against the unachieved savings. Therefore, it is not anticipated that the IJB will have any carry forward underspend.

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 £471k 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 £1,004k to date.

Covid 19 Spend

NHS Orkney has recorded £4.240m spend to date attributable Covid 19, of this £2.835m is attributable to Health Board spend and £1.405m to the HSCP.

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

- Hospital - Additional Bed Model/ Maintaining Surge Capacity £1.650m
- Vaccine £0.337m
- Contact Tracing £0.241m
- Additional Staffing £0.236m
- Testing £0.189m
- Infection Prevention £0.110m

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

- The Covid-19 Assessment Centre £0.220m
- Additional Staffing £0.389m
- Testing £0.133m

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £2.383m
- H&SCP £1.650m

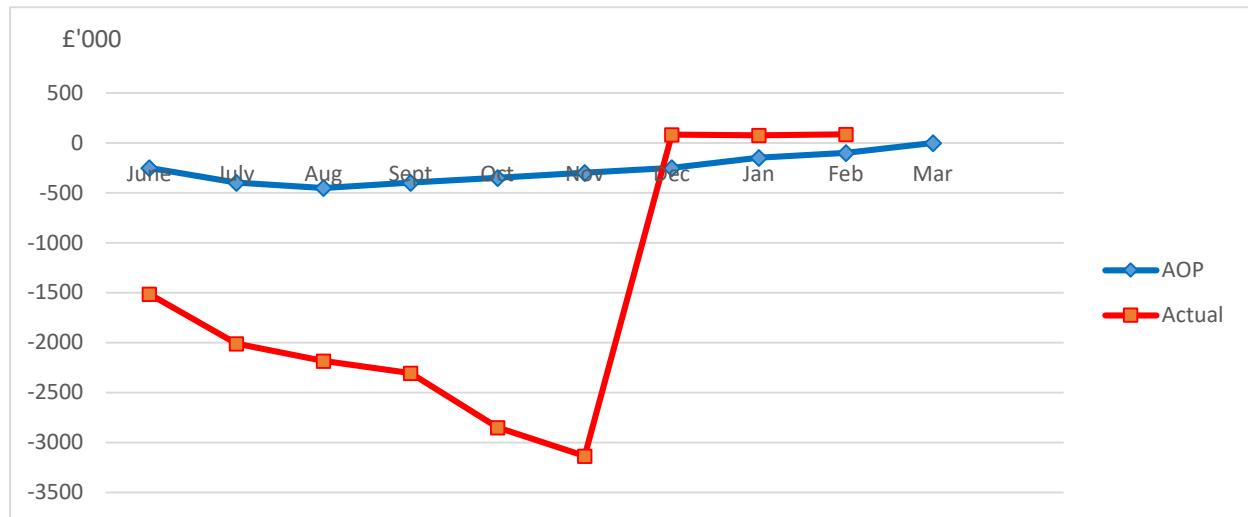
Unallocated Funds

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.

Forecast Position

As outlined above, the Board is forecasting a small £0.091m underspend at year end, this recognises additional funding received for the underachievement of savings of £4.405m and Covid funding of £4.283m.

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 £0.086m to 28 February 2022

note the update to 28 February 2022 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				
Patments	45,000	45,000	0	
Community Pharmacy Practitioner Champions	5,000	5,000	0	
Pre-Registration Pharmacist Scheme	(11,947)	(12,204)	(257)	
Discovery Top Slice	(2,774)	(2,842)	(68)	
Increase Provision of Insulin Pumps for Adults and CGMs	18,180	56,327	38,147	
SLA Children's Hospice Across Scotland	(29,075)	(30,079)	(1,004)	
Positron Emission Tomography (PET Scans - Adjustment	(42,653)	(47,488)	(4,835)	
ScotSTAR 2019/20	(25,478)	(25,860)	(382)	
NDC top slicing	(34,537)	(34,537)	0	
Allocations Awaited				
MenC	(869)			(869)
Tayside Hosted MoHS Skin Cancer Service	(2,094)			(2,094)
Non-Core expenditure - Depreciation	(1,228,000)			(1,228,000)
	<u>63,009,822</u>	<u>64,569,500</u>	<u>328,715</u>	<u>(1,230,963)</u>

Appendix 1 - Core Revenue Resource Limit (new allocations)

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

Heart Disease Action Plan project	4,150
Long-acting Buprenorphine (Buvidal)	20,053
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
Additional Winter Pressures Wellbeing	7,222
Improvements to forensic medical services	9,966
Improvements to forensic medical services	(10,200)
NHS Board international recruitment costs	60,000
Young Patients Family Fund	1,500
Primary Care Improvement Fund - Tranche 2	388,520
GP Premises Improvement - Second Tranche	7,520
GP Practices – Sustainability Payment	78,826
NSD Pay Uplift	(13,494)

NSD - Burns hub handback	7,019
Arcus Training - phase 3 and, or 4	(5,077)
Mental Health Strategy - Action 15	75,850
Further 2021-22 Covid-19 Funding	6,312,000
Covid and Extended Flu Vaccinations	15,000
Test & Protect	(6,000)
Task Force Funding to ADPs	30,079
Improvements to forensic medical services	10,041
Audiology Equipment	1,000
Optometry Support	21,000
Out of Hours additional Urgent Support	25,000
	15,740,899

Appendix 2 - Anticipated Non Core Revenue Resource Limit Allocations

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

Appendix B: Financial Performance to 31 January 2022

The purpose of this report is to provide an update on the financial position for the period 1 April 2021 to 31 January 2022.

Background

The revenue position for the 10 months to 31 January reflects an underspend of £0.075m. The month 10 allocation letter confirmed funding for our forecast Covid costs of £4.283m and unachieved savings of £4.405m, we are therefore currently forecasting a small underspend of £0.090m at year end.

As previously highlighted, we continue to forecast the Board position based on a number of assumptions.

We anticipate achievement of £1.865m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the year.

The main areas contributing to the Board's operational performance at month 10 are:

- Pharmacy and drug costs to date - £327k overspend
- Estates and Facilities - £391k overspend
- Hospital Services - £356k overspend

There are some offsetting underspends to date which include:

- Support Services - £891k underspend

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

Assessment

Capital Programme

The formula-based resources for 2021/22 accounts for £0.978m. The Board received notification of the same in its June 2021 allocation letter. 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. The January allocation confirmed further funding for Colposcope £0.012m, Waste Treatment Unit £0.536m.

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 10, 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 £
Additional Winter Pressures Wellbeing Funding			7,222	7,222
Improvements to forensic medical services			9,966	9,966
Improvements to forensic medical services			(10,200)	(10,200)
NHS Board international recruitment costs			60,000	60,000
Young Patients Family Fund			1,500	1,500
Primary Care Improvement Fund - Tranche 2		388,520		388,520
GP Premises Improvement - Second Tranche			7,520	7,520
GP Practices - Sustainability Payment			78,826	78,826
NSD Pay Uplift	(13,494)			(13,494)
NSD - Burns hub handback			7,019	7,019
Arcus Training			(5,077)	(5,077)
Positron Emission Tomography Scans - Adjustment			(47,488)	(47,488)
Diabetic Technologies			56,327	56,327
SLA Children's Hospices Across Scotland			(30,079)	(30,079)
Mental Health Strategy Action 15 Workforce - Tranche 2		75,850		75,850
Discovery 2021-22		(2,842)		(2,842)
Further 2021-22 Covid 19 Funding			6,312,000	6,312,000
Covid and Extended Flu Vaccinations			15,000	15,000
Test and Protect			(6,000)	(6,000)
	(13,494)	461,528	6,456,536	6,904,570

Summary Position

At the end of January, NHS Orkney reports an in-year underspend of £0.075m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An underspend of £47k is attributable to Health Board operational performance budgets, with an underspend of £28k attributable to the health budgets delegated to the Integrated Joint Board.

Previous Month Variance M09		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(338)	Hospital Services	12,819	10,588	10,944	(356)	(3.36)	(430)
(225)	Pharmacy & Drug costs	2,908	2,411	2,738	(327)	(13.55)	(384)
132	Orkney Health and Care - IJB	30,915	23,103	23,075	28	0.12	34
0	Orkney Health and Care - IJB Savings	(1,800)	(1,500)	(1,500)	0	0.00	0
60	External Commissioning	10,967	9,137	8,907	229	2.51	252
(359)	Estates and Facilities	7,047	5,873	6,265	(391)	(6.66)	(519)
813	Support Services	7,305	5,524	4,633	891	16.14	1,033
(0)	Covid-19	11,531	7,575	7,575	(0)	(0.00)	0
0	Reserves	(61)	(671)	(671)	0	0.00	104
0	Savings Targets	(2,605)	(2,170)	(2,171)	0	n/a	0
83	Total Core RRL	79,026	59,870	59,794	75	0.13	90
	Non Cash Limited						
0	Ophthalmic Services NCL	298	213	213	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,850	1,488	1,488	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	250	202	202	0	0.00	0
(0)	Depreciation	2,418	1,984	1,984	(0)	(0.00)	0
0	Total Non-Core	2,668	2,186	2,186	0	0.00	0
83	Total for Board	83,842	63,756	63,681	75	0.12	90

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, £179k 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, £21k overspend

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

- Laboratories, £159k 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 £327k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report an underspend of £0.028m, 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 £13k.
 - 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 10 of £105k. We are currently forecasting a year end overspend of £129k.
 - Full funding has been allocated for the year to date unachieved savings of £1.500m.

The table below provides a breakdown by area:-

Previous Month Variance M9	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(126)	Integration Joint Board	6,428	2,904	3,080	(176)	(165)
215	Children's Services & Women's Health	2,594	2,159	1,943	216	224
56	Primary Care, Dental & Specialist Nurses	11,410	9,425	9,358	67	89
24	Health & Community Care	4,350	3,575	3,549	26	13
(38)	Pharmacy Services	4,332	3,539	3,645	(106)	(127)
132	Total IJB	29,115	21,603	21,575	28	34

In month 10, the Board received funding for the unachieved savings which have now been allocated to the IJB savings target. The expectation at the point of submitting the quarter 3 Financial Performance Return was that the Board and the IJB would continue to tackle the unachieved savings targets for 2021/22 and funding would be allocated on the basis of the net outturn, at year end, any underspend on the IJB operational position will need to be offset against the unachieved savings. Therefore, it is not anticipated that the IJB will have any carry forward underspend.

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.

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This Directorate is reporting an overspend of £391k 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 £891k to date.

Covid 19 Spend

NHS Orkney has recorded £3.904m spend to date attributable Covid 19, of this £2.595m is attributable to Health Board spend and £1.309m to the HSCP.

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

• Hospital - Additional Bed Model/ Maintaining Surge Capacity	£1.552m
• Vaccine	£0.317m
• Contact Tracing	£0.215m
• Additional Staffing	£0.218m
• Testing	£0.174m
• Infection Prevention	£0.101m

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	£2.171m
• H&SCP	£1.500m

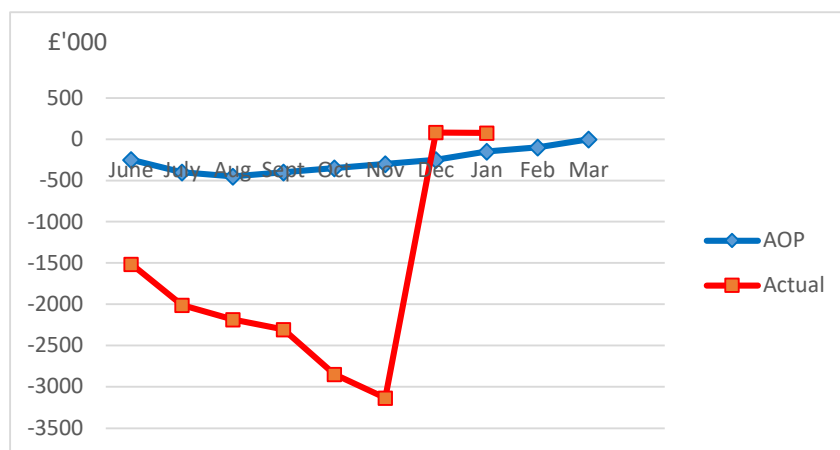
Unallocated Funds

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.

Forecast Position

As outlined above, the Board is forecasting a small £0.090m underspend at year end, this recognises additional funding received for the underachievement of savings of £4.405m and Covid funding of £4.283m.

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 £0.075m to 31 January 2022

note the update to 31 January 2022 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 31/01/22 £	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				
Patments	45,000	45,000	0	
Community Pharmacy Practitioner Champions	5,000	5,000	0	
Pre-Registration Pharmacist Scheme	(11,947)	(12,204)	(257)	
Discovery Top Slice	(2,774)	(2,842)	(68)	
Increase Provision of Insulin Pumps for Adults and CGMs	18,180	56,327	38,147	
SLA Children's Hospice Across Scotland	(29,075)	(30,079)	(1,004)	
Positron Emission Tomography (PET Scans - Adjustment	(42,653)	(47,488)	(4,835)	
Allocations Awaited				
MenC	(869)			(869)
Tayside Hosted MoHS Skin Cancer Service	(2,094)			(2,094)
ScotSTAR 2019/20	(25,478)			(25,478)
NDC top slicing	(34,537)			(34,537)
Non-Core expenditure - Depreciation	(1,228,000)			(1,228,000)
	63,009,822	64,629,897	329,097	(1,290,978)

Appendix 1 - Core Revenue Resource Limit (new allocations)

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

Heart Disease Action Plan project	4,150
Long-acting Buprenorphine (Buvidal)	20,053
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
Additional Winter Pressures Wellbeing	7,222
Improvements to forensic medical services	9,966
Improvements to forensic medical services	(10,200)
NHS Board international recruitment costs	60,000
Young Patients Family Fund	1,500
Primary Care Improvement Fund - Tranche 2	388,520
GP Premises Improvement - Second Tranche	7,520
GP Practices – Sustainability Payment	78,826
NSD Pay Uplift	(13,494)

NSD - Burns hub handback	7,019
Arcus Training - phase 3 and, or 4	(5,077)
Mental Health Strategy - Action 15	75,850
Further 2021-22 Covid-19 Funding	6,312,000
Covid and Extended Flu Vaccinations	15,000
Test & Protect	(6,000)
	15,653,779

Appendix 2 - Anticipated Non Core Revenue Resource Limit Allocations

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

NHS Orkney

Meeting: NHS Orkney Board Meeting
Meeting date: Thursday, 28 April 2022
Title: Capital Plan for 2022/23
Responsible Executive/Non-Executive: Mark Doyle, Director of Finance
Report Author: Mark Doyle, Director of Finance

1 Purpose

The purpose of the paper is to set out Orkney's Capital Plan for 2022/23.

2 Background

In line with previous years, it is anticipated that the Scottish Government will provide NHS Orkney with a formulae allocation of £.978m, which will allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.

3 Assessment

The formulae allocation will be split as follows:

Estates	£200k
Information Technology	£200k
Medical Equipment	£150k
King Street Refurbishment	£128k Subject to reclassification / Planning
Other	£50k
Capital to revenue transfer	£250k

2022/23 Sales Programme:

The Board is planning to dispose of a surplus property - Greystone - Evie

4 Recommendation

Members are asked to

- Approve the capital plan for 22/23.

NHS Orkney

Meeting:	NHS Orkney Board meeting
Meeting date:	Thursday, 28 April 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 meet the 95% level and the 31 day cancer standard also 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 and summary management information is circulated weekly to Board members.

Following on from recent discussions regarding Active Governance this report makes greater use of statistical process control and a restructured reporting format has been drafted which includes an expanded suite of metrics integrating quality and performance reporting. This is being shared with EMT members for feedback and further refinement.

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 and sustaining and embedding successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas, are examples of areas where NHS Orkney is 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 (April 2022)
SUMMARY (Published Data)

95.1%

Week ending 03/04/2022



4 Hour Emergency
Department
Standard



56%

December 2021



12 Week
Outpatient
Standard



54.9%

December 2021



Treatment Time
Guarantee



91.3%

December 2021



18 Weeks Referral
to Treatment



100%

December 2021



31 Day Cancer
Standard



54.5%

December 2021



62 Day Cancer
Standard



No published
update to report

Access to CAMHS



56.5%

December 2021



Access to
Psychological
Therapies



1. Emergency Department Performance

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

Update - As at week ending 3rd April 2022, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 95.1%. There were 103 attendances and 5 breaches. Performance in regards to the 4 hour A&E target is good, with largely normal variation, as shown in Figure 1 however bed availability has adversely affected performance at times during the last quarter as indicated by 2 instances of special cause variation (as highlighted in red below). Figure 2 provides an overview of activity in the Emergency Department since May 2020, with special cause variation in line with the downturn in emergency presentations seen across Scotland during the early part of the Covid-19 pandemic.

Figure 1: 4 hour ED Standard Compliance, the Balfour – January 2020 – March 2022

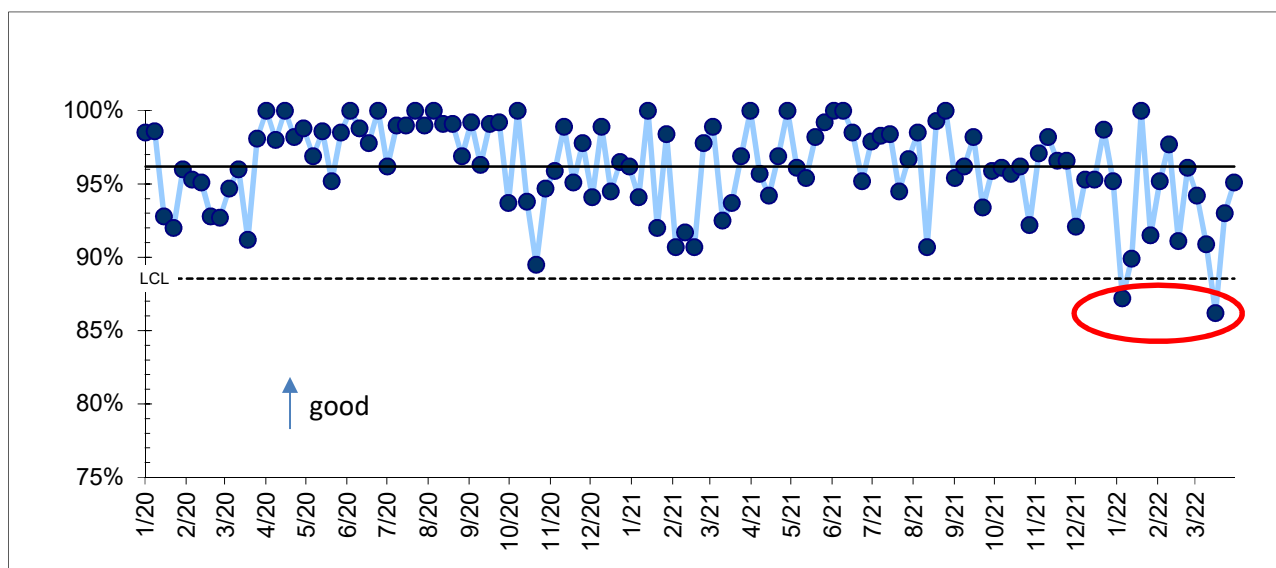
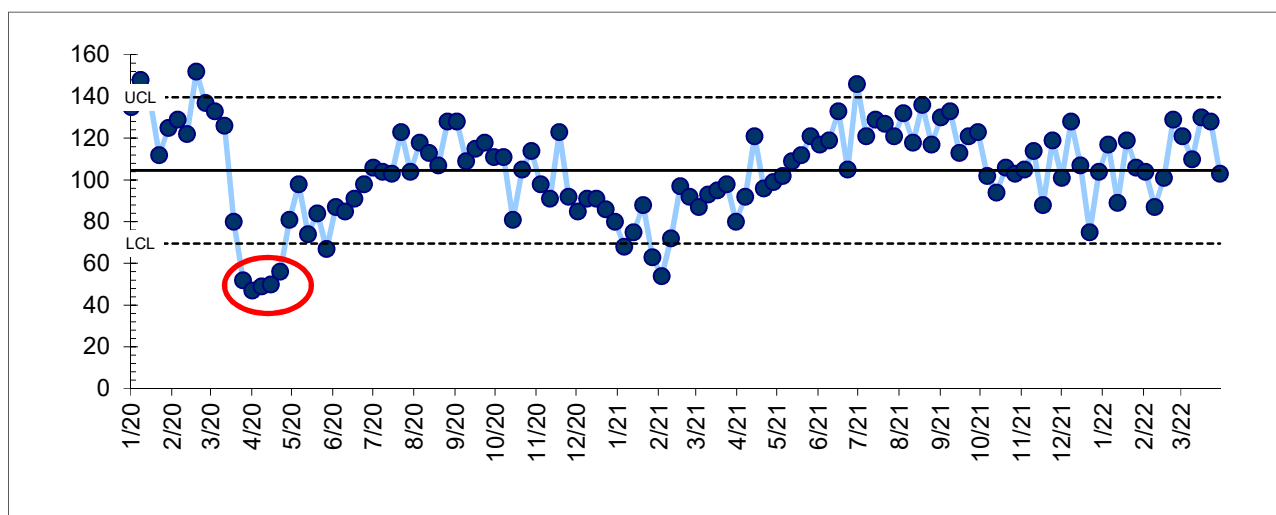


Figure 2: ED Attendances at the Balfour, January 2020- March 2022



2. Outpatients

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

Update – As at the end of December 2021, there were 1215 patients waiting for a new outpatient appointment. 534 (44%) of these have been waiting longer than 12 weeks and 404 (33.2%) 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. During the quarter 1043 patients were seen of which 294 (28.2%) waited over 12 weeks. The average number of days waited was 33 in comparison with the national average of 39 and 90% of patients were seen within 246 days against a national average of 242. The average waiting times at a speciality level are published monthly on the NHS Orkney website with the most recent position provided at <https://www.ohb.scot.nhs.uk/waiting-times-report> As can be seen from the information provided performance varies by speciality and access is expedited based on clinical prioritisation.

Figure 3: Performance in outpatients – The Balfour, 2013 – 2021

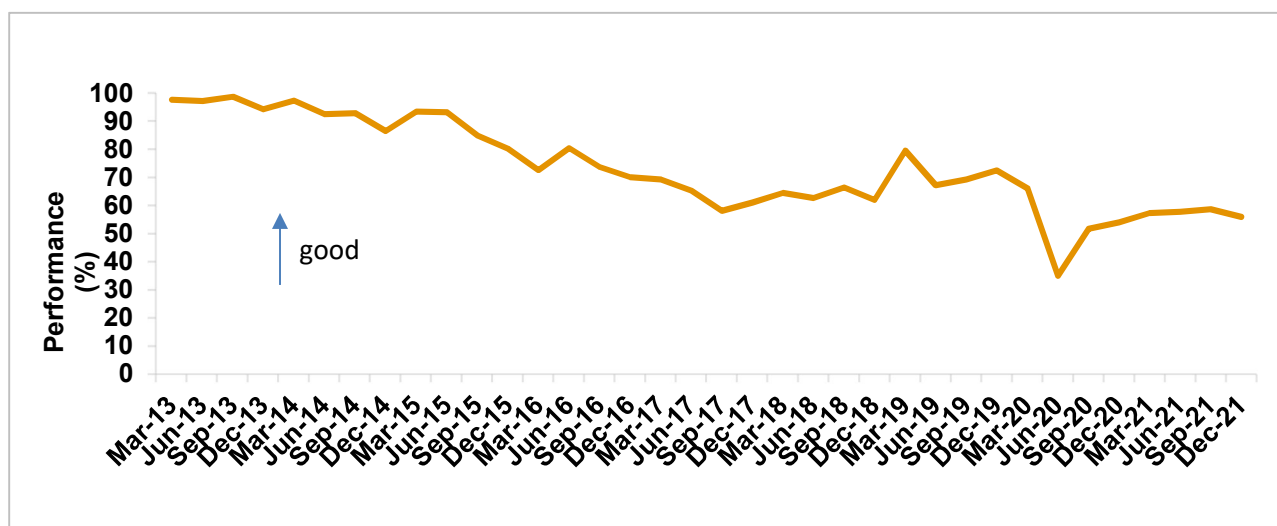
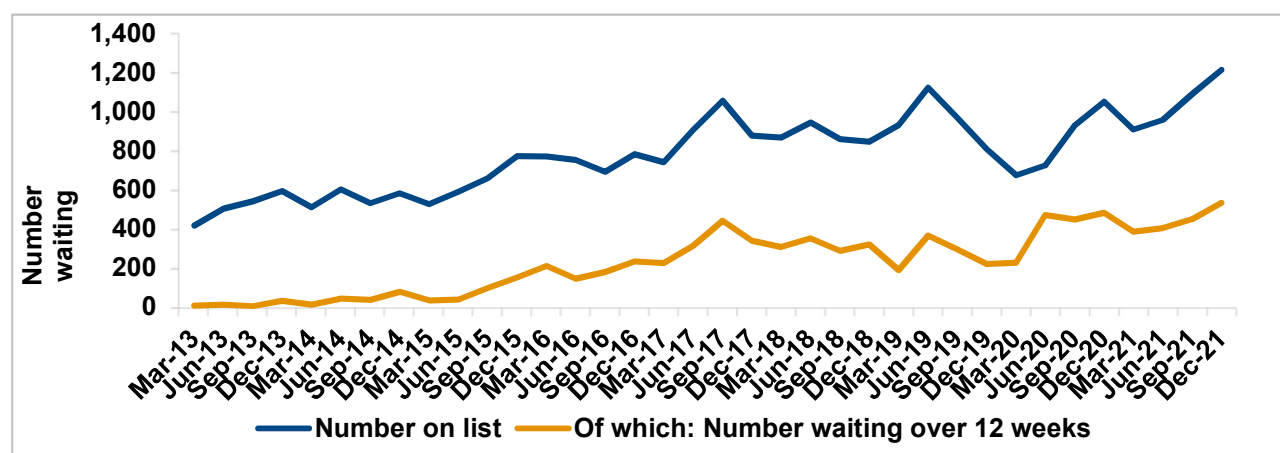


Figure 4: Outpatient waiting times – The Balfour, 2013-2021



3. Treatment Time Guarantee (TTG)

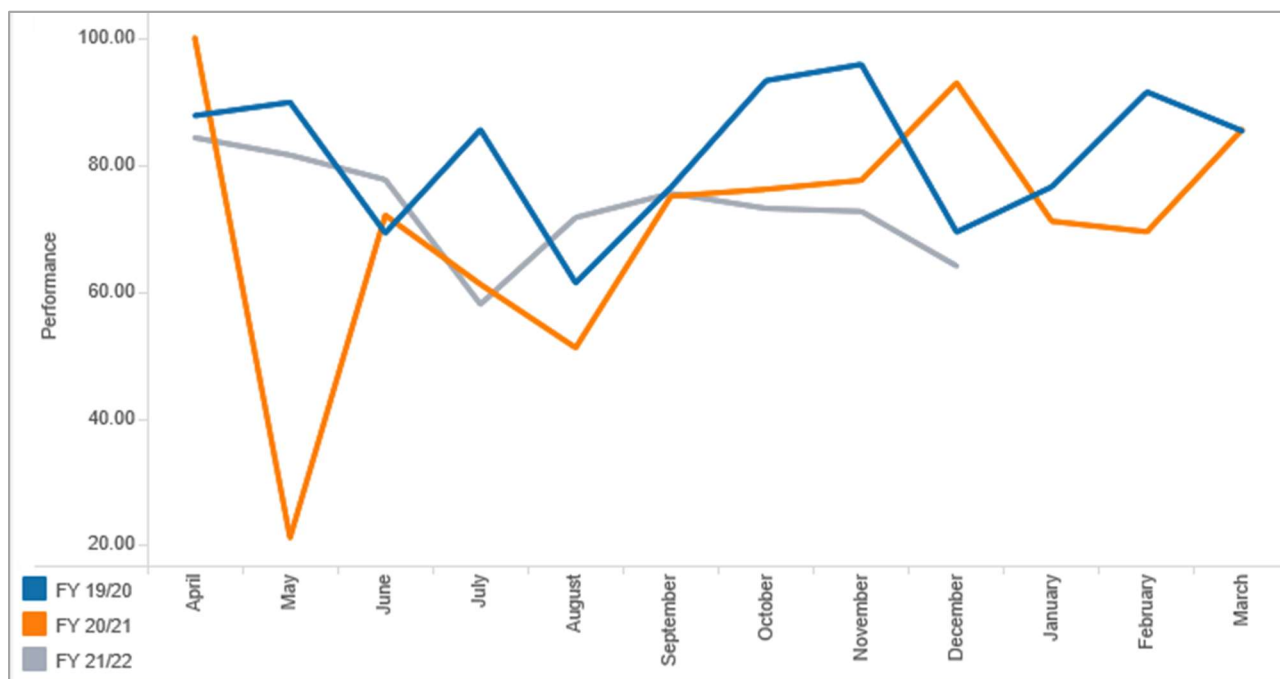
Standard - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

Update - As at the end of December 2021, there were 326 patients waiting for an inpatient/day case procedure. Of these, 147 (45.1%) had been waiting for more than 12 weeks. During the quarter 175 patients were treated and of these 52 had waited over 12 weeks. The average numbers of days waited for admission for a day case or inpatient procedure during the quarter was 46 against a national average of 42 days. 90% of patients were admitted within 182 days during the quarter in comparison to the national average of 260 days.

The majority of patients who are awaiting treatment are within the Trauma and Orthopaedic and Ophthalmology 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. Additional Ophthalmology capacity was provided in January 2022 to reduce the backlog and further waiting list initiative interventions are planned for the new financial year to bring waiting times in line with the standard. The service level agreement (SLA) with NHS Highland is also being reviewed to ensure service provision is able to meet demand in future. For Trauma and Orthopaedics, access to treatment within Golden Jubilee National Hospital continues to be clinically prioritised however throughput has increased and waiting times are improving. For 2022/23 NHS Orkney has secured its own SLA with Golden Jubilee rather than previous arrangements whereby Orkney patients were treated under the NHS Grampian arrangement. This has allowed local negotiation of the number of procedures allocated to Orkney which has resulted in increased provision.

Current performance in comparison to previous financial years is shown in Figure 5.

Figure 5: Current performance (comparison to other financial years)

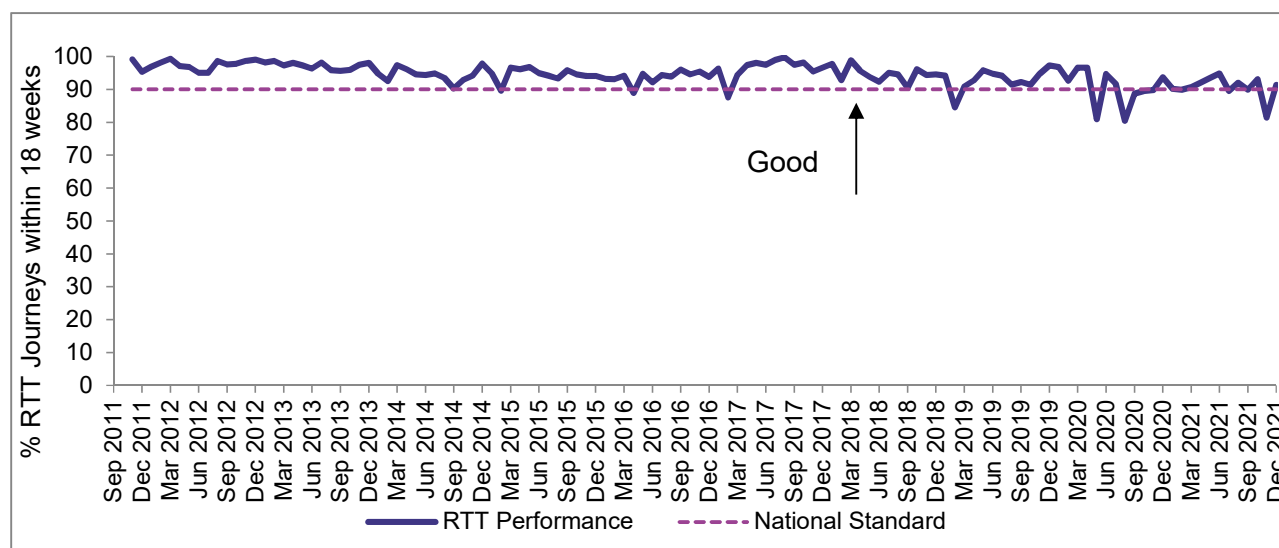


4. 18 Week Referral to Treatment

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

Update – Published data from December 2021 details 91.3% of patients were reported as commencing treatment within 18 weeks. There were 639 completed patient journeys during the reporting period of which 54 were over 18 weeks. The national average for performance in this area is 75%.

Figure 6: 18 week referral to treatment performance – NHS Orkney



5. 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 Quarter 3, October – December 2021 shows 100% of patients started treatment within the 31-day standard and 54.5% of patient journeys 62-day standard. A high level of collaboration between clinical and non clinical teams in Orkney and Grampian seeks to ensure performance in relation to these standards is positive however access to treatment off island is challenging for certain cancer types. Access to the elements of the diagnostic and treatment pathways which are provided by NHS Orkney continues to be closely managed within Acute services although in December 2021 performance in relation to Diagnostic waiting times decreased from levels previously seen with 27.3% of patients being seen within 6 weeks in comparison to a national average of 49.6%. This reduction is largely as a result of longer waiting times for Endoscopy procedures and there is work ongoing to increase access through staff training and development as well as additional waiting list initiative activity. Further information is provided in Section 15.

6. Dementia

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

Update – 35 patients were referred for dementia post-diagnostic support in 2019/20 in Orkney. 23 (88.6%) of these met the standard. 8 were exempt from the standard and 4 did not meet the standard.

7. Mental Health

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

Update - Psychological Therapy - Published figures from December 2021, shows 23 patients were seen. 13 (56.5%) of these were seen within 18 weeks. There were 200 patients still waiting at the end of December 2021; of these 87 (43.5%) had been waiting less than 18 weeks. Please note that these figures include all the Island Boards to prevent disclosive numbers.

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

NHS Orkney have been unable to submit data for the above standard since October 2020 due to data quality and extraction issues. Backdating of reporting for the aggregate return is currently underway and progressing at pace.

8. 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 the first quarter of 2021/22 there were 12 LDP quit attempts (target is 31).

9. 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 from the quarter ending 31st December 2021 shows that NHS Orkney continues to perform well against this standard.

- SIMD 1 (most deprived) – 95.8%
- SIMD 2 – 97.4%
- SIMD 3 – 90.9%
- SIMD 4 – 100%
- SIMD 5 (least deprived) – 87%

10. IVF Treatment

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

Update – During Quarter 3, October to December 2021, there was 1 referral and 4 people seen; of which 50% waited less than 13 weeks and 50% waited 14-26 weeks. At the end of December there were 2 patients with ongoing waits; both waiting less than 13 weeks.

11. Drug and Alcohol Referral

Standard - 90% of Clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

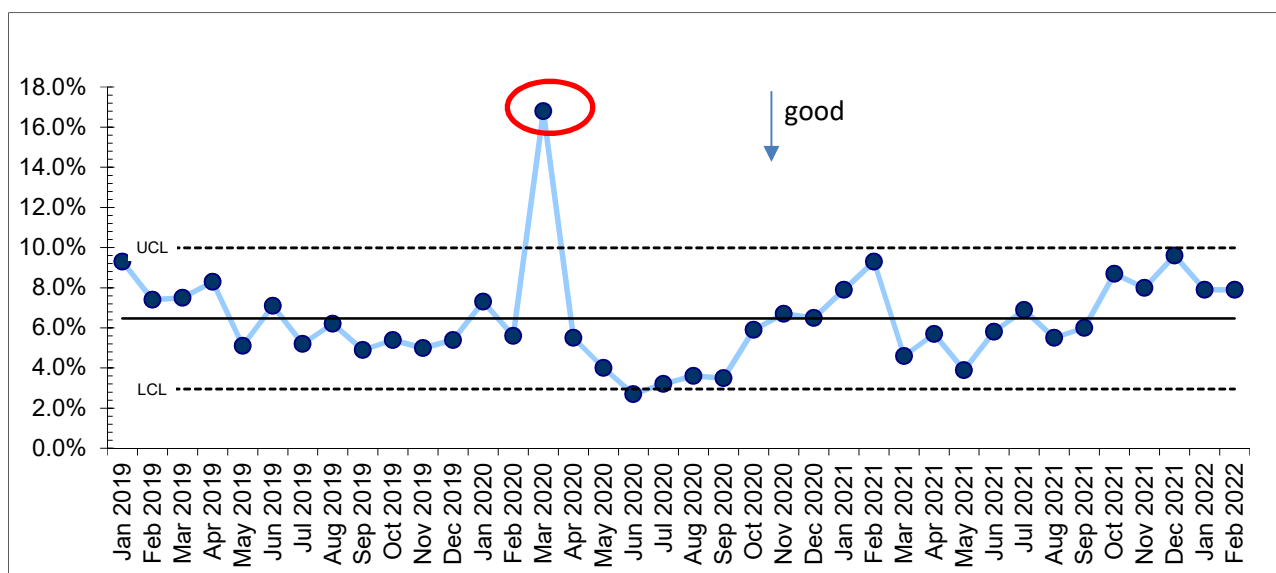
Update - The latest figures (October - December 2021) show there were 5 completed waits with 100% of people who started their first drug or alcohol treatment waited three weeks or less. This is an area where NHS Orkney continues to perform well.

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).

12. Cancelled Operations

The total number of planned operations across NHS Orkney during February 2022 was 303, with 24 cancellations. 7 of the cancelled operations were due to hospital capacity or non-clinical reasons, 11 were cancelled by the patient, 5 were cancelled based on a clinical reason by the hospital and 1 was cancelled due to another reason. Performance in February is at 7.9% against a national average of 8.4%. Monthly performance is shown in Figure 16 below and continues to be within normal variation parameters with the exception of March 2020 where performance was adversely affected by elective cancellations made during the pandemic response phase.

Figure 7: Cancelled Operations, all reasons, Balfour Hospital – January 2019 to February 2022



13. Delayed Discharges

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

The latest published figures (February 2022) indicate that there were 148 Bed Days Occupied by Delayed Discharges during the reporting period and at Census there were 5 people delayed. Performance over time is shown in Figure 8, Total Number of Delays at the Monthly Census and Figure 9, Bed Days Occupied. Both charts indicate special cause variation both in 2019 where levels were consistently lower than the median and in early 2021 when the number of patients delayed and the bed days occupied exceed the upper confidence level.

Figure 8: Total Number of People Delayed in Discharge from Hospital as at Monthly Census, Balfour Hospital. January 2019 to February 2022.

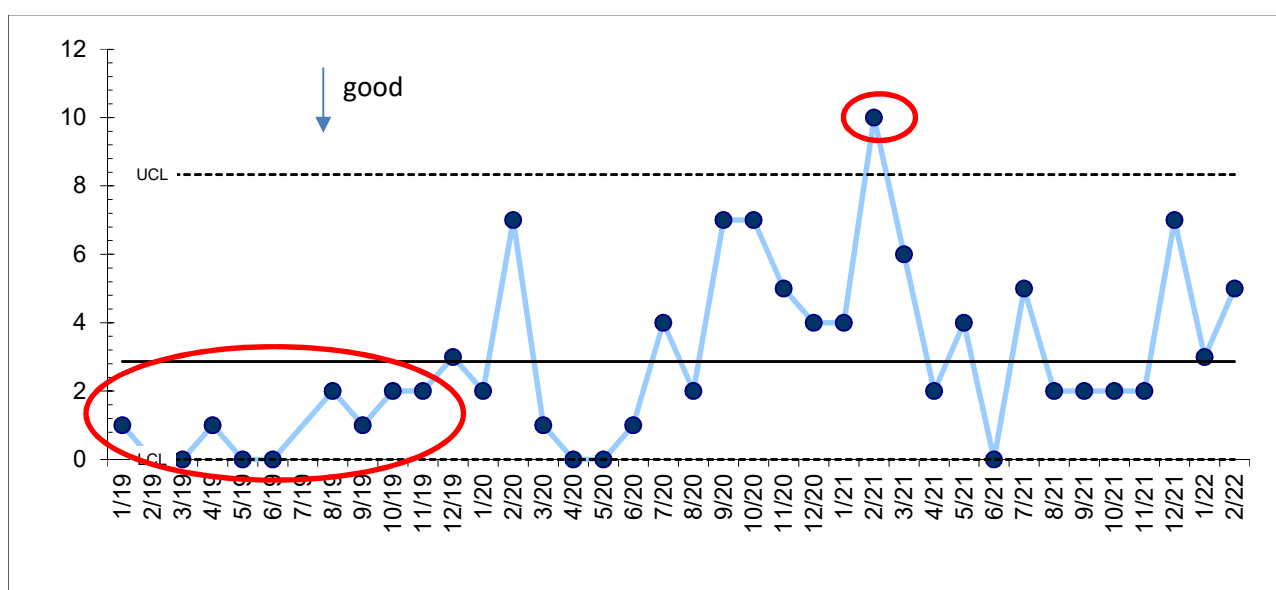
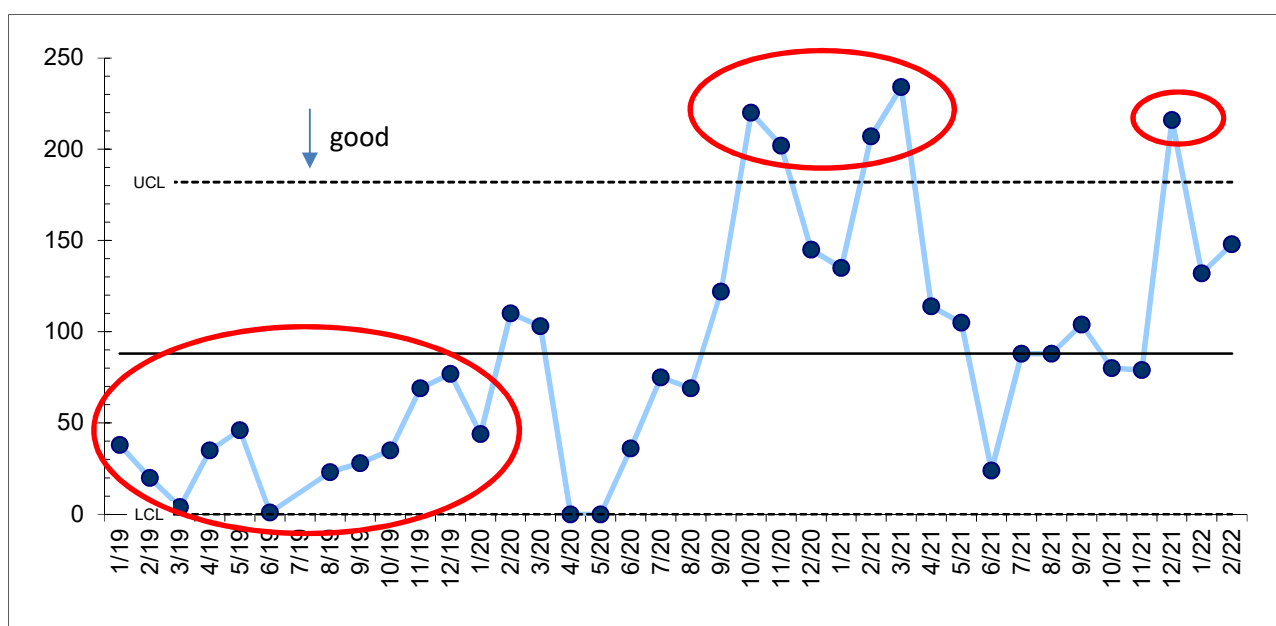


Figure 9: Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2019 to February 2022.



14. 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.

Throughout the first 3 quarters of 21/22 there was a reduction in the total number of patients waiting for a first MSK appointment, and an increase in the percentage of patients seen who had waited less than 4 weeks. However, the overall number of patients who had waited less than 4 weeks reduced.

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
As at December 2021	436	26 (6%)
As at September 2021	462	43 (9.3%)
As at June 2021	508	68 (13.4%)

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

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at December 2021	240	168 (70%)
As at September 2021	256	151 (59%)
As at June 2021	312	194 (62.2%)

Figure 10. Number of patients waiting, All AHP MSK specialties. January 2019 – December 2021

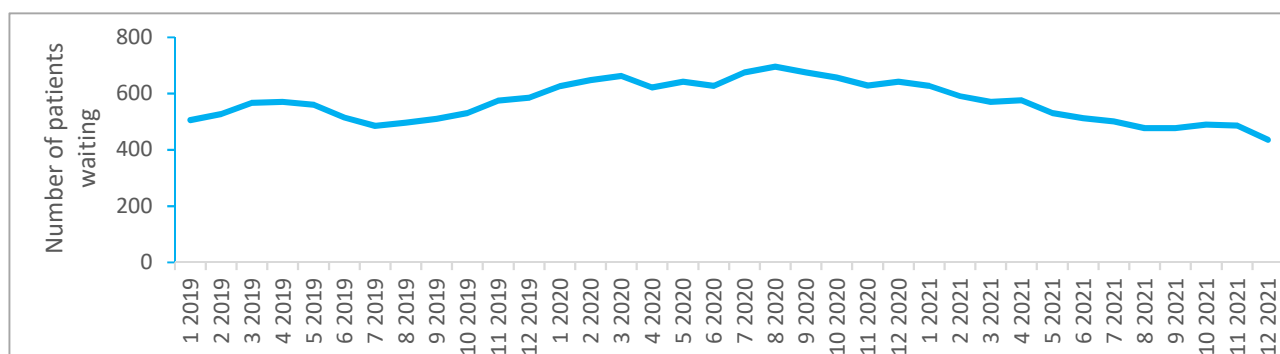
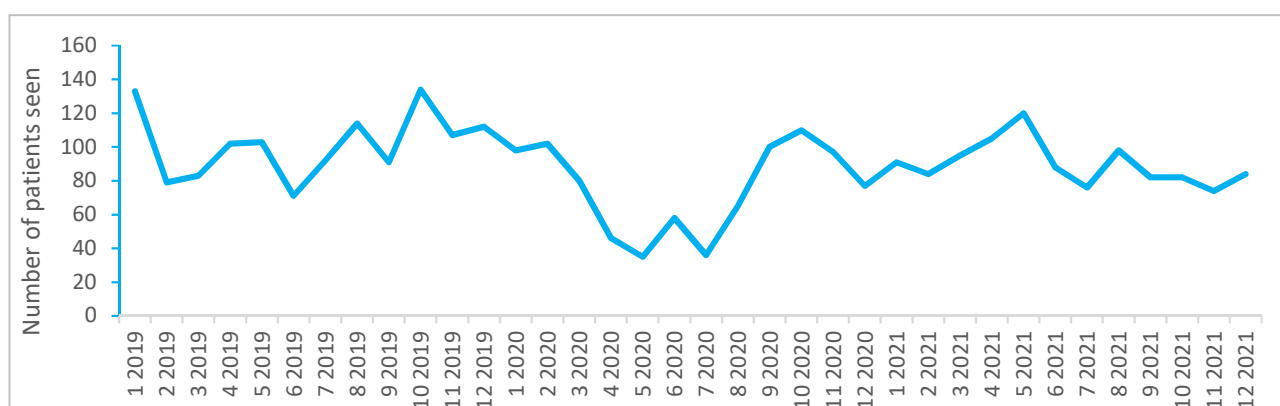


Figure 11. Number of patients seen, All AHP MSK specialties



15. Diagnostics

Update - At the end of December 2021 there were 139 new patients on the waiting list for a key diagnostic test. Of these, 107 (77%) had been waiting greater than 4 weeks and 101 (73%) had been waiting greater than 6 weeks. The numbers waiting has decreased in the past few months, reducing from 197 in October 2021 to 166 in November 2021.

Figure 12 provides an overview of the distribution of waiting times for the 6 of the 8 key diagnostic tests stated below, given that MRI scans and Barium studies are not currently conducted in Orkney. As can be seen the majority of patient waits are over 92 days. Figure 13 provides performance over time and shows special cause variation linked to high levels of performance in 2019 and early 2020 and further special cause variation in relation to the period March to December 2021 linked to a decrease in performance.

Endoscopy

- Upper Endoscopy
- Lower Endoscopy (excluding Colonoscopy)
- Colonoscopy
- Cystoscopy

Radiology

- CT Scan
- Non-obstetric ultrasound
- *MRI Scan (not included)*
- *Barium Studies (not included)*

Figure 12: Distribution of waits as of December 2021 – key diagnostics tests, The Balfour

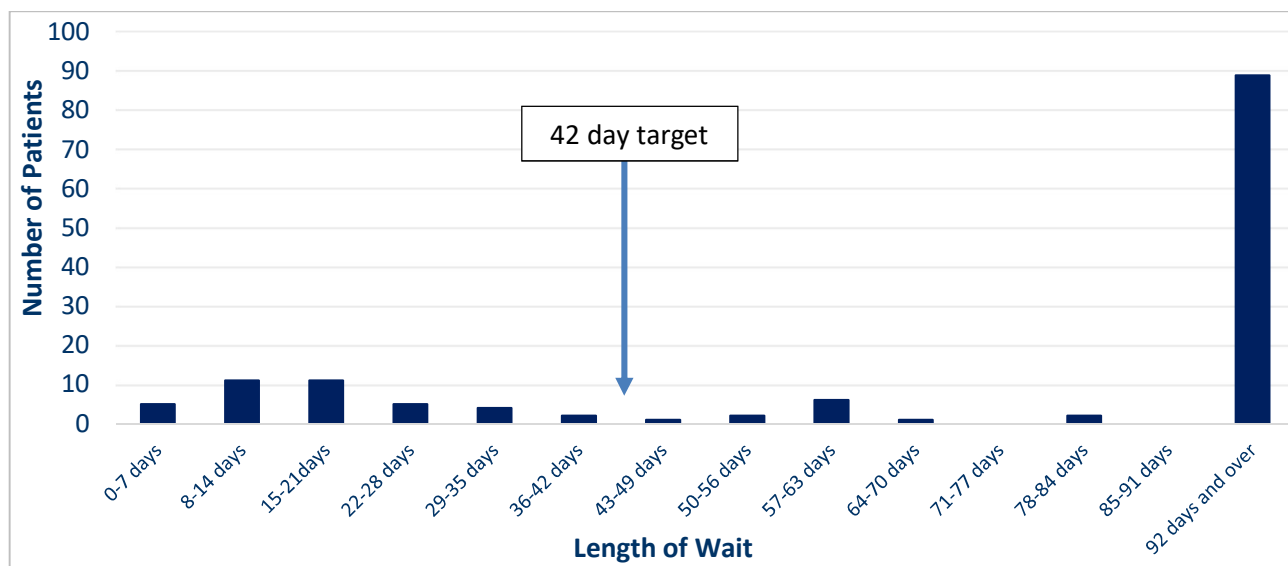
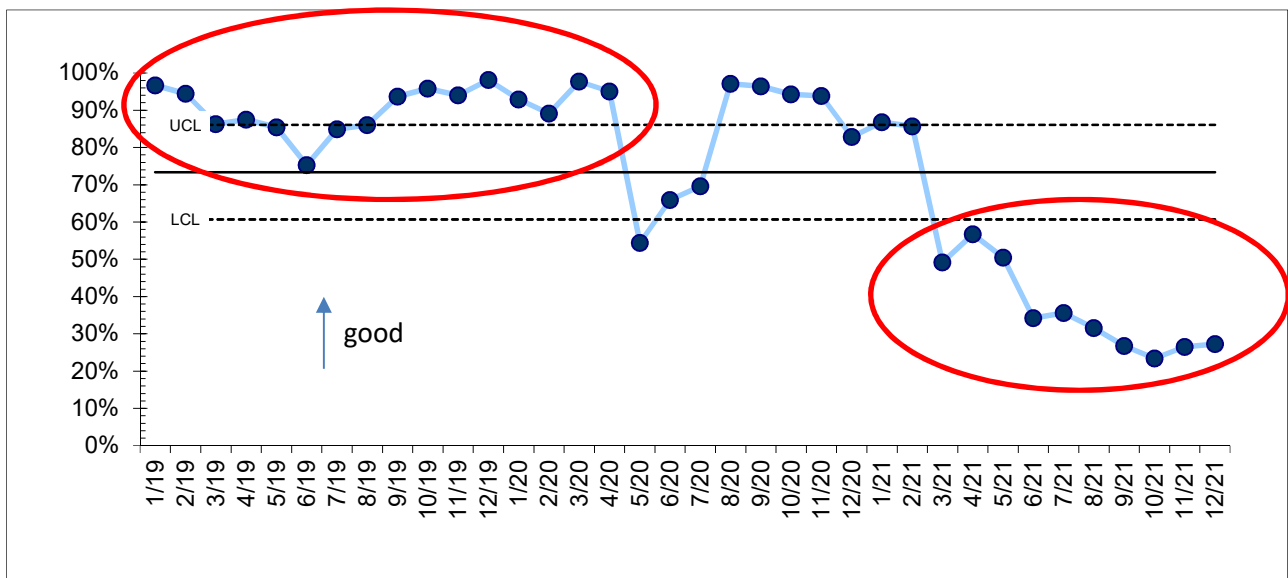


Figure 13: Percentage of patients waiting within 6 weeks for a key diagnostic test as of December 2021, The Balfour



Appendix 1: Performance Measures with No Update to Report

16. 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%.

17. 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.

18. 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.

19. 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 2021, 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.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Chairs Report - Finance and Performance Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Davie Campbell, Finance and Performance Committee Chair

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The Finance and Performance Committee reports through each NHS Orkney Board meeting, to ensure members receive any assurance given and action any issues raised.

2.2 Background

This report highlights key agenda items that were discussed at the Finance and Performance Committee meeting on 24 March 2022. It was agreed that this should be reported to the Board.

2.3 Assessment

1. NPD Contract Update

- Two posts had been funded within the contract; one Technical, one Financial. The decision had been taken to merge into one role
- An Authority Technical Advisor (ATA) had been appointed
- Following discussions with Scottish Futures Trust the decision was taken to part ways with the ATA company
- Two ATA posts were out for tender, supported by the Scottish Futures Trust and Health Facilities Scotland

NPD Contract Manager confirmed the appointment of an ATA was a mandated requirement and articulated there was no risk(s) currently as work was being carried out by companies with relevant expertise.

Members noted the update, were assured of progress and requested a further update at the next meeting.

2. NHS Orkney Climate Change Agenda

- Health Facilities Scotland were financing and providing expertise through contractors on the preparation of net-zero route maps for all Health Boards
- NHS Orkney would start work with the newly appointed contractor April 2022
- A significant amount of work had been carried out on buildings, the fleet, energy usage and waste and this would continue, to set baseline of emissions produced

The NPD Contract Manager confirmed governance matters would be taken to the National Sustainability Group, and the Executive Management Team for approval.

Members requested more detail in future papers:

- Resultant impact of running electric vehicles
- Savings on CO2 emissions and greenhouse gases
- Assessment of electricity and oil consumption
- Performance related detail such as emissions used on patient journeys, carbon footprint, financial and environmental consequences

Members noted the update provided and welcomed the excellent work to date and links made with national organisations.

It was agreed that the requested inclusions would be part of future reporting and that partnership working would be vital in progressing locally.

3. Financial Performance Report

- Significant overspend in Pharmacy £454k, Estates and Facilities £471k and Hospital Services £447k
- An underspend of £1.004m in Support Services

- Confirmation had been received from Scottish Government that Covid costs and unachieved savings would be funded
- A requirement to move from Non Recurring to Recurring Savings following the finding of the Audit Scotland report noting NHS Orkney were delivering Non Recurring Savings only
- Bridging Finance would be sought from Scottish Government next year, if required, as funding to break even would no longer be provided

The Interim Chief Executive noted that discussions with Scottish Government would continue around Covid costs, including associated risks and testing. He confirmed that the Vaccination Programme would continue as it formed part of NHS Orkney's Primary Care Improvement Plan.

Members reviewed the report and were assured of progress.

2.3.2 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Finance and Performance Committee 24 March 2022

2.4 Recommendation

Awareness

- To adopt the approved minutes of the Committee

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Finance and Performance Committee Minute - 25 November 2021

Appendix 1

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 25 November 2021 at 9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non-Executive Director (Vice Chair) (until 10.30am)
Meghan McEwen, Board Chair (from 11.00am)
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director
Jason Taylor, Non-Executive Director (deputising for M McEwen until 11.00am)

In Attendance: Louise Anderson, Waiting Times Co-Ordinator
Christina Bichan, Head of Assurance and Improvement
Christy Drever, Committee Support
Eddie Graham, Resilience Officer (for items F58 and F59)
Alison Hardie, Committee Support
Mark Henry, Medical Director
Richard Rae, IT Manager (for item F61)
Pat Robinson, Chief Finance Officer, IJB
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health (until 10.30am)

F53 **Apologies**

Apologies were noted from Stephen Brown, Michael Dickson and David McArthur.

F54 **Declarations of Interests – agenda items**

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

F55 **Minutes of Meeting held on 23 September 2021**

The minute of the meeting held on 23 September 2021 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- Page 3 F45, second bullet point should read "Performance with the 12 week outpatients waiting times continued to progress well"

F56 **Matters Arising**

F46 - Financial Performance Management Report

Members noted that the Primary Care review of pharmacy and prescribing costs within GP surgeries was ongoing and this would be added to the committee action log.

F57 **Action Log**

The action log was reviewed and updated as required.

Performance Management

F58

Lockdown Policy and Lockdown Plan The Balfour - FPC2122-20

The Resilience Officer attended to present the Lockdown Policy and Lockdown Plan for The Balfour, highlighting the following key points:

- Senior managers and executives on call should all be aware of the Policy and Plan, should the hospital need to go into lockdown.
- The documents provided are updated from those which were in place for the Old Balfour Hospital site, and highlighting the procedure for calling one of the four types of lockdown, including who has the authority to do so and any legal implications.
- Once the policy was improved, live testing of the plan would take place, with emphasis placed on ensuring that individuals involved in declaring a lockdown or undertaking the plan understand it in its entirety. This would include estates staff in particular, who would be involved at an operational level, should a lockdown be called.

Members noted that should it be required, many staff were set up to work remotely and meetings could be held via Microsoft Teams.

Decisions/Conclusion

Members approved the Lockdown Policy and Lockdown Plan.

F59

Chairs Report Resilience Group - FPC2122-21

The Resilience Officer attended to present the Chairs Report, highlighting the following key points:

- Business continuity plans were complete, with the exception of one which was in its final stages.
- A number of areas had been tested, though some had requested to delay testing due to significant pressure on services during remobilisation.
- Testing had been undertaken during the IT Firewall installation, ensuring that all critical areas had been successful. There had also been an opportunity to enact business continuity plans in November due to an NHS Grampian system outage which had disrupted most services throughout NHS Orkney, meaning manual processes were put in place.
- The Major Incident Plan was currently undergoing a refresh.
- Face fit testers had undergone training to use a new machine, which would remove any element of human error during testing, and reduce the time taken.
- A national trainer had visited in November to provide Chemical Biological Radiological Nuclear Decontamination training to staff. Liaison was taking place with Scottish Ambulance Service (SAS) Scottish Fire and Rescue Service and the Coastguard to see what resources might be available to support the decontamination process both off site and at the hospital.
- The Resilience Officer would be supporting the implementation and roll-out of the people safe lone working devices. These would be available for use to a range of services and departments particularly those staff members lone working in remote locations.

Members noted that as a rural island Board, the resources for response were smaller, which presented a risk to capacity should an event occur. The Resilience Officer was working with external partners surrounding this.

Decisions/Conclusion

Members noted the report and were assured of progress.

F60 Technology Enabled Care Board Chairs Report - FPC2122-22

The Director of Finance presented the Technology Enabled Care Board Chairs Report noting that the digital strategy had been brought to the committee for recommendation and that work was ongoing towards the Electronic Patient Record.

Members highlighted the challenge of connectivity across the isles for patients and noted that the IT Manager was in discussion with partners to ensure all areas were working together to improve this and had highlighted that the infrastructure being put in place on the isles by NHS Orkney, would be available to support further connectivity work from partners. The Director of Finance would ensure joint working continued to progress.

Members noted that the Electronic Patient Records System would not be in place for a significant period of time, as there was no suitable system available at present, however work was ongoing to progress this, and it remained a priority for the IT and eHealth department. The Director of Finance advised that he held regular discussions with other Executive Directors regarding this to ensure the system would be suitable for all colleagues.

Decisions/Conclusion

Members noted the update and were assured of progress.

F61 Digital Strategy 2021 – 2026 - FPC2122-23

The IT Manager attended to present the Digital Strategy for 2021 – 2026, noting that there had been many success stories for the IT and eHealth team, as well as the organisation as a whole, over the past 18 months. Key areas of the Digital Strategy highlighted included:

- The development of a global Electronic Patient Record system which was easily accessible for all staff
- The importance of staff ability to access systems and understanding how they use them.
- Developing systems for patients to manage their own conditions and records more effectively.
- Utilising technology to provide services in innovative ways and reduce travel needs and stress on patients.
- Enhancing security as the centre point of all technology, including raising awareness in staff.
- Further development of remote working systems to improve staff ability to work from home effectively

The IT Manager and Director of Finance stressed that this work would take time and would need appropriately resourced to tackle the challenge, however it would be well worth the effort to empower staff and patients.

Members welcomed the Digital Strategy, noting that finance, innovation and patient benefit were at the centre of all plans.

Members highlighted that the term “dental farm” would need to be explained, to allow those without prior knowledge of the term to understand its use within the document.

It was noted that further articulation of the impact of equality was needed, highlighting any inequalities which might be created or reduced through the strategy. The IT Manager advised that equality had been an important factor when developing the strategy, however he would ensure that this was articulated clearly within the document. It was also noted that work was ongoing with GP practices to develop remote working abilities, in the hopes to reduce inequalities for those practices out with the Balfour Hospital setting.

Members noted that Robert Gordon University were hoping to begin research on connectivity in Orkney and in future it might be valuable for NHS Orkney to link in with this.

Decisions/Conclusion

Members recommended the strategy for approval by the Board, subject to the addition of some minor points of clarification and articulation

F62

Performance Report - FPC2122-24

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

- Following a recent active governance session undertaken by Board members, work had taken place to develop a suite of information regarding training needed.
- Progress continued well towards the 4-hour emergency departments standard, with any breach usually associated with bed pressures and learning always taken.
- Outpatient capacity had been reduced, due to longer appointment times to allow for cleaning and distancing of patients, however progress was being made towards reducing longer waiting times, specifically in the ENT service.
- Work was ongoing with Golden Jubilee to reduce significant waiting times for patients, and assurance had been given that patients would be seen within this financial year.
- Cancer standards had been positive within the last reporting period, with some delays in access to treatment due to reliance on NHS Grampian. The team worked closely with the team in NHS Grampian to keep waiting time to a minimum, however there had been increased referrals compared to previous years.
- Routine diagnostic waits are longer than would be ideal, work was ongoing within the theatre team to schedule additional sessions to bring these waiting times down.
- Work was taking place with the Interim Director of Acute Services to reduce delayed discharges and proactively review bed capacity.

Members were advised that winter pressures had begun to effect capacity, however the full extent of this had not yet been seen.

Members noted that NHS Orkney had actively engaged with the Vanguard service in NHS Shetland, highlighting the reducing capacity of Golden Jubilee, and the potential for repatriating some patients to Vanguard. However, it was felt that due to the timings this would provide no benefit to the waiting times for patients and would prove to be more work for staff long term. It had been agreed that patients who had not yet been referred to Golden Jubilee would be reviewed and referred to Vanguard instead where appropriate. This had been highlighted to the Scottish Government who were actively monitoring the situation. It was hoped that the treatment times guarantee figures would improve by the next reporting period.

The Director of Finance raised that this would incur travel and accommodation costs, and Scottish Government would need to be approached for funding for this. The Head of Assurance and Improvement had prepared costings for this and contacted Scottish Government directly, who would review the allocation. Members noted that the future use of the Vanguard service as a long-term solution would be monitored going forward.

Members were advised that the theatre team were prioritising urgent cancer patients and urgent diagnostics referrals and were reviewing this process weekly to ensure waiting times were managed as well as possible, whilst seeing the most urgent patients quickly. It was noted that many patients waiting for referral were routine scopes, which was due to capacity of staff, however this was being actively managed and was improving.

It was noted that figures within psychology were up to date and the first set of data for Child and Adolescent Mental Health Services had been completed, however some more details were needed going forward. It was expected that the February figures would encompass this update.

Decisions/Conclusion

Members noted the update and were assured of progress

Financial Management and Control

F63 Financial Performance Report - FPC2122-25

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

- The year-to-date position was an overspend of £2.849m with an anticipated year end outturn of £4.705m overspend.
- At this stage in the reporting cycle the numbers are caveated and based on several assumptions:
 - The year-end position was heavily predicated on the delivery of £1.2m of identified savings.
 - It was anticipated that the Integration Joint Board would, in conjunction with NHS Orkney, deliver against its unachieved savings brought forward from 2020/21 of £0.800m.
 - Prescribing costs might be further impacted by ongoing Covid-19 concerns and EU Exit.
 - We continue discussions with other Health Boards to monitor Service Level Agreement activity and the impact of Covid on these costs in year.
 - Following conversations with Scottish Government colleagues, full funding for Covid 19 costs was now anticipated.

- Achievement of £1.43m of the £5.5m savings targets identified in the Remobilisation Plans was anticipated to be met during the remainder of the year.
- The main areas of overspend were within pharmacy, estates and facilities and hospital services. There was an offsetting underspend within support services.
- NHS Orkney was on track to deliver against the Capital Allocation for 21/22.

Decisions/Conclusion

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

F64 Financial Recovery Plan Draft 22/23 – 24/25 - FPC2122-27

The Director of Finance presented the Financial Recovery Plan, highlighting the following key points:

- Following production of the plan, a hugely encouraging meeting had been held with fellow executive directors. The plan would be updated in line with these conversations ahead of the Board meeting in December.
- The finance team had worked together to produce the recovery plan, following a letter from Scottish Government in October 2021.
- An assumed uplift of 1.5% had been factored in, however this would not be confirmed until the Scottish Budget was released on the 9th of December.
- With this assumption, by the end of 22/23, it was anticipated the NHS Orkney would be 6.5m overspent, which would increase each year if no action was taken.
- It was highlighted that getting locum costs under control would have a significant effect on savings.
- The ongoing effect of Covid 19 was not currently known.
- The recovery plan would be submitted to Scottish Government by the end of December 2021, with a further update by the end of January 2022. This would then need to be agreed by the Board and taken forward in 22/23.

Members noted that controls on recruitment of locums were needed to prevent financial commitments being made without the budget or clinical need. The Medical Director would take this forward and continue work on the sustainable medical model.

Members acknowledged the spend on mental health services and the need to manage these costs more effectively each year. The Chief Finance Officer was reviewing the Service Level Agreement held with NHS Grampian to ensure a thorough understanding of the services provided within it. Work would progress to understand the funding for mental health services and how the budget for this area could be made more sustainable and manageable long term.

Recruitment of a Consultant Psychiatrist was taking place, and it was hoped to have the vacancy filled in the near future. Members noted that it was important to understand what roles and service provision needed to be funded, to allow a review of where the funding could come from to take place.

The Medical Director felt that in future a full review of the medical models across the organisation would be needed to assess the health needs and provisions available.

The Director of Finance advised that a plan was being developed to have various workstreams to sit underneath the Financial Recovery Plan, which would report into the Finance and Performance Committee.

Members acknowledged the need to have collective conversations with the Integration Joint Board, and to work together both operationally and strategically, to achieve financial balance.

Members highlighted the need to ensure that financial recovery was in line with clinical governance and patient centred care going forward, and that the Board was sighted on all aspects of risk in a timely manner. It must be communicated clearly that changes are made with our community and service needs at the centre, rather than only for financial reasons.

Members highlighted that the recovery plan would require an organisational wide effort, rather than being the sole responsibility of financial staff.

Decisions/Conclusion

Members noted the update and were assured of progress.

F65 2021/22 Capital Plan - FPC2122-28

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

- The Scottish Government provided NHS Orkney with a Capital Resource Limit of £.978m
- This was broken down across Estates, IT, Medical Equipment and any spend already committed.
- The Board would discuss a proposed capital to revenue transfer of £250k with the Scottish Government.
- Discussion had taken place with the Estates team surrounding utilising unspent capital resource which had been allocated to Medical Equipment, and plans were in place to spend this.
- Discussions were taking place with the Scottish Government regarding surplus funds from the sale of local properties, being utilised on island rather than returned to Scottish Government.
- It was hoped that a decision could be made regarding disposal of the old Balfour site in 2022/23

Decisions/Conclusion

Members noted the updated Capital Plan for 2021/22

F66 Risk Register – Finance - FPC2122-29

The Director of Finance presented the report on the Finance Risk Register noting that a number of risks were combined under one heading to highlight the major risks associated with achieving the Board's three financial targets:

- Revenue Resource Limit (RRL)
- Capital Resource Limit (CRL)
- Cash Requirement

Members highlighted the risk associated with properties which had not yet been disposed of, as they had significant financial implication for the Board. It was noted that this risk was part of the daily management of the finances, and therefore did not form a part of the corporate risk register. Disposal of some properties was in progress, and it was hoped to continue this during the coming year.

The Board Chair asked that performance-based risks were incorporated within this report in future.

Members discussed the assurance routes for the Integration Joint Board and the need to ensure appropriate reporting between both partners to allow assurance to be taken.

Decisions/Conclusion

Members noted the updated risk register and were assured of progress.

Governance

F67 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

F68 Agree key items to be brought to Board or other Governance Committees attention

Members agreed that the following items should be raised to the Board via the Chairs Report for assurance:

- Lockdown Policy and Lockdown Plan
- Digital Strategy
- Financial Performance Report
- Financial Recovery Plan
- Capital Plan

F69 Any Other Competent Business

There was no other competent business.

Items for information and noting only

F70 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 27 January 2021.

F71 Record of attendance

Members noted the record of attendance.

F72 Committee Evaluation

The Chair praised the effective level of scrutiny of a wide variety of topics covered, with positive outcomes anticipated from the financial recovery plan.

The meeting closed at 12.03

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Wednesday, 28 April 2021
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 Committee for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update on and overview of risk management across NHS Orkney.

This paper links to the following priority areas of the Board.

- Quality and Safety

- Systems and Governance
- Sustainability

2.2 Background

NHS Orkney's Risk Management Strategy forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance. The Risk Management Strategy and Policy was approved by the Board at its December 2018 meeting following development by the Board's previous Director of Finance and Risk Management Lead. Work has been ongoing over the past 18 months to develop greater maturity in the risk management interactions across the health care system. As a result of these activities a refreshed Corporate Risk Register was approved by the Board of NHS Orkney at its June 2021 meeting.

A 3 tier risk management system has been developed which allows for escalation and de-escalation of risk as appropriate to take account of changes in our operating environment and organisational landscape with the Risk Management Forum playing an active role in this process.

The Corporate Risk Register is owned by the Chief Executive, who, in conjunction with the Executive Directors and members of the Board, ensures that strategic risks which would influence the 'business' aspects of managing the organisation are recognised and addressed. These risks may derive from:

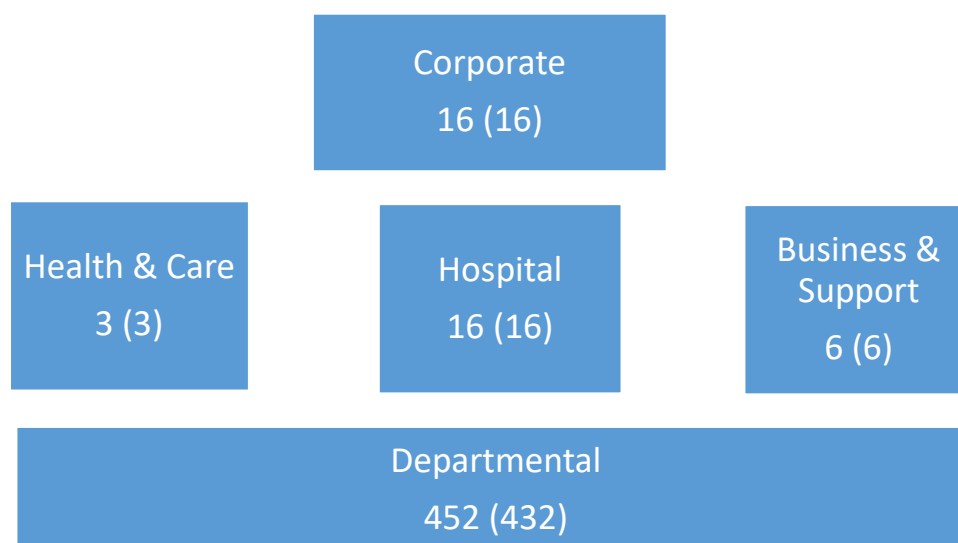
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

2.3 Assessment

The Risk Management Strategy referred to in Section 2.2 provides strategic direction for risk management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our documentation lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation.

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.

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 March 2022, with the position at the last update to Board 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 42 active Tier 3 risk registers now in place. 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.

The corporate risk register is provided in Appendix 1 and as can be seen there are currently 16 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. During the last reporting period there were no new or escalated risks added to the corporate risk register however the risk rating of risk number 510, in relation to corporate finance was increased from 16 to 20 to reflect Board escalation and the requirement to deliver financial recovery over a 3 year period.

The highest levels of corporate risk relate to the corporate financial position, health and safety compliance and information security, all areas where there is considerable improvement action ongoing with reporting to the Finance and Performance, Staff Governance and Information Governance Committees respectively.

There is no movement to report in relation to any of the Tier 2 risks on the Hospital, Business and Support or Orkney Health and Care Risk Registers.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at March 2022 and Table 2 provides the last reported position for reference. As can be seen there has been a small increase in risk exposure at a corporate level as a result of the increased rating of the corporate finance risk and a reduction within Hospital services.

Risk Exposure – Tables 1 & 2:

March 2022

Current Risk Exposure (Total score)	Very High	High	Medium	Low	Total	% of total
Corporate	100	121	13	0	234	41%
Health & Care	0	15	9	0	49	9%
Hospital	40	157	23	0	220	38%
Business & Support	0	44	24	0	68	12%
TOTAL EXPOSURE	140	339	60	0	571	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%		

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* is due for review in April 2022 with no change at its January 2022 update.

Corporate risk 554 *Failure to meet population health needs resulting from the pandemic* is remains rated as high with a score of 16 following review in March 2022 due to the ongoing uncertainty regarding the long terms impacts of Covid-19 infection.

2.3.2 Workforce

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

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 and the current risk level will remain until substantive appointments are made within the nursing leadership structures. 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

Corporate risks aligned to the Finance and Performance Committee are reported at each Committee meeting and there are no new risks in this area to highlight.

There are financial implications associated with corporate risk 551 in regards to potential loss of workforce productivity as a result of a disengaged workforce and an update on the position of this risk is due in June 2022.

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.

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 risk rating of this risk remained high at 16 following review in March 2022 however there are a number of work activities underway that are supporting NHS Orkney in discharging its responsibility in this area and the Sustainability Steering Group are developing an action plan which will respond to Scottish Government and UK Government requirements.

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

Title	Handler	Risk level	Risk level	Controls in place
Risk ID: 63 Because cruise liners dock, there is a risk outbreak on a liner services, both PH and Hospital be overwhelmed which could harm	Director of Public Health	4	8	Learning has been captured from Norovirus outbreak on a ferry in June 2010 and has been incorporated into the Port Health Plan. MOU in place with NHS Grampian, Shetland, Highland & Western Isles. Joint Port Health Exercise held annually at commencement of Cruise Liner season. Port Health Plan being reviewed by Ken Black to take into account new legislation. 2/3/2015 request from business section to regrade risk consequence which was completed
Risk ID: 311 NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient harm.	Chief Executive	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
Risk ID: 365 Potential non compliance with Health and Care (Staffing) (Scotland) Act	Director of Nursing, Midwifery & AHPs	12	9	Executive Lead – Acting DoNMAHP Professional Leads: Acting Nursing, Midwifery and AHP Medical Director Lead Dentist Executive & Senior Management Team meetings – Management Team Clinical Care & Governance, & Staff Governance framework; 6 monthly update report General Management Structure within Community Policies / Procedures / Guidelines Health & Care (Staffing) (Scotland) Act 2019: Guidance Summaries dated 17 Aug 21 RMP4: Health & Care Staffing Delivery Plan created 28 Sep 21 SG / HSP Board Self-assessment Report
Risk ID: 508 NHSO lacks adequate systems, safeguards & process which could result in data loss/system outage compromising patient care	Director of Finance	16	8	Improvement plan being developed being led by SIRO. With oversight mechanisms in place for delivery.

Risk ID: 509 Care and financial sustainability may be compromised should the current medical workforce model continue	Medical Director	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
Risk ID: 510 Corporate Finance Risk	Director of Finance	20	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.
Risk ID: 550 Nefarious Applications, Operators or Agents	Director of Finance	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.
Risk ID: 551 Failure to Deliver DHI Listening Exercise Action Plan	Chief Executive	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.

Risk ID: 552 Failure to Respond Appropriately to COVID 19	Director of Public Health	12	8	Mobilisation and Surge Plans in place to manage COVID 19 infection within community. Remobilisation planning undertaken to minimise the impact of the pandemic on access to services. Clinical prioritisation of access in place for elective care. Testing process in place and well established. Vaccination programme rolled out ahead of schedule.
Risk ID: 553 Impact of NHS Service Provision on Climate Change and Sustainability	Director of Public Health	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.
Risk ID: 554 Failure to Meet Population Health Needs Resulting from Pandemic	Director of Public Health	16	8	Clinical Strategy being developed which will consider future population health need.
Risk ID: 555 Failure to Meet Patients Specialist Healthcare Needs	Director of Acute Services	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.
Risk ID: 655 Senior Leadership, Oversight, and Support	Chief Executive	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.
Risk ID: 725 NHS Orkney's ability to comply with the requirements of the Manual Handling Operations Regulations 1992.	Director of HR	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.

				<p>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.</p> <p>Online learning tools to be reviewed to ensure training meets statutory requirements.</p> <p>Robust system for maintaining hoists in place.</p> <p>Robust system for inspecting slings in place.</p> <p>Policy is in place. Been reviewed and currently in process of being ratified.</p> <p>Risk assessment process is in place.</p> <p>Work already started on remedial action plan.</p> <p>Taskforce set up to deliver on Actions from HSE reports.</p>
<p>Risk ID: 726</p> <p>NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.</p>	<p>Director of HR</p>	20	6	<p>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.</p> <p>Conversations taking place with external trainers to support backlog.</p> <p>Due to Covid, issues in accessing sufficient training for the V&A lead.</p> <p>Work already started on remedial action plan.</p> <p>Taskforce set up to deliver on Actions from HSE reports.</p> <p>Challenge freeing up staff time to attend training.</p> <p>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.</p> <p>Online learning tools to be reviewed to ensure training meets statutory requirements.</p> <p>Policy is in place. Been reviewed and currently in process of being ratified.</p> <p>Risk assessment process is in place.</p>
<p>Risk ID: 923</p> <p>Data Security - Control of Access to Clinical & Non-Clinical Personal Data</p>	<p>Director of Finance</p>	20	4	<p>IT Access request process</p> <p>Information Security Policy</p>

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 28 April 2022
Title:	Chairs Report – Audit and Risk Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Jason Taylor, Chair – Audit and Risk Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe

2 Report summary

2.1 Situation

The Audit and Risk Committee met on the 1 March 2022 and agreed the following concern should be reported to the Board.

- Reduced attendance at meetings of the Information Governance Committee

2.2 Background

The Audit and Risk Committee reports key agenda items following every meeting along with approved minutes for adoption as detailed in the Model Standing Orders. This report is produced in fulfilment of this requirement.

2.3 Assessment

Attendance at meetings of the Information Governance Committee

Members noted that there had been reduced attendance at recent meetings of the Information Governance Committee meetings and wanted to raise to the Board the importance of promoting attendance to all members due to the important nature of the meetings for the organisation as a whole.

2.3.1 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Audit and Risk Committee meeting, 1 March 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Audit and Risk Committee meeting held on 7 December 2021.

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 7 December 2021** at **11:30**

Present: David Drever, Chair
Jason Taylor, Vice Chair
Issy Grieve, Non-Executive Board Member
Fiona MacKellar, Employee Director

In Attendance: Christina Bichan, Head of Assurance and Transformation
Mark Doyle, Director of Finance
Colin Morrison, External Auditor, Audit Scotland
Keren Sommerville, Head of Finance
Matthew Swann, Internal Audit associate Director, Azets
Emma West, Corporate Services Manager

A107 **Welcome**

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

A108 **Apologies**

Apologies were received from Michael Dickson and Louise Wilson.

A109 **Declaration of Interest – agenda items**

No interests were declared.

A110 **Minutes of previous meeting held on 07 September 2021**

The minute of the Audit and Risk Committee meeting held on 7 September 2021 were received by the Committee and approved as a true and accurate record of the meeting.

A111 **Matters Arising**

No matters arising were raised.

A112 **Action Log**

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

A113 **External Audit**

There were no items for discussion at this meeting.

Internal Audit

A114 **Progress Report – ARC2122-55**

Members received the report which provided a summary of Internal Audit activity since the last meeting.

Decision / Conclusion

The Audit and Risk Committee noted the progress report

A115 Delayed Discharge – ARC2122-56

M Swann presented the report which provided assurance that NHS Orkney's procedures reflected good practice in a number of areas. There had been two areas for improvement noted which, if addressed, would strengthen NHS Orkney's control framework. These were around the formal reissuing of existing Delayed Discharge related policies and procedures and adjustments to the Delayed Discharge database to include the prescribed fields.

It was noted that the integrated relationships between the health and social care sectors allowed for communication of social care needs at an operational and strategic level, but that final decision on capacity in the social care sector remained outside the Boards control and was a key factor impacting the performance data.

J Taylor welcomed the positive report, acknowledging that there were controls which were out with the confines of NHS Orkney.

The Chair noted the importance of close working with the Integration Joint Board and queried whether it was possible to categorise the delayed discharges by distinct age groups; it was agreed that this information could be provided.

Decision / Conclusion

The Audit and Risk Committee noted the report and agreed that an update on the outcomes should be provided to the Board.

A116 Remobilisation Strategy – ARC2122-57

M Swann presented the report, which confirmed that NHS Orkney had a good Remobilisation planning process, aligned with the national guidance provided by the Scottish Government. This was supported by timeous submission of each iteration of the Remobilisation Plan and reporting on achievement of the remobilisation deliverables to both the Scottish Government and the Board.

It was noted that there had been challenges in ensuring that the tone and summary were balanced, reflecting that the ask from Scottish Government had been iterative. There had been appropriate agility to meet all the key requirements and ensure that key stakeholders were engaged.

One minor recommendation had been made to more clearly and overtly demonstrate the cross-reference between the Remobilisation Plan actions recorded on the Whole System Recovery Group action log and priorities set out in Remobilisation Plans to avoid ambiguity.

Decision / Conclusion

The Audit and Risk Committee noted the report and took assurance that the recommendation was now complete.

Internal and External Audit Recommendations

A117 Internal and External Audit recommendations follow-up report – ARC2122-60

Internal Audit Recommendations

Members were advised that twenty audit recommendations had been brought forward following the last report. Extensions were sought for six of these recommendations and approval was sought for six recommendations for completion. Fourteen recommendations remained in progress with estimated completion dates throughout 2021/2022.

External Audit Recommendations

The recommendation received by the committee in June 2021 had been included to show current progress.

J Taylor questioned the timescale for the completion of the recommendation around Service Level Agreements and was advised that this was being reviewed on an ongoing basis and formed part of the financial recovery plan.

I Grieve noted that these were ambitious plan being carried out by a small team of staff which should be acknowledged. She questioned the confidence levels around the extensions being requested and whether these were adequate. The Director of Finance advised that many of the extension related to final approval of the Clinical Strategy, scheduled for February 2022, and were achievable.

The Employee Director noted that she understood, as a committee member, why extensions were requested but it was important for the organisation that this rationale was also communicated to staff to enable engagement to continue in a timeous fashion.

M Swann responded that full information had been provided around the small number of outstanding recommendations, to understand the complexity of some of the work required.

Decision / Conclusion

The Audit and Risk Committee noted the status and update of the actions and approved any amendments to timescales or closed items.

A118 Agreed items to be taken to Board regarding Audit recommendations

It was agreed that the full audit recommendations report, as presented, would be provided to the next meeting of the Board.

Information Governance

A119 Information Governance Group Chair's Report and approved minutes – ARC2122-61

The Director of Finance presented the Information Governance Group Chair's Report and approved minutes, providing an overview of the business and assurance received at recent Information Governance Committee meetings.

Members were advised of the recent recruitment to posts within the Information Governance Team, following an audit and recommendations to this effect. Training also being completed across the organisation around data security and information governance, to ensure that this remained a high priority.

The Chair welcomed the positive improvements made and the work of team in addressing issues raised.

J Taylor questioned if there were any identifiable reasons for the increase in Subject Access Requests (SARs) or additional resources to respond to these. The Director of Finance noted that this would continue to be monitored by the team and reported through the Information Governance Committee.

Decision / Conclusion

The Audit and Risk Committee noted the report and approved minutes.

A120 Fraud

There were no items for discussion at this meeting.

Risks

A121 Risk and Assurance Report – ARC2122-62

The Head of Assurance and Improvement presented the report which provided an update on and overview of risk management across NHS Orkney.

A three tier risk management system had been developed which allowed for escalation and de-escalation of risk as appropriate, to take account of changes in the operating environment and organisational landscape with the Risk Management Forum playing an active role in the process.

Engagement in the identification, assessment, review and management of risks was very positive across all departments and the Clinical Governance and Risk Facilitator continued 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 had been a particular focus on the assessment of risks associated with violence and aggression and manual handling across the organisation. This work had been taken forward at pace and with completion rates rising, analysis of gaps in controls and risk exposure was being undertaken to ensure mitigation was prioritised based on highest areas of risk.

The Chair questioned the format of support provided around developing risk registers and was advised that this was currently one to one support but was being reviewed as part of overall management training bundles to embed inherent basic skills across the organisation.

The Employee Director agreed that the support in developing team risk registers has been fantastic.

I Grieve questioned the reassignment of risks, if the risk holder was currently long term absent, and was advised that this had taken place as part of the redistribution of management responsibilities.

Decision / Conclusion

The Audit and Risk Committee noted the update and took assurance on progress being made.

A122 Risks Escalated from other Governance Committees

There were no items for discussion at this meeting.

Governance

A123 Agree items to be brought to attention of Board or other Governance Committees

The Committee agreed that the following items would be brought to the attention of the Board

- Delayed discharges
- Audit Recommendations
- Information Governance progress report
- The significant improvements being seen across the organisation in relation to risk management

Decision / Conclusion

The Audit and Risk Committee noted the update and took assurance on progress being made.

A124 Any Other Competent Business

No other competent business was noted.

***Items for Information and Noting only**

***Audit Scotland Reports**

A125 Audit Scotland Technical Bulletin 2021/03

Members noted the extract from the technical bulletin.

***Counter Fraud Services Reports**

A126 The following reports were noted by the Committee:

- Rolling COVID-19 Intelligence Alert
- Medical Practice Invoice Fraud – General Alert 03-2021/22
- Whale Phishing Emails – 06-2021/22

11.2.1

A127 ***Reporting Timetable for 2021/22**

Members noted the schedule of meetings for 2021/22.

A128 ***Record of Attendance**

The Committee noted the record of attendance.

Meeting closed at 12:30

Key Documentation issued by Scottish Government Health and Social Care Directorates

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2022)04	16.02.2022	Further information for healthcare professionals – targeted deployment of COVID-19 medicines for non-hospitalised patients
PCA(O)(2022)02	21.02.2022	General Ophthalmic Services (GOS): community optometry practice premises ventilation enhancement grant
DL(2022)05	22.02.2022	Healthcare Workers to revert back to twice weekly Lateral Flow Device (LFD) testing
PCA(M)(2022)01	23.02.2022	Special public holiday to celebrate the Queen's platinum jubilee
CMO(2022)06	28.02.2022	COVID-19 vaccination programme: spring dose programme; universal offer for 5 to 11 year olds
PCA(M)(2022)02	01.03.2022	GP Premise funding
PCA(D)(2022)03	02.03.2022	Recovery of NHS dental services: revised payment arrangements
PCA(P)(2022)04	03.03.2022	Community pharmacy ventilation enhancement allowance
CMO(2022)07	04.03.2022	Deferral of fertility treatment for patients who are not vaccinated against COVID-19 – review
PCA(D)(2022)04	07.03.2022	Recovery of NHS dental services: sustainability funding
PCA(P)(2022)05	09.03.2022	Additional pharmaceutical services: Gluten Free Food Prescribable Product List
PCA(P)(2022)06	18.03.2022	Universal access lateral flow device test kits - community pharmacy covid-19 test kit distribution service - end date for the service
CMO(2022)09	18.03.2022	Seasonal influenza: use of antivirals 2021-22
PCS(AFC)(2022)01	22.03.2022	Organisational change pay protection
PCA(M)(2022)03	22.03.2022	Provision of Vaccinations
PCA(M)(2022)04	22.03.2022	Universal access lateral flow device test kits – dispensing practices COVID-19 test kit distribution service – end date for the service
DL(2022)06	23.03.2022	Partnership agreement between NHSScotland Counter Fraud Services and NHS boards

Reference:	Date of Issue:	Subject:
		and national health boards
CMO(2022)10	24.03.2022	Update on appraisal process
CMO(2022)11	25.03.2022	Chief Medical Officer Taskforce to Improve Healthcare and Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse
PCA(M)(2022)05	28.03.2022	Update on various arrangements made for general practice during the Covid-19 Pandemic
DL(2022)07	31.03.2022	De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures
PCA(M)(2022)07	31.03.2022	Item of service fees for GP practices continuing to provide vaccinations after 1st April 2022
PCA(M)(2022)06	31.03.2022	Update on statement of Financial Entitlements
CMO(2022)12	31.03.2022	Human Papillomavirus (HPV) vaccination programme: change in schedule from 3 to 2 doses for eligible men who have sex with men (MSM)
CMO(2022)13	31.03.2022	Vaccination Transformation Programme - Travel Health Services
CMO(2022)14	31.03.2022	Vaccination Transformation Programme: rollout - 1 April 2022
CMO(2022)15	31.03.2022	Chief Medical Officer's rape and sexual assault taskforce - environmental monitoring regime
DL(2022)08	01.04.2022	The Queen's Platinum Jubilee
PCA(M)(2022)08	01.04.2022	No cervix / No further recall exclusions
DL(2022)09	01.04.2022	National Health and Social Care Workforce Strategy: Three Year Workforce Plans
CDO(2022)01	01.04.2022	De-escalation of COVID-19 infection prevention and control (IPC) measures
CDO(2022)02	04.04.2022	Updated Standard Operating Procedure (SOP) April 2022
PCA(P)(2022)07	08.04.2022	Community pharmacy public health service poster campaigns 2022

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

13.3

[illegible]