

NHS Orkney Board

23 June 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 23 June 2022**
at **1:00 pm**.

Meghan McEwen
Chair

Agenda

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of previous meetings held on 28 April 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
6	Annual Accounts	<u>Not to be made public until laid before Parliament</u>		
6.1	NHS Orkney Annual Accounts for year ended 31 March 2022	Director of Finance	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee
6.2	2021/22 Annual Audit Report from External Auditor	Director of Finance	<u>Restricted Distribution</u>	To <u>approve</u> as recommended by Audit and Risk Committee

Item	Topic	Lead Person	Paper Number	Purpose
7	Governance			
7.1	Governance Committee Annual Reports for 2021-22 <ul style="list-style-type: none"> • Audit and Risk • Joint Clinical and Care Governance • Finance and Performance • Remuneration • Staff Governance 	Chair	OHB2223-15	To <u>provide</u> a summary of the assurance process and note the Governance Committee Annual Reports
7.2	Governance Committee membership and Board appointment	Corporate Services Manager	OHB2223-16	To <u>approve</u> the amendments to committee membership
7.3	Second Review of the Joint Inspection of Services for Children and Young People in Need of Care and Protection	Chief Officer	OHB2223-17	To <u>present</u> the Care Inspectorate's Second Progress Review of the Joint Inspection
8	Strategy			
8.1	Clinical Strategy	Medical Director	OHB2223-18	To <u>approve</u> the Strategy as recommended by the Joint Clinical and Care Governance Committee
8.2.1	Whistleblowing Standards – Annual Report 2021/22	Medical Director	OHB2223-19	To <u>note</u> the information from the annual report
8.2.2	Whistleblowing Champion – Assurance Statement	Whistle Blowing Champion	OHB2223-20	To <u>take</u> assurance from the report
9	Clinical Quality and Safety			
9.1	Healthcare Associated Infection Reporting Template	Medical Director	OHB2223-21	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting

Item	Topic	Lead Person	Paper Number	Purpose
9.2	Covid-19 update	Director of Public Health	OHB2223-22	To receive an <u>update and assurance</u> on Covid-19 cases, testing and vaccination activity.
9.3	Area Clinical Forum Chairs report and minutes from meetings held on 1 April 2022	Area Clinical Forum Chair	OHB2223-23	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
10	Workforce			
10.1	Health and Safety Executive update	Interim Director of Human Resources	OHB2223-24	To <u>note</u> the update and take assurance on progress to date
10.2	Staff Governance Committee Chairs report and minute from meeting held on the 24 November 2021	Staff Governance Committee Chair	OHB2223-25	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Organisational Performance			
11.1	Financial Performance Report	Director of Finance	OHB2223-26	To <u>review</u> the in year financial position and <u>note</u> the year to date position
11.2	Financial Sustainability Report	Director of Finance	OHB2223-27	To seek <u>assurance</u> around arrangements and progress
11.3	Performance Management Report	Director of Finance	OHB2223-28	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
11.4	Finance and Performance Committee Chair's Report and minute of meeting held on 24 March 2022	Finance and Performance Committee Chair	OHB2223-29	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes

Item	Topic	Lead Person	Paper Number	Purpose
12	Risk and Assurance			
12.1	Corporate Risk Register	Interim Chief Executive	OHB2223-29	To <u>review and approve</u> the new set of corporate risks which have been agreed by the Executive Management Team.
12.2	Audit and Risk Committee Chair's Report and minute of meeting held on 1 March and 3 May 2022	Audit and Risk Committee Chair	OHB2223-30	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
13	Any other competent business			
14	Items for Information			
14.1	Board Reporting Schedule 2022/23*			To <u>note</u> the timetables
14.2	Record of Attendance*			To <u>note</u> attendance record

Open Forum – Public and Press Questions and Answers session

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

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 28 April 2022** at
10:00 am

Present

Meghan McEwen, Chair
Davie Campbell, Non-Executive Board Member
Des Creasey, Non-Executive Board Member
Ceri Dare, Non-Executive Board Member
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Caroline Evans, Non-Executive Board Member
Martha Gill, Non-Executive Board Member
Issy Grieve, Non-Executive Board Member
Mark Henry, Medical Director
Steven Johnston, Non-Executive Board Member
Joanna Kenny, Non-Executive Board Member
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
Mary Moore, Interim Director of Nursing, Midwifery and AHPs
Emma West, Corporate Services Manager

B1 Presentation – Young People’s Mental Health

Tamsin Bailey, Relationship Scotland Orkney and Nicola Reed, Cruse Bereavement Care Scotland joined the meeting to provide Board members with a presentation on how their services provided mental health support for children and young people in Orkney.

The presentation gave an overview of current issues presenting including those around anxiety and depression, gender identity and sexuality, childhood trauma, relationships and bereavement. It was noted that these issues were very often interwoven, and staff were looking to collaborate and signpost young people to safe spaces.

The referral journeys for each service was noted along with numbers currently engaging and the wider support available. This was not a time limited model and young people would be supported for as long as required.

It was paramount that young people were listened to and responded to, ensuring that their needs were well articulated and met. Issues being raised were not just specific to Orkney and were common across Scotland, with strong evidence that external support outside of immediate relationships was hugely beneficial.

When considering what could help going forward this was a mixed approach, including building increased capacity, widening skills and better involving young people in decision making to ensure they felt included, listened to and validated. Building resilience and coping strategies in advance in young children was also vitally important.

Members welcomed the collaborative community support network already in place and

the hard work off all organisations in establishing and progressing this. The following points were noted:

- As work progressed there would be a need to shift from reactive to preventive interventions to better support the needs of young people especially around LGBTQ+
- Joint working was not without challenges and wider capacity would be required to open referral pathways further and consideration should be given to building collaborative networks into funding models
- There was a clear understanding in schools and some clinical services around signposting children to support at point of contact, but this needed to be widened and the message continue to be reinforced

The Board thanked T Bailey and N Reed for taking the time to attend the meeting and for their thought provoking and informative presentation.

B2 Welcome and Apologies

No apologies were noted.

The Chair welcomed Des Creasey, Ceri Dare and Martha Gill to their first meeting of the NHS Orkney Board.

Thanks, were given to Fiona MacKellar, for her 6 year contribution to the Board as Employee Director, especially for her dedication, commitment, collaborative approach to partnership working and the guidance and support that she had always provided to staff and other Board Members.

The Chair also advised that this would be the last meeting attended by James Stockan as he would be stepping down from his role on the NHS Orkney Board. His contributions, scrutiny and challenge had been appreciated, especially with regard to his role on the Finance and Performance and Remuneration Committees and the Board wished him luck for his future endeavours.

B3 Declarations of interests

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

B4 Minutes of previous meetings held on 24 February 2022

The minute of the meeting held on 24 February 2022 was accepted as an accurate record of the meeting and was approved.

B5 Matters Arising

No matters arising were raised.

B6 Board Action Log

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

Governance

B7 Governance Committee Membership – OHB2223-01

The Corporate Services Manager presented the report seeking approval of the reviewed and updated Governance Committee membership and appointment of Chairs and Vice Chairs.

Decision / Conclusion

The Board approved the reviewed and updated Governance Committee membership and the appointment of Chairs and Vice Chairs as detailed.

B8 Orkney Partnership Board – Vice Chairs Report – OHB2223-02

The Chair presented the report noting that the Orkney Partnership Board had met on the 22 March 2022 and wished to raise awareness around Child and Fuel poverty and engagement in delivery groups.

With the removal of the energy price cap, compounding the already widespread fuel poverty within Orkney, there was a requirement for a partnership approach and work to be undertaken by the thematic delivery groups. Collaborative work should continue across all services and organisations to progress this important issue.

Decision / Conclusion

The Board noted the update provided and were supportive of a proactive collaborative approach going forward and for the Board to seek assurance that this was progressing.

Clinical Quality and Safety

B9 Healthcare Associated Infection Prevention and Control Report – OHB2122-03

The Medical Director presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives.

Standards in relation on Staphylococcus Aureus Bacteraemia (SAB) and Clostridioides Difficile infection had not been met, but a detailed investigation into cases had shown no commonality.

DL (2022)07 issued on the 1 April 2022, detailed the risk assessed approach to de-escalation of some measures. This would be a deliberate and staged approach to increase capacity in a controlled way, ensuring all consequences were understood.

The Chair noted the enthusiasm across NHS Scotland to implement learning from the pandemic and maintain areas of good practice and suggested a reflective exercise to understand and release capacity around joint working.

I Grieve noted the importance of patients views and feedback to triangulate experience with data and it was agreed that these types of initiatives would be developed moving forward.

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.

B10 Covid-19 update – OHB2223-04

The Director of Public Health presented the report which provided an update on Covid-19 cases, testing and vaccination activity. Highlighting the following:

- There had been a marked decline in covid cases, but this was caveated by the fact that cases were no longer reported with the same diligence as previously and there was a requirement to consider the broader national picture across Scotland
- Locally wastewater sampling also showed a decrease in prevalence
- Those cases identified using a PCR test indicated that the Omicron variant BA.2 was now the dominant variant
- Work was underway to step down testing and contract tracing, in line with the Scottish Government Strategic aim. Contact tracing would now focus on high risk settings and specific groups
- Vaccination delivery continued alongside planning for the autumn campaign and vaccination rates locally remained good.
- Other notifiable infections were increasing which mirrored the picture nationally
- National screening programmes were progressing, and were being carried out in line with national guidance

The Chair celebrated the excellent work of the team and the progress made to reduce inequalities in key areas.

C Dare questioned the staffing model going forward and was advised that staff contracts included health improvement work and the team had been able to consider individuals skill sets and utilise these to boost public health workstreams and open opportunities for those individuals going forward in an holistic manner.

I Grieve welcomed the decline in case numbers but also noted a degree of apathy within the general population. The Director of Public Health advised that anyone testing positive should be encouraged to report the result as this would enable them to access all support service available, but the ask of the Scottish Government was changing from testing individuals to management of those with symptoms.

D Campbell sought assurance that communication around the current messaging was adequate and was advised that this had been covered in the Facebook live session and through various methods of reminders and outreach work, but that there was a shift to personal responsibility.

C Dare questioned the support available for those in shielding groups and was advised by the Director of Public Health that those who were clinically extremely vulnerable had been supported throughout and this would continue, including access to antiviral where appropriate. The shift in the programme would enable more resources to be focused on these groups and consider different and wider

approaches.

Decision / Conclusion

The Board noted the update provided and the current status of testing and vaccination programmes.

B11 Chairs Report Joint Clinical and Care Governance Committee Chairs report and minute of meeting held on the 26 October 2021 – OHB2223-05

Steven Johnston, Chair of the Joint Clinical and Care Governance Committee presented the Chair's report from the meeting held on the 5 April 2022. The report highlighted the following:

- The Committee Annual Report had been approved with an acknowledgment that there would be further development and refinement of the workplan to fulfil the joint Clinical and Care Governance role of the Committee.
- Members had received the Mental Health assurance report, which noted the successful recruitment around leadership in the service and a real enthusiasm within teams to move forward in a positive direction with further planned recruitment.
- The Performance Report had been welcomed especially the information around falls and pressure ulcers, further information around the correlation with staffing levels had been requested for future reporting.

Decision / Conclusion

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

B12 Chairs Report Area Clinical Forum and minutes of meetings held on the 3 December 2021 and 1 March 2022 – OHB2223-06

Steven Johnston, Chair of the Area Clinical Forum presented the Chair's report from the Area Clinical Forum meetings held on the 1 March and 1 April 2022. The report highlighted the following:

- There were current recruitment and retention issues facing dental practices for both support staff and clinicians. Additionally, the GP BMA workforce survey had highlighted the impact increased workload was placing on staff, compounded by additional asks including shifting of covid pathways and lack of a hospital phlebotomy service and AHP services had raised concern around vacancy management and the requirement for clinician involvement in this process
- The Forum would remain involved with the work of the Financial Sustainability Office, contributing to plans and highlighting the key role of the advisory committees
- Discussions continued around eHealth developments and challenges, and there was an enthusiasm to engage as appropriate.

Regarding issues around recruitment and retention, it was noted that innovative ideas and practices were required, considering how better to engage with the community and specific specialities to attract new staff.

Members were advised that the Electronic Patient Record Management Group were

now active, and work was ongoing to continue to improve and innovate. It was agreed that communication of these updates to ensure awareness throughout the organisation was essential.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meetings held on the 3 December 2021 and 1 March 2022.

Workforce

B13 DHI update – OHB2223-07

The Interim Chief Executive presented the report noting the progress made in delivering the agreed recommended improvements and as outlined at the outset of the work, cultural change was complex and would span multiple years.

The outcomes from the Temperature Check exercise would be reported through the Area Partnership Forum and Staff Governance Committee.

J Taylor recognised the actions already taken but noted that staff needed to see the changes identified implemented and visible. The Interim Chief Executive noted that the outcomes were focused on lived change on a day to day basis throughout the organisation and he was confident that this was the right direction of travel and the workforce were engaged.

Decision / Conclusion

The Board noted the update provided and the wider work being progressed which would be reported through the APF and Staff Governance Committee to the Board.

Organisational Performance

B14 Financial Management Performance Report – OHB2223-08

The Director of Finance presented the report which provided analysis of the financial position for the period up to 28 February 2022. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the 11 months to February 2022 reflected an underspend of £0.086m, a slight improvement on the previous month. Funding of forecast Covid costs and unachieved savings had been confirmed in the allocation letter from the Scottish Government. The final accounts were still subject to external review but showed all three financial targets as being met.

The Chair noted the continued overspend in estate and facilities and requested a further in depth update and assurance around this and the expected refunds at the Finance and Performance Committee. The Director of Finance agreed that this would be reported but cautioned around increasing costs in fuel, food, and other areas.

Decision / Conclusion

The Board noted the content of the month 11 Financial Performance Report, and the expected achievement of the three targets against Revenue Resource Limit, Capital Resource Limit and Cash.

B15 Capital Plan 2022/23 – OHB2223-09

The Director of Finance presented the report which set out NHS Orkney's Capital Plan for 2022/23.

In line with previous years it was anticipated that the Scottish Government would provide NHS Orkney with a formulae allocation of £0.978m, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.

Decision / Conclusion

The Board approved the Capital Plan for 2022/23, noting that there was some flexibility around the split of the allocation and that further discussions would be held at Finance and Performance Committee around possible refurbishments to the King Street Property.

B16 Performance Management Report – OHB2223-10

The Head of Assurance and Improvement presented the report advising that performance improvements were being seen in many areas, although achievements of the standards remained adversely affected by the pandemic. Performance against the 4 hour Emergency Department and 31 day cancer standards continued to be met.

There was no public data yet available in relation to access to Child and Adolescent Mental Health Services, but assurance was provided that data was being submitted.

Several additional clinics and interventions had been established to help address backlogs and create longer term sustainable approaches, and clinical prioritisation remained to reduce the risk of harm and was in place across all specialities. The Medical Director added that discussions continued at a regional level to address capacity issues and the Board were fully involved in these.

Following recent discussions around active governance the report had been updated to make greater use of statistical process control. The Chair welcomed this improvement which simplified the process of analysis and scrutiny.

Decision / Conclusion

The Board reviewed the report, took assurance from the information provided and welcomed further refinement and amendments to the report going forward.

B17 Chairs Report Finance and Performance Committee and minutes of meetings held on the 25 November 2021 – OHB2223-11

Davie Campbell, Chair of the Finance and Performance Committee presented the Chair's report from the meeting held on the 24 March 2022. The report highlighted the following:

- Members had received an update on the NPD Contract, including assurance around progress.
- The Committee noted the update provided around the Climate Change agenda and baseline positions including the excellent work to date and links made with national organisations.

- The Finance Management Report had been received

J Taylor questioned the level of resource required to progress the sustainability and climate change agenda and was advised that it was envisaged that this would be managed within current resource and capacity. The Sustainability Steering Group were working through the requirements to outline the substantive work and workplan, to fully understand the requirements and focus around this important area.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 25 November 2021.

Risk and Assurance

B18 Corporate Risk Register – OHB2223-12

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.

D Campbell sought further information on the training in place for those raising risks and the communication process for risk owners. The Interim Chief Executive noted that there was still further work to complete in this area as processes were relatively new. There was a strong and consistent approach to how risks were recorded but it was acknowledged that risk scoring could be subjective. Work continued to understand requirements throughout the organisation, to enable training to be appropriately scheduled and compliment further development of the Risk Management Strategy.

Decision / Conclusion

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

B19 Chairs Report Audit and Risk Committee and minute of meeting held on the 7 December 2021 – OHB2223-13

J Taylor, Chair of the Audit and Risk Committee presented the Chair's report from the meeting held on the 1 March 2022. The report highlighted the following:

- Attendance at meetings of the information Governance Committee had been raised as a concern, and there was an ask to ensure that staff were reminded of the importance of attending these meeting and given the capacity to do so.

Decision / Conclusion

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

B20 Any other competent business

No other competent business was raised.

Items for noting**B21 Key Documentation issued – OHB2223-15**

Members noted the key legislation issued.

B22 Board Reporting timetables 2022/23

Members noted the dates of future meetings.

B23 Record of attendance

Members noted the record of attendance.

NHS Orkney Board Action Log Updated 16 June 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
01-2022/23					

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Governance Committee Annual Reports 2021/22
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 Committee for:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

Report summary

2.1 Situation

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

2.2 Background

All Governance Committees of the Board provide an annual report to provide the outcomes from the Committee, during the year, including any concerns, successes and areas for focus moving forward.

2.3 Assessment

These reports are submitted to the Audit and Risk Committee, ahead of the Board, in fulfilment of this requirement and to provide assurance that each governance Committee has fulfilled its remit.

2.3.1 Route to the Meeting

The Annual reports have been approved by the individual Governance Committees ahead of submission to the Audit and Risk Committee on the 3 May 2022. Due to Board operating under Agile Governance arrangements some reports have been considered and approved by Committees virtually and will be ratified at their next business meeting.

2.4 Recommendation

Assurance

- To **take assurance** from the Governance Committee Annual Reports that individual Committee remits have been fulfilled.

3 List of appendices

The following appendices are included with this report:

- Audit and Risk Committee Annual Report 2021/22
- Joint Clinical and Care Governance Committee Annual Report 2021/22
- Finance and Performance Committee Annual Report 2021/22
- Remuneration Committee Annual Report 2021/22
- Staff Governance Committee Annual Report 2021/22

Audit and Risk Committee

Annual Report 2021/22

Approval Record		Date
Audit and Risk Committee		3 May 2022
Board		TBC
Location and Access to Documents		
Location of master document		Corporate Services folder – G:Drive
Location of backup document		Meetings folder – G:Drive
Location of E&D assessment		n/a
Post holder(s) names at last review		
Chair		Jason Taylor
Vice Chair		VACANT
Lead Executive		Mark Doyle
Committee Support		Emma West

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1 Executive Summary

An effective Audit and Risk Committee is essential to a strong corporate governance culture within the NHS.

The role is a challenging one and needs strong, independent members with an appropriate range of skills and experience.

The Audit and Risk Committee benefits from a strong, collaborative relationship with NHS Orkney, which helps to ensure that the committee gets the support and information that it needs.

The committee also acts as the conscience of the organisation, which means providing insight and strong constructive challenge where required, such as on risks arising from fiscal and resource constraints, cyberattack and transformation programmes. It also challenges the agility of NHS Orkney Board to respond to emerging risks.

In order to assist the NHS Orkney Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board.

Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Audit and Risk Committee was David Drever, Non-Executive Board Member until his term on the NHS Orkney Board ended on the 31 January 2022.

The Vice-Chair of the committee was Jason Taylor, Non-Executive Board Member, who was appointed as Chair of the Audit and Risk Committee by the Board on the 24 February 2022.

2.2 Committee Members

In addition to the Chair and Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Audit and Risk Committee:

- Fiona MacKellar, Employee Director
- Issy Grieve, Non-Executive Board Member

In order to preserve its independence from Operational Management, the Audit and Risk Committee does not have any members from the Executive Team. It is also the only standing Governance Committee for which the Chair of the Board does not have ex-officio status.

2.3 Other Attendees

- External Audit representative
- Internal Audit representative
- Chief Executive of NHS Orkney
- Director of Finance NHS Orkney
- Head of Finance

Other managers or senior members of staff are invited to attend as required by the Committee.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on six occasions during the period from 1 April 2021 to 31 March 2022:

- 4 May 2021
- 1 June 2021
- 1 July 2021
- 7 September 2021
- 7 December 2021
- 1 March 2022

The attendance schedule is attached as **Appendix 2**.

3.2 Business Cycle and Work Plan

The Audit and Risk Committee reviews its business cycle and work plan on an annual basis and has worked to this cycle throughout the year.

The business cycle and work plan for 2021/22 is attached as **Appendix 3**.

The Committee considered seventy six items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

The Committee will scrutinise the Annual Accounts (2021/22) at meetings in May and June 2022 prior to submission to Orkney NHS Board.

The Committee has received and reviewed the Audit Scotland Technical Bulletins as a means of independently keeping abreast of NHS accounting and audit developments. In addition, the Committee has received regular reports on other issues arising from the extended role of the Counter Fraud Services.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value

The approved minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for noting and adoption.

3.3 Annual Performance Review and Development Session

The Audit and Risk Committee Chair, Lead Officer and Corporate Services Manager reviewed the Committee Terms of Reference, Risks, Controls and Assurance Framework and Programme of Business on 12 January 2021 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee approved these amendments at the meeting on the 2 March 2021.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

The Audit and Risk Committee's Risks, Controls and Assurance Framework is attached at **Appendix 5**.

4.2 Issues Raised by other Governance Committees to the Audit and Risk Committee

The following issues were raised by the other Governance Committees via Cross Committee Assurance Report:

Staff Governance Committee

- Awareness of the Audit of staff personnel files that had been undertaken in order to ascertain the actions required to mitigate risks.

Joint Clinical and Care Governance Committee

- Awareness of the results of an audit into clinical nursing documentation on recent discharges from In Patients 1 and 2 using a record keeping audit tool. Areas identified for improvement and work being done to utilise the Care Assurance Framework and further planned review of wider clinical documentation, a Short Life Working group had been established to progress this work

4.3 Issues Raised by the Audit and Risk Committee to other Governance Committees

The following issues were raised by the Audit and Risk Committee to the other Governance Committees via Cross Committee Assurance Report:

Joint Clinical and Care Governance Committee:

- The Audit and Risk Committee advised Joint Clinical and Care Governance Committee around a possible issue with Significant Adverse Event process and Scottish Public Services Ombudsman, this was included on the Risk Register and managed accordingly by the risk process.

Finance and Performance Committee:

- Audit and Risk Committee advised the Finance and Performance Committee that the updated SFIs were approved as part of the review of

the Code of Corporate Governance and would be recommended for Board approval at the October Board meeting.

4.4 Issues Raised by the Audit and Risk Committee to the Board

The Audit and Risk Committee raised the following issues to NHS Orkney Board for attention and awareness:

- Draft External Audit Plan 2020/21
- Annual Accounts Timetable
- Internal Audit Annual Report
- Risk Register Work and Assurance
- Internal Audit Recommendations – Action Report
- Draft Annual Accounts – 1 June 2021 Meeting
- NHS Orkney Annual Accounts 2020/21
- Internal Audit Recommendations – Action Report
- Code of Corporate Governance
- Internal Audit Recommendations

4.5 Concerns

The main concerns of the Audit and Risk Committee in 2021/22 included:

- Lack of engagement with the Information Governance Group, including lack of commitment from Senior Managers and relevant staff in relation to attending meetings to progress this area of business

4.6 Successes

The Audit and Risk Committee has been successful in meeting the following achievements during the period covered:

- Completing work on and embedding the refreshed approach to Risk Management and Risk Assurance
- Audit work undertaken and recommendations implemented despite the additional demands of the Covid-19 pandemic response.

4.7 Improvements for 2022-23

The Audit and Risk Committee are looking to focus on the following areas of improvement for 2022-23:

- Focus more Internal Audit resource on our clinical service provision.
- Continue to encourage positive and early adoption of Audit recommendations and obtaining assurance that such recommendations have been embedded at the point of service delivery.

5 Conclusion

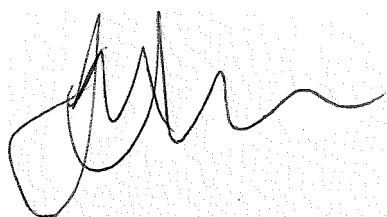
As Vice Chair of the NHS Orkney Audit and Risk Committee during financial year 2021/2022, and having been appointed Chair on 24 February 2022, I am satisfied that the business undertaken and frequency of meetings has allowed us to fulfil our remit as laid out in both our Terms of Reference and the Code of Corporate Governance.

I can confirm that the Audit and Risk Committee had adequate arrangements in place for reviewing the aspects of delivering Best Value which are delegated to it from Orkney NHS Board.

Over the course of 2021/2022 the COVID-19 pandemic and the response requirements has once again impacted NHS Orkney. I believe that the Audit and Risk Committee had an appropriate skill mix to allow it to carry out its duties, and did so in a robust and rigorous manner. It rose to the challenge and played its role in providing effective scrutiny and challenge to both NHS Orkney's normal business, and its response to the Covid 19 pandemic.

I can therefore confirm that adequate and effective governance and internal control arrangements were in place throughout NHS Orkney over the course of the last reporting period.

I would thank staff and committee members for all of their work and input over the last 12 months, in particular the work undertaken in respect of the updated and refreshed approach to Risk Management and Assurance.



Jason Taylor

Chair

On behalf of NHS Orkney Audit and Risk Committee

Appendix 1**Audit and Risk Committee****Terms of Reference 2021/22****1 Purpose**

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

2 Composition

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

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

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

Committee membership will be reviewed annually.

3 Attendance

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

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

4 Quorum

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

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

5 Meetings

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

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

Extraordinary meetings may be called by:

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

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

6 Remit

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

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

The Audit and Risk Committee will also annually review its own effectiveness and report the results of that review to the Board.

7 Best Value

The Committee is responsible for reviewing those aspects of delivering Best Value which are delegated to it from Orkney NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive, as Accountable Officer, that NHS Orkney has

systems and processes in place to secure best value in these delegated areas. This assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

8 Authority

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

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

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

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

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

9 Reporting Arrangements

The Audit and Risk Committee reports to Orkney NHS Board.

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

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

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

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>4 May 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 2

NHS Orkney - Audit and Risk Committee Attendance Record - Year 1 April 2021 to 31 March 2022:

Name:	Position:	4 May 2021	1 June 2021	1 July 2021	7 September 2021	7 December 2021	1 March 2022
Members:							
D Drever	Chair	Attended	Attended	Attended	Attended	Attended	
J Taylor	Vice Chair	Attended	Attended	Attended	Attended	Attended	Attended
F MacKellar	Employee Director	Attended	Attended	Attended	Attended	Attended	Attended
I Grieve	Non-Executive Board Member	Attended	Attended	Attended	Attended	Attended	Attended
In Attendance:							
C Bichan	Head of Assurance and Improvement	Apologies	Attended	Apologies	Attended	Attended	Apologies
J Colquhoun	Head of Corporate Administration	Attended	Apologies	Apologies			
M Dickson	Interim Chief Executive	Apologies	Apologies	Attended	Apologies	Apologies	Attended
M Doyle	Director of Finance	Attended	Attended	Attended	Attended	Attended	Attended
K Somerville	Head of Finance	Attended	Attended	Attended	Apologies	Attended	Attended
L Wilson	Director of Public Health	Attended					Attended
G Pendlebury	Committee Support	Attended	Attended	-	Attended		
E West	Corporate Services Manager			Attended	Attended	Attended	Attended
Internal Audit: Azets							
D Eardley	Chief Internal Auditor	Apologies	Attended	Apologies	-	-	Attended
M Swann	Associate Director	Attended	Apologies	Apologies	Attended	Attended	-
External Audit: Audit Scotland							
G Woolman	Audit Director	Attended	Attended	Attended	-	-	Attended
C Gardiner	Senior Audit Manager	Attended	Attended	Attended	Attended	-	Attended
Attending for specific item							
S Brown	Chief Officer of IJB			Attended			

Name:	Position:	4 May 2021	1 June 2021	1 July 2021	7 September 2021	7 December 2021	1 March 2022
D Campbell	Non-Executive Board Member			Attended			
							Attended
J Kenney	Non-Executive Board Member			Attended			
M McEwen	Chair of the Board			Attended			
K Wilson	Interim Director of Acute Services			Attended			
<i>Denotes no requirement to attend</i>							

Appendix 3

Audit and Risk Committee Business Cycle and Work Plan 2021/22

1 Business Cycle for 2021/22

Meeting	Items of Business	Responsible Officer
4 May 2021	Draft Internal Audit Opinion Draft Directors' Subsidiary Statement on Governance	Internal Audit Director of Finance
1 June 2021	Internal Audit Annual Report 2020/21 – final Directors' Subsidiary Statement on Governance – Final	Internal Audit Director of Finance
1 June 2021 (continued)	Draft NHS Orkney Annual Accounts documentation 2020/21 Orkney Health Board Endowment Fund Annual	Director of Finance Director of
24 June 2021	NHS Orkney Annual Accounts documentation 2020/21 Annual Audit Report from External Auditor	Director of Finance External Audit
7 September 2021	Review of compliance with Property Transaction Monitoring Annual Litigation Report	Director of Finance Head of Corporate Administration
7 December 2021	Annual SFI Waiver Report External Audit Plan 2021/22	Director of Finance / Head of Finance External Audit
1 March 2022	Annual Internal Audit Plan 2021/22 – Draft Information Governance six-monthly assurance update	Internal Audit Director of Finance

2 Work Plan for 2021/22

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes of previous meeting
- Audit and Risk Committee Action Plan
- Internal and External Audit Recommendations Action Plan
- Audit Scotland -Technical Bulletins Summary
- Audit Scotland - National Reports
- Internal Audit Reports, Status Reports and Plans
- Chair's Report - Information Governance Group
- Review of Corporate and Strategic Risks

2.2 Regular Intervals

The Committee shall consider at regular intervals:

- Reports from the Chief Internal Auditor against the Annual Internal Audit Plan
- Progress reports from the appointed External Auditor together with consideration of specific reports
- Specific internal and external audit reports and action plans
- Counter Fraud Services Quarterly Reports
- Fraud Liaison Officer report
- Payment Verification Reports

2.3 Every six months

- Review of audit publications relevant to economy, efficiency, and effectiveness of services
- Progress and exception reports on Risk Management/Health and Safety
- Litigation monitoring
- Information Governance half yearly update on key progress and actions

2.4 Annually

On an annual basis, the Committee shall consider and make recommendations to the Board where necessary, regarding:

- Approval of terms of reference and a work plan for all Governance Committee meetings for the forthcoming year
- Review with the appointed External Auditor, the Audit Planning Memorandum including fees and reporting arrangements
- Review of Annual Accounts for Exchequer and Patients Funds
- Review previous year's Report to Members on the audit of NHS Orkney
- Review of NHS Orkney's Losses and Compensation payments

- Review of the effectiveness of co-operation between internal and external audit
- Annual report from the Chief Internal Auditor relating to the previous year and interim report from the External Audit
- Review of annual Internal Audit Statement of Internal Control
- Review of the changes to the Code of Corporate Governance
- Approval of Annual Report of the Audit Committee
- Approval of Internal Audit Plan
- Review compliance with Property Transaction Monitoring requirements for onward submission to the Scottish Government Health Directorate

2.5 Ad Hoc Business

- NHS National Services Scotland, Service Audit Reports
- Risks raised through exception reporting by Governance Committees
- Best Value
- Reports on noncompliance with the Code of Corporate Governance

2.6 Annual Development Session

- Review Terms of Reference
- Review the business cycle
- Review the nature, format, and frequency of reporting to ensure it is effective
- Review the effectiveness of the committee process (including Development Plan, Action Log, self-assessment process, minutes, and administrative arrangements)
- Get development / input on learning areas identified by training needs assessment

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>2 March 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 4

Audit and Risk Committee Record of Business 2021/22

Date of Meeting	Report No.	Report Title
04/05/2021	ARC2122-01	Draft Internal Audit Annual Report 2020/21
04/05/2021	ARC2122-02	Draft Internal Audit Plan for 2021/22
04/05/2021	ARC2122-03	Use of Locums
04/05/2021	ARC2122-04	Corporate Governance
04/05/2021	ARC2122-05	Waiting Times
04/05/2021	ARC2122-06	Internal and External Communications
04/05/2021	ARC2122-07	Estates Management
04/05/2021	ARC2122-08	Internal and External Audit recommendations follow-up report
04/05/2021	ARC2122-09	Draft Director's Subsidiary Statement on Governance
04/05/2021	ARC2122-10	Information Governance Action Plan Progress Report
04/05/2021	ARC2122-11	Information Governance Group Chair's Report and approved minutes
04/05/2021	ARC2122-12	Information Governance Group Annual Report 2020/21
04/05/2021	ARC2122-13	Attempted Fraud on the Endowment Bank Account
04/05/2021	ARC2122-14	Risk and Assurance Report
04/05/2021	ARC2122-15	Risks escalated from other Governance Committees
04/05/2021	ARC2122-16	Annual Litigation Report
04/05/2021	ARC2122-17	Audit and Risk Committee Annual Report 2020/21
04/05/2021	ARC2122-18	Clinical Care Governance Committee Annual Report 2020/21
04/05/2021	ARC2122-19	Finance and Performance Committee Annual Report 2020/21
04/05/2021	ARC2122-20	Remuneration Committee Annual Report 2020/21
04/05/2021	ARC2122-21	Staff Governance Committee Annual Report 2020/21

04/05/2021	ARC2122-22	Joint Clinical and Care Governance Committee
04/05/2021	ARC2122-23	Finance and Performance Committee
04/05/2021	ARC2122-24	Remuneration Committee
04/05/2021	ARC2122-25	Staff Governance Committee
01/06/2021	ARC2122-27	Internal Audit Annual Report 2020/21
01/06/2021	ARC2122-28	Internal Audit Plan 2021-22
01/06/2021	ARC2122-29	Internal and External Audit recommendations follow-up report
01/06/2021	ARC2122-30	Directors' Subsidiary Statement on Governance
01/06/2021	ARC2122-31	Draft Audit and Risk Committee Annual Assurance Statement
01/06/2021	ARC2122-32	Orkney Health Board Endowment Governance Statement
01/06/2021	ARC2122-33	Significant Issues that are considered to be of wider interest - Draft letter to the Scottish Government - Health and Finance Division.
01/06/2021	ARC2122-34	NHS Orkney Draft Annual Accounts for year ended 31 March 2021
01/06/2021	ARC2122-35	Orkney Health Board Endowment Fund Annual Accounts for year ended 31 March 2021
01/07/2021	ARC2122-35	Covering letter from Carolyn Low, NHS NSS Director of Finance
01/07/2021	ARC2122-36	Service Audit Management Response
01/07/2021	ARC2122-37	IT Services Audit Report
01/07/2021	ARC2122-38	Practitioner and Counter Fraud Services Audit Report (non COVID payments)
01/07/2021	ARC2122-39	Practitioner and Counter Fraud Services COVID-19 Transaction Testing Audit Report
01/07/2021	ARC2122-40	Representation Letter
01/07/2021	ARC2122-41	2020/21 Annual Audit Report from External Auditor
01/07/2021	ARC2122-42	NHS Orkney Annual Accounts for year ended 31 March 2021
01/07/2021	ARC2122-43	Significant Issues that are considered to be of wider interest - Draft letter to the Scottish Government - Health and Finance Division.
01/07/2021	ARC2122-44	Risks escalated from other Governance Committees

07/09/2021	ARC2122-45	Internal Audit progress report
07/09/2021	ARC2122-46	Internal and External Audit recommendations follow-up report
07/09/2021	ARC2122-47	Information Governance Action Plan Progress Report
07/09/2021	ARC2122-48	Information Governance Group Chair's Report and approved minutes
07/09/2021	ARC2122-49	Information Governance 6-month assurance update
07/09/2021	ARC2122-50	Counter Fraud Services Quarterly Report
07/09/2021	ARC2122-51	Risk and Assurance Report
07/09/2021	ARC2122-52	Code of Corporate Governance
07/09/2021	ARC2122-53	6-month Litigation Report
07/09/2021	ARC2122-54	Review of Compliance with Property Transaction Monitoring
07/12/2021	ARC2122-55	Progress report
07/12/2021	ARC2122-56	Delayed Discharge
07/12/2021	ARC2122-57	Remobilisation Strategy
07/12/2021	ARC2122-60	Internal and External Audit recommendations follow-up report
07/12/2021	ARC2122-61	Information Governance Group Chair's Report and approved minutes
07/12/2021	ARC2122-62	Risk and Assurance Report
01/03/2022	ARC2122-63	Annual Audit Plan 2021/22
01/03/2022	ARC2122-64	Internal Audit Progress Report
01/03/2022	ARC2122-65	Covid-19 Financial Impact
01/03/2022	ARC2122-66	Emergency Admissions
01/03/2022	ARC2122-67	Information Governance follow up
01/03/2022	ARC2122-68	Digital and IT Effectiveness
01/03/2022	ARC2122-69	Internal and External Audit recommendations follow-up report
01/03/2022	ARC2122-70	Information Governance Group Chair's Report and approved minutes

01/03/2022	ARC2122-71	Annual Accounts Timetable
01/03/2022	ARC2122-72	National Fraud Initiative update
01/03/2022	ARC2122-73	Counter Fraud Services Quarterly report
01/03/2022	ARC2122-74	Risk and Assurance report
01/03/2022	ARC2122-75	Audit and Risk Committee Terms of Reference
01/03/2022	ARC2122-76	Audit and Risk Committee Business Cycle and workplan

Appendix 5

Risk, Controls and Assurance Framework 2021/22

1 Purpose

The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest.

2 Process

The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these.

3 Aim

This document aims to set out the principles objectives of the Audit and Risk Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working.

The document also identifies gaps in the Audit and Risk Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.

4 Key

<u>Principal Objectives</u>	What we aim to deliver
<u>Principal Risks</u>	What could prevent this objective being achieved
<u>Key Controls</u>	What controls and systems do we have in place to assist us in delivering our objective
<u>Assurance on Controls</u>	Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered
<u>Gaps in Controls and Assurance</u>	Where we are failing to put controls/systems in place and/or where we are failing to make controls effective Where we are failing to gain evidence that our controls/systems on which we place reliance are effective

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
Effective internal control and corporate governance system is maintained	NHS Orkney fails to have in place a Code of Corporate Governance, standing orders, scheme of delegation and financial instructions which adhere to relevant guidance and legislation	<ul style="list-style-type: none"> Review changes to the Code of Corporate Governance The Audit Committee reviews the Standing Orders on a biannual basis The Audit Committee receives the Standing Financial Instructions for review and approval on a biannual basis The Audit Committee reviews the Scheme of Delegation when changes are made within the organisation Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions Receipt of Register of Circulars issued from Scottish Government Health and Social Care Directorate The Audit Committee receives Governance Committee Terms of Reference when amended for review and approval The Audit Committee receives regular reports from the Governance Committees providing assurance on systems of internal control and raising any issues of concern 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The Code of Corporate Governance (including Standing Orders and Standing Financial Instructions) have been reviewed and updated The Scheme of Delegation has been reviewed and updated That Governance Committee Terms of Reference have been reviewed and updated That Governance Committee Annual Reports have been presented That any issues of concern have been raised to the Audit Committee by the Governance Committee Chair The Committee reviews reports on local implications and actions required from circulars or other documents listed in Audit Scotland's Technical Bulletins 	
	NHS Orkney fails to implement an effective Risk Management Strategy and procedures	<ul style="list-style-type: none"> Oversee the operation of risk management strategy, policy, and procedures, and provides assurance to the Board on internal controls Monitor and review the processes for assessing, reporting and owning 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The Governance Committees are providing assurance that the risk process within their remit are operating effectively 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		business risks and their financial implications	<ul style="list-style-type: none"> The Governance Committees have raised issues of concern regarding the risk process or any significant risks not being addressed Each of the committees will prepare their annual report to the Audit Committee including risks raised. 	
	NHS Orkney's Code of Corporate Governance is not well understood or complied with	<ul style="list-style-type: none"> The Code of Corporate Governance is issued as a controlled document to all managers / budget holders who are required to email confirming receipt of and subscribing to compliance with the document Receipt of reports on circumstances associated with each occasion when Standing Orders are waived, or Standing Financial Instructions not adhered to 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The committee has examined circumstances associated with each occasion when there has been significant departure from the Code of Corporate Governance 	
	Insufficient evidence to provide assurance for the Governance Statement	<ul style="list-style-type: none"> The Audit Committee receives an Annual Report from the Clinical and Care Governance Committee confirming whether it has fulfilled its remits and whether there are adequate and effective clinical governance arrangements in place The Audit Committee receives an Annual Report from the Staff Governance Committee confirming whether it has fulfilled its remit and whether there are adequate and effective Staff Governance arrangements in place The Audit Committee receives an Annual Report from the Finance and Performance Committee confirming whether it has fulfilled its 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The Governance Committees have submitted Annual Reports confirming that they have fulfilled their remits and providing assurance that there are adequate and effective internal controls in place throughout the organisation The Audit Committee received formal assurance from the Executive Directors that there were adequate and effective controls in place and that there have been no breaches of Standing Orders or Standing Financial Instructions 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>remit and whether there are adequate and effective Financial Governance arrangements in place</p> <ul style="list-style-type: none"> The Audit Committee receives formal assurance from Executive Directors and managers within the organisation who have responsibility for the development and maintenance of the internal control framework and risk management arrangements, that adequate and effective controls have been in place within their area of responsibility, and that there have been no breaches of Standing Orders of Standing Financial Instructions, nor failures of Internal Control 		
Effective Internal Audit Service	NHS Orkney fails to make effective and efficient use of Internal Audit service	<ul style="list-style-type: none"> Review of Internal Audit Strategy and Work Plan Assess effectiveness of internal Audit Receipt and review of Internal Audit progress reports Monitoring progress of action on internal audit recommendations Reviewing Internal Audit Annual Report Holding discussions with the Chief Internal Auditor without Executive Directors present 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The committee has reviewed and approved the Internal Audit Strategy and Work Plan The committee has assessed the effectiveness of Internal Audit Internal Audit progress reports are scrutinised Implementation of audit (internal and external) recommendations are monitored routinely The committee has reviewed an Internal Audit Report That discussions have taken place in private with the Chief Internal Auditor 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
Reinforce the importance and Independence of External Audit Service	NHS Orkney fails to oversee effective independent relations with external audit	<ul style="list-style-type: none"> Review of External Audit Strategy and Work Plan Review External Audit Management Letters Monitoring progress of action on external audit recommendations Assess effectiveness of External Audit Holding discussions with the Chief External Auditor without Executive Directors present 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The committee has reviewed and approved the External Audit Strategy and Work Plan The committee has reviewed external audit management letters The committee has assessed the effectiveness of External Audit Implementation of audit (internal and external) recommendations are monitored routinely That discussions have taken place in private with the Chief External Auditor 	
Produce compliant Annual Accounts	NHS Orkney fails to complete the Annual Accounts process	<ul style="list-style-type: none"> Receives timetable for annual accounts process Receives updates on any changes to process for completion Reviews draft Annual Accounts Receives Governance Committee Annual Reports Receives other Statement of Internal Control assurances Reviews and Approves changes to accounting policies 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The committee has received and considered the timetable for annual accounts process The committee has received and reviewed the draft Annual Accounts The committee has received the Governance Committee Annual Reports The committee has received Statement of Internal Control assurances 	
Reduce the risks of illegal of improper acts	NHS Orkney fails to identify fraud or inappropriate behaviour	<ul style="list-style-type: none"> Reviews NHS Orkney Fraud Policy Receives quarterly reports on fraud activity and action taken Receives reports when Standing Financial Instructions not followed Aware of all referrals submitted to Counter Fraud Services (CFS) 	<p>The minutes of the Audit Committee meetings would provide evidence that:</p> <ul style="list-style-type: none"> The committee has reviewed the Fraud Policy The committee has received quarterly reports from the Fraud Officer 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
			<ul style="list-style-type: none"> The committee has received reports when the Standing Financial Instructions have been contravened The Board has appointed a Counter Fraud Champion 	
Keep aware of topical legal and regulatory issues	NHS Orkney fails to keep up to date with legislation	<ul style="list-style-type: none"> Receives updates from Director of Finance on any topical issue Receipt of Audit Scotland's Technical Bulletins with covering report on local implications and actions Information Governance Committee receives Register of Circulars issued from Scottish Government Health and Social Care Directorate 	The minute of the Audit Committee meetings would provide evidence that: <ul style="list-style-type: none"> The committee has received updates on changes in legislation The Information Governance Committee provides assurance through the Chairs Report 	
The Board complies with statutory responsibilities in relation to Information Governance	The Board fails to comply with the national requirements as set out in the Data Protection Act 1996 and Freedom of Information (Scotland) Act 2002	<ul style="list-style-type: none"> Information Management and Governance Group established to oversee and provide leadership / ensure the Board complies with legislation 	The Committee receives assurance from the Information Governance Group that the Board's responsibilities are being met through regular Chair's reports on business and minutes of meetings	
Best Value	NHS Orkney fails to secure Best Value	<ul style="list-style-type: none"> Receives assurance from Governance Committees that there are systems and processes in place to secure best value in areas delegated to each Committee by the Board. 	The minute of the Audit Committee meetings would provide evidence that: <ul style="list-style-type: none"> The committee has received assurance from the Governance Committees as part of the governance committee mid-year and annual reports 	
The Audit Committee operates effectively	The Committee does not provide adequate challenge and scrutiny when reviewing the reliability of integrity of assurances provided	<ul style="list-style-type: none"> Annual training needs assessment conducted with members. Core document set made available to each member and updated as guidance changes. Business cycle and minimum information requirements used to ensure all areas of assurance are covered within an annual cycle. 	<ul style="list-style-type: none"> Committee performance evaluation at end of each meeting Completed training needs assessment Business cycle exists and is used. Annual development sessions take place. All members have copy of Core Document Set 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<ul style="list-style-type: none"> Annual development session conducted to review performance, review annual report and risks, controls, and assurance framework. 		
	The Committee operates sub optimally because it fails to identify gaps in its performance.	<ul style="list-style-type: none"> The Committee holds an annual development event where it assesses its performance, reviews the risks, controls, and assurance framework, addresses development needs identified through the training needs assessment and agrees the development plan for the coming year. 	<ul style="list-style-type: none"> Outcome from Development Session presented to Committee and included in final version of Annual Report 	

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>2 March 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Joint Clinical and Care Governance Committee

Annual Report 2021/22

Approval Record	Date
Joint Clinical and Care Governance Committee	5 April 2022
Audit and Risk Committee	3 May 2022
Board	TBC
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Steven Johnston
Vice Chairs	Rachael King & Joanna Kenny
Lead Executives	Stephen Brown & Mark Henry
Committee Support	Heidi Walls

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1 Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Joint Clinical and Care Governance Committee is Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum (from 9 June 2021), previously Issy Grieve, Non-Executive Board Member

The Vice-Chair of the Joint Clinical and Care Governance Committee for NHS Orkney is Joanna Kenny, Non-Executive Board Member (from 13 July 2021), previously Steven Johnston, Non-Executive Board Member and Chair of the Area Clinical Forum.

The Vice-Chair of the Joint Clinical and Care Governance Committee for Orkney Islands Council is Rachael King, Integration Joint Board Vice-Chair

2.2 Committee Members

In addition to the members mentioned within item 2.1, the following individuals were voting members of the Joint Clinical and Care Governance Committee in 2021/22:

- David Drever, NHS Orkney, Non-Executive Board Member & voting member of Integrated Joint Board
- Meghan McEwen, Chair of Orkney NHS Board (until 22 April 2021)

There are three elected Orkney Islands Council members of the Joint Clinical and Care Governance Committee:

- John Richards, Elected Member of the IJB
- Steve Sankey, Elected Member of the IJB

Deputies for the elected Orkney Islands Council members are:

- Stephen Clackson
- Heather Woodbridge, Elected Member of the IJB
- Sandy Cowie

Public and Third Sector Representatives

- Heather Tait, Public representative
- Gail Anderson, Third Sector Representative (from 13 July 2021)

2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement
- Lynda Bradford, Acting Head of Health and Orkney Health and Care
- Stephen Brown, IJB Chief Officer and Executive Care Governance Lead (from 9 June 2021)
- Julie Colquhoun, Head of Corporate Administration
- Michael Dickson, Interim Chief Executive
- Jim Lyon, Interim Chief Social Work Officer, Head of Children, Families, and Criminal Justice
- David McArthur, Director of Nursing, Midwifery and Allied Health Professions and Acute Services
- Mary McFarlane, Interim Director of Pharmacy
- Dawn Moody, Associate Medical Director Primary Care
- Gillian Morrison, Interim Chief Officer of the IJB (until 27 April 2021)
- Kim Wilson, Interim Director of Acute Services (from 9 June 2021)
- Dr Louise Wilson, Director of Public Health and Acting Medical Director and Clinical Governance Lead (until July 2021)

The terms of reference are attached as **Appendix 1**.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on four occasions from 1 April 2021 to 31 March 2022:

- 27 April 2021
- 09 June 2021 – Additional Meeting
- 13 July 2021
- 26 October 2021

The meeting scheduled for the 25 January did not take place as the Board was operating under Agile Governance arrangements to allow focus on the Covid-19 pandemic and preparing for further challenges that were anticipated due to the Omicron variant and the accelerated vaccination programme. Four items of business were considered virtually and would be ratified at the April meeting,

The attendance schedule is attached as **Appendix 2**.

3.2 Business Cycle and Work Plan

The Joint Clinical and Care Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value.

The business cycle and workplan for 2021/22 is attached as **Appendix 3**.

The Committee has dealt with seventy-four items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

3.3 Action Plan and Progress

The Joint Clinical and Care Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

3.4 Annual Performance Review and Development Session

The Joint Clinical and Care Governance Committee reviewed its Terms of Reference and Business Plan at the meeting on 15 March 2021 to ensure that all areas within the Committee remit were being reported on appropriately.

The Committee also reviewed its performance over the year to identify any areas for improvement.

3.5 Governance Review

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

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

4 Risks, Concerns and Successes

4.1 Risks

The Joint Clinical and Care Governance Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Board, the Integration Joint Board (IJB) or the Audit and Risk Committee.

There were no risks to be escalated to the Board, IJB or the Audit and Risk Committee during 2021/22.

4.2 Issues Raised by other Governance Committees to the Joint Clinical and Care Governance Committee

Area Partnership Forum:

- Use of clinical space as appropriately socially distanced breakout area for medical staff during Coronavirus pandemic.

Audit and Risk Committee:

- Audit and Risk Committee advised Joint Clinical and Care Governance Committee to flag the issue with Significant Adverse Event (SAE) process and Scottish Public Services Ombudsman (SPSO) as a risk on the JCCGC Risk Register and manage accordingly by the risk process.

Finance and Performance Committee:

- Child and Adolescent Mental Health Service data was unable to be reported due to inaccuracy of the data available due to time and resource constraints. Operational Manager of Community Mental Health Team and Head of Health and Community Care were working on providing data. Public Health Scotland had been informed.

4.3 Issues Raised by the Joint Clinical and Care Governance Committee to other Governance Committees

Audit and Risk Committee:

- Results of an audit into clinical nursing documentation on recent discharges from IP1 and IP2 using a record keeping audit tool. Areas identified for improvement and work being done to utilise the Care Assurance Framework and further planned review of wider clinical

documentation, including Medical, AHP, and ED records. A Short Life Working Group had been established to take forward.

4.4 Issues Raised by the Joint Clinical and Care Governance Committee to the Board and the Integration Joint Board

- COVID Workforce plan
- COVID Testing of Peripatetic Workers
- COVID Testing of Essential Workers
- Recovery plan
- Children's services inspection plan
- Mental Health Update
- Children's Inspection Report
- Cessation of flights to Inverness and Glasgow
- Mental Health Strategy
- Commendation of the whole organisation support provided by the Public Health, Primary Care, and Pharmacy teams on the pandemic response
- Exceptional work on the delivery of the vaccination programme

4.5 Concerns

The Joint Clinical and Care Governance Committee's concerns during the year were:

- Progress around the recommendations from the Children's & Young People's Joint Inspection Report
- COVID-19 and the direct and indirect impact of the pandemic
- Gaps in assurance due to the wide remit of the Committee and lack of clarity via a national template or guideline, in addition to a heavy agenda.

4.6 Successes

The Joint Clinical and Care Governance Committee's successes during the year were:

- Recognition of the need to fill gaps in assurance such as mental health and care services.
- An appetite for, and progress towards, a more integrated committee
- Approval of the Clinical Strategy

4.7 Improvements for 2022-23

The Joint Clinical and Care Governance Committee are looking to focus on the following areas of improvement in 2022/23:

- Recovery following the Covid-19 pandemic with appropriate governance.
- A continued effort to find balance on the agenda allowing the committee to fulfil its duties whilst avoiding unnecessary duplication. This includes carefully considering items which require to be added to the agenda and those which might be removed or delegated.
- Ensuring that the committee is not unnecessarily health centric and is truly integrated serving the needs of the IJB and NHSO.

5 Conclusion

2021-22 proved to be yet another challenging year as a result of the Covid-19 Pandemic. The Joint Clinical and Care Governance Committee continued to have a heavy agenda and meetings rich with discussion, scrutiny and assurance throughout the year. It was only towards the winter period when the committee was placed on an agile footing in response to the threat posed by the Omicron variant that our January meeting was cancelled, although key items were covered virtually.

We were challenged by various senior vacancies but welcomed the arrival of a new Chief Officer and a new Medical Director. I feel that relationships are strong between members of the committee, allowing appropriate challenge and scrutiny to be handled appropriately and with mutual respect. The committee sees good attendance and all members make a valuable contribution. I get a sense of momentum building within the members of the committee towards a truly integrated committee and I see continued gradual improvement in our clinical and care governance. There is still work to do to get our agenda right in order that we are seeking assurance on the right things, filling our gaps whilst avoiding duplication in the system. We have made progress with covering more of that which is within our remit with the inclusion of mental health assurance and the extension of the care home reports to include wider aspects of care.

In addition, the recently reviewed workplan for 2022/23 will include learning from suicide reviews and drug deaths. Improvements in our clinical governance processes led by the Medical Director will be fed through the Quality Forum. We have a new clinical strategy to focus our ambitions whilst we recover and rebuild from the effects of Covid-19. We will seek further clarity on the matters which NHS Orkney and the Integration Joint Board require the committee to concentrate its efforts. During 2022/23 and beyond, I am confident that we will continue in a positive direction.

I am extremely grateful for the engagement and support of each and every member of the Committee during a difficult year where workloads were stretched and we faced demands on our services like never before. Our

health and social care workforce are utterly outstanding and have risen to the challenge of the pandemic, going above and beyond for the people of Orkney.

A handwritten signature in black ink, which appears to read "Steven Johnston", is centered below the text.

Steven Johnston
Chair NHS Orkney Joint Clinical and Care Governance Committee

Appendix 1

Joint Clinical and Care Governance Terms of Reference 2021/22

1 Purpose

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

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

2 Composition

The Joint Clinical and Care Governance Committee shall consist of:

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

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

Committee membership will be reviewed annually.

3 Chair and Vice Chairs

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

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

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

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

4 Attendance

In addition, there will be in attendance:

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

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

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

5 Quorum

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

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

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

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

6 Meetings

The Committee will meet at least quarterly.

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

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

7 Conduct of Meetings

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

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

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

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

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

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

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

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

8 Remit

Person-Centered

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

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

Safe (Clinical and Care Governance and Risk Management)

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

- Robust clinical and care control frameworks are in place for the effective management of clinical and care governance and risk management and that they are working effectively across the whole of NHS Orkney and the functions delegated to the Integration Joint Board.
- Public protection arrangements are in place in relation to the Integration Joint Board and NHS Orkney. To achieve this the Chief Officers Group will report annually on the work of the Public Protection Committee through the Public Protection Committee annual report on child protection and the associated Improvement/ Business Plan produced by the Public Protection Committee.
- Progress on all joint public protection improvement plans are reported to each meeting of the Joint Clinical and Care Governance Committee.

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

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

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

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

Population Health

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

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

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

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

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

9 Best Value

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

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

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

10 Authority

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

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

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

11 Reporting Arrangements

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

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

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

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

Joint Clinical and Care Governance Committee



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

The Committee will review the Terms of Reference annually.

<i>Updated</i>	<i>15 April 2021</i>
<i>Annual Development Session Review</i>	<i>15 March 2021</i>
<i>Committee Approved</i>	<i>27 April 2021</i>
<i>NHS Orkney Board Approved</i>	<i>24 June 2021</i>
<i>IJB Board Approved</i>	<i>30 June 2021</i>
<i>Next Formal Review</i>	<i>March 2022</i>

Appendix 2

Joint Clinical and Care Governance Committee Attendance Record – Year 1 April 2021 to 31 March 2022:

Name:	Position:	27 April 2021	9 June 2021	13 July 2021	26 October 2021	25 January 2022
Members:						
I Grieve	Chair	Attended				Meeting cancelled due to Agile Governance arrangements
S Johnston	Chair		Attended	Attended	Attended	
S Johnston	Vice Chair	Attended				
J Kenny	Vice Chair, Non-Executive Board Member		Attended	Attended	Attended	
D Drever	Non Executive Board Member	Attended	Attended	Attended	Attended	
J Kenny	Non Executive Board Member	Attended				
R King	Vice Chair, Integration Joint Board Vice Chair	Apologies	Attended	Attended	Attended	
M McEwen	Non Executive Board Member	Attended				
J Richards	Elected Orkney Islands Council Member	Attended	Apologies	Attended	Attended	
S Sankey	Elected Orkney Islands Council Member	Attended	Apologies	Apologies	-	
H Woodbridge	Elected Orkney Islands Council Member	Attended	Attended		Attended	Business conducted virtually
H Tait	Public Representative	Attended	Attended	Attended	Attended	
G Anderson	Third Sector Representative			Attended	Apologies	
In Attendance:						
C Bichan	Head of Assurance and Improvement	Attended	Apologies	Attended	Attended	
S Brown	IJB Chief Officer (Executive Care Governance Lead)		Attended	Attended	Attended	
J Colquhoun	Head of Corporate Administration	Attended	Apologies	Attended	Apologies	
L Bradford	Head of Health and Community Care	Attended		Attended	Attended	
M Dickson	Interim Chief Executive	Attended	Attended	Attended	Attended	
K Fox	Associate Medical Director Acute		-	-	Apologies	

Clinical and Care Governance Committee

Name:	Position:	27 April 2021	9 June 2021	13 July 2021	26 October 2021	25 January 2022
J Lyon	Interim Chief Social Work Officer, Head of Children, Families and Criminal Justice	Attended for item 41	Attended	Apologies	Apologies	
D McArthur	Director of Nursing, Midwifery, AHP and Acute Services	Attended	Attended	Apologies	Apologies	
M McFarland	Interim Director of Pharmacy	Attended	Attended	Attended	Attended	
D Moody	Associate Medical Director Primary Care	Apologies	Attended	Attended	Attended	
G Morrison	Interim Chief Officer	Attended				
K Wilson	Interim Director of Acute Services		Attended	Apologies		Meeting cancelled due to Agile Governance arrangements
L Wilson	Director of Public Health & Acting Medical Director (Executive Clinical Governance Lead)	Attended	Attended	Attended	Attended	
-	Committee Support	C Drever			G Pendlebury	Business conducted virtually
H Walls	Committee Support		Attended	Attended		
Attending for specific agenda item						
Lynn Adam	Heathcare Staffing Lead Nurse			For item 60		
Gillian Coghill	Alzheimer Scotland Clinical Nurse Specialist	For item 58		For item 65		
Wendy Lycett	Principal Pharmacist	For item 55				
Katie Spence	Orkney Alcohol & Drugs Partnership Coordinator	For item 43				
Maureen Swannie	Interim Head of Children's Health Services	For items 41(6), 49 (14) & 52 (17)	For item 40			
Jay Wragg	Clinical Dental Director	For item 46				
Elizabeth Brooks					Item 74	
	Denotes attendance not required					

Appendix 3

Joint Clinical and Care Governance Committee Business Cycle and Work Plan 2021/22

1 Business Cycle for 2021/22

Meeting	Items of Business	Lead Officer
27 April 2021	Committee Annual Report	Chair
	Quality Forum Annual Report	Quality Forum Chair
	Infection Control Annual Report	Director of Nursing, Midwifery and AHPs
	Annual Development Session – review: <ul style="list-style-type: none"> • Terms of Reference • Business Cycle / Work Plan • Risk Control and Assurance Framework • Committee Self-Assessment 	Chair
	Orkney Community Justice Partnership Annual Report	Chief Social Work Officer
	Dementia Diagnosis Rates Annual Report	Chief Officer
13 July 2021	Health & Social Care Combined Complaints Performance Annual Reports	Head of Assurance and Improvement & Chief Officer
	Annual Report on Adults with Incapacity	Director of Nursing, Midwifery and AHPs
	Learning from Clinical Incidents Annual Reports	Medical Director
	Duty of Candour Annual Report	Director of Nursing, Midwifery and AHPs
	Redesign of Urgent Care	Head of Assurance and Improvement
26 October 2021	Mental Health Strategy Six-Month Progress Report	Chief Officer
	Partnership Equality and Diversity Annual Report	Equality & Diversity Manager

Clinical and Care Governance Committee

	Winter Plan	Head of Assurance and Improvement
	Pharmacy Annual Report	Director of Pharmacy
	Chief Social Work Officer Annual Report	Chief Social Work Officer
	Corporate Parenting Plan Annual Report	Chief Officer & NHS
25 January 2022	Biennial Report on Adult Support and Protection	Chief Social Work Officer
	Child Protection Annual Report	Chief Social Work Officer

2 Work Plan for 2021/22

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes
- Action Log
- Policy
- NHSO Quality and Safety Group minutes of meetings
- Operational Planning
- Integrated Staffing Programme (Health & Social Care)
- Complaints Performance Reports
- Whistleblowing – Performance against Key Performance Indicators
- Performance Report
- Clinical Strategy update and progress report
- Regional Clinical Services Update Report
- Area Drugs and Therapeutics Committee Chair's report and minutes
- Public health update report
- Mental Health Strategy progress report
- Care Home Assurance Report
- Corporate Risks Aligned to the Clinical and Care Governance Committee
- Risks to be escalated

- Emerging Issues
- Committee Evaluation
- Chairs reports as required:
 - Area Clinical Forum
 - Ethical Advice Support Group
 - Orkney Cancer Care Delivery Group

2.2 Ad Hoc Business

- Reviewing Healthcare Improvement Scotland reports
- Reviewing significant reports and reviews from external bodies
- High level reporting on significant service changes which have patient, service user implications
- Approving changes to the operational arrangements for sub groups that feed into the committee
- In times of active pandemic, the committee will receive status reports at each meeting
- Receiving Health Needs Assessment and seeking assurance that resources are being targeted at relevant health needs

2.3 Annual Development Session

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes and administration arrangements)
- Agree development plan for future

<i>Updated</i>	<i>09 April 2021</i>
<i>Annual Development Session Review</i>	<i>15 March 2021</i>
<i>Committee Approved</i>	<i>27 April 2021</i>
<i>NHS Orkney Board Approved</i>	<i>24 June 2021</i>
<i>IJB Board Approved</i>	<i>30 June 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 4

Joint Clinical and Care Governance Committee Record of Business 2021 – 22

Date of Meeting	Report No.	Report Title
27/04/2021	JCCGC2122-01	Orkney's Children Services Plan 2021-23
27/04/2021	JCCGC2122-02	Clinical Strategy Situation Report and Plan
27/04/2021	JCCGC2122-03	Alcohol and Drugs Partnership Strategy
27/04/2021	JCCGC2122-04	Planning and Delivery Update
27/04/2021	JCCGC2122-05	Regional Clinical Services Updates
27/04/2021	JCCGC2122-06	Governance around repatriation of low-level concerns in dentistry SBAR
27/04/2021	JCCGC2122-07	Quality Forum Chairs Report and minutes from meetings held 16 December 2020, 27 January 2021 & 23 February 2021
27/04/2021	JCCGC2122-08	Performance Report
27/04/2021	JCCGC2122-09	Paediatric Autism / Neurodevelopmental Pathway Report
27/04/2021	JCCGC2122-10	Integrated Staffing Programme Update
27/04/2021	JCCGC2122-11	Joint Inspection of Services for Children and Young People in Need of Care & Protection Update
27/04/2021	JCCGC2122-12	NHS Orkney Children's Services Improvements Update
27/04/2021	JCCGC2122-13	Infection Control Annual Report
27/04/2021	JCCGC2122-14	Complaints Handling Policy and Procedure
27/04/2021	JCCGC2122-15	Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes
27/04/2021	JCCGC2122-16	Health Complaints Performance Report Quarter 3
27/04/2021	JCCGC2122-17	Social Care and Social Work Complaints Report
27/04/2021	JCCGC2122-18	Dementia Diagnosis Rates Annual Report
27/04/2021	JCCGC2122-19	Public Health Update Report
27/04/2021	JCCGC2122-20	Committee Self Evaluation Questionnaire
27/04/2021	JCCGC2122-21	Draft Terms of Reference and Business Cycle 2021-2022

27/04/2021	JCCGC2122-22	Draft Clinical and Care Governance Committee Annual Report
09/06/2021	JCCGC2122-23	Local Child Poverty Action Report 2020-2021
13/07/2021	JCCGC2122-25	Mental Health Strategy Implementation Update
13/07/2021	JCCGC2122-26	Planning and Delivery Update
13/07/2021	JCCGC2122-27	Regional Clinical Services Updates
13/07/2021	JCCGC2122-28	Whistleblowing Performance Against Key Performance Indicators
13/07/2021	JCCGC2122-29	Quality Forum Chairs Report and minutes from meetings
13/07/2021	JCCGC2122-30	Quality Forum Annual Report
13/07/2021	JCCGC2122-31	Performance Report
13/07/2021	JCCGC2122-32	Integrated Staffing Programme Update
13/07/2021	JCCGC2122-33	Joint Inspection of Services for Children and Young People in Need of Care & Protection Update
13/07/2021	JCCGC2122-34	Learning from Clinical Incidents Annual Report
13/07/2021	JCCGC2122-35	Care Home Assurance Report
13/07/2021	JCCGC2122-36	Redesign of Urgent Care Update
13/07/2021	JCCGC2122-37	Annual Report on Adults with Incapacity
13/07/2021	JCCGC2122-38	Mental Health Services Assurance Report
13/07/2021	JCCGC2122-39	Future of Pharmacy Update
13/07/2021	JCCGC2122-40	Health Complaints Performance Report Quarter 4
13/07/2021	JCCGC2122-41	Social Care and Social Work Complaints Report
13/07/2021	JCCGC2122-42	Health Care Complaints Performance Annual Report
13/07/2021	JCCGC2122-43	Public Health Update Report
13/07/2021	JCCGC2122-44	Area Clinical Forum Chairs Report
13/07/2021	JCCGC2122-45	Ethical Advice and Support Group Chair's Report
13/07/2021	JCCGC2122-46	APF Cross Committee Assurance Report
13/07/2021	JCCGC2122-47	Audit and Risk Cross Committee Assurance Report

13/07/2021	JCCGC2122-48	Finance and Performance Cross Committee Assurance Report
13/07/2021	JCCGC2122-49	Corporate Risks aligned to the Clinical and Care Governance Committee
26/10/2021	JCCGC2122-50	Clinical Strategy Update and Progress Report
26/10/2021	JCCGC2122-51	Planning and Delivery Winter Update
26/10/2021	JCCGC2122-52	Whistleblowing Performance Against Key Performance Indicators
26/10/2021	JCCGC2122-53	Governance around repatriation of low-level concerns in dentistry SBAR update
26/10/2021	JCCGC2122-54	Strategic Commissioning Implementation Plan
26/10/2021	JCCGC2122-55	Quality Forum Chair's Report and minutes of meetings
26/10/2021	JCCGC2122-56	Performance Report
26/10/2021	JCCGC2122-57	Integrated Staffing Programme Update
26/10/2021	JCCGC2122-58	Care Home Assurance Report
26/10/2021	JCCGC2122-59	Duty of Candour Annual Report
26/10/2021	JCCGC2122-60	Partnership Equality and Diversity Annual Report
26/10/2021	JCCGC2122-61	Mental Health Services Assurance Report
26/10/2021	JCCGC2122-62	NHSO Learning from Adverse Events Policy
26/10/2021	JCCGC2122-63	Area Drugs Therapeutic Committee (ADTC) Chair's report and minutes
26/10/2021	JCCGC2122-64	Health Complaints Performance Report Quarter 1
26/10/2021	JCCGC2122-65	Social Work and Social Care Service User Experience Report
26/10/2021	JCCGC2122-66	Public Health Update Report
26/10/2021	JCCGC2122-67	Area Clinical Forum Chairs Report
26/10/2021	JCCGC2122-68	Ethical Advice and Support Group Chair's Report
26/10/2021	JCCGC2122-69	APF Cross Committee Assurance Report
26/10/2021	JCCGC2122-70	Audit and Risk Cross Committee Assurance Report
26/10/2021	JCCGC2122-71	Finance and Performance Cross Committee Assurance Report
26/10/2021	JCCGC2122-72	Corporate Risks aligned to the Clinical and Care Governance Committee

Finance and Performance Committee

Annual Report 2021/22

Approval Record	Date
Finance and Performance Committee	24 March 2022
Audit and Risk Committee	3 May 2022
Board	TBC
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Davie Campbell
Vice Chair	James Stockan
Lead Executive	Mark Doyle
Committee Support	Alison Hardie

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1 Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Finance and Performance Committee is Davie Campbell, Non-Executive Board Member.

The Vice-Chair of the Finance and Performance Committee is James Stockan, Non-Executive Board Member and Orkney Island Council representative.

2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Finance and Performance Committee:

- Michael Dickson, Interim Chief Executive
- Mark Doyle, Director of Finance
- Steven Johnston, Non-Executive Board Member
- Meghan McEwen, Chair of Orkney NHS Board

Another Non-Executive Board Member will deputise for a member of the Committee at any meeting when required.

2.3 Other Attendees

- Christina Bichan, Head of Assurance and Improvement
- Stephen Brown, Chief Officer, Integration Joint Board
- Keren Somerville, Head of Finance

Where relevant to the subject matter, other officers attend meetings of the Committee. During the year seven officers attended meetings.

All Board members have the right to attend meetings

The Finance and Performance Committee Terms of Reference is attached at **Appendix 1**.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on five occasions during the period from 1 April 2021 to 31 March 2022:

- 27 May 2021
- 22 July 2021
- 23 September 2021
- 25 November 2021
- 24 March 2022

The meetings scheduled for the 27 January and 17 February did not take place as the Board was operating under Agile Governance arrangements to allow focus on the Covid-19 pandemic and preparing for further challenges that were anticipated due to the Omicron variant and the accelerated vaccination programme.

The attendance schedule is attached as **Appendix 2**.

3.2 Business Cycle and Work Plan

The Finance and Performance Committee has worked to this cycle throughout the year. The business cycle 2021/22 is attached as **Appendix 3**.

The Committee considered thirty eight items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

The minutes of the meetings of the Committee have been timeously submitted to the Orkney NHS Board for its information.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value.

3.3 Action Plan and Progress

The Finance and Performance Committee Action Plan is included as a standing agenda item and progress is monitored at each meeting of the Committee.

3.4 Annual Performance Review and Development Session

The Finance and Performance Committee Chair, Director of Finance, Corporate Services Manager and Committee Support reviewed the Terms of Reference, Business Cycle and Risks, Controls and Assurance Framework and the Committee approved these on 12 January 2021 to ensure that all areas within the Committee's remit were being reported on appropriately. The Committee also reviewed its performance over the year to identify any areas of improvement on 18 February 2021.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

The Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Audit Committee or Board.

The Committee Risks, Controls and Assurance Framework is attached at **Appendix 5**.

4.2 Issues Raised by other Governance Committees to the Finance and Performance Committee

The following issues were raised by other Governance Committees to Finance and Performance Committee:

Audit and Risk Committee

- The Finance and Performance Committee advised that the updated SFIs were approved as part of the review of the Code of Corporate Governance and would be recommended for Board approval.

4.3 Issues Raised by the Finance and Performance Committee to other Governance Committees

The Finance and Performance Committee raised the following issues to other Governance Committees:

Joint Clinical and Care Governance Committee

- Child and Adolescent Mental Health Services (CAMHS) data was unable to be reported due to inaccuracy of the data available, due to time and resource constraints. The Operational Manager of the Community Mental Health Team and Head of Health and Community Care were working on providing the data. Public Health Scotland had been informed.

4.4 Issues Raised by the Finance and Performance Committee to the Board

The Finance and Performance Committee raised the following issues to the Orkney NHS Board:

- Child and Adolescent Mental Health Services (CAMHS) Performance Data.
- Child and Adolescent Mental Health Services Record Keeping.
- Lockdown Policy and Lockdown Plan.
- Digital Strategy.
- Financial Performance Report.
- Capital Plan.

4.5 Concerns

The main concerns of the Finance and Performance Committee in 2021/22 were around:

- Levels of unachieved savings required.
- Level of Executive Management Team engagement regarding savings plan
- How the committee and Board delivered against targets whilst also dealing with the ongoing Covid-19 Pandemic

4.6 Successes

The Finance and Performance Committee has been successful in meeting the following achievements during 2021/22:

- Implementation of a Finance and Performance committee specific Risk Register
- Forecasted Financial balance on the 3 main financial targets
- Achievement of £1.9m of savings in unprecedented times
- Completion of The Digital Strategy and adoption by the Board
- Creating an environment where open and constructive challenge is embraced

4.7 Improvements for 2022-23

The Finance and Performance Committee are looking to focus on the following areas of improvement in 2022/23:

- Stronger Engagement with EMT around the board's savings plans and financial sustainability
- Stronger Alignment with IJB finance colleagues to ensure more scrutiny and consistent flows of information.
- Closer scrutiny around areas of Performance where there has been historical challenges.
- Supporting more effective cross committee assurance where required
- To have a greater oversight of Climate Change and Sustainability Governance, including the transition to a net-zero emissions service.

5 Conclusion

NHS Orkney has had yet another challenging financial year in 2021/22, continuing to operate through the COVID-19 pandemic which will impact the organization for years to come. It is testament to all the dedicated, amazing staff that we are still in a position to achieve financial balance yet again. The level of recurring savings is still the main concern for the Finance and Performance Committee and is at the forefront of our discussions and plans for 2022-23 onwards. However delivering £1.9m of savings in the climate is an incredible achievement.

We have extremely challenging but exciting times ahead; ambitious but achievable savings plans that we need to continue to work on collectively with difficult decisions attached to them. We have a plan and are in the early stage of delivery. The Finance & Performance Committee will have a crucial part in the process going forward in scrutinising and adding reassurance to the Board. The committee's strong executive leadership and high level of papers received from all staff is a huge factor to the committee's success. I am especially excited that we are adding Climate Change and Sustainability to our agenda next year which will add another important topic to our committee business.

I would like add my personal thanks to the staff, executives and non-executives who have all contributed to a successful year within this virtual setting.



Davie Campbell

Chair

On behalf of the NHS Orkney Finance and Performance Committee

Appendix 1

Finance and Performance Committee Terms of Reference 2021-22

1 Purpose

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

2 Composition

The membership of the Committee shall consist of:

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

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

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

3 Attendance

In addition, there will be in attendance:

- Head of Finance
- Director of Nursing, Midwifery, and Allied Health Professionals
- Medical Director
- Head of Assurance and Improvement

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

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

4 Quorum

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

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

5 Meetings

The Committee will meet at least bi-monthly.

Extraordinary meetings may be called by:

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

6 Remit

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

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

The Committee has responsibility for:

- The development of the Board's Financial Plan in support of the Strategic and Operational Plans
- Recommending to the Board annual revenue and capital budgets, and financial plans consistent with statutory financial responsibilities
- To oversee and monitor the Board's performance against the prevailing NHS Scotland and others performance measurement regime and other local and national targets as required
- The oversight of the Board's Capital Programme and the review of the Property Strategy (including the acquisition and disposal of property)
- Putting in place and scrutinising arrangements which will provide assurance to the Chief Executive as Accountable Officer that NHS Orkney has systems and processes in place to secure best value, ensuring that this assurance is included as an explicit statement in the Committee's Annual Report

- To scrutinise the Board's financial and non-financial performance and ensure that corrective actions are taken
- To ensure better understanding between service provision and financial impact and to allow the Board to demonstrate that it provides value for money.
- To ensure adequate risk management is employed in all areas within the remit of the Committee
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- To develop an annual cycle of business
- To ensure robust arrangements are in place in relation to digital transformation and cyber security providing assurance to the Board in this regard
- To ensure robust arrangements are in place in relation to Business Continuity and Emergency Planning

7 Best Value

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

8 Authority

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

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

9 Reporting Arrangements

The Finance and Performance Committee reports to Orkney NHS Board.

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

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

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

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>February 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 2

Finance and Performance Committee

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

Name:	Position:	27 May 2021	22 July 2021	23 Sept 2021	25 Nov 2021	24 Mar 2022
Members:						
D Campbell	Chair	Attended	Attended	Attended	Attended	Attended
J Stockan	Vice Chair	Attended	Absent	Attended	Attended	Attended
M Dickson	Interim Chief Executive	Attended	Attended	Attended	Apologies	Attended
M Doyle	Director of Finance	Attended	Attended	Attended	Attended	Attended
S Johnston	Non-Executive Director	Attended	Attended	Attended	Attended	Attended
M McEwen	Chair, NHS Orkney	Attended	Apologies	Apologies	Attended	Attended
In Attendance:						
C Bichan	Head of Assurance and Improvement	Attended	Attended	Attended	Attended	Apologies
S Brown	Chief Officer, Integration Joint Board	Absent	Attended	Apologies	Apologies	Attended
C Drever	Committee Support	Attended	Attended	Attended	Attended	
A Hardie	Committee Support				Attended	Attended
L Johnstone	PA to Chief Executive	Attended				
D McArthur	Director of NMAHP	Attended	Apologies	Apologies	Apologies	Apologies
P Robinson	Chief Finance Officer	Attended	Attended	Apologies	Attended	Attended
K Somerville	Head of Finance	Attended	Attended	Attended	Attended	Apologies
L Wilson	Director of Public Health	Attended	Attended	Apologies	Attended	Attended

Name:	Position:	27 May 2021	22 July 2021	23 Sept 2021	25 Nov 2021	24 Mar 2022
Standing Invitation –	all Board Members:	J Kenny		J Kenny	J Taylor	M Henry
Attending for specific agenda item						
L Bradford	Head of Health and Community Care		Attended			
A Scott	Estates Manager		Attended			
L Anderson	Waiting Times Co-Ordinator				Attended	
E Graham	Resilience Officer				Attended	
R Rae	IT Manager				Attended	
S Smith	NPD Contract Manager					Attended
Denotes no Attendance Required						

Appendix 3

Finance and Performance Committee Business Cycle and Work Plan 2021-22

1 Business Cycle for 2021/22

Meeting	Items of Business	Responsible Officer
20 May 2021	Integrated Emergency Planning update	Resilience Officer
	Updated Standing Financial Instructions	Director of Finance
22 July 2021	Capital Plan	Director of Finance
	Property and Asset Management Strategy Update	Head of Estates and Facilities
	Workforce Projections Report	Director of HR
23 Sept 2021	eHealth update	IT Manager
25 November 2021	Integrated Emergency Planning update	Resilience Officer
	Update against Workforce Projections Report	Director of HR
	Financial Plan review and Assumptions going forward	Director of Finance
	Regional Delivery Plan	Director of Finance
	Sign off the Operational Plan development process and timetable	Director of Finance
27 January 2022	Feedback from Operational Plan	Director of Finance
	Update against Workforce Projections Report	Director of HR
17 February 2022	Special meeting to review: Regional Delivery Plan	Director of Finance
	Operational Plan, and its various elements,	Director of Finance
	Financial Plan for coming financial year	Director of Finance
	Integration Joint Board Strategic Commissioning Plan (with input from Board members, Area Partnership Forum and Area Clinical Forum members)	Director of Finance

24 March 2022	Operational Plan and sign off letter from Scottish Government	Director of Finance
	Sign off Financial Plan	Director of Finance
	Sign off delegated budget - Integration Joint Board	Director of Finance
	Update against Workforce Projections Report	Director of HR
	Finance and Performance Committee Annual Report	Chair
	<u>Committee Annual Review</u> Review of Terms of Reference Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances Review the business cycle	Chair

2 Work Plan for 2021/22

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes of previous meeting
- Finance and Performance Committee Action log
- Financial Performance Management Report
- Performance Management report
- Risk register (September 2021 onwards)

2.2 Quarterly Intervals

The Committee shall consider on a quarterly basis:

- Chair's Report - Enabling Technology Programme Board and minutes
- Chair's Report - NHS Orkney's Resilience Planning Group and minutes
- Workforce Projections Report
- Capital Report

2.3 Every six months

- Update on the 3-year financial plan
- New Balfour Hospital NPD Project Semi-Annual Operations Review

2.4

Ad Hoc Business

- Relevant strategies prior to Board approval
- Review and approval of relevant policies
- Relevant business cases
- Capital Grants
- Banking arrangements
- Tenders
- Property Disposal
- Commissioning
- Audit Scotland Reports – when relevant
- Major Incident Plan

2.6

Annual Development Session

- Review of Terms of Reference
- Review of the Risks, Controls and Assurance Framework to identify new objectives and risks and gaps in controls and assurances
- Review the business cycle
- Review the nature, format, and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Action Plan, self-assessment process, minutes, and administration arrangements)
- Agree Development Plan for future year

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>February 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 4

Finance and Performance Committee Record of Business 2021-22

Date of Meeting	Report No.	Report Title
27/05/2021	FPC2122-01	Integrated Emergency Planning update
27/05/2021	FPC2122-02	Technology Enabled Care Programme Board Chairs Report
27/05/2021	FPC2122-03	Performance Management Report
27/05/2021	FPC2122-04	Financial Performance Management Report
27/05/2021	FPC2122-05	Pharmacy and Prescribing, Drugs Budget and Spend
27/05/2021	FPC2122-06	Code of Corporate Governance – Standing Financial Instructions Review
27/05/2021	FPC2122-07	Procurement Annual Report
27/05/2021	FPC2122-08	Banking Arrangements
22/07/2021	FPC2122-09	Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update
22/07/2021	FPC2122-10	Property Asset Management Strategy
22/07/2021	FPC2122-11	Performance Management Report
22/07/2021	FPC2122-12	Financial Performance Management Report
22/07/2021	FPC2122-13	2021/22 Capital Plan
22/07/2021	FPC2122-14	Information Governance Policy
22/07/2021	FPC2122-15	Information Requests Policy
23/09/2021	FPC2122-16	eHealth and IT Update
23/09/2021	FPC2122-17	Technology Enabled Care Board Chairs Report and Minute
23/09/2021	FPC2122-18	Performance Management Report
23/09/2021	FPC2122-19	Financial Performance Management Report
25/11/2021	FPC2122-20	Lockdown Policy and Lockdown Plan The Balfour
25/11/2021	FPC2122-21	Chairs Report Resilience Group

25/11/2021	FPC2122-22	Technology Enabled Care Board Chairs Report
25/11/2021	FPC2122-23	Digital Strategy 2021 - 2026
25/11/2021	FPC2122-24	Performance Report
25/11/2021	FPC2122-25	Financial Performance Report
25/11/2021	FPC2122-27	Financial Recovery Plan Draft 22/23 – 24/25
25/11/2021	FPC2122-28	2021/22 Capital Plan
25/11/2021	FPC2122-29	Risk Register - Finance
24/03/2022	FPC2122-30	Resilience Planning Group Chair's Report and Minute
24/03/2022	FPC2122-31	NPD Contract Update
24/03/2022	FPC2122-32	NHS Orkney Climate Change Agenda
24/03/2022	FPC2122-33	Financial Performance Report
24/03/2022	FPC2122-34	Financial Recovery Plan 2022/23-2024/25
24/03/2022	FPC2122-35	Capital Plan for 2021/22
24/03/2022	FPC2122-36	Finance and Performance Committee Annual Report
24/03/2022	FPC2122-37	Finance and Performance Committee Terms of Reference
24/03/2022	FPC2122-38	Finance and Performance Committee Business Cycle and Workplan

Appendix 5

Finance and Performance Committee Risk, Controls and Assurance Framework 2021-22

1 Purpose

The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest.

2 Process

The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these.

3 Aim

This document aims to set out the principles objectives of the Audit and Risk Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working.

The document also identifies gaps in the Audit and Risk Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.

4 Key

<u>Principal Objectives</u>	What we aim to deliver
<u>Principal Risks</u>	What could prevent this objective being achieved
<u>Key Controls</u>	What controls and systems do we have in place to assist us in delivering our objective
<u>Assurance on Controls</u>	Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered
<u>Gaps in Controls and Assurance</u>	Where we are failing to put controls/systems in place and/or where we are failing to make controls effective Where we are failing to gain evidence that our controls/systems on which we place reliance are effective

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
The Board proactively drives performance improvement at all levels	Failure to develop, implement and monitor an organisational performance framework.	<ul style="list-style-type: none"> Continued development and implementation of an organisational performance framework. 	<ul style="list-style-type: none"> Committee receives performance framework that identifies performance targets for Operational Plan and Corporate Objectives for next financial year in February. Committee signs off the final version of the performance framework prior to submission to the April Board. Receives performance reports against the framework at each meeting. Committee reviews the effectiveness of the organisational performance frameworks every 6 months. 	
	Failure to ensure that baseline data is accurate and reliable.	<ul style="list-style-type: none"> Continued review of data and information sources to support performance framework by Health Intelligence Team supported by external expertise 	<ul style="list-style-type: none"> Committee receives a report every year upon completion of an Operational Plan to identify where the information to support targets is obtained and any gaps in data. 	
Operational Plan targets are met	Inadequate planning to enable the delivery of the targets.	<ul style="list-style-type: none"> The production of a well thought through an Operational Plan that triangulates the targets, with 	<ul style="list-style-type: none"> Committee is briefed on the key outcomes from the annual Operational Plan launch meeting 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		the resources required to deliver the targets and the costs of meeting the targets.	<ul style="list-style-type: none"> The Committee has visibility of key assumptions at an appropriate stage Sign off the Operational Plan development process in January each year ahead of it being presented to the February Board Review the draft Operational Plan submission ahead of the February Finance and Performance Committee meeting / Board Development workshop Review the final submission prior to it being submitted to Scottish Government and presented to the April Board. 	
	Failure to monitor performance and therefore correct adverse performance.	<ul style="list-style-type: none"> Production of timely high-quality reports on organisational performance. 	<ul style="list-style-type: none"> Committee receives reports against the performance framework at each meeting. Committee receives evidence that action taken on adverse performance is having the desired result. 	
	Failure to identify and manage risks.	<ul style="list-style-type: none"> The identification of key risks as part of the Operational Plan production process. 	<ul style="list-style-type: none"> Review of risks incorporated into the draft submission. Exception reporting of the main risks at all meetings. 	
	Inaccurate trajectories are set at the start of the	<ul style="list-style-type: none"> Detailed scrutiny of the planned trajectories as part of the sign off process. 	<ul style="list-style-type: none"> Committee receives evidence to support the setting of the 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	year making effective monitoring difficult.		trajectories at the planned level. • Accuracy of the trajectories is reviewed throughout the year.	
	Failure to reflect on learning from performance and take opportunities to improve performance and culture in future years.	• Ongoing review of performance against targets	• Committee receives and considers a review of performance at its meetings.	
Waiting Times performance is within nationally agreed targets	Inadequate planning to enable the targets to be met.	• Development and implementation of a waiting times delivery approach.	• Waiting times performance data is presented at each meeting.	
The Board drives Sustainability and Value agenda	The Board fails to participate in national benchmarking and therefore does not understand how its efficiency compares to other boards.	• Developing and delivering the Board action plan in response to the national Efficiency and Productivity Programme.	• Committee scrutinises Board's local efficiency and productivity plan at January meeting.	
	Board fails to apply or act on the results of national best practice toolkits.	• Where possible use benchmarking tools to identify efficiencies within activity and cost.	Committee receives reports against the performance framework benchmarked against other areas	
The Board secures best value	The Board fails to achieve best value from the resources provided by the Scottish Government to provide healthcare to the population of Orkney	• Where possible use benchmarking tools to identify efficiencies within activity and cost.	• Committee scrutinises reports to ensure best value is achieved	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
Workforce costs are controlled effectively	The Board fails to develop a strategic workforce plan which enables a cost-effective staffing model.	<ul style="list-style-type: none"> Measured performance against agreed Workforce Plan and Projections 	<ul style="list-style-type: none"> The development and the delivery of the workforce plan is currently governed by the Staff Governance Committee with assurance provided through Staff Governance Committee Chair's report directly to Board The Committee would be alerted to any issues through cross committee governance reports The Committee will monitor against the agreed workforce plan and projections 	
The Boards delivers its statutory financial targets	The Board fails to make adequate one-year plans.	<ul style="list-style-type: none"> The development of a robust financial plan within the annual Operational Plan. 	<ul style="list-style-type: none"> The Committee receives the draft financial plan for the coming year as part of the draft Operational Plan submission ahead of the February Finance and Performance Committee Meeting / Board Development workshop The Committee receives that final financial plan prior to it being submitted to Scottish Government and presented to the April Board 	
	The Board fails to robustly test its financial planning assumptions	<ul style="list-style-type: none"> The development of a robust financial plan within the annual Operational Plan 	<ul style="list-style-type: none"> The financial planning assumptions and risks are presented as part of the above process. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	The Board fails to deliver against the one-year plans.	<ul style="list-style-type: none"> Bimonthly finance report to Finance and Performance Committee and the Board. 	<ul style="list-style-type: none"> The Committee receives a finance report at each meeting that clearly sets out the current financial position and predicted year end position. The Committee is made aware of significant risks which might impact on delivery The committee monitors corrective action and holds the Executive Team to account for delivery 	
	The Board fails to deliver against its longer-term financial plan and recovery plan	<ul style="list-style-type: none"> The development and monitoring of a robust 5-year financial strategy and recovery plan 	<ul style="list-style-type: none"> The Committee receives monitoring reports against the 5-year financial plan at each meeting. The Committee is made aware of significant risks which might impact on delivery The Committee monitors corrective action and holds the Executive Team to account for delivery. 	
	The Board fails to embed behaviours that lead to good financial management.	<ul style="list-style-type: none"> The development and monitoring of a robust financial plan as part of the Operational Plan through engagement, empowerment, and delegation of 	<ul style="list-style-type: none"> The Committee receives monitoring reports against the financial plan at each meeting. The Committee is made aware of significant risks 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		responsibility to service leads and budget managers	which might impact on delivery <ul style="list-style-type: none"> Executive Team hold the service managers and budget holders to account for delivery Budget holder in attendance as required to provide assurance that budgets are being managed effectively and there are no barriers to this 	
The Board delivers its statutory capital targets	The Board Fails to deliver to its capital allocation.	<ul style="list-style-type: none"> Development of a robust 5-year capital plan to support the Operational Plan. 	<ul style="list-style-type: none"> Capital report to Committee at least quarterly. 	
The Committee effectively reviews business cases to ensure that they fit with strategy and have clear Recommendations ahead of them being approved or going to Board.	The Board fails to implement and operate an effective business case decision making process which results in resources not being directed at high priority areas	<ul style="list-style-type: none"> Standard business case template and process for decision making Clearly defined authority levels setting out where decisions are made Clear process for prioritising business cases / developments based on strategy 	<ul style="list-style-type: none"> The Committee on behalf of the Board reviews business cases with a value of greater than the delegated authority of the Chief Executive At least annually the Committee reviews the business case process to ensure that it is robust and fit for purpose. The Committee on behalf of the Board reviews the Capital Plan at the start of each year and the spend at year end 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
The Board delivers its Digital Transformation agenda including the Digital Strategy	The Board fails to implement the priorities as set out in the Strategy	<ul style="list-style-type: none"> Enabling Technologies Programme Board established to review and oversee the eHealth Strategy and ensure that it is consistent with developments in the local clinical and national eHealth strategies establish and review priorities for implementation 	<ul style="list-style-type: none"> The Committee receives assurance from the Enabling Technologies Programme Board that the Board's responsibilities are being met through regular Chair's reports on business and minutes of meetings 	
The Board embeds Integrated Emergency Management to ensure a co-ordinated response to an emergency in partnership with other organisations	Inadequate Emergency Plan developed in partnership by all organisations in place	The development and monitoring of: <ul style="list-style-type: none"> Major Incident Plan Departmental Business Continuity Plans to deal with all types of incidents and disruptions to services 	<ul style="list-style-type: none"> Committee receives reports from the Director of Public Health (Resilience Officer) providing assurance on the development of the Emergency Plan; outcome from testing; monitoring and reviews; Committee receives reports from the Director of Public Health on the development of Business Continuity Plans. 	
The Finance and Performance Committee operates effectively leading to improved organisational performance.	The Committee is not properly constituted.	<ul style="list-style-type: none"> The Committee is constituted in line with its Terms of Reference. It is appointed by the full Board 	<ul style="list-style-type: none"> The existence of up to date terms of reference which have been approved by the Audit Committee and Board. Evidence that the terms of reference were reviewed as part of the annual development session. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	The Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities.	<ul style="list-style-type: none"> Risk, Controls and Assurance framework that identifies the assurance that the Committee needs and therefore the business cycle of the committee. Agreed business cycle that stipulates the nature and frequency of reports. 	<ul style="list-style-type: none"> The existence of the Risk, Controls and Assurance framework The existence of a business cycle The existence of agreed templates. 	
	The Committee does not provide adequate challenge and scrutiny.	<ul style="list-style-type: none"> Annual training needs assessment conducted. Business cycle used to ensure all areas of assurance are covered. 	<ul style="list-style-type: none"> Completed training needs assessment and delivery of this Business cycle exists and is used. Annual development sessions take place. 	
	The Committee's arrangements and performance are not adequately scrutinised by the Board	<ul style="list-style-type: none"> Minutes and / or report submitted each Board meeting. Annual work plan submitted to the Board for approval. Annual report submitted to Audit Committee and Board. 	<ul style="list-style-type: none"> Board minutes show that Finance and Performance Committee Minutes have been submitted and noted. 	
	The Committee operates sub optimally because it fails to identify gaps in its performance	<ul style="list-style-type: none"> The Committee holds an annual development event where it assesses its performance, receives the annual report, reviews the assurance framework, addresses development and agrees the plan for the coming year. 	<ul style="list-style-type: none"> Outcome from development event included in minute and Annual Report 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	The Committee fails to keep a clear record of decisions taken.	<ul style="list-style-type: none"> Agreed standard of minute. Central electronic file of all papers and minutes held by Corporate Services. Draft minutes agreed by Chair of Committee. 	<ul style="list-style-type: none"> Annual External Audit report 	
	Decisions are not followed through.	<ul style="list-style-type: none"> The Committee uses a short-term action log to record and monitor progress. 	<ul style="list-style-type: none"> Existence of an up to date action log and assurance that actions have been completed in a timely manner 	

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>12 January 2021</i>
<i>Committee Approved</i>	<i>February 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Remuneration Committee

Annual Report 2021/22

Approval Record	Date
Remuneration Committee	20 April 2022
Audit and Risk Committee	3 May 2022
Board	
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Chair	Meghan McEwen
Vice Chair	James Stockan
Lead Executive	Lorraine Hall
Committee Support	Lauren Johnstone

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1 Executive Summary

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. Furthermore, this is a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

This report is submitted in fulfilment of this requirement.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Remuneration Committee is Meghan McEwen, Chair of the Orkney NHS Board.

The Vice-Chair of the Remuneration Committee is James Stockan, Non-Executive Board Member and Orkney Island Council Representative.

2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Remuneration Committee:

- Davie Campbell, Non-Executive Board Member
- Fiona MacKellar, Employee Director

2.3 Other Attendees

- Michael Dickson, Interim Chief Executive
- Lorraine Hall, Interim Director of Human Resources

The Remuneration Committee Terms of Reference is attached as **Appendix 1**.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on three occasions during the period 1 April 2021 to 31 March 2022, on the undernoted dates.

- 3 June 2021
- 30 July 2021
- 13 January 2022

In addition to the meeting above, the Interim Director of Human Resources lead a development session for all non-executive board members which focused on performance appraisal, Executive Director objectives and the role and remit of the Remuneration Committee. Members also explored the process of consultant discretionary points and their application.

The Attendance List is attached as **Appendix 2**

3.2 Business Cycle and Work Plan

All business of the Committee has been conducted in private session.

The Remuneration Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value.

The business cycle and workplan for 2020/21 is attached as **Appendix 3**.

The Committee has dealt with fourteen items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

3.3 Action Plan and Progress

The Remuneration Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

3.4 Annual Performance Review and Development Session

The Chair, Interim Director of Human Resources and Corporate Services Manager reviewed the Committee Terms of Reference, Business Plan and Governance Assurance Framework on the 19 November 2021 to ensure that all areas within the Committee remit were being reported on appropriately.

The amended documents were then circulated to all committee members for review and approval. A Committee effectiveness self-evaluation questionnaire has also been issued and the outcomes will be reported to the Committee.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

The Committee has a Governance Assurance Framework, attached as **Appendix 5**, which is reviewed annually.

4.2 Concerns

The main concerns of the Remuneration Committee's in 2021/22 were around:

- Continuing to operate and progress as a committee within the pandemic
- Catching up on aspects of committee business that had fallen behind
- Attracting high standard discretionary point applications

4.3 Successes

The Remuneration Committee has been successful in meeting the following achievements during 2021/22:

- Undertaking a development session for all non-executives around the role of the committee and discretionary points
- Reviewing, refreshing and realigning the committee role and terms of reference
- Good strong narrative around Executive performance and feedback to colleagues
- Ensuring that the Executive agenda setting process is well aligned with reporting requirements and recorded through TURAS
- Strong support from the Lead Executive

4.4 Improvements for 2022-23

The Remuneration Committee are looking to focus in the following areas of improvement in 2022/23

- Inclusion and monitoring of risk management within the committee

- Ensuring the work of the committee is more widely publicised
- Work with colleagues to maintain high standards of performance and discretionary point applications
- Build on progress to date and continue to explore all training opportunities available

5 Conclusion

As Chair of the Committee during the period covered, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, ensuring best value, and the range of attendees at the meetings of the Committee has allowed us to fulfil our remit as far as possible as detailed in the Code of Corporate Governance.

As a result of the work undertaken during the period this report covers, I can confirm that adequate and effective scrutiny and monitoring arrangements were in place throughout NHS Orkney.

A handwritten signature in black ink, appearing to read 'Meghan McEwen', written on a light blue grid background.

Meghan McEwen

Chair

On behalf of the NHS Orkney Remuneration Committee

Appendix 1**Remuneration Committee Terms of Reference****1 Purpose**

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

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

2 Composition

The Remuneration Committee shall consist of:

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

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

3 Attendance

In addition, there will be in attendance:

- Chief Executive
- Interim Director of Human Resources

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

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

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

4 Quorum

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

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

5 Meetings

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

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

6 Remit

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

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

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

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

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

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

7 Best Value

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

8 Confidentiality and Committee Decisions

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

9 Minutes and Reports

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

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

10 Authority

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

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

11 Reporting Arrangements

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

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

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

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

<i>Updated</i>	<i>17 March 2021</i>
<i>Annual Development Session Review</i>	<i>8 March 2021</i>
<i>Committee Approved</i>	<i>19 April 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 2

Remuneration Committee Attendance Record 1 April 2021 – March 2022

Name:	Position:	3 June 2021	30 July 2021	13 January 2022
Members:				
M McEwen	Chair	Attending	Attending	Attending
J Stockan	Vice Chair	Attending	Attending	Attending
F MacKellar	Employee Director	Attending	Apologies	Attending
D Campbell	Non Executive Board Member	Attending	Attending	Attending
In Attendance:				
M Dickson	Interim Chief Executive	Attending	Attending	Attending
L Hall	Interim Director of HR	Attending	Attending	Attending
L Johnstone	Committee Support	Attending	Attending	Attending

Appendix 3

Remuneration Committee Business Cycle and Workplan 2021-22

1 Business Cycle for 2021/22

Meeting	Items of Business	Lead Officer
TBC	Remuneration Committee to act as the Discretionary Points Committee to determine which applicants should receive discretionary points each year in line with NHS Circular PCS(DD)1995/6 (Appendix I) as amended by the SEHD in its letter to Trusts dated 12 January 2000 (Appendix II).	Interim Director of Human Resources
3 June 2021	Review formal reports on outcomes of the 2020/2021 annual assessment of performance of the Executive Directors and seek assurance that the process has been carried out robustly.	Chief Executive/Chair
	Report to National Performance Management Committee	Interim Director of Human Resources
	Review and approve final 2021/2022 performance objectives for the Executive Directors with clear evidence that the objectives will deliver the Board's corporate objectives and corporate plan.	Chief Executive/Chair
	Receive and scrutinise report setting out severance payments made during the year to ensure that they are in line with national guidance and receive assurance that no severance payments are being made without approval.	Interim Director of Human Resources
	Ratify the virtual approval of the Remuneration Committee Annual Report (approved virtually due to timescales for submission to Audit and Risk Committee and Board)	Chair

15 December 2021	Receive recommendations of the allocation of discretionary points for consultant staff and timetable for progressing.	Interim Director of Human Resources
	Review and approve implementation of the 2020/2021 performance related pay (on receipt of NPMC letter) and Discretionary Points for Medical Director.	Interim Director of Human Resources
	Seek assurance that the performance of Executive Directors is being actively managed by reviewing reports from the Chair and Chief Executive and seeking assurance that the mid review process has been carried out robustly for other members of the senior manager cohort.	Chief Executive/Chair

2 Work Plan for 2021/22

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes of previous meeting
- Action Log

2.2 Ad Hoc Matters

- Executive Director appointment arrangements, job descriptions, starting salaries.
- Scottish Government Health Workforce and Performance Directorate guidance and circulars.
- Participate in national Remuneration Committee member development workshops.

2.3 Annual Development Session

The Committee Chair and Lead will attend a session to review the:

- Performance self-evaluation.
- Review of the Governance Assurance Framework to ensure that all current legislation is accurately referenced
- Review the Business Cycle.
- Review of Terms of Reference.
- Review the nature, format and frequency of reporting to ensure it is effective.

- Review the effectiveness of committee process (including Action Log, self-assessment process, minutes and administration arrangements).
- Get development / input on learning areas identified.
- Draft the Annual Report

Remuneration Committee Record of Business 2021/22

Date of Meeting	Report No.	Report Title
03/06/2021	RC2122-01	Severance Payments and Settlement Agreements 2020/21
03/06/2021	RC2122-02	ESM and NPMC Timetable 2020-21
03/06/2021	RC2122-03	Executive Directors – 2020/2021 Year End Performance Reviews
03/06/2021	RC2122-04	Annual report on Executive vacancies and interim cover
03/06/2021	RC2122-05	Remuneration Committee Annual Report 2019/20
03/06/2021	RC2122-06	Remuneration Committee Terms of Reference
03/06/2021	RC2122-07	Remuneration Committee Business cycle 2020/21
03/06/2021	RC2122-08	Remuneration Committee Governance Assurance Framework
13/07/2021	RC2122-09	Executive Directors – 2021/2022 Draft Objectives
13/07/2021	RC2122-10	2021/2022 Executive Directors – Draft Objectives
13/01/2022	RC2122-11	2021/2022 Executive Directors – Mid Year Performance Review
13/01/2022	RC2122-12	Remuneration Committee Terms of Reference
13/01/2022	RC2122-13	Remuneration Committee Business Cycle 2022/23
13/01/2022	RC2122-14	Remuneration Committee Risks Governance Assurance Framework

Appendix 5

Remuneration Committee Governance Assurance Framework 2021/22

1 Purpose

The purpose of good governance is to direct and manage the affairs of an organisation and align corporate behaviour with the expectations of society and public interest.

2 Process

The process of corporate governance involves the identification of responsibilities and accountabilities and ensuring that there is a system of controls and assurances in place to deliver these.

3 Aim

This document aims to set out the principles objectives of the Remuneration Committee, the risks that could prevent these objectives being achieved, the controls that are place to assist in the delivery of the objectives and the assurance processes for ensuring the objectives are being delivered and that the controls are working.

The document also identifies gaps in the Remuneration Committee's controls and assurances that will be closed through actions within the Committee's annual development plan.

4 Key

<u>Principal Objectives</u>	What we aim to deliver
<u>Principal Risks</u>	What could prevent this objective being achieved
<u>Key Controls</u>	What controls and systems do we have in place to assist us in delivering our objective
<u>Assurance on Controls</u>	Where have we evidence that shows we are reasonably managing our risks and that our objectives are being delivered
<u>Gaps in Controls and Assurance</u>	Where we are failing to put controls/systems in place and/or where we are failing to make controls effective Where we are failing to gain evidence that our controls/systems on which we place reliance are effective

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
Executive are paid fairly and appropriately	NHS Orkney fails to implement a fair and transparent job evaluation system for executive managers.	<ul style="list-style-type: none"> Remuneration Committee members are kept up to date with SGHSCD job evaluation arrangements and guidance contained in HDL(2006)23 and HDL(2006) 59 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive manager job evaluation arrangements. The Remuneration Committee approves all new and revised executive manager job descriptions. All new and revised executive manager job descriptions are submitted to the National Evaluation Committee for grading (NEC). The Remuneration Committee receives reports from the Interim Director of Human Resources on the outcomes from NEC and any pay implications arising from new and revised evaluations. 	<p>NEC outcome letters are on file for all executive managers.</p> <p>The minutes of the Remuneration Committee would provide evidence that: -</p> <ul style="list-style-type: none"> The Committee has received copies of SGHSCD guidance on the national job evaluation system HDL(2006)23 and HDL(2006) 59 and clear reports summarising content and local impact. Committee has received new and revised job descriptions for approval. Committee has received reports from the Interim Director of Human Resources showing outcome of grading and agreed salary implications. Committee has received an annual report listing all executive manager posts, the NEC scores and lettered grading, the pay range, actual salaries and explanations of any variance. Where possible 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
			this should be backed up with the Auditors report.	
	Acting up payments are applied without reference to appropriate guidance or without adequate authorisation.	<ul style="list-style-type: none"> Remuneration Committee members are trained on and kept up to date with SGHSCD guidance on executive and senior manager acting up arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive and senior manager acting up proposals. Remuneration Committee approves all executive and senior managers acting up payments before payment is made. Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee. 	<p>The minutes of the Remuneration Committee would provide evidence that the: -</p> <ul style="list-style-type: none"> Committee received copies of SGHSCD guidance on acting up arrangements and clear reports summarising content and local impact. Committee received report from the Interim Director of Human Resources on acting up payment proposals affecting executive or senior managers and authorised any payments. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	Start salaries are set without reference to appropriate guidance or without adequate authorisation.	<ul style="list-style-type: none"> Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on starting salary arrangements contained in CEL(2007)4 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive manager starting salary arrangements. Remuneration Committee approves all new executive manager start salaries before payment. Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee. 	<p>The minutes of the Remuneration Committee would provide evidence that: -</p> <ul style="list-style-type: none"> The Committee received copies of SGHSCD guidance on start salary arrangements and clear reports summarising content and impact. The Committee received report from the Interim Director of Human Resources containing proposal for start salaries and authorised any salaries. 	
	Pay increases and non consolidated performance payments are applied without reference to appropriate guidance or	<ul style="list-style-type: none"> Remuneration Committee members are trained on and kept up to date with the SGHSCD guidance on pay increases and non consolidated payments 	<p>The minutes of the Remuneration Committee provide evidence that: -</p> <ul style="list-style-type: none"> The Committee received copies of SGHSCD guidance 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	without adequate authorisation.	<p>contained in HDL(2006)23, CEL(2007)4 and CEL(2007)22 so that they can provide effective challenge, scrutiny and performance monitoring of NHS Orkney executive manager performance arrangements.</p> <ul style="list-style-type: none"> • Remuneration Committee approves the application or any pay increases or non consolidated payments before payment. • Payroll control processes are in place to prevent unauthorised payments being processed and to ensure that any requested payments correspond with the amount approved by the Committee. 	<p>on executive manager pay increases and non consolidated performance arrangements and a clear report summarising the content and local impact.</p> <ul style="list-style-type: none"> • The Committee received a report setting out the annual pay increases for executive managers and authorised any increases. 	
	Executive manager relocation expense packages are not adequately controlled.	<ul style="list-style-type: none"> • NHS Orkney has a clear relocation expenses policy. • Remuneration Committee members are kept up to date with the policy. • The Remuneration Committee receives reports on executive manager 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> • Any relocation expense packages for executive managers were explicitly identified in the start salary report presented by the 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>expense claims that are within policy (i.e. up to £8,000).</p> <ul style="list-style-type: none"> The Remuneration Committee agrees in advance any relocation expenses packages for executive managers that are greater than £8,000. 	<p>Interim Director of Human Resources</p> <ul style="list-style-type: none"> The Committee received reports on executive manager removal expense claims. The Committee received an annual report setting out the relocation expense packages agreed for executive managers compared to the actual amount paid. 	
	Executive managers' expenses are not adequately controlled.	<ul style="list-style-type: none"> NHS Orkney has a clear policy on expenses that complies with Agenda for Change Handbook. 	<ul style="list-style-type: none"> Payroll control processes are in place to prevent unauthorised payments being processed and if issues raised Committee would be alerted and investigated by Internal Audit as part of work plan 	
Executive Management recruitment follows National policy and procedure	Executive manager recruitment arrangements fail to meet the Board's policies and procedures	<ul style="list-style-type: none"> NHS Orkney has clear policies and procedures on recruitment. Remuneration Committee members are kept up to date with the Board's recruitment policy and procedures and sections of the Code of Corporate Governance that 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> The Committee received recruitment reports for all executive manager vacancies and approved the plans ahead of advertising. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>set out recruitment arrangements.</p> <ul style="list-style-type: none"> Remuneration Committee receives reports from the Interim Director of Human Resources on all planned executive manager recruitment covering background to vacancy, evidence that post has been evaluated at advertised level, relevant guidance from policy or Code of Corporate Governance, selection tools and interview panel arrangements and proposed advertising method. Committee approve the report prior to advertising. Where the Board is proposing to use long term secondments to cover an executive manager vacancy the accommodation and travel costs are identified and reported to the Committee. 	<ul style="list-style-type: none"> The Committee received reports on the costs associated with long-term secondments. 	
Any decision to use public money to fund	NHS Orkney agrees severance payments to	<ul style="list-style-type: none"> Remuneration Committee members are trained on and 	The minutes of the Remuneration Committee provide evidence that:	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
premature retirements severance or redundancy payments stands up to public scrutiny	executive managers without reference to appropriate guidance or without adequate authorisation or makes unlawful payments	<p>kept up to date with the SGHSCD guidance on severance payments set out in Section 16 of Agenda for Change Handbook so that they can provide effective challenge and scrutiny to any proposals brought before them.</p> <ul style="list-style-type: none"> • Remuneration Committee receives reports from the Interim Director of Human Resources on any proposed redundancy or severance settlement to executive managers. The reports contain costed options that include all elements of costs e.g. notice. • Committee approval is granted before any payment is made. • Payroll control processes are in place to prevent unauthorised payments being processed. • The Committee acts in accordance with DL(2019)15 NHS Scotland Guidance on 	<ul style="list-style-type: none"> • Remuneration Committee received Agenda for Change Handbook – Section 16 – Redundancy pay • Annual audit of severance payments was conducted. • Interim Director of Human Resources prepared and presented an annual report for the committee summarising all severance payments that have been made, whether they were approved and whether the amount agreed by the Committee corresponds with the amount paid out. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		Settlement and Severance Agreements		
	NHS Orkney oversees, approves and scrutinises severance scheme payments to employees when managing organisational change	<ul style="list-style-type: none"> Remuneration Committee receives reports from the Interim Director of Human Resources during period of managing organisational change on any proposed redundancy or severance scheme settlements to employees. The reports contain costed options that include all elements of costs e.g. notice. Committee approval is granted before any payment is made. Payroll control processes are in place to prevent unauthorised payments being processed. 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> Remuneration Committee received and approved a Voluntary Severance Scheme. Remuneration Committee received reports on requests for redundancy, severance and tribunal payments and authorised or rejected payments. Annual audit of severance payments was conducted. 	
	NHS Orkney scrutinises severance payments (premature retirements, severance or redundancy) to employees	<ul style="list-style-type: none"> Remuneration Committee receives reports from the Interim Director of Human Resources on any severance payments made to employees, including costs, providing assurance that 	<p>The minutes of the Remuneration Committee provide evidence that:</p> <ul style="list-style-type: none"> Remuneration Committee received and scrutinised report on annual audit of severance payments. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		Agenda for Change terms and conditions have been followed.	<ul style="list-style-type: none"> Annual audit of severance payments was conducted. 	
Executive and senior manager performance is managed in an effective, fair and transparent way	The Chair and Chief Executive fail to identify specific, measurable, attainable, realistic and timely performance objectives for their direct reports.	<ul style="list-style-type: none"> The Board has clear guidance in place on implementing the NHS Scotland Government executive manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1. The Board implements and communicates a clear performance management timetable. The Chair and Chief Executive are trained on the performance management arrangements and system. The Chair and Chief Executive agree the Chief Executive's performance objectives for the current performance year by the end of April each year. The Chief Executive and executive team members agree their objectives for the current 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Remuneration Committee received and approved a document outlining NHS Orkney's approach to implementing the NHS Scotland executive manager performance arrangements. The Remuneration Committee received and approved a performance management timetable. The Remuneration Committee received assurance that the Chair and Chief Executive had received training on the NHS Scotland executive manager performance management arrangements and were competent to apply them. The Remuneration Committee received, challenged and approved the objectives for the Chief Executive and 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		performance year by the end of April each year.	executive managers by the end of July each year.	
	Executive managers do not buy into the performance management framework.	<ul style="list-style-type: none"> The Board has clear guidance in place on implementing the NHS Scotland Government executive manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', PCS(ESM)2013/1. The Board implements and communicates a clear performance management timetable. Executive managers are familiar with the performance management arrangements and system. The Remuneration Committee challenges, scrutinises and approves the performance objectives for executive managers. 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Remuneration Committee received and approved a document outlining NHS Orkney's approach to implementing the NHS Scotland executive manager performance arrangements. The Remuneration Committee received and approved a performance management timetable. The Remuneration Committee received assurance that the executive managers had received training on the NHS Scotland executive manager performance management arrangements and were competent to apply them. 	
	The executive managers' objectives are not aligned with the Annual	<ul style="list-style-type: none"> The Strategic and Operational Plans and corporate objectives are signed off by April each year 	The minutes of the Remuneration Committee evidence that:	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	Operational Plan or corporate objectives.	<p>to enable the targets to be cascaded to individual's performance objectives by the start of the financial year.</p> <ul style="list-style-type: none"> The executive management Team conducts a mapping session to ensure that all the targets and objectives are captured appropriately within their own and their teams' performance plans. 	<ul style="list-style-type: none"> The Committee received a report or presentation from the Chief Executive demonstrating how the strategic and Operational Plans and corporate objectives were covered within the executive team's performance plan. 	
	The Chair and Chief Executive fail to adequately manage their direct reports performance by failing to conduct mid year and annual performance reviews.	<ul style="list-style-type: none"> The Board has clear guidance in place on implementing the NHS Scotland Government executive manager performance management arrangements. The guidance complies with 'Performance Management Good Practice Guide', <p>PCS(ESM)2013/1.</p> <ul style="list-style-type: none"> The Board implements and communicates a clear performance management timetable. The Chair conducts an interim performance review with the Chief Executive by no later 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Chair presented a copy of the Chief Executive's mid-year performance review documentation in December and final appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that it was robust, evidenced and auditable. The Chief Executive presented copies of the executive teams interim 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>than the end of November each year.</p> <ul style="list-style-type: none"> The Chief Executive conducts interim performance reviews with the executive managers by no later than the end of November each year. The Chair conducts an annual performance review with the Chief Executive no later the end of May each year. The Chief Executive conducts annual performance reviews with the executive managers by no later than the end of May each year. 	<p>performance review documentation in December and final appraisal documentation in July each year. Members of the Committee challenged and scrutinised the assessments to provide themselves with assurance that they were robust, evidenced and auditable.</p>	
	<p>Performance scores in NHS Orkney are more generous or harsher than other Boards in NHS Scotland.</p>	<ul style="list-style-type: none"> The Board has clear guidance in place on implementing the Scottish Government executive Manager performance management arrangements. In particular the guidance creates a common understanding of performance category indicators. Members of the Remuneration Committee provide effective challenge 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Committee received a summary of the final performance scores awarded to each objective for the Chief Executive and executive managers. The Committee received a copy of the data submitted to the National Performance Management Committee. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		<p>and scrutiny of the assessments provided by the Chair and Chief Executive.</p> <ul style="list-style-type: none"> The Chair signs off the performance scores as a true record of the position agreed by the Remuneration Committee. The Board submits its performance scores for review by the National Performance Management Committee. Remuneration Committee members participate in national and regional workshops provided by the National Performance Management Committee. 	<ul style="list-style-type: none"> The Committee received a copy of any correspondence between the Chair and the National Performance Management Committee. 	
	<p>The Remuneration Committee fails to put in place effective arrangements to provide challenge and scrutiny to the performance management arrangements.</p>	<ul style="list-style-type: none"> Remuneration Committee members are trained on the Scottish Government executive Manager performance management arrangements. Remuneration Committee members are kept up to date with SGHWPD guidance on performance by the Interim 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Committee received copies of SGHSCD guidance on performance management. Members of the Committee received training on the performance management arrangements. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		Director of Human Resources circulating revised guidance and providing a report summarising the guidance and the implications.	<ul style="list-style-type: none"> Members attended national and regional workshops and agreed and documented lessons learnt. 	
Consultant Discretionary points are allocated in a fair and transparent way	The process for awarding points is flawed and / or unfair.	<ul style="list-style-type: none"> NHS Orkney has a clear process in place for awarding consultant discretionary points. The process complies with national guidance PCS (DD)1995/6 as amended by the SEHD in its letter to Trusts dated 12 January 2000 Remuneration Committee members are trained on the process. NHS Grampian scores the applications on behalf of NHS Orkney and presents to the Remuneration Committee - the decision making body with regard to the allocation of points 	<p>The minutes of the Remuneration Committee evidence that:</p> <ul style="list-style-type: none"> The Committee was made aware of national guidance on the application of consultant discretionary points. The Committee received and approved a process for awarding points that complied with the national guidance. The Committee received reports from NHS Grampian setting out the scoring of the applications to consider and allocate as appropriate 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
The Remuneration Committee operates effectively	The Remuneration Committee is not properly constituted.	<ul style="list-style-type: none"> NHS Orkney's Remuneration Committee is constituted in line with Annex 3 of MEL (1993) 114 It is appointed by the full Board It has agreed terms of reference that comply with the MEL 	<ul style="list-style-type: none"> The existence of up to date terms of reference which have been approved by the Audit Committee and Board. Evidence that the terms of reference were reviewed as part of the annual development session. 	
	The Remuneration Committee does not have explicit agreement with their executive officers about the nature, format and frequency of reports required by the Committee to fulfil its responsibilities.	<ul style="list-style-type: none"> Governance Assurance Framework identifies the assurance that the Committee needs and therefore the business cycle of the committee. Agreed business cycle that stipulates the nature and frequency of reports. Agreed templates for summary, job descriptions, NEC outcome, mid-year and annual performance review, objectives, relocation expenses, severance and redundancy reports. 	<ul style="list-style-type: none"> The existence of the Governance Assurance framework The existence of a business cycle The existence of agreed templates. 	
	The Remuneration Committee fails to keep a	<ul style="list-style-type: none"> Agreed standard of minute taking. 	<ul style="list-style-type: none"> Annual External Audit report 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
	clear record of decisions taken.	<ul style="list-style-type: none"> Central electronic copies of all papers and minutes held by Corporate Services. Draft minutes agreed by Chair of Committee. 		
	Decisions are not followed through.	<ul style="list-style-type: none"> The Committee uses a short-term action log to record and monitor progress against actions. The Committee explicitly identifies how it will assure itself that decisions have been implemented as part of the self-assessment process. 	<ul style="list-style-type: none"> Existence of an up to date action log. Verbal evaluation carried out after each meeting led by Chair. 	
	The Remuneration Committee does not provide adequate challenge and scrutiny.	<ul style="list-style-type: none"> Annual training needs assessment conducted with members. Core data set outlined in Self Assessment guide made available to each member and updated as guidance changes. Business cycle used to ensure all areas of assurance are covered within an annual cycle. Annual development session conducted to review 	<ul style="list-style-type: none"> Completed training needs assessment. Business cycle exists and is used. Annual development sessions take place. All members have a copy of the Core Document Set. 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		performance, review annual report and governance assurance framework.		
	The Committee's arrangements and performance are not adequately scrutinised by the Board	<ul style="list-style-type: none"> • Full minutes produced and available to Committee members • Annual Report submitted to Board, for assurance and Staff Governance Committee for information. • Annual report providing assurance on all executive pay, grading and recruitment arrangements, severance payments, executive managers expenses and consultant discretionary points submitted to Board 	<ul style="list-style-type: none"> • Annual Report to Board for assurance and Staff Governance Committee for information. 	
	The Committee operates sub optimally because it fails to identify gaps in its performance.	<ul style="list-style-type: none"> • The Committee holds an annual development event where it assesses its performance, reviews the governance assurance framework, addresses development needs identified through the training needs assessment and agrees the 	<ul style="list-style-type: none"> • Outcome from Development Session presented to Committee and included in final version of Annual Report 	

Principle Objectives	Principle Risks	Key Controls	Assurance on Controls	Gaps in Controls and Assurance
		development plan for the coming year.		

<i>Updated</i>	<i>22 March 2021</i>
<i>Annual Development Session Review</i>	<i>8 March 2021</i>
<i>Committee Approved</i>	<i>19 April 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Staff Governance Committee

Annual Report 2021/22

Approval Record	Date
Staff Governance Committee	25 April 2022
Audit and Risk Committee	3 May 2022
Board	TBC
Location and Access to Documents	
Location of master document	Corporate Services folder – G:Drive
Location of backup document	Meetings folder – G:Drive
Location of E&D assessment	n/a
Post holder(s) names at last review	
Interim Chair	Joanna Kenny
Vice Chair	Fiona MacKellar
Lead Executive	Lorraine Hall
Committee Support	Corporate Services Team

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1 Executive Summary

In line with sound Governance principles and the Blueprint for Good Governance to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that all Standing Committees submit an annual report to the Board. This annual report covers the complete financial year, April 2021 to March 2022 and is a requirement of the governance statement which forms part of NHS Orkney's annual accounts.

The Staff Governance progress against its agreed plan is submitted as part of a pan Scotland review of adherence to the Standard to Scottish Government and is part of the Board's annual review process ensuring appropriate scrutiny at both local and national level.

Staff Governance is defined as

“a system of corporate accountability for the fair and effective management of all staff”

The Staff Governance Standard (4th edition) sets out what each NHS Scotland employer must achieve in order to improve continuously in relation to the fair and effective management of staff. NHS Orkney recognises the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with both their job, their team, and their organisation. Not only will achieving such an outcome have a positive impact on organisational performance, and therefore on quality of service provision, but it is also an important component of providing all employees with dignity at work.

The Standard specifies that staff are entitled to be:

- well informed;
- appropriately trained and developed;
- involved in decisions which affect them;
- treated fairly and consistently with dignity and respect, in an environment where diversity is valued; and
- provided with an improved and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

The Standard also requires all staff to:

- keep themselves up to date with developments relevant to their job within the organisation;

- commit to continuous personal and professional development;
- adhere to the standards set by their regulatory bodies;
- actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- treat all staff and patients with dignity and respect while valuing diversity; and
- ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

2 Committee Membership

2.1 Committee Leadership

The Chair of the Staff Governance Committee was Caroline Evans, Non-Executive Board Member until November 2021, Joanna Kenny took over the role as Interim Chair.

The Vice-Chair of the Staff Governance Committee is Fiona MacKellar, Employee Director.

2.2 Committee Members

In addition to the Vice-Chair mentioned within item 2.1, the following individuals are voting members of the Staff Governance Committee:

- Michael Dickson, Interim Chief Executive
- Issy Grieve, Non-Executive Board Member (until 31 April 2021)
- Lorraine Hall, Interim Director of Human Resources
- Ryan McLaughlin, Staff Partnership Representative
- Kate Smith, Partnership Representative
- Jason Taylor, Non-Executive Board Member, Whistleblowing Champion

There are no noted deputies.

2.3 Other Attendees

Other Officers of the Board including the Director of Nursing, Midwifery, Allied Health Professions and Acute Services will also be invited to attend for specific agenda items as required.

The Staff Governance Committee Terms of Reference is attached as **Appendix 1** and attendance list at **Appendix 2**.

3 Meetings

3.1 Meetings Held During Period Covered

The Committee has met on three occasions during the period from 1 April 2021 to 31 March 2022:

- 26 May 2021
- 24 August 2021
- 24 November 2021

The meeting scheduled for the 23 February 2022 did not take place as the Board was operating under Agile Governance arrangements to allow focus on the Covid-19 pandemic and preparing for further challenges that were anticipated due to the Omicron variant and the accelerated vaccination programme.

The attendance schedule is attached as **Appendix 2**.

3.2 Business Cycle and Work Plan

The Staff Governance Committee reviews its business cycle and workplan on an annual basis and has worked to this cycle throughout the year. The business cycle and workplan for 2021/22 is attached as **Appendix 3**.

The Committee has dealt with thirty-nine items of business within the financial year. Details of the business items of the Committee are attached at **Appendix 4**.

The Committee promoted the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value.

Assurance that the Area Partnership Forum operates within its terms of reference is provided through receiving the minutes of all Partnership Forum meetings and, although a substantive Governance Committee of the Board, the Staff Governance Committee provides its Annual Report, for information, to enable the Committee to provide overall assurance that systems and procedures are in place to manage the issues set out in MEL (1993)114.

3.3 Action Plan and Progress

The Staff Governance Committee Action Plan is included as a standing agenda item and is monitored at each meeting of the Committee.

3.4 Annual Performance Review and Development Session

The Staff Governance Committee Chair, Vice Chair, Lead Director and Corporate Services Manager reviewed the Committee Terms of Reference, Business Plan and Risks, Controls and Assurance Framework at the meeting on 22 January 2021 to ensure that all areas within the Committee remit were being reported on appropriately.

4 Risks, Concerns and Successes

4.1 Risks, Controls and Assurance Framework

The Committee scrutinises the Corporate Risk Register to ensure that aspects of risk within the remit of the Committee are being adequately managed and agrees any issues to be escalated to the Audit Committee or Board.

4.2 Issues Raised by other Governance Committees to the Staff Governance Committee

There were no issues raised to the Staff Governance Committee via Cross committee assurance and reporting.

4.3 Issues Raised by the Staff Governance Committee to other Governance Committees

The Staff Governance Committee raised the following issues to other Governance Committees:

Audit and Risk Committee:

- The Committee highlighted the excellent work around the Audit of Staff personnel files in order to ascertain actions needing to be taken to mitigate risks.

4.4 Areas Raised by the Staff Governance Committee to the Board

The Staff Governance Committee raised the following to NHS Orkney Board:

- Audit of Staff Personnel Files
- Terms of Reference, Workplan and Risk Controls and Assurance Framework
- Cross Committee Assurance
- Staff Governance Action Plan
- Equality and Diversity Monitoring Report
- The Committee highlighted the risk around Health and Safety following the HSE inspections and serving of improvement notices

Concerns

The main concerns of the Staff Governance Committee in 2021/22 included:

- Workforce resilience and staff wellbeing during the pandemic
- Compliance with staff statutory and mandatory training
- Staff appraisal rates throughout the organisation
- Improved Health and Safety reporting and the requirements following the HSE inspection and issuing of improvement notices.

4.6 Successes

The successes of the Staff Governance Committee in 2021/22 included:

- Implementation of the Staff Governance Action Plan
- Partnership working with NHS Shetland and NHS Western Isles secured cost savings and enhanced recruitment campaigns
- Positive progress with Apprenticeships, although not a direct success of the committee, was welcomed, with 13 graduate apprentices and two foundation apprentices currently with NHS Orkney.
- Some progress with DHI actions including establishing a communications sub-group in partnership with the Area Partnership Forum
- Implementation of a formal Corporate Health and Safety Strategy and structure to support developing a culture of occupational health, safety and wellbeing.
- Delivery of a Board Development Session in January around Leading Health and Safety at Work – actions for Boards and Directors

4.7 Improvements for 2022-23

The Staff Governance Committee are looking to focus on the following areas of improvement in 2022/23:

- Cultural analysis and consider utilisation of a cultural assessment tool measuring the 8 aspect of culture that supports moving forward
- Health and Safety – Structure, culture, training and embedding (continuous process spanning more than a year)
- Systematic application of induction processes and understanding the experience of new joiners (learning and insight and supporting continuous quality improvement)
- Record keeping and audit ensuring the standardisation of staff personnel records including those records managed outwith the HR function

- Developing content for the TURAS on line learning platform developed by the subject matter experts, engaging with staff to see improvements in compliance with statutory and mandatory training.
- Improved uptake of appraisals ensuring clear progression routes and identification of training needs.
- Supporting wellbeing and resilience and understand what more can be done to support managers in Promoting attendance.
- Continuing with DHI actions including communication and embedding a culture of openness
- Developing the People, Workforce and Wellbeing strategic direction in line with the National Workforce Strategy
- Development of the 3 year integrated workforce plan understanding the future opportunities for attraction and retention.

5 Conclusion

As Chair of the NHS Orkney Staff Governance Committee during the financial year to 31 March 2022, I am satisfied that the integrated approach, the frequency of meetings and the breadth of the business undertaken has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has undertaken a review where it has identified gaps and has in place a plan of learning, development and mitigation. The Committee comprises corporately an appropriate mix of skills to allow it to carry out its overall function.

As a result of the work undertaken during the year, I can confirm that overall adequate and effective governance and internal control arrangements were in place through NHS Orkney during the year.

Throughout 2021/22 COVID-19 has continued to have a significant impact on every aspect of our lives. Staff Governance Committee has continued to meet virtually via Teams and this is part of our 'new normal' with both positive and negative aspects. I would like to thank all committee members and attendees for their commitment and engagement with the Committee. I would also like to express my warmest thanks to the staff for their continued hard work and diligence through the biggest challenge of recent times.

A handwritten signature in black ink that reads 'JEKenny'.

Joanna Kenny

Chair

On behalf of NHS Orkney Staff Governance Committee

Appendix 1**Staff Governance Committee
Terms of Reference 2021/22****1 Purpose**

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

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

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

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

- Well informed
- Appropriately trained and developed
- Involved in decisions that affect them
- Treated fairly and consistently
- Provided with a safe and improved working environment

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

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

2 Composition

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

Interim Chief Executive
Interim Director of Human Resources - Lead for Committee
Director of Nursing, Midwifery, and Allied Health Professionals.

3 Attendance

In addition, there will be in attendance:

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

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

4 Quorum

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

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

5 Meetings

The Committee will meet at least quarterly

Extraordinary meetings may be called by:

- The Staff Governance Committee Chairperson
- NHS Orkney Chief Executive

6 Remit

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

- Overseeing the commissioning of structures and processes which ensure that delivery against the Standard are being achieved
- Monitoring and evaluating strategies and implementation plans relating to people management
- Support policy amendment, funding, or resource submissions to achieve the Staff Governance Standards
- Note or approve workforce policies progressed under the Once for Scotland agenda and/or following consultation through the Joint Staff Negotiating Committee and Partnership Forum

- Review and approve workforce plans and workforce projections ensuring that appropriate processes have been followed
- Monitor the progress of the Area Partnership Forum through joint Chair reports to each Committee and an annual Report to the Board
- Seek assurance on the timely submission of all Staff Governance information required for providing national monitoring arrangements
- Provide Staff Governance information for the governance statement through the Staff Governance Committee Annual Report
- Review corporate risks relating to staff and workforce issues; and seek assurance that risks are minimised/mitigated
- Seek assurance that the Whistle Blowing Standards have a supported infrastructure, monitoring and reporting framework is in place to ensure that staff can safely raise concerns. Ensure that the Board is complying with the legislation included in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 (SSI 2220/5)
- Review performance, effectiveness, and Terms of Reference of the Committee on an annual basis
- Receive regular updates on implementation of the Health and Care (Staffing) (Scotland) Act 2019
- Receive assurance with regards to volunteer programmes for directly and indirectly engaged volunteers.

7 Best Value

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

8 Authority

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

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

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

Reporting Arrangements

The Staff Governance Committee reports to Orkney NHS Board.

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

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

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

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

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>14 January 2021</i>
<i>Committee Approved</i>	<i>11 February 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 2

NHS Orkney - Staff Governance Committee Attendance Record - Year 1 April 2021 to 31 March 2022:

Name:	Position:	26 May 2021	24 August 2021	24 November 2021	23 February 2021
Present:					
Caroline Evans	Chair	Attending	Attended	Apologies	Cancelled due to Agile Governance arrangements
F MacKellar	Vice Chair	Attending	Attended	Attended	
M Dickson	Interim Chief Executive	Attending	Apologies	Attended	
R McLaughlin	Staff Representative	Attending	Attended	Attended	
K McKinnon	Staff Representative				
K Smith	Partnership Representative	Attending		Attended	
J Kenny	Non Executive Board Member	Attending	Attended	Attended	
J Taylor	Non Executive board Member	Attending	Attended	Attended	
L Hall	Interim Director of Human Resources	Attending	Attended	Attended	
I Grieve	Non-Executive Board Member	Attended			
In Attendance:					
M Colquhoun	Head of Estates and Facilities	Attending	Attended		
I Smith	Human Resources Manager	Attending	Attended	Attended	
S Phillips	Human Resources Manager	Attending	Attended	Apologies	
D McArthur	Director of Nursing, Midwifery AHP's and Acute Services	Attending	Apologies	Apologies	
L Johnston	Head of Organisational Learning & Development		Attended		
L Wilson	Director of Public Health		Attended		
S Hall	Head of Talent Development & Culture (NHS Shetland)		Attended		
C Bichan	Head of Assurance and Improvement			Attended	
Minute taker	Corporate Services	G Pendlebury	G Pendlebury / S Wishart	Christy Drever / Freddie Pretorius	

Appendix 3
1 Business Cycle for 2021/22

Meeting	Items of Business	Version
26 May 2021	Staff Governance Committee Annual Report Staff Governance Action Plan Remuneration Committee Annual Report Workforce Projections Area Partnership Forum Annual Report Report on status of Once for Scotland workforce policies and progress against HR Policy Review Timetable Health and Safety Annual Action Plan and progress report	Final Draft Final - Final - Final
24 August 2021	Health and Care (Staffing) (Scotland) Act Report Annual report on Workforce Equality Measures Annual report on Workforce Development Activity 6-Monthly report on Induction Compliance Annual Fitness to Practice Report (audit and workplan) iMatter Report – paused for 2021 Staff Governance Annual Monitoring return response Staff Health and Wellbeing Report	- Final Final - Final - - -
24 November 2021	6-Monthly update on progress in Corporate Learning and Education Plan Report on status of Once for Scotland Policy Implementation and progress against Workforce Policy Review timetable	- - -
23 February 2022	Annual Report on Workforce Performance Health and Social Care Staff Experience Report 6-Monthly update on progress against Workforce Development Plan 3-Year Workforce Plan Staff Governance Standards Monitoring return	Final - - - -

2 Work Plan for 2021/22

2.1 Every Meeting

At each meeting of the Committee, the following business shall be transacted:

- Minutes of previous meeting
- Action Log
- Workforce Report
 - Staff Profile
 - Retention (starters, leavers and turnover)
 - Sickness Absence Report
 - Fixed Term Contracts
 - Bank / Excess Hours / Overtime
 - eKSF Progress Report
 - Redeployment
 - Locum Usage
 - Use of policies / Family Friendly Leave
 - Employee Relations
 - Freedom of Information
 - Learning and Development
 - Health Care Care Support Worker
 - Flying Start
 - Occupational Health activity
- Escalated Staff Governance Matters
- Exception reports on Self-Assessment Audit Tool
- Risks / Staffing and HR related incidents raised through the IR1 (Datix) process and the action taken
- Occupational Health and Safety Chairs Report
- Area Partnership Forum Chairs Report and Exception Report
 - Minutes of Area Partnership Forum

2.2 Every six months

- Induction Compliance Report
- Corporate Learning and Education Plan Progress Report
- Workforce Development Plan Progress Report

2.3 Annually

On an annual basis, the Committee shall consider and make recommendations to the Board where necessary, regarding:

- Remuneration Committee Annual Report
- Annual Nursing Revalidation Report
- Area Partnership Forum Annual Report

- Workforce Equality Measures Annual Report
- Workforce Development Activity Annual Report
- Fitness to Practice Annual Report, Audit and Workplan
- Staff Governance Annual Monitoring Return Response
- Workforce Performance Annual Report
- Health and Safety Annual Action Plan and progress report

2.4 Ad Hoc Business

- To review and approve relevant policies
- Equality and Diversity Scheme
- Staff Health and Wellbeing
- Workforce Strategy
- Reports on audits undertaken
- iMatter reports
- Medical Revalidation Assurance Reports
- Nursing Revalidation Assurance Reports
- Leadership for Volunteering

2.5 Annual Development Session

- Review of Terms of Reference
- Review of the Risks
- Review nature, format, and frequency of reporting to ensure it is effective
- Review the effectiveness of committee process (including Development Plan, Action Log, Self-Assessment Process, minutes, and administrative arrangements)
- Review Committee Business Cycle
- Review and agree Committee Workplan

<i>Updated</i>	<i>15 December 2020</i>
<i>Annual Development Session Review</i>	<i>14 January 2021</i>
<i>Committee Approved</i>	<i>11 February 2021</i>
<i>Next Formal Review</i>	<i>January 2022</i>

Appendix 4
Staff Governance Committee – Record of Business 2021-22

Date of Meeting	Report No.	Report Title
26/05/2021	SGC2122-01	Staff Governance Draft Action Plan
26/05/2021	SGC2122-02	Final Staff Governance Committee Annual Report 2020/21
26/05/2021	SGC2122-03	Remuneration Committee Annual Report
26/05/2021	SGC2122-04	Area Partnership Forum Annual Report
26/05/2021	SGC2122-05	Report of Circulars
26/05/2021	SGC2122-06	Staff Governance Monitoring Exercise 2020-21
26/05/2021	SGC2122-07	Committee Effectiveness survey
26/05/2021	SGC2122-08	Partnership Forum Chair's Report
24/08/2021	SGC2122-14	Staff Governance Action Plan Update
24/08/2021	SGC2122-15	Health and Care (Staffing) (Scotland) Act Report
24/08/2021	SGC2122-16	6-Monthly Report on Induction Compliance
24/08/2021	SGC2122-17	Report on Circulars
24/08/2021	SGC2122-19	Annual Fitness to Practice Report (Audit and Workplan)
24/08/2021	SGC2122-20	Revalidation (Doctors)
24/08/2021	SGC2122-21	Partnership Forum Chair's Report
24/08/2021	SGC2122-22	Data Protection Policy
24/08/2021	SGC2122-23	Fire Safety Policy
24/08/2021	SGC2122-24	Security Policy
24/08/2021	SGC2122-25	Voluntary Retirement and Re-employment on a Part Time Basis Policy
24/08/2021	SGC2122-26	Occupational Health and Safety Chairs Report and minutes
24/08/2021	SGC2122-27	Workforce Report
24/11/2021	SGC2122-27	Staff Governance Action Plan Update

24/11/2021	SGC2122-28	Health and Care (Staffing) (Scotland) Act Report
24/11/2021	SGC2122-29	Remobilisation Plan Draft 4
24/11/2021	SGC2122-30	Staff Governance Monitoring Return final submission
24/11/2021	SGC2122-31	Area Partnership Forum Constitution
24/11/2021	SGC2122-32	Workforce Report
24/11/2021	SGC2122-33	National Whistleblowing compliance report
24/11/2021	SGC2122-34	Statutory and Mandatory Training Group Terms of Reference
24/11/2021	SGC2122-35	Area Partnership Forum Chair's Report
24/11/2021	SGC2122-36	Report on Status of Once for Scotland Policy
24/11/2021	SGC2122-37	Health and Safety Policies
24/11/2021	SGC2122-38	HSE Draft Report
24/11/2021	SGC2122-39	Corporate Risks Aligned to the Staff Governance Committee

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Board appointment and 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:

- **Note** the appointment to the Board of Cllr Steven Heddle, nominated Local Authority Councillor for Orkney Islands Council, as a Non-Executive Board Member, from the 19 May 2022.

- **Approve** the reviewed and updated Governance Committee Membership 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.

2.3 Assessment

Following the appointment of the nominated local authority councillor and a further review to allow all Non Executives time to carry out their duties within their current time commitment the membership approved at the April meeting of the NHS Orkney Board has been amended to reflect this and is provided for approval.

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.

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

- **Decision**
 - **Approve** the reviewed and updated Governance Committee Membership as detailed

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 Issy Grieve, Vice-Chair Martha Gill, Employee Director Ceri Dare	Updated Members: Jason Taylor, Chair Issy Grieve, Vice-Chair Martha Gill, Employee Director Steven Heddle
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 Des Creasey, vice-chair Steven Johnston James Stockan	Updated Members: Davie Campbell, chair Des Creasey, vice-chair Steven Johnston Steven Heddle
Integration Joint Board: Three non -executive members	
Current Members: Issy Grieve, chair Davie Campbell Ceri Dare	Updated Members: No change required

Deputies: Caroline Evans (until 31 August 2022) Joanna Kenny Meghan McEwen (from 1 September 2022)	Deputies:
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 Meghan McEwen, Joint Vice Chair Ceri Dare	Updated Members: No change required
Staff Governance Committee: Four non -executive members including the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Joanna Kenny, Chair Martha Gill, Vice Chair Jason Taylor Caroline Evans (until 31 August 2022) Des Creasey (from 1 September 2022)	Updated Members: No change required
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 Martha Gill, Employee Director Davie Campbell	Updated Members: Meghan McEwen, Chair Steven Heddle, 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 James Stockan Ceri Dare Mark Doyle, Director of Finance	Updated members: Davie Campbell, Chair Issy Grieve, Vice Chair Meghan McEwen Mark Doyle All other Trustees to attend in rotation
Orkney Alcohol and Drugs Partnership:	
Joanna Kenny Des Creasey – Deputy	No change required
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Martha Gill	No change required
Area Clinical Forum:	
Steven Johnston, chair	No change required
Orkney Partnership Board:	
Meghan McEwen	No change required
Ethical Advice Group:	
Jason Taylor	No change required

Breakdown of Workload

Member	Current Committee membership	Committees as proposed
Meghan Mcewen	Remuneration Committee, Chair Orkney Partnership Board Joint Clinical and Care Governance, Vice Chair	Remuneration Committee, Chair Orkney Partnership Board Joint Clinical and Care Governance, Vice Chair Endowment Fund Sub Committee Integration Joint Board - Deputy (from 1 September 2022)
Steven Heddle		Finance and Performance Committee Remuneration Committee, Vice Chair Audit and Risk Committee
Steven Johnston	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee	
Martha Gill	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	
Caroline Evans	Staff Governance Committee Integration Joint Board - Deputy	

7.2

Member	Current Committee membership	Committees as proposed
Joanna Kenny	Staff Governance Committee, Chair Integration Joint Board, Deputy Orkney Alcohol and Drugs Partnership	
Issy Grieve	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	
Ceri Dare	Joint Clinical and Care Governance Committee Endowment Fund Sub Committee Audit and Risk Committee Integration Joint Board	Joint Clinical and Care Governance Committee Integration Joint Board
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, 23 June 2022
Title:	Joint Inspection of Services for Children and Young People in Need of Care and Protection – Second Progress Review.
Responsible Executive/Non-Executive:	Michael Dickson, Interim Chief Executive and Stephen Brown, Chief Officer.
Report Author:	Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer.

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Emerging issue

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is invited to note:

That, between 26 August and 4 October 2019, the Orkney Community Planning Partnership was inspected in respect of its services for children and young people in need of care and protection.

That, on 25 February 2020, the Care Inspectorate published its report of the joint inspection of services for children and young people in need of care and protection in Orkney.

That, in response to the inspection report published in February 2020, an improvement plan was developed, which is regularly reviewed by the Chief Officers Group and reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney's Joint Clinical Care and Governance Committee.

That, between April and June 2021, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a review of progress made in planning and implementing actions to address the priority areas for improvement identified in the Joint Inspection undertaken in 2019.

That, in August 2021, the Care Inspectorate published the Progress Review following a joint inspection of services for children and young people in need of care and protection in Orkney.

That, in early March 2022, the Care Inspectorate began to undertake file reading, interviews and focus groups as part of the second Progress Review, with Inspectors visiting Orkney during the week of 21 March 2022 to meet with children, young people and families to hear first-hand accounts of their experiences of children's services.

The Board is invited to scrutinise:

The key findings arising from the Second Progress Review, attached as Appendix 1 to this report, following the joint inspection of services for children and young people in need of care and protection, in order to seek assurance that planning and implementing actions to address the priority areas for improvement continue to develop and improve.

2.2 Background

Between 26 August and 4 October 2019, Orkney Community Planning Partnership was inspected by the Care Inspectorate in respect of its services for children and young people in need of care and protection. The Care Inspectorate published its report on 25 February 2020. The report contained particularly adverse findings.

In response, an Improvement Plan was developed, which is regularly reviewed by the Chief Officers Group (Public Protection) and reported to the Integration Joint Board, the Council's Policy and Resources Committee and NHS Orkney's Joint Clinical Care and Governance Committee.

2.3 Assessment

First Progress Review

A Progress Review was undertaken by the Care Inspectorate between April to June 2021, published on 21 August 2021. This review recognised the Partnership has made significant progress while having much work still to do. It summarised that despite the initial delay, where opportunity for change and improvement was potentially lost, the Care Inspectorate was confident partners have subsequently taken the findings of the Joint Inspection in Orkney very seriously.

Five Key Improvement Areas were identified from the review:

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

The Partnership was satisfied with the main findings of the first Progress Review which told us we are heading in the right direction. The report was reflective of where we believed ourselves to be. The Care Inspectorate intimated their intention to conduct a second Progress Review in spring 2022 with a focus on outcomes and requested a Position Statement to be submitted, at the time, as part of the process.

Second Progress Review

A comprehensive Partnership Position Statement was submitted to the Care Inspectorate which outlined that considerable further work had been done since the first Progress Review and key improvement areas were being progressed.

In early March 2022, the Care Inspectorate began to undertake file reading, interviews and focus groups as part of the second Progress Review. During the week of 21 March 2022, Inspectors came to Orkney to meet with children, young people, and families to hear first-hand accounts of their experiences of children's services.

Inspectors met with a cross section of the Partnership and COG on 21 April 2022 to provide verbal feedback on their findings from the second Progress Review.

Their key findings include (subject of factual accuracy process, confirmation and publication):

- Leaders were working hard to address the findings of the full inspection and the first progress review.
- Membership of key groups driving improvements had been refreshed and additional capacity and resources had been identified to support change.
- Young people's views were beginning to influence strategic developments.
- Practitioners were similarly committed to improving their own practice and outcomes for the children and families with whom they work.
- There was compelling evidence that what the Partnership has accomplished to date is resulting in increased safety for children and there are early signs of increasing confidence from families.

Eight development areas were highlighted, all of which are recognised within the Partnership Position Statement, demonstrating once again that we see ourselves very close to how we are being seen by external scrutiny which is reassuring from a self-evaluation perspective.

It was noted that the Care Inspectorate is not recommending the need for a further Progress Review and has asked for a further Position Statement to be submitted in spring 2023.

The Care Inspectorate's findings of the second Progress Review, which were published on 31 May 2022, are attached as Appendix 1 to this report. Dissemination of the findings

and reflective discussions with the Partnership's children's services workforce will be led by Chief Officers.

2.3.1 Quality/ Patient Care

There are no immediate quality and patient care implications arising from the report recommendations.

2.3.2 Workforce

There are no immediate workforce implications arising from the report recommendations.

2.3.3 Financial

There are no immediate financial implications arising from the report recommendations.

2.3.4 Risk Assessment/Management

There are no risk implications directly arising from this report.

2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity issues directly arising from this report.

2.3.6 Other impacts

There are no other implications directly arising from this report.

2.3.7 Communication, involvement, engagement and consultation

Following the publication of the Second Progress Review, the Improvement Delivery Group held a feedback session with key stakeholders in advance of the report's publication.

2.3.8 Route to the Meeting

- Chief Officers Group, 25 May 2022.
- Orkney Islands Council's Policy and Resources Committee, 21 June 2022.

The findings of the Progress Review will also be presented to the following:

- Integration Joint Board, 29 June 2022.

- Orkney Partnership Board, 29 June 2022.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Joint Inspection of Children and Young People in Need of Care and Protection Second Progress Review.

Second progress review

following a joint inspection of services for
children and young people in need of care
and protection in Orkney

May 2022

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1. Background to this progress review

We carried out a joint inspection of services for children and young people in need of care and protection in the Orkney community planning partnership area between August and October 2019. The [joint inspection report](#) was published in February 2020.

At that time, we were not confident that the partnership in Orkney would be able to make the necessary improvements highlighted in the inspection report without additional support and expertise. Our report identified five priority areas for improvement (appendix 1), and we asked partners in Orkney to develop a joint action plan in response to these. Along with the other bodies taking part in the inspection, we also said that we would monitor progress and report this in due course.

Between April and June 2021 we assessed the progress that the partnership had subsequently made. We concentrated on the partnership's recognition of and response to initial concerns, as this was the focus of the inspection's findings, and also considered how well leaders had managed the change process. We took into account the impact of the Covid-19 pandemic on the ability of staff in front-line services to support vulnerable children and families.

We found that the partnership had been slow to develop an effective response to the inspection in 2019, but that by spring 2021 the pace of change had increased significantly and partners were aware of the scale of improvement required. Staff were better supported to recognise child protection concerns, collaborative practice was improving with better communication, and effective leadership and planning was by then driving change. The [review report](#), which was published in August 2021, highlighted four key messages (appendix 2). As well as noting improvements that had been made, it also identified further areas for development, particularly around consistency of practice and the involvement of children and families.

However, many of the changes were too recent for their effect to be observed and the partnership were informed that we would undertake a second progress review within the year.

2. Summary findings

Partners had continued to make changes designed to improve practice and encourage consistency. Additional guidance and training had been introduced around key processes, such as the use of chronologies and plans, and to reinforce practice, including response to neglect and hearing the voice of the child. The review team found evidence of these improvements through record reading and in contacts with both staff and children and families.

Developments had also been made to support the engagement of children, young people and their families in key processes and decisions about their lives. We heard directly from children and young people, as well as parents and carers, who were satisfied with the intervention of services, although some were less content with the outcome for them. However, the partnership was not routinely collecting such information itself and further work was needed to fully embed participation and engagement across all children's services.

As the partnership's own position statement acknowledged though, two key factors were at risk of holding it back. Firstly, ineffective and inefficient management information systems were inhibiting its ability to demonstrate the difference that the changes that it had introduced were making. Secondly, workforce issues, particularly the recruitment and retention of social workers, were severely compromising the long-term sustainability of those changes.

Key Messages

- Many of the improvements required following the original inspection and the first progress review had been achieved, although further work was needed to consolidate some of the changes that had been introduced.
- Improvements in the recognition of and response to initial concerns were apparent, with risks being identified more effectively and actions being taken promptly to protect children.
- Many key areas such as the lack of procedures or of a consistent IRD process had been addressed. The focus was now shifting towards ensuring their effectiveness and being able to show the difference that they were making.
- Consolidation of improvements was being affected by challenges in both recruiting and retaining staff, some of which were national and some which were particular to Orkney.
- Outcomes for children were not routinely recorded and evidence of the difference that services were making for them was still required.

3. How we conducted this progress review

Between February and April 2022, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a second review of the progress made in the Orkney community planning partnership area.

The inspection team was acutely aware of the ongoing challenges presented by the Covid-19 pandemic and the imposition of the progress review at this time. We are therefore extremely grateful to all the staff in Orkney who participated in it and in particular to those who worked hard to support it, including overcoming difficulties in accessing information virtually. Without their involvement the review could not have been undertaken.

The focus of our review

The aim of this review was to assess and report on further progress made in responding to the areas for improvement identified during the original inspection, as well as the further areas for development highlighted by the first review.

For that reason, we focussed our review on two questions

- A. To what extent has the partnership's improvement plan ensured that the lives of children in need of care and protection are improving?
- B. To what extent has the partnership's improvement plan ensured that children, young people and their families are engaged in key processes and decisions about their lives and satisfied with their involvement?

Our approach to the review

As with the first review, we remained confident that despite the restrictions imposed by the Covid-19 pandemic we would be able to access sufficient evidence for us to assess the partnership's progress. For example, we were able to gain virtual access to a range of information and records as well as opportunities to meet with both staff and leaders, and children and families. For this progress review, we also planned to meet with some young people and parents in person, within the applicable public health guidelines.

In conducting the review, we:

- took account of the further support provided by the Care Inspectorate strategic link inspector and the Healthcare Improvement Scotland public protection and children's health service lead, to partners in Orkney
- reviewed a position statement prepared by the partnership covering the progress that they had made, together with a range of supporting evidence

- held 11 focus groups and 16 interviews with a range of stakeholders including: chief officers, senior managers, elected members of Orkney Islands council, NHS Orkney board members, first-line managers and front-line staff. Most of these were undertaken virtually via MS Teams although a few were undertaken in person, including a visit to one of Orkney's outer isles
- reviewed the records of 20 children and young people¹, involving four local record readers from the partnership area in this activity
- prepared an on-line survey for children and young people aged over 8 and receiving support from social work and other services, of which we received five completed responses
- held in person discussions, or telephone conversations, with five children and young people, and also with 12 parents and carers.

As noted, we had intended to complete a key part of our evidence gathering in person in Orkney. This was to allow us to meet some of the young people whose records we had read in person, along with their families and the practitioners who supported them, and to hear directly about the effect of services on their lives.

The extent of community transmission of Covid-19 within the community in Orkney in early March 2022 caused us to review our plans and to scale back our direct contacts with young people, families and practitioners. Indeed, Covid infections at the time of our visit prevented us meeting with some families altogether. We were also keen to limit the effect of the review on the partnership's ability to support families during what was for it the most serious period of the pandemic. Nevertheless, we are particularly grateful to the children and families who we met with.

¹ : The sample was based on those children and young people who were referred to the children's social work service in Orkney between 1 April 2021 and 31 December 2021 and for whom an on-going service had been provided (ie. the matter was not closed at the point of referral). Consequently, the sample cannot assure the quality of service received by every child in Orkney, particularly those whose assessed needs did not warrant immediate intervention, or those whose initial involvement with social work pre-dated the sample's time frame.

4. Progress made

The partnership's approach to improvement

The report of the first progress review following the joint inspection was published in August 2021. It noted that the partnership's response had been constrained by two key factors. Firstly, by the attention they needed to give to responding to the pandemic, and secondly, by the departure of a number of senior leaders and managers. A new inter-agency referral discussion (IRD) process had though been introduced, and the review found that there was more collaborative working and that staff were better supported. Partners also understood that they still needed to improve how they were able to demonstrate the difference that changes were making for children in need of protection.

Following publication of the progress review report, partners identified five key improvement areas to focus on over the following year. These were:

- recognising and responding to neglect
- developing practice supporting chronologies of significant events
- further developing the approach to inter-agency referral discussions (IRDs) for greater consistency
- strengthening the approach to receiving, recording, and responding to the voice of the child, including independent advocacy
- strengthening the approach to receiving, recording, and responding to the views of parents, carers, and families.

Partners also identified two significant challenges to their ability to introduce and embed new service delivery models. These were firstly recruitment, particularly in children and families social work, and secondly, the need for effective management information systems.

A. To what extent has the partnership's improvement plan ensured that the lives of children in need of care and protection are improving?

Further inter-agency policies and procedures, accompanied by online training, had been introduced to support the partnership's aim of a consistent approach to meeting the needs of children and young people. These were well supported by practitioners and included team around the child (TAC) meetings, chronologies, and neglect, although it was too soon to observe their influence on practice.

Better communication meant that concerns could be discussed with social work at an early stage and advice provided for universal services where appropriate. The process from inter-agency referral discussion (IRD) to initial child protection conference had been improved. Decisions and actions were being taken quickly and appropriately to keep children safe, as shown by the quality of initial multi-agency responses to concerns, which was rated as good or better in all the records we read. In spite of this, there was still some misunderstanding about the threshold for social

work involvement, particularly between social work and health. Some practitioners were seeking more opportunities for contact between staff to better understand processes. Planned visits by senior social work staff to schools and others, including on outer islands, may encourage this.

Children requiring forensic medical examinations were still having to undergo a journey to Aberdeen as the appropriate paediatrician resource was not available in NHS Orkney. If flights were unavailable this sometimes meant children travelling on the overnight ferry. Staff accompanying the children worked hard to minimise the consequential risks of re-traumatising them and added stress for families, yet these could not be avoided altogether. As noted in the earlier progress review, the partnership recognised the effect of this practice on children, yet continued to be unable to resolve it without external support. For example, the use of remote technology to undertake examinations was being explored but the admissibility of resulting evidence in subsequent proceedings was still under discussion. Similarly, the introduction of the Bairns' Hoose² initiative across Scotland, that aims to develop a more co-ordinated approach, was unlikely to do so in the short term.

There was mixed evidence about the extent to which the earlier improvements had been fully embedded. For example, by contrast to the quality of initial responses, the quality of subsequent multi-agency meetings was only rated as good or better in around half of the records we read. Some staff were not always sharing information in such settings, even in child protection cases. Even though almost all records we read contained an assessment that considered needs, protective concerns, and risk, only a third were rated as good or better, slightly fewer than at the first progress review. Our record reading showed similar results in relation to the quality of chronologies and plans. However, it was encouraging that most chronologies were now multi-agency and that nearly all children had a plan in place. Of those plans that were reviewed, we rated the quality of most of those reviews as good or better although only around a half were held within expected timescales. Although some small-scale audits had been completed, partners own quality assurance processes remained to be fully developed in order to both test implementation of policies and identify areas of practice that required further focus.

The quality of the support that children subsequently received was rated as good or better in nearly two thirds of the records we read. In most, partners had effectively reduced the risks to children from abuse and neglect, or due to their parents or carers' circumstances. Of those for whom there had been protection concerns during the Covid pandemic, partners had ensured they were protected from harm and their

² : Bairns' Hoose was highlighted in A Fairer, Greener Scotland: Programme for Government 2021-22. It aims to ensure that all eligible children who are victims or witnesses to abuse or violence will have access to a 'Bairns' Hoose' by 2025. Bairns' Hoose – based on the Icelandic model "Barnahus" – will bring together the services of child protection, health, justice and recovery services into one setting. A key element of Barnahus is the child friendly setting and the whole team around the child in order to reduce the number of times children have to recount their experiences. To achieve this, a co-ordinated approach, which places the needs of the child at the centre across services, will be developed.

wellbeing needs met in all cases. Although few in number, all the children and young people who responded to our survey said that things had improved for them a lot since receiving support, and all but one said that they felt safe where they now lived. All said that they had someone to support them and give them the help they needed at least most of the time, including being supported to retain important relationships. This pointed to the lives of children and young people improving as a result of the help that they received.

Most practitioners we spoke with thought that the introduction of the TAC meeting approach had improved communication and encouraged inter-agency discussions to support families and meet the needs of children and young people. We saw examples of early and effective intervention by universal and third sector services working together to reduce risks. Though still limited, additional resources provided by the latter were increasing, including assisting social work in supporting contact arrangements for looked after children, or providing youth counselling due to ongoing gaps within mental health and CAMHS services. However, in spite of the third sector's position being strengthened within senior decision-making fora, the partnership acknowledged the need for a re-appraisal of its commissioning approach. A strategic needs assessment was planned alongside working together with potential providers to develop family support services.

Many staff reported that the new policies and procedures introduced since the first progress review were clear and helpful, in particular those about chronologies. Their implementation was well supported by training, though some staff found it at times too basic. Nevertheless, the on-line joint events had helped staff to get to know colleagues from other services and enabled some who were not normally able to attend centralised training to participate. Awareness of the changes was not though universal and some schools, or key staff within them, third sector organisations, and adult services staff who covered out of hours social work had not been included in the training. However, the sessions were recorded and subsequently available to them. In some situations there were conflicts with single agency processes and some staff suggested that there had been insufficient prior consultation.

Some staff from universal services and local wellbeing officers in the outer islands and more remote areas, felt disconnected from some of the improvements that had been introduced. They suggested that they did not always have the expertise to respond to situations that they faced, including those requiring early intervention and family support. There were also difficulties for families in small communities of being seen to be receiving support. The thresholds for direct involvement or support from staff based on Orkney Mainland was not always clear or consistent. Some only provided telephone support, whereas others only visited if there were several children to be seen, or meetings to be attended, at the same time. The situation had reportedly been exacerbated during Covid by cancellations to ferries and flights that had further inhibited collaborative working.

At a strategic level, the public protection committee's (PPC) role had been strengthened with the creation of sub-groups covering quality assurance and learning and development. New roles, such as the public protection lead nurse, were received positively and leaders had secured additional funding to create further specialist posts. Although there had been some helpful consolidation since the first progress review, the relationship between the different strategic fora overseen by the chief officer group (COG) was still not always clear, particularly around their role in relation to the improvement agenda. In spite of their increased profile at the on-line training events, many staff, particularly those based on outer islands, reported that senior leaders needed to be more visible. Some health staff, for example, were unaware of staffing changes at higher levels and felt that changes within the health and social care partnership (HSCP) were being driven by social work priorities.

Progress in achieving the desired improvements continued to be hampered by management information systems that were incompatible with each other and unable to record outcomes. Although partners recognised these issues, not having resolved them was inhibiting effective collaborative working, including information sharing. It was also a continuing source of deep professional frustration for many staff. Health and education staff were often entering information onto different systems and, in some cases, separately storing important documentation. Health staff had reservations about moves to a single shared system with social work and some were concerned about a lack of consultation about this. The lack of compatible information systems and the resource to analyse the resulting data was also affecting the partnership's ability to show the difference it was making. In spite of this, practitioners were often gathering evidence, such as about improved school attendance or patterns of behaviour. Additionally, some third sector providers were routinely using evidence-based tools that supported and measured change for individuals, even though it was not being systematically recorded or analysed. Demonstrating the effect that improvements were having remained to be prioritised if partners were to provide assurance to both children and families and elected members that changes were making a difference.

Workforce issues were placing an active brake on making further improvements. Recruitment challenges were being faced in many areas, including for example CAMHS, but were being felt most acutely in relation to the appointment of permanent qualified and experienced social workers. These challenges were being addressed by ongoing advertising campaigns, new worker incentives, and a 'grow your own' approach to encouraging local individuals to take up a career in social work. Securing adequate accommodation also remained difficult for incoming workers. Challenges with retaining both permanent and agency staff were directly affecting relationships with children, young people and their families. It was also affecting service delivery, as, for example, fostering and adoption officers were covering for vacant social worker posts, limiting the recruitment of new foster carers. Succession planning also remained unresolved for key posts including those of NHS Orkney chief executive, Orkney islands council chief executive, and chief social work officer.

B. To what extent has the partnership's improvement plan ensured that children, young people and their families are engaged in key processes and decisions about their lives and satisfied with their involvement?

Much had been put in place to establish the voice of the child as integral to multi-agency practice. For example, at the suggestion of a young person, the toolkit that accompanied the neglect training and developed together with a third sector partner, was renamed 'Care for Me' to focus on the consequences of neglect for children. Some staff and senior leaders reflected that a culture of focussing more on parents' views, rather than those of their children, still prevailed. To address this, and to emphasise the importance of hearing directly from children, specific 'Voice of the Child' guidance had been introduced. However, some staff were unaware of it and others were concerned that it was not sufficiently inclusive of children affected by communication difficulties or disability. Its review and re-launch presented an opportunity for further engagement with staff as well as children and families.

Strategic developments were beginning to be informed by the views of children and young people. For example, one young person had powerfully shared their experience at a multi-agency development event for senior leaders, and young people had contributed to the children's services plan and the development of the new 'Growing up in Orkney' website. External support was being sought to develop opportunities to better engage with care experienced young people about the issues they faced, although consultation with them had already led to the leaving care grant being substantially increased.

Some children and young people, as well as their parents or carers, were now routinely involved in multi-agency discussions about keeping them safe and well. Recently established team around the child (TAC) meetings were helping to ensure that decisions were clear and reflected a shared understanding of the child's plan. Older young people and parents were being enabled to participate in decision making processes. We heard examples of guidance teachers, learning disability nurses and police officers, helpfully advocating on behalf of young people, or supporting them to participate in decision making about their lives. The recent appointment of an independent reviewing officer was ensuring that children and parents voices were heard in looked after children reviews. For some, this had been enabled by holding different meetings. Older young people were routinely involved in preparing and reviewing their own pathway plans to ensure their needs were met, particularly around their accommodation and post-school transition. Although more challenging, staff were endeavouring to take account of pre-school children's views, including non-verbal communication and interactions where necessary. Individual third sector services regularly recorded the views of those they worked with, although these were not always fed into decision making processes.

Most staff we spoke with were confident that children, young people and their families were being involved in decisions about their lives and achieving positive outcomes. Our own evidence supported this. The ways that parents and carers were

listened to and involved by professionals was rated as good or better in almost all the records we read. In nearly two thirds of the records we read, the ways that children were listened to and involved by professionals was rated as good or better, and most of those who responded to our survey said they had been involved in decisions about their lives. Although resources were limited, advocacy services were available for children and families to support their participation. Those able to support children and young people were more readily available to looked after children and care experienced young people, including those in residential care.

Embedding this practice was a challenge for the partnership particularly when short staffed. This was demonstrated by some parents' experiences. For example, we heard from some that processes were not always adequately explained to them to enable them to participate. They were not always informed about rapidly changing situations, particularly in an investigation's early stages when they were most anxious and less likely to understand. This affected their confidence in the staff who were working with them. Of the small number of young people who responded to the survey, only one said that their rights were explained to them. Staff retention was directly affecting the relationships children, young people and families were able to build with professionals. In two thirds of the records that inspectors reviewed there was evidence that the child had had an opportunity to develop a relationship with a key member of staff and that in almost all, the child's parents or carers had had a similar opportunity. In spite of this, some young people's experience was that they had had regular changes of social worker and they were reluctant to make relationships with them. This was supported by parents and practitioners we spoke with. Staff retention was also affecting professional relationships and expectations about what could reasonably be achieved for young people. They were also limiting the partnership's ability to ensure that children and young people were engaged and involved in key processes and decisions about their lives.

5. Conclusion

Leaders were working hard to address the findings of the joint inspection and the first progress review. Chief officers had given a clear undertaking to improving how children's services were delivered across Orkney. They had taken a more focussed approach in order to better understand those areas requiring their intervention. Membership of key groups driving improvements had been refreshed and additional capacity and resources identified to support change. Young people's views were beginning to influence strategic developments, including one young person's testimony that had been particularly influential at a recent development day.

Practitioners were similarly committed to improving both their own practice and outcomes for those they were working with. This was exemplified through their strong support for the further guidance and training that had followed the first progress review. It was also evident from the prompt action taken to protect children that we saw demonstrated in our more recent record reading and from conversations with staff and families. We saw and heard of good examples of children, young people and families being engaged in key processes and decisions about their lives.

We are confident that with the strengthened approach to self-evaluation and willingness to be outward-looking, partners are determined to maintain the momentum that they have built over the last two years. Their significant effort since the original inspection has seen the introduction of many of the key components to achieving the cultural change they aspire to. There is compelling evidence that what they have accomplished to date is resulting in increased safety for children and there are early signs of increasing confidence from families.

Even though both senior leaders and practitioners were working hard to make the required cultural changes following the original inspection, there was still more to be done to consolidate the progress they had made. Some of this required major investment, or external assistance, to understand and resolve. For example:

- ongoing problems with management information systems, as well as difficulties in recording outcomes, needed to be resolved before the partnership could demonstrate the overall difference that it was making for children, young people and families in Orkney
- in spite of the introduction of further new guidance and training, more needed to be done to ensure consistency of practice in areas such as the quality of assessments, plans and reviews
- the challenges in not only recruiting but also retaining staff, which had been exacerbated by the pandemic, remained to be overcome. In particular, in providing accommodation and support for new staff, developing opportunities for existing staff and long-term planning to meet future staffing needs
- the size and scale of Orkney continued to make it difficult to provide services to the same level as elsewhere in Scotland without further support. For example,

arrangements for the forensic medical examinations of children and young people still required them to travel to Aberdeen, often adding to their trauma.

Given the challenges that partners continue to face, progress remains finely balanced. They are likely to need the continued support and innovative thinking from scrutiny partners and other stakeholders to find medium and longer-term solutions to these challenges. Such support will also help them to test, validate and evidence progress and also to identify areas in need of further improvement, maintain engagement and build the confidence of staff and children and families.

With this support and monitoring over the next year, we would anticipate seeing continued improvement in the partnership's strategic approach to achieving their goals, as well as in outcomes for children and families. To demonstrate this, we will ask the partnership to report by March 2023 on their progress against the following areas.

1. Develop and implement a clear succession plan, particularly following the anticipated departure of key influential leaders, that ensures the long-term sustainability of the improvements that have been made.
2. Sustain the resources needed to implement further changes and improvements against the challenging financial context facing leaders, local authorities and partnerships.
3. Develop and implement a workforce plan that addresses both recruitment and retention issues, reviews multi-agency training, and develops support and supervision for staff.
4. Refine the improvement plan to incorporate measurable service developments, so that staff have a clear investment in the plan and able to see the difference they are making at both an individual and at an inter-agency collaborative level.
5. Resolve the replacement or improvement of a management information system within health and social care that reduces barriers to information sharing, improves reporting of outcomes and is in line with staff professional codes of practice and legal obligations.
6. Further develop the involvement of children and young people and families in their own plans and processes, such as TAC meetings or reviews, as well as in other groups and participation opportunities.
7. Understand children, young people and families' satisfaction with the service they are receiving, including the outcome for them and its effect on their lives, and use this knowledge to refine service delivery.

8. Building on what has been achieved, and along with the third sector, create a service culture in which children, young people and families routinely participate and their views help to shape service development.

6. What happens next?

Given the progress made and the commitment of leaders to continued improvement we will not be making any further formal reviews specifically related to the 2019 inspection.

The Care Inspectorate will continue to support the partnership in Orkney through existing link inspector arrangements. In addition, together with Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland, it will, where required, provide flexible and bespoke support to partners to strengthen practice and existing leadership and help to sustain the improvements that have been made. Scrutiny partners will also provide an external monitoring perspective for the Orkney partnership to benchmark further progress against.

As noted, to demonstrate their continued improvement, we will ask the partnership to report by March 2023 on their progress against the key areas identified above.

Appendix 1: Areas for improvement arising from the 2019 joint inspection of services for children and young people in need of care and protection in Orkney community planning partnership area

- Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.
- Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.
- Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.
- Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.
- Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

Appendix 2: Summary of findings from the first progress review in 2021

The review identified a number of improvements that had been made, or that were well underway. For example, staff were being better supported to recognise child protection concerns, collaborative practice was improving with better communication, and effective leadership and planning was now driving change. There were also areas for further development though, particularly around ensuring consistency of practice and the involvement of children and families. Importantly, many of the changes were too recent to observe the difference that they have made.

Our key messages to partners were that:

- there was encouraging evidence of progress being made in relation to the areas for improvement identified by the previous inspection
- effective changes had been made to key processes, and policies and procedures had been updated
- momentum needed to be maintained to sustain the improvements that had been made and the level of change that had been achieved
- as many of the changes were relatively recent, evidence was still required of the effect that they had made for children and families.

Appendix 3: List of abbreviations and definitions

CAMHS Child and adolescent mental health service

NHS Scotland child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

COG Chief officers groups

The collective expression for the local police commander and chief executives of the local authority and Health Board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

HSCP Health and social care partnership

Health and social care partnerships (HSCPs) are the organisations formed as part of the integration of services provided by Health Boards and councils in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.

IRD Inter-agency referral discussion

An inter-agency referral discussion is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to siblings or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk.

(nb. In some areas of Scotland, the initials IRD are an abbreviation for initial referral discussion. This is essentially the same process)

PPC Public protection committee

In Orkney, as in a number of other areas across Scotland, child protection and adult support and protection committees have been combined into single public protection committees. From a child protection perspective, these committees are the locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

TAC Team around the child meetings

A team around the child meeting is a single multi-agency planning process around the child's plan involving those practitioners who support the child and family, and are likely to be participants in the child's plan. In many areas, they are also likely to involve parents or carers and where they are old enough to participate, children and young people themselves.

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NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Clinical Strategy
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Dawn Moody, Associate Medical Director

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Strategy sets out our ambitions of how our clinical teams and services will develop and grow to meet the needs of the people of Orkney over the next five years. It has been developed in consultation with our community and staff and also with extensive input from clinicians.

2.2 Background

The Clinical Strategy has been developed in line with several national strategies and informed by the principles and approaches advocated through realistic medicine.

2.3 Assessment

2.3.1 Quality/ Patient Care

The key areas of focus are:

- Improving health and wellbeing of people in Orkney
- Children and Young People
- Mental health
- Supporting independence for people living with long term conditions

2.3.2 Workforce

The Clinical Strategy has been developed alongside NHS Orkney's Workforce and Financial Recovery Plans.

2.3.3 Financial

The Clinical Strategy has been developed alongside NHS Orkney's Workforce and Financial Recovery Plans.

2.3.4 Risk Assessment/Management

Not applicable at this stage.

2.3.5 Equality and Diversity, including health inequalities

The Clinical Strategy has been developed with the specific aim of improving access for all and reducing inequality across the whole of Orkney.

2.3.6 Other impacts

The Clinical Strategy, in combination with the Financial Recovery Plan, supports the commitment to delivering greener healthcare, including reducing waste, which will enable us to make our services more environmentally and financially sustainable.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. There has been wide clinical, community and stakeholder engagement as the strategy has been progressed.

2.3.8 Route to the Meeting

This has been previously considered by the following groups and committees as part of its development.

- Area Clinical Forum
- Area Partnership Forum
- Joint Clinical and Care Governance Committee, with a recommendation of Board approval

2.4 Recommendation

- **Decision** – The Board is asked to approve the Clinical Strategy

3 List of appendices

The following appendices are included with this report:

- Clinical Strategy 2022-27

Clinical Strategy

2022 - 27

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The community we serve

How our services are provided

How this strategy was developed

- What we heard from our community .

- What we heard from our staff

Why we need to work differently over the next 5 years

- The health of our population

- Demographic changes in our population

- Changing patterns of illness and disability

- Worsening health inequalities due to the COVID 19 pandemic

- Green and Sustainable Healthcare

How we need to change

- Reducing Health Inequalities

- Prevention and early intervention

- Improving care and supporting independence

Our Model of Care

Clinical Areas of focus

- Improving the health and well-being of the population of Orkney

- Children and young people

- Mental health.

- Supporting independence for people living with long-term conditions

What we need to help us change

- Quality Improvement

- Workforce

- Embracing Innovation

Working together and the next steps

Acknowledgements

We would like to thank members of the Orkney community who took part in the survey and patients who gave up time to talk to us. We would also like to thank staff for their time and enthusiasm in contributing to this document and Orkney Health and Care for allowing us to use selected material from the Joint Strategic Needs Assessment.

FORWARD

This Clinical Strategy sets out our ambition of how our clinical teams and services will develop and grow to meet the needs of the people of Orkney over the next five years. It has been developed in consultation with our community and staff and with extensive input from our clinicians.

It describes the approach we will take to shaping our clinical services, which will be driven by evidence, best practice, safety and transparency. In order to achieve the ambitions of the clinical strategy we will ensure that we support and develop our workforce, harness the power of technology and innovation, and undertake continuous quality improvement.

Everything we do within NHS Orkney and as part of the wider health and care sector, aims to keep people healthy and well. However, good health and wellbeing are not just about NHS and care services, and not just about treating illness and accidents. Good health and wellbeing come from every aspect of our lives, environment and society. The quality of our education, employment, housing, neighbourhoods, relationships, families, jobs, safety, food and environment are among the many things that influence our health, happiness and wellbeing, for better or worse.

The health and care we provide is designed to reflect local needs and make a positive difference to many of the challenges to health and wellbeing that local people face. However, as an anchor institution at the heart of the community we serve, we also aim to make a wider contribution to the community in Orkney, beyond the healthcare that we provide, through such things as providing access to quality employment, purchasing locally as far as possible, reducing environmental impact and working closely with local partners.

We need to ensure we make a real difference to the health of our local population throughout their lives. We will do everything possible to maintain health, prevent illness and provide the best available care. We will do this in partnership with individual patients and their communities. We will deliver care seamlessly across hospital and community services and in collaboration with other services that meet the needs of our population, including third sector organisations and public sector partners such as Orkney Islands Council, NHS Grampian and Scottish Ambulance Service.

The Clinical Strategy will help our services evolve to meet the changing health needs associated with the changing demographics of the population in Orkney. In particular, the needs of increasing numbers of older people in our communities who are living with long-term conditions and frailty. It will also focus on reducing unwarranted variation and addressing health inequalities. This focus is needed now more than ever because many pre-existing health inequalities have been made worse by the Covid-19 pandemic. This is a result of both the direct health consequences of Covid-19 and the impact of measures required to control the pandemic, including changes in access to education, increased social isolation, reduced physical activity, and changes to employment and income. The Clinical Strategy will also help achieve our commitment to delivering greener healthcare, including reducing waste, which will enable us to make our services more environmentally and financially sustainable.

This Clinical Strategy sets out our commitment to enable people to remain as healthy and independent as possible throughout their lives. It describes the key role of prevention and early intervention in realizing this ambition and explains how these principles will be further developed throughout our services, in order to help improve the health and well-being of our population. It also sets out how we will improve care and support independence by strengthening our delivery of personalised and coordinated care.

We will focus on what matters to our patients, not just in terms of their medical care, but also as individuals and members of their families and communities. We will give people the information and support they need to make informed decisions and to be empowered to manage their own care, as far as possible. This will in turn allow more effective and efficient use of resources, help ensure timely treatment, and reduce harm and waste from over or under treatment.

The Clinical Strategy explains the Model of Care which is central to our vision, how we have used this to develop a strategy focused on four key clinical areas and how specific key services will develop to support this. The areas of focus are:

- Improving health and well being of people in Orkney
- Children and Young People
- Mental Health
- Supporting independence for people living with long-term conditions.

In order to improve the health and wellbeing of people in Orkney we will prioritise keeping people healthy and ensure that we make the most of every opportunity to reduce health inequalities. We will focus on improving health through concerted action in the key areas of stopping smoking, reducing alcohol use, managing bodyweight and improving physical activity.

To improve the health of children and young people we will build on the Children's Services Inspection improvement work, through further integration of services and development of opportunities to create effective multi-disciplinary teams. The service redesign will involve all stakeholders including young people and their parents and will consider Royal College of Paediatrics and Child Health guidance, as well as best practice models from elsewhere.

We will improve mental health by focusing upon the implementation of the Orkney Health and Care Mental Health Strategy and Dementia Strategy, both recently published. There will be a focus upon enabling people to access their own strengths and supports where possible; preventing onset of mental health conditions and providing early intervention and support for recovery; developing personal and community resilience. We will work in close partnership with individuals, carers, communities, statutory and voluntary sector providers to build upon existing services and make most effective use of all resources available. This will enable us to be responsive and adaptable to changing mental health needs of our population, including those resulting from the pandemic.

We will reduce the risk of people developing long-term conditions by supporting people to live healthier lives and we will support people who do develop long-term conditions to remain healthy and independent for as long as possible. We will do this by focusing on early diagnosis and management of long term conditions; helping people to understand and manage their conditions; and providing coordinated care that is in line with latest evidence and best practice, whilst at the same time recognises peoples' individual needs and choices.

We recognise that people who are living with multiple long-term conditions often need different support to those who are living with a single long-term condition and we will tailor their care accordingly. We also recognise that people with multiple long-term conditions are more likely to develop frailty in older age. Care and support for people with multiple long term conditions and frailty will be provided by a multi-disciplinary team, working together to make sure that people understand the overall impact of their conditions, have the support that they need to make decisions about their care and are able to retain control of their care.

Michael Dickson
Chief Executive
NHS Orkney



THE COMMUNITY WE SERVE

NHS Orkney is the smallest territorial health board in Scotland and is responsible for the health care of the population of Orkney. We employ around 620 staff and provide a comprehensive range of primary, community-based, and hospital services. As a large, non-profit, public sector organisation whose long-term sustainability is tied to the wellbeing of the population it serves, NHS Orkney can be seen as an anchor institution. [Anchors](#) are unlikely to relocate given their connection to the local population and have a significant influence on the health and wellbeing of communities. In addition to providing quality health and care services the NHS can make a difference to local people by:

- Widening access to quality employment
- Purchasing more locally
- Using buildings and spaces to support communities
- Reducing environmental impact
- Working closely with local partners

The majority (69%) of people living in Orkney live in a remote and rural setting. In 2019, the population was estimated as 22,270, with equal numbers of males and females. About one fifth (18%) of the population were under the age of 18, over half (58%) between 18 and 64 years and about a quarter (24%) aged 65 and over. For more information on demographic changes see 'Why we need to work differently' later in this document.

National Records of Scotland estimates that the population will decrease slightly (0.7%) between now and 2035. There were 182 births in Orkney in 2019, a drop of 15% from 2005. People moving into and away from Orkney also play an important role in shaping the population. Net migration into Orkney is expected to decrease by 6% between 2019 and 2030.

Employment plays an important role in people's lives in many ways. It provides a sense of purpose, financial stability, and continuity, as well as future security. It can also be a source of stress due to underemployment, seasonal or temporary contracts leading to uncertainty and anxiety, as well as the physical impact of demanding and/or repetitive tasks. However, the employment situation in Orkney is relatively good compared to Scotland as a whole.

There are well-established links between health (physical and mental), and personal financial circumstances. Recent results from the Scottish Household Survey suggest that only 66% of Orkney households manage well or very well in terms of their household finances. This has shown general improvement over the 20 years from 1999.

Fuel Poverty means that a household spends more than 10% of its income on fuel costs and does not have enough left over to maintain an acceptable standard of living. Extreme fuel poverty means that this spend is more than 20% of household income. Fuel poverty is one of the major challenges for many households in Orkney and often affects people's health. For example, cold and damp homes can cause worsening of a number of long-term conditions, such as respiratory disease, heart disease, circulatory disease, and poor mental health. In Orkney 31% of the population were estimated to be living in fuel poverty between 2017 and 2019. Older people were mostly affected, with 34% living in extreme fuel poverty

Food Insecurity is another important risk to health and wellbeing. The Trussell Trust is a charity which supports food banks nationwide and in Orkney the number of food parcels provided by the Trust increased by 46% in 2020/21.

Child Poverty is also a significant risk factor. As well as causing problems directly during childhood, child poverty can cause health problems that last throughout a person's life. In Orkney the number of children living in poverty increased to 703 in 2019/20.

A sense of community plays an important role in health and wellbeing outcomes. A healthy, inclusive community provides a sense of identity as well as being a source of resilience in times of difficulty at both individual and community level. Results from Scottish Household Survey suggest that people in Orkney have a strong sense of belonging: 88% of people felt a very strong or fairly strong sense of belonging during 2017-2019 and 80% of people said they met socially at least once a week. During the Covid-19 pandemic, this support and resilience came to the fore with community initiatives, the work of the coronavirus community support hub, and the NHS Covid centre.



HOW OUR SERVICES ARE PROVIDED

NHS Orkney provides a wide range of health care in Orkney, from urgent and emergency care to GPs and dentistry. Some of these services are based in The Balfour, our hospital and health care facility, and many are provided in the community across the mainland and our isles. Patient safety is our highest priority and sometimes difficult decisions have to be made regarding whether care can safely be delivered in Orkney and within our isles with the resources available to us, or whether it needs to be delivered outside Orkney. Some specialist services such as Consultant Paediatric and Oncology services as well as interpretation of CT scans and MRI scans are provided by NHS Grampian in Aberdeen. Ophthalmology services are provided by NHS Highland. These longstanding arrangements with NHS Grampian and NHS Highland which support specialisms that would not be feasible within NHS Orkney have worked successfully for decades and it is not anticipated that this will change. NHS Orkney belongs to the NHS North Region which supports collaboration and innovation across the north of Scotland.

We work in close partnership with Orkney Islands Council to improve and develop social care, community health and wellbeing. This partnership is called Orkney Health and Care and provides social work for adults and older people, mental health services, child protection and many other services. We also work in partnership with the Community Planning Partnership and Local Outcomes Improvement Plan.

We recognise the need to invest in our skilled workforce and ensure the correct staffing levels as set out in the [Health & Care \(Staffing\) Bill](#). We will work in partnership and innovatively with the Third Sector and those using our services.

Wherever possible we work closely with patients and carers to design our services to best meet their needs. We will further develop this approach and therefore better support people to maintain, improve or manage their own health. We also aim to maximize the opportunities for improvement in care provided by basing different services at the same location.



HOW THIS STRATEGY WAS DEVELOPED

This clinical strategy has been developed in line with a number of national strategies which can be found [here](#). The principles and approach advocated through Realistic Medicine have informed this strategy.

Work on the clinical strategy started in 2019 but was paused early in 2020 due to the Covid-19 pandemic. Work began again in summer 2021 with community and staff surveys, interviews and focus groups with clinical and operational staff from both NHS Orkney and Orkney Health and Care. An advisory group with a broad clinical representation was formed to review progress and discuss content.

Members of Orkney Health and Care also contributed to this document and provided population statistics for the area.

A broad group of clinical staff contributed text for their specialist areas, and the advisory group and reviewers from a range of clinical backgrounds gave comments on the strategy before it was finalised.



WHAT WE HEARD FROM OUR COMMUNITY

A small group of patient representatives met to discuss their priorities for the clinical strategy. They highlighted the need to focus on mental health and children's services as well as intermediate care and returning home from treatment. The need for good communication both between clinicians and the patient, family and carers was stressed, along with the need to engage regularly with patient representatives.

A community survey was widely promoted through local media and social media. The survey was easy to access in a digital format, but paper copies were also available. More than 330 members of our community took part, spending an average of 23 minutes completing it. The results have made a very important contribution to the strategy. You can take a look at the full report [here](#).

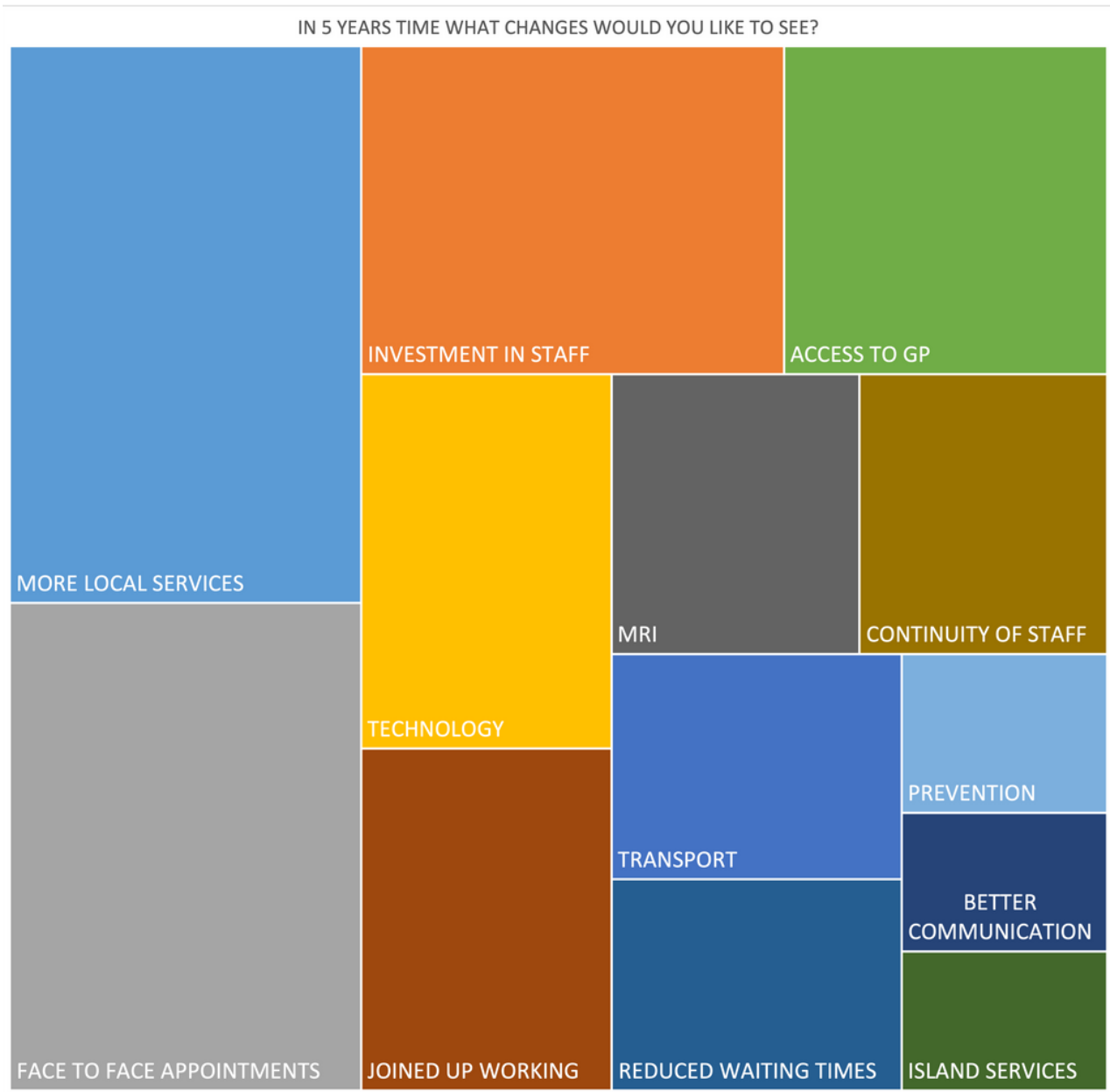
Residents of all areas of Orkney across both Mainland and the isles were well represented in the survey responses, as were people from all adult age groups. The survey was also discussed at the Youth Forum where it was felt that the NHS had done an excellent job of coping with the Covid-19 pandemic. Those present hoped to see a reduction in waiting times for seeing a specialist and receiving treatment. The need for financial support and a personalised approach for equipment such as wheelchairs was noted together with the need for a local paediatric unit to alleviate financial and emotional stresses on families.

We asked participants of the survey what they felt was going well in the service. 299 respondents gave us feedback with the largest number highlighting the vaccination rollout and Covid-19 response.

The staff at my GP Practice are always polite and helpful. The Covid vaccination effort was phenomenal. The OHAC team deserve a pat on the back!



We asked participants what changes they would like to see in health and care services in 5 years time. We received responses on both how you would like to see the service delivered and specific clinical areas. The diagram below represents the changes in the ways of working that people have asked for with the size of the block representing how often it was mentioned.



17% of the responses mentioned that they would like to see more services delivered locally, avoiding travel to Aberdeen. Some participants also highlighted increased services on the inner and outer isles to avoid travel to mainland Orkney. 15% of the responses asked for a return to face to face, reflecting the necessary move to phone appointments during the Covid-19 pandemic.

Investment in all frontline staff including GPs was mentioned in 12% of the responses. Increased staff numbers and investment in training the current staff were both areas which were highlighted.

Services have adapted and become more flexible in their approach due to COVID, and have been doing a grand job. However a return to more face to face consultation for those that prefer it would be good

More investment in front line staff for all services and a continuation of services running as they currently do.

More joined up communication between the many parts of NHS Orkney and its partners

When we asked about the changes you would like to see in health and care services in 5 years the responses mentioned a number of specific clinical areas.

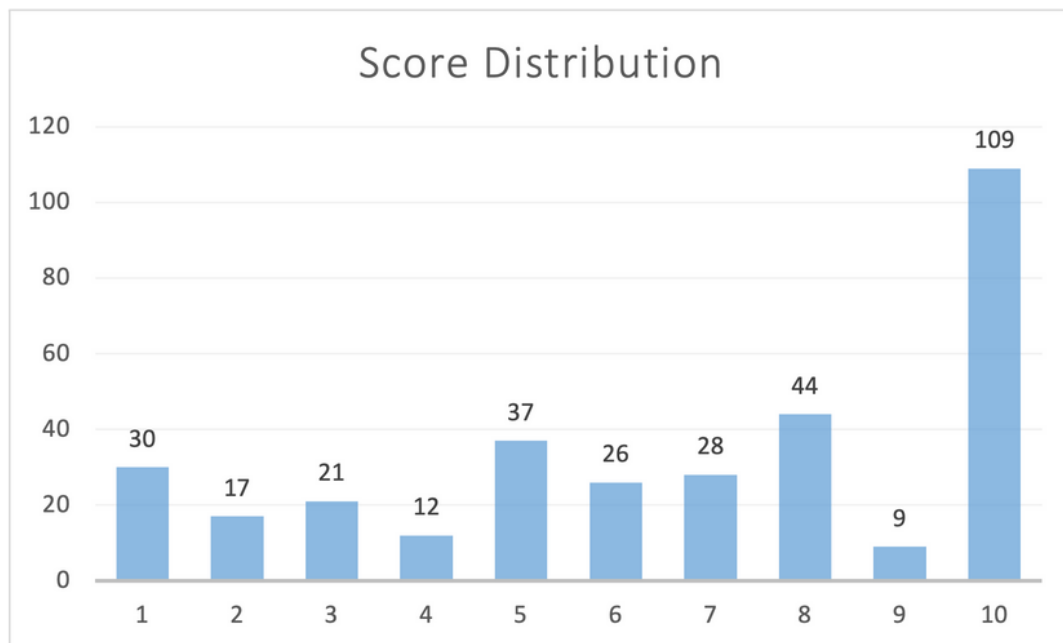
33% of the responses highlighted the need for faster access to mental health services and for those services to be improved and invested in. Mental health in children and young people was mentioned in a number of responses.

Care was mentioned in 17% of the responses with easier access, care tailored to the individuals needs, improved care in the home and the need to involve and value family and friends who take on care responsibilities more. The need for more sheltered housing and care staff was also highlighted.

Significant improvement to mental health services. Easier access to clinics and support, for those with both severe mental health conditions, and those who are perhaps just going through a hard time and need short term support...

More investment in community based services to allow staff the time to adopt a more proactive approach to helping support people to manage their conditions

We asked participants how willing they would be to have a phone call or video call with a health care professional instead of a face-to-face appointment (if they and their health care professional felt it would be appropriate). The diagram below describes the response we received where 1 is "not willing at all" and 10 is "extremely willing".



Having young children, a phone call can be easier than trying to take them to an appointment or find childcare, however there are some cases where it's easier to discuss certain things, for example mental health issues, face-to-face.

An appointment at Aberdeen Royal Infirmary means three days away from home. We don't all have time for that. Not to mention the cost.

I am willing. But I know many folk who just don't like speaking on the phone and others would not open up to discuss their worries. It's about equal access for all whatever their mental or physical capacity

WHAT WE HEARD FROM OUR STAFF

We carried out a staff survey in September and October and over 80 members of staff took part. We asked staff to identify an innovation they would like to highlight. These included hospital at home, discharge to assess, health care partnerships in the GP surgeries, chronic pain pathways and many more. The full staff report can be accessed [here](#).

We asked which factors we should consider that are specific to our board. Three broad categories were described in the responses:

- staff (small clinical teams and the need to be generalists and specialists)
- isolation
- relationship with NHS Grampian, and NHS Shetland.

Local services deliver comprehensive clinical services but often with very small teams which adds significant complexity to clinical delivery, the ability to juggle clinical, managerial, and leadership roles, developing and maintaining clinical competencies, and team resilience.

Resilience - eg lack of beds is a major issue when we are an island location with no neighbouring hospital.

Access to healthcare by patients living on the isles or those who find travel to the Balfour difficult or prohibitively expensive so we can address the remote and rural health inequalities more.

When asked which clinical areas the clinical strategy should focus on the response was that mental health should be the top priority followed by children and young people and those with long term conditions.

These priorities are reflected in this strategy.

WHY WE NEED TO WORK DIFFERENTLY OVER THE NEXT 5 YEARS

The opening of The Balfour in 2019 brought state of the art facilities and equipment and was the first important step towards making our services 'fit for the future'.

In order to provide good care for the people of Orkney in the years ahead we need to continue to develop our understanding of the make-up of our population, the health needs they are experiencing and how these things are likely to change in the future. We must make sure that we recognise those people within our community with the greatest health needs, particularly as they are often also the people who find it the most difficult to access services.

We need to use this knowledge and understanding to develop and support a workforce able to design and deliver services that address these inequalities and meet changing needs throughout Orkney. We need to enable our teams to work together to make best use not only of the resources available at the Balfour, but also those in other local settings across the county; further developing the care that is already delivered in peoples' homes and communities.

We also need to support our workforce to embrace the adaptability and innovation needed to make best use of new treatments and technologies as they arise, as well as to meet the challenges of environmental and financial sustainability.

Many of these challenges are Scotland wide and are addressed in the National Clinical Strategy for Scotland, and this national strategy has helped inform our Clinical Strategy for Orkney. However our Clinical Strategy addresses specific needs and circumstances which are at times unique. The following changes and challenges have been identified through our engagement process as the most important issues for Orkney.



THE HEALTH OF OUR POPULATION

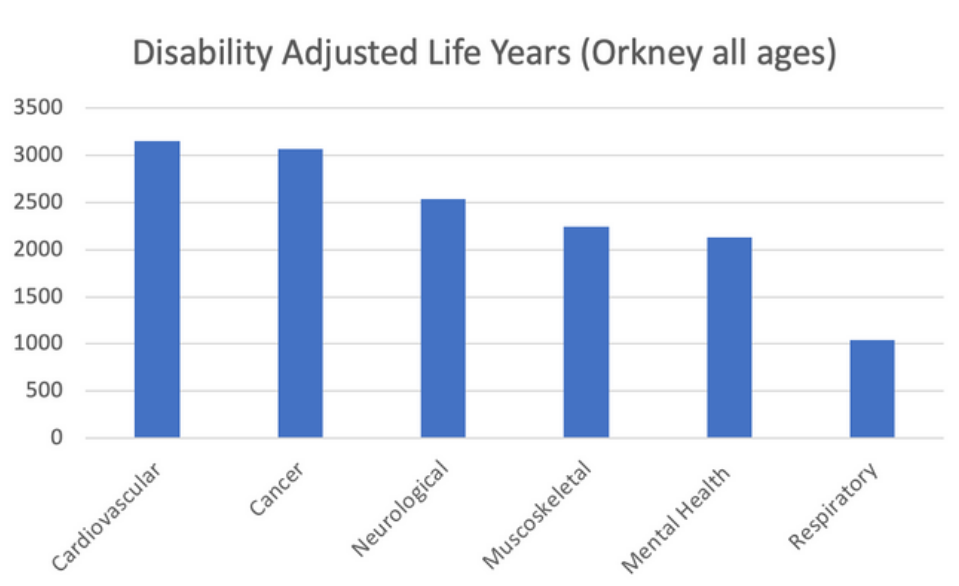
Our aim is that people in Orkney will have the chance to live longer and healthier lives. In order to do this, we need to understand the diseases and conditions that affect people throughout their lives. Some conditions shorten peoples' lives, some conditions cause disabilities, and many conditions do both.

We need to understand the impact of these conditions on individuals, so that we can plan personal care and treatment. However, we also need to understand the overall impact of these conditions on our population, so that we can plan how to best organise our services to deliver this personal care and treatment.

One way of describing the overall impact of specific diseases and conditions on the health of people in Orkney is to use a measure called 'disability adjusted life years' (DALY). (described [here](#)). The higher the 'DALY', the bigger the impact of that disease or condition on the health of the population.

Different conditions have different degrees of impact at different stages in our lives. Older age groups for example are most affected by cardiovascular diseases and cancer, while younger people are most affected by mental health disorders and musculoskeletal conditions.

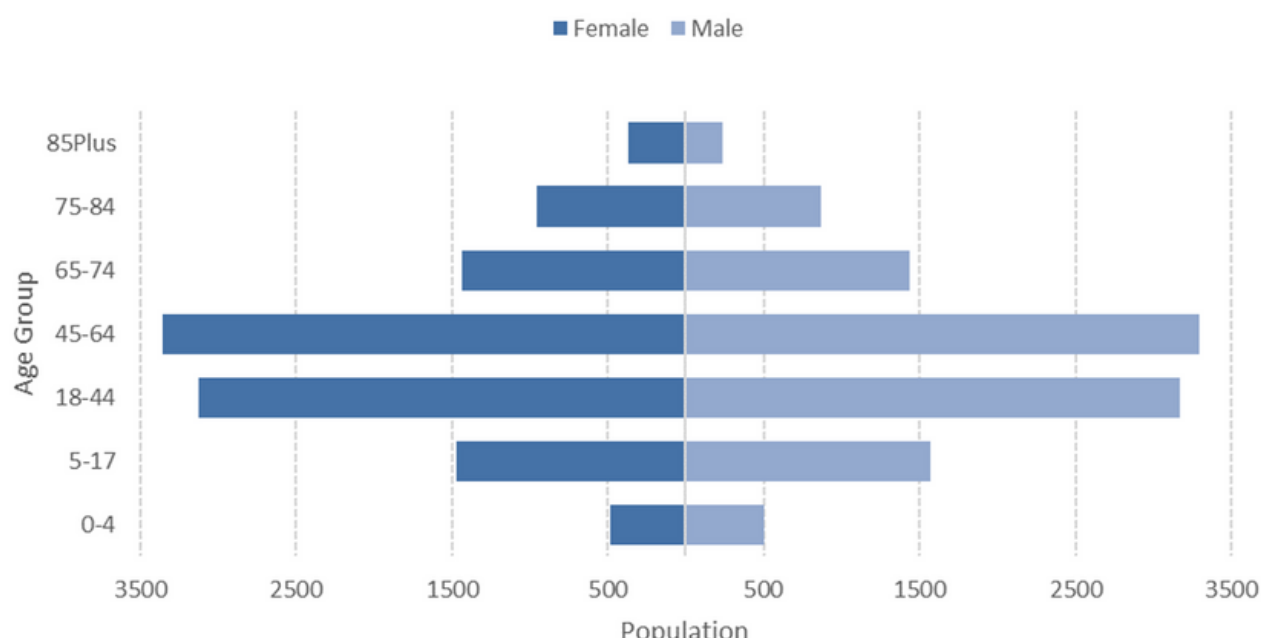
The diagram below shows the most common conditions in our community and their overall impact upon healthy lives in Orkney.



A more detailed description of the impact of different conditions upon different age groups in Orkney, along with more information about the risk factors for these conditions can be found [here](#)

DEMOGRAPHIC CHANGES IN OUR POPULATION

The demographics of an area shape the nature of community needs in many ways and are crucial when considering the nature of health and social needs. The chart below shows the population distribution of the Orkney Islands (source National Records of Scotland)



The age profile in Orkney is changing, resulting in fewer younger and more older people. National Records Scotland has estimated that there will be 618 fewer children and young people in 2035 than in 2020, a drop of 15%. The number of people aged between 18 and 64 is expected to fall by 1,255, a drop of 10%. However, there is expected to be an increase of 1,716 people aged 65+, which is a 30% increase in this age group overall.

Within this population aged over 65, the biggest rate of increase will be in the numbers of people aged 85+, which are expected to double by 2035.

CHANGING PATTERNS OF ILLNESS AND DISABILITY

The changing age profile of the population is accompanied by a change in patterns of illness and disability. This is largely because a number of important health conditions develop over a period of time and then last for the rest of a person's life. Conditions which last for more than 12 months are called Long-Term Conditions. Due to the way these long term conditions develop and progress, they are more common in older people than in younger people. Therefore, the older we get the more likely we are living with one or more of these conditions. For example, about half of people in their early 50s will have one long term condition and around quarter of them will have two. This increases with age and 25% of people in their early 70s have four conditions. For more information about the frequency of occurrence of different combinations of long term conditions, click [here](#).

As the number of older people increases, there is an increasing care need for people living with one or more long term conditions. Our services need to understand and adapt to this. We have explained how we will do this in the improving care and supporting independence for people who are living with long term conditions section of this document.

WORSENING HEALTH INEQUALITIES DUE TO THE COVID-19 PANDEMIC

The COVID-19 pandemic has had wide ranging impacts on health and wellbeing for our entire population. The health impacts include both the direct effects of COVID-19 infection and the indirect effects of delayed diagnosis or treatment of other conditions during the pandemic. There have also been much wider impacts on our society and the economy as a result of the measures needed to control the pandemic. These include disruption to education, relationships and family lives; increased stress, anxiety, isolation and loneliness; negative impacts on employment and the economy resulting in financial hardship. Many of these factors will also have negative effects on people's health and wellbeing, now and in the future.

The impacts of the COVID-19 pandemic are therefore very great. However, there is also evidence that these impacts have not been equal and that the negative effects of the pandemic have been felt most by people who were already worse off and experiencing poorer health.

The wider social and economic environment can have a very big impact on the health and social care needs of communities. Prior to the pandemic, there were already marked inequalities across many areas of society, including income, wealth, living standards, employment opportunities, health, education and life chances. COVID-19 has made many of these pre-existing inequalities worse. As we begin to recover from the pandemic, we therefore need to make addressing health inequalities in our society a high priority and put a renewed focus on supporting the most vulnerable and disadvantaged groups in our communities.

GREEN AND SUSTAINABLE HEALTHCARE

Climate change threatens health directly from impacts due to weather, and indirectly through disruption to natural systems and to our society. However, at the same time as needing to meet health problems resulting from climate change, the healthcare sector is also contributing to it. If the global health care sector were a country, it would be the fifth-largest emitter of greenhouse gases on the planet. The NHS is a significant contributor to the climate emergency because it emits a large amount of greenhouse gases, consumes huge amounts of resources and produces vast amounts of waste.

NHS Scotland has committed to being a 'net-zero' greenhouse gas emissions organisation by 2040 and aims to be a world-leading sustainable healthcare provider. Responsibility for achieving this rests with us all and will require unprecedented changes in how we work.

The Organisation for Economic Co-operation and Development estimates that up to one fifth of healthcare spending across member countries, which includes the UK, is wasted. Many aspects of healthcare have the potential to cause harm – e.g. exposure to radiation from imaging, risks from procedures, and side effects from medication. Furthermore, over investigation and overtreatment wastes healthcare resources, consume natural resources and contribute to environmental degradation.

Including the measurement of environmental and social costs in the evaluation of healthcare practices and outcomes will help us become a more sustainable healthcare system, by identifying opportunities for improvement which might otherwise be missed and helping us to develop sustainable ways of working. To become a sustainable and greener healthcare provider, we must deliver safe, effective, personalised care, and reduce harm and waste through improvement and innovation. We must also take responsibility, individually and collectively, for better management of our healthcare resources.

The Balfour was the first hospital and care facility in Scotland to be built to a net-zero standard. We will build on this by using current knowledge, and new evidence as it emerges, to reduce the environmental impact of the care we deliver. We will fulfil our role as an anchor institution in our community and do this by:

- Doing what we can to practice greener and more sustainable healthcare
- Becoming more mindful of the NHS resources we use and using them more wisely
- Consider how we can empower staff, patients and communities to practice climate positive behaviours, that also have a positive impact on physical and mental health.

The following will be our initial priorities:

- Focus on prevention and early intervention to reduce need for high resource interventions at later stages of disease progression
- Reducing travel through remote consultation where clinically appropriate
- Reducing travel through delivery of local care where clinically appropriate
- Adopt changes in use of anaesthetic gasses towards those with lower CO2 emissions
- Move to prescribing inhalers with a lower carbon footprint (see case study)
- Consider the 100 actions in [Green Impact for Health Toolkit](#)

Case study: Inhaler Prescribing

Inhaler devices are extensively prescribed for patients with asthma and COPD. The options are a dry powder inhaler (DPI), which delivers medication in a dry powder form, or a metered dose inhaler (MDI) which delivers the medication as an aerosol. The propellants used in MDIs are potent greenhouse gases and have a substantial adverse environmental impact. It is estimated that approximately 4% of the carbon footprint of the NHS results from the use of MDI inhalers. In 2017, 13% of inhalers in use in Sweden were MDIs, in comparison to 70% in the UK. Changing our prescribing practice will significantly reduce the environmental impact of inhaled medication.

Dr Iain Cromarty has calculated that the impact on greenhouse emissions from inhalers prescribed by Orcades Practice amounts to more than a quarter of a million car miles a year or approximately 70 tonnes of CO2 equivalent.

HOW WE NEED TO CHANGE



Reduce health inequalities



Prevention and early intervention



Improving care and supporting independence

Each of these approaches have been informed by Realistic Medicine which states that:

“It is more important than ever to have an honest and open dialogue with people about their needs and support them in a way that is helpful to them and their families. We want people working in health and social care and people who use services to think about the values and the behaviours that underpin good experience. Drawing on these values to have meaningful conversations with people to plan and agree care will support all staff and patients to base care around what matters most to people, with a shared understanding of what healthcare might realistically contribute to this. This is the ethos of Realistic Medicine.”



Shared Decision
Making



Personalised Approach
To Care



Reduce Harm
and Waste



Reduce Unwarranted
Variation



Managing Risk
Better



Become Improvers
and Innovators

REDUCING HEALTH INEQUALITIES

We will work to reduce health inequalities by:

- Tackling health inequalities in our everyday practice
- Ensuring equitable access as far as possible to the services we provide
- Supporting disadvantaged people to access to the services they need, whether delivered by NHS Orkney or by partner organisations
- Recognising and considering health inequalities at every level from interactions with front-line staff to policy approval.

Inequalities in health remain widespread and prevent people from living longer, healthier lives. For example, people at the margins of our society, such as those who are, or at risk of, homelessness and those involved in the justice system, often experience greater inequalities and lower life expectancy. The wider social determinants of health, such as sustainable employment, access to education, nutritious food, and good quality housing have a large impact on these health inequalities.

The geography in Orkney presents particular challenges in enabling equal access to services. Partnership working plays a key role in efforts to overcome these challenges.

Although these inequalities cannot be resolved by providing good healthcare alone, and as health and care professionals our ability to influence these determinants can sometimes feel limited, we still have a vital role to play. As healthcare professionals we need to understand the challenges the people we care for are facing and continue to seek out new ways of delivering personalised care. We can help people to regain control by placing them at the centre of their care, through shared decision-making and adopting a rights-based approach to care. Furthermore, as advocates for those whose needs are often unrecognised and unmet, we can support and enable them to make their voices heard. We also need to consider how our workforce can be made more diverse, and how we can use our position as an anchor institution to influence and deliver change in our community, ensuring that for individuals in need of support, no door is the wrong door.

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention are key principles of our clinical strategy. These principles already play an important part in the care we deliver. However, they will be further developed throughout our approach to care, in order to help improve the health and well-being of our population.

One example of how we will do this is through our approach to national screening programmes. People from disadvantaged groups often experience difficulties in accessing health screening services for specific conditions, e.g. breast cancer and bowel cancer. This unequal access to screening can result in worse health outcomes for these conditions in these disadvantaged groups. We will review our delivery of national screening programmes to ensure that all people eligible for screening have equal access to these services. This will enable prevention and early intervention for all and therefore help reduce avoidable differences in health outcomes that result from current inequalities in access to these services.

Prevention can take place at different stages of disease progression, including before a disease has developed, when it is in its early stages, or when it is more established. At every stage, prevention can improve health outcomes by slowing down or stopping further development or complications of the condition. Primary prevention aims to prevent illness from developing before the disease process has begun. Factors such as stopping smoking, maintaining a healthy weight, maintaining good oral health, taking regular exercise, or avoiding harmful drinking are all examples of primary prevention. Immunisation is another example.

Secondary prevention does not prevent conditions from occurring but focuses instead on diagnosing conditions as soon as possible once they have developed. This early diagnosis in turn allows 'early intervention', which means treating conditions as soon as possible in order to prevent more serious problems later on. Screening for conditions such as breast cancer and bowel cancer are examples of secondary prevention, because this screening allows these conditions to be diagnosed early, at a point when they can be treated, and sometimes even cured, by less aggressive treatments than those required if the conditions are diagnosed at a later stage. Early diagnosis and treatment of long-term conditions such as high blood pressure and diabetes are further examples.

Tertiary prevention helps recovery and rehabilitation and reduces the impact of an established condition. Cardiac rehabilitation after a 'heart attack' is an example of tertiary prevention.

IMPROVING CARE AND SUPPORTING INDEPENDENCE

We will personalise our approach to care by finding out what matters to our patients, not just in terms of their medical care, but also as individuals and members of their families and communities. Shared decision-making and informed consent are fundamental to good practice. We must give people the information and support they need to make informed decisions about their care, recognising that such decisions are not always clear cut. It is important that the people we care for are equal partners in decisions about their care, and we provide them with balanced information on benefits and risks which enables them to make an informed choice. We need to be honest about the limitations of many of our treatments and the side effects that may come with them.

We must also support people to have the knowledge, confidence, and skills to cope with the complex demands of our modern health and care system. We will provide information and advice that is easily understood so that people feel empowered to manage their own care, as far as possible. We will do all that we can to make health information and services more accessible to the people we care for.

We will take time to understand what is going on in people's lives, empower them to be active partners in their care and be mindful of the impact our practice has on the people we care for. By practising this shared decision-making and delivering a more personalised approach to care, we can assist people to make informed choices about the care that is right for them. In turn, this will allow us to utilise our services more effectively and efficiently, help ensure timely treatment, and reduce harm and waste from over or under treatment. We will also continue to embrace technology and innovation to build services that meet people's needs.

In summary, we will:

- Strengthen our delivery of personalised care through shared and informed decision making
- Work more collaboratively across professional and organisational boundaries to provide better care and support independence - especially for people living with complex conditions
- Learn from patient and staff feedback, local and national data and internal learning systems to inform ongoing improvements to ensure people receive the right care at the right time
- Reduce harm and waste by considering for each individual whether an investigation or treatment is going to add value to the care we provide

Case Study: Home First

The home first initiative was identified as part of winter bed planning in 2020 and started in February 2021. Capacity issues within health and social care services and the current in-patient assessment process led to prolonged hospital stays for those waiting for assessment and packages of care to be in place. With Home First, individuals who require a new or increased care package when they have been discharged (to the mainland) are supported by this reablement team. This pilot has reduced strain on acute and social services, and has demonstrated that patients of all abilities can progress in their own environments given the opportunity. Patient experience surveys have also been positive. You can find out more about the pilot [here](#).

OUR MODEL OF CARE

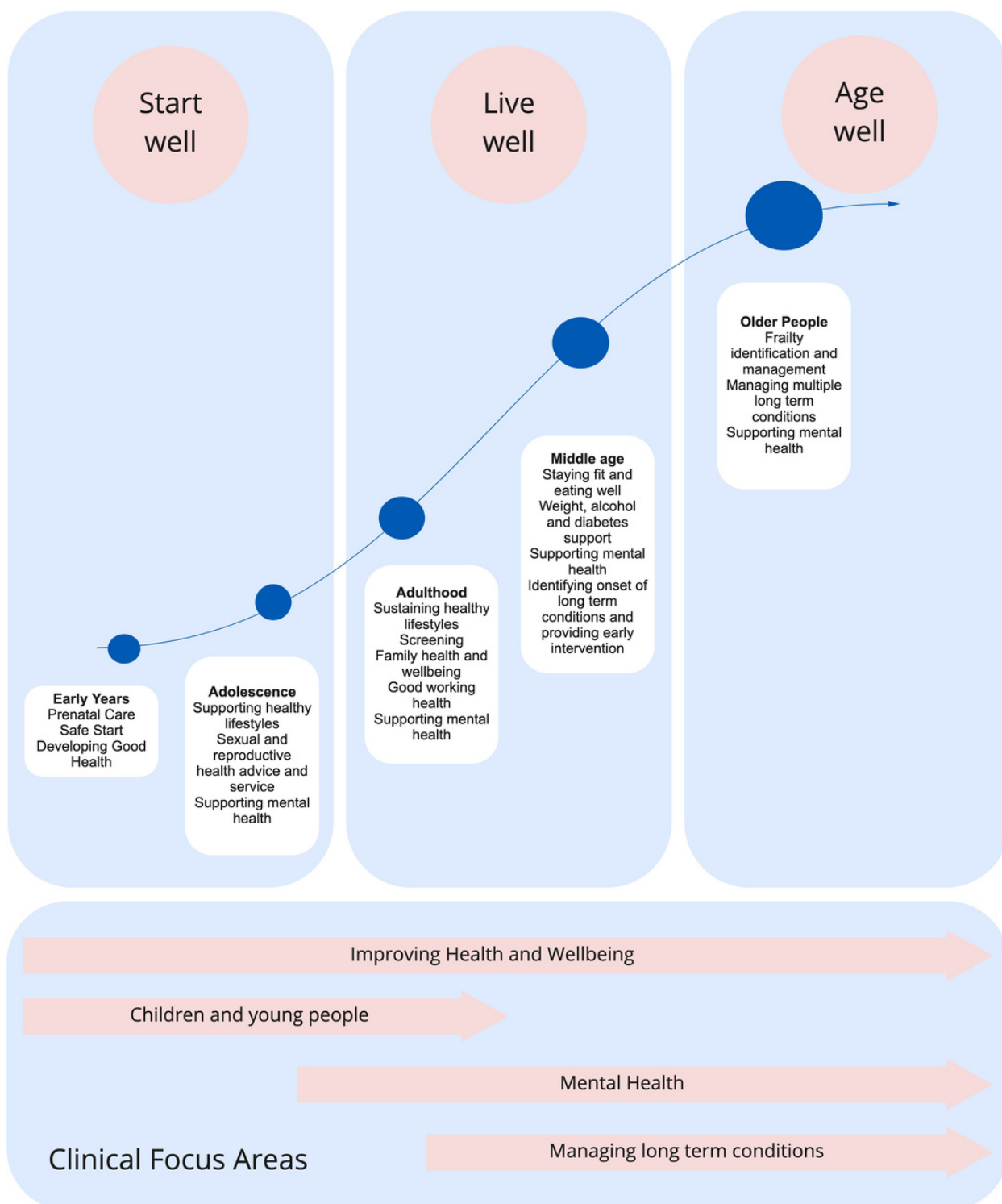
At the core of the clinical strategy is our model of care. This will ensure the care we provide is delivered seamlessly across hospital and community services and integrates with other services that meet the needs of our population, including, for example, those provided by Orkney Islands Council and NHS Grampian. We will provide care as close to people's homes as possible and in partnership with communities. We will focus on keeping people healthy and ensure we take every opportunity to reduce health inequalities by focusing on key improvements such as stopping smoking, reducing alcohol use and obesity.

We aim to give everyone healthy opportunities throughout life. We will support babies and children from their earliest moments to develop good health. Through adolescence and adulthood we will aim to keep people healthy and support their wellbeing. As people get older, we will focus on early identification of long-term conditions and frailty, so that support can be offered at the earliest opportunity, when conditions are easiest to manage.

Where possible we want to help everyone avoid the need for clinical services. However, when they are needed, we will make sure that diagnosis, treatment and care are safe, effective and tailored to every person's needs and circumstances. At all times we want to enable people to be independent, in good health and supported to live well with any conditions that develop. When that is not possible, we will be there for people with the full range of clinical services at the right time and in the right setting. We will also ensure that people receive the care they need at the end of their lives, and that they are treated with dignity and respect.

Traditional approaches to care have often focused on the route a patient takes through NHS services, built around rigid processes and locations. This can make it feel like healthcare is all about being at a clinic appointment or in the hospital. Our clinical strategy aims to turn this around and provide truly patient-centred care, built around individuals, when and where they need it. Our approach is not about summoning people to appointments or pointing them down rigid paths of care. Instead it is focused on ensuring that we offer the best care that we can to support a person's health and wellbeing, wherever they need it and at the time that it will make the most difference.

A person's good health is not just based on the response we offer at moments of crisis - although of course we will always provide that too. It also relies upon the wide range of services that contribute to keeping people healthy and reducing avoidable ill health being relevant, convenient and effective. Our overall approach is not a fixed pathway to be followed, but an adaptable system through which we will support people in a healthy partnership throughout their lives.



This approach is essential to fulfilling our vision and commitment to our communities to enable people to live well and independently, for longer. We want to keep people well and healthy, but be ready to support them when they need our care.

CLINICAL AREAS OF FOCUS

In line with our Model of Care and the feedback we received from both the community and staff surveys we have developed our clinical strategy to focus on four key clinical areas:

- Improving the health and wellbeing of people in Orkney
- Children and young people
- Mental Health
- Supporting independence for people living with long-term conditions.

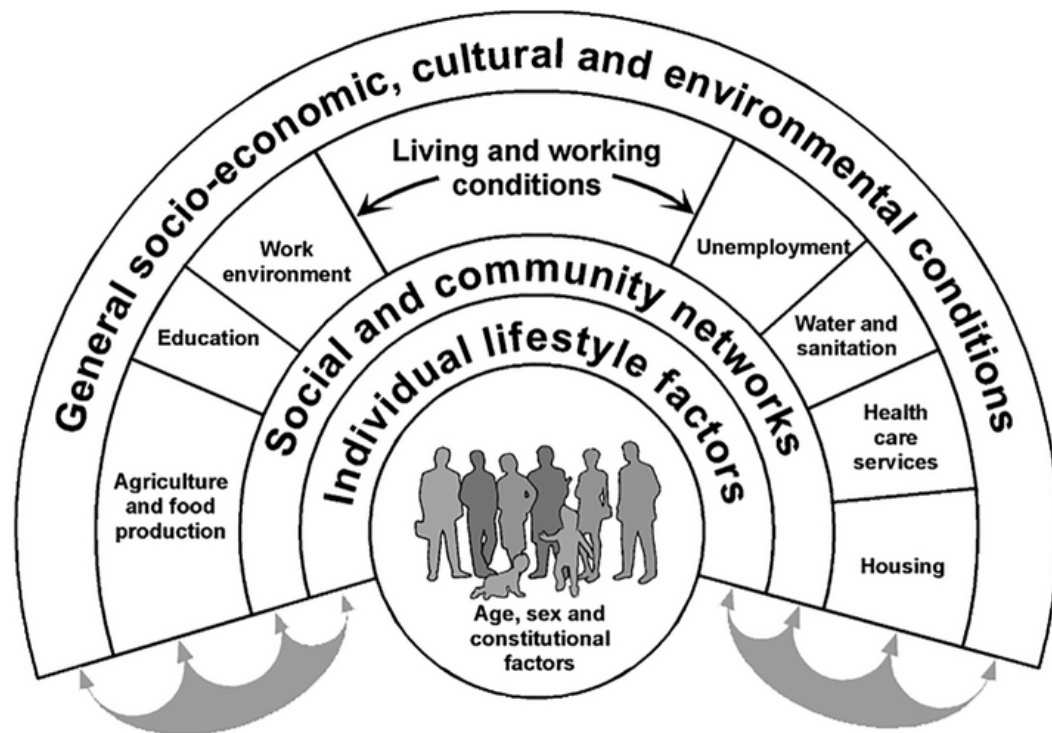
IMPROVING THE HEALTH AND WELLBEING OF THE POPULATION OF ORKNEY

The Scottish Government has identified a number of public health priorities for Scotland:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable inclusive economy with equality of outcomes for all.
- A Scotland where we eat well and have a healthy weight and are physically active.

We will engage with people across Orkney to understand what these national priorities mean to local communities and collaborate with them to design and deliver services that will empower people and communities to make the changes needed to achieve them. We will work in partnership with other organisations across Orkney to reduce inequalities and ensure fairness and equity of access to services.

In particular, we will focus on prevention of illness and injury, and on early intervention to stop established conditions from further progressing. We recognise that health and wellbeing is influenced by many factors, and good health care plays a small but significant part as shown below in the determinants of health diagram.



Determinants of health Source: Dahlgren and Whitehead 1991

We will take a human rights based approach to health, helping create a fairer, healthier Orkney. This approach means the right of everyone to the highest possible standard of physical and mental health and for this to happen services should be accessible, available, appropriate and of high quality.

The Scottish Health Survey is carried out each year by the Scottish Government. It gives detailed information for all areas of Scotland and the results are an important way of assessing progress against the public health priorities above. The results can therefore help us to understand and monitor the health and wellbeing of the population in Orkney, both over time and in comparison to other areas in Scotland. The most recent results, as below, were published in September 2020.

General Health:

In Orkney 79% of people (77% of females and 82% of males) reported their own health as good or very good. This is significantly higher than the number of people in this group for Scotland as a whole (72%).

However, this is no cause for complacency -many people still suffer harm to their health through broader societal factors as well as individual risk factors such as smoking, inactivity, poor diet, excess weight, poor oral health or harmful drinking. These risks are more common amongst people who are experiencing deprivation and often occur together, which further increases the risks they pose to health. We will work in partnership across our communities to reduce inequalities and ensure fairness and equity, so that everyone in Orkney has a better chance of achieving their best possible level of health and wellbeing.

Support services, including online resources for mental health and domestic abuse services have been advertised through 'Caring for people'. The Grampian psychological hub has offered a telephone support service for anyone affected by Covid-19

Smoking:

In Orkney 12% of people (9% of females and 15% of males) are regular smokers. These numbers for Orkney have improved since the last published results and are now lower than the number of regular smokers for Scotland as a whole (19%). In line with the [Scottish Government's tobacco free generation action plan](#), we will continue to work toward a smoking prevalence of 5% or lower by 2034.

There is currently an additional focus on supporting pregnant women to stop smoking.

Alcohol Consumption:

In Orkney 23% of people (14% of females and 32% of males) consume hazardous or harmful amounts of alcohol, compared to 24% for Scotland as a whole.

Orkney Alcohol and Drugs Partnership is a multi-agency partnership established to achieve the priorities set both locally and nationally to improve the outcomes for individuals, families, and the wider community of Orkney in relation to the reduction of alcohol and drug related harm. Orkney ADP's Strategy 2021-26 sets out the vision, outcomes and approach to delivery, whilst considering the local and national priorities for Orkney ADP.

NHS Orkney's Drug and Alcohol Team are a small team integrated within the Community Mental Health Team, responsible for providing high intensity treatments for people with moderate or severe addiction difficulties, alongside mental health problems. The service provides community and in-patient alcohol detox, therapeutic treatments, substitute prescribing and Take-Home Naloxone. It also plays a critical role in implementing the Medication Assisted Treatment Standards introduced by the Scottish Government and the Scottish Drug Deaths Taskforce to ensure that this treatment is safe, effective, acceptable, accessible and person centred.

Bodyweight:

In Orkney 75% of people (72% of females and 79% of males) are overweight or obese. These numbers have worsened since the last published results and there are now significantly higher numbers of people in Orkney who are overweight compared to Scotland as a whole (65%).

Being overweight or obese is a severe risk to health. Obesity is the second-biggest preventable cause of cancer behind smoking, and is the most significant risk factor for developing type 2 diabetes. It also increases the risk of other conditions including high blood pressure, heart disease and stroke. We will work in partnership and guided by 'A healthier future: Scotland's diet and health weight plan' to address this priority. There are child and adult healthy weight standards and a diabetes framework which are currently being implemented locally.

Physical Activity:

In Orkney 61% of people (55% of females and 67% of males) meet current physical activity guidelines, compared to 65% for Scotland as a whole.

Being physically active helps to prevent heart disease, strokes, diabetes, and several cancers; it plays an important part in helping maintain a healthy weight; and reduces the risk of developing depression. It can also help prevent isolation, strengthen communities, and help develop confidence. In line with the 'Active Scotland Delivery Plan' we will work in partnership across Orkney to encourage and enable people who are inactive to become more active, and those who are active to stay active throughout life. A multiagency local physical activity strategy is being developed.

New approaches are being considered such as the 'Let's Prevent' app which is offered to anyone with a new diagnosis of pre-diabetes and promotes physical activity.

CHILDREN AND YOUNG PEOPLE

When considering the future needs of children and young people in Orkney we need to be open to developing a new and very different model of care to meet the needs of children and young people during this recovery phase from the pandemic. It is anticipated that there is a 'hidden' waiting list for a number of children's health services.

The Nuffield Trust report 'The future of child health services: new models of care' states:

'an ideal' child health system is one: that understands children, young people and their families' specific needs (including the broader determinants of health) and is designed to address them; where there is access to high-quality paediatric and child health expertise and multidisciplinary teams in the community; that has linked-up timely information, communication, data and care (different forms of integration) to allow for continuous quality improvement; and where health literacy and education for children, young people and their families, as well as professionals, is prioritised'.

Ensuring there is a strong and resilient link maintained with partners such as NHS Grampian is essential particularly as we expect demand to increase in fields such as Children and Adolescent Mental Health (CAMHS), paediatric and neurodevelopment together with support for child protection provision.

To deliver this we intend to compare what we currently provide against options for a new model and explore what we may be able to deliver sustainably in Orkney in a way that meets the needs of children and young people. Options include further integration of services, creation of regional multi-disciplinary teams, shared information systems and the development of flexible roles underpinned by good quality data.

It is important that we consider how best to deliver change acknowledging that current capacity and capability in this area is limited.

As a principal any scoping and subsequent change in the service will be undertaken in partnership with the young people and their parents.

Therefore, we will explore:

The development of a shared protocols that support patients in Orkney receiving the right care in the right place.

- How access and capacity from specialist services such as Neurodevelopmental can be maximised.
- Supporting the development of specialist and advanced practitioners to widen access to pathways and treatments in support of lifelong conditions.
- How expanded children and young people's services can continue to be delivered within Orkney sustainably.

Additionally, targeted funding from the Scottish Government in support of Child and Adolescent Mental Health Services will enable us to address the following:

- Expanded and strengthened mental health provision for children and young people
- On-island services with an aim of expanding the specialist assessments and treatments for complex conditions
- Ensuring care experienced users of the service can continue to receive support up to their 26th birthday.

MENTAL HEALTH

Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year (source Scottish Government).

Mental health conditions include severe and enduring mental health conditions such as schizophrenia, psychosis and bi-polar disorders, as well as depression, anxiety and dementia. There were 198 people in Orkney diagnosed with severe and enduring mental health conditions in 2018/19. This number has remained broadly stable between 2008/09 and 2018/19. Depression and anxiety are by far the most common mental health conditions in Orkney, and the numbers of people with these conditions are increasing. The number of patients diagnosed with depression has doubled since 2012/13. Just over three people per 100 were diagnosed with depression in 2018/19.

The Covid-19 pandemic has had a significant impact on mental health and wellbeing of our population. The immediate impact includes the direct effects of the stress and trauma of the pandemic in causing or worsening mental health conditions, as well as indirect effects such as making it more difficult for people to access the services or support that they need to live well with mental health conditions. There is evidence of growing demand for mental health services in Orkney, with increasing numbers of people requiring support and often with more complex or urgent needs. In addition to the immediate effects, it is also likely that the Covid-19 pandemic will have longer term impact upon the mental health of our population.

People with mental health needs in Orkney access support from a wide range of sources, including informal carers, communities, voluntary sector organisations, NHS and OIC services. Health service provision ranges from general practice and other primary and community healthcare services, through local, and sometimes regional, specialist psychiatric services. Our focus is on working together to find new ways of delivering the right care in the right place and at the right time, in order to best meet both the individual and collective needs of people with mental health problems in Orkney.

One example of new ways of working is the successful development of new roles for mental health nurses working directly in GP Practices in Orkney. This is part of a national initiative to develop multi-disciplinary teams in General Practice, with specialist nurses and allied health professionals working alongside GPs and practice nurses to enable greater prevention, early intervention and more proactive management of a range of health problems.

Orkney health and care have recently published the Orkney Islands Mental Health Strategy 2020 – 2025 which provides a framework for the improvement and development of mental health and wellbeing supports across all our communities. This document reflects the vision, objectives and priorities within Planning for our Future: Orkney strategic plan 2019/22. It recognises the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on: enabling people to access their own strengths and supports where possible; preventing onset of ill- health and providing early intervention and support for recovery; and developing personal and community resilience.

The strategy states that by working in close partnership with individuals, carers, communities, statutory and voluntary sector providers we are seeking to build upon existing services, to improve upon these and to develop additional supports through effective use of all resources available. This will enable us to better meet the current mental health needs of people in Orkney and to be responsive and adaptable to changing needs, including those resulting from the pandemic. Over the coming five years we will:

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

Key steps towards achieving the ambitions set out in this strategy will include:

1. Recruitment, training, and retention of key clinical staff
2. Review local community service provision taking account of demand
3. Review current operational constraints, including those impacting upon care delivery overnight and at weekends.
4. Consideration of the balance between services that can be delivered in Orkney and those that need to be delivered elsewhere and review the management of patient transfers when required.
5. Enable third sector partners to increase ability to achieve earlier intervention and reduce the volume of patients requiring referral to the service

NHS Orkney, Orkney Health and Care and Orkney Islands Council have jointly produced an [Orkney Dementia Strategy 2020-25](#). This Strategy highlights the importance of risk reduction, early diagnosis and access to high quality post diagnostic support which is dynamic to needs, strengths and identified personal outcomes for people with dementia. It recognises the positive contribution and need to support carers, volunteers and staff and has been developed from a grass roots perspective. It supports Community Led Support and the need for integrated systems, which promote enablement and uphold rights for people with dementia, the building of dementia friendly communities and increasing community capacity to enable people with dementia to live well, without stigma as a valued part of their community and in their own homes when possible.

There is recognition of the need to do things differently, both in relation to people's experiences and to ensure a sustainable model of support. We need to work together with all relevant people and groups to design and deliver the best care and support we can. This provides us with an opportunity to make changes which support the appropriate level of priority and investment needed for dementia in Orkney.

We must recognise that we will face challenges in a time where statutory services are being asked to make savings, these challenges are not insurmountable barriers. We must use them as a catalyst for positive change through innovative ways of working, engaging with those at the heart of services to support continued grass roots feedback, evaluation, prioritisation and consultation. This is not about trying to do more with less; it is about a collaborative response, which will involve a change in culture and thinking.

We need to consider this in context of the wider health and social care system, shifting the emphasis of investment towards proactive, person centred approaches which will not only improve outcomes for people, but will also reduce costs in other parts of the service. This preventative approach is closely aligned with national policy and drivers. It must also be acknowledged that if the status quo remains the model of delivery, significant increased statutory services funding will be required to deal with an increasing number of people reaching crisis without having had the proactive support to delay or prevent crisis

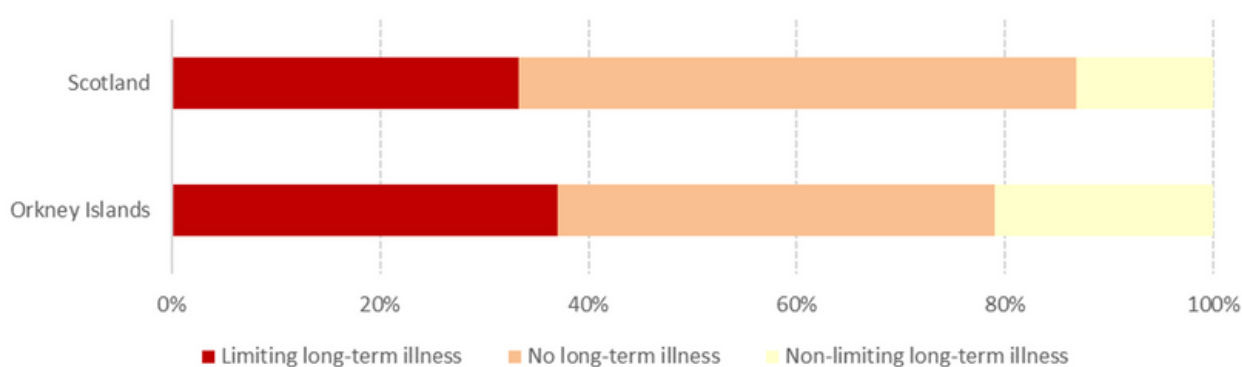
Interagency collaboration and a single point of access for support and services will be key to improvements. The Hub at Age Scotland Orkney is already reported as one of the most valuable resources with feedback stating "I'd be lost without it." and "it is the best part of our experience".

SUPPORTING INDEPENDENCE FOR PEOPLE LIVING WITH LONG-TERM CONDITIONS

Many people in our community are living with long-term physical or mental health conditions. These include depression, asthma, diabetes, heart disease, multiple sclerosis, and dementia. These long-term conditions affect people's health and the quality of their daily lives. They are more likely to experience psychological problems, to need help with day to day tasks and activities, and to be disadvantaged in areas such employment, education and income.

People living with a long-term condition will not live as long, be more likely to attend hospital and to stay in hospital longer than people without a long-term condition. These problems usually increase with the number of long-term conditions and are greatest for people who are living with several long-term conditions. Living with long-term conditions in younger and middle age also increases the chance of a person developing frailty in older age.

The Scottish Health Survey reported that 37% of Orkney residents surveyed between 2016 and 2019 were living with a limiting long-term illness. The figures illustrated below are from 2016 to 2019.



We will work to improve the lives of individuals by supporting them in reducing their risk of developing long-term conditions, and helping those who are living with long term conditions to remain healthy and independent for as long as possible.

We will do this by:

Supporting people to live healthier lives. The risk of developing many long-term conditions can be reduced by living healthier lives. Following a good diet, taking regular exercise, keeping to a healthy bodyweight, maintaining good oral health, avoiding smoking, and not drinking too much alcohol can all help to prevent the development of long-term conditions. Prevention is a key focus of our clinical strategy, and you can find out more about this and about how we will support people to live healthier lives in the Health and Wellbeing section of this document.

Focusing on early diagnosis and intervention. We promote early diagnosis by working to encourage uptake of routine health checks and national screening programmes, particularly focusing on people who find it difficult to access these programmes. Following diagnosis, we will ensure consistent follow up and monitoring so that people living with long-term conditions can be offered the right support and treatment as soon as it is required.

Providing care that is in line with latest evidence and best practice. We will make sure that our approach to care for individual long-term conditions is driven by current evidence and in line with best practice for each clinical condition.

Helping people to understand and manage their condition. We will help people to increase their knowledge, skills, and confidence in managing their own health and care, by providing interventions such as health coaching, education on how to manage the condition, and the opportunity to gain support from other people with similar conditions.

Providing care that recognises peoples' individual needs and choices. We will take a personalised approach to care, making sure that people have choice and control over their care, and are supported to make decisions about their care.

Delivering coordinated care. Different teams and professionals in NHS Orkney will work closely with each other and with other organisations across Orkney to identify peoples' needs and to offer coordinated care and support.

Meeting the needs of people with multiple long-term conditions. We recognise that people who are living with two or more long-term conditions often need different support to those who are living with a single long-term condition, and we will tailor their care accordingly.

Meeting the needs of people living with frailty in older age. People with long-term conditions are more likely to develop frailty in older age. In turn, people with frailty often need a different approach to the management of their long-term conditions. We will improve the care provided for this group of people.

We will apply these principles to the prevention and management of all long-term conditions.

If you would like to see some examples of the work that we are doing for individual long-term conditions in Orkney, please follow the links below:

Diabetes

Cancer

Musculoskeletal disorders

Coronary Heart Disease

Neurological disorders

Respiratory conditions

Chronic Pain



Multiple long-term conditions

Supporting people with two or more (usually referred to as 'multiple') long-term conditions is more complicated: the different conditions and their treatment can interact in many different ways. Despite this, care for people with multiple long-term conditions has traditionally been focused on managing each individual condition, rather than on caring for the person as a whole. This can all too easily result in care that is disjointed and does not fully consider the overall impact of the different conditions and their various treatments on a person's wellbeing and quality of life.

As a result, people living with multiple long-term conditions often not only experience problems caused directly by the conditions themselves, but may sometimes find the treatment they receive, or the way they receive it, a burden in itself. For example, they may experience side effects from taking many different medications or find it exhausting to attend their different clinic appointments. This can worsen the physical and psychological impact of living with multiple long-term conditions.

We will address this problem by using a tailored approach to care for people with multiple long-term conditions, which is based on the principles of Realistic Medicine. This focuses on what is most important to each individual, puts people at the centre of decisions about their care and supports them to be as independent as possible in managing their care.

We will identify the people who are likely to benefit most from this tailored approach to care, focusing on those who:

- have both long-term physical and mental health conditions
- have multiple long-term conditions in younger or middle age, due to deprivation
- are prescribed multiple regular medicines
- have difficulty managing their treatments or day-to-day activities
- are receiving care and support from multiple services
- are living with frailty or having falls
- have cognitive impairment
- frequently require urgent or emergency care.

Care will focus on identifying what is most important to each individual, and helping them to plan and manage their care. This may include, for example, starting, stopping, or changing medicines and treatments, or deciding whether to undergo further investigations. It will also focus on helping people to understand and anticipate how their condition might change over time and thus enable them to plan for their future care.

Informal carers, friends and family often provide considerable support to people with multiple long-term conditions. Carers who are themselves living with one or more long-term conditions, or frailty, may find it more difficult for to manage their own conditions and provide the care needed. We will take an integrated approach (as advocated by the Freeley report) and identify carers, assessing their needs and supporting their health and wellbeing.

Frailty in Older Age

As life expectancy is increasing, so many more people are enjoying active and healthy lives in older age. However, some older people need greater support to do the things that are important to them. These older people may also find that the things they would have been able to cope with quite easily in the past tend now to cause bigger problems. One way of describing this experience is to say that they are 'living with frailty'.

Frailty is important because people living with frailty are less able to manage with and recover from accidents, illnesses, or other stressful events. This can result in a larger than expected deterioration in a person's health, wellbeing, and ability to live independently. People living with frailty are also likely to take longer to recover from illness or injury, and do not always get back to their previous level of independence.

Frailty becomes more common as age increases. Evidence suggests that up to 50% of the population aged over 65 years are living with some degree of frailty. 2019 population data shows around 5,300 people aged over 65 years in Orkney, giving an estimated 2,650 people living with frailty. People with long-term physical and mental health conditions are more likely to develop frailty in older age. People who experience loneliness and social isolation are also at increased risk of frailty.

Frailty usually develops slowly but there are a number of things that can help to prevent the development and progression of frailty, such as maintaining physical activity, following a healthy diet, maintaining good oral health and avoiding smoking. Supporting people to maintain social contacts and prevent loneliness can also help tackle frailty.

We will work together with our partners across the health, care, and voluntary sector to help people access activities and services that will reduce frailty. We will also work together to identify people who are living with frailty in Orkney. This will give us important opportunities to offer proactive care and support to reduce its impact. We will ensure that people living with frailty are able to access well planned and well coordinated services which are tailored to their individual needs and support their health, wellbeing, and independence at every stage of their condition.

Case Study: Frailty

In the summer of 2021 the NHS Orkney Area Clinical Forum worked with a wide range of people from health, care, community and voluntary organisations to look at how care for people living with frailty in Orkney could be improved. It was agreed that we need to improve awareness, understanding and recognition of frailty in Orkney. This will then enable us to help older people access services and support to help prevent frailty, reduce the impact of living with frailty and maintain their independence. Health Improvement Scotland have recognised the importance of the work we want to do and have awarded funding to support it over the next 2 years.

WHAT WE NEED TO HELP US CHANGE

QUALITY IMPROVEMENT

There is increasing evidence that suggests the impact of quality improvement work is most significant when it forms part of a long term, structured, organisation wide approach focusing on culture as illustrated by the quote below from the Kings Fund (2017).

Key enablers for embedding a culture of quality improvement included: developing and maintaining a new approach to leadership; allocating adequate time and resources; ensuring there is effective patient engagement and co-production; maintaining staff engagement. Fidelity to a chosen approach is critical to sustaining and embedding quality improvement in an organisation's culture.

In light of this, our Clinical Strategy is underpinned by a commitment to a long term approach of continuous improvement which will take account of evolving national and local priorities. Through the development of a supporting Quality Framework we will focus on improving how we measure and evaluate the effectiveness of improvement interventions as well as ensuring we build organisational capacity and capability for improvement across our workforce to equip staff for fully engaging in delivering measurable improvement outcomes for patients and service users.

WORKFORCE

In line with Orkney's population, the age profile of the workforce is also changing. More than 20% of staff who currently work for NHS Orkney are aged over 56, meaning that we are likely to see many of our highly experienced staff retiring over the next few years. Many staff working in Orkney face the challenge of needing both generalist and specialist skills to deliver their roles, and maintain services within small clinical teams. This has important implications for how we recruit and train our workforce.

In addition to these underlying issues, we recognise that the demands of the pandemic have resulted in acute workforce pressures, including increased workload and staff shortages. Just as our staff have been central to supporting our communities through the pandemic, so they are vital to the future of all our services, and through them to the health and wellbeing of our population. We need to increase our support for the health and wellbeing of our staff in order for them to stay well and to enable them to continue to deliver compassionate and high quality care. We will do this through:

- Increased focus on the health, safety and wellbeing of our staff.
- Creating and fostering a positive and inclusive workplace culture that builds strong relationships, based on respect, kindness and trust.
- Supporting training and encouraging development opportunities
- A focus on recruitment, retention and succession planning
- Ensuring that we have multidisciplinary clinical leadership
- Alignment of our planning and performance processes to understand both the skills needed for current staff and to help define the pipeline of staff we need.



Three areas were identified at the Area Partnership Forum. These included staff recruitment, retention and staffing models.

Recruitment

- Improved hiring process
- The hiring manager to involve the team hiring in the content of the job specification and to keep them informed of progress
- Good engagement with applicants from the initial contact
- Drafting a clear job role including the challenge that NHS Orkney staff may have many hats
- Good onboarding, including all kit and desk ready for the first day

It was noted that progress has been made in promoting NHS Orkney to prospective applicants with the release of a video which you can access [here](#).

Retention

The following factors were noted as being important:

- Ensuring flexible work life balance.
- Training to be prioritised in order to develop comprehensive coverage of local skills and ensure backup for services which are provided by small teams or individuals.
- The expansion of staff training and development including support to move into management and more senior roles identified within the succession planning.

Staffing Models

There were a number of factors which were noted as being important in the development of new staffing models. these included:

- Planning of services and pathways to encourage better integration and backup for staff, facilitating working and support across boundaries.
- Avoiding silo working and actively supporting staff to pursue options for collaboration.

Innovative models were suggested allowing for swapping staff within the service and with partners, for example an Advanced Nurse Practitioner working in the Emergency Department in order to learn and maintain less commonly used skills. Scenario training could also be further developed.

It was also suggested regular collective reviews of patient and clinical pathways so that improvements can be identified, and new and temporary staff can be clear about how local services work given that interdependencies may work slightly differently.

Case Study: Adult Speech and Language Therapy Service

Hosted alongside the Paediatric Speech and Language Therapy Service in Children's Services, the Adult Speech and Language Therapy (SLT) Service includes 1.7 WTE therapists who provide assessment, treatment, support and care for adults who have difficulties with speech, language and communication (SLC) and/or with eating, drinking and swallowing (EDS). This includes adults who have developmental conditions such as learning disabilities, autism and Down syndrome, and adults with communication and/or swallowing difficulties as a result of medical conditions, such as stroke, head and neck cancer, Parkinson's disease and dementia.

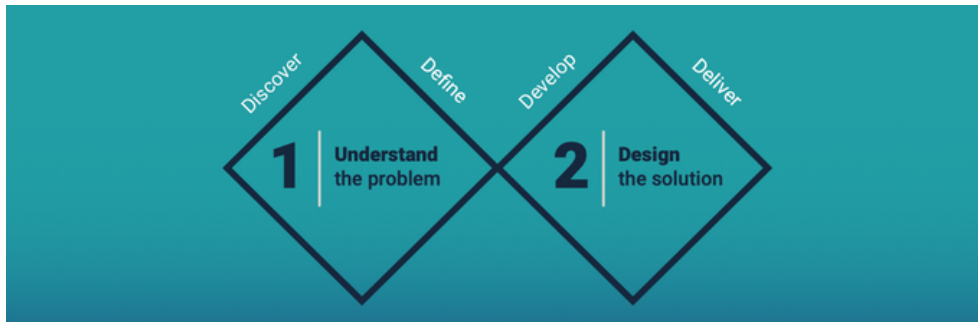
Supporting individuals with SLC and/or EDS difficulties involves liaising with a wide range of people involved in their care across a number of settings, including; hospital, day centres, care homes and within people's own homes.

The Adult SLT team would like to develop their service by offering more formal/robust programmes of training for staff and families who support those with SLC and/or EDS difficulties. Up-skilling and enabling others would allow for a more consistent, informed approach to be implemented across services/settings, would enable direct SLT interventions to be more effective, and would result in better support and outcomes for those with SLC and/or EDS needs.

While the team recognise the importance of this work and the benefits it could bring, they do not currently have capacity to develop and regularly offer robust training programmes while responding to often urgent requests which require direct input. It is acknowledged that this is a challenge that is also likely to exist in other boards/departments. However, it is brought more sharply into focus in a small fragile team where changes in staff and any staff absence have a disproportionately large effect.

EMBRACING INNOVATION

New treatments, new ways of working and uses for technology can bring new opportunities for both health and care. New ways of working are supported by the Scottish Approach to Service Design which supports and empowers the people of Scotland to actively participate in the definition, design and delivery of their public services (from policy making to live service improvement).



We live in an era where the use of technology in our everyday lives is increasing and it is important that we are poised as an organisation to benefit from technological opportunities, indeed we have seen innovations which have provided support during the Covid-19 pandemic.

Embracing technology has allowed the delivery of care where patients could not be seen in person. As part of our response to the COVID-19 pandemic, Near Me, a video consultation service, has been made available in almost every hospital and GP practice in Scotland. It is transforming the way people are accessing health and care services. Prior to March 2020, there were around 300 Near Me consultations a week across Scotland. By June, it was nearly 17,000 a week, and by January 2021, over 22,000 a week were taking place. There may have been some early hesitancy to make the change to video consultations, but the pandemic has brought home its full potential.



Near Me has supported physical distancing by reducing the number of people attending services in person. It supports personalised care by enabling people to attend appointments from their own home and allows someone to join the video call with them, even from abroad. Moreover, Near Me reduces the need for time off work or study, and contributes to a significant reduction in miles travelled, delivering greener healthcare.

The range of services now provided by Near Me is extensive. The continuous improvement of the service is underpinned by comprehensive national public engagement. When the community in Orkney were asked how willing they were to use a phone call or video call (if they or their health care professional felt it was appropriate) they said:

On a scale of 1 (No) and 10 (Yes) an average response of 6.71 showed that the majority of people were willing. The most common reasons for supporting a phone call or video call were:

- Reduction in travel
- Savings in time.
- Easier and more convenient

The top reasons which were given for preferring face to face appointments included:

- Difficulty in diagnosing
- Rapport and picking up on body language
- Hearing difficulties
- Technology barrier

Although virtual consultations do not suit everyone, there will be a greater use of Near Me for supported self-management; to involve the wider healthcare team in multidisciplinary discussions about patient care; to facilitate patient support groups; and for continued professional development of health and care professionals.

Together with partners, further consideration will be given to expanded use of technologies to bring care closer to home, such as devices for remote monitoring. This could also include increased use of systems to support staff. This would present an opportunity for a reduction in duplication, the use of paper and data collection as well as supporting improved data sharing and communication. It is noted that new systems will require the provision of training for those using them.

WORKING TOGETHER AND NEXT STEPS

Our aim is that people in Orkney will have the chance to live longer and healthier lives. In order to support this aim we will:

- Prioritise keeping people healthy.
- Ensure that we make the most of every opportunity to reduce health inequalities.
- Provide people with the information and support they need to make informed decisions and to be empowered to manage their own care.
- Work closely with patients and carers to design our services to best meet their needs.
- Develop systems which deliver care seamlessly across hospital and community services.

In order to improve the health and wellbeing of people in Orkney we will:

- Focus on improving health through concerted action in the key areas of stopping smoking, reducing alcohol use, managing bodyweight and improving physical activity.

To improve the health of children and young people we will:

- Build on the Children's Services Inspection improvement work.
- Further integrate services and continue to develop effective multi-disciplinary teams.
- Redesign services, involving young people and their parents in this process.
- Consider Royal College of Paediatrics and Child Health guidance, as well as best practice models from elsewhere.

We will improve mental health for the population of Orkney by focusing on:

- Implementation of the Orkney Health and Care Mental Health and Dementia Strategies.
- Enabling people to access their own strengths and supports where possible.
- Working to prevent the onset of mental health conditions and providing early intervention and support for recovery.
- Working in close partnership with individuals, carers, communities, statutory and voluntary sector providers to build upon existing services and make most effective use of all resources available.
- Being responsive and adaptable to changing mental health needs of our population, including those resulting from the pandemic.

In addressing the increasing number of people living with long-term conditions, we will:

- Reduce the risk of developing long-term conditions by supporting people to live healthier lives.
- Support people who develop long-term conditions to remain healthy and independent for as long as possible.
- Focus on early diagnosis and management of long-term conditions.
- Help people to understand and manage their conditions.
- Provide coordinated care that is in line with latest evidence and best practice.
- Recognise peoples' individual needs and choices.
- Recognise that people with multiple long-term conditions are more likely to develop frailty in older age.
- Provide support for people with multiple long-term conditions and frailty through a multidisciplinary team approach.
- Ensure people have the support that they need to make decisions about their care and are able to retain control of their care.

NHS Orkney's Clinical Strategy has not been developed in isolation. Achieving the aims set out throughout this document will only be achieved through support and linkages with other strategies, plans and processes. These include:

The NHS Orkney Healthcare Governance and Assurance Quality Improvement Framework. This is currently being developed with the aim that it is published in early 2023.

The NHS Orkney Workforce Plan. Underpinning the delivery of any clinical strategy is our health and care workforce. They are employed in many different roles and in different settings with a diversity of skills and experiences that will deliver our patient centred care. Our Workforce Plan will describe the composition of our staff not only for the present but for the short and medium term future.

The Clinical Strategy, in combination with the Financial Recovery Plan, will also help achieve our commitment to delivering greener healthcare, including reducing waste, which will enable us to make our services more environmentally and financially sustainable.

Clinical Strategy

2022 - 27

Additional sections which will be
accessed through links in the clinical
strategy

STRATEGIC INFLUENCES

There are several papers and areas of legislation provided by the Scottish Government and professional bodies which provide direction and guidance in terms of service development. These include but are not limited to:

- A National Clinical Strategy for Scotland which provides the overall clinical direction for NHS Scotland.
- Realistic Medicine puts the person receiving health and social care at the centre of decisions about their care.
- Health and Social Care Delivery Plan describes the intent to further enhance health and social care services “so the people of Scotland can live longer, healthier lives at home or in a homely setting.” The document also describes the delivery methodology which in turn will influence our approach within this document.
- Mental Health Strategy 2017 – 2027 which describes a 10 year vision for the Scottish Governments approach to mental health.
- Nursing 2030 Vision was issued by the Chief Nursing Officer Scotland and provides direction on the way forward for Nursing in context of the 2020 Vision. The main elements are, personalising care, preparing nurses for future needs and roles, supporting nurses.
- Health and Care (Staffing) (Scotland) Bill (2019), which aims to make sure there are correct levels of staffing for NHS Scotland and care service providers.
- Transforming Nursing, Midwifery and Health Professions' Roles was issued by the Chief Nursing Officer Scotland and is about preparing a nursing workforce that will be ready and able to meet people's needs as we move towards 2030. It achieves this through focusing effort on the key themes that emerged from a national engagement process, the direction of travel for health and social care policy in Scotland, and national and international evidence. It means personalising care preparing nurses for future needs and roles supporting nurses
- Excellence in Care covers nursing and midwifery in all hospitals and community services, from A&E to mental health, and care of older people to children's services.
- Maternity and Children Quality Improvement Collaborative is an element of the Scottish Patient Safety Programme which aims to support clinical teams in Scotland to improve outcomes and reduce avoidable harm by 30% in Maternity, Neonatal and Paediatric settings.
- The Scottish Government's Mental Health Strategy 2017-2027 sets out to improve prevention and early intervention, access to treatment, and joined up accessible services, the physical wellbeing of people with mental health problems and rights, information use and planning.

STRATEGIC INFLUENCES

- Framework supporting people through Recovery and Rehabilitation during and after COVID-19 Pandemic.
- Scottish Access Collaborative which aims to sustainably improve waiting times for patients waiting for non-emergency procedures.
- Neurological care and support: framework for action 2020-2025 which sets out a vision for driving improvement in the care and support for those with neurology conditions in Scotland.
- Managing the long-term effect of COVID-19 which is SIGN guidance covering care of people who have signs and symptoms that develop during or after an infection that is consistent with COVID-19 and continue for more than 4 weeks.

In addition, there are the following related strategies:

Orkney Islands Mental Health Strategy 2020 - 2025

Orkney Dementia Strategy 2020 - 2025

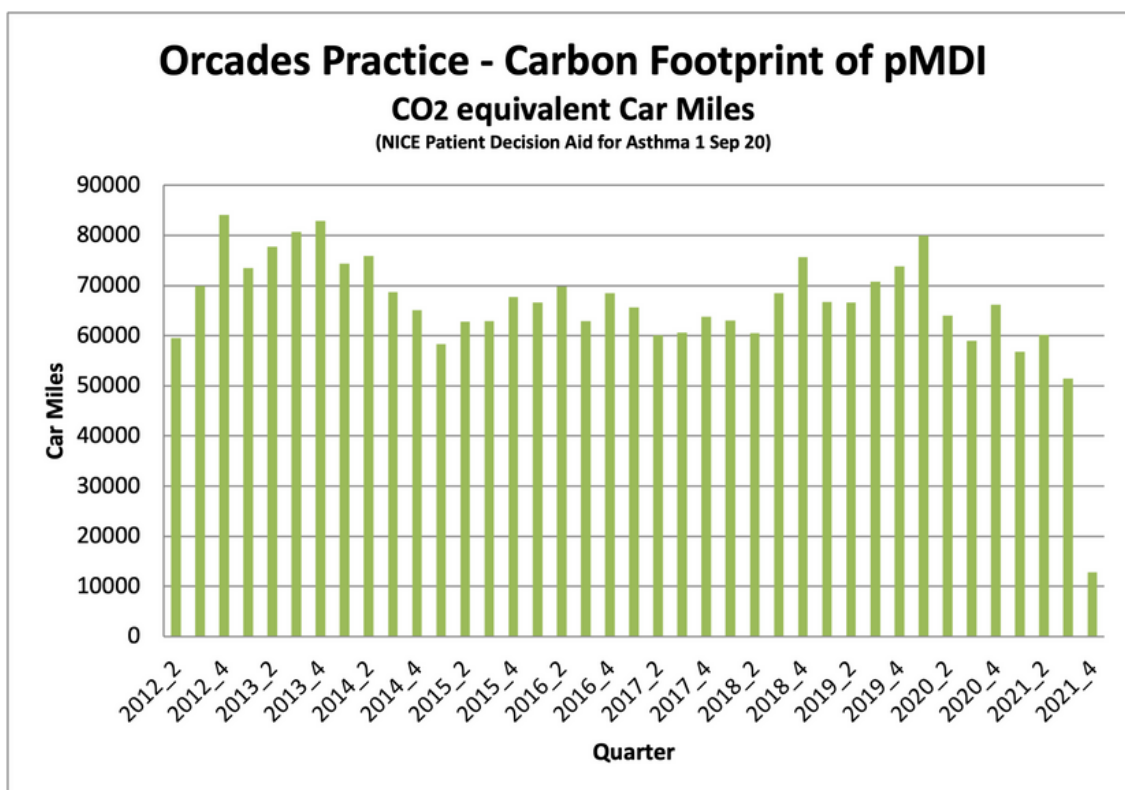
CLIMATE CHANGE AND INHALERS

Question What's the impact on greenhouse emissions from inhalers prescribed in Orcades Practice?

Answer using data from NICE:

- pMDI have 200-800g CO₂ equivalence per dose (2 puffs) - newer ones less, older ones more (so I have taken 500g as the mean per dose (2 puffs))
- On average 9 car miles releases 2610g CO₂
- So 1 dose (2 puffs) has the same effect (by and large, generally speaking) as driving a petrol car 1.72 miles

Plugging those figures into our prescribing history, and ignoring DPI (which are very much less of a problem) gives:



More than a quarter of a million miles a year or thereabouts (c 70 tonnes of CO₂ equivalent).

Iain Cromarty
14 Oct 21



Taking a **Home First** approach to Patient care within Orkney Health and Care

Laura Wood – Senior Occupational Therapist
Ruth Lea – Occupational Therapy Team Lead



Take home message: Our pilot has demonstrated through an enabling approach we are able to increase hospital bed and social service capacity whilst improving patients occupational performance within their own home.

Background: The home first initiative was identified as part of winter bed planning and commenced on 16 February 2021. Due to capacity issues within health and social care services, the current in-patient assessment process resulted in prolonged hospital stays waiting for assessment and packages of care to be in place. Assessing a person's care needs at home can help reduce strain on acute service as well as mediate the recognised risk of deterioration to an individuals functional abilities caused by delayed discharge (NHS 2018).

Our Home First design: There is **no specific eligibility criteria** for the service – individuals who require a **new or increased** care package on the mainland to enable discharge from hospital to go home are supported by this reablement team. The team consists of one whole time equivalent Occupational Therapist, 4 peripatetic home carers, a named Social Worker and rapid access to Physiotherapy is available. A reablement approach is taken with each patient and the patient and their goals are reviewed weekly by Occupational Therapist.

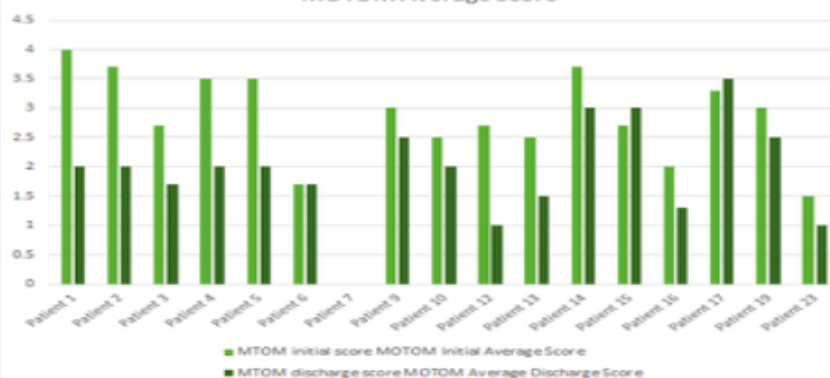
Results: Prior to Home First the average delayed discharge time in hospital awaiting a home care package was **19.5 days**. Since Home First this is now **0.7 days** which is a **95% decrease** in waiting time. Home First has supported 27 patients home, with 4 re-admissions within a 7 day period saving NHS approx: **£430,952** Following Home First assessment, initial **care times** requested have also been **decreased by 56%** following the reablement approach. Patient MOTOM scores have been positive.

Conclusion/lessons learnt: Unlike other discharge to assess models, this pilot has had no set referral criteria and has not only **reduced strain** on acute and social services, but has demonstrated that patients of all abilities can **progress** in their own environments given the opportunity. Patient experience surveys have also been positive.

Reduction in number of care hours from HomeFirst referral to discharge to Home Care



MOTOM Average Score

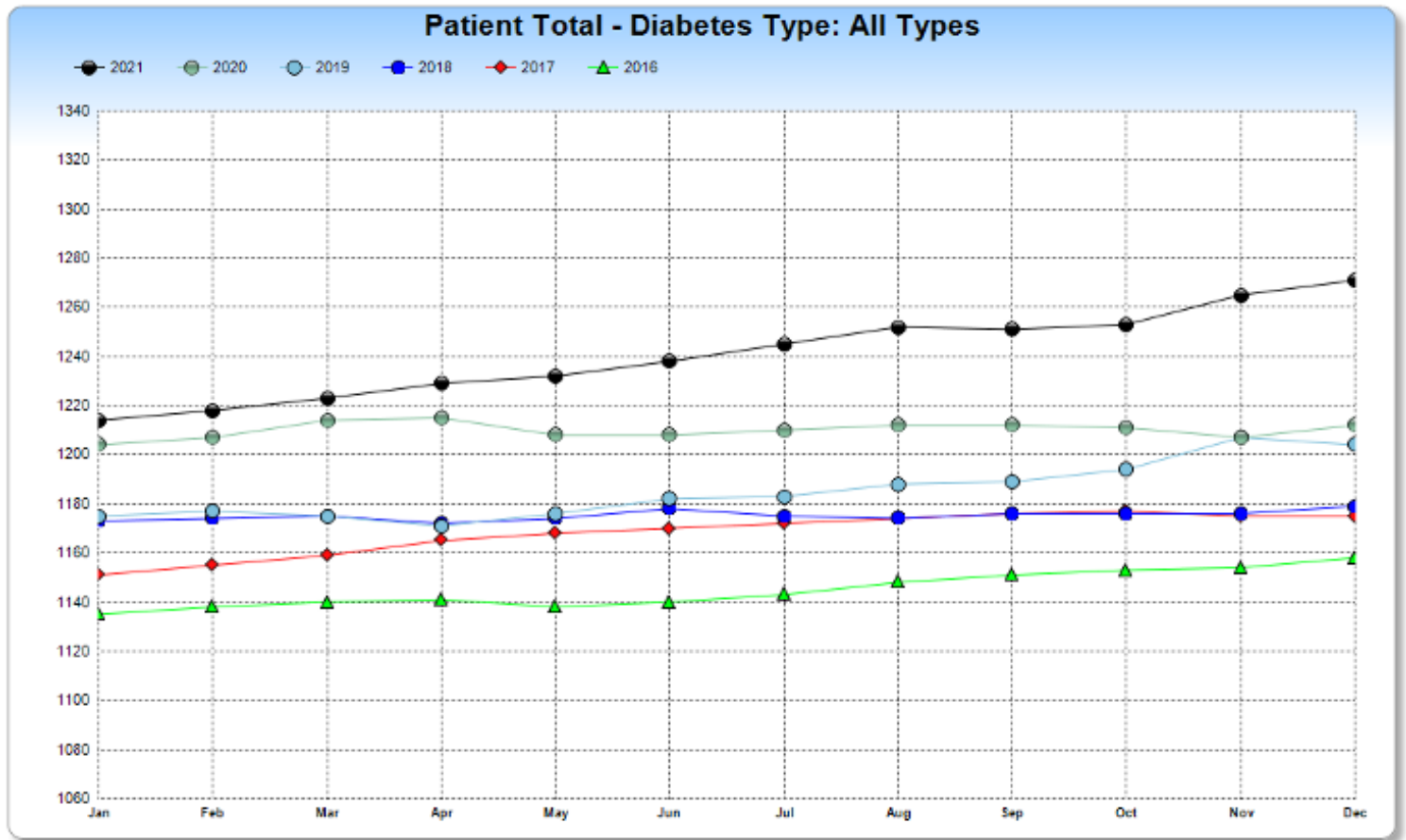


Next steps: Further funding has been sought to extend project beyond September 2021. The project aims to determine the impact on homecare service delivery in Orkney, review patient functional outcomes at 6 months post discharge and to extend the service to support pre-existing home care users.

References: NHS Improvement. NHS Trust Development Authority: Annual Report and accounts 2017/18. Wellington House, London.

DIABETES

Over the last decade, there have been significant improvements in the delivery of diabetes care across NHS Orkney. We would like build on this over the coming years.



Prevalence

The number of people with diagnosed diabetes in Orkney continues to rise steadily (increased by 4.7% since 2020) and in December 2021 there were 1278 people with Diabetes. 11% (140) had Type 1 Diabetes and Type 2 89% (1138).

Self Management

NHS Orkney would like to improve access to structured education for people with diabetes, as this would enable them to make informed decisions about their care. The Diabetes Specialist team would like to continue a blended approach for the delivery of education by offering a combination of both online and face to face opportunities. Online and face to face educational opportunities for Type 1 and Type 2 diabetes includes : for newly diagnosed type 2 diabetes (Control-IT), intensive insulin therapy for type 1 diabetes (include DIANE and STEP programme), Insulin pump initiation for type 1 diabetes, flash monitoring education for insulin treated diabetes using a basal bolus regimen.

DIABETES

We encourage people to access the online patient portal, My Diabetes My Way - which gives them access to their personal diabetes related health records. This includes details about their overall blood glucose control and relevant information about risk factors for future diabetes related diabetes complications. Currently, 58.2% of adult patients with type 1 diabetes and 16.2% of adult type 2 patients have access to the portal. We will promote the uptake of this over the next 5 years. My Diabetes My Way also gives these people access to a number of educational modules.

We will continue to work with Diabetes UK (Scotland) and JDRF to ensure that people with diabetes have access to the excellent self management resources and peer support that they offer.

Technology

The Diabetes Team continues to embrace the rapid advances in Diabetes technology for supporting the delivery of diabetes care including provision of blood glucose monitoring, insulin pump technology, tele-consultations, home device downloads, remote and rural support. We have been leading on the delivery of specialist telemedicine support for diabetes care since 2008. Over the coming years we plan to support the use of advanced insulin automated insulin delivery systems where clinically appropriate and based on national guidance.

Workforce and Staff Education

NHS Orkney has recognised the increasing need for supporting diabetes services in Orkney and has funded an additional Diabetes Specialist Nurse. This will allow the Team to increase the support of non specialist primary and secondary care teams across Orkney. We will continue to enhance the educational opportunities that are available to both GP practice, hospital and third sector staff for managing people with diabetes. We will continue to use a blended approach for these sessions.

Treatment

There has been a paradigm shift in the management approach to both type 2 and type 1 diabetes with the increasing availability of novel treatment regimens. These treatments not only help improve blood glucose control but also decrease the risk of developing long term diabetes complications. This will decrease the detrimental impact on both people with diabetes and NHS Orkney by reducing the prevalence of expensive therapies in the future.

DIABETES

Improve

We would like to implement the Scottish Diabetes improvement plan commitments – 2021 to 2026 to improve the prevention, treatment and care for those affected by diabetes in Orkney. We will actively support the national programme for the prevention and early treatment of type 2 diabetes by aligning with NHS Orkney's Weight Management.

It has been challenging to obtain timely access to Mental Health Services for people with diabetes in NHS Orkney. We will work with both the adult and CAHMs services in NHS Orkney to implement national guidance for mental health provision for people with diabetes.

We would like to integrate the hospital information system with the national diabetes record (SCI-diabetes) to help streamline the support for people with diabetes when admitted to hospital. We will upgrade our hospital blood glucose monitoring technology to enable the specialist team to provide remote advice in a timely manner.

Diagnosis

We will implement new technologies that will allow for better identification of the type of diabetes and deliver personalised treatment strategies for people with diabetes. This will include the roll out of the national programme of C-peptide testing in people with a clinician-diagnosis of Type 1 diabetes which is being introduced in NHS Scotland.

Future

We currently have an experienced specialist team in Orkney and we hope to increase the resilience of the specialist services by developing a robust succession plan. We will continue to look for staff development opportunities to attract clinicians to specialist diabetes care. Working in a multidisciplinary manner with colleagues in primary and secondary care and people with diabetes we will strive to deliver a high quality, innovative and personalised diabetes service.

CANCER

As a result of screening and new treatments many more people are living with cancer and have had successful treatment of their cancer although there is still a huge variation in survival between cancer types. We know that 1 in 2 people in the UK born after 1960 will be diagnosed with some form of cancer in their lifetime. Many people are therefore living with cancer as a long term condition.

For Scotland, the Beating cancer ambition and action 2016 outlines key actions for the nation.

<https://www.gov.scot/publications/beating-cancer-ambition-action/>

Early detection and prevention of cancer are vital. Screening programmes play a key role, and NHS Orkney will implement recommendations from the national screening review when published. This may include a move toward more regional management of some screening services. Locally screening programmes will be promoted with an emphasis on reduction of screening inequalities.

Scottish referral guidelines for suspected cancer are in place and we need to ensure they are fully utilised.

<https://www.gov.scot/publications/scottish-referral-guidelines-suspected-cancer-january-2019/>

For acute services, work needs to continue on providing rapid and high quality diagnostic services which make the most of new technologies as well as robust referral and treatment pathways with care provided locally wherever possible. Active contribution to the regional programme through the North of Scotland Cancer Alliance and to partnership working with NHS Grampian will support us in developing “prehabilitation” to prepare people for treatment and in the delivery of chemotherapy locally to enable care closer to home.

For individuals diagnosed with cancer a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing is needed. We already know that a cancer diagnosis has a considerable psychological impact. The disease itself is often associated with fatigue and other physical effects, but also social, financial and relationship issues which may impact on recovery. There are increasing numbers of people living with multiple co-morbidities, of which cancer may be one.

As more people are living longer following diagnosis and treatment of cancer, more are experiencing the consequences of treatment or a second primary cancer. Ensuring appropriate information and peer support will play an increasing role and will be a key part of local service provision.

MUSCULOSKELETAL DISORDERS

Musculoskeletal (MHS) disorders result in major morbidity in Orkney as in Scotland. Rapid access to AHP MSK services has been a stated priority in 2020 Local delivery plans. Allied Health Professional (AHP) MSK pathway minimum standards (2015) include :

- Agreed standardised musculoskeletal pathways in situ with audit evidence of implementation.
- The primary care improvement plan, with the introduction of physiotherapists in the model and ensuring patients have direct access to MSK First Contact Practitioners will be important.
- Expanding access to support such as the online version of ESCAPE-pain (Enabling Self-management and Coping with Arthritic Pain through Exercise) and utilisation of the NHS Inform MSK advice and triage service when expanded should support appropriate referrals.

The organisation Versus Arthritis has designed a commissioning model for physical activity provision:

Tier 1: self directed: accessible community facilities

Tier 2: trained peers and fitness professionals – supervised physical activity eg dance clubs, T'ai Chi, walking clubs

Tier 3: structured community rehabilitation programmes- fitness professional, physiotherapist eg escape-pain

Tier 4: individualised support – physiotherapist, sports and exercise medicine.

This model uses physical activity interventions alongside appropriate medical interventions, including medication and surgery where indicated.

The use of MSK-HQ developed by Versus Arthritis – to report symptoms and quality of life would support better tracking of patient improvement.

Overall we need to reduce inequalities and improve outcomes for patients with musculoskeletal conditions. Falls and bone health are related areas of concern.
<https://www.rsph.org.uk/our-work/policy/wider-public-health-workforce/measuring-public-health-impact.html>

Ensuring assessments are carried out as per the Prevention and Management of Falls community framework.

<https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/pages/3/>

Innovative ways of working that focus on wider clinical benefit rather than the traditional job roles and historical ways of working. One example of this would be the direct access which has recently been carried out.

CORONARY HEART DISEASE AND STROKE

Too many people are still living with undetected, high-risk conditions such as atrial fibrillation (AF), high blood pressure and raised cholesterol.

Heart Disease Improvement plan 2014 Scotland

The improvement plan outlines 6 areas for improvement and an assessment against progress is required and focused activity

Heart disease improvement plan areas:

Priority 1: Prevention of Cardiovascular Disease

Target case finding strategies for people at high risk of CVD

Priority 2: Mental Health for Heart Disease

Develop a mental health pathway for patients with heart disease

Deliver level 1 & 2 psychological support training

Priority 3: Secondary and Tertiary Care Cardiology

Improved patient-centred flow into, through, between and out of hospital for patients with chest pain

Develop local and regional pathways including strategy for cardiac investigation and intervention

Develop clear diagnostic and treatment pathway for patients with valvular disease

Priority 4: Heart Disease Management and Rehabilitation

Modernisation of cardiac rehabilitation services

Develop anticipatory care programmes for patients with heart disease

Develop condition and wellbeing self-management programmes for patients with heart disease

Priority 5: Heart Failure

Improve identification, diagnosis and long-term management of patients with heart failure

Improve patient centred flow into, through, between and out of hospital

Develop palliative care pathway for patients with heart failure

Priority 6: Arrhythmias

Improve identification, diagnosis and long-term management of patients with atrial fibrillation

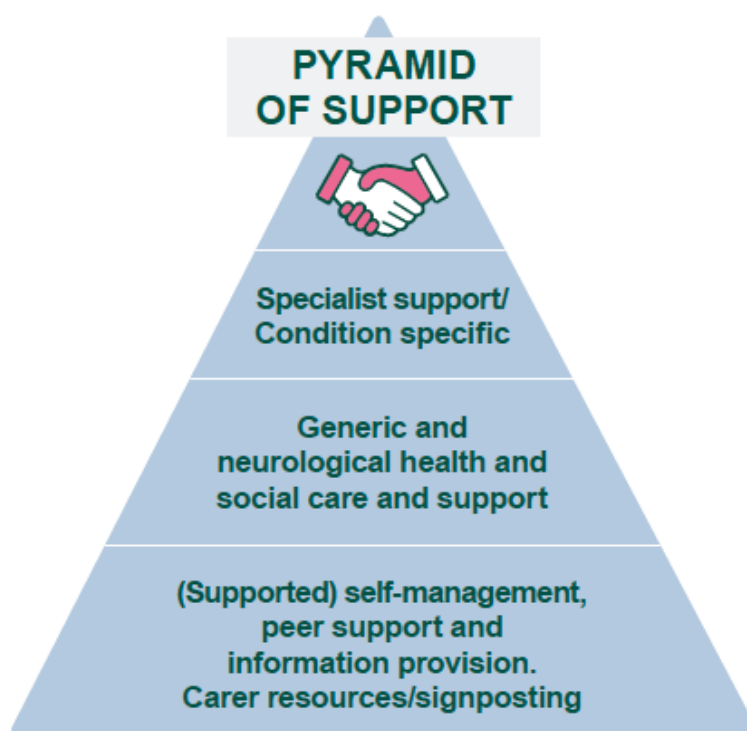
Improve patient centred flow into, through, between and out of hospital

Develop pathways for the identification and treatment of patients at risk of familial arrhythmia conditions

There is also room for improvement in how we manage stroke patients as demonstrated by the national audit on care for stroke. Whilst we face specific geographical issues in terms of transferring patients for some aspects of care, there are many other aspects of stroke management that we can address locally.

NEUROLOGICAL DISORDERS

Within this strategy neurological conditions refers to all diseases of, or abnormal function of, the brain, spinal cord or peripheral nervous system. The course of a neurological condition can vary, some resolve spontaneously but others recur in episodes, remain the same, progress, or sometimes sadly shorten a person's life. People with neurological conditions can require varying levels of support and care, dependent on their needs and choices as shown here in the Pyramid of Support.



Whilst there is no clearly defined neurology team there are neurological consultants, specialist advisors/practitioners employed for Multiple Sclerosis, Motor Neurone Disease and Parkinsons' Disease and many other committed healthcare professionals, support workers and social and voluntary services. These services work together to provide diagnosis, rehabilitation, care and support to those affected.

At times people with neurological conditions can benefit from support from several services to help achieve what matters to them, manage their symptoms or progress their rehabilitation. The coordination of this can be challenging due to: the lack of a defined local team; many of the key clinicians having part time roles; the absence of some defined care/support pathways; the services involved often having different geographical bases (locally and nationally), electronic systems and managers. There are also multiple possible referral pathways which can be confusing for patients and others seeking services that may best suit their needs.

There is an eagerness and drive amongst clinicians to improve services, and in 2020 and 2021 NHS Orkney clinicians were successful in applying for 2 separate rounds of Scottish Government funding for projects to achieve some of the aims and commitments of 'The Neurological Care and Support in Scotland: A Framework for Action 2020-25' (Scottish Government 2019). This framework will continue to be used to guide and support service improvement along with the 'General Standards for Neurological Care and Support' (HIS 2019), 'Clinical Standards for Neurological Health Services' (NHS QIS 2009).

The views of the people who need, use or deliver the services are critical in determining how we shape services going forward. This needs to be inclusive to ensure that all people with neurological conditions have a voice and equitable access to services and support. There is a realisation that there are gaps in this provision as services stand and work needs to be undertaken to identify these and plan on how these gaps are addressed.

Rehabilitation is a key area for neurological disorders as illustrated in the aim from the Neurological Care and Support in Scotland: a Framework for Action 2020 - 2025 below:

Many people with neurological conditions experience deterioration in their condition over time. There is a need for a more proactive approach to offering information, care, support and rehabilitation that enables them to maintain their independence, health and wellbeing. There is also a need to develop and test different community based neurological rehabilitation models, that can proactively provide care and support to people with a wide range of neurological conditions. Models may include generic neurology keyworkers, as well as clinicians, social workers and practitioners with advanced skills, and would need to be tested in both rural and urban settings.

RESPIRATORY CONDITIONS

Despite the burden of respiratory disease in Scotland there is no national strategy for respiratory disease.

However, much of the 2012 Department of health outcomes strategy for COPD and asthma and more recent long term plan for respiratory diseases is of clinical relevance.

We need to do more to detect and diagnose respiratory problems earlier. Currently around a third of people with a first hospital admission for a COPD exacerbation have not been previously diagnosed. It is important to reduce variation in the quality of spirometry testing.

Pulmonary rehabilitation offers a range of options tailored to the patient including structured exercise and education programme designed for those with lung disease or breathlessness. 90% of patients who complete the programme experience improved exercise capacity or increased quality of life. However, it is currently only offered to a small percentage of eligible COPD patients, with a focus on those with more severe COPD. We need to ensure more COPD patients benefit from structured evidence informed pulmonary rehabilitation.

The Gold report (Global initiative for Chronic Obstructive Lung Disease) outlines a strategy for diagnosis, management and prevention of COPD.

Key elements include:
Ensure correct diagnosis and spirometry
Smoking cessation
Inhaler technique assessment
Flu and pneumococcal vaccination
Pulmonary rehabilitation – structured 6 to 8 week programme
Long term oxygen therapy

Four key areas are identified for focus in Quality Prescribing for Respiratory 2018-21, <https://www.therapeutics.scot.nhs.uk/respiratory/>

- High dose steroids in adults with COPD and asthma
- High dose steroids in paediatric patients with asthma
- Patients over-prescribed reliever treatments
- Prescribing of inhalers by brand

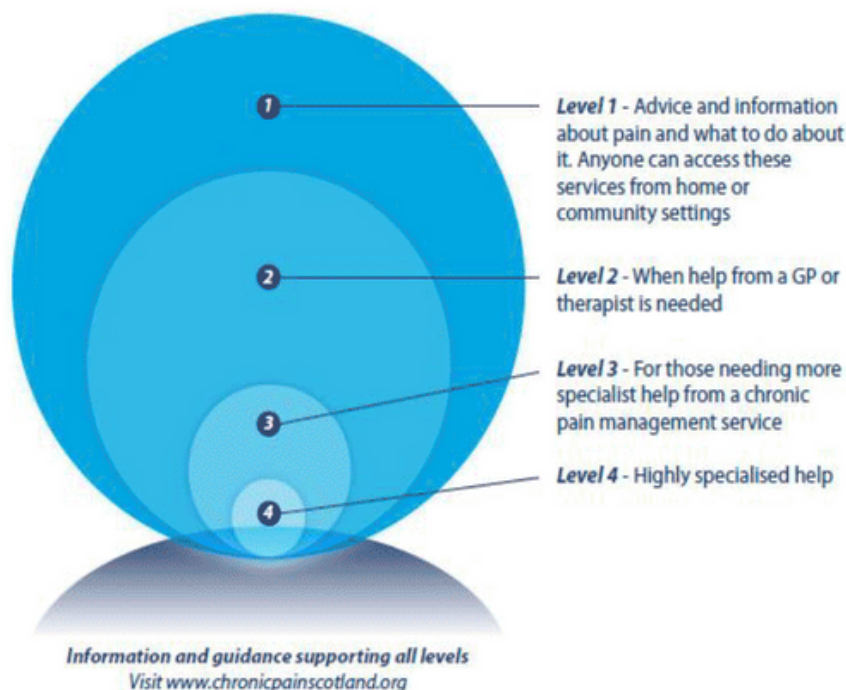
CHRONIC PAIN

Chronic pain affects around 1 in 5 people in Scotland and is often associated with polypharmacy. 1 in 20 people experience severe, disabling chronic pain which adversely affects all aspects of their physical, psychological and social health. and it is often coupled with other conditions such as coronary heart disease, COPD and heart failure.

Our aspiration is to ensure everyone in Orkney living with chronic pain is able to access the best possible care and support, and benefit from healthcare services that are safe, effective and put them at the centre of their care. To do this we need to improve how we support individuals with chronic pain and ensure a multidisciplinary tiered model of care is in place. A Scottish Service Model for Chronic Pain has been developed and we need to ensure this is implemented locally. This is a four-Level model encompassing Community Care, Primary Care, Specialist Care, and Tertiary Care.

Chronic Pain Scotland Service Model

Most people get back to normal after pain that might come on after an injury or operation or for no apparent reason. Sometimes the pain carries on for longer than 12 weeks despite medication or treatment – this is called chronic or persistent pain.



Using this tiered service model we will ensure people have access to:

- Information – Helping them to navigate, understand their condition, develop plans and tools
- Pathways – Providing the right support at the right time
- Emotional and psychological support - Counselling at key stages and peer support
- Employment support - Guidance for employers, support to stay in work
- Digital support - Online chat, access to results, input symptoms, computerised cognitive behaviour therapy

We will develop the knowledge and understanding of our staff so they can work alongside people experiencing chronic pain to develop clear management plans, promote self management and utilise non pharmaceutical approaches where ever possible in line with the Quality Prescribing for Chronic Pain Improvement Guide.

<https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/03/Strategy-Chronic-Pain-Quality-Prescribing-for-Chronic-Pain-2018.pdf>

ORAL HEALTH

Maintaining good oral health is an important part of health and wellbeing. We know that oral disease is almost entirely preventable. Successive Scottish Government Oral Health Action Plans (2005, 2017) have identified prevention as the key to oral health improvement. An integrated, prevention based approach is essential for patients of all ages. This starts from early childhood.

Case study - Childsmile

Learning the essential skills to secure and maintain good oral health in childhood, lays the foundations for a healthy mouth for life. The Childsmile Programme, borne out of the Dental Action Plan (2005) has operated in Orkney for 15 years. As a national programme, it is designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services. The programme combines universal and targeted programmes:

- Toothbrushing – distribution of free dental packs and supervised toothbrushing in nurseries and schools
- Fluoride varnish – twice yearly clinical prevention in nurseries and schools and in dental practices
- Community and Practice – providing universally accessible dental services

Childsmile is being shown to have a positive impact on our children's oral health. The toothbrushing programme is evidenced as being very effective. Improvements are demonstrated in the percentage of cohorts of children in Primary 1 with no obvious signs of caries improving from 50% in 2004 to 85% in 2020 (National Dental Inspection Programme reports).

While improvements in oral health have been seen across Scotland, addressing inequalities in oral health is more challenging and requires more focused work. As part of the recovery from the covid pandemic the Scottish Government is providing additional funding. This will allow the Childsmile programme to work to address inequalities in dental health and access to dental service locally.

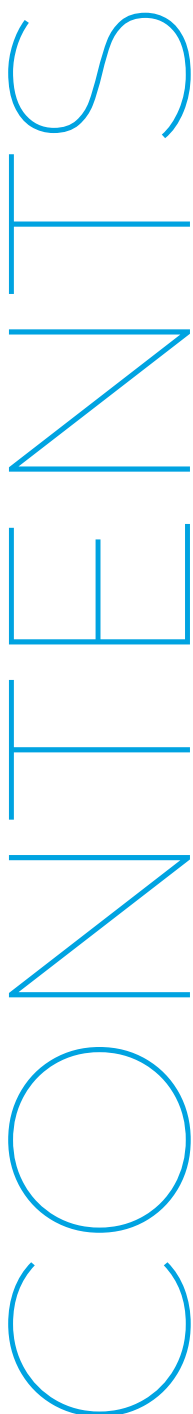
The interrelationship between oral and general health is clear. Poor oral health affects overall health, nutrition, quality of life, communication and appearance. Good access to prevention focussed dental services is crucial in our efforts to support oral health improvement. Given that common risk factors such as smoking, inactivity, poor diet, excess weight or harmful drinking and poor oral health are shared across oral diseases and other long-term conditions, it is important that we work together to tackle issues which impact on poor oral health in a more integrated way for young children through adulthood and our ageing population.



Community Survey Report

2021

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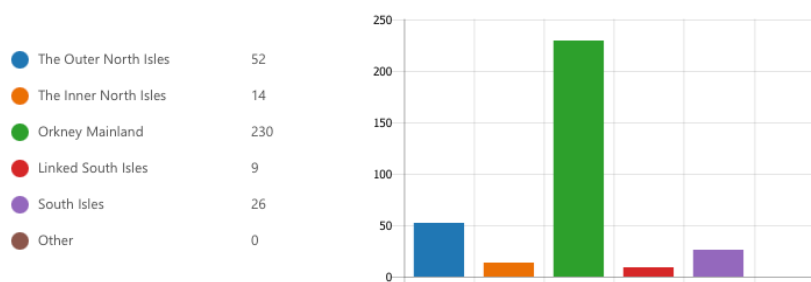
Thank you to everyone who filled in the
community survey

We carried out a community survey which was widely promoted through the local media and social media. The survey was easy to access in a digital format, but paper copies were also available.

More than 330 members of our community took part, spending an average of 23 minutes on the survey. The responses have made an extremely important contribution to the development of the NHS Orkney clinical strategy.

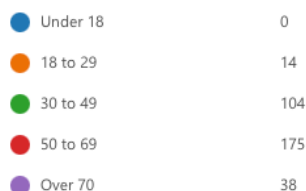
Residents of all areas of Orkney across both mainland and the isles were well represented in the survey responses:

Where do you live?



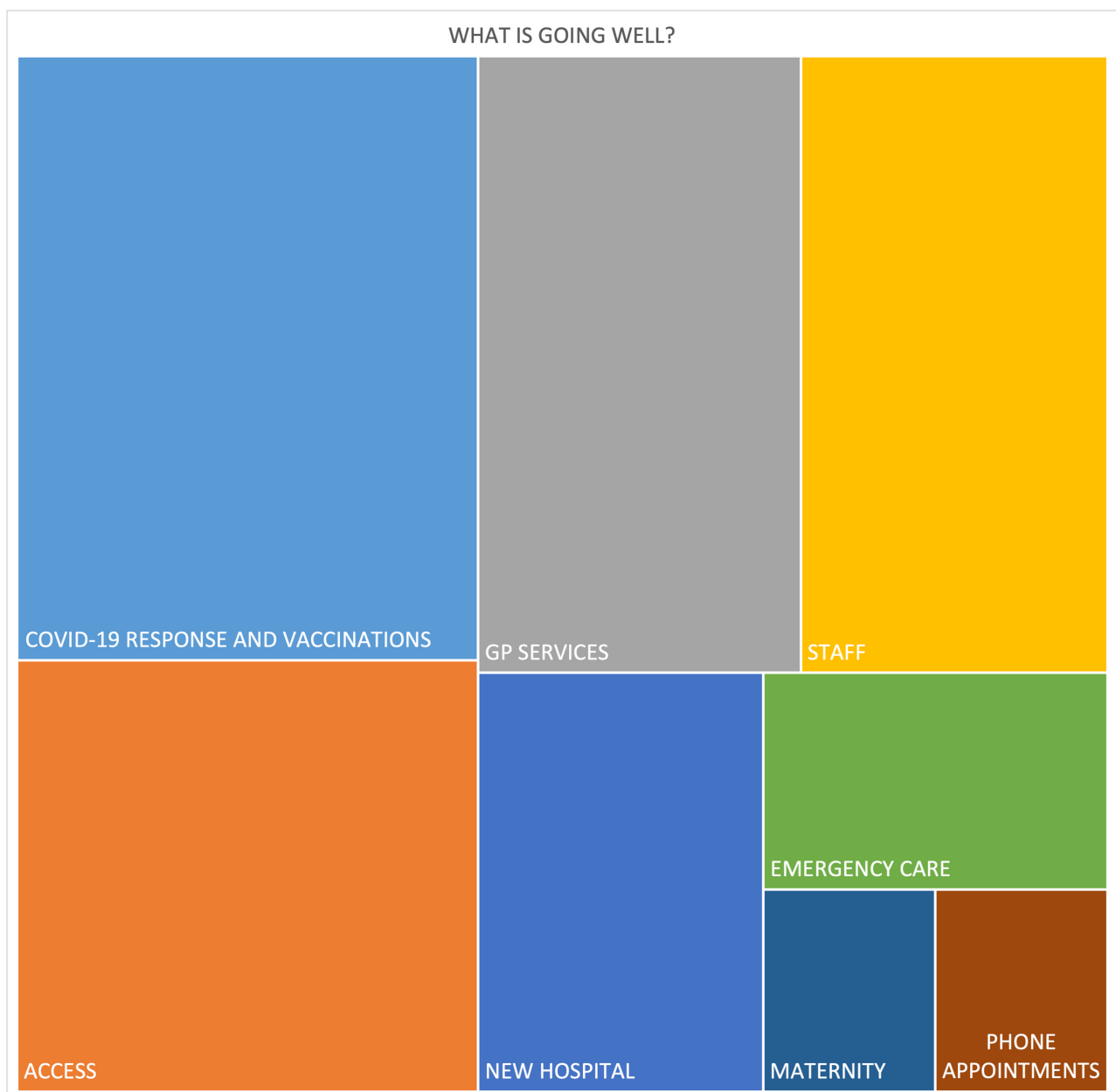
All adult age groups were well represented, however there were no people aged under 18 who filled in the questionnaire and we therefore plan to get feedback from this age group through a separate exercise.

2. What age are you?



WHAT IS GOING WELL

We asked participants what they felt was going well in the service. 299 respondents gave us feedback with the largest number highlighting the vaccination rollout and Covid-19 response. The diagram below represents the areas which were highlighted and how often they were mentioned.



Excellent care given by front line health care professionals

Maternity facilities are fantastic. Visiting services are excellent and save the Board money on sending patients away unnecessarily.

All services in Orkney seem to be functioning much better and to be more accessible than anywhere else in Scotland,

New hospital...new building

Good nurse practitioner cover and good access to GPs

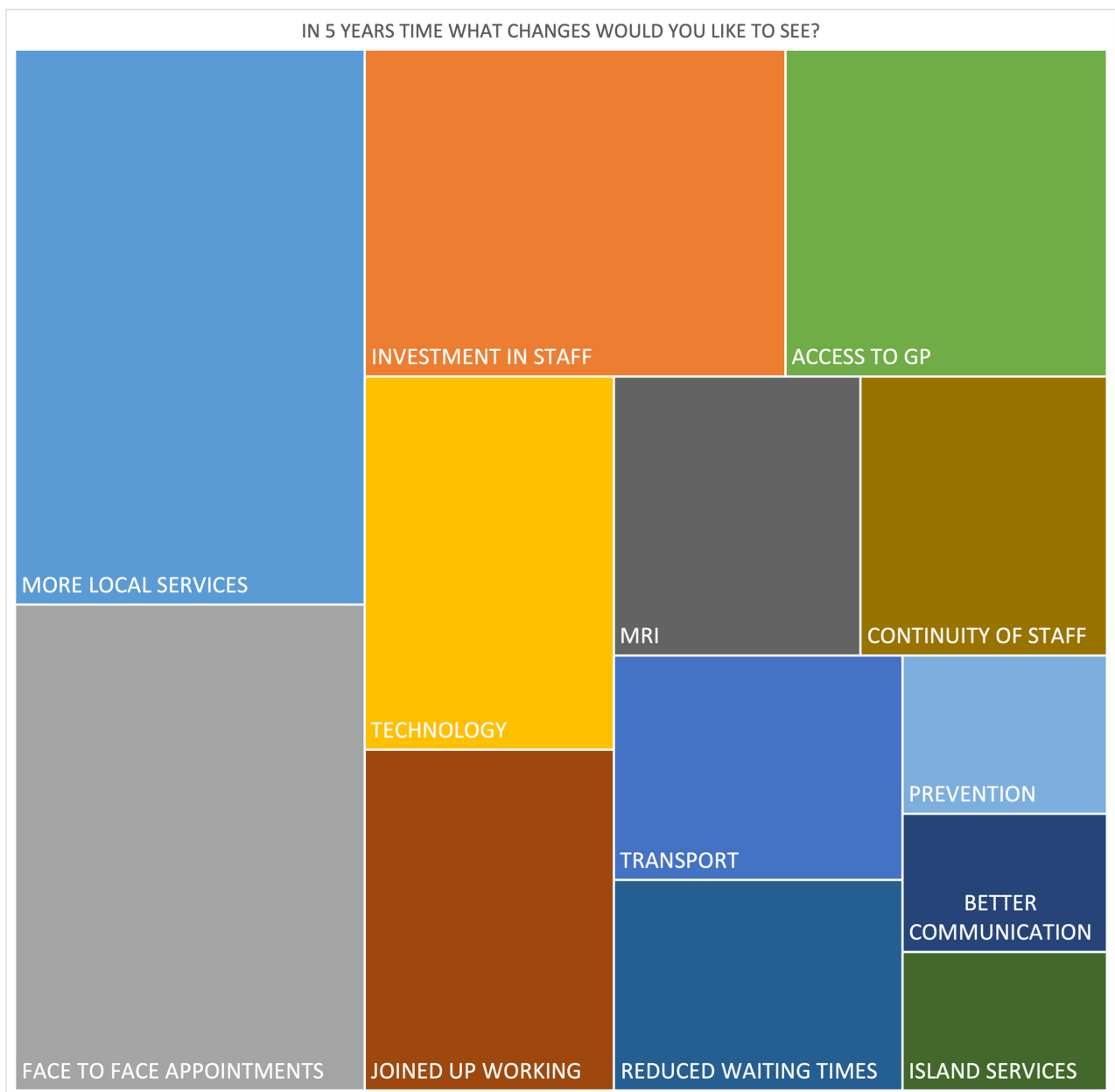
The staff at my GP Practice are always polite and helpful. The Covid vaccination effort was phenomenal. The OHAC team deserve a pat on the back!

Being able to speak to or get appointment to surgeries when necessary and prompt appointments at Balfour hospital when required

We are so fortunate to have the staff working for health care that we do. The response during the pandemic has been amazing and the fact we now have a mix of telemedicine, phone consults and face to face so we can have the choice of where/how we are seen.

WHAT CHANGES WOULD YOU LIKE TO SEE?

We asked participants what changes they would like to see in health and care services in 5 years time. We received responses on both how you would like to see the service delivered and specific clinical areas. The diagram below represents the changes in the ways of working that people have asked for with the size of the block representing how often it was mentioned.



17% of the responses mentioned that they would like to see more services delivered locally, avoiding travel to Aberdeen. Some participants also highlighted increased services on the inner and outer isles to avoid travel to mainland Orkney.

More services being offered locally so less requirement for flights to Aberdeen for a half an hour appointment

15% of the responses asked for a return to face to face, reflecting the necessary move to phone appointments during the Covid-19 pandemic.

Services have adapted and become more flexible in their approach due to COVID, and have been doing a grand job. However a return to more face to face consultation for those that prefer it would be good

Investment in all frontline staff including GPs was mentioned in 12% of the responses. Increased staff numbers and investment in training the current staff were both areas which were highlighted.

More investment in front line staff for all services and a continuation of services running as they currently do.

Frontline staff need to be valued a lot more.

Access to GPs was mentioned in 9% of the responses. Quicker access to appointments and more freedom to choose the time for an appointment, possibly with online booking were highlighted. Longer opening hours was also mentioned and a number of responses mentioned that they don't want to tell the receptionist the reason for the appointment.

Improvements in GP surgeries - more appointments, reduced waiting times for non emergency appointments, virtual appointments (though nothing can ever remove face-to-face consultations to draw out underlying health concerns/issues)

More video appointments and online booking of appointments/prescriptions and telemedicine were also mentioned in 8% of the responses.

Acknowledge the 21st Century, digital by default not on top of traditional models of care. More telemedicine links from isles to group therapy activities so increased access without travel

Better communication between and integration with partners in Orkney was highlighted. Coordination with the NHS as well as links with NHS Grampian were also mentioned in 7% of the responses.

More joined up communication between the many parts of NHS Orkney and its partners

6% of responses asked for an MRI scanner, reducing travel to Aberdeen. The same number of responses mentioned the value of continuity of staff and a desire to move away from locum staff.



Having named GP instead of potluck

Travel was also mentioned in 6% of the responses. This included improved availability and funding for patient travel including air and ambulance transport which was mentioned a number of times. The timing of appointments to coordinate with ferry times was also mentioned a number of times.

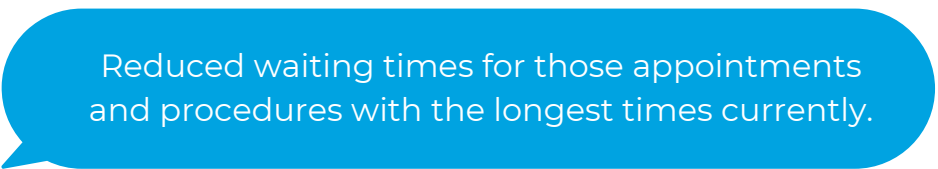


Hospital appointments relating to ferry times



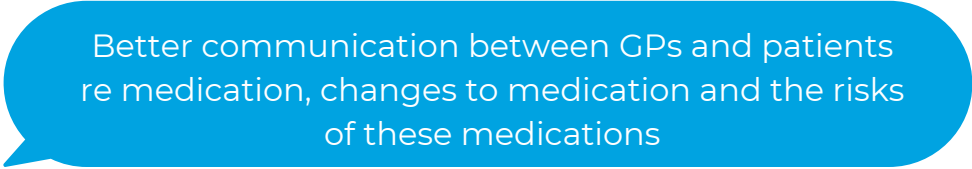
I would like to see a funded transportation service for folk who have returned from Aberdeen after surgery to enable folk to be able to get from Kirkwall airport to their home whether they stay on the mainland or the isles

5% of responses highlighted wanting to have shorter waiting times for appointments with specialists and allied health professionals.



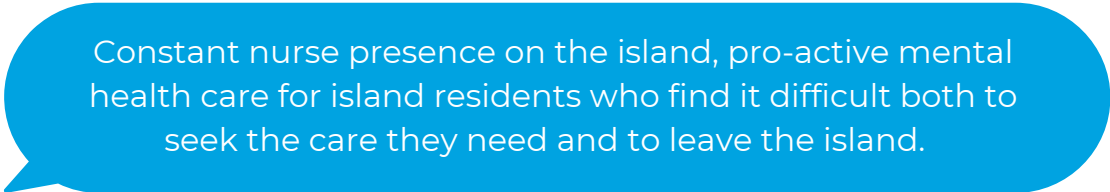
Reduced waiting times for those appointments and procedures with the longest times currently.

Better communication with patients (2%) and a desire to move more towards prevention of ill health (3%) were mentioned.



Better communication between GPs and patients
re medication, changes to medication and the risks
of these medications

There were a similar number of comments (2%) on inner and outer island services.



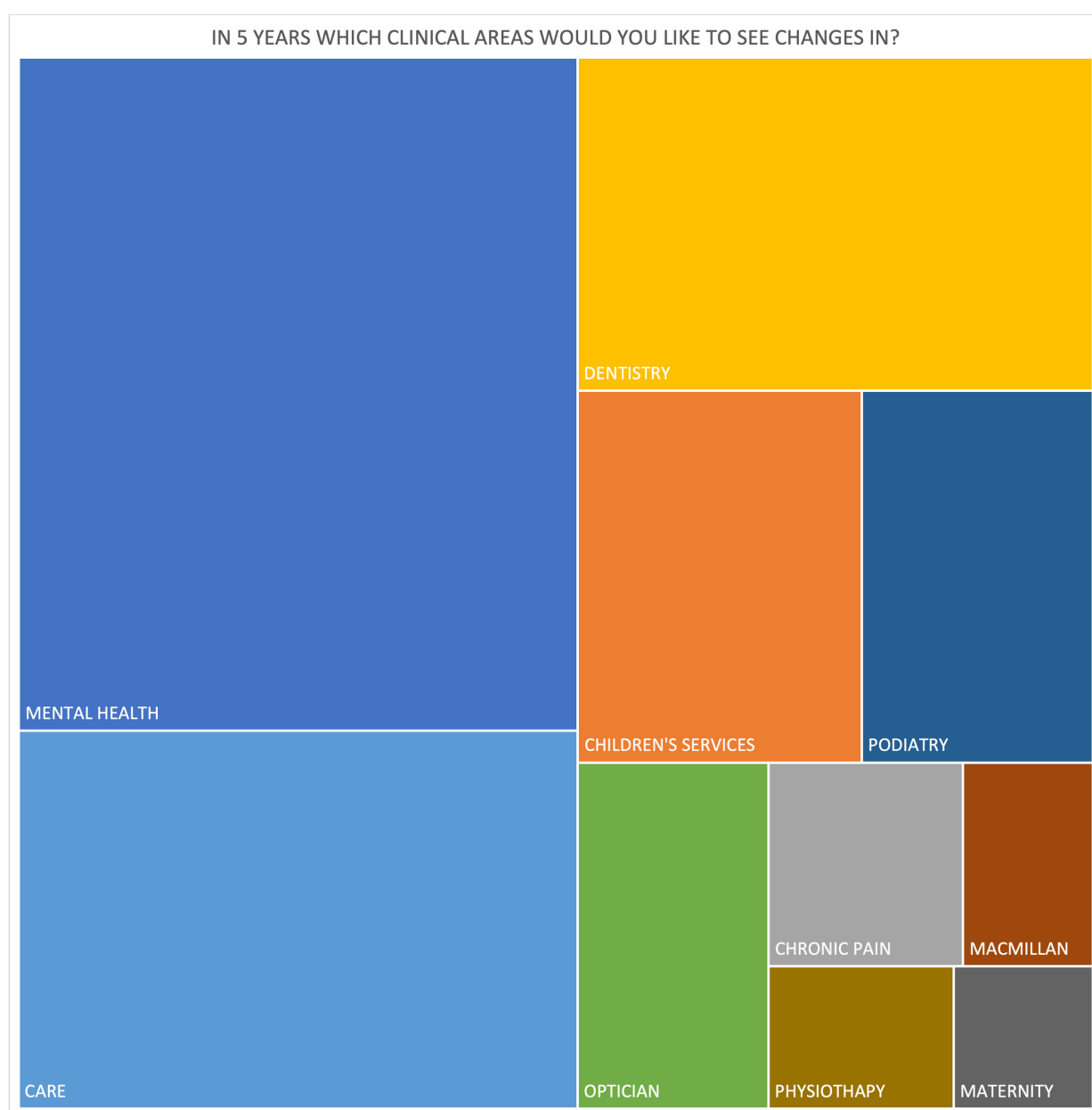
Constant nurse presence on the island, pro-active mental
health care for island residents who find it difficult both to
seek the care they need and to leave the island.

Other topics in the survey mentioned a small number of times include:

- better education of the community on how and when to contact services
- improvement of the 111 service
- expanded ambulance service
- increased funding for health and care services
- improved palliative care
- less wasted medication

WHAT CHANGES WOULD YOU LIKE TO SEE?

When we asked about the changes you would like to see in health and care services in 5 years time we received responses on both how you would like to see the service delivered and specific clinical areas. The diagram below represents the areas which have been highlighted for focus:



33% of the responses highlighted the need for faster access to mental health services and for those services to be improved and invested in. Mental health in children and young people was mentioned in a number of responses.

Significant improvement to mental health services. Easier access to clinics and support, for those with both severe mental health conditions, and those who are perhaps just going through a hard time and need short term support...

Care was mentioned in 17% of the responses with easier access, care tailored to the individuals needs, improved care in the home and the need to involve and value family and friends who take on care responsibilities more. The need for more sheltered housing and care staff was also highlighted.

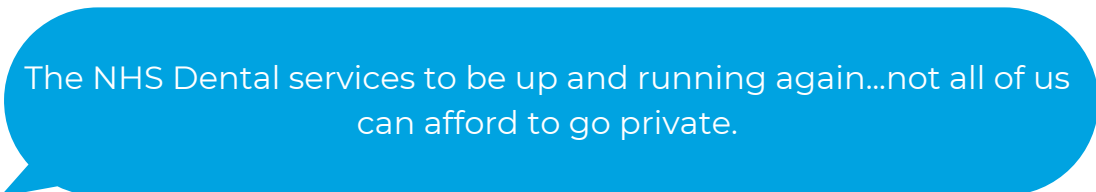
Carers in care homes having more input into GP visits and being more involved in the professional meetings

Better services like small care home facilities on the islands so that elderly people could stay near to family

More investment in community based services to allow staff the time to adopt a more proactive approach to helping support people to manage their conditions

9% of the responses highlighted the need for more investment in children and young people's services.

15% of the responses which highlighted a clinical area mentioned access to dentistry.

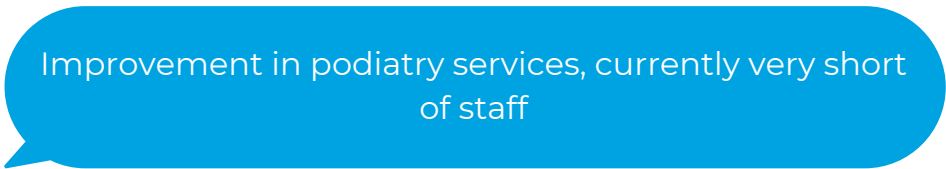


The NHS Dental services to be up and running again...not all of us can afford to go private.

Response from the dentistry service:

Whilst the provision of urgent dental care has been maintained throughout, access to routine dental care has been significantly impacted by the Covid-19 pandemic. Social distancing and increased infection prevention and control measures have reduced capacity for routine care. This will continue until restrictions are eased, consequently, the offer of routine NHS dental care will be on a strict prioritisation basis where the patients with greatest need and those that will derive greatest benefit are seen first.

Recruitment to Board run dental services has begun. This process should be carried out in a measured fashion as it may risk inadvertently undermining independent contractors. Close attention to the developing policies of Scottish Government will be required as NHS dental care is likely to undergo an extended period of change.



Improvement in podiatry services, currently very short of staff

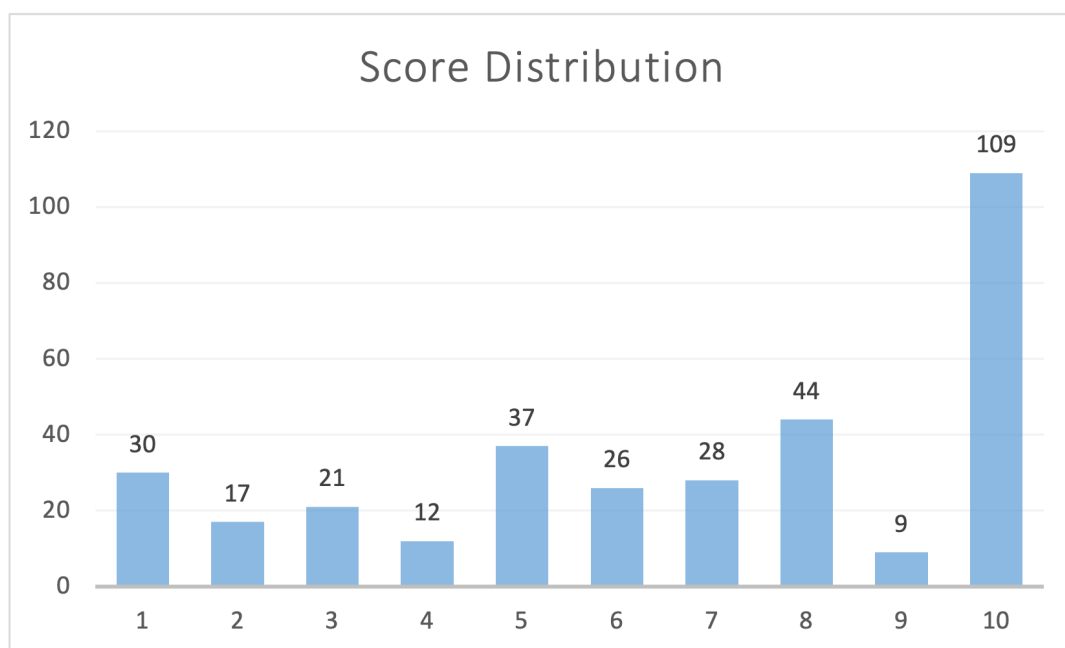
Optician services and podiatry services were mentioned in a total of 14% of the responses which highlighted a clinical area. The chronic pain service was mentioned (4%) as was the maternity services and physiotherapy.

The Macmillan service and centre was mentioned asking for services to be restored. However, the Macmillan Team have worked throughout the pandemic to continue to support families facing the challenges of cancer, understanding that the Macmillan Team are more than just a space in the hospital. At present (Autumn 2021) we need to maintain a dedicated group of beds for Covid-19 patients in the Balfour and the Macmillan unit has been repurposed for this as a temporary measure.

VIRTUAL APPOINTMENTS

We asked participants how willing they would be to have a phone call or video call with a health care professional instead of a face-to-face appointment (if they and their health care professional felt it would be appropriate).

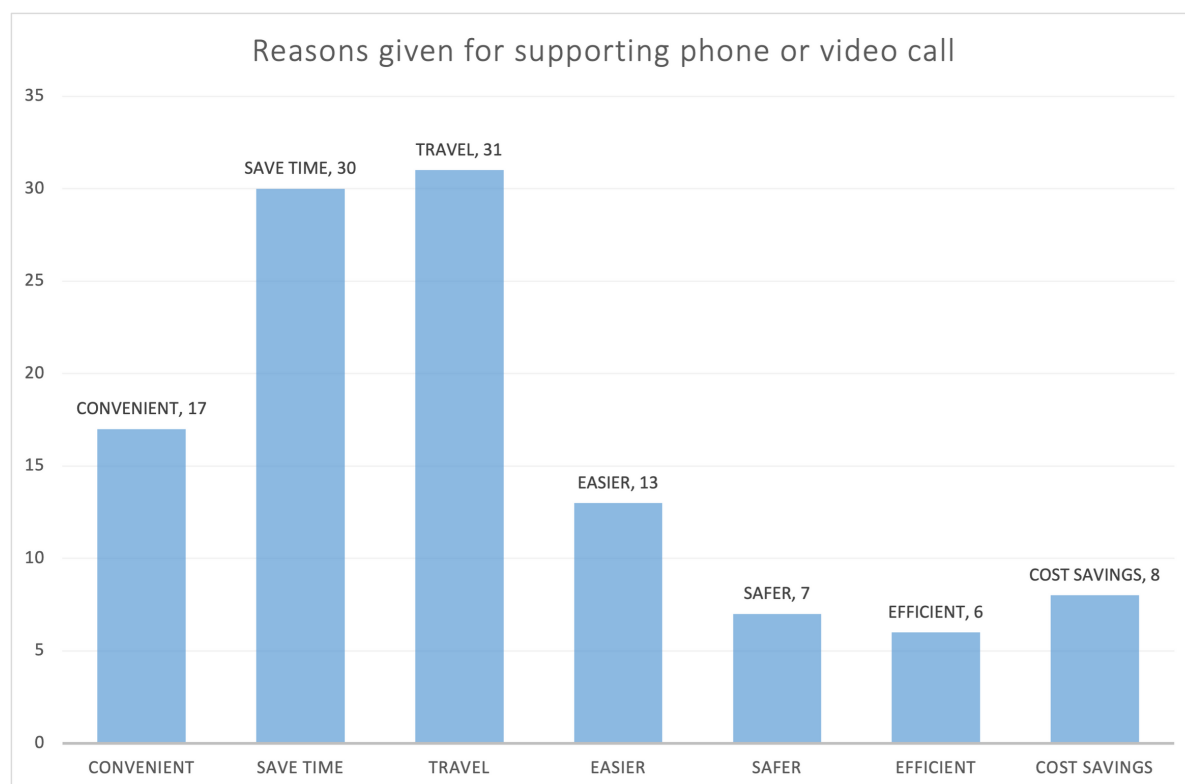
The diagram below describes the response we received where 1 is "not willing at all" and 10 is "extremely willing".



49% rated between "8 - 10". We received an average response of 6.71. The reasons given for not favouring phone or video call included reading body language and other prompts (21) and building rapport (10). Hearing difficulties and challenges with the technology and digital coverage were mentioned. Social contact was also mentioned as being a benefit of a face-to-face appointment.

I personally need the face-to-face interaction to read facial expressions to glean the meaning of conversations.

The reasons given for favouring phone or video call included:



Having young children, a phone call can be easier than trying to take them to an appointment or find childcare, however there are some cases where it's easier to discuss certain things, for example mental health issues, face-to-face.

An appointment at Aberdeen Royal Infirmary means three days away from home. We don't all have time for that. Not to mention the cost.

It also helps people who are working or have difficulties travelling to be seen without them having to spend time and money attending a distant site. I've experienced GP phone appointments which work really well and feel confident about and trust the process.

I am willing. But I know many folk who just don't like speaking on the phone and others would not open up to discuss their worries. It's about equal access for all whatever their mental or physical capacity

Not always much privacy at home and it delays things ie speaking on the phone and then having to book an appointment to see the doctor in person.

Wouldn't mind if face-to-face was still available if required. Don't believe it should be a substitute.

For me personally I feel it saves me and the doctor time especially if the appointment ends up being only a five minute conversation to check up on something and even more so if I'm struggling that day with anxiety or social interactions.

A number of participants asked for a shorter window to be given for a phone appointment. There were a number of comments noted asking for an alternative to describing the reason for an appointment to the GP receptionist.

I do not feel it is appropriate that you have to tell a receptionist what is wrong with you for them to determine if you will have a face-to-face appointment

ANY OTHER COMMENTS?

We asked for any other comments. A small selection are included below:

I am concerned about transport access to hospital with elderly and ill folk from the isles waiting for hours in Kirkwall with nowhere 'safe' to wait

Generally we are so very lucky in Orkney to have the health service we do and I often feel that those who decry it the loudest are the ones who have the least experience of healthcare elsewhere!

I do feel that at herachial and strategic, upper level needs to come to the ground to see better...Maybe brain-storming with a wider audience...Like this survey is

Responses which mention specific teams have been shared with the relevant teams within the NHS and at Orkney Health and Care.

Three cheers for NHS Orkney and all its staff and management.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Whistleblowing Standards Annual Report 2021/2022
Responsible Executive/Non-Executive:	Executive: Mark Henry Whistleblowing Champion: Jason Taylor
Report Author:	Mark Henry

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is NHSO's first annual Whistleblowing Standards Report since the national standards came into force on 1 April 2021 and covers the period 1 April 2021 to 30 March 2022.

The principles have been approved by the Scottish Parliament and underpin how NHS Scotland services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

2.2 Background

Whistleblowing is defined as:

"when a person...raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing."

<https://inwo.spsa.org.uk/>.

"The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'."

<https://inwo.spsa.org.uk/>.

These standards are underpinned by a suite of supporting documents, which provide instructions on how the INWO expects concerns to be handled. Together these documents form a framework for the delivery of the National Whistleblowing Standards. The standards set out the requirement that the NHS Orkney Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place.

Roles and responsibilities

The Medical Director is the **Executive Lead** for Whistleblowing in NHS Orkney and is responsible for overseeing progress, ensuring timelines and communications are maintained and that follow up actions and learnings are progressed appropriately.

The role of **Whistleblowing Champion** is held by Jason Taylor. The purpose of the role is to monitor and support the effective delivery of the NHS Orkney's whistleblowing policy and is predominantly an assurance role which helps the NHS Board comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion is expected to raise any matters of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

NHS Orkney Board plays a critical role in ensuring the standards are adhered to with a particular focus on: Leadership - setting the tone to encourage speaking up and ensuring concerns are addressed appropriately and Monitoring – ensuring quarterly reporting is presented and robustly scrutinised

2.3 Assessment

NHSO is compliant with the Standards set out by INWO.

There have been two concerns raised under the Whistleblowing Standards during 2021/2022. The resulting outcomes and performance against the whistleblowing indicators are detailed in Table 1 below.

Table 1: NHS Orkney Performance against Whistleblowing Key Performance Indicators 21/22

Indicator	Performance
The total number of concerns received	2 – both in Q3
Concerns closed at each stage in the process	There were no concerns logged or closed at Stage 1. Two concerns (100%) progressed to Stage 2 and were closed after investigation.
Concerns upheld, partially upheld and not upheld	1 concern (50%) was partially upheld. 1 concern (50%) was not upheld
Average times	1 of the 2 concerns (50%) was acknowledged and taken into the Stage 2 process within the 5 day timeframe. In the case where this did not happen the cause was relating to staff absences impacting on the routine monitoring of the Whistleblowing email inbox. Access had been restricted to 2 members of staff who became absent at the same time. This was rectified as soon as it was highlighted, and a resilient system of cover has now been put in place. The investigation process was not completed within the suggested 20-day time frame for either concern. The average time for the investigation process was 70 days. In both instances the extension to the timeframe was required to facilitate a thorough investigation in line with the standards.
Number of concerns closed at each stage within the set timescales	No concerns (0%) were closed within the set timescales.
Number of cases where extension was authorised	2 (100%)
Learning from concerns raised	Both concerns were investigated. One investigation identified improvements required within the Whistleblowing process which were rectified immediately.

	<p>The second investigation identified 2 areas which required improvement:</p> <ol style="list-style-type: none"> 1. In relation to the use of risk assessments as part of care planning within the Inpatient areas (action raised and complete) 2. Refreshing the Discharge Policy for the Balfour (action raised and in progress)
Experience for those raising concerns	<p>One person who raised a concern asked for no further contact regarding the concern once it had been logged and intention to investigate confirmed. No formal feedback has therefore been requested.</p> <p>One person who raised a concern was offered the opportunity to further discuss the findings and provide feedback.</p>
Staff awareness and training	<p>The most recently available training data shows that 126 staff have completed eLearning in relation to Whistleblowing, with a further 27 in progress.</p>

There has been an element of refining local processes and SOPs with each of the 2 concerns. This has focussed particularly on smoothing the process for the individual raising the concern.

There are 2 areas that require further development:

1. Raising and maintaining staff awareness. Whistleblowing features within NHSO's digital induction with subsequent awareness supported via various methods, including walk rounds and information screens. However, this primarily targets staff within the Balfour. Alternate methods need to be developed to support staff working within primary care, the wider IJB, and within partner organisations.
2. Improving manager awareness and competence. There are a range of supporting courses available on TURAS Learn and all staff are encouraged to undertake this training. However, the training is not mandatory and only 27 colleagues have completed *Whistleblowing: for managers and people who receive concerns* within year 21/22.

2.3.1 Quality/ Patient Care

For an organisation to achieve high performance and deliver quality care any opportunity for learning must be vigorously pursued. Learning from whistleblowing is essential to shape our services and uphold the values of being caring, safe and respectful.

As a result of learning from the investigation of a whistleblowing concern improvements are being made in the handling of hospital discharges and the policy through which they are supported.

2.3.2 Workforce

All staff have access to training through TURAS Learn. Information to support staff in raising or dealing with a concern is available on a dedicated Whistleblowing page on the Blog. This includes signposting to internal and external sources of information and support as well as relevant Standard Operating Procedures. [NHSO Whistleblowing Dashboard](#)

The handling and management of Whistleblowing concerns has been Incorporated into business as usual and does not require additional staffing.

2.3.3 Financial

There are no financial implications arising from this report.

2.3.4 Risk Assessment/Management

All risks identified in relation to Whistleblowing are assessed and managed in line with NHS Orkney's Risk Management Strategy and Policy.

2.3.5 Equality and Diversity, including health inequalities

The national Standards were subject to public consultation and equality and diversity impact assessment. Through the implementation of the standards it is expected that a culture of openness and psychological safety where staff and those who provide services for the NHS feel able to speak up will be created, ensuring that every voice is heard.

2.3.6 Other impacts

Throughout the first year of implementation work has progressed to refine the reporting template used in Datix to ensure it fully aligns with the standards and supports accurate reporting and to raise aware of the standards across NHS Orkney.

The 2 occasions of Whistleblowing concerns being raised has allowed the organisation to shape its approach. This has included changes to mailbox monitoring and providing alternative mechanisms of raising a concern.

2.3.7 Communication, involvement, engagement and consultation

There are no formal consultation requirements associated with this paper. Communication to staff has been supported through news bulletin entries and the development of a Blog page on the intranet.

2.3.8 Route to the Meeting

The report was provided the Staff Governance Committee on the 8 June 2022.

2.4 Recommendation

- **Awareness** – For information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	23/06/2022
Title:	Whistleblowing Champion Assurance Statement 2021/2022
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Jason Taylor

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The National Whistleblowing Standards were implemented on 1 April 2021.

This report should be read in conjunction with the Annual Whistleblowing Report and is intended to provide an objective assessment of whether NHS Orkney complies with the Standards, and to offer assurance to the board in that respect.

2.2 Background

Roles and responsibilities

Executive Lead – Medical Director

The Executive Lead is responsible for overseeing operational implementation and operation of the Standards, and ensuring timelines and communications are maintained and that follow up actions and learning are progressed appropriately.

Whistleblowing Champion - Jason Taylor, Non-Executive Director.

The Whistleblowing Champion is predominantly an assurance role which helps NHS Boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion provides critical oversight ensuring that managers are responding to whistleblowing concerns appropriately, in accordance with these Standards. The whistleblowing champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

Beyond the services delivered directly by the NHS Board, the whistleblowing champion will have responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly, including primary care services, contracted services and those delivered by HSCPs, are meeting the requirements of the Standards. In particular, they may need to work with colleagues in IJBs to clarify expectations and requirements in relation to raising concerns.

NHS Orkney Board:

Board members have a critical role in setting a tone and culture in their organisation that values the contributions of all staff, including those who identify the need for changes through speaking up. This leadership role should not be underestimated and is a critical function of the Board when it comes to concerns raised about safe and effective service delivery.

Board members need to show interest and enthusiasm for issues that arise through concerns raised by staff, and in particular, to support the learning and improvements

that stem from them. They also need to ensure that the arrangements in place act to promote trust between staff and the board in raising concerns.

2.3 Assessment

The original implementation date for the National Whistleblowing Standards was delayed by the Covid Pandemic, eventually coming into force on 1 April 2021.

Work to prepare for the implementation date had commenced under the leadership of the then Director of Nursing, supported by other staff members, and some collaboration with NHS Shetland. As reported to the Board just after the implementation date, NHS Orkney implemented the standards with processes in place for recording, management and investigation of concerns, with awareness raising and communications on going.

In the autumn of 2021, the Interim Director of Human Resources stepped into the leadership role, supported by various staff members and a revitalised joint working group with NHS Shetland, to carry work forward. The newly appointed Medical Director assumed responsibility for the portfolio in December 2021.

Over the course of the year 2021/2022, work continued to refine the underlying systems and processes, and to continue awareness raising. The recording system (Datix) has been improved since the implementation date to record all the relevant data, allow easy management of investigations, and dedicated staff members identified and in place to manage the system. Measures have also been put in place to strengthen business continuity and ensure appropriate cover is in place for staff absence.

Information sources, most notably the Intranet, have also been updated and a dedicated page has been created to complement the external facing website, to ensure information is easy to find.

Unfortunately, one of our confidential contacts has resigned due to other commitments, leaving only two confidential contacts. Conversations flowing from proposals that were initiated at the joint working group for a combined training and confidential contact resource are currently taking place between the respective leads of NHS Orkney and NHS Shetland, which will inform NHS Orkney recruitment decisions for 2022/2023. It is hoped that reciprocal cover arrangements will also result from these conversations.

Staff training completion rates remain disappointingly low. To date, completion of the Whistleblowing training modules has been voluntary. Whilst I continue to concur that for the majority of staff this is appropriate, it may be necessary to require managers / team leaders who potentially have to deal with concerns, being mandated to undertake the

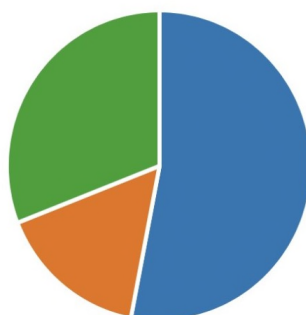
relevant training module. As will have been noted from the Annual Report, this is an area that has been identified by the Executive Lead to action.

Awareness of the Standards and how to raise a concern remains mixed. When randomly tested, the vast majority of staff I spoke to were, I am pleased to report, aware of the Standards and advised they had the confidence to raise a concern about patient safety, albeit some had little to no knowledge or could not recall. As Whistleblowing is one end of the scale of raising concerns, I also queried staff confidence in raising minor and day to day issues. I encountered a greater mix of response to this question with some staff indicating they didn't feel confident raising minor concerns or were unwilling to do so, although they were all clear they would have no hesitation in raising concerns about significant or serious matters. Anecdotal reports suggest that this situation has been ongoing for some time, the willingness of staff to raise concerns being directly linked to the feedback and action they see from their managers. This is an issue I have discussed at length with the Medical Director, who in addition to the Whistleblowing portfolio, is currently working to improve Datix reporting and feedback loops to improve this situation.

A recent informal survey of staff when asked if they were confident raising concerns reported as follow:

Would you be confident raising issues and concerns within the organisation?

● Yes	149
● The same	45
● No	87



Whilst it is positive to see the majority said yes, there is clearly more that can be done in this regard.

It was also noticeable when testing awareness, that it was higher among Balfour hospital based NHS Orkney employees compared to those working in the wider Health and Social Care Partnership. This was not unexpected and has been reflected in the Executive Leads comments about where attention is required going forward.

Over the course of 2021/2022, two concerns were raised.

The first concern contained several strands which had over time individually been brought to the attention of a senior member of staff, the cumulative effect of which warranted further investigation and consequently a concern was raised. Having raised the issue, the individual raising the concern wanted no further contact or involvement. This position was respected, and the investigation proceeded, identifying two learning points. The investigation did not meet the 20 working day timeline as set out in the Standards, taking 43 working days in total from the concern being raised until fully investigated and closed. Extensions were requested, approved and recorded, and are justified in my view, due to the multi-stranded nature and complexity of the investigation. I am content that the timescale in which the investigation was undertaken was reasonable.

The second concern was initially submitted via the Whistleblowing email address. The concern was only identified after the individual in question contacted me as Whistleblowing Champion to advise that they had not received a response. This was immediately actioned by the Executive Lead, an apology offered, and steps put in place to ensure the point of failure that had resulted in the email inbox not being monitored was addressed and appropriate business continuity plans put in place. Investigation of the concern was delayed significantly with the investigation timeline running to 73 working days, a clear failure to meet the 20 working days as set out in the Standards. A significant part of the delay was caused by a combination of absence and delayed response for further information / clarifications from the individual raising the concern. Whilst far from ideal, the delays and reasons have been recorded and are plausible and evidenced. Whilst the concern itself was not upheld, learning points in respect of the process, both in terms of the email address as referenced earlier, and the ongoing management of a protracted investigation have been identified. Of the concern itself, on reflection the Executive Lead has indicated that the concern did not meet the requirements of a Whistleblowing concern, being primarily about Human Resource related matters, but there was value in seeing the investigation through to its completion.

Conclusion

I am satisfied that NHS Orkney has the appropriate systems in place to record and manage Whistleblowing concerns. As a result of two concerns raised, NHS Orkney has shown that it will learn lessons and make changes in response. Whilst there is continued and further work to undertake in respect of awareness raising, especially in the wider Health and Social Care Partnership, Confidential Contacts, and to ensure the right personnel are trained to the right level, I believe NHS Orkney has improved from its position on the implementation date.

Notwithstanding the investigation timescales being exceeded, I am satisfied that NHS Orkney complies with the National Whistleblowing Standards.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Healthcare Associated Infection Reporting Template
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. NHS Orkney is one over target for *Staphylococcus*

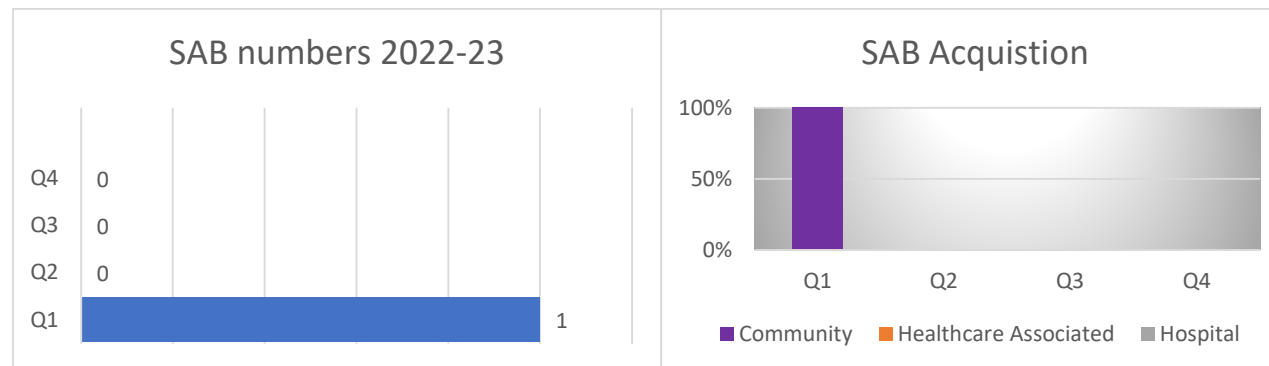
bacteraemia and *Clostridioides difficile* Infection, none of which were healthcare preventable.

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.

Attached to this report is the summary position for June 2022.

Dashboard

LDP Standard 1st April 2022 to 31st March 2023 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3

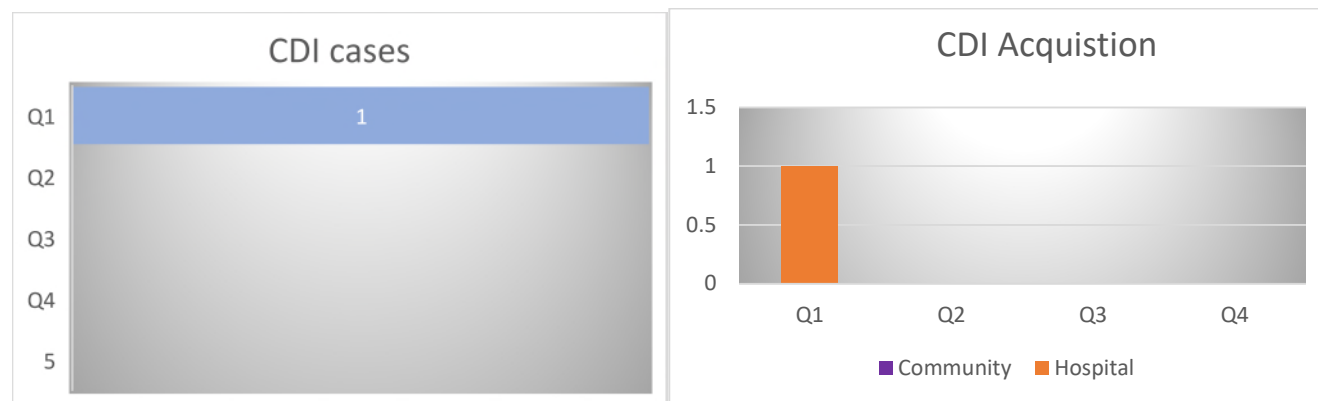


Staphylococcus aureus bacteraemia

(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.

This is a community case which is suspected to be device related, which has been discussed with community nursing and primary care team.

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

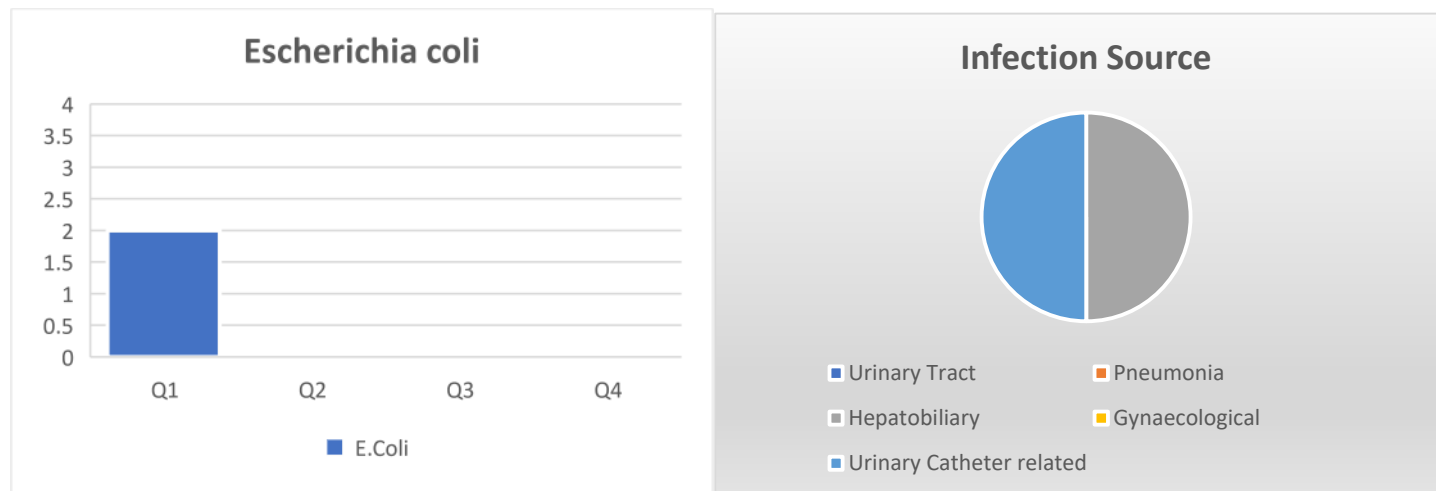


Clostridioides difficile Infection

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.

1 case is currently under investigation and discussion with Lead Clinician.

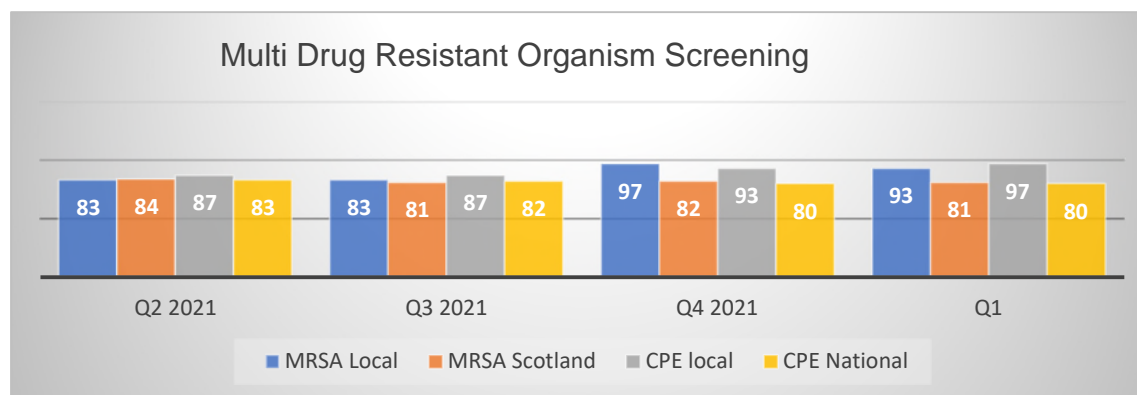
Escherichia Coli Bacteraemia 1st April 2022 -31st March 2023



National surveillance of *Escherichia 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 in conjunction with Lead Clinician. Each case is individual, and any learning identified shared on a case-by-case basis.

At time of writing, there are 2 confirmed cases and 2 under investigation

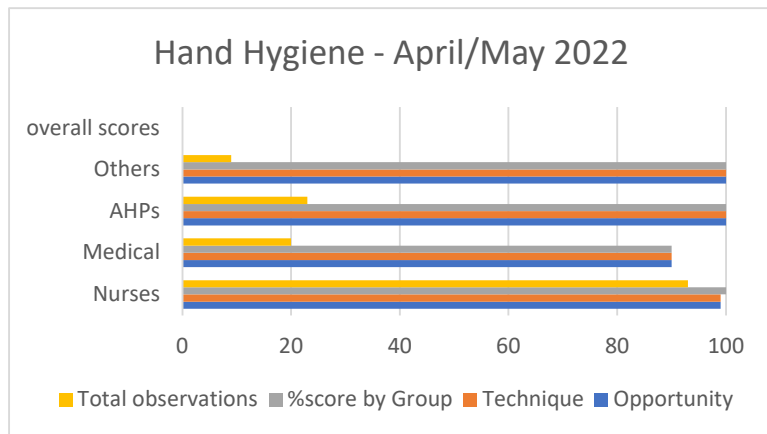
Multi Drug Resistant Organism National Screening



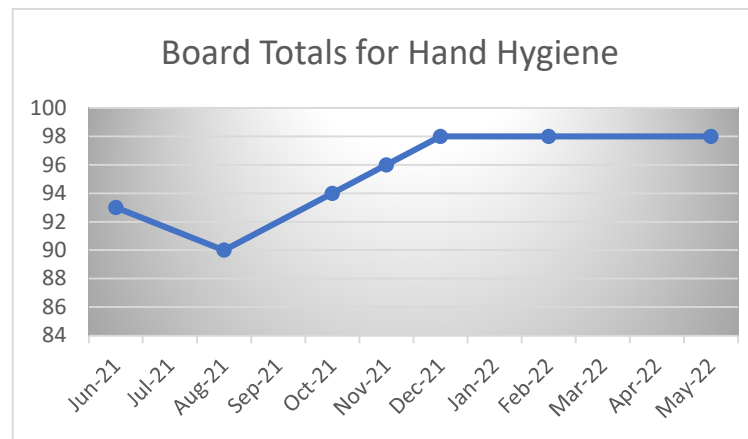
Quarter 1 is the most recent data received from national sources. The infection Prevention & Control team have been undertaking a small improvement project for improving screening of patients at time of admission with teams, this is now being reflected in scores and will continue to embed in practice.

The screening does fluctuate, and the IP&C team aim to have ward link staff to assist with embedding at ward level.

Hand Hygiene April-May 2022

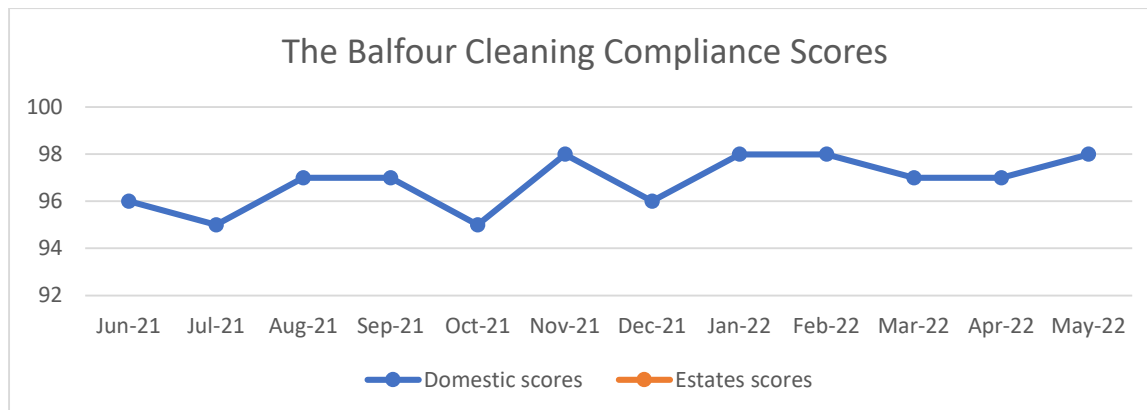


Running totals for hand hygiene



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.

Quality Assurance Environmental and Clinical Practice audits

Quality assurance audits are ongoing, occasionally problematic with return of action plans from leads, some areas have been more difficult due to the “shared space”, nature of the new facility. However, the team are hopeful that this will now be resolved.

The Primary Care audits have restarted for this year with visits to both Sanday and Flotta completed and all other isles visits booked. The mainland practices are undertaken later in the year.

Covid Update

Outbreak Reports or Exception Reporting to Scottish Government.

“Covid Clusters” continue to be investigated as they emerge. In recent months this has been staff clusters and are infrequent and identified as out of work contacts. We continue to vigilant as a team and support line managers.

Guidance Updates

A number of Directors Letters have been issued in recent months.

DL 2022(7)- De-escalation of Covid-19 measures for service remobilisation – A way forward for implementation of the DL has been planned and is being co-ordinated by Lynn Adam. The main elements are changes to testing for some pre-elective surgery, discontinuation of Day 5 testing for inpatients, physical distancing is being addressed as a whole across sites where a fluid resistant surgical mask (FRSM) is in place. Discontinuation of the car sharing ban where FRSM are used. Information Governance teams are also involved in this process to ensure patients are sighted on the change in NHSO processes.

DL (2022)10 - Health and social care worker access to FFP3 masks, based on staff preference during the transition period. This was DL allows staff to choose the level of respiratory protection they wish to use, following the de-escalation of Covid measures issued (above).

DL 2022 12 -Managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test, as part of the Test and Protect Transition Plan- This DL replaces the DL 2022 01 and guidance has been formulated for line managers and shared with shared Social Care too, to aid risk assessment of staff.

DL 2022 13 - Further Updates for Healthcare Professionals - Affecting staff testing, and amendments to guidance. Reducing asymptomatic testing for non-patient facing staff, whilst transitioning out of the pandemic. This DL also includes a planned approach for transitioning from Covid-19 guidance, such as the Winter Respiratory Guidance and back to the National Infection Prevention and Control Manual, which will also integrate the Covid guidance and Hierarchy of Controls as best practice.

DL 2022 14 - Publication of Healthcare Improvement Scotland Infection Prevention and Control Standards. New HAI standards were issued 16th May. These are the latest standards issued by Healthcare Improvement Scotland and the Care Inspectorate, which will be used for measuring Boards and Care Homes against going forward. There are webinars planned for later this month and these dates have been widely circulated for attendance.

Additionally, work is being undertaken for Board preparedness for a case of Monkeypox. There have been several meetings in order to arrange staff training and planning of a patient pathway, should it be required.

Work is still reasonably reactive at the moment, but the team are out to recruitment at the moment and hope that this will improve once the team are working with full staffing capacity.

Author: Sarah Walker, Infection Prevention & Control Manager

6 June 2022

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 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.

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 up, if required, for future health threats.

The Spring COVID-19 vaccination booster campaign is now underway focussing on those with increased risk; aged 75 years and over; 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. Changes in the national requirements for testing means that contact tracing is now occurring only in specific situation(s) such as the management of an outbreak.

Case numbers in Orkney have declined rapidly with the change in testing strategy, Figure 1. Case numbers no longer provide a good indication of community infection levels. Routine contact tracing is no longer occurring.

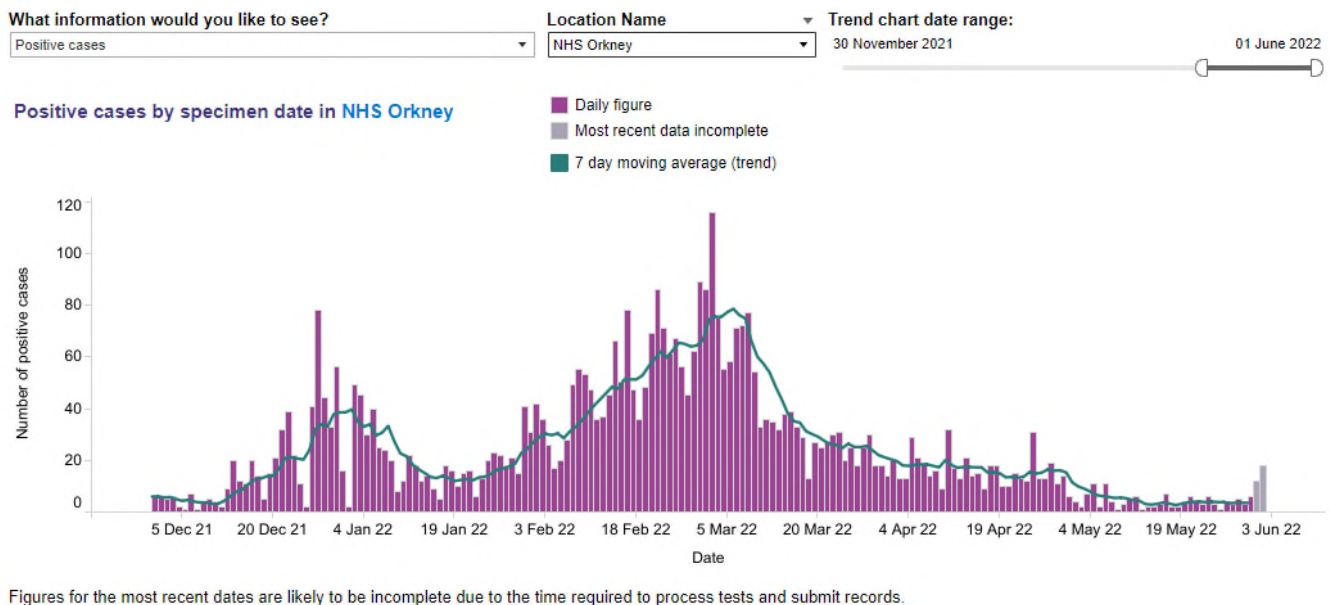


Figure 1: Positive cases by specimen date in Orkney
Source: PHS dashboard accessed 07 June 2022

2.3 Assessment

COVID-19

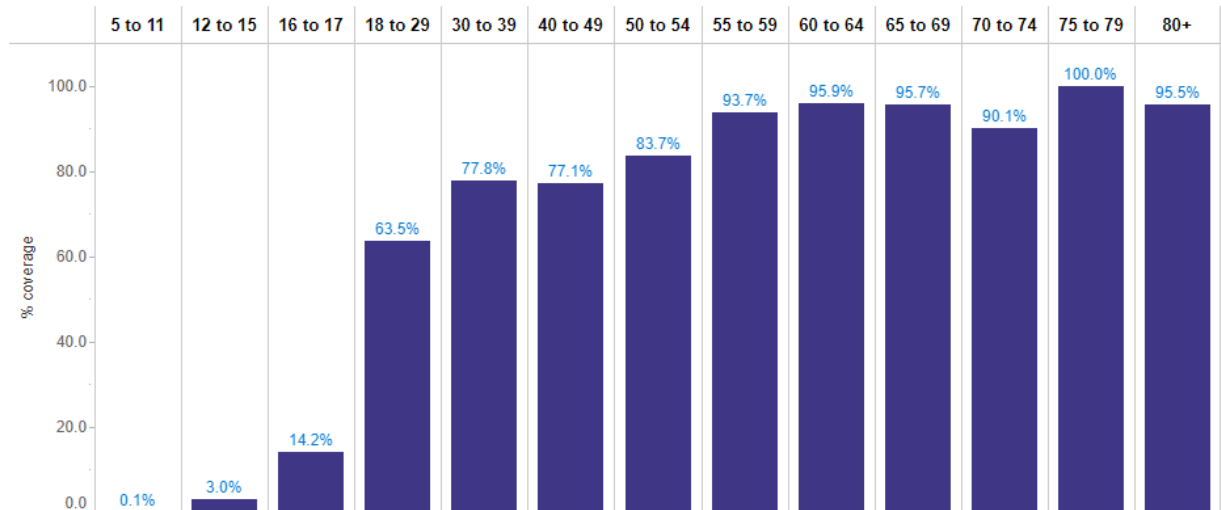
Reported daily infections have reduced across all age groups. The majority of new cases are identified through lateral flow testing. The Omicron variant BA.2 remains the dominant variant in Orkney and Scotland. Nationally, the impact of new variants of concern is being closely monitored.

Testing and contact tracing have been reduced in line with the Scottish Government strategic aim. Plans are being developed nationally to consider how a surge in COVID-19 activity would be managed.

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 2. 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 77.7% and for those aged 12 to 15 years 56.5%.

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 2: Total % coverage by age group for three doses, NHS Orkney
Source: PHS dashboard accessed 07 June 22

Other notifiable infections

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

Monkeypox

Since 06 May 2022, Public Health agencies across the United Kingdom have been responding to an outbreak of monkeypox. Monkeypox is a rare disease caused by the monkeypox virus. It was first discovered in monkeys in 1958 with the first human case being recorded in 1970. Since then, the infection has been reported in a number of central and western African countries. Contact tracing and investigations are ongoing to identify where and how the cases reported since 07 May, acquired their infection. At the time of writing this report there are 287 confirmed cases in England, 10 in Scotland, 2 in Northern Ireland and 3 in Wales.

Anyone can acquire monkeypox transmission via close contact, including sexual contact with an individual with symptoms. In the outbreak, people who are gay or bisexual and men who have sex with men remain disproportionately affected.

A short life working group has been established to ensure NHS Orkney is prepared to respond in line with national guidance should a case be identified in Orkney.

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.

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.

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:

- Reported case numbers of COVID-19 are low in Orkney. However, due to changes in reporting of testing, the numbers no longer provide such a good reflection of community infection levels
- 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, 23 June 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

This report relates to an:

- Emerging issue
- Government policy/directive
- NHSO Digital Strategy and Clinical 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 April and 7 June 2022 and agreed the following key areas and agenda items that should be reported to the Board.

- Reformation of the Area Medical Committee
- Prioritisation of e-Health projects

- Non-Residential Accommodation Group

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

Reformation of the Area Medical Committee

The National Health Service (Scotland) Regulations set out requirement for each health board to have an Area Medical Committee which provides clinical advice to the Board (via the Area Clinical Forum). NHSO had a functioning AMC which was chaired by Dr Charlie Siderfin until 2019. Interim arrangements were since put in place where the functions of the AMC were delegated to the two sub committees and these committees fed directly into the ACF, submitting a report of key issues each meeting. The Chair of both GP sub and Hospital sub committee of the AMC has a seat on ACF and this medical representation is crucial to allow the ACF to function as a multidisciplinary forum.

The absence of that bridge across primary and secondary care services has made it more challenging for NHSO to progress specific matters and with a now more stable medical workforce, and further to discussions between the chair of the two sub committees, now is the time to reconstitute the Area Medical Committee. The Chair met with M Henry, K Cole, and E West on 17 May 2022 to discuss the reformation and agree how to progress. The AMC Terms of Reference have been revised and are due to go to the GP Sub Committee and Hospital Sub Committee for comment, and subsequently to ACF for ratification. It was agreed that the AMC should be an additional, standalone committee, whereby the Chairperson is not lead of the GP Sub Committee or Hospital Sub Committee and would include representatives from each independent group. The AMC are to begin actively seeking a Chairperson for the committee, although it is expected that the Committee will not be active until the beginning of Autumn.

The intention is that this new AMC will meet quarterly for a short, focused meeting. The two sub groups will continue as normal with the chair of each sitting as co-vice chairs of the AMC. A Chair for the AMC is sought and protected time will be set aside for the role as per the ToR. The 3 office bearers will have a seat on the ACF but deputy arrangements are encouraged both to spread the workload and for succession planning purposes.

Prioritisation of e-Health projects

Further to the last report from the ACF to Board outlining concern around a number of areas and a desire to have clinical staff engaging with the process the committee received

further updates in this area at our June meeting. Firstly, the GP-sub have escalated concerns around the limited progress with OrderComms – a means of ordering investigations and reviewing results. A mandate went out from Scottish Government in 2019 with funding attached to progress OrderComms. In the absence of the system, variability exists across the various practices and departments across Orkney with the use of spreadsheets, paper etc to track results – each of which carries a risk that an investigation is either not completed, or that the patient is not follow-up appropriately afterwards. Orkney remains the last in Scotland to implement the system. From the hospital-sub, it was also noted that there is a strong appetite to push forward with OrderComms due to the risk posed currently. The committee was advised of some of the barriers, including inter-dependencies with Lab systems.

Secondly, we continue to monitor the situation with the Electronic Patient Record, particularly with the community based services. Whilst not ideal, adjustments to the PARIS system being used by the Health Visiting team have improved matters slightly although it is understood that this is not a permanent solution. The ACF noted that the *Second progress review following a joint inspection of services for children and young people in need of care and protection in Orkney* highlighted that management information systems were “ineffective and inefficient”.

S Stankus, e-Health Lead is due to present at the next meeting of the ACF, on Friday 5 August 2022, and provide an overview.

Non-Residential Accommodation Group

M Henry provided an update with regards to the projects currently under review by the Non-Residential Accommodation Group including Primary Care improvement plan, optimisation of outpatient space and improved utilisation of the CSB office space. Members expressed their support for the reassessment of patient, clinical and clerical areas, and hope this may free up areas to enable the services currently underway at the old Balfour site to be relocated to the main building. The ACF wished to bring this to the attention of the Board as there lies within a risk of poorer outcomes for patients if space is not optimised.

2.3.1 Quality/ Patient Care

The reformation of an effective AMC will allow a number of difficult to progress items to develop (such as the establishment of a phlebotomy service) and lead to improved patient care.

OrderComms and a well-functioning EPR can reduce the risk of errors. Failure to optimise our accommodation could lead to longer waits for patients and poorer outcomes.

2.3.2 Financial

Non-Residential Accommodation Group

ACF members noted that although there may be initial costs through the reassessment of space within the Balfour site, the relocation of services based at the old Balfour site will avoid ongoing maintenance costs and enable sale of the site.

2.3.3 Risk Assessment/Management

The risk associated with variable processes being used to order investigations and review results due to the lack of OrderComms system, could lead to errors and potentially patient harm.

2.3.4 Communication, involvement, engagement and consultation

The ACF has carried out its duties to involve and engage external stakeholders where appropriate:

The Area Medical Committee Terms of Reference are to go to the following Professional Advisory Groups for comment:

- GP Sub Committee, Wednesday 15 June 2022
- Hospital Sub Committee, Thursday 16 June 2022

2.3.5 Route to the Meeting

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

- Area Clinical Forum meeting, 1 April and 7 June 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 1 April 2022.

Orkney NHS Board

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

Present: Steven Johnston – ADC, Chair
Kirsty Cole, GP Sub Committee
Jenny Fraser, Hospital Sub Committee *[joined the meeting at 13:10]*
Sylvia Tomison, NAMAC *[left the meeting at 13:00]*
Lyndsay Steel, Pharmacy

In Attendance: Jason Taylor, Non-Executive
Lauren Johnstone, Committee Support
Nicola Muir, Committee Support
Louise Wilson, Director of Public Health

1 Apologies

Apologies were received from M Flett, R Harcus, M Henry, D McArthur, P Martin, D Moody, S Stankus

2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

3 Minute of meeting held on 1 March 2022

The minute from the meeting held on the 1 March 2022 was accepted as an accurate record of the meeting and were approved.

4 Matters Arising

• 175 – NAMAC

Clarity had been provided via corporate comms regarding the Director of Nursing interim cover arrangements and reporting pathways.

• 177 – Items to be brought to the attention of the Board

The Chair advised that the next Board meeting was to be held on the 28 April 2022, and any issues raised at the March and April meetings will be brought forward.

5 Area Clinical Forum Action Log

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

6 Log of Items Escalated

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

7 **Chairs report from:**

ACF Chair's Group

Meeting held on Wednesday 2 March; the main topics discussed were:

- Remobilisation and rebuilding of the ACF, post pandemic.
- How independent contractors could feed into the ACF and ensuring a consistent approach across the board.
- Environmental issues, and how clinical colleagues would be at the centre of this.

8 **Electronic Patient Record**

Item deferred to a future meeting due to apologies from the eHealth Lead.

9 **Recurring Agenda Items for 2022/23 – ACF2223-01**

The Chair noted the importance of refreshing the list of recurring agenda items to ensure the group remain focused, although added that this would not be a set workplan for the year.

Suggested topics for inclusion:

- Electronic Patient Record
- Long Covid
- Clinical engagement
- Financial sustainability
- Hospital Without Walls

Decision / Conclusion:

Members noted the proposed agenda items for 2022/23, agreeing that long Covid and Hospital Without Walls should be included in the areas of focus.

10 **Environmental Sustainability and Climate Change**

Members were informed that the Board were due to host a development session on environmental sustainability and climate change, with an expert in the field in attendance as a guest speaker. There was an offer to work with the ACF. The Chair raised that as a multi-disciplinary group of clinicians, it would be important that that ACF be involved in these discussions to identify areas throughout the organisation where positive environmental changes could be made.

J Fraser suggested that the anaesthetics team be involved in these discussions, noting that it would be helpful to identify areas to reduce the associated carbon footprint.

The Chair noted an approach from Public Health to present to ACF on the “Growing Our Greenspace” project and this was welcomed.

Decision / Conclusion:

Members welcomed the update provided and were enthusiastic regarding future ACF involvement in this area.

Development Sessions

11 ACF Development Session 1 March 2022: Rebuilding the Area Clinical Forum after COVID

The Chair noted that during the session, members discussed topics for inclusion on the 2022/23 workplan, and welcomed any further input.

12 Topic for next session: 6 May 2022

The Chair welcomed feedback from members as to topics they feel would bring value to review as part of the bi-monthly development sessions. The following topics were put forward:

- Financial Sustainability Office savings targets – Idea generation and establishment of ACF as the key voice for clinical staff.
- Combine environmental and financial aims e.g. identify patients over ordering salbutamol inhalers; investigate reason; improve patient safety; reduce carbon footprint and as a result have a reduction in spending.

Decision / Conclusion

It was agreed that the May development session would focus on financial sustainability.

Professional Advisory Committees

Professional Advisory Committee Chair's Reports

13 Area Dental Committee – ADC – ACF2223-02

Members noted the ADC Chairs Report provided by S Tulloch.

S Johnston raised that there had been a change in the way that general practice dentistry was funded. Throughout the pandemic, financial support had been provided to aid in what would have been a lower than average level of activity, however this had now changed to a different model. S Johnston noted concern regarding the significant level of Covid-19 on the island, meaning island practices would be unable to return to normal activity levels on the same timeframe as mainland practices.

14 Area Pharmaceutical Committee – APC

There were no APC or ADTC meetings held over the winter period.

15 GP Sub-Committee – ACF2223-03

Members were informed that the main issue raised at GP Sub Committee had been the national decision for Covid community pathways through NHS 24 to conclude, from Friday 1 April. K Cole highlighted that this change would result in a significant increase in workload for GP practices due to the high case levels on the island.

The Director of Public Health echoed these concerns, noting that calls to NHS 24 relating to respiratory complaints were at an extraordinarily level, the Public Health Scotland Weekly National Respiratory Report was provided for information.

The second matter raised from GP-sub to ACF was a desire to see progress on the action plan resulting from R Dijkhuizen's resignation letter. The Chair advised the the DHI listening project and subsequent actions had not concluded and there was an appetite to bring this

9.3.1

work back into focus. J Taylor, as Whistleblowing Champion, advised that he had sought assurances from the Chief Executive that the work was progress and had requested a progress update.

16 Hospital Sub-Committee

It was raised that further work was required to progress the reformation of the Area Medical Committee. It was felt that the issues raised in this meeting demonstrated the need to progress with this reformation, for the benefit of the overall service and its patients.

J Fraser provided an example, that there were ongoing concerns around the phlebotomy service in hospital and community settings which the Medical Director was aware of. K Cole advised that there had been funding available for general practice phlebotomy, with the service commissioned and funding confirmed for both Skerryvore Practice and the Dounby Surgery. The aim was to include hospital colleagues in future.

It was raised that NHS Orkney was one of the only Health Boards that had not utilised the Order Comms IT system for processing blood test results. It was felt that this system would be valuable for the organisation as the current process was time consuming and put significant pressure on certain areas of the service.

K Cole suggested inviting a member of IT to a future meeting of the ACF, as many issues raised were in relation to IT systems. S Johnston advised that he is the ACF representative at the Tech Enabled Care meetings and would endeavour to raise the topic of Order Comms.

17 NAMAC

NAMAC had met on 30 March 2022, although there were low attendance numbers from Acute areas, it is hoped to increase future engagement.

S Tomison raised that NHS Orkney were struggling to recruit isles Nurse Practitioners, which was causing concern for cover arrangements as existing colleagues were due to go off-island for training.

18 TRADAC – ACF2223-04

Members were informed that TRADAC had appointed new office bearers; P Martin (Chair) and R Marcus (Vice Chair).

Concerns were raised via the written report regarding vacancy management with the Financial Sustainability Plan now in place, as the new process may result in delays in appointment to posts.

For information and noting

19 Key legislation issued – ACF2223-05

Members noted the key legislation issued since the last meeting.

20 Correspondence

No correspondence had been received.

21 **Quality Forum approved minutes – 9 November 2021 and 8 February 2022**

Members noted the Quality Forum minutes provided.

22 **Items to be brought to the attention of the Board or Governance Committees:**

Members agreed that there were no items to be escalated.

23 **Items to be communicated with the wider clinical community**

The Chair welcomed any further items for inclusion in the newsletter. L Steel suggested the use of flash reports for future updates.

24 **Any other competent business**

- **Discharge medication errors**

L Steel noted a request for a member of pharmacy to join a short life working group, focusing on discharge work. This request had been put forward due to the number of errors seen on discharge forms.

L Steel queried whether patient death reviews continued to be undertaken, to ensure Learning. The Chair confirmed that the Joint Clinical and Care Governance Committee and Quality Forum were reviewing incidents and significant events and that the suicide investigation and case reviews of unexpected deaths were certainly being handled robustly. It was confirmed that through the revision of our Healthcare Governance Strategy there is a desire to become a more open and learning cultured organisation.

- **Clinical IT Systems**

L Steel raised that there was a procurement and bidding process for Scottish Health Boards to have a clear plan of what would be required for their practices to ensure the most suitable system was selected. NHS Orkney was behind in this process, which would affect a wide-reaching portion of the service. It was suggested that this be added to the Board risk register if not progressed soon, as the current service contract has a 2023 deadline. S Johnston to raise at the next Tech Enabled Care meeting

- **Planning with People**

J Colquhoun had contacted the Chair with regards to new guidance for NHS Boards, Planning with People, communication and participation guidance for NHS Boards and IJB's. A strategy has been created, including a revised approach to how NHS Orkney engages with our community, patients, and staff. The strategy document and draft Terms of Reference were currently with Health Improvement Scotland for comment however J Colquhoun would reach out for ACF involvement when appropriate.

25 **Schedule of Meetings 2022/23**

Members noted the schedule of meetings for 2022/23.

26 **Record of Attendance**

Members noted the record of attendance.

Meeting Closed: 13:57

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Health and Safety Executive Update
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Lorraine Hall, Interim Director of Human Resources

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s)

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper brought before the Board provides a formal update on activities carried out in response to the Health and Safety Executive Improvement Notices. Health & Safety at Work etc. Act 1974, Section 2(1) and 3(1), The Management of Health and Safety at Work Regulations 1999, Regulation 5(1), Regulation 13 (2) and Manual Handling Operations Regulations 1992, Regulation 4(b)(ii).

2.2 Background

Following the visit of the Health and Safety Executive (HSE) in October 2021, a number of changes have taken place to develop an embedded safety culture within the organisation.

This includes ensuring that structures and processes are in place and that activity is being undertaken with regards to requirements under the Health and Safety at Work Act 1974.

The Board has a clear Strategic Direction; the Corporate Health and Safety Strategy 2021-2024 was approved by the Board in June 2021 and was reviewed following the HSE visit and at that time a revised workplan that ensures transparency, visibility and focus was developed in line with the strategic direction, a revisited Occupational Health and Safety Committee Terms of Reference and a revised set of Key Performance Indicators (KPIs) were agreed.

From November 2021 the Interim Director of Human Resources assumed the Executive Lead role for matters pertaining to the HSE agenda and took over as Chair of the Occupational Health and Safety Committee from January 2022.

The Board has provided regular written updates to the Health and Safety Executive to inform them of progress. (see section 2.3.7) As a result of the information provided the HSE provide an extension on the improvement notices until the 04 July 2022.

2.3 Assessment

Progress with recommendations following the HSE Visit

The new Health and Safety structure is in place. All roles have been recruited to. The newly expanded team will help with the completion of the HSE action plan and the continual management/improvement of health and safety within the Board.

Safety Interventions

- Safety Interventions (SI) training (formerly known as Violence & Aggression Prevention training) is being rolled out to staff groups on the basis of their level of personal risk. A training schedule produced, to prioritise both the short “completion” courses as part of the foundation training, along with Advanced training for staff in higher risk roles. In addition, an e-learning package has been created on Safety Interventions and has been uploaded onto the TURAS platform – this training package is for every member of staff. The Health and Safety Manager and the Safety Interventions Advisor attended training in Glasgow on 16th May which will build capacity to deliver interventions across the entire NHS Orkney estate.

- Risk Assessments are now in place for all departments. The risk assessment template and process are linked to the incident reporting system Datix, which will be examined to assess how updates can be made to enable improved evaluation of risks and prioritisation and timeframes for the continual action and escalation of control measures.

Moving and Handling

Moving and handling training has been scheduled, and is being delivered locally. The Moving and Handling trainer is working directly with managers and teams to deliver training that is need specific.

General

- A wider piece of work is being planned to review the overall management system for Health and Safety and includes revision and improvement of reporting, investigating and auditing processes.
- Over the summer months it is planned that members of the Health and Safety team will undertake Health and Safety Executive training courses in Behavioural Safety and Ergonomics.
- Risk assessments for both V&A and M&H for use with patients when they enter the service have been developed. These will go through the relevant governance process before they are implemented.
- Instruction on the use of the attack alarms has been rolled out at the hospital and lone working alarms are also being rolled out for community staff, supported by appropriate training. Links have been made with the Information Governance Manager to ensure full compliance reference the lone working alarms.
- The Health and Safety Officer has produced an occupational health and safety 'Climate study' which is being carried out with staff over the next few weeks to ascertain knowledge gaps.
- Executive colleagues are taking forward relevant actions pertaining to their area of leadership.

2.3.1 Quality/ Patient Care

Ensuring that appropriate risk assessments are in place and up to date will support quality of patient care and improve safety.

2.3.2 Workforce

Ensuring that staff undertake appropriate training interventions and report adverse events to enable individual, team and organisational learning will help embed a safety culture across the organisation.

2.3.3 Financial

The outputs and requirements of the HSE have created additional financial pressures within the organisation in not only the cost of the Improvement Notices themselves but in the creation of a structure (signed off by the Executive Management Team and additional external training) that can support a developed and robust organisational safety culture.

2.3.4 Risk Assessment/Management

During the year 2021-2022, the Board accepted Corporate Level risks in the area of Health and Safety the operational mitigation being devolved to the Occupational Health and Safety Committee and reviewed by the Staff Governance Committee.

The following activities have been carried out to mitigate the risks is so far as possible:

- From November 2021, the Interim Director of Human Resources took over interim Executive lead for Health and Safety in relation to the requirements of the HSE
- A structure to support embedding a safety culture and a safety team was signed off by EMT and has been put in place.
- A multi-disciplinary task and finish group, chaired by the Interim Director of Human Resources meet every Monday to review progress and report into the Executive Management team.
- Occupational Health and Safety Committee meetings have been carried out and scheduled in the diary for 2022/23. From January 2022 these have been chaired by the Interim Director of Human Resources. The Committee have reviewed their Terms of Reference, Roles and Responsibilities, Workplan and Key Performance Indicators.
- The Board received an Occupational Health and Safety development session on 20 January 2022 to ensure that members were aware of the requirements and Board responsibilities
- EMT, SMT and the Board are regularly updated as to progress on activities
- The Staff Governance Committee at its meeting on 08 June 2022 approved a suite of Health and Safety Policies: Manual Handling, Management of Violence and Aggression and Lone Working and Working in Isolation Policy.
- The Staff Governance Committee oversee the Health and Safety activities aligned to the five pillars of the Staff Governance Standard and are contained within an approved and signed off action plan.

2.3.5 Equality and Diversity, including health inequalities

In all of the work undertaken and in the delivery of its actions, cognisance is taken to ensure that all elements of Equality, Diversity and Health Inequalities is taken into consideration including the provision of training and support for staff who live and work in more remote geographical locations.

Impact assessments are conducted on local policies.

2.3.6 Other impacts

It is recognised that managers, staff and trainers are working together to minimise any service delivery impact.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage stakeholders where appropriate:

- Communications to HSE: 25 November 2021, 15 December 2021, 1 February 2022, 8 February 2022, 21 February 2022, 23 March 2022, 19 April 2022, 1 June 2022
- Meetings with the HSE on progress: 14 January 2022
- Occupational Health and Safety Meeting, 12 January 2022
- Occupational Health and Safety Meeting, 24 March 2022
- Occupational Health and Safety Meeting, 10 May 2022
- Area Partnership Forum, 15 February 2022
- Staff Governance Committee virtual update 23 February 2022
- Staff Governance Committee 8 June 2022.

2.3.8 Route to the Meeting

Regular updates have been provided as noted above to Area Partnership Forum, Staff Governance Committee, the Senior and Executive Management Teams.

2.4 Recommendation

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Chairs Report – Staff Governance Committee
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Joanna Kenny, Chair of the Staff Governance Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

The Staff Governance Committee met on the 9 June 2022 and agreed the following key agenda items should be reported to the board meeting on 23 June 2022.

- The approval of the end of year 2021-2022 Staff Governance Action Plan and the 2022-2023 Staff Governance Action Plan

- The Draft Integrated Workforce Plan
- Policy approvals

2.3 Assessment

Staff Governance Action Plans SG2223-02 and 03

Members received and approved the end of year 2021-22 Staff Governance Action Plan against the 5 Staff Governance Standards, which included a narrative on progress and noted the outstanding elements which would be moved into next year's plan. The following points were also highlighted:

- Appointments within the Health and Safety team and examples of work on moving and handling and violence and aggression training across the organisation.
- Sickness absence rates which were in line the national average with musculoskeletal and stress/anxiety identified as key areas
- Significant work on management training bundles to support team leaders with a range of skills
- Partnership working with Area Partnership Forum, Occupational Health and Safety Committee, Wellbeing and Communication groups

Members received and approved the Draft 2022-2023 Staff Governance Action Plan which included actions in response to Scottish Government Feedback on the Staff Governance Monitoring Return for 2021. The report proposed a stretching draft action plan (with some activities spanning over a one year period) that continues to move the organisation forward. The following points were highlighted:

- The plan was a live document drafted against the 5 pillars within the Staff Governance Standard and any developments and changes would be completed in partnership
- Importance of workplace assessments and coaching to ensure learning carried forward and maintained

Draft Integrated Workforce Plan Update – SGC2223-07

Members received an update on the Draft Integrated Workforce plan noting the partnership working with Health and social care and the timeframe for submission to Scottish Government by 31 July with feedback expected by early Autumn 2022

Policies and Procedures – SCG2223 –11-13

Members received and approved the following suite of Health and Safety Policies:

- Manual Handling Policy
- Management of Violence and Aggression Policy
- Lone Working and Working in Isolation Policy

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.

- Staff Governance Committee Meeting 8 June 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 Staff Governance Committee 24 November 2021

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via MS Teams on **Wednesday, 24 November 2021** at 10:30am

- Present:** Fiona MacKellar, Vice Chair
Michael Dickson, Interim Chief Executive
Lorraine Hall, Interim Director of Human Resources
Joanna Kenny, Non-Executive Board Member
Ryan McLaughlin, Staff Partnership Representative
Kate Smith, Partnership Representative
Jason Taylor, Non-Executive Board Member
- In Attendance:** Christina Bichan, Head of Assurance and Improvement
Ingrid Smith, Human Resource's Manager
Christy Drever, Committee Support
- Observing:** Freddie Pretorius, Garson Dental Receptionist

S55 **Apologies**

Apologies for the meeting were noted from Caroline Evans, David McArthur, Steven Phillips and Kim Wilson.

S56 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

S57 **Minute of meeting held on 24 August 2021**

The minute of the Staff Governance Committee meeting held on 24 August 2021 was accepted as an accurate record and approved, subject to the following addition:

S38 – Audit on Agency Locum medical Staff Fitness to Practice

Members noted that ongoing performance management would take place, should issues continue to arise with individual staff members.

S58 **Matters Arising**

S18 – NHS Orkney Equality and Diversity Workforce Monitoring Report

Members were advised that S Phillips was the nominated Equality and Diversity Lead, and had attended additional equalities training in Mid-November.

S34 – Staff Governance Action Plan Update

Members were disappointed to hear that training surrounding the “art of good conversation” which had been offered by the Learning and Development team had been cancelled due to lack of uptake from staff. Staff had previously highlighted that this was an area which they would like further training to be available in. It was agreed that managers and the Area Partnership Forum should be actively encouraging staff to attend these sessions where possible.

S59 **Action Log**

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

S60 **Chair's Report from the Board**

The Vice Chair provided a verbal update from the 2 meetings of the NHS Orkney Board held in August and October 2021, highlighting the following key points:

- An update on the clinical strategy had been received, which had considered the DHI recommendations, plan on a page and learning from the covid-19 pandemic response, as well as engagement with the public and the local workforce demographic. This would all be incorporated into the next version of the clinical strategy, which would link closely to the workforce and financial plans.
- Members reinforced the zero-tolerance policy in regard to mistreatment of staff by members of the public.
- Members recognised the importance of staff feedback which had been received through the recent listening project
- Members noted the financial position and the ongoing conversations with Scottish Government.
- Members approved the revised Code of Corporate Governance; however, it was noted that the document was hard to digest and might be difficult for staff to engage with. It had been proposed that the area Partnership Forum would be best situated to discuss how to best to engage staff.
- Members discussed the integration scheme, with the main proposal being that the Maternity department be located within NHS Orkney again, rather than within the Integrated Joint Board.
- Members received the HIS report following the unannounced inspection of covid measures and infection prevention and control, noting 7 areas of good practice and 1 area for improvement.
- Members acknowledged the excellent iMatter response rate and overall positive response.

Decision / Conclusion

The Committee noted the Chairs reported highlights from the Board meetings held in August and October 2021.

S61 **Staff Governance Draft Action Plan – SGC2122-27**

The Interim Director of Human Resources presented the draft action plan, highlighting the following key points:

- The majority of the report was within the amber category, which was a reasonable position for this point in the year.
- Some activities were below where we would want, which was largely due to staff capacity and conflicting priorities.
- Overall, we were doing well and truly embedding working in partnership.
- Work on the HSE notices received had helped to make good progress against the health and safety area of the action plan. Recruitment was in progress for health and safety trainers to go into departments and the community to provide

training and advice.

- Positive conversations had taken place with staff representatives surrounding inclusivity and how best to engage with and encourage staff.
- Work had begun to reinstate the Health and Safety Committee, however due to staff absence this would be slightly delayed until January 2022.
- Sickness absence rates for NHS Orkney were in the middle when compared with other Boards.
- The Wellbeing Group had now been reinstated to engage with and support staff.
- The Statutory and Mandatory Training Group had also been reinstated and would review how best to engage with staff to encourage training to take place. It was proposed to introduce a monthly campaign, in order to break training into more manageable chunks for staff.
- Work was underway to review service plans and make decisions on areas to invest in workforce. It was noted that difficult decisions would need to be made, factoring in risk as appropriate. It was important not to lose sight of succession planning, engagement and growing our own leadership going forward.
- It was hoped that by the end of the year the action plan would be fully amber, with the potential for some green.

Members queried the sickness absence figures and highlighted the importance of the recent DHI listening exercise and ongoing cultural work taking place. It was also raised that the occupational health team had been brought back into the Board and were working hard to understand the patterns of absence and ill health for staff and manage wellbeing going forward, including the introduction of trim practitioners.

Decision / Conclusion

Members noted the update and were assured of progress

Governance

S62 **Health and Care (Staffing) (Scotland) Act Report – SGC2122-28**

Members received the Health and Care (Staffing) (Scotland) Act Report, noting that work was ongoing with Scottish Government.

Decision / Conclusion

Members noted the update and agreed to feed back any comments to L Adam

S63 **Remobilisation Plan Draft 4 – SGC2122-29**

The Head of Assurance and Improvement presented the Remobilisation Plan Draft 4, highlighting the following key points:

- The Plan had been submitted to Scottish Government on 30 September 2021.
- The Head of Assurance and Improvement, HR Manager and Head of Finance had met with teams and external agencies to feed into the most recent draft of the plan.
- So far, no substantial changes had been requested by Scottish Government.
- CB Team would continue to monitor progress of the plan within the organisation.

Members praised the updated Remobilisation Plan, noting the positive progress made and cultural change within teams.

Decision / Conclusion

Members noted the Remobilisation Plan.

S64 Staff Governance Monitoring Return final submission – SGC2122-30

The Interim Director of Human Resources presented the report advising that all Boards had submitted a return detailing activity undertaken to deliver the staff governance standards. Input had been sought from the Area Partnership Forum and C Evans, prior to submission to the Scottish Government. It was hoped that feedback would be received soon, and this would be brought back to the Staff Governance Committee.

Decision / Conclusion

Members noted the update.

S65 Area Partnership Forum Constitution – SGC2122-31

Members received the updated Area Partnership Forum Constitution for information and approval

Decision / Conclusion

Members approved the updated constitution.

Organisational Culture

S66 Workforce report SGC2122-32

The Human Resources Manager presented the report, highlighting the following key points:

- Sickness absence remained at 4.5%. Anxiety and stress still remains the highest absence reason, however the rate had increased for these types of absences. It was noted that this might be due to staff being encouraged to complete return to work forms.
- There had been a fantastic iMatter response rate, with overall positive results.
- Appraisal rates continued to be low, with the importance of regular conversations with managers being highlighted as critical to the health and wellbeing of staff.

Members welcomed the update, providing an overview of the organisation as a whole. The Chair raised concerns surrounding the age profile of the workforce, and the potential impact of this over the next 10 years. It was critical to invest in staff in order to retain them and ensure we could continue to deliver services. She also highlighted the need to encourage staff to undertake statutory and mandatory training.

Members noted concerns surrounding flexible working requests being rejected without appropriate consideration and queried how these were recorded. The HR Manager noted that often the requests do not come to her team, as the policy allows managers to deal with these requests directly with staff, unless there was an appeal.

Members noted a significant increase in higher banded positions advertised recently, querying whether alternative options had been considered. The HR Manager noted that all recruitment goes through a robust process for approval and the Interim Chief Executive noted that greater clinical leadership had been a priority following the recent DHI work.

Members highlighted the need to lead by example surrounding appraisals, and all members agreed to ensure their own appraisals and those within their team had been undertaken. It was also noted that executive appraisals did not fall under these figures, as these took place via Scottish Government and Remuneration Committee.

Members highlighted issues surrounding recruitment of applicants requiring immigration sponsorship, and the difficulties this could present. At times some departments put out to recruitment and the only suitable applicants required sponsorship, which could often take significantly longer and the guidance around sponsorship wasn't clear.

Decision / Conclusion

Members noted the update.

Well Informed

S67 National Whistleblowing compliance report – SGC2122-33

The Interim Director of Human Resources presented the report highlighting that there had been no concerns raised during the second quarter. NHS Orkney was working collegiately with NHS Shetland surrounding the steering group, to share the load in terms of capacity. Some improvements were being progressed including ensuring that staff are undertaking online training and are aware of the process for raising a concern, and who they could contact confidentially. It was important to ensure that any data was not identifiable, due to small numbers, and that lessons were learned where appropriate.

Members noted the importance of staff undertaking the whistleblowing training, especially managers. It was noted that the new Medical Director would be leading on whistleblowing for NHS Orkney, and it was hoped that further progression could take place.

J Taylor advised that an annual response would be submitted to the Cabinet Secretary in the new year.

Decision / Conclusion

Members noted the update.

Appropriately Trained

S68 Statutory and Mandatory Training Group Terms of Reference – SGC2122-34

The Interim Director of Human Resources presented the updated Terms of Reference, which she and the Learning and Development Manager had worked together to refresh.

Decision / Conclusion

Members approved the updated Statutory and Mandatory Training Group Terms of Reference.

Involved in Decisions that Affect them

S69 Area Partnership Forum Chair's report – SGC2122-35

Members received the Chairs report from the Area Partnership Forum and noted the update.

Decision / Conclusion

Members noted the update provided from the Area Partnership Forum.

S70 Minutes of the Area Partnership Forum meeting held on

Members noted the approved minutes as submitted.

Treated Fairly and Consistently

There were no items for discussion at this meeting.

Policies and Procedures

S71 Report on Status of Once for Scotland Policy – SGC2122-36

Members received the letter regarding the Status of the Once for Scotland Policy, noting that progress had been paused nationally until April 2022.

Decision / Conclusion

Members of the Committee noted the national position.

S72 Health and Safety Policies – SGC2122-37

Members received the updated policies noted below:

- Manual Handling Policy
- Management of Violence and Aggression Policy
- Slips, Trips and Falls Policy

Decision / Conclusion

Members approved the updated policies.

Provided with a Safe Working Environment

S73 HSE draft report – SGC2122-38

The Interim Director of Human resources presented the report, advising that a Task and Finish Group had been set up to progress this work. Recruitment to required health and safety positions had begun, and it was hoped that successful candidates would be able to support training and the overall structure for wellbeing and health and safety within NHS Orkney. Training was ongoing for manual handling and violence and aggression, utilising external providers where applicable. The Learning and Development Manager was ensuring that all high-risk departments had their staff attending the training going forward.

The Interim Director of Human Resources advised that this work was currently high on her priority list, with regular meetings held with HSE to update them on progress.

Members noted the seriousness of the report, and the significant time and effort which was required to progress the work needed to ensure a safe environment for both staff and patients. The Head of Assurance and Improvement highlighted that members should go back to their own teams and ensure risk assessments were in place within all risk registers, and to contact her team if any assistance or updates were needed.

Decision / Conclusion

Members noted the report.

Risks

S74 Corporate Risks aligned to the Staff Governance Committee – SGC2122-39

The Head of Assurance and Improvement presented the report, noting that work was ongoing within her team and the process of managing risks had been improved. It was hoped that the process would now be able to drive decision making and understanding across the organisation.

Members highlighted the importance of awareness of risks associated with the committee and were reassured that work was progressing to manage risks.

Decision / Conclusion

Members noted the report and were assured of progress.

S75 Issues Raised from Governance Committees

No issues had been raised from other Governance Committee of the Board.

S76 Agree any issues to be raised to Board/ Governance Committees

The Committee agreed that the following items should be reported to the Board:

Board

- Update on Staff Governance Draft Action Plan

- National Whistleblowing Compliance Report
- Statutory and Mandatory Training Group

S77 Any Other Competent Business

There was no other business for discussion.

S78 Schedule of meetings

The schedule of meetings for 2021/22 was noted.

S79 Record of Attendance

The record of attendance was noted.

S80 Committee Evaluation

The Vice Chair praised the level of conversation which had been had and highlighted the value of each member's input.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Financial Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

1 Purpose

The purpose of this report is to provide an update on the financial position for the period 1 April 2021 to 31 May 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 for the period 01 April 2022 to 31 May 2022.

2.2 Assessment

The year to date position is an overspend of £0.407m and at this very early stage we are anticipating a year end outturn of £2.0m overspend as highlighted in the Financial Recovery Plan.

The Board's high-level budget summary is set out below and illustrates the over and underspends across the various directorates and the anticipated year end position.

Previous Month Variance M12		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(521)	Hospital Services	12,619	2,104	2,202	(99)	(4.69)	(600)
(526)	Pharmacy & Drug costs	3,003	499	687	(187)	(37.51)	(857)
0	Orkney Health and Care (IJB)	27,836	4,203	4,184	19	0.45	(0)
437	External Commissioning	10,481	1,747	1,766	(19)	(1.08)	(114)
(587)	Estates and Facilities	7,154	1,192	1,378	(186)	(15.59)	(721)
920	Support Services	8,965	1,453	1,389	65	4.45	494
0	Covid-19 (Board)	411	411	411	(0)	(0.00)	0
0	Covid-19 (IJB)	(411)	(411)	(411)	0	(0.00)	0
348	Reserves	2,800	0	0	0	n/a	1,797
	Savings Targets (Board)	(4,509)	0	0	0	n/a	(4,509)
0	<i>Savings Achieved (Board)</i>	1,023	0	0	0	n/a	4,156
	Savings Targets (IJB)	(2,400)	0	0	0	n/a	(2,400)
0	<i>Savings Achieved (IJB)</i>	0	0	0	0	n/a	750
71	Total Core RRL	66,973	11,199	11,606	(407)	(3.64)	(2,003)
	Non Cash Limited						
0	Ophthalmic Services NCL	256	20	20	0	0.00	0
(0)	Dental and Pharmacy NCL - IJB	1,755	295	295	0	0.00	0
	Non-Core						
0	Annually Managed Expenditure	0	0	0	0		0
0	Depreciation	2,418	417	417	0	0.00	0
0	Total Non-Core	2,418	417	417	0	0.00	0
71	Total for Board	71,402	11,932	12,339	(407)	(3.41)	(2,003)

It is important to note that we are at very early stages in the reporting cycle and the numbers are heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:

- The year-end position is heavily predicated on the delivery of £4.9m of recurring and non-recurring savings as detailed in the financial recovery plan
- The £2.0m overspend also assumes no further savings delivered against the identified savings targets and assumes a break-even position on the operational budgets which are currently £407k overspent at the end of May 2022
- It is anticipated that the IJB, in conjunction with NHS Orkney, will deliver £0.750m of recurring savings in 2022/23 as detailed in the financial recovery plan
- Inflation continues to cause a significant challenge for the Board and remains under continuous review
- We continue discussions with other Health Boards to monitor SLA activity and the impact of Covid on these costs in year

Operational Performance

Despite assurances, it is disappointing to note that at this early stage in the financial year, there is a significant overspend on the Estates and Facilities budget of £186k. In the main, the overspends are in a number of key areas and largely result from staffing and overtime:

- | | |
|-------------------------|------|
| • Facilities Management | £30k |
| • Domestic | £30k |
| • Porter | £10k |
| • Estates | £11k |
| • Switchboard | £12k |
| • Hotel Services | £8k |
| • Catering | £8k |
| • CSSD | £8k |
| • Energy | £34k |

The Financial Sustainability Office, alongside Management Accounts are doing a significant amount of work to review staffing establishment across service areas, in order to ensure that the staffing budgets are aligned with the recruitment of posts reviewed by the Vacancy Panel.

Rising Pharmacy drug costs continue to be a significant issue for the Board.

Covid Expenditure

At this early stage, the Board anticipates that Covid costs for 2022/23 can be contained within the IJB carried forward Covid Reserve of £2.364m and £1.4m of additional allocation from the Scottish Government.

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

Savings

The Board has a savings target of £6.9m for 2022/23 of which £4.9m of savings have been identified. To date, we have delivered £1.023m of recurring and non-recurring savings (£0.561m recurring and £0.462 non-recurring).

Capital Allocation

The Board awaits confirmation of its Capital Allocation for 2022/23, this is anticipated to be £0.978m. Funding will be allocated to Heads of Service as in previous years and it is anticipated we will deliver against CRL. The £0.978m will be allocated as follows:

- | | |
|-------------------------------|-------|
| • Estates | £200k |
| • Equipment | £150k |
| • IT | £200k |
| • King Street | £128k |
| • Previously agreed projects | £50k |
| • Capital to Revenue Transfer | £250k |

Key Messages / Risks

It is anticipated that 2022/23 will be a challenging year for NHS Orkney as we strive to deliver the savings requirements as set out in the Financial Recovery Plan. At this early stage we have delivered £1.023m of the identified savings, however, it is important that we get traction in the areas of Locum Spend and also against the IJB savings target as this is where a significant element of savings needs to be delivered. It is likely that Covid-19 will have an impact on the much-needed redesign of Board's services and the Board's ability recruit to a sustainable medical model. Discussions continue with the Scottish Government around the delivery of recurring financial balance over a three-year timeline.

2.3 Recommendation

note the reported position at 31 May 2022

note the CRL allocations

note the assumptions made in reaching the forecast position

note the reported position for Estates and Facilities at 31 May 2022

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Financial Sustainability Office Update
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Carrie Somerville, Programme Manager FSO

1 Purpose

The purpose of this report is to provide an update to the Board on the actions taken to date by the Financial Sustainability Office (FSO) to support the delivery of the financial recovery plan during 2022/23 and beyond.

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operation Plan

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

- Effective

2 Report summary

2.1 Situation

The Health Board has embarked on a Financial Recovery Plan with an efficiency target of £6.9m to be delivered during 2022/23. We will work with colleagues throughout NHS Orkney to support the recovery plan with regular progress and project updates being shared to provide assurances to the relevant committees within NHS Orkney and Scottish Government.

Over the course of the year, the FSO will facilitate the successful implementation of the Health Board's Cost Improvement Programme (CIP). We will manage a pipeline of opportunities, develop standardised planning information, ensure scrutiny and approval of plans, review risks, implement, track and report on progress. We will work with Executive Directors and Service Leads to capture all opportunities and to facilitate and report on any obstacles to success.

2.2 Background

Following a letter from the Director of Health Finance, Scottish Government dated 26 October 2021, it was requested that NHS Orkney develops a Financial Recovery Plan that informs how the Board will return to financial balance.

At the Board (in Committee) meeting on 28 October 2021, commitment was given by the members of the Board to put a plan in place that will deliver recurring financial balance over the three-year period 2022/23 - 2024/25. Following approval from the Board and scrutiny by the Finance and Performance Committee, the final plan was submitted to the Scottish Government at the end of February 2022.

2.3 Assessment

The Financial Recovery Plan identified potential savings schemes of £4.9m for 2022/23 which were endorsed by the Board and the Executive Management Team. These schemes are detailed below:

Savings schemes identified both recurring and non-recurring during 22/23

2022/23				
	Recurring £'000	Non- Recurring £'000	Savings Logic	Progress / FSO Reference
Workforce Processes/ Grip and Control	200	800	Based on percentage of pay costs (3%) - implementation of vacancy panel to oversee all recruitment. Increased scrutiny for vacant posts over 6 months.	In progress / Implemented FSO-2022-044 FSO-2022-001 FSO-2022-017 FSO-2022-016
Theatre productivity	17		Based on spend and anticipated savings	In progress FSO-2022-025
Travel	100		Based on initial assessment of repatriation of services	In progress/ Implemented FSO-2022-002
Locum / Agency / Direct Engagement		1000	Based on estimated savings from implementation of Sustainable Medical Model and identified savings from Direct Engagement Model	In progress/ Implemented FSO-2022-029
Procurement Spend (Reduce Run Rate)	200	260	Based on percentage of invoices paid exc Agency and Capital (1.5%) - Executive Director review of all orders greater than £300 (Q1), Catalogue review, run rate review, NP savings	In progress FSO-2022-005
IJB – Improving Outcomes	750		Based on initial assessment of Primary Care/ Off Island Service provision	In progress FSO-2022-024

Off Island Treatment		300	Based on estimated savings from repatriation of off island treatment	In progress / Implemented FSO-2022-013
Hospital Prescribing	40		Based on spend and anticipated savings	In progress FSO-2022-032
Energy Efficiency		120	Rebates for energy returned to the grid	In progress FSO-2022-012
Sustainability – Waste Treatment	70		Waste management treatment unit - savings identified transportation costs and reduced clinical waste	In progress/ Implemented FSO-2022-026
Hospital Consumables	40		Based on spend and anticipated savings	In progress FSO-2022-005
Financial Flexibility		300	Utilisation of allocations	In progress FSO-2022-027
Income Generation		23	Service delivery opportunities with other health boards/ service providers	In progress FSO-2022-028
Skill Mix Review		100	Schemes to be taken forward by FSO, estimates based on spend patterns	In progress FSO-2022-019
On Call Arrangements	100			FSO-2022-020
Ortho/ Trauma Utilisation	100			FSO-2022-021
Sharing Services	100			FSO-2022-022
SLA Reviews	229		Review of SLAs currently in place and impact of Sustainable Medical Model	In progress / Implemented FSO-2022-018

Other Redesign of Services	57		Schemes to be taken forward by FSO, estimates based on spend patterns	In progress FSO-2022-023
	2,003	2,903		

In addition, the FSO is currently meeting with stakeholders throughout the organisation to ensure clear mapping and consideration of all project interdependencies. As a result of these discussions, the following additional potential savings scheme reviews have been identified:

- Prescribing spend
- Outpatient Clinic Utilisation
- Isles Model of Care
- Grip and Control
- Authorisation of overtime and bank requirements
- Discharge Optimisation (care at home package)
- Roster Utilisation

As set out in the letter from Caroline Lamb in April 2022 to all Boards, the FSO when taking forward projects will align them to key list of priorities below, each project will also consider NHS Orkney core values which will be outlined in the Project Documentation:

- Staff wellbeing
- Recruitment and retention of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future
- Urgent and unscheduled care
- Supporting and improving social care
- Sustainability and value

Progress to date

The FSO have made significant progress in establishing plans to support the delivery of the savings schemes identified.

The actions taken to date include addressing the governance structure, implementing savings schemes, addressing accountability, risk and communication to allow delivery of financial balance over a three-year period. Commitment from the Executive Management Team is crucial to the delivery of recurring financial balance.

Work has taken place across several areas to review and validate the achievement of savings. At month 2, efficiencies and achieved savings of £1,023m have been recognised, (of this £561k (28%) is recurring and £462k (15%) is non-recurring).

In addition, further savings of £1,539k (of this £298k (14%) is recurring and £1,239k (42%) is non-recurring) have been identified and are being tracked for achievement throughout 2022/23.

Identified Savings Schemes - Recurring

Project	FSO Reference	Achieved £'000	Tracked £'000	Target £'000	Over/ (Under) Achievement £'000
Workforce Processes	FSO-2022-001 / FSO-2022-017 - FSO-2022-016	127		200	(73)
Travel	FSO-2022-002	100	50	100	50
Sharing Services	FSO-2022-022	88		100	(12)
SLA Review	FSO-2022-018	246		229	17
Pharmacy	FSO-2022-008		40	40	0
Sustainability - Waste Management	FSO-2022-026		58	70	(12)
Theatre Productivity	FSO-2022-025			17	(17)
Procurement Spend	FSO-2022-005		100	200	(100)
IJB Savings	FSO-2022-024			750	(750)
Hospital Consumables	FSO-2022-005			40	(40)
On Call Arrangements	FSO-2022-020			100	(100)
Ortho Utilisation	FSO-2022-021			100	(100)
Service redesign	FSO-2022-023		50	57	(7)
TOTAL		561	298	2,003	(1,144)
Percentage of Target		28%	14%	42%	

Identified Savings Schemes - Non Recurring

Project	FSO Reference	Achieved £'000	Tracked £'000	Target £'000	Over/ (Under) Achievement £'000
Workforce Processes	FSO-2022-001	78	390	800	(332)
Locum/ Agency	FSO-2022-016	0	0	1,000	(1000)
Direct Engagement	FSO-2022-016	84	420	0	504
Procurement Spend	FSO-2022-005		200	260	(60)
Energy Efficiency	FSO-2022-012		114	120	(6)
Off Island Treatment	FSO-2022-013	300		300	0
Financial Flexibility	FSO-2022-027		115	300	(185)
Income Generation	FSO-2022-014			23	(23)
Skill Mix Review	FSO-2022-019			100	(100)
TOTAL		462	1,239	2,903	(1202)
Percentage of Target		15%	42%	58%	

Impact Assessment / Risk Management

Risk registers will be maintained for each project to ensure that identified risks have a level of mitigation in place in order to support successful delivery of each project's key objectives.

Information Governance is a key consideration with relation to those projects being facilitated by the Financial Sustainability Office and will be considered for all projects.

The expectation of the Scottish Government for 2022/23 is that Boards will focus on a reset and stabilisation of services. Therefore, when delivering workstreams it is important to remember that there will be a backlog of care which will have to be scheduled alongside the cases which are coming forward now.

The following risks have also been highlighted for awareness:

- Level of recurring savings required in 2022/23 equates to £4.906m of which savings schemes of £2.346m still to be identified
- The future impact of Covid, the consequences this has on service delivery and the financial support that will be required to manage this
- The impact of Brexit and inflationary pressures on the cost base for next year, particularly across medicines, clinical supplies and energy costs
- Availability of SGHSCD funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis

Communication and Engagement

A key priority for the Financial Sustainability Office is to engage with as many stakeholders at an early stage to ensure involvement, support and buy in from across the organisation. This also requires full involvement and engagement from the Executive Management Team to ensure consistent messaging, focus and delivery of the agreed savings schemes and key priorities.

To support this, several engagement sessions with key stakeholders has taken place, alongside more focused sessions with those responsible for the savings schemes previously highlighted.

Flash Reports will also be produced to inform all interested parties with the progress being made by the Financial Sustainability Office.

Governance/ Accountability

The FSO is in the process of establishing the following mechanisms to ensure that there are controls in place to monitor and report progress and, or risk identified to the delivery of the Financial Recovery Plan:

- Implementation of Financial Recovery Board
- Various financial sustainability workstreams led by Executives
- Reporting through the Finance and Performance Committee
- Reporting through the Board

Assumptions / Key Risks

- There is commitment from the Board and IJB to deliver the identified savings with Executive Accountability
- There is commitment from the Executive Management Team to deliver the recurring financial balance over the three year period

Summary

The Financial Sustainability Office is a dedicated resource to facilitate delivery of the financial recovery plan, this will reduce the reliance on key operational staff to manage projects and savings schemes identified.

To date significant progress has been made in the establishment of the project management structure and the supporting infrastructure to ensure successful implementation, governance, accountability, risk review and reporting internally and to the Scottish Government.

The Financial Sustainability Office will work with Executive and Service Leads to ensure successful delivery of projects through a structured approach with the objective of ensuring the organisation realises all efficiency targets whilst maintaining a service which is fit for purpose for the patients in Orkney.

2.4 Recommendation

- **Awareness**

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 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 regard 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 be in line with the 95% standard and the 31 day cancer standard also continues to be met. Performance in relation to the 62 day cancer standard is being adversely affected by treatment capacity in partner Boards.

This report contains information from published sources. 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.

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 and this has continued during Annual Delivery Plan development. Workforce requirements to meet service needs both at present and in the future are being explored at a service level as part of developing the Board's 3 Year Workforce Plan which is due for submission at the end of July 2022.

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. Increasing capacity through additional clinic and theatre lists has been facilitated financially through non recurring allocations from Scottish Government and this is continuing into 2022/23.

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

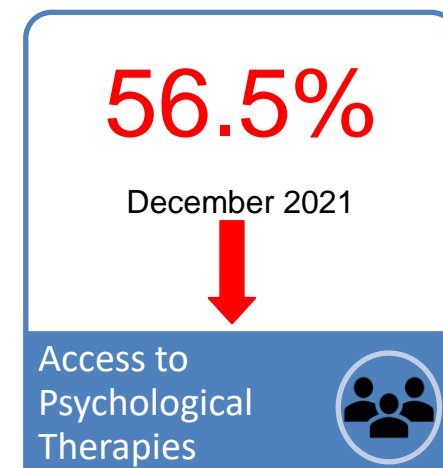
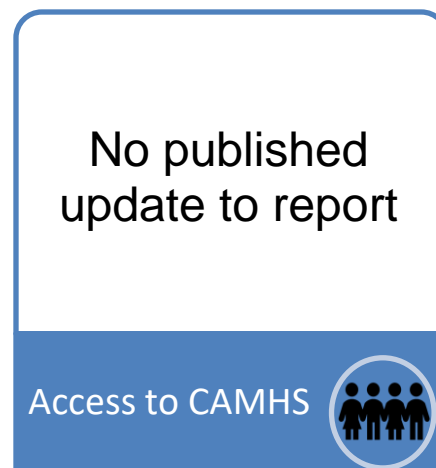
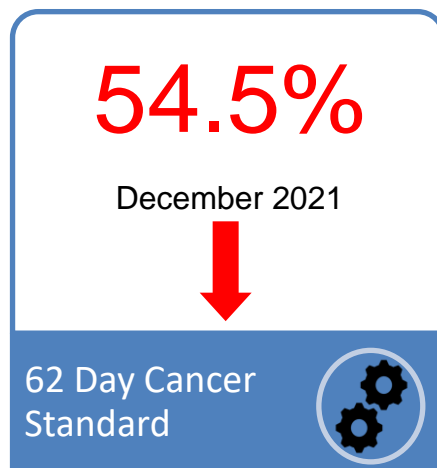
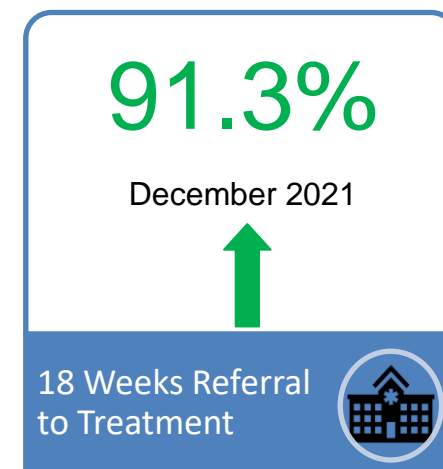
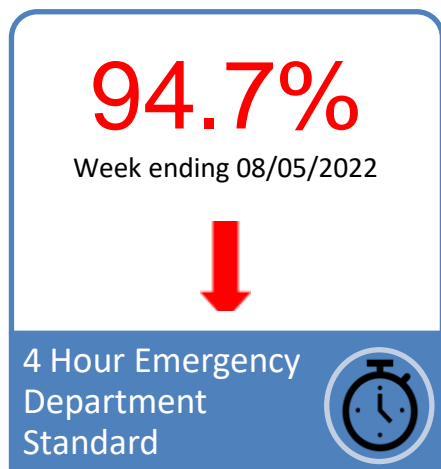
- **Discussion** – Examine and consider the implications of a matter.

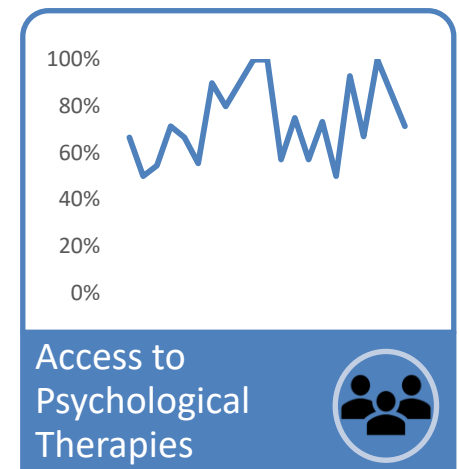
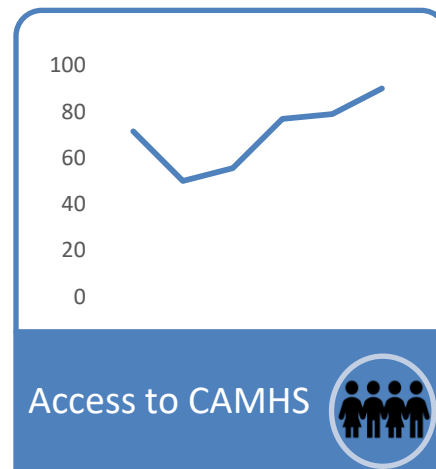
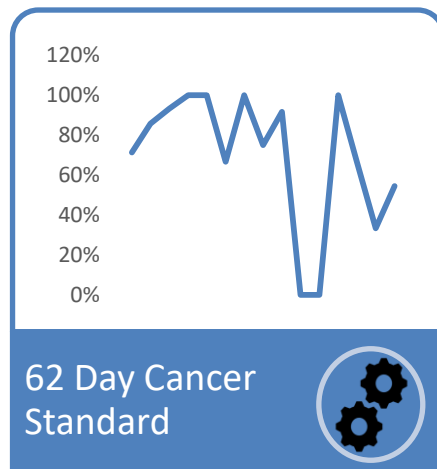
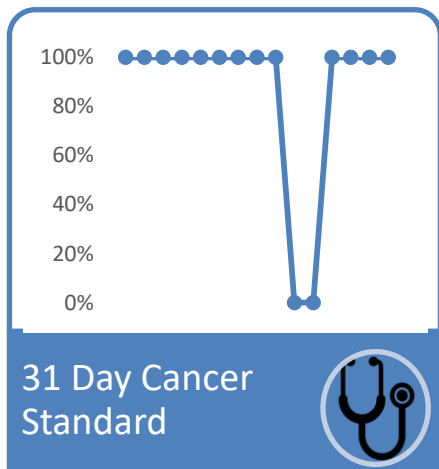
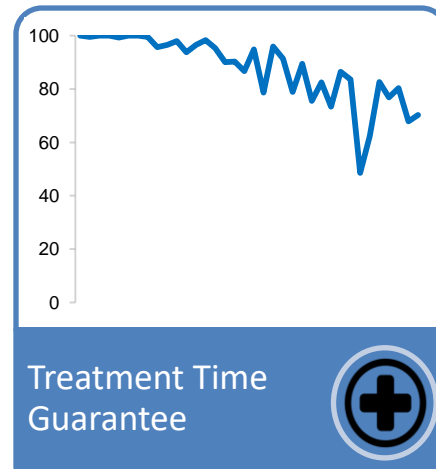
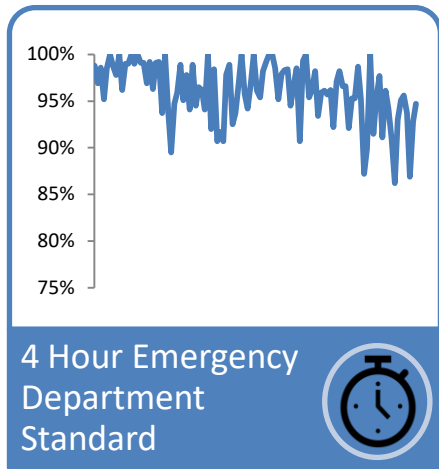
3 List of appendices

The following appendices are included with this report:

- Appendix No 1: Performance Targets with No Update to Report

NHS Orkney – Board Performance Report (May 2022)
SUMMARY (Published Data)





1. Emergency Department Performance

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

Update - As at week ending 8th May 2022, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 94.7%. There were 131 attendances and 7 breaches. Performance in regards to the 4 hour A&E target is good as shown in Figure 1 however has been adversely affected on occasion by bed availability. Special cause variation saw performance dip below 95% during the first half of 2022. A review of the breach reasons has highlighted high levels of activity in the department impacting capacity to meet the 4 hour standard as well as instances where unnecessary admission has been avoided by the delivery of treatment within the ED which by its nature exceeds 4 hours.

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

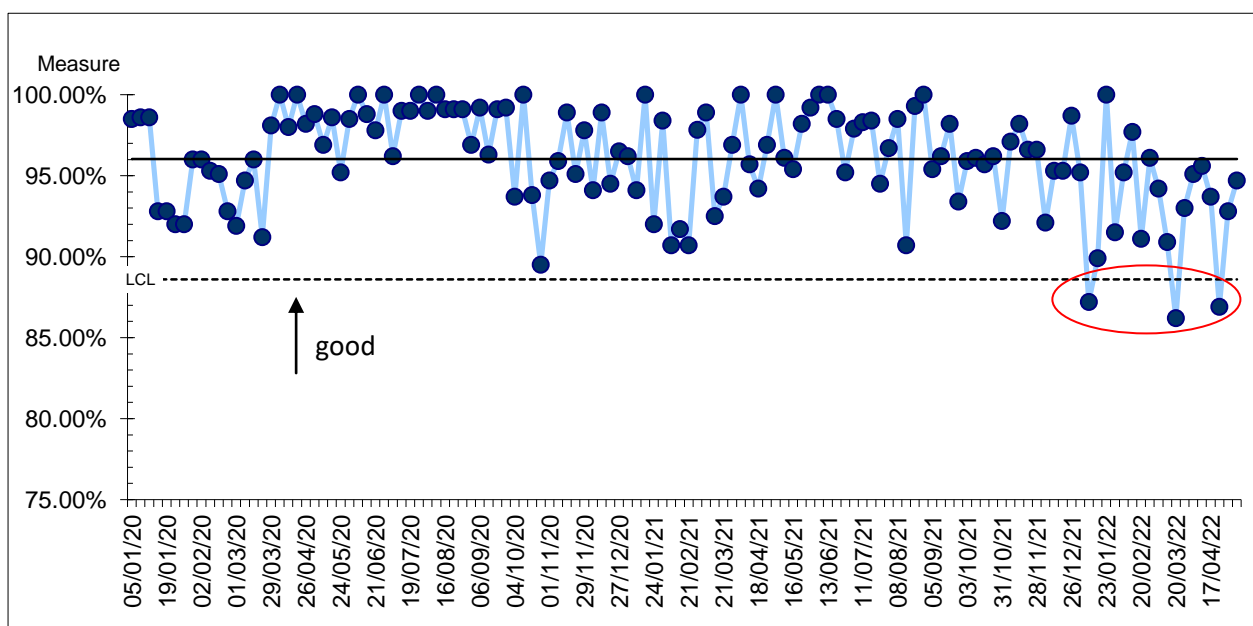
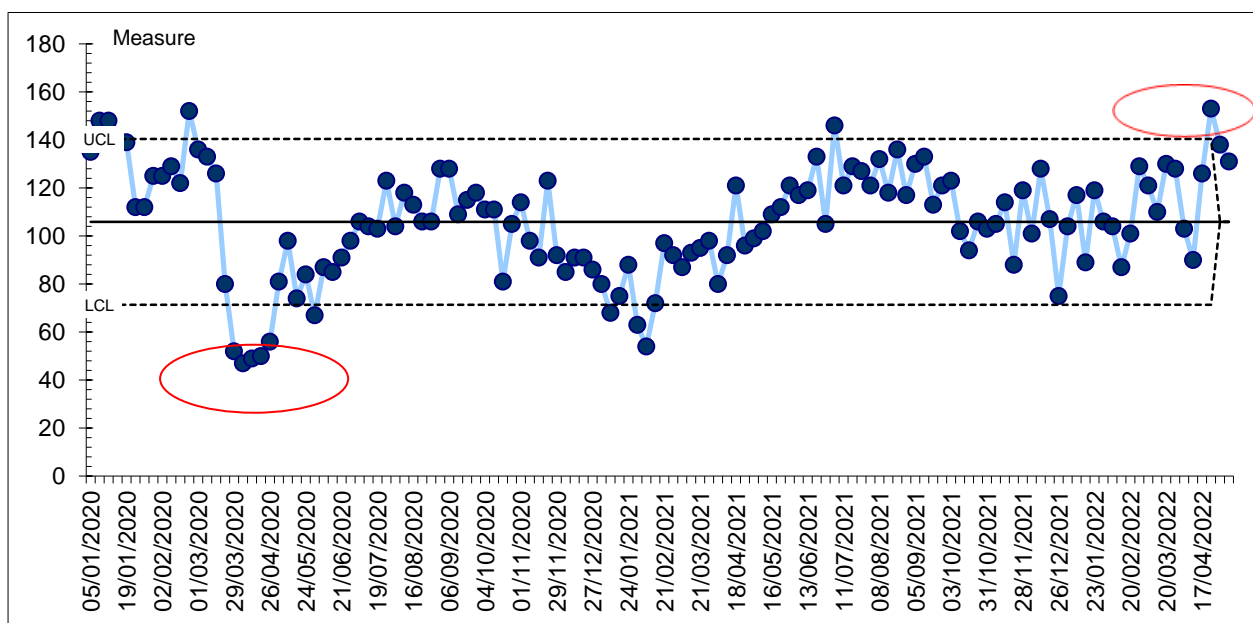


Figure 2: ED Attendances by week, Jan 2020- May 2022



2. 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.

Update - Information provided from the Health & Care Experience Survey in 2022 showed that 82% of people were able to book a GP appointment more than 48 hours in advance. The Scottish average was 48%. Previously reported performance in relation to this standard was at 93% in 2020.

3. Smoking Cessation

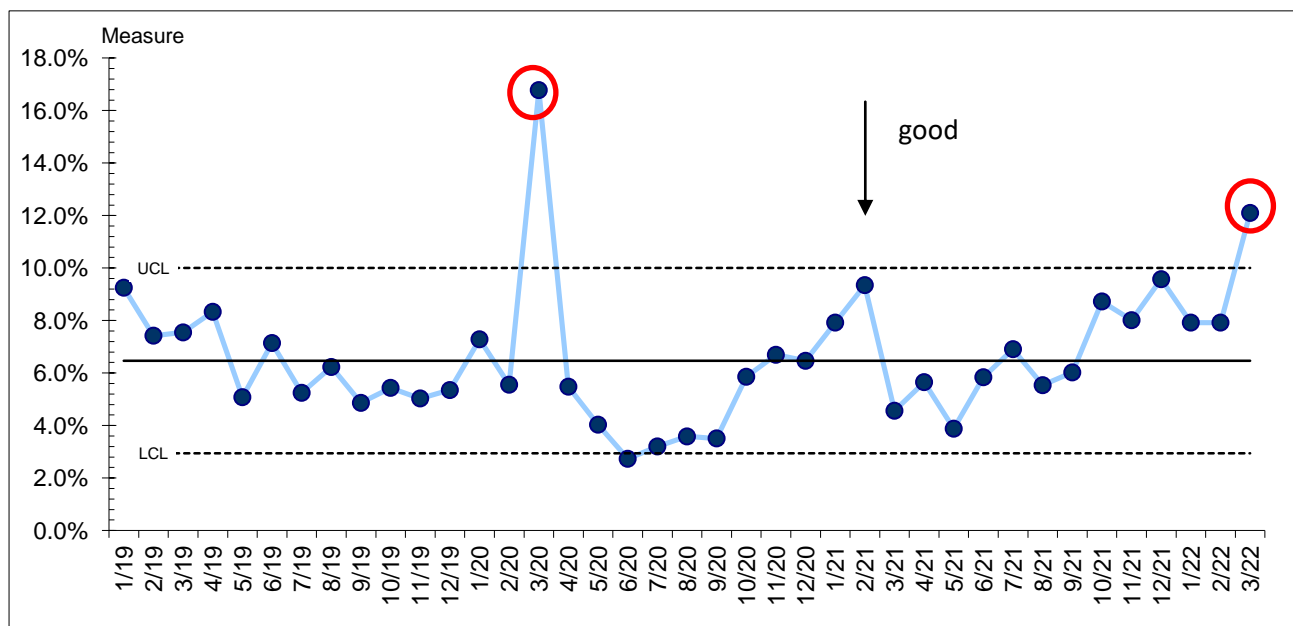
Standard - NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas (60% in the Island Boards)

Update – During the second quarter of 2021/22 there were 17 LDP quit attempts (the quarter target is 8 and the annual target is 31). There were 2 LDP 12-week quits.

4. Cancelled Operations

The total number of planned operations across NHS Orkney during March 2022 was 323. 39 operations were cancelled in March 2022. The majority (21) of the operations were cancelled by the hospital due to capacity or non-clinical reasons, the remainder were either cancelled by the patient or by the hospital based on clinical reasons. Performance in March is at 12.1% against a national average of 9.6%. Monthly performance is shown in Figure 3 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. Special cause variation during March 2022 is linked to a number of internal factors relating to capacity and also cancellations due to Covid related illness.

Figure 3: Cancelled Operations, all reasons, Balfour Hospital – January 1919 to March 2022



5. Delayed Discharges

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

The latest published figures (March 2022) indicate that there were 180 Bed Days Occupied by Delayed Discharges during the reporting period and at Census there were 8 people delayed. Performance over time is shown in Figure 4, Total Number of Delays at the Monthly Census and Figure 5, Bed Days Occupied. Both graphs indicate special cause variation early in 2021 where levels exceeded the upper confidence level. Both graphs also indicate the levels of special cause variation was consistently below the lower confidence level during April/May 2020 and June 2021.

Figure 4: Total Number of People Delayed in Discharge from Hospital as at Monthly Census, Balfour Hospital. January 2019 to February 2022.

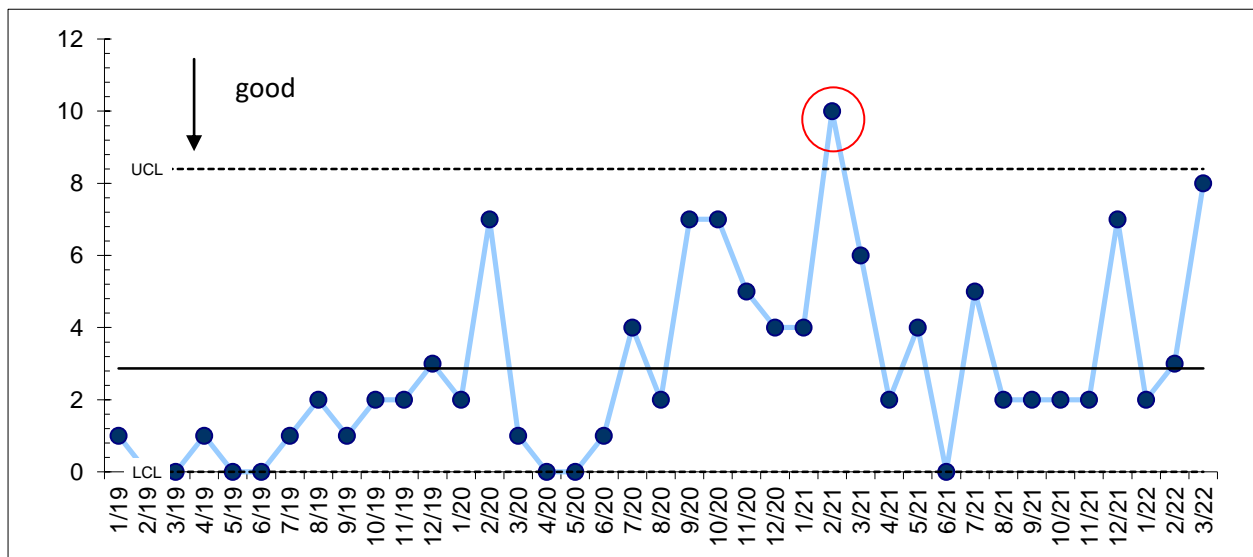
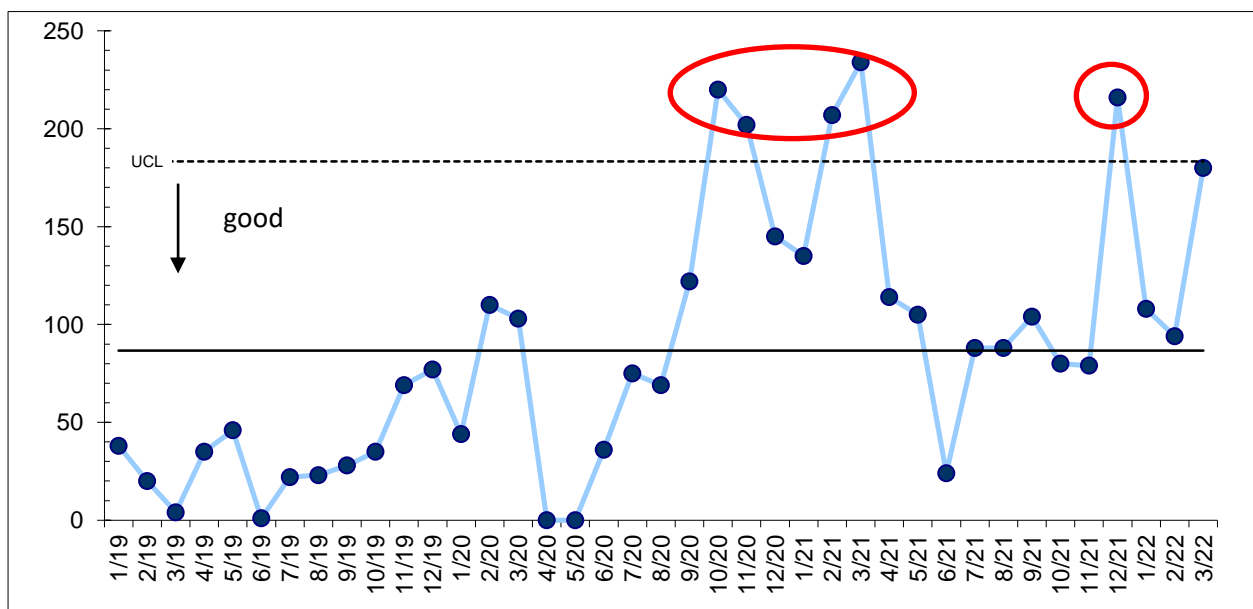


Figure 5: Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2019 to February 2022.



Appendix 1: Performance Measures with No Update to Report

6. Outpatients

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

No update to report (next publication due at end of June 2022) – 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 and with increased access being facilitated as part of service remobilisation. 1043 patients were seen; 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 6: Performance in outpatients – The Balfour, 2012 – 2021

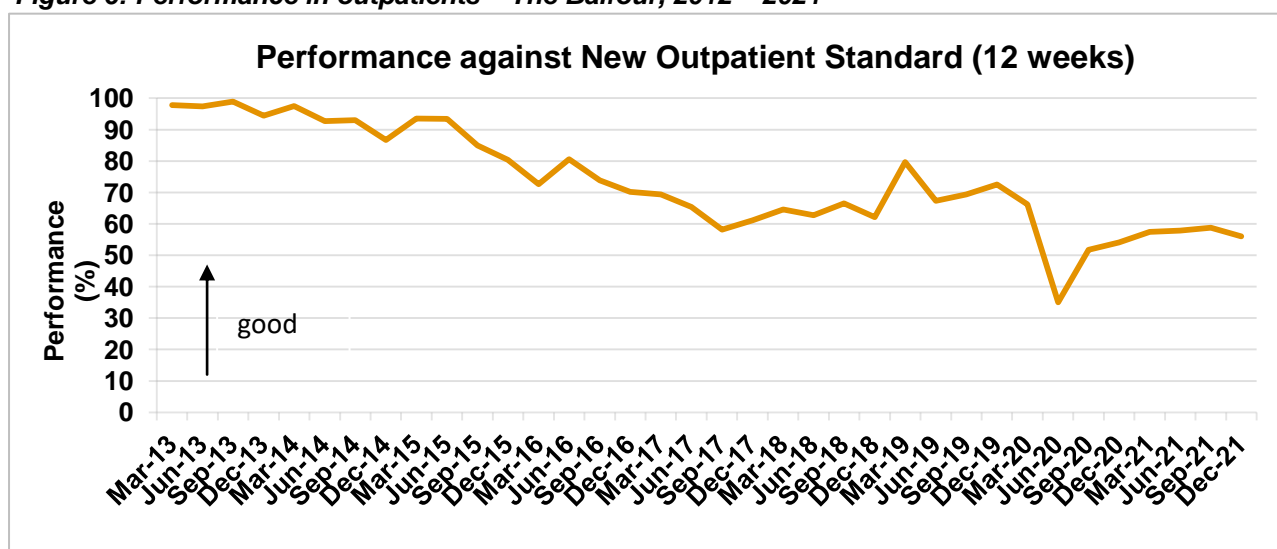
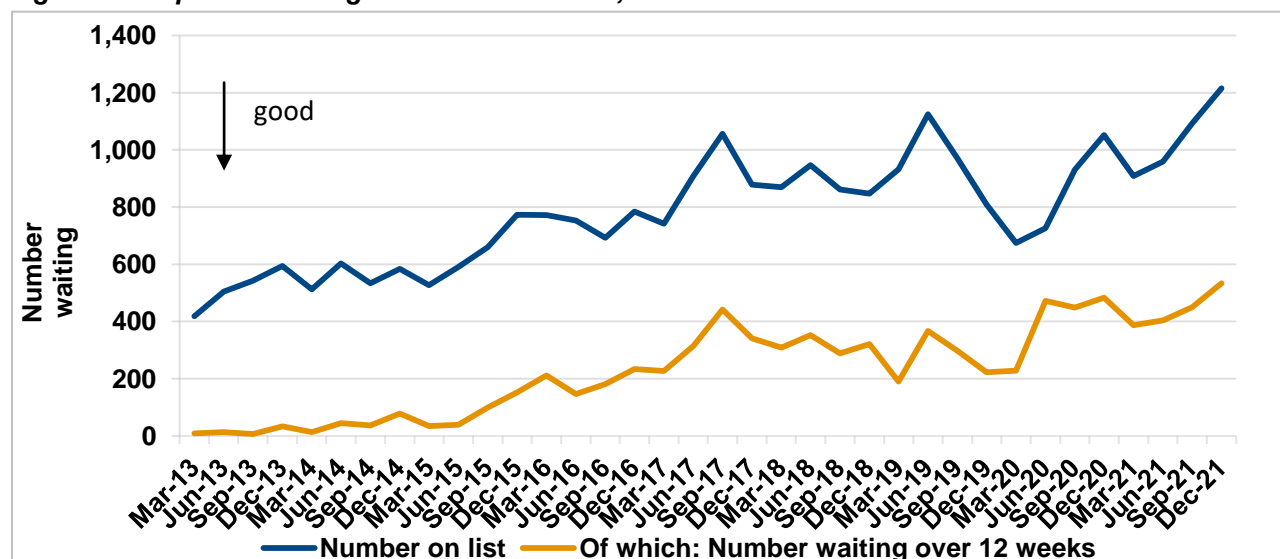


Figure 7: Outpatient waiting times – The Balfour, 2013-2021



7. Treatment Time Guarantee (TTG)

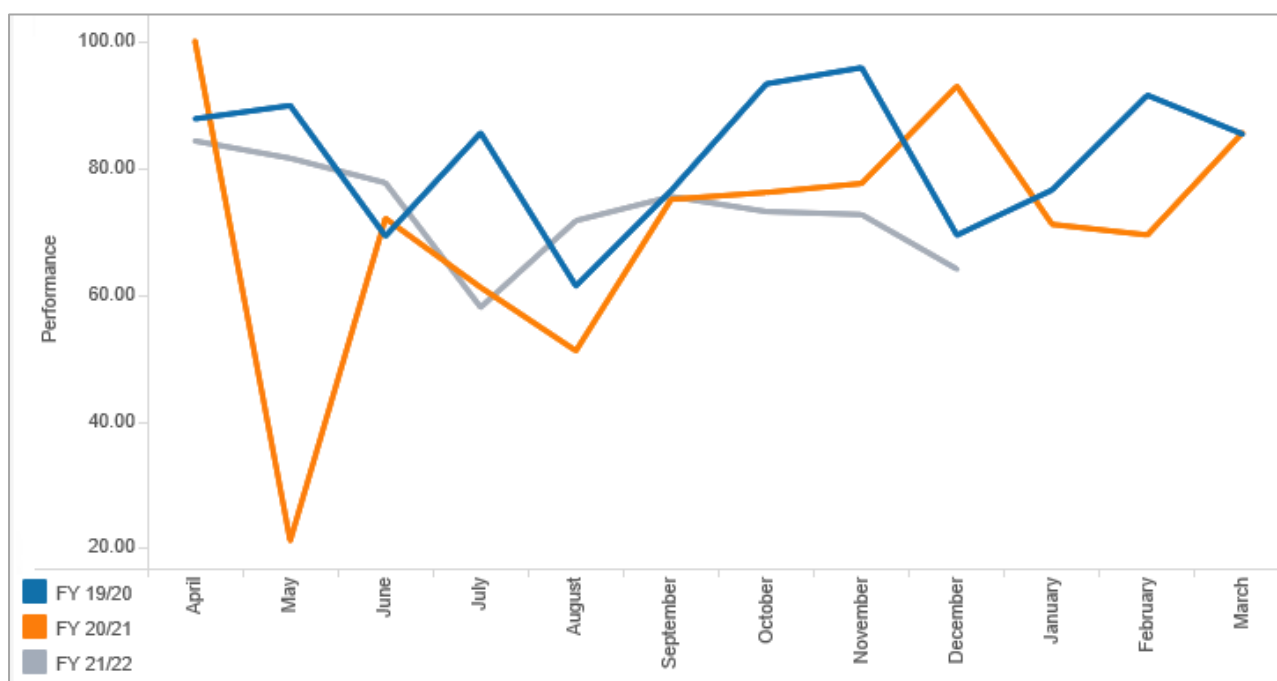
Standard - 100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).

No update to report (next publication due at end of June 2022) - 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 8.

Figure 8: Current performance (comparison to other financial years)

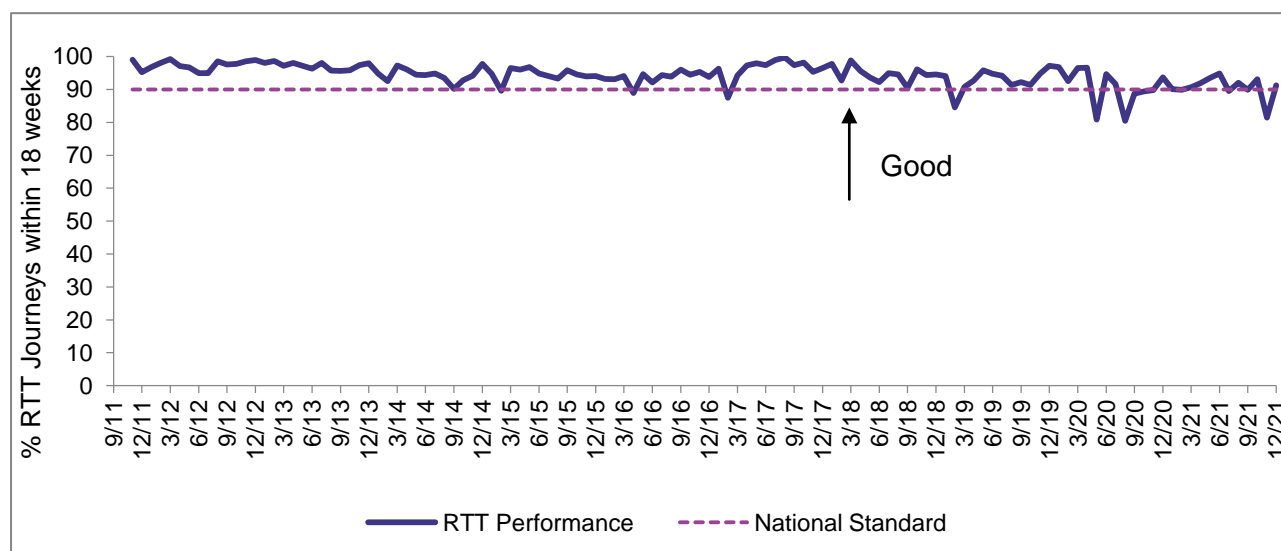


8. 18 Week Referral to Treatment

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

No update to report – Published data from 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 9: 18 week referral to treatment performance – NHS Orkney



9. Dementia

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

No update to report – 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.

10. Drug and Alcohol Referral

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

No update to report - The latest figures (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.

11. Antenatal

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

No update to report – The most recent figures (31st 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%

12. Cancer

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

No update to report (next publication due at end of June 2022) – 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.

13. Detect Cancer early

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

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

14. IVF Treatment

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

No update to report – During October to December 2021, there was 1 referral and 4 patients seen; 2 waited less than 13 weeks, the other 2 waited 14-26 weeks. At the end of December there were 2 patients waiting; both waiting less than 13 weeks.

15. 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.

16. 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 – 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. Currently all of 2020's returns have been resubmitted to PHS. Submission of 2021 / 22 data will be progressed by Health Intelligence once work to review and update the service level clinical information is completed by the Community Mental Health Team.

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

No update to report - 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.

17. Access to MSK Services

No update to report - 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

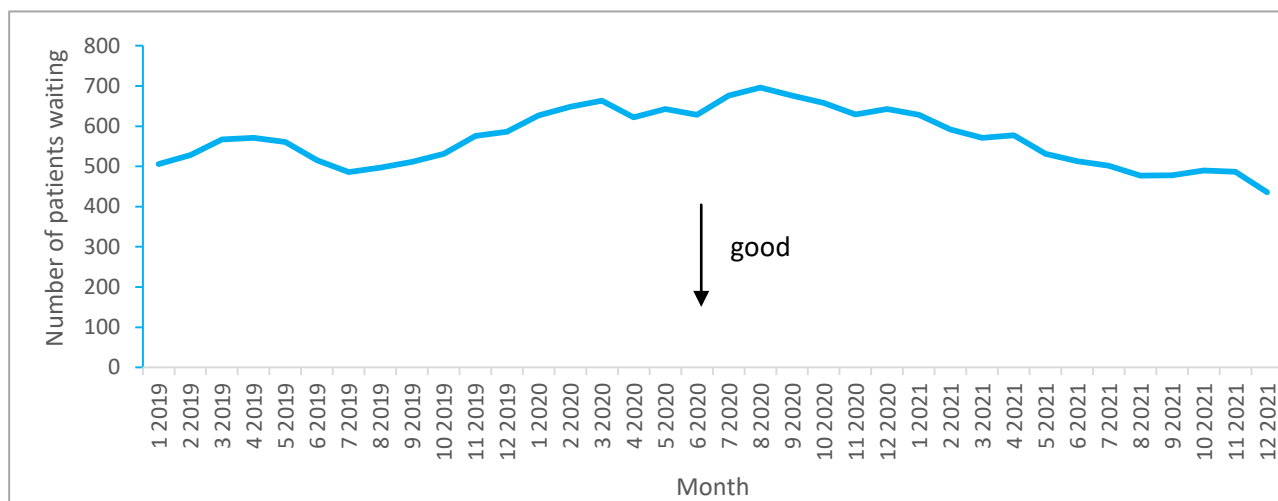
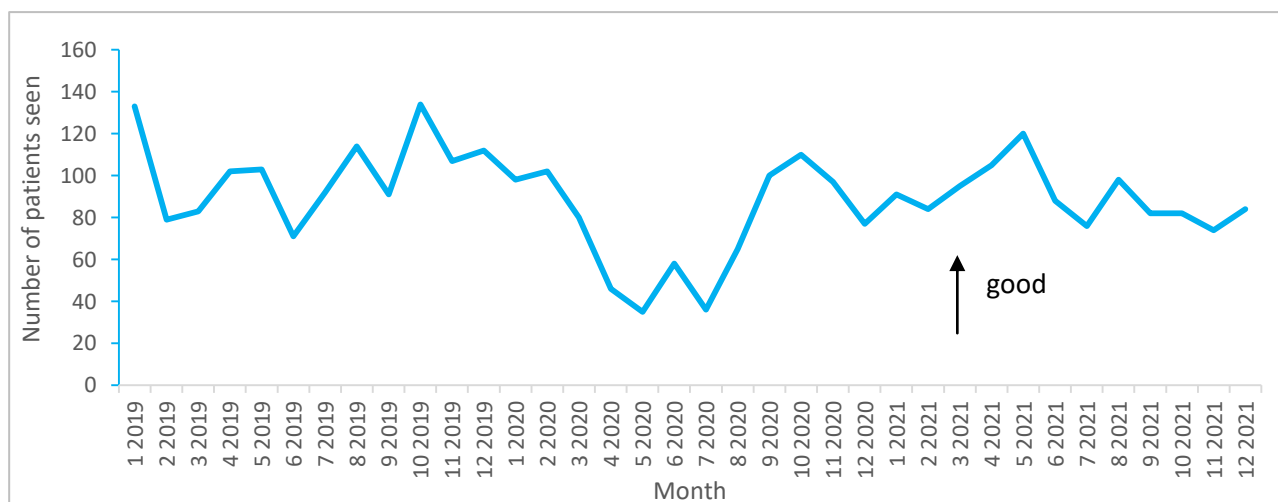


Figure 11. Number of patients seen, All AHP MSK specialties



15. Diagnostics

No update to report - 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 12 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

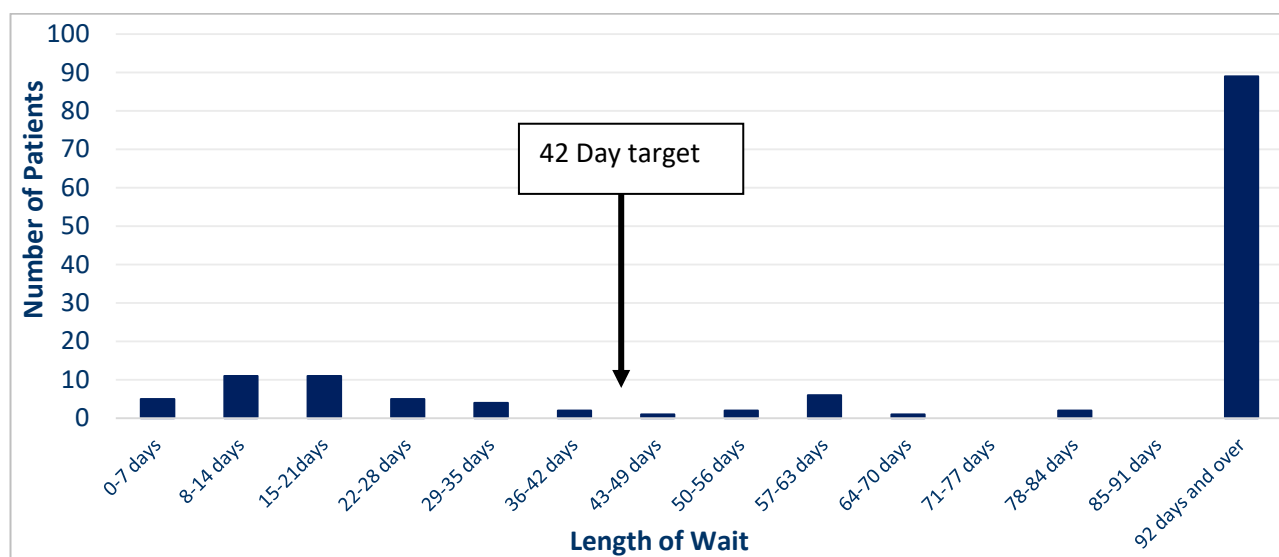
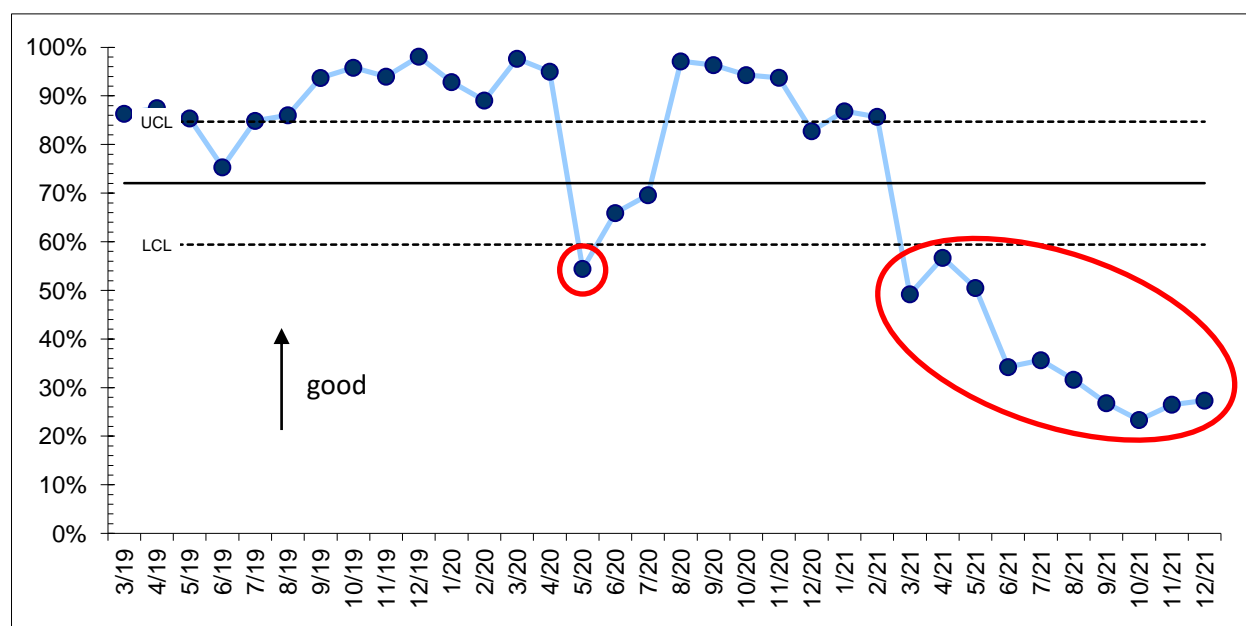


Figure 13: Percentage of patients waiting within 6 weeks for a key diagnostic test as of December 2021, The Balfour



NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 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 26 May 2022. It was agreed that this should be reported to the Board.

2.3 Assessment

1. NHS Orkney Climate Change Agenda

S Johnston queried how to induce commitment across the range of professions, determine appropriate scrutiny, and considered it was important that clinical staff lead the way, managing any clinical issues simultaneously.

The Chair confirmed the matter will be raised at the next NHSO Board meeting to discuss the route for effective ongoing engagement.

2. Integrated Emergency Planning Update – summary

- Training was being revived nationally
- Details on how to access and log on to Integrated Emergency Management (IEM) training had been circulated to EMT members
- IEM training must be taken by senior managers
- IEM Training was modular, allowing managers to accommodate the training within their work schedule
- Training was not mandatory and did not form part of the competences on Turas

3. Resilience Planning Group Chair's Report

- Business Continuity Plans had been re-circulated as part of the annual review, returns were being received
- CBRN Plan was being re-formatted to a modular plan, designed to allow individuals to navigate directly to their specific function within the organisation. A training element to be included
- Porters had received familiarisation training in the event of a hospital lockdown
- On-site visit by the Council Terrorism Security Advisers expected, to review overall security and the new Lockdown Plan

4. Performance Management Report

- 95% performance against the 4-hour Emergency Department standard
- Treatment Time Guarantee (TTG) - all appointed, with delays at Golden Jubilee Hospital
- 80% against 62-day Cancer standard due to no response from Cancer Waiting Times Audit
- Mental Health determined breaches in data quality
- 36% cancelled operations by patients due to illness, Covid and/or unavailability. Operations cancelled by the Balfour due to staff shortage and/or beds
- Diagnostics; routines longer due to staff shortage, particularly Radiology
- Delayed discharges due to social care reasons

It was agreed that work would be carried out by Committee members, relevant colleagues and clinicians to bring focus to this report, looking at emerging issues, incremental change to address noted challenges, anomalies with reporting on targets

and data, determine how data is tracked and evaluated, the usage of un/published data and less reliance on external sources.

The Chair confirmed 'performance data and particular areas of concern' would be itemised on the Joint Clinical and Care Governance Committee agenda.

5. Financial Performance Report

- An underspend of £71k on the Core RRL, £120k due to vacancies
- Overspend of £526k had occurred in Pharmacy services, mainly attributable to high cost drugs dispensed in NHS Grampian
- Estates and Facilities had an overspend of £587k due to inflationary pressures, £100k on Garden House, Staffing and Supplies
- Covid spend for the year was £6.682m, £2.894 relates to Health Board spend with £2.769 reserves for the Health and Social Care Partnership (HSCP). The HSCP had not reported £406k of staff costs for 2022-23 to the Scottish Government and it was considered this would have a significant impact on the Board, reduce the reserves and the COVID funding available for 2022-23
- Unachieved savings of £4.5m was reported; £2.7m and HSCP £1.8m

6. Financial Recovery Plan Update

- Savings of £4.9m had been identified for 2022-23, £800k through the implementation of the Vacancy Panel
- Potential savings to be made with a Sustainable Medical Model in place
- Efficiencies and achieved savings of £942k; £561k (28%) recurring, £381k (13%) non-recurring
- FSO could deliver £6.9m savings, but this would not guarantee the return to financial balance without the cooperation of the directorates across the organisation
- Financial Flexibility (support costs, transport) would now be introduced to bids to the Scottish Government
- A Rapid Improvement Forum was being set up; weekly meetings scheduled, drop-in sessions, requests for suggestions on savings - quick and low risk, potential to be delivered within 90 days

The Chair confirmed the current position to be raised at the NHSO Board meeting.

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.

- Finance and Performance Committee 26 May 2022

2.4 Recommendation

- **Awareness**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Finance and Performance Committee Minute - 24 March 2022

Appendix 1**Orkney NHS Board**

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 24 March 2022 at 9:30**

- Present:** Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non-Executive Director (Vice Chair)
Meghan McEwen, Board Chair (until 10.14am)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director
- In Attendance:** Stephen Brown, Chief Officer, IJB
Alison Hardie, Committee Support
Mark Henry, Medical Director
Chloe Mulraine, NPD Contract Administrator (Observer)
Frederick Pretorius, Corporate Services Assistant (Observer)
Pat Robinson, Chief Finance Officer, IJB
Sharon Smith, NPD Contract Manager (for Items F79 and F80)
Emma West, Corporate Services Manager
Louise Wilson, Director of Public Health (until 10.32am)

F73 Apologies

Apologies were noted from Christina Bichan, Malcolm Colquhoun, Eddie Graham and Keren Somerville.

F74 Declarations of Interests - agenda items

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

F75 Minutes of Meeting held on 25 November 2021

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

F76 Matters Arising

F62 - Performance Report - FPC2122-24

Members requested a Performance Report on Child and Adolescent Mental Health Services providing detailed data to February 2022 for the next meeting of the Committee.

F77 Action Log

The Action Log was reviewed and updated as required.

Performance Management

F78 Resilience Planning Group Chair's Report and Minute - FPC2122-30

Ukraine

The Director of Public Health noted the increased risks associated with the Ukrainian situation including the risk of cyber incidents and confirmed links had been made with national groups, with further focus on the Chemical Biological Radiological and Nuclear (CBRN) Plan.

People Safe Lone Working Devices

The Chair noted that currently 59 devices were on loan and a further 16 on order, and queried the requirements in the longer term. The Director of Public Health noted that this piece of work would be the responsibility of the Health and Safety Team moving forward and she would return with the detail.

The following were noted in response to questions:

- Devices had been issued and orders placed based on risk assessment and request
- Each device was monitored to ensure it was being used
- Two way communication continued with staff regarding the roll out and feedback had been positive

Lockdown Policy and Lockdown Plan

The Director of Public Health confirmed that plans had been completed but indicated due to the changing nature of the business, that new areas would require plans.

Decision/Conclusion

Members reviewed the report and noted the update.

Post meeting note: There are 60 Lone Working devices (one for training) with a further 16 ordered which is felt to meet current need identified by managers. More can be ordered if required based on managers' risk assessments.

F79 NPD Contract Update - FPC2122-31

The NPD Contract Manager attended to present an 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 a decision had been taken to part ways with the ATA company.
- Two ATA posts were out for tender, support was being provided by the Scottish Futures Trust and Health Facilities Scotland on suitable replacements.

M McEwen asked the associated risk(s) of not having an appointed Advisor. The NPD Contract Manager confirmed the appointment of an ATA was a mandated requirement, and currently there was no risk as work was being carried out by companies with relevant expertise.

The Director of Finance confirmed he was in regular conversations with the NPD Contract Manager, and assured that the Scottish Futures Trust's input was sufficient and would continue to track progress.

Decision/Conclusion

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

F80 NHS Orkney Climate Change Agenda - FPC2122-32

The NPD Contract Manager attended to present the paper and provided an update on NHS Orkney working towards a net-zero position:

- 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 in 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 Chair queried the governance around innovative projects with regards to staff and committees. The NPD Contract Manager confirmed matters would be taken to the National Sustainability Group, and the Executive Management Team for approval. The Director of Finance confirmed any paper with funding streams attached would follow due process and be presented to the Finance and Performance Committee for consideration and approval, before large scale projects would be taken forward.

M McEwen requested more detail in future papers around

- 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 agreed this was not just an Estates' issue but an organisational wide matter, to consider the impact of the production and discharge of emissions in all areas of the organisation, reaching the broader elements of the Sustainability Agenda for Cultural Change. The Director of Public Health would refer matters to the Sustainability Group to identify clinical aspects to be brought forward.

Decision/Conclusion

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.

Post meeting note: DL2021(38) was shared at the Sustainability Group and progress against each element to be mapped to support workplan for the group which will include promoting sustainable care. Pharmacy and realistic medicine lead included in the group to support the clinical agenda. Sustainability newsletter planned for May to raise awareness across organisation.

Post meeting note: NHSO's position against Scottish Government's target to 'decarbonise the public sector car fleet by 2025'.

To date NHS Orkney has replaced 50% of its fossil fuel driven vehicles with new electric cars and vans. To date all the electric cars have been replaced from money received by grants from the Scottish Government to allow for a 3 year lease. In addition, some additional capital money has allowed us to pay for the new electric vans.

Grant applications have been made for EV infrastructure across our estates on the mainland and the isles, so all but one of our properties have EV chargers.

Work is ongoing to be in line with the Scottish Government's target to decarbonise the fleet by 2025.

Financial Management and Control

F81 Financial Performance Report - FPC2122-33

The Director of Finance outlined the position to 28 February 2022:

- There was a Significant overspend in Pharmacy £454k, Estates and Facilities £471k and Hospital Services £447k
- There was an underspend of £1.004m in Support Services
- Confirmation had been received from Scottish Government that Covid costs and unachieved savings would be funded
- There was a requirement to move from Non Recurring to Recurring Savings following the finding of the Audit Scotland report noting the 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

Members were advised of the breakdown of Covid spend and a report would be submitted to the Scottish Government. Assurance was given to members that controls were in place to monitor Covid costs and spend going forward.

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.

Decision/Conclusion

Members reviewed the report and were assured of progress.

F82 **Financial Recovery Plan 2022/23-2024/25 - FPC2122-34**

The Director of Finance noted the Financial Recovery Plan had been submitted to the Scottish Government at the end of February 2022, one amendment had been requested to Additional Non Recurring Savings at £2.9m, but did not affect the final submission.

Members were advised on progress establishing the Financial Sustainability Office:

- The Senior Management Accountant position had been re-advertised due to candidate withdrawal from the initial recruitment drive
- Job adverts had been shared with the Directors of Finance network, highlighting secondment and/or remote working opportunities
- Project Manager interviews were scheduled for the 31 March 2022
- Project support was to be considered once the team were established
- The Chief Officer would support the establishment of a Vacancy Panel, taking a 'grip and control' approach looking at individual posts, pay banding, pensions and professional development. The Medical Director would consider clinical aspects

The Director of Finance responded to members' queries:

- Assurance was given that the 3-year plan was achievable
- Scottish Government had been made aware of the commitment from the NHS Orkney Executive Management Team
- Adrian Ennis, Health Finance Board Support, Scottish Government had been assured of the efforts being made to address the issues following attendance at an NHS Orkney In Committee Board session
- Richard McCallum, Director of Health Finance and Governance, Scottish Government, was aware that some plans may need to extend beyond three years extended to bring the organisation into balance

In response to a question from J Stockan on how NHS Orkney intended to manage inflationary pressures, the Director of Finance confirmed that key potential overspends in relation to energy and inflation had already been highlighted through the Directors of Finance network

Decision/Conclusion

Members reviewed and noted the report.

F83 **Capital Plan for 2022/23 - FPC2122-35**

The Director of Finance focussed on the Sales Programme:

- A surplus property had been sold for £145k
- There was potential for re-development of Greystone, Evie and King Street, Kirkwall

The Director of Finance asked the Committee to consider re-development of the Greystone and King Street properties by conversion of two flats for NHS Orkney staff, with input from Council professional, funded from part of next year's capital.

Members agreed to the re-development in principle with due consideration of the recent changes in Letting Laws in Scotland.

The Chair considered this a well aligned piece of work and noted the success of the capital achievement.

Decision/Conclusion

Members noted the update acknowledging that this was a well aligned piece of work and noting the success of the capital achievement.

Governance

F84 Finance and Performance Committee Annual Report - FPC2122-36

Members had been provided with the Finance and Performance Committee Annual Report 2021/22 for approval.

It was suggested that the committees increased agenda around articulating climate change and sustainability governance should be included.

Decision/Conclusion

Members approved the report subject to the one further inclusion noted above.

Finance and Performance Committee Annual Development Session Documentation

F85 Finance and Performance Committee Terms of Reference - FPC2122-37

The Committee had received the Finance and Performance Committee Terms of Reference for review and approval following amendments made at the annual development session.

Decision/Conclusion

Members approved the updated version of the Committee Terms of Reference.

F86 Finance and Performance Committee Business Cycle and Workplan - FPC2122-38

The Committee had received the Finance and Performance Business Cycle and Workplan for 2022/23 for review and approval following amendments made at the annual development session.

Decision/Conclusion

Members approved the Committee Business Cycle and Workplan for 2022/23.

F87 Any Other Competent Business

There was no other competent business.

Items for information and noting only

F88 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 26 May 2022.

F89 Record of attendance

Members noted the record of attendance.

The meeting closed at 10.48

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 2022
Title:	Corporate Risk Register
Responsible Executive/Non-Executive:	Michael Dickson, Interim Chief Executive
Report Author:	Christina Bichan, Head of Assurance & Improvement

1 Purpose

This is presented to the 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:

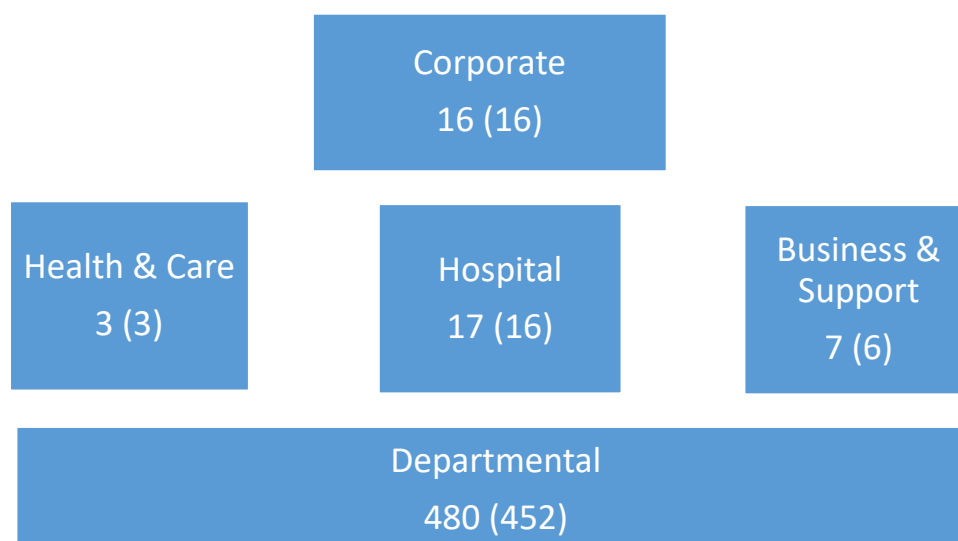
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

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 May 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 ratings of risks number 550 and 923, in relation to data security were decreased from 20 to 9 and 15 to reflect implementation of control measure to mitigate the risks.

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

There were 1 escalated risk and 1 new risk added to the Tier 2 risks on the Hospital and Business and Support Risk Registers and no movement to report in relation to any of the Tier 2 risks on the Orkney Health and Care Risk Register.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at May 2022 and Table 2 provides the last reported position for reference. As can be seen there has been a small decrease in risk exposure at a corporate level as a result of the decreased rating of the corporate data security risks and an increase within Hospital services due to new risk relating to ENP Entitlement.

Risk Exposure – Tables 1 & 2:

March 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	100	121	13	0	234	41.0%
Health & Care	25	15	9	0	49	8.6%
Hospital	40	157	23	0	220	38.5%
Business & Support	0	44	24	0	68	11.9%
TOTAL EXPOSURE	165	337	69	0	571	100.0%
% of Total	28.9%	59.0%	12.1%	0.0%		

May 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	60	151	22	0	233	38.2%
Health & Care	25	15	9	0	49	8.0%
Hospital	65	157	23	0	245	40.2%
Business & Support	0	59	24	0	83	13.6%
TOTAL EXPOSURE	150	382	78	0	610	100.0%
% of Total	24.6%	62.6%	12.8%	0.0%		

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* was reviewed in April 2022 with no change to its current risk rating due to ongoing recruitment processes.

Corporate risk 554 *Failure to meet population health needs resulting from the pandemic* 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 ongoing 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 12 following review in May 2022 however there are a number of work activities underway that are supporting NHS Orkney in discharging its responsibility in this area and the Sustainable Recovery Delivery 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	Owner	Current Risk Level	Target Risk Level	Controls In Place	Updates (Assurance)
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.	Dec 21: Exercise requested by agencies prior to next season due to large numbers expected. Emergency and Repatriation plans requested. Public Health concerned about care for people and other aspects. Feb 22: Pre-season meeting scheduled and SL invited to attend. More bookings than before for this upcoming season. HLLRP to do cruise liner exercise planned for late Autumn 2022. SL to flag to HPS.
Risk ID: 311 NHSO could experience significant issues regarding supply of stock/equipment/food and medicines leading to potential patient har	Chief Executive	9	6	Brexit assessment has been completed Brexit Steering Group Monthly report to SMT	Update March 2022 - The movement of goods in and out of the UK via designated posts is subject to additional documentation which is causing delays in the haulage sector. The price of foodstuffs has increased however concurrent events such as the Pandemic and the conflict in Eastern Europe are impacting on the same risk areas as Brexit such as rising energy costs food price escalation, shortages of skilled workers, global shortages of goods in particular processing chips, laptops etc. These concurrent risks are likely to impact on the Board at short notice alongside Brexit and will need to be flagged early to apply mitigation measures.
Risk ID: 365 Potential noncompliance with Health and Care (Staffing) (Scotland) Act	Director of Acute Services	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	Update Sept 2021 - Update gone to NAMAC/TRADAC. Update going to October Clinical Care Governance Committee and SBAR to EMT. Update Nov 2021 - SBAR to SMT/ Updated to CCGC & Staff Governance. Update March 2022 - Update provided from Healthcare Staffing Lead Nurse
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.	Update Dec 2021 - Will be reviewed again in March 2022 in light of the number of projects which have been commenced. These include Fortinet Traffic analyser / Remote Desktop modernisation project / Fortinet and inter-isle connectivity Update May 2021 - Number of target controls been implemented and work commencing as part of NIS Audit work.

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 / 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	Update Jan 2022 - All 3 Surgeons now in post, 1 Physician recruited but not yet in post, 1 x Obs & Gynae recruited and not in post and 1 additional retirement. Update April 2022 - Recruited physician no longer joining - New recruitment process required. Obs & Gynae consultant starts end of April 2022 - ongoing recruitment for retiree position. Anaesthetic recruitment ongoing for retiree position.
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.	Update March 2022 - Board escalation and the need to deliver Financial Recovery Plan over 3 year period - likelihood of risk increased and so overall risk increased from 16 to 20. Update May 2022 - Board has created Finance Sustainability Office which will work with Executive Directors to address financial position.
Risk ID: 550 Nefarious Applications, Operators or Agents	Director of Finance	9	8	Staff training and awareness. Lessons learned from other organisations and implementing controlled measures and spreading data storage. Meetings with managers around mitigations and measures in place. Air gap containers in a different security context. Scottish Government Playbook and National Centre of Cyber Excellence support.	Update May 2022 - Balfour Firewalls installed and operational - remote firewalls configured/ tested and operational. New Anti virus client configured and currently going through testing. May 2022 - Likelihood and consequence of risk reduced so overall risk reduced from 20 to 9 due to all mitigations being implemented.
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.	Update Dec 2021 - The actions that particularly pertain to staff are included within the staff governance action plan and therefore are scrutinised at each staff governance committee. The main focus area being progressed as agreed in partnership with the Area Partnership Forum is that of Communications. A communication working group has been established and holds its inaugural meeting on the 3rd December. Since the listening exercise took place the Board has completed the national imatter staff engagement process and a follow up piece of work on comparison is being undertaken and will be shared at the Board Development session early 2022.

Risk ID: 552 Failure to Respond Appropriately to COVID 19	Chief Executive	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 booster programmes scheduled for delivery in line with national guidance	Update Dec 2021 - No change to risk rating - Meetings with SG and PHS re management of new variants. Update March 2021: Changes in Scottish policy awaited and local implications to then be addressed, including impact on workforce
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.	Update May 2022 - Work completed on survey of all NHSO building with a view to reviewing fossil fuel energy driving systems – work now underway preparing application for Scottish Government Funding to assist with removal of these systems and implementing green energy heating systems. Following Scottish Government Guidance NHSO is now part of the Orkney Island's Sustainable Recovery Delivery Group.
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.	Update March 2022 - Clinical uncertainty re long term impacts of COVID-19 infection
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.	Update Nov - Ongoing risk will be monitored at regularly intervals - mitigations already in place. Update March 2022 - No changes to risk ongoing review
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.	Update March 2022 - Interim Nursing leadership structures have been agreed and communicated, however until a substantive appointment is made we will need to tolerate the risk at its current level
Risk ID: 725 NHS Orkney's ability to comply with the requirements of the Manual Handling Operations Regulations 1992.	Director of Human Resources	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.	Update May 2022 - No change to risk assessments & KPIs - Moving and Handling policy updated and approved at OHS Committee to progress through Governance routes. Training schedule reliant on full time trainer and staff being released to comply with training schedule, however a number of cancellations (including on the day) have meant that training is behind trajectory. The Health and Safety Manager has been working with HODs to revisit to get back to

				<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>60% trajectory by June 2022. Now using the DATIX system for managers to record why staff cannot be released for training and trainers using the system to advise re any issue with schedule numbers – this will give us an Audit trail which we look at to understand what remedial/alternative actions we can supportively take. Training compliance numbers will be looked at w/c 9th May WTE Training Officer post approved and advert underway - Post HSE visit end of June 2022 we will review outcome and further define whether risk can be de-escalated.</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 Human Resources</p>	20	8	<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>Update May 2022 - V & A trainer now in post and has had local Induction – delivering localised training – has in conjunction with H&S Manger/V&A Advisor revisit training schedule in collaboration with service managers – and shared diary around what days what level of training taking place. Advanced Courses taking place May and June. The Violence and Aggression Policy is has been completed and is in the Governance and sign off process. WTE Training Officer post approved and advert underway - Post HSE visit end of June 2022 we will review outcome and further define whether risk can be de-escalated.</p>
<p>Risk ID: 923</p> <p>Data Security - Control of Access to Clinical & Non-Clinical Personal Data</p>	<p>Director of Finance</p>	15	4	<p>IT Access request process</p> <p>Information Security Policy</p>	<p>Update April 2022 - Initial audit of all user accounts & permission sets for each clinical IT system and Removal of any inappropriate access from users/Closure of dormant accounts has been completed so likelihood of risk reduced and so overall risk reduced from 20 to 15.</p> <p>Update May 2022 - Head of IG to confirm with HR appropriate list been sent re payroll staff.</p>

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 23 June 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 NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Audit and Risk Committee met on the 3 and 31 May 2022 and agreed the following should be highlighted to the Board.

- NHS Orkney Annual Accounts for 2021/22
- Progress of audit recommendations during 2021/22
- The positive Internal Audit report around waiting times

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

NHS Orkney Annual Accounts for 2021/22

The Committee had received the draft version of the annual accounts and supporting governance documentation, the final version of the Annual Accounts for 2021/22 would be presented to the Audit and Risk Committee on the 23 June 2022, seeking a recommendation of Board approval on the same date.

Progress with Audit Recommendations

The Committee noted the success in progressing audit recommendations during 2021/22 and the hard work by staff and teams to action these within the agreed timeframes.

The positive Internal Audit report around waiting times

The Committee received the final Internal Audit report of 2021/22 around waiting times, which concluded that assurance had been gained that NHS Orkney had a generally sound systems and controls in place to support effective monitoring and reporting of patient waiting times. One minor area of improvement had been noted which had since been actioned. Members welcomed the positive report which provided assurance around improvements made.

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 meetings 3 May 2022 and 31 May 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 1 March and 3 May 2022

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 1 March 2022** at **11:30**

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

In Attendance: Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
David Eardley, Chief Audit Executive, Azets
Claire Gardiner, Senior Audit Manager, Audit Scotland
Paul Kelly, Audit Director, Azets
Keren Sommerville, Head of Finance
Emma West, Corporate Services Manager
Louise Wilson, Director of Public Health
Gillian Woolman, Audit Director, Audit Scotland

A129 **Welcome**

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

A130 **Apologies**

Apologies were received from C Bichan.

A131 **Declaration of Interest – agenda items**

No interests were declared.

A132 **Minutes of previous meeting held on 7 December 2021**

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

A133 **Matters Arising**

No matters arising were raised.

A134 **Action Log**

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

External Audit

A135

Annual Audit Plan 2021/22 – ARC2122-63

Gillian Woolman presented the report which summarised the workplan for the 2021/22 external audit of NHS Orkney. She advised that audit appointments were usually for a five year period, but on this occasion had been extended into a sixth year due to Covid-19. 2021/22 would be the final year of the current appointment and there would be close working arrangements with the

successors to ensure a well-managed transition, updates would be provided as soon as available.

The following areas were highlighted for members attention:

- The Covid-19 pandemic had a significant impact on public services and finances which would be felt well into the future
- Key responsibilities and compliance had been included
- Materiality levels would be assessed as described, based on the risk assessment process, significant risks of material misstatement would undergo further audit process to gain assurance
- There had previously been qualified NSS Audits in relation to Payments to Primary Care Contractors, service auditor reports for 2021/22 would continue to be reviewed to provide the required assurance
- Financial sustainability remained a challenging area and comment would be provided on the medium and longer term
- A review of the risk of fraud in the procurement function would form part of the audit dimensions work as agreed nationally
- The proposed annual report and accounts timetable had been provided
- There had been an increase in the proposed audit fee for 2021/22

Decision / Conclusion

The Committee noted the work plan for the 2021/22 External Audit of NHS Orkney.

Internal Audit

A136 Progress Report February 2022 – ARC2122-64

D Eardley presented the report which provided a summary of Internal Audit activity since the last meeting. There had been a slight delay in the Waiting Times Audit which would be presented to the May meeting of the Committee.

Decision / Conclusion

The Audit and Risk Committee noted the progress report

A137 Covid-19: Financial Impact – ARC2122-65

D Eardley presented the report which reviewed the approach to monitor and control expenditure incurred due to Covid-19 and the related implications and pressures. The report did not consider clinical judgement, modelling or projections but focused on the control processes in place and timeliness of implementing these.

The report showed good practice in a number of areas and one recommendation for improvement, that a dedicated lessons learned exercise should be undertaken.

The Director of Finance agreed with the recommendation which would be progressed post covid to understand process and capture lessons learned.

The Employee Director was very supportive of a lessons learned exercise, but cautioned the need to ensure all appropriate stakeholders were in place for these conversations.

Decision / Conclusion

The Audit and Risk Committee noted the report and the management response to the recommendation highlighted.

A138 Emergency Admissions – ARC2122-66

D Eardley presented the report, which confirmed that NHS Orkney's Emergency Admissions procedures generally reflected good practice and had been well designed across most of the areas subject to review.

Two areas were noted for improvement including lack of staff training to appropriately record and allocate patients during triage and the benefits of a wider and more targeted trend analysis on existing data.

I Grieve suggested that a benchmarking exercise to compare those presenting to the Emergency Department inappropriately against data for other Boards in Scotland would be beneficial.

The Director of Public Health cautioned that clinical diagnosis of presentations by category should not be used in isolation to plan future services.

Decision / Conclusion

The Audit and Risk Committee noted the report and the two recommendations which had been acknowledged and would be progressed.

A139 Information Governance follow up – ARC2122-67

Paul Kelly presented the report on the follow up review which identified that out of the 13 actions within the action plan, six had been completed, three remained in progress and four were due to be completed in 2022/23. It was noted that consideration should be given to regarding some actions as business as usual and developing a process for ongoing monitoring. Areas were identified where the action plan would benefit from further development including task owners and dates for delivery.

Decision / Conclusion

The Audit and Risk Committee noted the report including the planned progress against actions for 2022/23.

A140 Digital and IT Effectiveness – ARC2122-68

Paul Kelly presented the report, which observed demonstrable improvement in the processes and procedures within the Digital and IT Team over the past 12 months. Including more structured processes for service delivery and the approval of the Digital Strategy.

There were four areas for improvement noted, none of which were significant in nature, relating to the continuing work to establish robust structures and processes within the Team.

The Employee Director welcome the proposal to complete a skills gap analysis and stressed the need to link this to staff development and appraisal to ensure clear objectives and goals.

Louise Wilson withdrew from the meeting

Decision / Conclusion

The Audit and Risk Committee noted the report and acknowledgement of the recommendations.

Internal and External Audit Recommendations

A141 Internal and External Audit recommendations follow-up report – ARC2122-69

Members were advised that 14 recommendations were brought forward following the last update, of these extensions were sought for 6 and approval to close 4 as complete. 10 recommendations remained in progress with estimated completion dates throughout 2022.

I Grieve noted that the plans were ambitious considering the timescales and small size of teams, she questioned the level of confidence in the completion dates. The Director of Finance gave assurance that he was confident that the dates were appropriate and attainable.

Decision / Conclusion

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

A142 Agreed items to be taken to Board regarding Audit recommendations

No items were required to be brought forward to the Board from the audit recommendations.

Information Governance

A143 Information Governance Group Chair's Report and approved minutes – ARC2122-70

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.

The following were highlighted:

- Disappointment was noted at the continued number of apologies from members expected to attend the Information Governance Committee

meetings, due to the important nature of the meetings it was requested that this was highlighted to the Board.

- Concerns had been raised surrounding significant numbers of movers, leavers and transferred staff who continued to have access to clinical systems, with staff moving between departments being the most problematic. The situation had been reviewed and process strengthened moving forward.
- The documents, Data Protection Impact Assessments (DPIA) and Information Sharing Agreements, were in place across the organisation. It was noted there was no central record, and a significant piece of work was required to get this in line with Article 30 of the UK GDPR.

Decision / Conclusion

The Audit and Risk Committee noted the report and approved minutes and agreed the item for onward escalation to the Board.

Annual Accounts

A144 Annual Accounts timetable – ARC2122-71

The Head of Finance presented the report setting out the NHS Orkney Annual Accounts timetable for 2021/22.

The final accounts would be presented to the NHS Orkney Board on the 23 June 2022 for approval before submission to the Scottish Government by the 30 June 2022 deadline.

Decision / Conclusion

The Audit and Risk Committee approved the Annual Accounts Timetable.

Fraud

A145 National Fraud Initiative update – ARC2122-72

The Director of Finance presented the report informing the Committee of the matching exercise carried out by the National Fraud Initiative for the financial year 2020/21.

The National Fraud initiative was an exercise that matched electronic data within and between public and private sector bodies to prevent and detect fraud. No fraudulent transactions had been identified for NHS Orkney through the exercise.

Decision / Conclusion

The Audit and Risk Committee noted the actions taken following the National Fraud Initiative 2020/21 exercise.

A146 Counter Fraud Services Quarterly report – 31 December – ARC2122-73

Members had received the report for information, noting that NHS Orkney had no cases referred to Counter Fraud Services for review during the period covered

Decision / Conclusion

The Audit and Risk Committee noted the quarterly report.

Risks

A147 Risk and Assurance Report – ARC2122-74

Members had received 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.

Decision / Conclusion

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

A148 Risks Escalated from other Governance Committees

There were no escalated items for discussion at this meeting.

Governance

A149 Audit and Risk Committee Terms of Reference – ARC2122-75

The Corporate Services Manager presented the report, advising that the Terms of Reference had been updated following discussion at the Committee Annual Development Session on the 10 November 2021.

The main amendments included widening the purpose of the Committee to strengthen the definition of risk and removing any potential conflict of interest around whistleblowing.

Decision / Conclusion

The Audit and Risk Committee approved the amendments to the Terms of reference for 2022/23.

A150 Audit and Risk Committee Business Cycle and work plan – ARC2122-76

The Corporate Services Manager presented the report, advising that the Business Cycle and workplan had been updated following discussion at the Committee Annual Development Session on the 10 November 2021.

Decision / Conclusion

The Audit and Risk Committee approved the amendments to the Business Cycle and work plan for 2022/23.

A151 Agree items to be brought to attention of Board or other Governance Committees

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

- The reduced attendance at Information Governance committee meetings and the importance of promoting this to all members due to the important nature of the meetings for the organisation as a whole.

A152 Any Other Competent Business

No other competent business was noted.

***Items for Information and Noting only**

***Audit Scotland Reports**

A153 Audit Scotland Technical Bulletin 2021/04

Members noted the extract from the technical bulletin.

It was noted that the NHS in Scotland 2021 overview report had now been published and was available as a public document.

***Counter Fraud Services Reports**

A154 The following reports were noted by the Committee:

- Rolling COVID-19 Intelligence Alert

A155 *Reporting Timetable for 2022/23

Members noted the schedule of meetings for 2022/23.

A156 *Record of Attendance

The Committee noted the record of attendance.

Meeting closed at 12:55

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday 3 May 2022** at **11:30**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Martha Gill, Employee Director

In Attendance: Christina Bichan, Head of Assurance and Improvement
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
David Eardley, Chief Audit Executive, Azets
Claire Gardiner, Senior Audit Manager, Audit Scotland
Keren Sommerville, Head of Finance
Matthew Swann, Associate Director, Azets
Emma West, Corporate Services Manager

A1 Apologies

Apologies were noted from Ceri Dare.

A2 Declaration of Interest – agenda items

No interests were declared in general or in relation to agenda items..

A3 Minutes of previous meeting held on 1 March 2022

The minute of the Audit and Risk Committee meeting held on 1 March 2022 were approved as a true and accurate record of the meeting.

A4 Matters Arising

No matters arising were raised.

A5 Action Log

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

External Audit

No agenda items this meeting.

Internal Audit

A6 Progress Report – ARC2223-01

M Swann presented the report which provided a summary of Internal Audit activity since the last meeting. One substantive audit, around Waiting Times, remained incomplete for 2021/22, fieldwork had now been concluded and the report would be presented to the 31 May 2022 meeting of the Committee.

Decision / Conclusion

The Audit and Risk Committee noted the progress report

A7 Draft Internal Audit Annual Report 2021/22 – ARC2223-02

D Eardley presented the report advising that the final version would be subject to the completion of the Waiting Times audit and would be presented at the next meeting of the Committee, it was envisaged that there would be no substantive changes to the version presented.

The draft internal audit opinion was that NHS Orkney had a framework of governance, risk management and controls that provided reasonable assurance regarding the effective and efficient achievement of objectives, this was an unqualified and unmodified opinion.

Decision / Conclusion

The Audit and Risk Committee noted the draft report and welcomed the final version to be presented at the meeting on the 31 May 2022.

A8 Draft Internal Audit Plan 2022/23 – ARC2223-03

M Swann presented the report which was designed to provide NHS Orkney with assurances required to prepare an annual governance statement that complied with best practice.

The plan was based on the risk and audit needs as at April 2022 and would be developed by engaging with key members of the Executive Management team to focus on the main risks for the organisation. The plan covered a broad range of relevant areas and set out the audit days attributed to these. The plan included a degree of flexibility to allow a pragmatic approach, as required, throughout the year.

Members were advised that there were no Information Technology specific audits scheduled, although this would be an aspect of most, and this maybe something that the committee wished to consider going forward.

Members discussed the cyclical review nature of the audit planning and the frequency of areas covered. It was noted that audit days were scheduled dependent on relative judgement, importance and risk. It was stressed that workforce was a pertinent issue and should be considered and strengthened as an aspect of planned reviews where relevant.

The Director of Finance noted that service redesign and clinical governance had a high time commitment and that as the impacts from the clinical strategy would not be evident in year, consideration should be given to whether this was the right area for audit in 2022/23. There was also a need to consider statutory and mandatory staff training and the national workforce strategy and learning from the Health and Safety Executive visit.

Decision / Conclusion

The Audit and Risk Committee reviewed and approved the plan, with a caveat that some areas of focus could be amended as discussed, within the finite resources available for this audit work.

A9

Waiting times - verbal

It was noted that there were no substantial issues noted in the audit work carried out to date and findings were consistent with previous years. There were no areas of concern to escalate to the committee at this time, caveated with the need for full review through the quality assurance process before presentation to the Committee in final format.

Decision / Conclusion

The Audit and Risk Committee noted the verbal update and welcomed the Waiting Times audit at the meeting on the 31 May 2022.

Internal and External Audit Recommendations

A10

Internal and External Audit recommendations follow-up report – ARC2223-04

Members were advised that 10 recommendations were brought forward following the last update, of these extensions were sought for 2 and approval to close 7 as complete. 1 recommendation remained in progress with an estimated completion date in September 2022.

Decision / Conclusion

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

Annual Governance Statement

A11

Draft Directors' Subsidiary Statement on Governance – ARC2223-05

The Director of Finance presented the report advising that the preparation of the subsidiary statement on governance was an important part of triangulating information available to the Chief Executive and supported compilation of the governance statement for inclusion in the annual accounts.

The statement would be signed by Lead Executives and Senior Managers as stated and would be presented as a final signed document to the 31 May 2022 meeting.

The Chair noted the significant emphasis on training requirements throughout the report and asked that this be considered as part of oversight of the audit plan for 2022/23.

Decision / Conclusion

The Audit and Risk Committee noted the report and welcomed the final signed version at the 31 May 2022 meeting.

Information Governance

A12 Information Governance Committee Chair's Report and approved minutes – ARC2223-06

The Director of Finance presented the Information Governance Committee Chair's Report and approved minutes, providing an overview of the business and assurance received at the recent Information Governance Committee meeting. The following was highlighted:

- The Information Governance Strategy had been considered and comments made would be considered as revisions before submission to the Executive Management Team and Audit and Risk Committee in due course.

I Grieve noted that the Chairs report and Annual Report from the Information Governance Committee gave excellent assurance around current Information Governance arrangements.

Decision / Conclusion

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

A13 Information Governance Committee Annual Report 2021/22 – ARC2223-07

The Director of Finance presented the Information Governance Committee Annual Report for 2021/22 for assurance and awareness.

Decision / Conclusion

The Audit and Risk Committee noted the Information Governance Committee Annual report for 2021/22 and the assurance this provided.

Annual Accounts

A14 Annual Accounts update – verbal

The Director of Finance provided the Committee with a verbal update around the NHS Orkney Annual Accounts timeline and process for 2022.

Members were advised that the accounts were still subject to external review, the draft accounts showed the Board delivering against all three financial targets.

External audit had now commenced their review and would remain in regular contact whilst forming an opinion on the accounts.

Decision / Conclusion

The Audit and Risk Committee noted the verbal update on the annual accounts process.

Fraud

No agenda items this meeting

Risks

A15

Risk and Assurance Report – ARC2223-08

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.

It was reflected that the Risk Management forum did not formally report through the Audit and Risk Committee and there was an agreement that this should be built into reporting going forward.

Decision / Conclusion

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

A16

Risks Escalated from other Governance Committees

There were no escalated items for discussion at this meeting.

Governance

A17

6 Monthly Litigation report – ARC2223-09

Members had received the litigation report for information, noting that there were no current active claims or ongoing costs relating to NHS Orkney.

Since the last report in August 2021, Central Legal Office had represented NHS Orkney in one claim which was now closed.

Decision / Conclusion

The Audit and Risk Committee noted the update on current litigation cases and financial information.

Governance Committee Annual Reports 2021/22

The Corporate Services Manager advised that all Governance Committees of the Board provide an annual report around Committee outcomes, during the year, including any concerns, successes and areas for focus moving forward

12.2.2

These reports were submitted to the Audit and Risk Committee, ahead of the Board, to provide assurance that each Governance Committee has fulfilled its remit.

- A18 **Audit and Risk Committee Annual Report 2021/22 – ARC2223- 10**
- The Chair presented the Annual Report for review and approval.
- Decision / Conclusion**
- The Audit and Risk Committee approved the Annual Report for 2021/22
- A19 **Joint Clinical and Care Governance Committee Annual Report 2021/22 – ARC2223-11**
- Members had received the Joint Clinical and Care Governance Committee Annual report for 2021/22 for information and assurance
- Decision / Conclusion**
- The Audit and Risk Committee noted the annual report.
- A20 **Finance and Performance Committee Annual Report 2021/22 – ARC2122-12**
- Members had received the Finance and Performance Committee Annual report for 2021/22 for information and assurance
- Decision / Conclusion**
- The Audit and Risk Committee noted the annual report.
- A21 **Remuneration Committee Annual Report 2021/22 – ARC2122-13**
- Members had received the Remuneration Committee Annual report for 2021/22 for information and assurance.
- Decision / Conclusion**
- The Audit and Risk Committee noted the annual report.
- A22 **Staff Governance Committee Annual Report 2021/22 – ARC2122-14**
- Members had received the Staff Governance Committee Annual report for 2021/22 for information and assurance.
- Decision / Conclusion**
- The Audit and Risk Committee noted the annual report.

A23 **Governance Committee Terms of Reference and Workplans 2022/23 – ARC2223-15**

The Corporate Services Manager advised that all Governance Committees of the Board review their Terms of Reference and Workplans annually to ensure that they are up to date, relevant and meeting current legislation. Individual Committee Development sessions were held in the last quarter of 2021 where documentation was reviewed, and agreement reached on any changes to the Terms of Reference and Workplans for 2022/23. These were provided to the committee to for assurance that remits were accurately reflected, prior to presentation to the Board for final approval as required in the Model Standing Orders.

- Joint Clinical and Care Governance Committee
- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

Decision / Conclusion

The Audit and Risk Committee noted the Governance Committee Terms of Reference and Workplans for 2022/23 and endorsed Board approval.

A24 **Agree items to be brought to attention of Board or other Governance Committees**

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

Staff Governance Committee

- Members noted the significant emphasis on training requirements throughout the governance statement and other report and asked that this be considered as part of oversight of the audit plan for 2022/23 along with strengthening the elements around workforce in the planned audits.

Board

- The success in progressing audit recommendations during 2021/22 and the hard work by staff and teams to action these.

A25 **Any Other Competent Business**

No other competent business was noted.

Items for Information and Noting only

Audit Scotland Reports

A26 **Audit Scotland Technical Bulletin 2021/04**

Members noted the extract from the technical bulletin.

Counter Fraud Services Reports

A27 The following reports were noted by the Committee:

- Rolling COVID-19 Intelligence Alert
- DL(2022)06 – Partnership agreement between NHSScotland Counter Fraud Services and NHS Boards
- Corporate Impersonation Fraud Update

A28 **Reporting Timetable for 2022/23**

Members noted the schedule of meetings for 2022/23.

A29 **Record of Attendance**

The Committee noted the record of attendance.

Meeting closed at 12:35

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 2022 to 31 March 2023:

Name:	Position:	28 April 2022						
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attending						
D Campbell	Vice Chair	Attending						
D Creasey	Non Executive Board member	Attending						
C Dare	Non Executive Board Member	Attending						
C Evans	Non Executive Board Member	Attending						
M Gill	Employee Director	Attending						
I Grieve	Non Executive Board member	Attending						
S Johnston	Area Clinical Forum Chair	Attending						
J Kenny	Non Executive Board member	Attending						
J Stockan	Non Executive Board member	Attending						
J Taylor	Non Executive Board member	Attending						
	Executive Board Members:							
M Dickson	Interim Chief Executive	Attending						
M Doyle	Director of Finance	Attending						
M Henry	Medical Director	Attending						
L Wilson	Director of Public Health	Attending						

14.2

Name:	Position:	28 April 2022						
	In Attendance:							
S Brown	Chief Officer – IJB	Attending						
L Hall	Interim Director of HR	Attending						
M Moore	Interim Director of Nursing, Midwifery and AHPs	Attending						
E West	Corporate Services Manager	Attending						