NHS Orkney Board
25 August 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 25 August 2022** at **10:00am.**

Meghan McEwen
Chair

Agenda

Presentation
Forensic Services

Item	Topic	Lead Person	Paper Number	Purpose
1	**Apologies**	Chair		To note apologies
2	**Declaration of Interests**	Chair		To update the Board on new general or specific declarations of interest
3	**Minutes of Previous Meetings Held on 23 June 2022**	Chair		To check for accuracy, approve and signature by Chair
4	**Matters Arising**	Chair		To seek assurance that actions from the previous meeting have been progressed
5	**Board Action Log**	Chief Executive		To monitor progress against the actions
6	**Governance**			
	No agenda items this meeting			
7	**Strategy**			
7.1	Child Poverty Strategy	Chief Officer	OHB2223-31	To approve the Strategy on the recommendation of the Joint Clinical and Care Governance Committee

Item	Topic	Lead Person	Paper Number	Purpose
7.2	Information Governance Strategy	Director of Finance	OHB2223-32	To approve the Strategy on the recommendation of the Finance and Performance Committee
8	**Clinical Quality and Safety**			
8.1	Healthcare Associated Infection Reporting Template	Medical Director	OHB2223-33	To review progress and compliance and be alerted to any exception reporting
8.2	Infection Prevention and Control Annual Report	Medical Director	OHB2223-34	To receive the annual report and take assurance on performance and achievements
8.3	Public Health Update	Consultant in Public Health	OHB2223-35	To receive an update and assurance on current Public Health issues
8.4	Duty of Candour Annual Report	Medical Director	OHB2223-36	To take assurance from the annual report
8.5	Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on 5 April 2022	Joint Clinical and Care Governance Committee Chair	OHB2223-37	To seek assurance from the report and adopt the approved minutes
8.6	Area Clinical Forum Chairs report and minutes from meetings held on 7 June 2022	Area Clinical Forum Chair	OHB2223-38	To seek assurance from the report and adopt the approved minutes
9	**Person Centred**			
9.1	Patient Feedback Annual report 2021/22	Medical Director	OHB2223-39	To approve for submission to the Scottish Government
10	**Workforce**			
10.1	NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22	Interim Director of Human Resources	OHB2223-40	To ratify publishing of the report

Item	Topic	Lead Person	Paper Number	Purpose
10.2	Staff Governance Committee Chairs Report	Staff Governance Committee Chair	verbal	To seek assurance from the verbal update
11	**Organisational Performance**			
11.1	Financial Performance Report	Director of Finance	OHB2223-41	To review the in year financial position and note the year to date position
11.2	Performance Management Report	Director of Finance	OHB2223-42	To scrutinise the report and seek assurance on performance
11.3	Finance and Performance Committee Chair's Report and minute of meeting held on 26 May 2022	Finance and Performance Committee Chair	OHB2223-43	To seek assurance from the report and adopt the approved minutes
12	**Risk and Assurance**			
12.1	Corporate Risk Register	Interim Chief Executive	OHB2223-44	To review the corporate risks which have been agreed by the Executive Management Team.
13	**Any Other Competent Business**			
14	**Items for Information**			
14.1	Key Documentation Issued*	Chair	OHB2223-45	To receive a list of key legislation issued since last Board meeting
14.2	Board Reporting Schedule 2022/23*			To note the timetable
14.3	Record of Attendance*			To note attendance record

Item	Topic	Lead Person	Paper Number	Purpose

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 23 June 2022** at **13:00**

Present	Meghan McEwen, Chair Davie Campbell, Vice Chair 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 Steven Heddle, Non-Executive Board Member Mark Henry, Medical Director Steven Johnston, Non-Executive Board Member Joanna Kenny, 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 Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer (item B33) Mary Moore, Interim Director of Nursing, Midwifery and AHPs Emma West, Corporate Services Manager Gillian Woolman, Audit Director, Audit Scotland (item B30) Claire Gardiner, Senior Audit manager, Audit Scotland (item B30)

B24 **Welcome and Apologies**

No apologies were noted.

B25 **Declarations of interests**

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

B26 **Minutes of previous meetings held on 28 April 2022**

The minute of the meeting held on 28 April 2022 was accepted as an accurate record of the meeting and was approved.

B27 **Matters Arising**

No matters arising were raised.

B28 **Board Action Log**

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

Annual Accounts

B29 **NHS Orkney Annual Accounts for year ended 31 March 2022 – Restricted Distribution**

The Board were asked to consider and adopt the Annual Accounts for 2021/22 as recommended by the Audit and Risk Committee. Jason Taylor, Chair of the Audit and Risk Committee confirmed that the Accounts had been considered in detail and recommended for Board approval.

It was noted that the accounts would not be made a public document until later in the year once they had been laid before parliament and authority to publish was received.

The Chair gave thanks to the Finance Team and all those involved in the production of the Annual Accounts for their professionalism, knowledge, and the timely way matters had been progressed.

Decision / Conclusion

The Board approved the NHS Orkney Annual Accounts for 2021/22 as recommended by the Audit and Risk Committee.

B30 **NHS Orkney 2021/22 Annual Audit Report from External Auditor – Restricted distribution**

Gillian Woolman, Audit Director, Audit Scotland presented the NHS Orkney Annual Audit Report 2021/22, which had also been considered in detail by the Audit and Risk Committee. Members were advised that the conclusion of the audit opinion on the 2021/22 Annual Accounts was unmodified and that the accounts and financial statements were a true and fair representation. The follow were highlighted to members of the Board:

- This had been the last year that Audit Scotland would act as External Auditors for the Board and KMPG would be taking over this role for 2022/23 onwards.
- Adjustments had been made to the accounts for the accounting for contributions to the Orkney Integration Joint Board (IJB) and income received for services commissioned by the IJB. The total adjustments were £5.7 million and did not impact on the overall financial position of NHS Orkney
- NHS Orkney had met all financial targets and operated within the revised Revenue Resource Limit
- Budget setting and monitoring processes were revised to reflect the additional expenditure of £11.1m related to Covid-19. These costs had been fully met by the Scottish Government
- In line with Scottish Government direction the Board had developed a three year financial recovery plan, the plan identified a cumulative financial gap of £11.2m, reliance on non-recurring savings to bridge this financial gap presented a risk to the longer-term financial sustainability of services
- NHS Orkney had appropriate governance arrangements in place that supported the scrutiny of decisions made by the Board, the governance statement should be reviewed to improve the clarity and transparency of disclosures for future years
- NHS Orkney's remobilisation plan had a series of actions designed to address backlogs caused by the Covid-19 pandemic and restore performance levels.
- Staffing issues and increased service demand had resulted in progress with

recovery being slower than desired
- Covid-19 has significantly impacted upon the Board's activity and waiting times performance during 2021/22 and contributed to a large increase in demand for acute services. Tackling this backlog of patient demand would continue to present a major challenge to the Board in 2022/23 and beyond
- NHS Orkney should consider evaluation of its Best Value Framework following the implementation of new strategies

Decision / Conclusion

The Board noted and approved the report as recommended by the Audit and Risk Committee.

G Woolman and C Gardiner withdrew from the meeting

Governance

B31 **Governance Committee Annual Reports 2021/22 – OHB2223-15**

The Chair advised that 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 required that all Standing Committees submit an annual report to the Board. Furthermore, this was a requirement of the governance statement as part of the approval of NHS Orkney's annual accounts.

The reports had been submitted to the meeting of the Audit and Risk Committee ahead of the Board, providing assurance that Committee remits had been met in year.

The following Governance Committee Annual Reports had been provided:

- Audit and Risk Committee
- Joint Clinical and Care Governance Committee
- Finance and Performance Committee
- Remuneration Committee
- Staff Governance Committee

It was noted that further overarching Board development work would be required around control and assurance frameworks, including more meaningful assurance around risk and mitigation.

Decision / Conclusion

The Board took assurance from the Annual Reports that individual governance committee remits had been fulfilled within 2022/23.

B32 **Governance Committee Membership and Board appointment – OHB2223-16**

The Chair presented the report seeking approval of the reviewed and updated Governance Committee membership due to Councillor Steven Heddle joining the Board and an evaluation to ensure alignment of remits and workload.

Decision / Conclusion

The Board approved the reviewed and updated Governance Committee membership.

B33 **Joint Inspection of Services for Children and Young People in Need of Care and Protection – Second progress review – OHB2223-17**

The Interim Head of Children, Families and Justice Services and Chief Social Work Officer, presented the report inviting the Board to scrutinise the key findings arising from the Second Progress review. Members were advised that of the key improvement areas identified progress continued to be made, children were now safer and there was increasing confidence from families. Work would continue to build on progress made and consolidate this and a further review would be conducted in due course.

The Chair welcomed the improvements made and noted the Board would continue to take part in conversations around collective accountability and embedding change. The challenge in recruiting social workers was noted and assurance sought around current planning to address this.

J Lyon acknowledged that there were recruitment challenges nationally in both child and adult social care services, representations had been made to Scottish Government and there was need to consider the structure of social work salary and scales nationally. The availability of experienced locum social workers had decreased making the challenge harder for island, highland and rural communities. Locally one post had already been appointed to and three further social workers would be starting by the end of the summer. These were a blend of experienced and newly trained staff who were supported through a national programme.

Board members noted the need to work across organisations and communities to ensure children were safe in a small system where capacity and resilience could be limited and acknowledged the further effects of the pandemic and cost of living crisis on this.

Decision / Conclusion

The Board noted the review, welcome the positive progress made to date and the further consolidation of this work moving forward.

Strategy

B34 **Clinical Strategy – OHB2223-18**

The Medical Director presented the Clinical Strategy for approval on the recommendation of the Joint Clinical and Care Governance Committee. The Strategy set out the broad ambitions of how clinical teams and services would develop and grown to meet the needs of the people of Orkney over the next five years.

The key areas of focus were improving health and wellbeing of the people in Orkney, Children and Young People, Mental Health, and supporting independence for those living with long term conditions. There was a drive to deliver care seamlessly across services, focus on reducing unnecessary variation and targeting inequalities with a commitment to work closely with patients to meet their needs. Thanks were given to D Moody and E Brooks for all their hard work and input into the Strategy.

The Interim Chief Executive acknowledged the previous work on the clinical strategy prior to the pandemic and the time taken to since to widen the scope of engagement. The Strategy provided a broad framework to revisit and progress through clinical services and leadership and set the direction of travel.

Members welcomed the Strategy, commenting that:

- It was well written and easy to read with a clear vision that was community and staff driven
- The way services were delivered should continue to be reviewed ensuring that all opportunities presented were considered
- Challenges around delivery of services on ferry linked islands would continue
- It built a strong foundation to meet the needs of the population of Orkney

Decision / Conclusion

The Board approved the Clinical Strategy and welcomed a further update in due course on progress and impact made.

B35 **Whistleblowing Standards – Annual Report 2021/22 – OHB2223-19**

The Medical Director presented the report advising that this was the first annual report since the national standards came into force on the 1 April 2021. The report confirmed that NHS Orkney were complaint with the standards set out by the Independent National Whistleblowing Officer, noted the concerns raised during 2021/22 under the standards and highlighted the areas for further development. These were raising and maintaining staff awareness, including the wider IJB and partner organisations and improving manager awareness and competence.

It was noted that increasing staff confidence to raise concerns and making training materials more engaging would be positive steps moving forward.

Decision / Conclusion

The Board approved the annual report.

B36 **Whistleblowing Champion Assurance Statement – OHB2223-20**

Jason Taylor, Whistleblowing Champion, presented the assurance statement which outlined the role of the Whistleblowing Champion and the Board Members as set out in the standards.

He advised that the majority of staff that he had spoken to were aware of the standards and had the confidence to raise a concern around patient safety if required. There was a more mixed response around raising minor or day to day issues and work should be completed in this area including improving feedback to staff. In summary, he advised that he was satisfied that NHS Orkney had the appropriate systems in place to record and manage whistleblowing concerns.

Decision / Conclusion

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

<u>Clinical Quality and Safety</u>

B37 **Healthcare Associated Infection Prevention and Control Report – OHB2223-21**

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.

Members were advised that there had been two cases of Escherichia Coli (E. Coli) confirmed, both had been fully investigated and no root cause or commonality found, an increase was being seen in cases nationally and this would continue to be monitored. Quality Assurance Environment and Clinical Practice audits had returned to normal activity and showed good compliance, Primary Care audits had also restarted.

The team continued to see significant service pressures along with a drive to return to pre Covid-19 measures, there had been a significant number of Directors Letters issued around de-escalation of Covid-19 measures and amendments to practice, the team continued with pragmatic focusing of work to implement and embed these changes.

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.

B38 **Covid-19 update – OHB2223-22**

The Director of Public Health presented the report which provided an update on Covid-19 cases, testing and vaccination activity along with further public health information. The following were highlighted:

- Covid-19 case numbers and hospitalisations were increasing across Scotland
- BA.2 remained the dominant variant in Orkney, there were several new variants and the impact of these would continue to be monitored
- Hospitalisations although increasing, were relatively low and the high vaccination rates were welcomed
- Contract tracing had been reduced in line with guidance, the community would continue to be signposted to support when required and needs responded to on an individual basis
- Monkey pox cases continued to rise across the UK, the Board would continue to engage with national work around this

C Dare noted her concern that the rise in cases was also affecting healthcare staff and this could be compounded by the school holiday period. The Director of Public Health advised that services would continue to be prioritised, as they had been throughout the pandemic period.

S Johnston questioned the current number of community cases, and the prevalence of long Covid locally. The Director of Public Health advised that information was not yet available around all aspects of long Covid, especially how variants affected this. Long-Covid services and a clinical pathway had been established with very low numbers reported locally, there was a need to consider where there was an unmet need or the possible requirement to increase awareness across the clinical community.

Decision / Conclusion

The Board noted the update provided and the status of testing and vaccination programmes and gave thanks to the Public Health team for their hard work.

B39 **Chairs Report Area Clinical Forum and minutes of meetings held on the 1 April 2022 – OHB2223-23**

Steven Johnston, Chair of the Area Clinical Forum presented the Chair's report from the Area Clinical Forum meetings held on the 7 June 2022, highlighting the following:

- The reformation of the Area Medical Committee (AMC) was being progressed, with the amended Terms of Reference approved by both subgroups and to be ratified at the next meeting of the Area Clinical Forum. There had not yet been a nomination for the Chair of the AMC but there were already several proposed topics and issues to be considered in collaboration
- Members had discussed the prioritisation of e-Health projects and had highlighted their willingness to continue to engage in this area
- An update had been received around the Non-Residential accommodation group, and members were excited to see work progressing around the spaces used to deliver clinical services

The Chair sought assurance around mitigation of current risks associated with the electronic patient records and was advised that there was variation across the system, an electronic system did not solve all issues as there remained a reliance on accurate and timely input of information. The Interim Chief Executive advised that the Board has committed to moving to a digital first approach but many aspects of this operated as a subset of NHS Grampian.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meetings held on the 1 April 2022.

Workforce

B40 **Health and Safety Executive update – OHB2223-24**

The Interim Director of Human Resources presented the report, providing a formal update on activities carried out in response to the Health and Safety Executive Improvement notices. Members were advised that the Health and Safety structure was now fully in place with roles appointed to, ensuring a resilient health and safety function.

Work continued collaboratively to maximise uptake of training balanced against increased pressures to maintain services and staff and managers would continue to be supported to attend all required training. There was a further requirement to then embed the safety culture as the organisation was in a significantly better place to progress this.

Decision / Conclusion

The Board acknowledged the incredible amount of work to improve the safety culture within NHS Orkney and the continuing process of improvement and implementation.

B41 **Chairs Report Staff Governance Committee and minutes of meetings held on the 24 November 2021 – OHB2223-25**

Joanna Kenny, Chair of the Staff Governance Committee presented the Chair's report from the meeting held on the 9 June 2022. The report highlighted the following:

- The Committee approved of the end of year 2021/22 Staff Governance Action plan and welcomed the new format for 2022/23 with improved narrative and assurance.
- The Committee had approved a suite of Health and Safety policies and gave thanks to the Interim Director of Human Resources and her team for all the hard work in this area.
- The draft integrated workforce plan, which was due to be submitted in July 2022 had been considered and the committee welcomed the cross organisational work and partnership consultation around this.

Decision / Conclusion

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

Organisational Performance

B42 **Financial Management Performance Report – OHB2223-26**

The Director of Finance presented the report which provided analysis of the financial position for the period up to 31 May 2022. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The year to date position was an overspend of £0.407m and at this very early stage in the year there was an anticipated year end outturn of £2.0m overspent as highlighted in the financial recovery plan and caveated by several assumptions including:

- The delivery of £4.9m of recurring and non-recurring savings
- A break even position on operational budgets
- The IJB, in conjunction with NHS Orkney, delivering £0.750 of recurring savings in 2022/23
- Inflation continued to cause a significant challenge for the Board and would remain under continuous review
- Discussions continued with other Health Boards to monitor SLA activity

Members were advised that the Board anticipated Covid-19 costs for 2022/23 to be contained within the IJB carried forward reserve, and the additional allocation from the Scottish Government.

The Board had a savings target of £6.9m, of which £4.9m of savings had been identified, and £1.023m had been delivered. Savings would continue to be tracked by the Financial Sustainability Office (FSO)

Decision / Conclusion

The Board noted the current and anticipated year-end financial position, including the assumptions made regarding these.

B43 **Financial Sustainability Report – OHB2223-27**

The Director of Finance presented the report proving the Board with an update on the actions taken by the Financial Sustainability Office (FSO) to support delivery of the financial recovery plan during 2022/23 and beyond.

The Board had an efficiency target of £6.9m to be delivered during 2022/23 and the Financial Recovery Plan identified potential savings schemes of £4.9m which were endorsed by the Board and the Executive Management Team. These schemes were detailed in the paper including those recurring and non-recurring and plans to manage and progress schemes identified.

Decision / Conclusion

The Board noted the update provided and welcomed further updates as schemes progressed through the Chairs report of the Finance and Performance Committee.

B44 **Performance Management Report – OHB2223-28**

The Chair gave thanks and gratitude to Christina Bichan, for all her hard work and insight over the many years she had worked for NHS Orkney.

The Director of Finance presented the report advising that performance improvements were being seen in many areas, although achievements of the standards remained adversely affected by the pandemic. The report provided a summary of published data and the following were highlighted:

- The 4 hour emergency department standard was currently 94.7% and had been impacted on occasion by bed availability
- The latest figures around delayed discharges, indicated 180 bed days occupied by delayed discharges during the reporting period and currently 8 people delayed, continued improvement was being seen
- The 31 day cancer standard was at 100% but this was not the case for the 62 day standard which had been affected by treatment capacity in partner Boards
- There had been 21 cancelled operations, due to a variety of reasons including capacity, non-clinical, clinical, or cancelled by the patient

The Chair sought assurance that in the areas which were currently not meeting target, appropriate proportionate action was being taken, and harm was being mitigated.

The Medical Director advised that Emergency Department performance was exceptionally positive compared to the national picture, and longer waits were often because care was focused on the best outcome for the individual, rather than where this was provided. A review was completed for every patient breaching cancer standards and numbers were very small, if issues could be addressed locally this was actioned but there were often national pressures involved in these cases.

The Interim Chief Executive advised that clinical prioritisation was place so those less urgent would need to wait longer, this was a more equitable approach than addressing the longest waits first and mitigated risk.

Decision / Conclusion

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

welcomed further refinement and amendments to the report going forward.

B45 **Chairs Report Finance and Performance Committee and minutes of meetings held on the 24 March 2022 – OHB2223-29**

Davie Campbell, Chair of the Finance and Performance Committee presented the Chair's report from the meeting held on the 26 May 2022. The report highlighted the following:

- Members had discussed the climate change agenda, with a requirement to ensure that this was considered through all committees and services throughout the organisation
- An Emergency Planning and Resilience update had been provided and thanks given to Eddie Graham for all his work in this area
- The Performance Management report had been provided and work to consider widening reporting and improving scrutiny welcomed
- The Financial Performance report and recovery plan had been scrutinised and the committee would continue to keep close oversight of both

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 24 March 2022.

Risk and Assurance

B46 **Corporate Risk Register – OHB2223-29**

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. Members were advised that no risks had been further escalated and there was a broadly stable picture across the organisation.

Decision / Conclusion

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

B47 **Chairs Report Audit and Risk Committee and minutes of meetings held on 1 March and 3 May 2022 – OHB2223-30**

J Taylor, Chair of the Audit and Risk Committee presented the Chair's report from the meetings held on the 3 and 31 May 2022. The report highlighted the following:

- The Committee had received the draft version of the Annual Accounts
- Success with progressing audit recommendations was noted and thanks given to staff and teams for actioning these within the required timescales
- The final internal audit report, in relation to waiting times had been received, which provided good assurance around the systems and controls in place to manage these

Decision / Conclusion

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

meetings held on the 1 March and 3 May 2022.

B48 **Any other competent business**

Cost of living crisis

C Evans raised concerned around poverty affecting health, with the closure of a local discount store compounding issues as many families relied on the store for basic medicines, food and clothing. It was noted that this was a whole community issue and should be considered by organisations, with sensitivity, to support families in the broadest way. It was agreed that this issue would be raised with the community planning partnership to ensure that this was clearly on organisations agendas.

Items for noting

B49 **Board Reporting timetables 2022/23**

Members noted the dates of future meetings.

B50 **Record of attendance**

Members noted the record of attendance.

B51 **Public Forum**

The Board papers had been published on the website in line with current procedures and the link made available as required. Members of the local press attended the meeting.

NHS Orkney Board Action Log Updated 10 August 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, 25 August 2022**
Title:	**Orkney Child Poverty Strategy 2022 – 2026.**
Responsible Executive/Non-Executive:	**Stephen Brown, Chief Officer.**
Report Author:	**Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer and Anna Whelan, Strategy Manager.**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Board is invited to note:

That the Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty.

That a multi-agency Child Poverty Task Force was convened to address the new duty and subsequently incorporated into the Orkney Partnership Board as a short life working group.

That the Child Poverty Task Force has now compiled and submitted three Local Child Poverty Action Reports for Orkney covering the years 2018 to 2019, 2019 to 2020 and 2020 to 2021, with a fourth in preparation for 2021 to 2022.

That a strategic framework is needed for the future planning, monitoring, reporting and scrutiny of partnership activity to combat child poverty in Orkney.

That the Child Poverty Task Force has drafted a Child Poverty Strategy for 2022 to 2026, attached as Appendix 1 to this report, to provide a framework for the coherent planning, monitoring, reporting and scrutiny of partnership activity to combat child poverty from 2022/23 onwards.

That the draft Child Poverty Strategy is currently being considered by partner agencies prior to its submission to the Orkney Partnership Board on 29 June 2022 for adoption by the Partnership.

It is recommended:

That the Child Poverty Strategy 2022 to 2026, attached as Appendix 1 to this report, be approved insofar as it applies to NHS Orkney.

2.2 Background

That the Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty.

That a multi-agency Child Poverty Task Force was convened to address the new duty and subsequently incorporated into the Orkney Partnership Board as a short life working group.

2.3 Assessment

Child Poverty Action Reporting

The Child Poverty (Scotland) Act 2017 placed a duty on local authorities and health boards in Scotland to report annually on activity they are taking, and will take, to reduce child poverty. Reports must be submitted to the Scottish Government by 30 June following the end of the reporting year.

In response to the new duty, the statutory agencies convened the Child Poverty Task Force, a multi-agency group supported initially by the Northern Alliance and reporting to

the Executive Director of Education, Leisure and Housing. In June 2020 the Child Poverty Task Force was adopted by the Orkney Partnership Board as a short life working group, chaired by the Interim Head of Children, Families and Justice Services, Orkney Health and Social Care Partnership. The Child Poverty Task Force reports to the Orkney Partnership Board via the Community Wellbeing Delivery Group.

On joining The Orkney Partnership Board in 2020, the remit of the Child Poverty Task Force was:

- To complete Orkney's Local Child Poverty Action Report for 2019/20.
- To develop a longer-term partnership strategy to address child poverty in Orkney.
- To establish a sustainable framework for the future planning, monitoring and reporting of partnership work relating to child poverty in Orkney.

The Child Poverty Task Force has now submitted three Local Child Poverty Action Reports for Orkney, for the years 2018/19, 2019/2020 and 2020/21, and a fourth report for 2021/22 is in preparation.

Child Poverty Strategy

A shortcoming noted in successive Local Child Poverty Action Reports has been the absence of a coherent strategic framework against which to plan, implement and report collective activity to combat child poverty and mitigate its effects. The Child Poverty Task Force has now developed a Child Poverty Strategy for Orkney, with a planning period of 2022 to 2026, attached as Appendix 1 to this report.

The Child Poverty Strategy is linked with the Children's Services Plan through the latter's key priority of Overcoming Disadvantage. This theme sets the Partnership's child poverty work in the overall context of barriers which may prevent a child getting the best start in life, but which can be overcome with appropriate intervention.

In order to inform the strategy, a public consultation, Making Ends Meet, was conducted in late summer 2021 to gather the views of families in Orkney with experience of hardship. As well as being made available online, paper copies of the survey were distributed by the statutory agencies and third sector partners to families they were supporting. 42 families responded from across Orkney and provided a wealth of information about their practical experience of living in poverty and the sorts of interventions which would be of most assistance to them.

A series of workshops was held in autumn 2021 with the Child Poverty Task Force and other partner agencies, informed by the consultation, to determine the key actions to be

included in the strategy under its five themes of Pockets, Prospects, Places, Prevention and Priorities. An outline action plan is included in the strategy. Many of these actions are already in train and the action plan is intended to provide a structure for their future monitoring and reporting. It is currently being developed into a SMART action plan, to be monitored by the Community Wellbeing Delivery Group. Reporting against the action plan will be included in future Local Child Poverty Action Reports covering the years from 2022/23 onwards.

The Child Poverty Task Force is a short life working group and its terms of reference state that it will be wound up once it has fulfilled its remit. The Orkney Partnership Board will consider, at its meeting of 29 June 2022, a sustainable framework for the future planning, monitoring and reporting of partnership work relating to child poverty in Orkney.

The Child Poverty Strategy is currently being circulated for consideration by partner Boards and approval insofar as it applies to each partner. Subject to any amendments requested by partners, the final draft Strategy will be submitted to the Orkney Partnership Board at their meeting of 29 June 2022 for approval and adoption.

2.3.1 Quality/ Patient Care

The link between poverty and mental and physical health is well-established and the Strategy is designed to reduce the former and, consequently, improving the latter.

2.3.2 Workforce

There are no immediate workforce implications directly arising from this report.

2.3.3 Financial

There are no financial implications directly arising from this report.

Any future proposals with financial implications arising from the implementation of the Child Poverty Strategy will be submitted to the appropriate Committee/Board for consideration.

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

An Equality Impact Assessment has been undertaken and is attached as Appendix 2 to this report.

An Islands Community Impact Assessment has been undertaken and is attached as Appendix 3 to 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

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

State how his has been carried out and note any meetings that have taken place.

- 'Making Ends Meet' Survey undertaken in the summer of 2021.
- Three Stakeholder workshops held between November 2021 and January 2022
- Orkney Partnership Board's Community Wellbeing Delivery Group discussed and agreed in Spring 2022
- Elected Member's seminar held in June 2022

2.3.8 Route to the Meeting

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

- Council's Policy and Resources Committee, 21 June 2022.
- Integration Joint Board, 29 June 2022.
- Orkney Partnership Board, 29 June 2022.
- Joint Clinical and care Governance Committee 5 July 2022 – recommendation of Board approval.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Orkney Child Poverty Strategy 2022 to 2026.
- Appendix 2: Equality Impact Assessment.
- Appendix 3: Island Community Impact Assessment.

The Orkney Partnership
Working together for a better Orkney

FINAL DRAFT

Orkney Child Poverty Strategy 2022-26

Draft version 3.2
7 June 2022

Contents

Introduction

"A child can have three meals a day, warm clothes and go to school, but still be poor because her parents don't have enough money to ensure she can live in a warm home, have access to a computer to do her homework, or go on the same school trips as her classmates."

Child Poverty Action Group[1]

There is a perception that Orkney is an idyllic place to live and bring up children, and for many it is. However, we cannot ignore evidence of an undercurrent of poverty in our islands. It may be less visible than in other areas, but it exists and is rising.

We know there is child poverty in Orkney. Front line service workers have daily contact with families in dire need, and the impacts of poverty on children and young people can be seen in their ambition, achievement, social participation, and health. The Covid-19 pandemic has impacted disproportionately on low-income families, and many have experienced hardship and disadvantage for the first time, evidenced by a huge increase in demand for crisis services.

Island communities experience deprivation and challenges on a scale that other areas do not face, including availability and cost of transport, housing and fuel, access to services for health and education, isolation and loneliness. Because of the lack of anonymity, people may feel increased social stigma or simply prefer to keep their problems to themselves. Poverty can be invisible to those who do not encounter it and is often hidden by those who do. Signs of hardship may not be recognised or acknowledged and this can make it difficult to assess the level of need in our communities and to design and deliver services which can help.

This strategy has been developed collectively by Orkney's Child Poverty Task Force, a working group of our community planning partnership. Tackling child poverty in Orkney needs an effective and co-ordinated approach, working closely with communities affected by hardship and informed by their lived experience. Our aim is to ensure that every partner agency with responsibility for the wellbeing and future of our children is focused on combating child poverty.

Through this strategy, all members of the Orkney Partnership undertake to mitigate, reduce, and prevent child poverty in Orkney using every mechanism available, to ensure Orkney's children and young people have the best possible chances in life, and to avoid perpetuating the impact of poverty on future generations.

Councillor James Stockan
Chair
Orkney Partnership Board

Meghan McEwen
Vice Chair
Orkney Partnership Board

[1] https://cpag.org.uk/child-poverty/what-poverty

Executive Summary

The Child Poverty (Scotland) Act 2017 introduced a requirement for public agencies to report annually on the measures they were taking to combat child poverty. Orkney's Child Poverty Task Force has now produced three Local Child Poverty Action Reports for 2018-19, 2019-20 and 2020-21, and is working on its report for 2021-22.

The Task Force launched a public consultation in September 2021, "Making Ends Meet". Many families have responded to tell us of their own day to day challenges, bringing to life the statistics on poverty in Orkney and underlining the importance of this work. This new strategy provides a coherent framework for the joint planning and implementation of future action to combat child poverty, and the monitoring and reporting of progress. It builds on the strategic priority of "Overcoming Disadvantage" contained in Orkney's Children's Services Plan.

Our strategy incorporates elements of the Scottish Government's national strategy for child poverty, adapted for local circumstances. The national framework has three themes which drive the strategy: Pockets, Prospects, Places. To these, Orkney has added Prevention and Priorities.

Pockets aims to maximise the financial resources of families on low incomes.
Prospects aims to improve the life chances of children and young people.
Places aims to improve housing and regenerate disadvantaged communities.
Prevention aims to prevent the long-term persistence of poverty.
Priorities aims to focus attention on especially vulnerable children and families.

The Task Force has considered each of these policy drivers in detail and developed a plan for action with five big ambitions to combat child poverty in Orkney:

This strategy describes the impact of poverty on children and shows how the experience of Orkney's children and families compares with Scotland. We summarise the output to date from the "Making Ends Meet" consultation and consider what we can do locally to meet the needs identified by the survey. Our outline action plan sets out the actions we will take to meet immediate need and to address the longer term prevention of child poverty in Orkney.

Outline Action Plan 2022-26

Our target outcomes	Short term actions 2022-23	Medium 2022-25	Long term 2022-26
Pockets Every family can make ends meet	Raise awareness of entitlements and maximise family incomes		
	Adopt a 'one stop shop' approach to streamline access to services and new ways to engage		
	Explore with Scottish Government the scope for piloting Minimum Income Guarantee in Orkney		
Prospects Every child has a good start in life	Remove barriers to participation in school trips and experiences		
	Improve take-up of free school meals and associated benefits		
	Remove barriers to participation in family leisure/holiday activities		
Places Every family has a sustainable home	Improve the energy efficiency of new/existing housing in the private and social rented sectors		
	Extend more employment opportunities to the isles		
	Explore options to apply the benefits from wind power developments to reduce home energy costs		
Prevention Future generations can escape from poverty	Promote good employment practice, flexibility and fair pay, and their benefits to employers		
	Increase the capacity of Orkney's advisory agencies		
	Explore people-centred strategies for local development such as Community Wealth Building		
Priorities No child is left behind	Make inter-island ferry travel affordable to children and families on the ferry-linked isles		
	Improve the availability and affordability of wraparound childcare/after-school provision		
	Prioritise early financial support for families at risk, to avert crisis and family breakdown		

The impact of poverty on children

This strategy uses the widely accepted definition of poverty formulated by the Joseph Rowntree Foundation, which acknowledges the effects and impacts of poverty beyond financial security:

> Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation – and even discrimination – because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society.
>
> Joseph Rowntree Foundation[2]

Being extremely poor can lead to health and housing problems; being a victim or a perpetrator of crime; drug or alcohol problems; lower educational achievement; homelessness; teenage parenthood; relationship and family problems. In addition, poverty in childhood increases the risk of unemployment and low pay in adulthood and lower savings later in life and can have biological effects: poverty early in a child's life can have a harmful effect on their brain development.

The Child Poverty Action Group[3], a campaigning charity, defines the differences between poverty, inequality and destitution:

Destitution	**Poverty**	**Inequality**
Lacking food Lacking fuel Lacking clothing Lacking shelter	Struggle to pay for essentials and to participate in society	Some having a lot less than others

Poverty and disadvantage do not only affect families without employment. Families in work may also struggle to afford the basics of food, clothing, shelter and participation in society. While the poverty risk is much lower for children in working households compared to those in non-working households, recent research shows 68% of children living in poverty in Scotland are in households where someone works[4].

> There are millions of children living in poverty who have at least one employed parent. Low paid jobs and zero-hour contracts mean many working families live hand to mouth. The Covid-19 crisis - loss of jobs, closure of schools, bigger bills - will have pushed even more over the edge.
>
> The Children's Society[5]

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[2] What is poverty? | JRF
[3] What is poverty? | CPAG
[4] https://cpag.org.uk/scotland/child-poverty/facts
[5] Ending Child Poverty | The Children's Society (childrenssociety.org.uk)

The effects of child poverty should not be underestimated. A family's situation affects children in myriad ways, illustrated by CPAG[6]:

Figure 1: How poverty feels to children

Child Poverty Action Group

Growing up in poverty can undermine the health, wellbeing, and educational attainment of children. The impacts on children are described in the Scottish Government's first delivery plan for tackling child poverty 2018-22, Every Child, Every Chance[7]:

> "If your parents are stressed about money and argue a lot, it'll impact you and you feel like you can't do anything about it."
>
> Member of the Children's Parliament, age 10

Families in poverty are more likely than others to come into contact with the care system. The care system is concerned with the protection and care of children, young people and families in need of advice and support. Child abuse and neglect is caused by many interlocking factors: poverty alone is not a necessary or sufficient cause, but it may be a contributory factor.

There are various plausible explanations for the relationship between family socio-economic circumstances and the prevalence of child abuse and neglect. There may be a direct effect through material hardship or lack of money to buy in support, or an indirect effect through parental stress and neighbourhood conditions.

[6] https://cpag.org.uk/child-poverty/effects-poverty
[7] https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/pages/7/

No data is collected by UK governments on the socio-economic circumstances of families in which children are, or have been, at risk of significant harm. The Joseph Rowntree Foundation conducted an evidence review in 2016 into the relationship between poverty, child abuse and neglect[8] and reached the following conclusions:

- There is a lack of joined-up thinking about the relationship between poverty and child abuse and neglect in the UK.
- Evidence of the contributory impact of poverty on child abuse and neglect is limited but nonetheless compelling.
- Policy and practice change should not wait for more detailed evidence to emerge.
- Reducing family poverty across the population is likely to reduce both the extent and severity of child abuse and neglect in childhood and its later consequences on survivors in adult life, as well as its wider economic cost to society.

[8] https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

The national context: child poverty in Scotland

Scottish Government pre-pandemic statistics[9] for all children in Scotland show that:

- 20.5% live in families with savings of less than £20.
- 17.7% live in families who cannot afford to repair/replace broken electrical goods.
- 13.9% live in families with no money to spare for leisure activities.
- 12.8% live in families who cannot afford to go away on holiday.
- 7.5% get no pocket money and 14.2% have no money of their own to save.

The Child Poverty (Scotland) Act (2017) aimed to reduce the number of children in Scotland experiencing the effects of poverty[10]. It defines four categories of poverty and sets interim targets for 2023-24 and final targets for 2030-31.

Measure	Definition
Relative poverty	Children in families with incomes less than 60% of the contemporary UK median income
Absolute poverty	Children in families with incomes less than 60% of inflation adjusted 2010-11 median income
Combined low income and material deprivation	Children in families with incomes less than 70% of the contemporary median and who cannot afford a number of essential goods and services
Persistent poverty	Children in families who have been in relative poverty for three out of the past four years

Absolute poverty is a measure of whether those in the lowest income households are seeing their incomes rise in real terms. Relative poverty is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole.[11] Incomes are adjusted to reflect family size because a larger family requires a higher income to achieve the same standard of living as a smaller family.

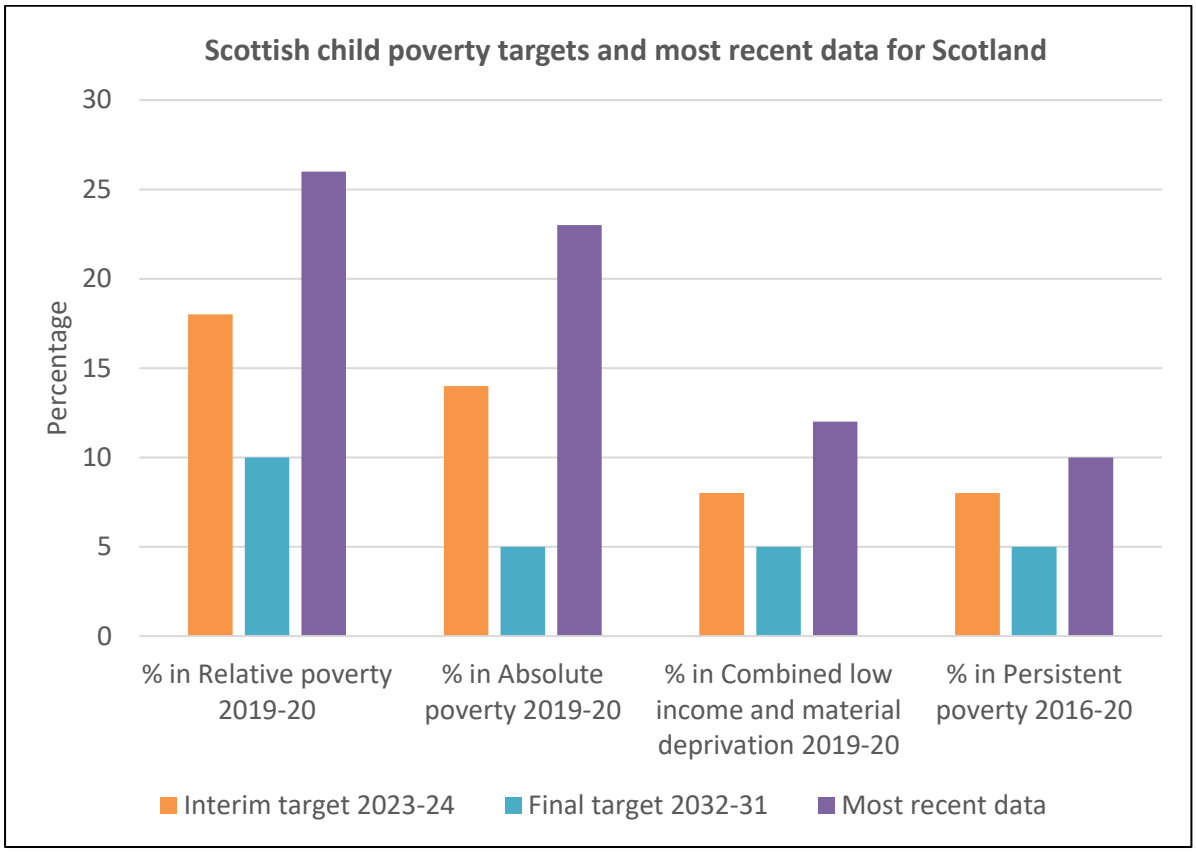
The targets set in 2017 were ambitious. The second national child poverty delivery plan, “Best Start, Bright Futures: tackling child poverty delivery plan 2022-26”, published in March 2022, is clear that the targets will be even harder to achieve post-Covid-19, Brexit and the cost of living crisis.

[9] Children in families with limited resources - gov.scot (www.gov.scot)

[10] https://www.gov.scot/policies/poverty-and-social-justice/child-poverty/

[11] https://www.gov.scot/publications/poverty-in-scotland-methodology/pages/poverty-definition/

The most recent data for Scotland was published in March 2022 but due to difficulty in obtaining new data it does not reflect recent events and only the fourth measure, persistent poverty, has been updated since the 2021 release[12]. In these statistics, a dependent child is defined as a person aged 0-15 or a person aged 16-19 who is living with their parents and in full-time education or training.



Even before the pandemic, child poverty in Scotland was increasing. In their interim report for 2020-21[13] the Scottish Government acknowledged that:

"…child poverty targets will be even more challenging to achieve given the pandemic and subsequent longer term impact on the economy. The economic effects of COVID-19 are likely to disproportionately affect those on low incomes with limited savings, many of whom work in sectors that have been subject to restrictions: hospitality, tourism, manufacturing, entertainment, non-food retail and wholesale, as well as sectors where working from home is more problematic. People working in these sectors were already much more likely to be in poverty.[14]
Tackling child poverty: third year progress report 2020-2021

[12] https://data.gov.scot/poverty/2022/cpupdate.html
[13] https://www.gov.scot/publications/tackling-child-poverty-third-year-progress-report-2020-2021/pages/5/
[14] https://www.resolutionfoundation.org/app/uploads/2021/01/Living-standards-outlook-2021.pdf

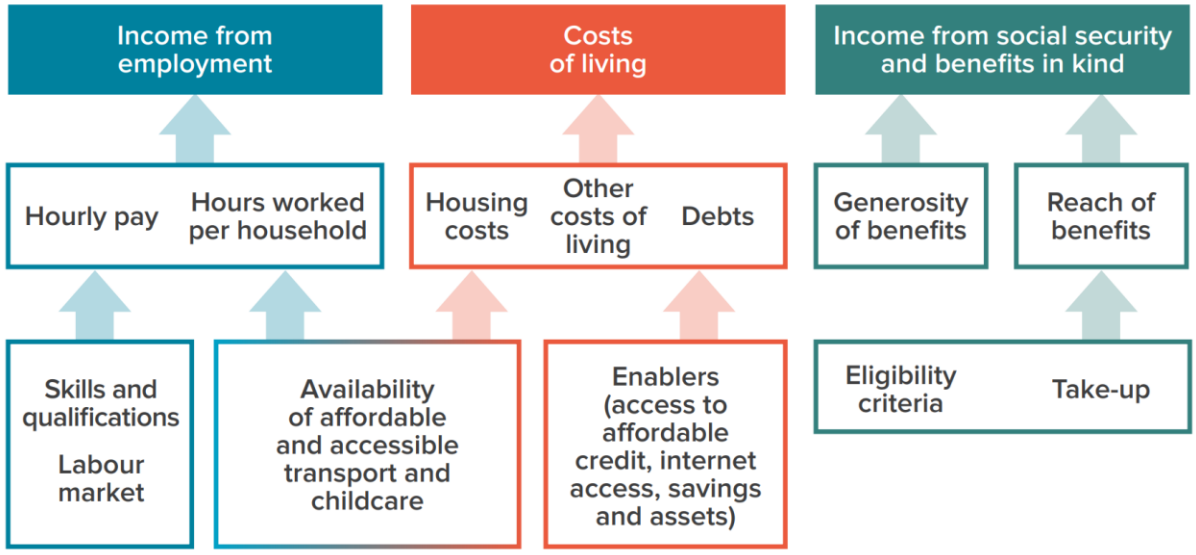
The report includes a summary of actions taken to protect people and communities through COVID-19. Key provision to help families included:

- Scottish Child Payment for eligible children aged under 6 (£10 per week).
- Continuing free school meal provision during school closures and holidays.
- Two £100 hardship payments to children and young people from low income households (doubled by Orkney Islands Council to £200).
- Provision of free digital devices through the Connecting Scotland programme.

Local agencies managed these programmes and distributed extra funding provided via the Scottish Welfare Fund and Discretionary Housing Payments, along with emergency funds to combat food insecurity and financial insecurity.

Preventing, alleviating and mitigating against child poverty requires a range of actions, at national and local levels. The Scottish Government has identified drivers of poverty in economic terms and created a simple logic model focusing on changing economic circumstances for those in poverty:

Drivers of child poverty reduction



Scottish Government "Best Start, Bright Futures" [15]

"Best Start, Bright Futures" references multiple policy initiatives designed to combat poverty and benefit families in general, under three themes:

- Providing the opportunities and integrated support parents need to enter, sustain and progress in work.
- Maximising the support available for families to live dignified lives and meet their basic needs.
- Supporting the next generation to thrive.

[15] https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/documents/

Immediate measures to address child poverty include an increase in Scottish Child Payment to £20 per week from April 2022 and £25 per week by the end of 2022, and the rollout of Scottish Child Payment to eligible children under 16. Specific initiatives are targeted to supporting employment, childcare, digital connectivity, post school transitions, fuel poverty and the cost of living. In the longer term, there is a commitment to introduce a Community Wealth Building Bill, and work with local public, private and third sector partners to create sustainable fair work opportunities for parents, tackling the structural inequalities which prevent priority families from participating in the labour market.

Actions to prevent or alleviate poverty by increasing national income or benefit levels requires control of levers to which we in Orkney do not have access. Scottish Government has started to explore longer term solutions, including the option of a Minimum Income Guarantee (MIG). MIG is an assurance that everyone will receive a minimum level of income that enables them to live a dignified life, which may be met through employment, provision of services, tax relief, and social security benefits. A MIG is means tested and targeted to those on low incomes and recognises that there is a role for business to help raise incomes, not just the welfare state.

In March 2021, the Scottish Government adopted the United Nations Convention on the Rights of the Child (UNCRC)[16]. Article 27 affirms "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" and mandates that governments "shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing".

"Best Start, Bright Futures" notes, in its Islands Impact Assessment, that the incidence of child poverty in remote, rural and island areas is mostly lower than in urban areas, but recognises that this does not take into account the higher cost of living. Children's Neighbourhoods Scotland published a review of evidence[17] in November 2020 into the effects of rural poverty and social exclusion on children and young people. Among their key findings are:

- Children and young people are vulnerable to the risk of poverty in rural areas because their needs tend to be invisible behind the 'rural idyll'.
- It costs 10% to 30% more for families with children to live in rural Scotland than in an urban area.
- Lack of access to affordable, high quality and flexible childcare can be a driver of child poverty in rural areas.
- Rural lone parents are particularly affected by greater distance and cost to access employment and childcare, and limited social housing options.

[16] https://www.gov.scot/policies/human-rights/childrens-rights/
[17] https://childrensneighbourhoods.scot/wp-content/uploads/2020/11/CYP-Rural-Review-02112020.pdf

- Patterns of inequality affect rural youth transitions, with the local labour market generally reliant on low-qualified, low-paid, part-time/seasonal jobs.
- There is often a lack of social housing and/or affordable, single-person dwellings in rural areas, which can affect young people's housing options.
- Sub-standard and expensive public and private transport infrastructure can exclude rural young people from the education system/labour market.
- Many specialist health/support services are distant from rural communities, creating social inequalities for those without private transport.

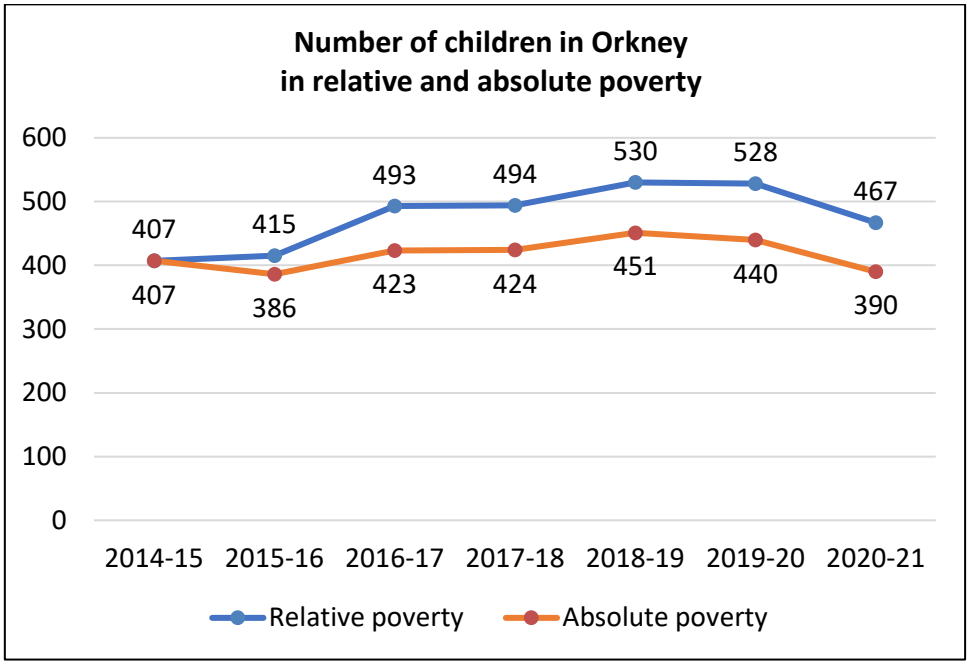
These findings will come as no surprise to families in Orkney, and underline the doubly negative effect of poverty in exacerbating those factors which already constrain children's lives and future prospects in rural areas. Partner agencies will continue to campaign for socio-economic, cultural, and attitudinal change, both locally and nationally.

The local context: child poverty in Orkney

Meaningful statistics for child poverty in Orkney are not easy to obtain. Published data may be years old and the small numbers in rural and island communities mean that data may be misleading due to averaging, scaling up and rounding, or may not be publicly available at all due to the risk of identifying individuals.

The UK Department of Work and Pensions publishes figures for the numbers and percentages of children living in absolute and relative poverty for every local authority in the UK[18]. Figures for the other two measures used by the Scottish Government – 'Combined low income and material deprivation', and 'Persistent Poverty', are not available at Orkney level at present.

The DWP statistics include only children aged 0-15, due to difficulty in establishing whether 16 and 17 year olds are dependents or not. DWP has advised that the incidence of child poverty in 2020-21 is likely to be under-reported because of issues in surveying families remotely during lockdown, rather than face-to-face. Nevertheless, the data is the best we have at present.

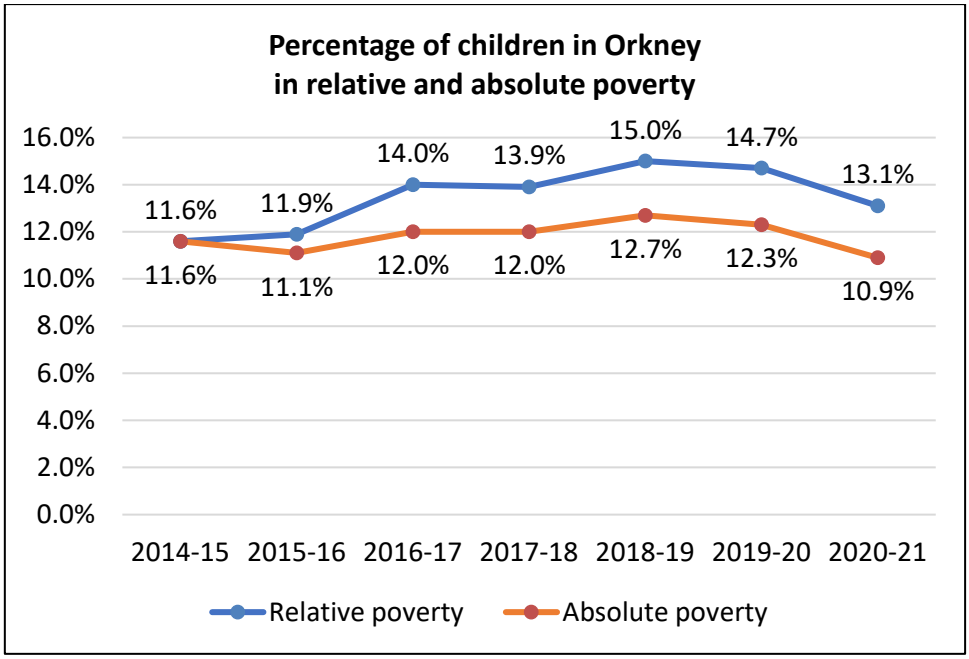


Equivalised income is income Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. Equivalisation adjusts incomes for family size and composition, taking an adult couple with no children as the reference point.

A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits or Housing Benefit) at any point in the year to be classed as low income.

[18] https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics

Relative low income is defined as a family in low income (BHC) in the reference year. Absolute low income is defined as a family in low income (BHC) in the reference year in comparison with incomes in financial year 2010-11.



Percentages are calculated by dividing the number of children aged 0 to 15 living in low income families in a local authority by the population aged 0 to 15 in that area. Populations have been taken from mid-year population estimates which are an estimate of the usual resident population as at 30 June of the reference year.

These figures suggest that the lowest income households in Orkney are not keeping pace with the growth of incomes in the economy as a whole. Although the figures appear to have improved in 2020-21, for the reasons given above they may not be reliable. We would want to see this trend continuing in future years before we could be sure that our actions were making a positive impact.

Figures for the other two measures used by the Scottish Government – 'Combined low income and material deprivation', and 'Persistent Poverty', are not available at Orkney level at present.

Other data to help understand child poverty in Orkney is available from the Scottish Government's child poverty dashboard of local area statistics, last updated in January 2022[19]. The dashboard contains a selection of indicators at local authority level which can be used to understand the local context and how that might be changing. Some of these can be found in Appendix 1.

Orkney's data is more variable than Scotland's due to the inherent volatility of small population statistics. Some current findings are:

[19] https://www.gov.scot/publications/local-child-poverty-statistics-january-2022/

- The percentage of children in working families in Orkney fell sharply from 80% in 2019 to 58% in 2020, dipping below Scotland at 63%.
- 8% of Orkney adults have no savings.
- 12% of Orkney households with children contained an adult with a long term health problem.
- 66% of Orkney households are managing well financially (34% are not).
- 3% of Orkney households are single parent families and 5% have 3+ children.
- Of all family households in Orkney, 17% are single parent families and 26% have 3+ children.
- 14.7% of first-time mothers in Orkney are under 25.
- The End Child Poverty Coalition estimate for child poverty in Orkney after housing costs are deducted from household income is 23%, reflecting the relatively high cost of housing in Orkney.

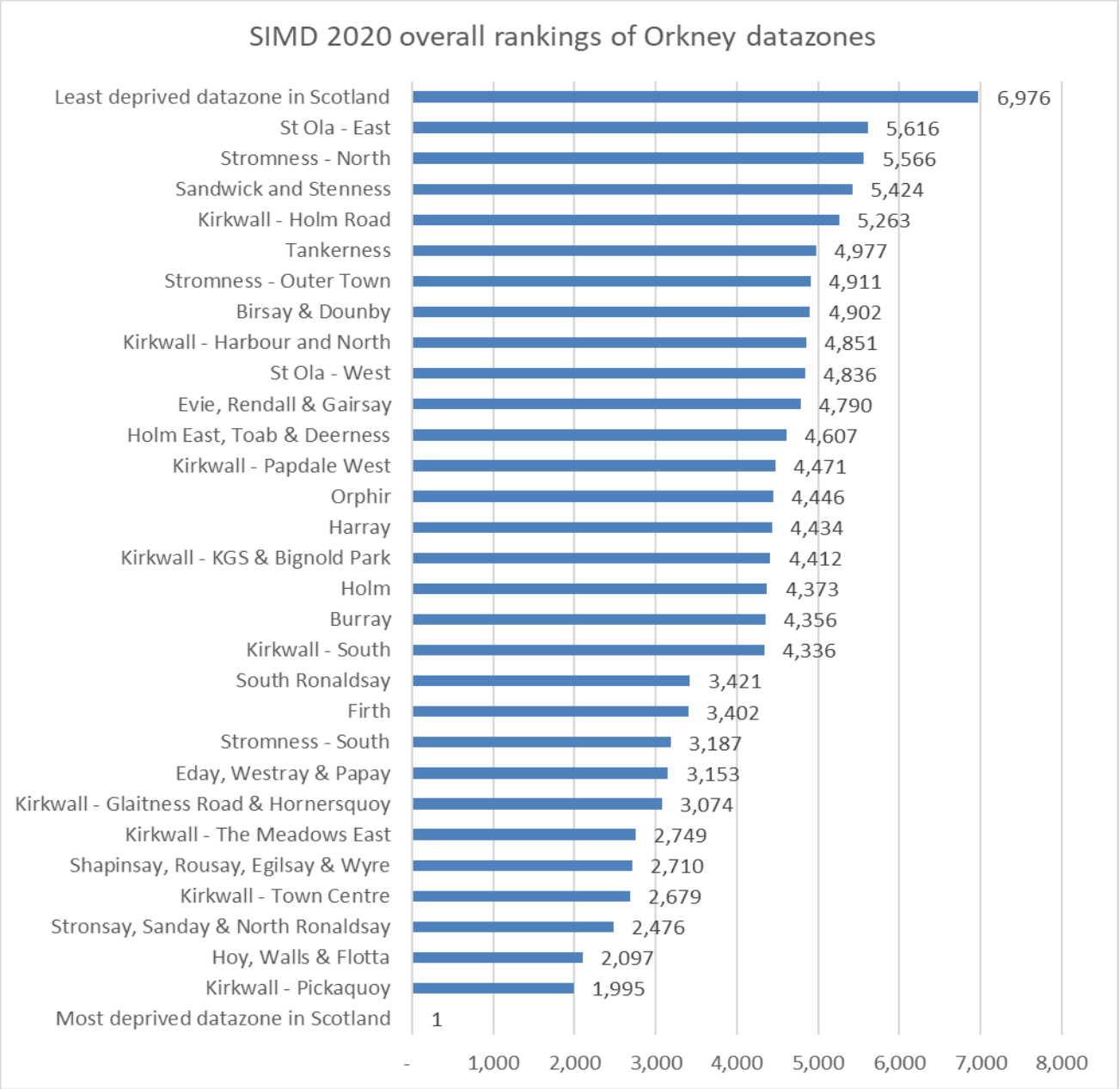
We currently do not have a measure of educational attainment which can assess the degree of correlation in Orkney between attainment and socio-economic deprivation. The Council's Education Service is working with Education Scotland to develop an approach which will enable us to collect this information in future years.

As well as the scale of poverty in Orkney, it is helpful to know where it is most likely to be found. The Scottish Index of Multiple Deprivation (SIMD 2020[20]) shows the relative deprivation of different places in Scotland. It calculates a set of composite measures for six factors: income, employment, health, education, housing, crime and access to services. The index combines all of these to come up with a single overall measure for each datazone, or geographical place.

The chart on page 16 shows the relative deprivation of Orkney's 29 datazones. We can see that the Pickaquoy area of Kirkwall is the most deprived, and St Ola East is the most prosperous. We would expect to find more families in poverty in the areas towards the bottom of the chart, but it is important to remember that there will be individual families in all areas experiencing hardship.

Appendix 4 compares SIMD 2020 data with household income and shows that the lowest average annual income is in Hoy, Walls and Flotta (£24,092) and the highest in St Ola East (£50,836). However, for the lower quartile (25%) of households, average annual income is only £10,915 in Hoy, Walls and Flotta compared with £26,740 in St Ola East. Lower quartile incomes are significantly lower than average in the isles in general, as well as in some areas of Kirkwall, reflecting the pattern in the chart above.

[20] Corrected release see https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/



Fuel poverty is a significant cause of hardship in Orkney. The Scottish House Condition Survey[21] includes data for fuel poverty, averaged over three years to improve accuracy. A household is defined as being in 'fuel poverty' if total fuel costs necessary to maintain a satisfactory heating regime are more than 10% of the household's net income and the remaining income is insufficient to maintain an acceptable standard of living. 'Extreme fuel poverty' follows the same definition except that a household would have to spend more than 20% of its net income.

Orkney's weather, older housing stock and lack of mains gas contribute to some of the highest rates of fuel poverty in Scotland. The most recently published figures for

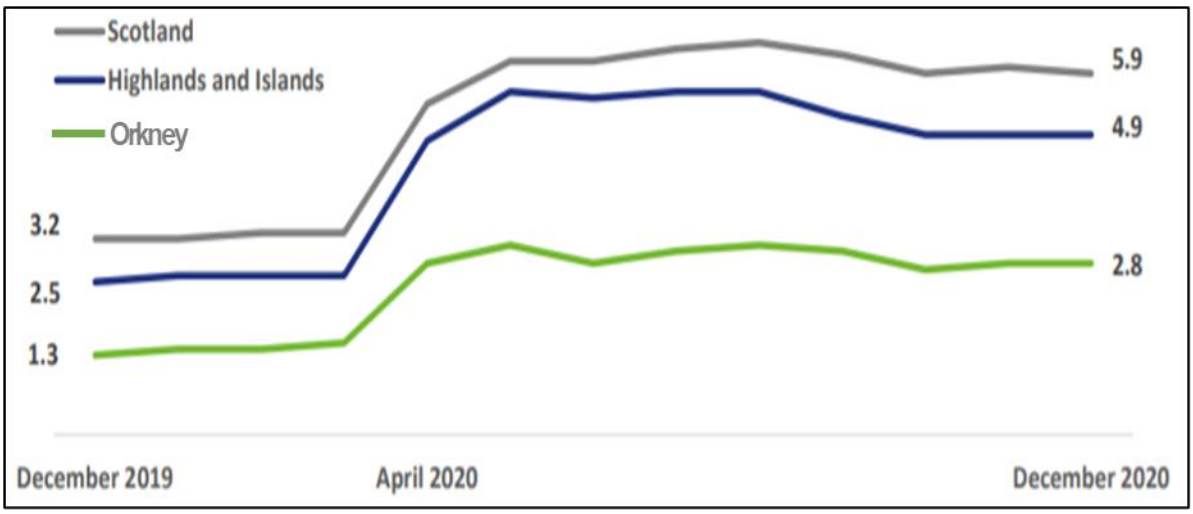
[21] https://www.gov.scot/publications/scottish-house-condition-survey-local-authority-analysis-2017-2019/documents/

Orkney show that 30.5% of Orkney households were in fuel poverty during 2017-19, compared with a Scottish average of 24.4%. 21.8% of Orkney households were in extreme fuel poverty over the same period, compared with a Scottish average of 11.9%. The massive increases in energy costs due to take effect in 2022 will undoubtedly push many more families into extreme fuel poverty.

The pandemic caused many families in Orkney, who were just about managing, to suffer a sudden fall in income which tipped them into poverty. During the year to December 2020, unemployment in Orkney more than doubled, 800 people were furloughed, and youth unemployment in Orkney rose from 2.1% to 5.3%.

The charts below illustrate the changing unemployment rate in Orkney during 2020 and 2021, using the Office of National Statistics "Claimant Count" measure of unemployment related benefit claimants as a percentage of the total working-age population. This measure does not capture those who were furloughed or self-employed and not claiming benefits, but is an indicator of the volatility of the labour market. Orkney's unemployment rate increased from 1.3% in December 2019 to peak at around 3% in May 2020. The rate fell steadily during 2021 but remained at 1.9% in January 2022.

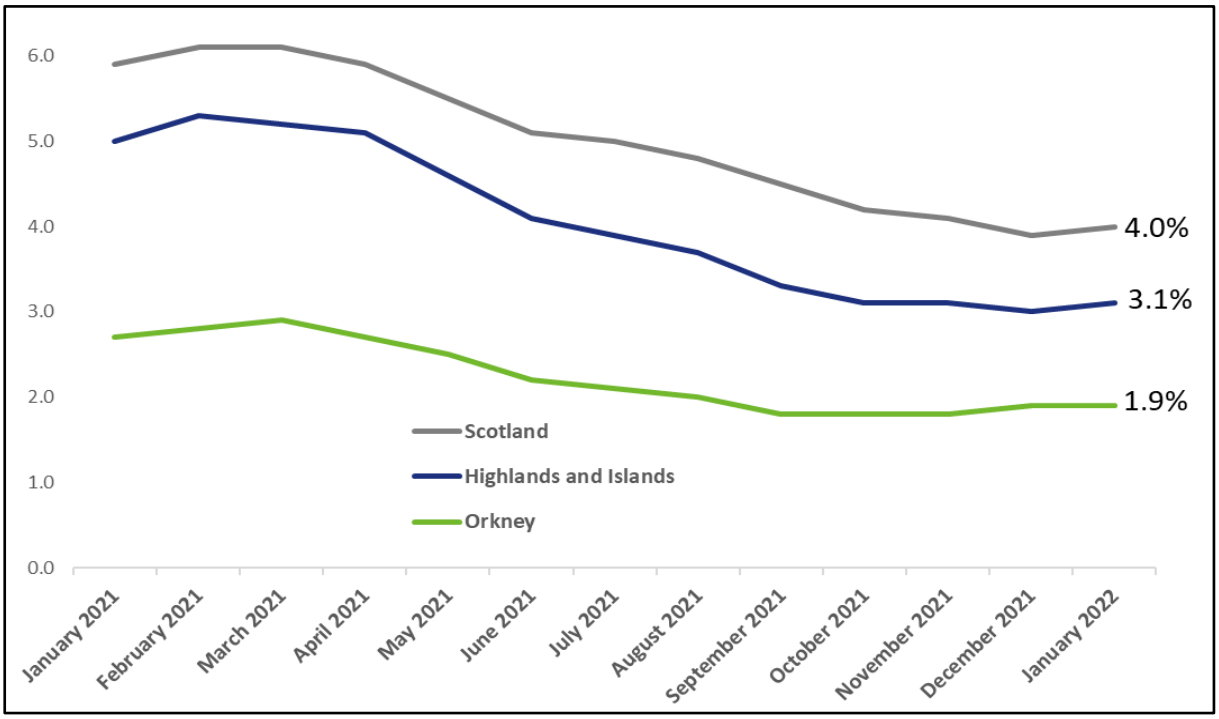
Unemployment in Orkney during 2020 (HIE[22])
Claimants as a percentage of population aged 16-64



During 2020-21, service providers in Orkney focused on delivering a humanitarian response to assist those shielding and those affected by loss of earnings and/or managing lockdown at home, with emergency action to address food insecurity, digital inclusion, access, and awareness of benefit entitlement. This response continued during 2021-22 as government support for businesses and furloughed employees was phased out.

[22] https://www.hie.co.uk/media/10595/orkney-area-profile-2020.pdf

Unemployment in Orkney during 2021
Claimants as a percentage of population aged 16-64

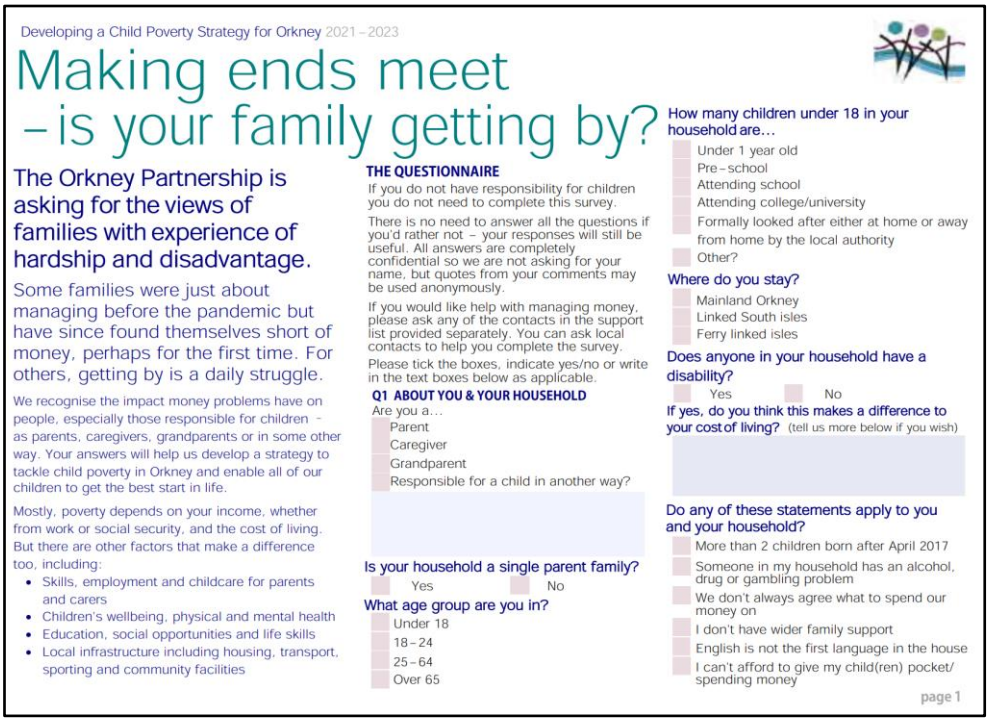


Source: HIE Orkney

An added complication during this period was the effect of Brexit. It is not easy to differentiate between the effects of Brexit and Covid-19 on the economy, but early indications are that many exporters of Orkney produce have been affected by delays and bureaucracy, impacting particularly on smaller businesses. In the past year we have seen further disruption from increased haulage costs, shortage of migrant labour and escalating fuel costs. Most recently the war in Ukraine has brought a new level of uncertainty to our economic futures.

We anticipate continuing disruption to people's livelihoods as the long term costs of all of these factors play out during the lifetime of this strategy.

Local experience: Making Ends Meet



Developing a Child Poverty Strategy for Orkney 2021 – 2023

Making ends meet – is your family getting by?

The Orkney Partnership is asking for the views of families with experience of hardship and disadvantage.

Some families were just about managing before the pandemic but have since found themselves short of money, perhaps for the first time. For others, getting by is a daily struggle.

We recognise the impact money problems have on people, especially those responsible for children – as parents, caregivers, grandparents or in some other way. Your answers will help us develop a strategy to tackle child poverty in Orkney and enable all of our children to get the best start in life.

Mostly, poverty depends on your income, whether from work or social security, and the cost of living. But there are other factors that make a difference too, including:

- Skills, employment and childcare for parents and carers
- Children's wellbeing, physical and mental health
- Education, social opportunities and life skills
- Local infrastructure including housing, transport, sporting and community facilities

THE QUESTIONNAIRE

If you do not have responsibility for children you do not need to complete this survey.

There is no need to answer all the questions if you'd rather not – your responses will still be useful. All answers are completely confidential so we are not asking for your name, but quotes from your comments may be used anonymously.

If you would like help with managing money, please ask any of the contacts in the support list provided separately. You can ask local contacts to help you complete the survey.

Please tick the boxes, indicate yes/no or write in the text boxes below as applicable.

Q1 ABOUT YOU & YOUR HOUSEHOLD

Are you a…

Parent
Caregiver
Grandparent
Responsible for a child in another way?

Is your household a single parent family?

Yes No

What age group are you in?

Under 18
18 – 24
25 – 64
Over 65

How many children under 18 in your household are…

Under 1 year old
Pre – school
Attending school
Attending college/university
Formally looked after either at home or away from home by the local authority
Other?

Where do you stay?

Mainland Orkney
Linked South isles
Ferry linked isles

Does anyone in your household have a disability?

Yes No

If yes, do you think this makes a difference to your cost of living? (tell us more below if you wish)

Do any of these statements apply to you and your household?

More than 2 children born after April 2017
Someone in my household has an alcohol, drug or gambling problem
We don't always agree what to spend our money on
I don't have wider family support
English is not the first language in the house
I can't afford to give my child(ren) pocket/ spending money

page 1

In autumn 2021, the Child Poverty Task Force launched a survey[23] to gather the views of families who had experienced, or were experiencing, socio-economic disadvantage and poverty. The purpose of the survey was to help services in Orkney understand what help families needed and to inform the Orkney Child Poverty Strategy. A factsheet listing sources of help and support was distributed along with the survey questionnaire.

Making Ends Meet was promoted by agencies in Orkney who support families directly experiencing hardship, for example the Orkney Foodbank. It was distributed to wider groups of families by front line practitioners, including Health Visitors.

The survey is open-ended and to date 42 parents, all of whom reported they were struggling financially, have responded. We are grateful to all of them for taking the time to complete the survey. Statistics from small samples are of limited value, but the narrative detail which respondents provided about their daily lives has been hugely helpful in planning the action we need to undertake.

Results from the survey and quotations taken from responses have been included in the framework for action in this strategy under the five Ps: Pockets, Prospects, Places, Prevention and Priorities. Nothing has been included which might inadvertently identify a particular respondent.

A second phase of the survey is in preparation which will consult children and young people directly about their experience of hardship and how it affects their lives.

[23] https://www.smartsurvey.co.uk/s/MakingEndsMeet

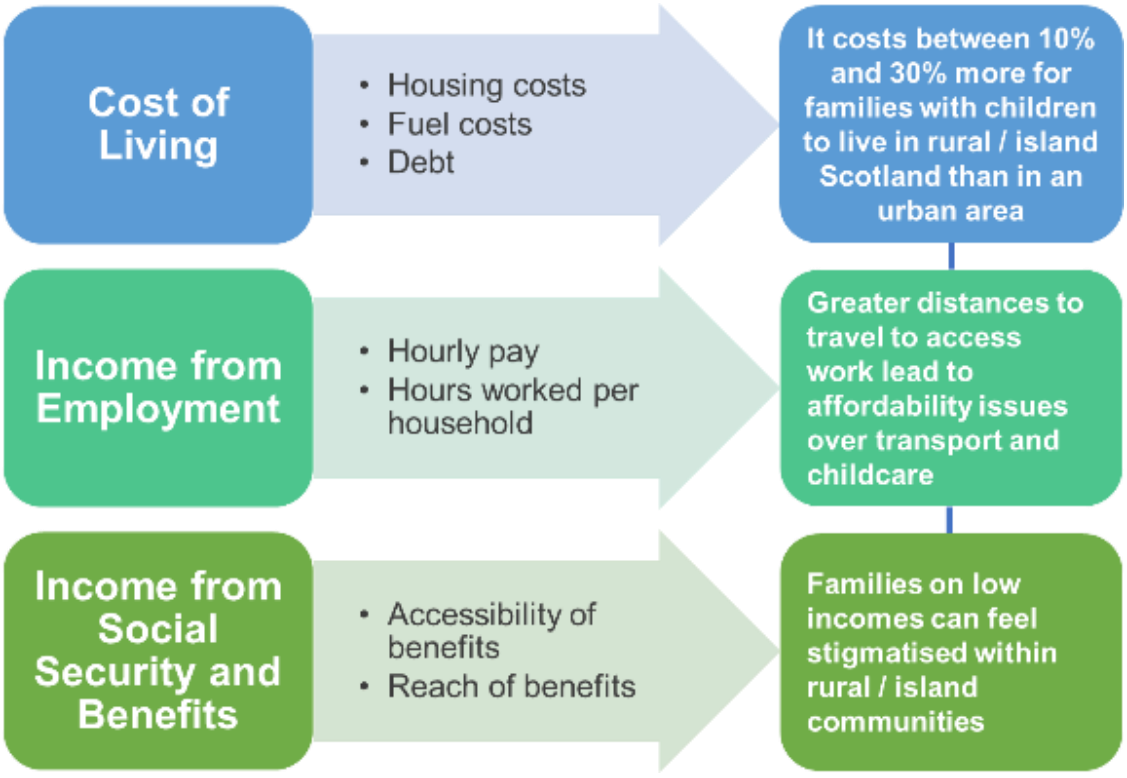
A framework for action: the five Ps

We have chosen to align Orkney's Child Poverty Strategy with national aims and targets so that local impacts can be measured against evidence gathered nationally. Our strategy focuses on actions we can take ourselves, but we are keen also to explore longer-term national solutions which could potentially be piloted in Orkney.

Our strategy also complements key local plans and priorities, building on Orkney's Children's Services Plan 2021-23 developed by the Orkney Children and Young People's Partnership[24]. The Children's Service Plan focuses on five strategic priorities: mental health and wellbeing, equality and empowerment, options and opportunities, care and protection and overcoming disadvantage. Child poverty is a vital consideration in addressing all these priorities.

Research commissioned by Highlands and Islands Enterprise[25] demonstrates how local factors impact on the Scottish Government's three main drivers of poverty – income from employment, income from social security and benefits and cost of living:

Drivers of poverty: local impacts



The Orkney Partnership

[24] https://www.orkney.gov.uk/Service-Directory/S/ocypp
[25] https://www.hie.co.uk/media/6441/aplusminimumplusincomeplusstandardplusforplusremoteplusruralplusscotlandplus-plusapluspolicyplusupdateplus2016.pdf

Scotland's child poverty strategy has three "Ps" which underpin national delivery plans:

Pockets aims to maximise the financial resources of families on low incomes

Prospects aims to improve the life chances of children and young people

Places aims to improve housing and regenerate disadvantaged communities

To these, Orkney has added two more "Ps": Prevention and Priorities.

Prevention aims to prevent the long-term persistence of poverty

Priorities aims to focus attention on especially vulnerable children and families

Our 5 Ps inform our approach, the actions we will take, and the data we need to collect to evaluate our impacts. Respondents to the "Making Ends Meet" survey have provided a wealth of data, commentary and insight into their experience of hardship and how it affected their family life in Orkney. During autumn 2021, the Child Poverty Task Force explored each of the five Ps in a series of workshops, during which they developed the action plan which forms part of this strategy.

Pockets

"Pockets" is about ensuring people get the benefits they need and are entitled to, supporting people to take up work and working with employers to boost productivity and pay. Another strand is making sure that local markets work effectively for low-income families, so they are not paying more than they should for essential goods and services like food, fuel and transport.

Some of the things we are doing to support Pockets

- Maximising the financial entitlements of families on low income through advice, support, advocacy and referrals to agencies that can help.
- Promoting good quality employment, employability and skills, e.g. Living Wage employer accreditation.
- Freezing rent increases for emergency housing.
- Supporting families to access emergency food and grants, fuel vouchers, free school meals and clothing allowances, essential household items, free period products and access to IT equipment for learning.
- Delivering an 'Every Child Deserves a Christmas' grant programme of financial support to eliminate festive poverty.
- Actively pursuing an Orkney pilot of a Cash First Partnership, which aims to ensure that families have enough money for essentials without needing to resort to charitable food.

What our survey told us about Pockets

Most survey respondents reported difficulty in finding the money to pay for home energy costs, especially for heating and cooking. Other regular challenges were childcare, running a car, council tax and home insurance. Unexpected bills would present a major problem, notably funeral costs and replacing things that break down. School costs highlighted included after school activities, school uniform and school meals when household income was just over the threshold for free school meals. Slightly over half of survey respondents had used the Orkney Foodbank. An issue for many families was demands for advance payments to block-book leisure and holiday activities.

"School trips are an expense I can't afford"

"Feeding my family is often a burden"

"Having to purchase an extra pair of trainers/gym kit to have in my daughter's tray at school is simply wasted money"

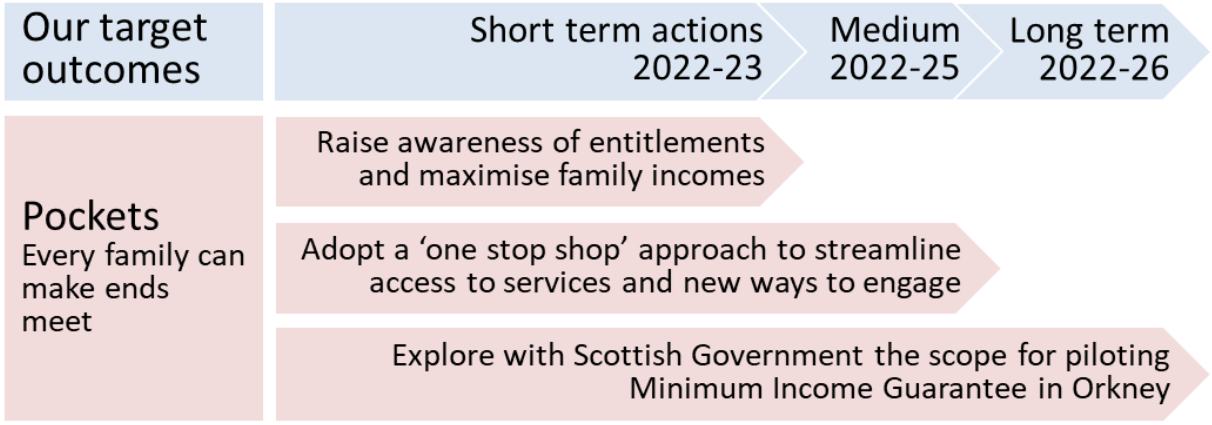
"The added cost of over £50 a month for school meal tickets is not an option all the time"

"Any non-routine/non-weekly expense is prohibitive"

"The costs of living keep increasing (food/fuel/heat etc)"

"THAW Orkney have been fantastic, they helped with fuel grants, food bank and hydro vouchers"

Actions we will take to support Pockets



Prospects

"Prospects" aims to improve the life chances of children, enabling them to escape poverty in a sustainable way. Three things are vital if families are to plan for the future: stability, confidence and reliable support. This includes supporting child development and educational achievement, supporting families through crisis and encouraging employers to provide family-friendly jobs and opportunities to progress. Equality and inclusion are vital to improve young people's prospects, since discrimination reduces opportunities to participate in work and society. Health inequalities impact significantly on life chances, the more so in Orkney due to the difficulty of accessing services.

Some of the things we are doing to improve Prospects:

- Reducing health inequalities through support for pregnant women and families with children e.g. Childsmile, encouraging uptake of Best Start grants, free vitamins.
- Baby Box for all parents, delivered to their home, containing everything needed for a new baby: clothing, books, toys, a new mattress, thermometer, baby-carrying sling etc.
- Breastfeeding support for new mothers to help reduce the health disadvantages that children born into poverty experience throughout life.
- Low or no cost baby massage classes, provided by Health on both Orkney mainland to promote parent/child bonding and responsive relationships.
- Promoting activity and fitness through the Active Schools programme and ActiveLife Budget Membership for young people and families.
- Promoting social inclusion for young people through Young Scot cards, Youth Achievement Groups and the Orkney Youth Forum.
- Services to support mental health, family relationships and loneliness, to help people become more resilient and better able to cope day-to-day.
- Improving attainment through careful tracking and monitoring of individual children's progress and achievement with a particular focus on those experiencing poverty.
- Family mediation to reduce conflict, and post-separation support with finances, housing and co-parenting.
- Support for women and children affected by domestic abuse.
- Building a new £1.5 million nursery for early learning and childcare.
- Providing access to musical instrument tuition for every child.
- Scottish Government has increased funding for child and adolescent mental health services (CAMHS). The service is being redesigned to better meet the needs of Orkney's children and young people.
- The Orkney Partnership's Community Wellbeing Delivery Group is leading several workstreams to improve local resilience and wellbeing, including a self-management network for people with long term conditions living in the ferry linked isles, the reopening of community spaces, support for people with social anxiety following the pandemic, and the local distribution of the Scottish Government's Communities Mental Health and Wellbeing Fund.

What our survey told us about Prospects

A high proportion of survey respondents reported problems with their own physical or mental health, and a worrying high number reported concerns about their children's mental health. More than half of households responding were single parent families, and a quarter included someone with a disability. Half of respondents had no wider family support in Orkney. Of those responding to specific questions, nine out of ten

could not afford to save any money and 84% felt that they did not have enough money to give their children a "good enough" start in life. 88% expected things in the next year to be about the same or worse.

"Stress related health issues which have worsened since the Pandemic"

"We have to attend hospital appointments which means taking time off work and all the extra costs of being away"

"My child has special needs and he just isn't getting it"

"I have been unable to work for several years which makes everything more difficult, including things such as references"

Actions we will take to improve Prospects

Places

The places where people live shape their lives, affecting their job prospects and access to essential goods, services and housing. Community planning partnerships are required to publish locality plans which seek to level up localities experiencing high levels of socio-economic deprivation.

The chart on page 15 showed the relative prosperity of different places in Orkney. Policies designed to regenerate communities must address transport availability and accessibility as well as the quality and affordability of housing. Service providers must aim to ensure that skills provision matches the needs of the local labour market. Of increasing importance is the need for a "Just Transition" to net zero, ensuring that the impacts of climate change – and the actions taken in mitigation – do not exacerbate poverty and disadvantage in particular places.

Some of the things we are doing to support Places:

- The Partnership's first Locality Plan for 2018-21 focused on the ferry-linked isles and brought in "Your Island Your Choice"[26] project funding, with projects chosen by popular vote via participatory budgeting.
- Public sector service providers in Orkney carry out Island Communities Impact Assessment[27] on proposed new policy and plans to prevent any unintended or unfair impacts on isles residents.
- The Islands Wellbeing Project[28] provides community larder boxes, pop-up charity shops, fuel voucher schemes etc, and acts as a link between the community and service providers.
- From June 2021 standard fares on Orkney Ferries were reduced by 38%.
- From April 2022 the Council will subsidise inter-island ferry travel for children and young people under 22.
- Woking towards bringing all social housing in Orkney up to Energy Performance Certificate Band B in line with the Energy Efficiency Standard for Social Housing (2020).
- Campaigning for lower heating costs and recognition of the unique circumstances in Orkney as a net renewable energy exporter with the highest occurrence of fuel poverty.
- The Community Wellbeing Delivery Group is trialling work/learning hubs in remote and isles localities to support homeworking and remote learning, especially in areas with poor digital connectivity.
- During lockdown travel restrictions, Orkney Islands Council supported families in the isles, as well as the local economy, by issuing vouchers for use in isles shops.[29]

What our survey told us about Places

Transport costs were raised as a concern by many respondents, both for ferry fares and fuel for essential car journeys. Childcare was non-existent in some places, with one respondent doing a 30 mile round trip to access a childminder. The issue of high food prices in the isles shops rose to prominence during lockdown but was already well known to isles families on low incomes. Half of all respondents were in social rented housing (Council or housing association) and 29% were buying their own home. 39% couldn't always afford their rent or mortgage and 68% had difficulty paying their council tax. Home heating costs were made worse by outdated housing.

"In the depth of winter I cannot afford to run more than 2 heaters in my home due to the ridiculous price of energy and having the awful storage heaters does not help"

"The council should be replacing the outrageous heating systems in old houses. How is it that people with money have the cheapest running heating systems but yet people in poverty have the most expensive running types"

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[26] https://pbscotland.scot/blog/2017/4/3/7jdqopdjr6b5bu56vu32v9ghyt4p5a

[27] https://www.gov.scot/publications/island-communities-impact-assessments-guidance-toolkit/

[28] https://www.islandwellbeing.org/

[29] https://www.orkney.gov.uk/OIC-News/Fund-established-for-isles-shopping.htm

"Affordable heating not storage heaters. Winter will be a struggle finding the money for heating house damp so have to have heating on."

"More support for young people who are entering further education off the island"

"Help find a secure tenancy - am facing homelessness"

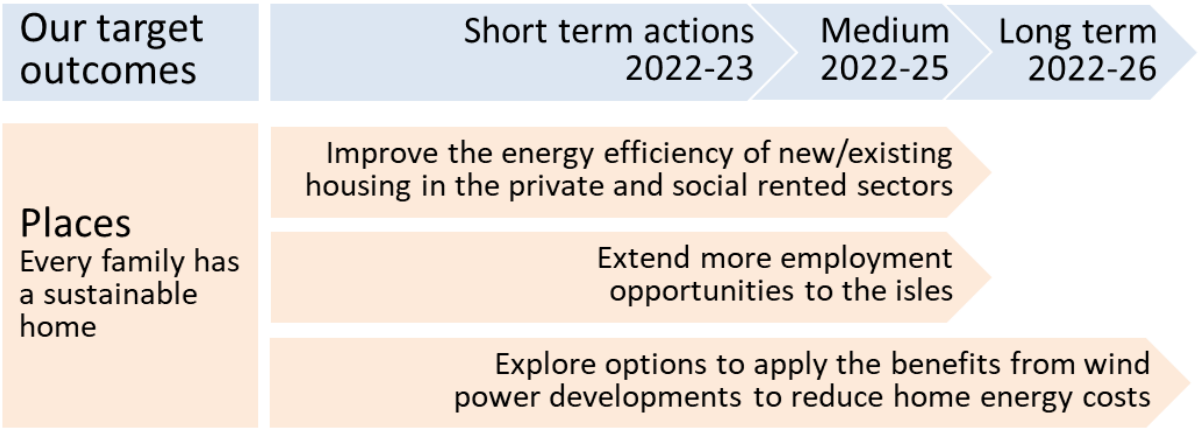
"Travel to dentist is too expensive via ferry"

"Public transport in rural areas is very limited and not reliable"

"Little work on island"

"Isles shops cost so much more than mainland shops so we can afford less"

Actions we will take to support Places



Prevention

Almost anyone can experience poverty during their lifetime, so policies that protect against poverty are important. Unemployment, illness or relationship breakdown can strike at any time and it is often said that many of us are only two months' pay away from homelessness. Once in poverty, it is difficult to escape, and hardship can persist for generations.

Research by Glasgow Caledonian University[30] suggests two key strands of activity on which prevention measures should be focused:

- Preventing people on the margins of poverty from falling into poverty.
- Enabling people to increase their own and others' chances of living a poverty-free life.

In looking at Prevention in Orkney we are interested in what we can do in the short term to prevent families sliding into poverty, and in the longer term to bring about social and economic change which will put fewer families at risk of poverty in future.

[30] http://whatworksscotland.ac.uk/wp-content/uploads/2016/10/JohnMcKendrick23092016.pdf

Some of the things we are doing in Orkney to help Prevention

- Enabling people to access advice and support early via public and other essential services, rather than waiting for a crisis.
- Investigating mechanisms to help people to protect against future poverty risk such as savings and access to low cost credit.
- Promoting the positive alternatives of credit unions instead of higher-rate lenders.
- Identifying local triggers by consulting those with experience of hardship.
- Asking people with experience of hardship what they would like other people to do to help.
- Developing our understanding of child poverty in Orkney by working with researchers, professional service providers and other agencies to improve our data gathering and analysis.

What our survey told us about Prevention

For those not in work, there was no common factor but a range of reasons including ill health, lack of computer skills or inability to find a suitable job. Fourteen respondents were receiving benefits of one or more types, but another six weren't sure if they were eligible and/or needed help to apply. 29 respondents were in debt, including six with payday loans. 46% of respondents had sought help with their finances and 40% had received it.

"Looking into whether I qualify for other benefits and help in applying for those."

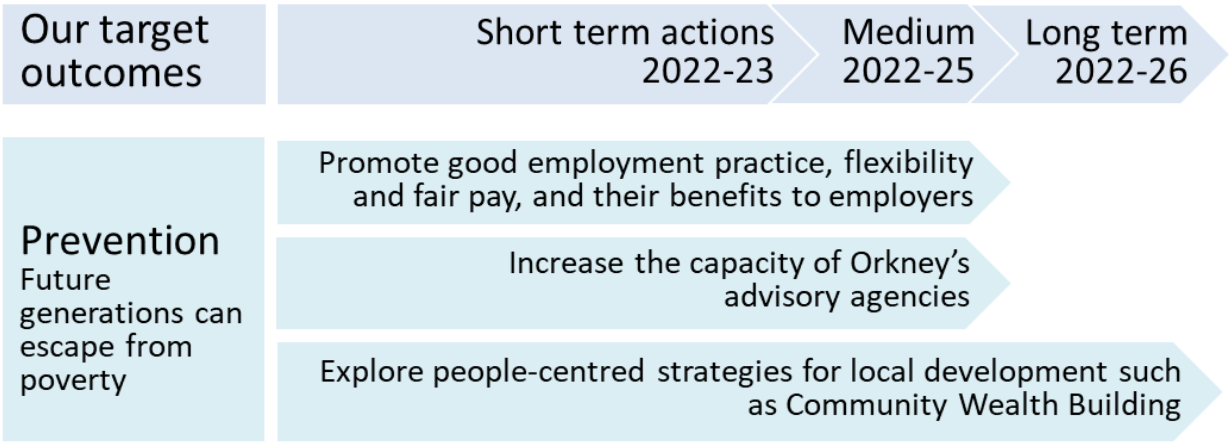
"My case is maybe one in a handful and I hope that other people are getting the correct amount of money because it would be very disturbing to learn that other peoples experiences have been similar"

"It should be reviewed on a case by case circumstance not just based on if you are in receipt of benefits, working families struggle financially too."

"Be more open to support working families."

"I feel there is a big divide - some people seem to have a lot and some (probably more than we know of) have very little. I think making everyone aware of that and trying to find ways that we can all help each other would be good but I don't know how we do that"

Actions we will take to help Prevention



Priorities

The Scottish Government has identified six minority groups at high risk of experiencing hardship[31]. Nationally, the proportion of children from families in these groups who are living in relative poverty is as shown below.

The Orkney Partnership recognises two more local groups of families at higher risk of poverty.

Care experienced children and young people include those that are "looked after" by the local authority – this may be in their own home, in kinship care with a relative, or in residential, foster or secure care. The connection between poverty and families with experience of the care system is described on pages 7-8.

We do not have sufficiently detailed statistics available at local level to calculate the proportion of children in these groups who live in poverty, and in most cases the numbers would be too small to cite without risk of identifying individual families. We

[31] https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/pages/9/

can, however, gain anecdotal evidence from our survey about the experiences of individual respondents who reported being in one or more of these groups.

Some of the things we are doing to support Priorities:

- Supporting women and children affected by domestic abuse.
- Supporting individuals and families to manage relationships, improve mental health and reduce drug and alcohol misuse.
- Delivering the Baby Box and Hungry Baby services, including baby milk, baby food, nappies etc for children under 2 years.
- Carrying out Equality Impact Assessment on new policy and plans to ensure that they do not have unintended or unfair impacts on people in minority groups.
- Implementing the Fairer Scotland Duty to consider the socio-economic impact of new policy and plans, especially on people with lower incomes.
- Intensive support for children at risk of abuse or neglect is led by the Children and Families Social Work Service, with early intervention to support families with complex, multiple needs as soon as issues emerge.
- Prioritise school-based interventions and support to raise attainment for children impacted by poverty and other vulnerabilities; for example, care experienced children and young people.
- The Council is increasing by 10% in 2022-23 the grants that it pays to third sector agencies, which support many people in these priority groups.
- Orkney Charitable Trust in partnership with NHS Health Visitors delivers a 'Bairns Need Nappies' project to eligible families.
- The Local Employability Partnership is campaigning for fair work practices and living wage among local employers and promoting childminding as a career option which supports other parents to move into the workplace.
- Through Orkney's Good Parenting Plan 2020-25[32], all members of the Orkney Partnership have committed to be good parents to Orkney's care experienced young people and to support them throughout their transition to adult life, assisting them to access housing, leisure, education and employment opportunities.

What our survey told us about Priorities

All responses to the survey were anonymous to ensure confidentiality. 23 (55%) of survey respondents were in single parent families, markedly more than the estimated incidence of single parent families in Orkney of 17%. Three respondents had children under 1, and eight had three or more children in the household. Ten (24%) said that someone in the family had a disability, with four mentioning autism

32 https://www.orkney.gov.uk/Files/OHAC/Child_Protection/Orkneys%20Good%20Parenting%20Plan%202020%20-%202025.pdf

specifically, and nine said that someone in their family had special dietary needs. One household included a child who was “looked after” by the care system and four respondents lived on the isles. We didn’t ask about ethnicity specifically, but nobody said that English was not the first language spoken in their home. Everyone responding was aged from 25-64.

Respondents were asked whether their family circumstances affected their income or cost of living.

“Yes. I cannot work full time because I care for my daughter and husband”

“Yes, it makes employment unlikely and/or unstable”

“Yes, electric is used all day and into evening”

“Had to give up work for autistic child”

“Be more inclusive as a community to newcomers, single parents in particular seem to be a very small minority in Orkney. I often feel unsupported and marginalised because I don't have a partner”

“As a single parent I am expected to provide everything on my own with no extra help or support. DWP expects me to work full time despite no childcare and minimal financial help with childcare costs. During school holidays, my childcare costs are higher than my salary!”

“Women's aid and home start have been a life line to me, helping me through some extremely challenging times…People wonder why women stay with abusive partners, the alternative isn't that much better if I am honest”

Actions we will take to support Priorities

Monitoring and evaluation

The Child Poverty (Scotland) Act 2017 introduced a requirement for public agencies to report annually on the measures they were taking to combat child poverty. One of the purposes of this strategy is to provide a framework for reporting progress.

In small, rural, island communities, it is difficult to extract useful local data from national data sources. We monitor and report progress using the most relevant and up to date information available, principally from the following datasets:

- Our own ongoing 'Making Ends Meet' survey[33] and further related surveys
- Scottish Government's Child Poverty Dashboard[34]
- The National Islands Plan Survey results explorer[35] with data from October 2020 (and biennial follow-up surveys)
- The annual Scottish Household Survey[36] data explorer

Orkney's Child Poverty Task Force has now produced three Local Child Poverty Action Reports for 2018-19, 2019-20 and 2020-21, and is working on its report for 2021-22. Published reports can be found on the Improvement Service website.[37]

[33] https://www.smartsurvey.co.uk/s/MakingEndsMeet
[34] https://www.gov.scot/publications/local-child-poverty-statistics-january-2022/
[35] https://mappingrd342.shinyapps.io/online_tool/
[36] https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/
[37] https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports

Appendices

Appendix 1: The Orkney Partnership

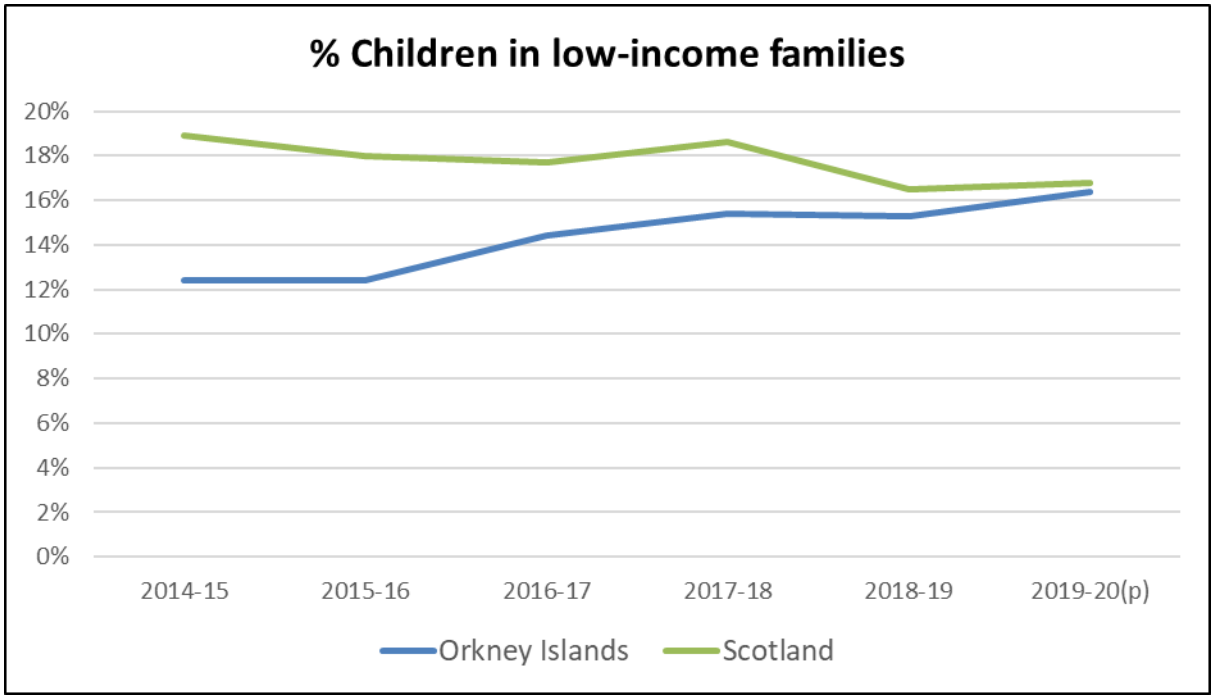
The diagram below shows where the Child Poverty Task Force sits within the Orkney Partnership. The Task Force was integrated into the Partnership in 2020 as a short life working group with a remit to complete Orkney's Local Child Poverty Action Report for 2019-20, develop a longer-term partnership strategy to address child poverty in Orkney and establish a sustainable framework for the future planning, monitoring and reporting of partnership work relating to child poverty in Orkney.

The Child Poverty Task Force reports to the Orkney Partnership Board via the Community Wellbeing Delivery Group and is chaired by the Chief Social Work Officer, OIC. Membership at April 2022 comprised:

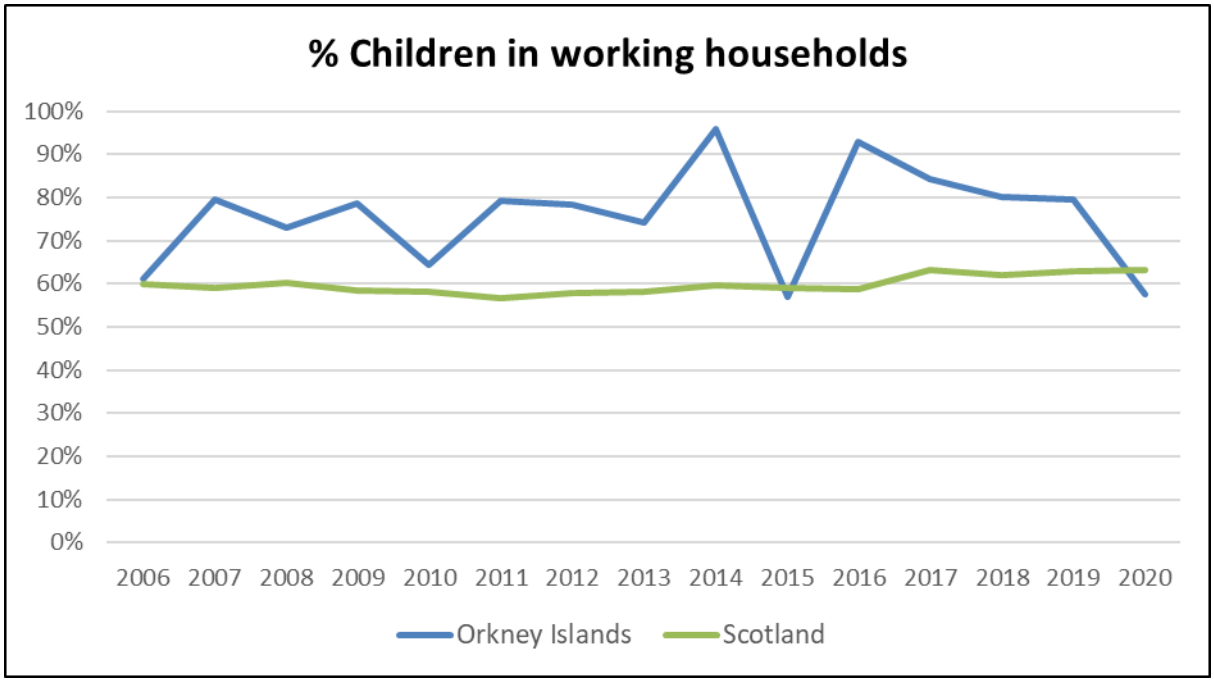
- Orkney Islands Council (Social Work, Education, Housing, Community Learning and Development)
- Orkney Health and Care (Children's Services)
- NHS Orkney (Public Health)
- Voluntary Action Orkney
- THAW Orkney
- Orkney Housing Association
- Orkney Charitable Trust
- Education Scotland
- The Northern Alliance
- Relationships Scotland

Appendix 2: Child poverty dashboard data

The following graphs show how Orkney compares to the Scottish average and are extracted from the Scottish Government local child poverty dashboard[38]. The original source of each data set is noted under the relevant graph.

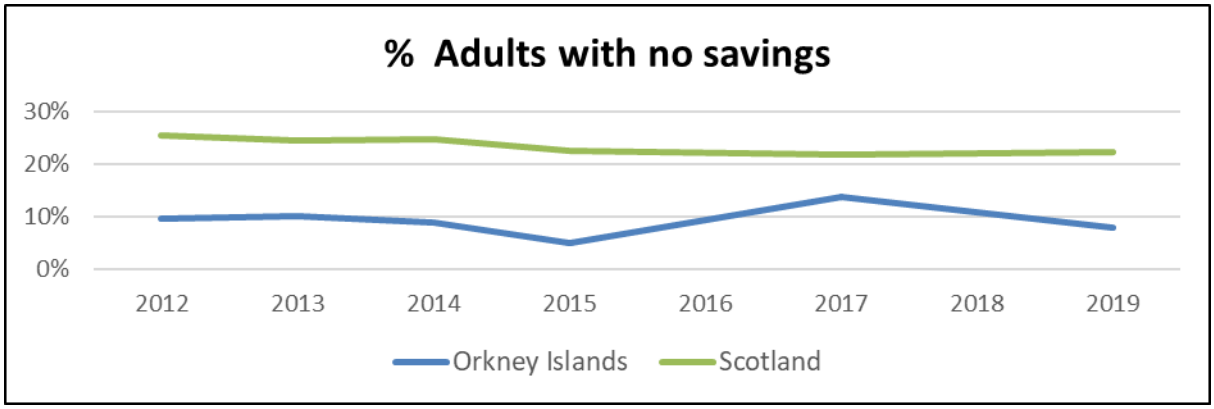


Source: DWP/HMRC children in low-income families local measure (before housing costs)

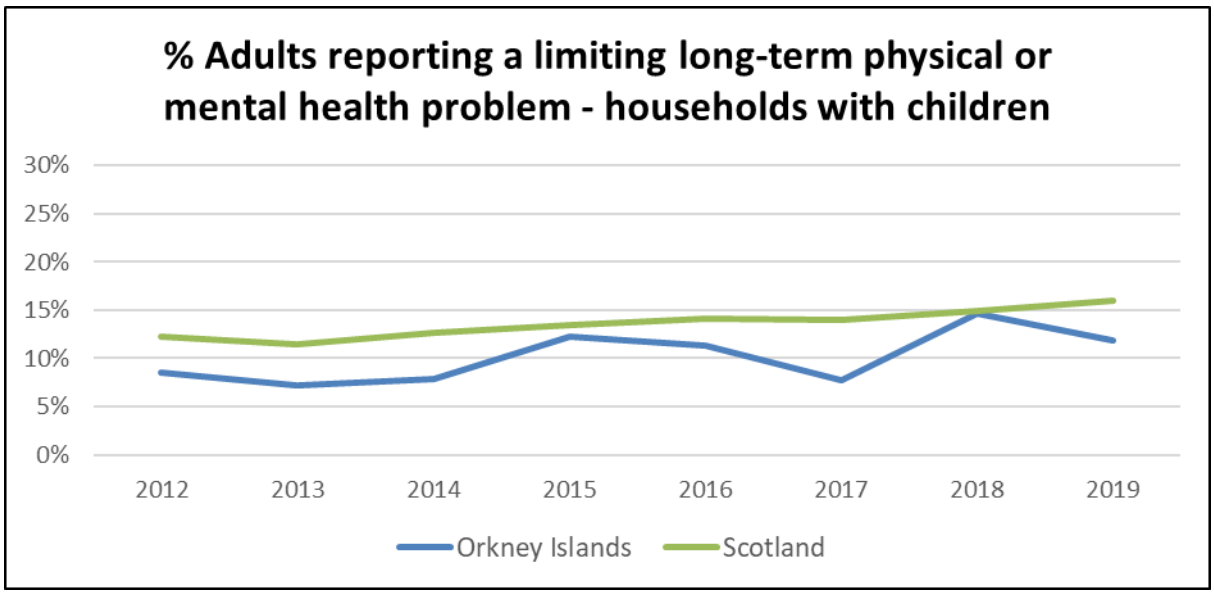


Source: ONS Annual Population Survey, household economic activity status

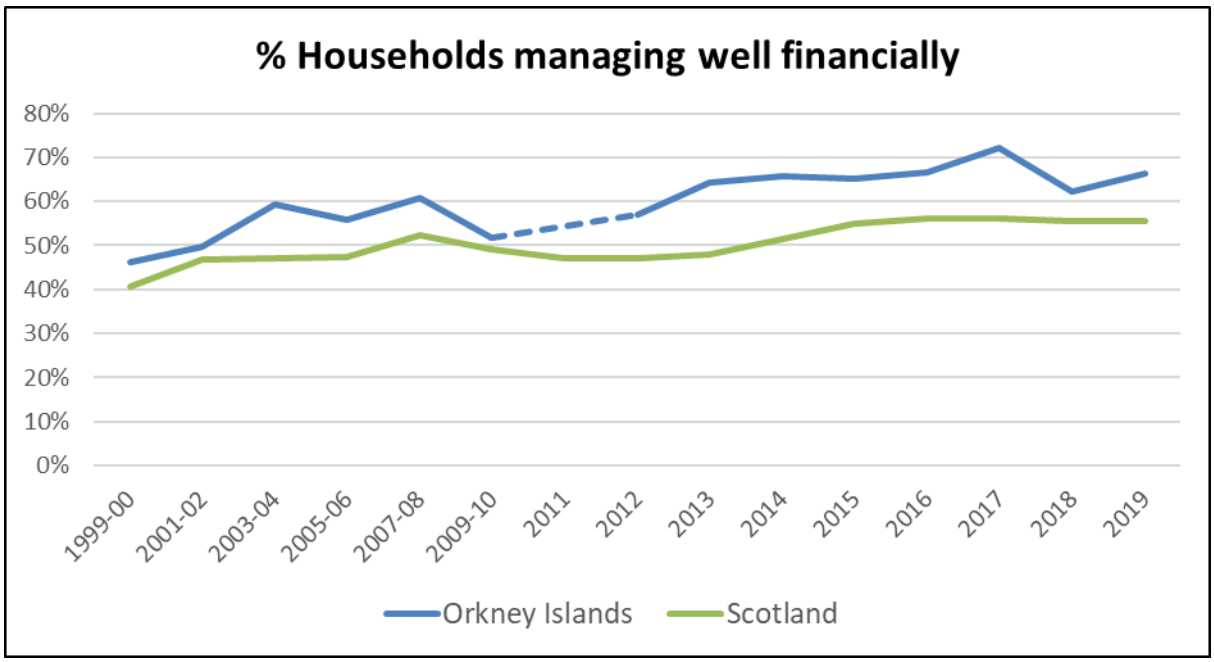
[38] https://www.gov.scot/publications/local-child-poverty-statistics-january-2022/



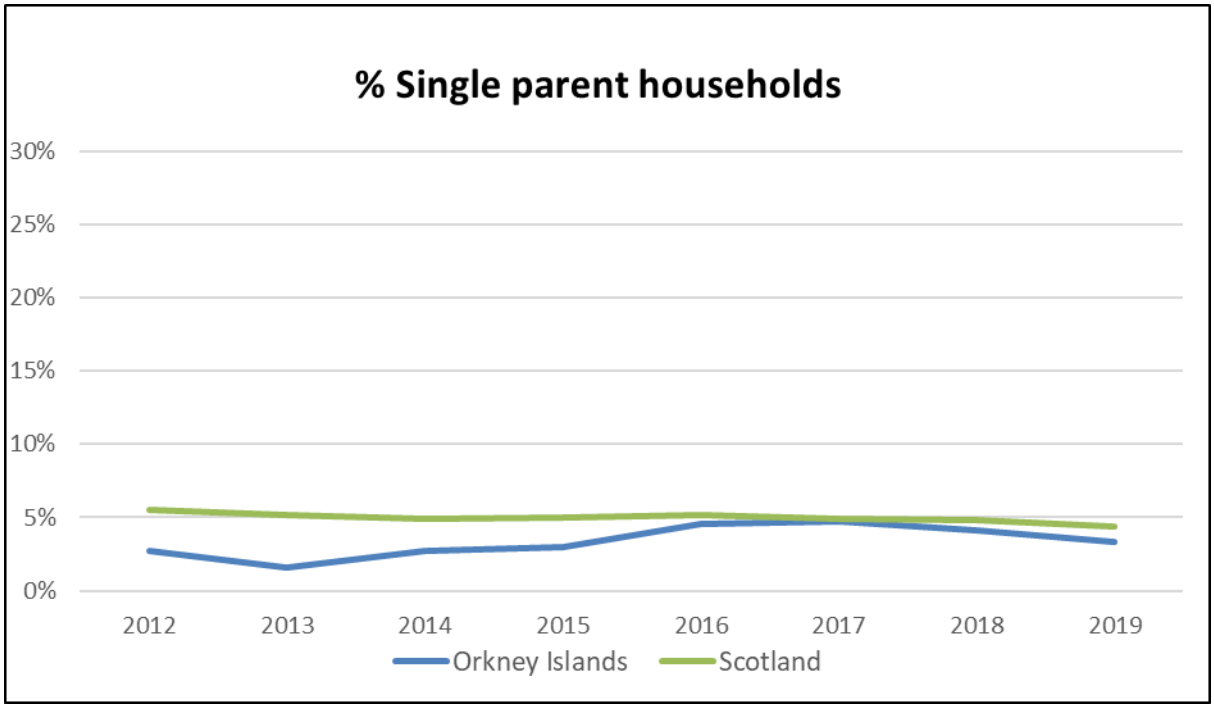
Source: Scottish Government, Scottish Household Survey - Adults dataset



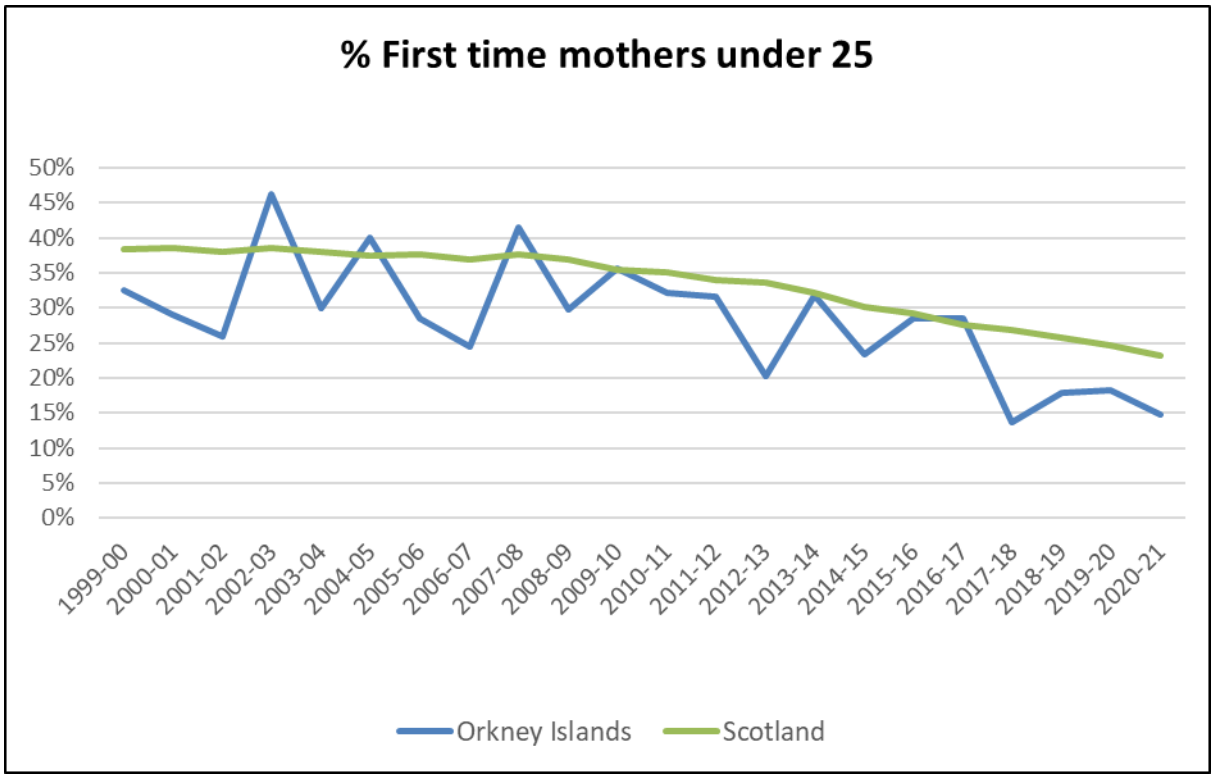
Source: Scottish Government, Scottish Surveys Core Questions



Source: Scottish Government, Scottish Household Survey - Adults dataset



Source: Scottish Government, Scottish Household Survey

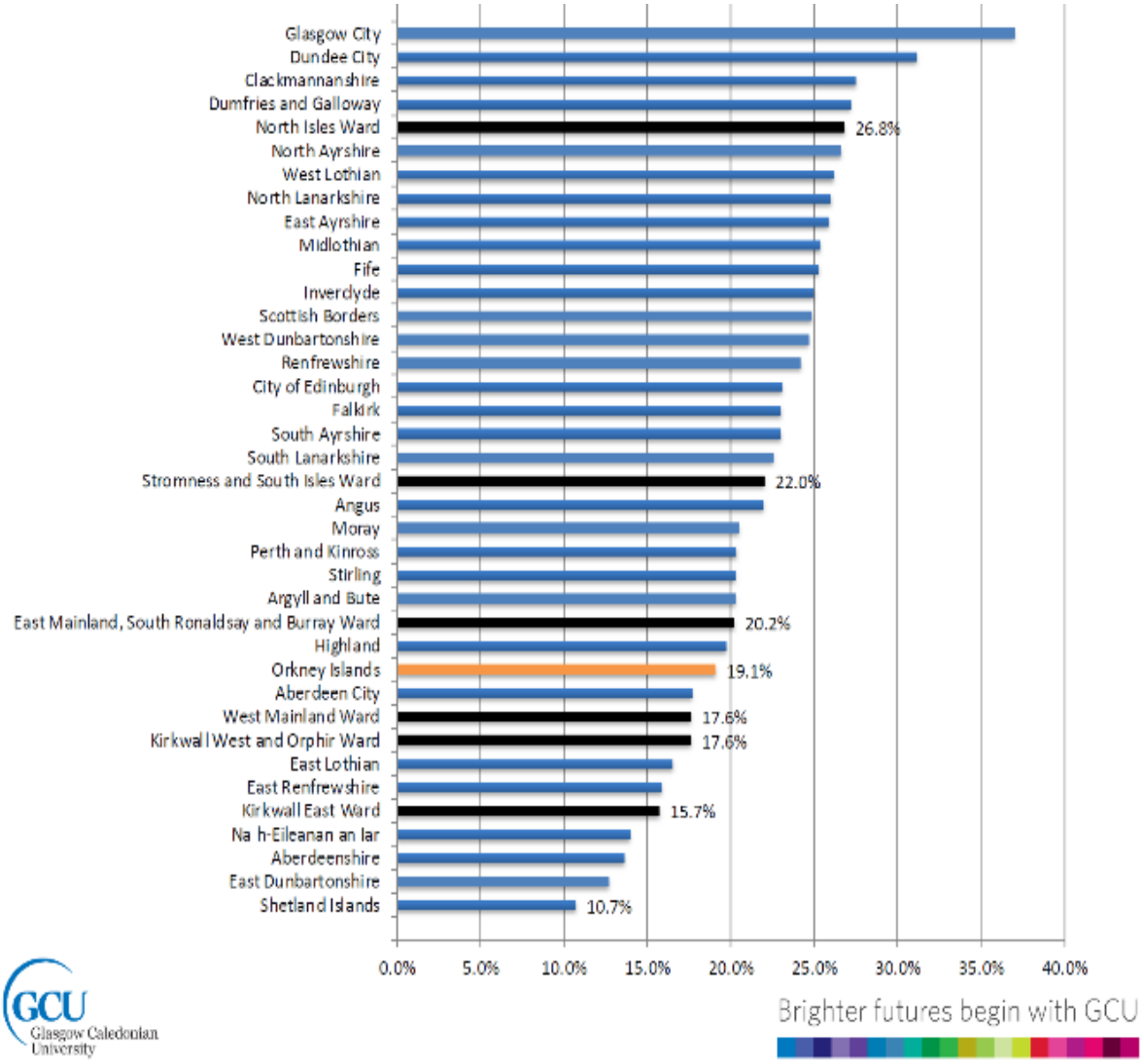


Source: Public Health Scotland, Scottish Morbidity Record 02

Appendix 3: Families with limited resources by electoral ward

Supplied by Glasgow Caledonian University, the chart below shows the percentage of children who live in families with limited resources, defined as combined low income and material deprivation. Orkney's individual electoral wards are compared with Orkney as a whole, and with other local authorities in Scotland. (This chart was included in Orkney's Local Child Poverty Action Report for 2020-2021.[39])

There is a striking disparity between Orkney's most and least deprived wards. It is notable that the ferry-linked isles, both north and south, are the two most deprived wards. There is a strong correlation here with SIMD 2020 findings for relative deprivation by datazone, shown on page 14 and in Appendix 5.



[39] https://www.orkney.gov.uk/Files/Committees-and-Agendas/Policy-and-Resources/PR2021/PR22-06-2021/I18_Local_Child_Poverty_Action_Report.pdf

Appendix 4: SIMD 2020 and household incomes

The table below shows the correlation between Scottish Index of Multiple Deprivation (SIMD 2020)[40] rank and household income, the latter supplied by CACI Paycheck[41]. CACI Paycheck calculates gross household income from all sources including earnings, benefits and investments. The table shows average (mean) household income overall for each datazone, and average (mean) household incomes for households in the bottom quartile and top quartile, a quartile being a quarter or 25% of households.

Data Zone	Location	Overall SIMD 2020 rank	Overall decile 2020	Lower quartile household income	Mean household Income	Upper quartile household income
S01011821	Kirkwall - Pickaquoy	1,995	3	£13,202	£27,665	£36,627
S01011827	Hoy, Walls & Flotta	2,097	4	£10,915	£24,092	£31,307
S01011831	Stronsay, Sanday & North Ronaldsay	2,476	4	£12,354	£25,674	£33,566
S01011822	Kirkwall - Town Centre	2,679	4	£14,125	£29,352	£38,940
S01011830	Shapinsay, Rousay, Egilsay & Wyre	2,710	4	£15,161	£30,587	£40,254
S01011824	Kirkwall - The Meadows East	2,749	4	£13,943	£30,876	£41,800
S01011820	Kirkwall - Glaitness Road & Hornersquoy	3,074	5	£14,729	£34,474	£46,610
S01011832	Eday, Westray & Papay	3,153	5	£13,123	£27,604	£36,556
S01011804	Stromness - South	3,187	5	£15,239	£32,734	£43,753
S01011808	Firth	3,402	5	£18,273	£37,753	£50,105
S01011828	South Ronaldsay	3,421	5	£15,969	£34,307	£45,863
S01011819	Kirkwall - South	4,336	7	£14,788	£30,833	£41,204
S01011829	Burray	4,356	7	£20,895	£41,094	£54,104
S01011813	Holm	4,373	7	£21,412	£42,433	£56,600
S01011823	Kirkwall - KGS & Bignold Park	4,412	7	£17,039	£36,474	£48,449
S01011810	Harray	4,434	7	£18,945	£38,175	£50,365
S01011809	Orphir	4,446	7	£20,655	£39,834	£52,300
S01011825	Kirkwall - Papdale West	4,471	7	£17,314	£35,743	£47,441
S01011814	Holm East, Toab & Deerness	4,607	7	£21,139	£40,849	£53,943
S01011812	Evie, Rendall & Gairsay	4,790	7	£20,558	£41,212	£54,840
S01011817	St Ola - West	4,836	7	£20,719	£41,422	£54,711
S01011826	Kirkwall - Harbour and North	4,851	7	£19,226	£38,188	£49,974
S01011811	Birsay & Dounby	4,902	8	£20,168	£39,741	£52,667
S01011806	Stromness - Outer Town	4,911	8	£19,093	£38,916	£51,152
S01011815	Tankerness	4,977	8	£21,532	£43,412	£57,938
S01011818	Kirkwall - Holm Road	5,263	8	£18,129	£38,884	£52,062
S01011807	Sandwick and Stenness	5,424	8	£21,943	£43,139	£57,183
S01011805	Stromness - North	5,566	8	£16,724	£35,085	£46,288
S01011816	St Ola - East	5,616	9	£26,740	£50,836	£66,972

[40] Corrected release see https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/
[41] The applicable copyright notices for CACI data can be found at https://www.caci.co.uk/sites/default/files/imce/Copyright_and_Third_Party_Notices.pdf

Appendix 5: Equality Impact Assessment

Appendix 6: Island Communities Impact Assessment

Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve public services, plans and policies by making sure they promote equality and do not discriminate. This assessment records the likely impact of a new or revised service, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney Child Poverty Strategy 2022-26.
Service / service area responsible.	The Orkney Partnership Board (Community Planning Partnership) wrote the Strategy. The statutory duty for child poverty sits with Orkney Health and Social Care Partnership.
Name of person carrying out the assessment and contact details.	Anna Whelan, OIC, tel. 01856 873535 x 2160 anna.whelan@orkney.gov.uk Jim Lyon, Orkney HSCP, tel. 01856 873535 x 2611 jim.lyon@orkney.gov.uk
Date of assessment.	24 August 2021, updated 27 April 2022.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	This is a new strategy.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	This strategy seeks to improve outcomes for all children and young people experiencing the impacts of poverty in Orkney by addressing the drivers of poverty identified by the Scottish Government and ameliorating and mitigating the effects of poverty in our community. The strategy is designed by community planning partners to ensure understanding and delivery of services is integrated and to avoid duplication or gaps in service provision. It is focused on securing quality and value through preventative

	approaches, and dedicated to safeguarding and supporting children and young people.
State who is, or may be affected by this function / policy / plan, and how.	Children and young people and their families in Orkney who are experiencing socio-economic disadvantage or who may experience it in future. .
Is the function / policy / plan strategically important?	Yes. The Orkney Child Poverty Strategy itself is not a statutory document but local authorities and health boards have a duty to report annually on measures taken to combat child poverty. There is an expectation on the part of Scottish Government that this will be done through community planning partnerships. Developing a shared strategy will provide a joint framework through which to target interventions, prevent duplication, monitor progress and report via the statutory Local Child Poverty Action Report, published annually. Overcoming disadvantage was selected as a key priority of Orkney's Children's Services Plan 2021-23, and the development of a dedicated strategy to combat child poverty was one of the actions included in that plan.
How have stakeholders been involved in the development of this function / policy / plan?	Consultation with families with experience of socio-economic deprivation was carried out as part of the preparation of this strategy. A survey, Making Ends Meet, was distributed widely in late summer 2021 and 42 completed responses were received from parents, all of whom reported that they were struggling financially. Partner agencies in the public and Third sectors who work with children and families experiencing poverty and disadvantage sit on the short life working group which developed the strategy.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	Scottish Government undertook an EqIA for the national child poverty delivery plan, Every Child Every Chance 2018-22. This established that the following minority groups experienced higher rates of child poverty than the wider population: • Households with a disabled parent or child • Minority ethnic households • Larger families (many of which are minority ethnic families) • Lone parents (90% of whom are women). • Mothers aged under 25 • Families with a child under one year of age. These were selected as priority groups in ECEC and carried through into the second national child

	poverty delivery plan, Best Start Bright Futures 2022-26, published in March 2022. They are included as priority groups in the Orkney strategy alongside two additional groups identified locally as especially vulnerable: families with experience of the care system, and families living on the ferry-linked isles. Current and future work recorded in the strategy is categorised by 5 “Ps”, one of which is Priorities. This is to ensure that consideration is given to these groups when planning mitigating actions. The local child poverty survey, Making Ends Meet, contained questions which identified respondents in each of these priority groups, enabling their responses to be analysed separately to establish if their experiences differed locally from the wider respondent base. In the event, too few responses were received from people identifying themselves as being in these groups to allow any quantitative analysis, but commentary provided by individual respondents provided very useful and detailed information about the challenges they faced on a daily basis. Anonymised quotations from respondents have been included in the local strategy.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	Socio-economic disadvantage and inequalities of outcome are the main drivers behind the Child Poverty Strategy. There is a significant body of evidence available, notably the Scottish Government’s child poverty dashboard, which brings together key indicators for local authorities and others working to combat child poverty in Orkney. The impact on children and families has been exacerbated by the socio-economic impacts of the pandemic, with many families who were “just about managing” funding themselves in poverty for the first time. Local work in Orkney co-ordinated by the Child Poverty Task Force has been reported in Local Child Poverty Action Reports for 2018/19, 2019/20 and 2020/21. Orkney’s Children’s Services Plan for 2021-2023 takes “Overcoming Disadvantage” as one of its five key themes, reflecting the importance of this work locally. Other data sets which contribute to local understanding of socio-economic disadvantage and child poverty include the annual Scottish Household Survey and Scottish House Condition Survey and the National Islands Plan Survey, first

	reported in 2021 and due to be repeated every two years.
Could the function / policy have a differential impact on any of the following equality strands?	(Please provide any evidence – positive impacts / benefits, negative impacts and reasons).
1. Race: this includes ethnic or national groups, colour and nationality.	None.
2. Sex: a man or a woman.	None.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	None.
4. Gender Reassignment: the process of transitioning from one gender to another.	None.
5. Pregnancy and maternity.	Yes. Mitigating actions planned in the strategy start before birth.
6. Age: people of different ages.	Yes. This strategy focuses on the needs of children and young people, along with their families, and seeks to improve access to resources and support for parents and carers.
7. Religion or beliefs or none (atheists).	None.
8. Caring responsibilities.	Yes. This strategy focuses on the needs of children and young people, along with their families, and seeks to improve access to resources and support for parents and carers.
9. Care experienced.	Yes. One of the local priority groups identified in the strategy is families with experience of the care system.
10. Marriage and Civil Partnerships.	None.
11. Disability: people with disabilities (whether registered or not).	Yes. One of the national priority groups identified in the Strategy is households with a disabled parent or child. The impact of poor mental health is specifically identified in the strategy, and mitigating actions are included in future plans.

12. Socio-economic disadvantage.	Yes. Socio-economic disadvantage is the main driver behind child poverty. The strategy's purpose is to mitigate the effects on children and young people of growing up in hardship.

3. Impact Assessment	
Does the analysis above identify any differential impacts which need to be addressed?	Yes. Current and planned future mitigating actions set out in the Strategy address differential impacts on specific groups.
How could you minimise or remove any potential negative impacts?	The Strategy as implemented will impact positively on the specific groups identified.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action	
Is further work required?	Yes, as per the Strategy.
What action is to be taken?	Specific actions are outlined in the strategy and will be developed further.
Who will undertake it?	Child Poverty Task Force or successor group, supported by the Community Wellbeing Delivery Group.
When will it be done?	Over the lifetime of the strategy to end of March 2026.
How will it be monitored? (e.g. through service plans).	Local Child Poverty Action Reports will be published annually.

7.1 Appendix 2

Signature: Date: 27 April 2022

Name: Anna Whelan

Signature: Date: 27 April 2022

Name: Jim Lyon

PRELIMINARY CONSIDERATIONS	Responses
Please provide a brief description or summary of the policy, strategy or service under review for the purposes of this assessment.	Orkney Child Poverty Strategy 2022 to 2026.
STEP 1 - Develop a clear understanding of your objectives	**Responses**
What are the objectives of the policy, strategy or service?	To prevent, reduce, mitigate and ameliorate the impacts of poverty on children.
Do you need to consult?	Yes.
How are islands identified for the purpose of the policy, strategy or service?	The strategy covers all of Orkney, including all its inhabited islands. It differentiates between the Mainland and linked south isles, and the ferry-linked isles, since their socio-economic circumstances are distinctly different.
What are the intended impacts/outcomes and how do these potentially differ in the islands?	The strategy aims to reduce and ideally eliminate child poverty in Orkney, although elimination will take longer than the lifetime of this particular plan. This aim applies to all areas of Orkney but will require differential policies on the Mainland/linked south isles and the ferry-linked islands because the causes, contributory factors and services available are different.
Is the policy, strategy or service new?	The strategy is developed by the Community Planning Partnership with all statutory and co-opted partners and is part of an ongoing strategic approach to addressing child poverty in Orkney.
STEP 2 - Gather your data and identify your stakeholders	**Responses**
What data is available about the current situation in the islands?	Data is available for Orkney as a whole but mostly not for individual isles. A selection of available data relating to child poverty in Orkney can be found in Orkney's Local Child Poverty Action Report (LCPAR) 2020-21, including benefit claimants, children in low income households, households managing well financially, fuel poverty and energy efficiency, single parent households, attainment, health, free school meals and SIMD (Scottish Index of Multiple Deprivation). Scottish Government maintains a dashboard of indicators

	relating to child poverty (last updated January 2022). Evidence of specific issues emerges from time to time e.g. the Area Dental Committee raised with the Orkney Partnership Board in 2021 the issue of isles residents missing dental appointments because of the cost of ferry travel. A survey conducted to inform the strategy generated 42 responses from families experiencing financial hardship (see below for further detail). An ICIA was conducted by Scottish Government to inform the second national child poverty delivery plan, Best Start Bright Futures 2022-26 published in March 2022. This noted that although child poverty statistics indicated that fewer children were living in poverty on Scotland's islands than in urban areas, the statistics did not take into account the significantly higher cost of living on islands, demonstrated in several previous pieces of research. The ICIA concluded that it was likely that more children were experiencing poverty and hardship on the islands than was suggested by the data alone. Mitigating actions proposed included the possibility of including one of the island councils in the "Pathfinder" pilot programme which forms part of the national delivery plan.
Do you need to consult?	Consultation has taken place locally, starting in July 2021. A survey targeted at families experiencing financial hardship, Making Ends Meet, was distributed widely and respondents were asked to indicate whether they lived on the Orkney mainland or ferry-linked isles.
How does any existing data differ between islands?	Very little data is available at the level of individual isles. Statistics published by datazone include several islands in each datazone e.g. SIMD but can still be useful to indicate differences between islands linked to the Orkney mainland by causeways and those that are dependent on ferry and/or air links. SIMD 2020(v2) demonstrates that the ferry-linked isles experience higher ongoing levels of deprivation than all areas of the Orkney Mainland/linked south isles other than parts of Kirkwall. All of the ferry-linked isles are found in the lowest scoring eight (the bottom 28%) of Orkney's 29 datazones. This is

	due to a combination of factors including restricted local employment options (reflected in reduced income), restricted housing options and restricted access to public services, historically due to constraints on transport but increasingly attributable to inadequate digital connectivity. The socio-economic disparity between the ferry-linked and Mainland/south-linked isles led to the "Non-linked" isles being selected as the subject of Orkney's first Locality Plan for 2018-21. The table below summarises the SIMD 2020 data and illustrates this disparity.

SCOTTISH INDEX OF MULTIPLE DEPRIVATION 2020*

Data Zone	Location	Overall SIMD 2020 rank	Overall decile 2020	Total population 2020
S01011821	Kirkwall - Pickaquoy	1,995	3	411
S01011827	Hoy, Walls & Flotta	2,097	4	516
S01011831	Stronsay, Sanday & North Ronaldsay	2,476	4	845
S01011822	Kirkwall - Town Centre	2,679	4	638
S01011830	Shapinsay, Rousay, Egilsay & Wyre	2,710	4	560
S01011824	Kirkwall - The Meadows East	2,749	4	623
S01011820	Kirkwall - Glaitness Road & Hornersquoy	3,074	5	920
S01011832	Eday, Westray & Papay	3,153	5	808
S01011804	Stromness - South	3,187	5	727
S01011808	Firth	3,402	5	720
S01011828	South Ronaldsay	3,421	5	981
S01011819	Kirkwall - South	4,336	7	734
S01011829	Burray	4,356	7	457
S01011813	Holm	4,373	7	816
S01011823	Kirkwall - KGS & Bignold Park	4,412	7	627
S01011810	Harray	4,434	7	1,036
S01011809	Orphir	4,446	7	696
S01011825	Kirkwall - Papdale West	4,471	7	512
S01011814	Holm East, Toab & Deerness	4,607	7	760
S01011812	Evie, Rendall & Gairsay	4,790	7	665
S01011817	St Ola - West	4,836	7	1,034
S01011826	Kirkwall - Harbour and North	4,851	7	606
S01011811	Birsay & Dounby	4,902	8	1,113
S01011806	Stromness - Outer Town	4,911	8	829
S01011815	Tankerness	4,977	8	895
S01011818	Kirkwall - Holm Road	5,263	8	1,022
S01011807	Sandwick and Stenness	5,424	8	1,070
S01011805	Stromness - North	5,566	8	553
S01011816	St Ola - East	5,616	9	826
* Corrected release SIMD 2020v2				22,000

Are there any existing design features or mitigations in place?	During lockdown, Orkney Islands Council implemented a food voucher scheme for isles residents to mitigate against the higher cost of food in the isles shops. This was a universal provision to avoid people needing to claim, thereby minimising delay and potential stigma. Cash payments were provided to eligible families to cover the cost of free school meals during lockdown and holiday periods. The Council doubled to £200 the Scottish Government's £100 holiday payments (at Christmas 2020 and Easter 2021) per child, for children in receipt of free school meals, in part to encourage update of free school meals and associated benefits such as school clothing allowance. Targeted mitigation measures are introduced where possible when agencies become aware of a need but much poverty on the isles is hidden.
STEP 3 - Consultation	**Responses**
Who do you need to consult with?	1. Children who experience disadvantage and poverty. 2. Parents/carers in families experiencing disadvantage and poverty. 3. Service providers for clients who are experiencing or have experienced disadvantage and poverty, who have insights into how these experiences impact on children.
How will you carry out your consultation and in what timescales?	Initial consultation with families took place in summer/autumn 2021. A survey was designed by the Child Poverty Task Force and community planning partners actioned their field staff to distribute the survey and/or interview clients as appropriate. This was extended into a wider public consultation for a limited period, to assess the degree of need which was not already known to agencies. Service providers have direct input into the Strategy via the Child Poverty Task Force and feedback provided for successive LCPARs via Voluntary Action Orkney (VAO). The strategy has been drafted in liaison with the Task Force and with the members of the wider Community Wellbeing Delivery Group. Consultation directly with children has yet to take place and will need careful planning in liaison with schools. This will be actioned

	as part of the implementation of the strategy.
What questions will you ask when considering how to address island realities?	A question on residency on the ferry-linked isles was included in the survey so that answers from isles families could be collated separately and compared with those from Orkney Mainland (and linked isles) families. Specific questions also addressed whether families thought that living on the ferry-linked isles made a difference to their family's situation.
What information has already been gathered through consultations and what concerns have been raised previously by island communities?	The Making Ends Meet survey generated 42 responses from families experiencing financial hardship, including four families on the ferry-linked isles. This was insufficient for meaningful quantitative analysis but respondents provided detailed commentary about the challenges they faced in their daily lives, including the additional challenges associated with living on the ferry-linked isles, which has been valuable in developing the strategy. Particular issues raised were the cost and inconvenience of inter-island ferry travel and the higher cost of living (notably fuel and food) on the isles. The Orkney Partnership Board consulted on proposed new strategic priorities for its Local Outcomes Improvement Plan in spring 2021. This consultation demonstrated a high level of public concern about the socio-economic impact of the pandemic on families in Orkney. A new delivery group was convened to progress actions relating to the priority of "Community Wellbeing". The Child Poverty Task Force, a short life working group within the Orkney Partnership Board, reports to this group and will do so until a permanent framework for the planning, monitoring and reporting of children's services in Orkney – including those relating to child poverty – has been established. This is scheduled to be done during 2022/23. VAO conducted a Place Standard consultation in spring 2021 in the West Mainland and Kirkwall, the results of which informed the action plan drawn up by the Community Wellbeing Delivery Group and will also inform future locality planning by the Partnership to combat socio-economic deprivation. The National Island Plan Survey, conducted by the James Hutton

	Institute and published July 2021, provides a wealth of information about the experiences of individuals aged 18-75 throughout Scotland's islands. In response to requests from island agencies, survey respondents were divided into "mainland" and "outer isles" categories in each island area. For Orkney this means that data for Mainland, South Ronaldsay and Burray is recorded separately from data for the ferry-linked isles. Scottish Government plans to recommission this survey every two years for the lifetime of the National Islands Plan.
Is your consultation robust and meaningful and sufficient to comply with the Section 7 duty?	Yes, with respect to families/caregivers and service providers. Further work is required with regard to consulting with children themselves.
STEP 4 - Assessment	**Responses**
Does your assessment identify any unique impacts on island communities?	Yes. Families and children living on remote islands and in remote rural areas experience poverty and disadvantage differently to those on the Mainland. Orkney's children experience poverty differently to those on the Scottish mainland. A key difference is that the cost of living is higher for families on islands, and higher still on the smaller isles. The available evidence demonstrates that measures available to assist families in Orkney are not always accessed by those eligible, especially on the isles.
Does your assessment identify any potential barriers or wider impacts?	Access to and communication with children in the outer isles and remote rural areas can be difficult. Some poverty is hidden for cultural and historical reasons, and may continue through generations.
How will you address these?	Our aim is to minimise disadvantage to children living in poverty, and our strategy will seek to ensure that all forms of support on the Orkney Mainland are also available to families and children in the isles. If delivering equal services isn't possible for some reason, then an equally fair solution will be sought – the aim is to level up, not level down. Where families on the isles experience unique disadvantages, then bespoke solutions will be found.

You must now determine whether in your opinion your policy, strategy or service is likely to have an effect on an island community, which is significantly different from its effect on other communities (including other island communities).

If your answer is **NO** to the above question, a full ICIA will NOT be required and **you can proceed to Step**

SIX. If the answer is **YES**, an ICIA must be prepared and **you should proceed to Step FIVE**.

To form your opinion, the following questions should be considered:

- Does the evidence show different circumstances or different expectations or needs, or different experiences or outcomes (such as different levels of satisfaction, or different rates of participation)?
- Are these different effects likely?
- Are these effects significantly different?
- Could the effect amount to a disadvantage for an island community compared to the Scottish mainland or between island groups?

STEP 5 – Preparing your ICIA	Responses
In Step Five, you should describe the likely significantly different effect of the policy, strategy or service:	
Assess the extent to which you consider that the policy, strategy or service can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.	Consultation is continuing and will inform future iterations of the Strategy and local delivery plan. It is likely that different delivery mechanisms will be required during the lifetime of the strategy given that Orkney will be, at time of publication, still in the recovery phase from the pandemic.
Consider alternative delivery mechanisms and whether further consultation is required.	Consultation is continuing and will inform future iterations of the Strategy and local delivery plan. It is likely that different delivery mechanisms will be required during the lifetime of the strategy given that Orkney will be, at time of publication, still in the recovery phase from the pandemic.
Describe how these alternative delivery mechanisms will improve or mitigate outcomes for island communities.	These will be developed during the lifetime of the Strategy and this ICIA will continue to be a work in progress.
Identify resources required to improve or mitigate outcomes for island communities.	Within the 2021 revision of the community planning framework in Orkney, the Child Poverty Task Force is currently reporting to the Board via the Community Wellbeing Delivery Group. Any additional resources required to improve or mitigate outcomes for isles communities will be referred to the Delivery Group for consideration and onward to the Board as necessary. There is resource for islands coming on stream from the programme funding for the implementation of the National Islands Plan, including a Healthy Living funding stream, which is closely aligned to the aims of the Community Wellbeing strategic priority. There may also be future funding streams arising from the implementation of the Scottish Government's second child poverty delivery plan, Best Start Bright Futures 2022-26, including, as noted above, the possibility of an Islands Pathfinder pilot. The Community Wellbeing Delivery Group is working on the

	development of a "Poverty Pledge" to be taken by members of the Orkney Partnership Board, which make the mitigation and prevention of poverty in Orkney a commitment for individual partner organisations as well as the Partnership as a whole. This proposal will be put to the Board in June 2022. As noted in the Strategy, there is not much that the Partnership can do about national fiscal policy, which largely determines the key drivers of poverty. Resourcing preventative measures is always a challenge. Some of the proposed actions in the outline delivery plan are aspirational and we acknowledge that the longer-term actions will require significant policy decisions, which can never be taken for granted. Nevertheless, by adopting this strategy, the Orkney Partnership Board will commit the Partnership for the foreseeable future to improving outcomes for children living in poverty, and we anticipate that partners will do everything in their power to achieve this.
STEP 6 - Making adjustments to your work	**Responses**
Should delivery mechanisms/mitigations vary in different communities?	The survey was made available both online and in hard copy, and on request posted out to isles families who did not have enough bandwidth to complete it online. We will ensure that future consultation is also made as inclusive as possible. Interventions will be targeted to communities, families, and children where evidence of specific disadvantage is revealed. They will vary depending on local circumstances in each island community.
Do you need to consult with island communities in respect of mechanisms or mitigations?	Not with regard to the current strategy as this has already been done. Where necessary with regard to future interventions, consultation with specific communities will be factored into our ongoing consultation programme.
Have island circumstances been factored into the evaluation process?	Orkney's population is very small, and population in the remote islands and rural areas even smaller. Quantitative analysis of numerical results at this scale is not statistically significant due to small numbers. The qualitative findings from the consultation were more relevant and this will probably continue to be the case.

Have any island-specific indicators/targets been identified that require monitoring?	There is a range of nationally available local statistics and indicators included in the Strategy, and these will be monitored on an ongoing basis to assess progress and identify any change in trends, good or bad. These include data published as part of the Scottish Government's Child Poverty Dashboard of indicators. However, little of this data is available at the level of individual islands. The Scottish Household Survey includes data on household income and whether families are doing well or are in financial difficulties. This measure has been included in the new Community Plan 2021-23 as it is a key indicator under the Community Wellbeing priority and will help to triangulate the data collected from the Task Force survey. The National Islands Plan survey includes questions on household finances e.g. "In the past year, I have had to choose between keeping my home warm and buying food or essentials for myself and my family". This survey will be repeated in 2023 providing another source of data to triangulate our own survey results.
How will outcomes be measured on the islands?	The National Islands Plan survey differentiates between families on the isles and those on the Mainland/linked south isles. Local consultation also splits out these two groups. It should therefore be possible to monitor outcomes for the isles and the mainland separately.
How has the policy, strategy or service affected island communities?	The strategy is new. The Child Poverty Task force (or any successor partnership group) will gather evidence of impact and report back as part of annual LCPAR reporting.
How will lessons learned in this ICIA inform future policy making and service delivery?	ICIA is a new process and learning from all ICIAs conducted by partner agencies will be shared as part of the process of embedding it in future policy making.

Island Communities Impact Assessment

Child Poverty Strategy 2022 – 2026

STEP 7 - Publishing your ICIA	Responses
Have you presented your ICIA in an Easy Read format?	No. The survey form was screened to ensure it was easy to read. General information about the Strategy will be provided in simple language and this will include information about the isles.
Does it need to be presented in Gaelic or any other language?	No, but translation will be offered and available on request.
Where will you publish your ICIA and will relevant stakeholders be able to easily access it?	On websites www.orkney.gov.uk and www.orkneycommunities.co.uk/COMMUNITYPLANNING/.
Who will sign-off your final ICIA and why?	The ICIA will be attached to covering reports on the Child Poverty Strategy for submission to the Council, NHS Orkney and Orkney Partnership Board for scrutiny, and will be published alongside the Strategy itself on the websites cited above.

ICIA completed by:	Anna Wheelan.
Position:	Strategy Manager, Strategy, Performance and Business Solutions.
Signature:	
Date complete:	24.05.22

ICIA approved by:	Stephen Brown.
Position:	Chief Officer, Orkney Health and Social Care Partnership.
Signature:	
Date approved:	24.05.22.

NHS Orkney

Meeting:	**Orkney NHS Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Information Governance Strategy**
Responsible Executive/Non-Executive:	**Mark Doyle, Director of Finance**
Report Author:	**Gordon Robinson, Head of Information Governance/DPO**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Orkney NHS Board is asked to approve the 2022-2026 Information Governance Strategy.

2.2 Background

The Information Governance Strategy 22-26 uses a data protection principles-based approach to establish and maintain the highest standards of Information Governance and Data Protection at NHS Orkney.

2.3 Assessment

The Information Governance Strategy of 2018 recognised the need to build a foundation of the environment with which to move towards. This updated strategy calls for Information Governance to be established across all services. Taking the principles of Data Protection and applying them to the design and delivery of our services.

During our fight against Covid-19 digital transformation has brought opportunities to access technology which has changed the way we think about delivering services.

2.3.1 Quality/ Patient Care

Strong Information Governance & Management is vital to ensure data is available when and where needed to improve quality and patient care.

2.3.2 Workforce

The Information Governance Strategy will protect and enable our workforce in the delivery of services.

2.3.3 Financial

Not Applicable

2.3.4 Risk Assessment/Management

Not Applicable

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been completed and is included as an appendix of this paper, the Strategy is also available in accessible version.

2.3.6 Other impacts

An Information Governance Strategy is essential to show NHS Orkney as a compliance organisation that is aware of its data protection obligations.

2.3.7 Communication, involvement, engagement and consultation

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

- North of Scotland NHS Information Governance Leads, 25 March 2022
- Senior Information Risk Owner, NHS Orkney, 4 March 2022
- Information Governance Department, NHS Orkney, 28 February 2022
- Information Governance Department, NHS Shetland, 28 February 2022

2.3.8 Route to the Meeting

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

- Information Governance Committee, 7 April 2022
- Finance and Performance Committee, 28 July 2022

2.4 Recommendation

- **Decision** – To approve the Strategy on the recommendation of the Finance and Performance Committee

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Information Governance Strategy
- Appendix No 2, Rapid Impact Checklist: Summary Sheet

7.2.1

Information Governance & Data Security in Action

INFORMATION GOVERNANCE STRATEGY 2022-2026

NHS Orkney

Forward

Mark Doyle

Director of Finance

NHS Orkney

‘NHS Orkney has invested in a team to support the delivery of our Information Governance strategy. We have established operational policies, controls and processes in key information management areas such as records management, data protection and information security.

As we work to develop and improve the delivery of health and care services in Orkney, digital technology is a key enabler and strong Information management is essential. This strategy embeds the high standards culture elsewhere in our organisation within the information management field.

We will ensure that data privacy & information management considerations are made from the foundations of service design throughout the project lifecycle. Following an efficient and integrated end to end model of information management practice and governance.

The key aims being that information is accessible, secure and available. Enabling NHS Orkney to become the best remote and rural care provider in the United Kingdom.’

Contents

Background

Our Vision: 'To establish & maintain the highest standard of information governance in the design and delivery of services'

NHS Orkney is the smallest health board in Scotland. The Balfour Hospital, opened in 2019, has 49 beds, as part of its service re-design process NHS Orkney is looking to repatriate health services from mainland health boards back to Orkney. Supporting our plan to provide healthcare closer to peoples homes.

NHS Orkneys focus will always be on innovation and the continual improvement of the health and wellbeing of all living in Orkney. Our plan is to ensure our activities maximise our ability to reduce health inequalities that exist in our communities. We are determined to work across health and care partners to meet the needs of Orkney.

NHS Orkney has worked to recognise information risks and build an information governance culture. Expanding the dedicated information governance resource available to support the design and delivery of services.

The Information Governance Strategy of 2018 recognised the need to build a foundation of the environment with which to move towards. This updated strategy calls for Information Governance to be established across all services. Taking the principles of Data Protection and applying them to the design and delivery of our services.

During our fight against Covid-19 digital transformation has brought opportunities to access technology which has changed the way we think about delivering services.

NHS Orkneys commitment to deliver more services locally needs a person-centred approach to digital health and care, using digital technologies to ensure care is delivered in a way, place and time that works best for the people of Orkney.

Our Vision

'To establish & maintain the highest standard of information governance in the design and delivery of services'

Aims

This is strategy sets out how we will work together across health and care in Orkney to establish and maintain the highest standards of information governance to be the best remote and rural healthcare provider in the UK.

Accessible

Patients have access to, and greater control over, their own health data – as well as access to digital information, tools and services.

Secure

Data Security is embedded into the design and delivery of services & technology. Access and sharing of information is secured across the healthcare system in Orkney.

Available

Healthcare providers in Orkney have access to the data they need in order to optimise health, care & cost.

Our Priorities

Delivering on these aims in and of itself does not guarantee improved Information Governance within the health and care system in Orkney. NHS Orkney's partners and the community of Orkney need to embrace the change required. This includes but is not limited to :

- Committing to constant improvement, innovation and evolution.
- Making better use of the data that we use today and may benefit from in the future.
- Involving specialists in Information Governance in the design, assessment and delivery of tools, technologies and services.

To achieve our aims, and ultimately our vision, we will focus on six priority areas.

Access & Availability

People have access to information, their own data and digital tools to support their health & wellbeing. Information is available when needed in all health & social care settings.

Privacy by Design

Will be the default for all services & technology. Ensuring the use of 'state of the art' technology & infrastructure.

Data Security

Information can only be accessed or modified by authorised persons with audits in place to monitor access. People have the ability to update information contained in their records.

Data Sharing & Processing

Data Sharing will be undertaken in an open and transparent way, ensuring that people are informed of when, how and why their information is shared. Records of processing activities compliant with Article 30 of UK GDPR will be kept & maintained

Training

All staff are provided with induction and ongoing training in Information Governance & Security.

Incident Management

Awareness of and learning from Incidents is harnessed to the benefit of people, services & technology.

While all the action areas contribute to the aims of this strategy, their main alignment is outlined below

Aim:	Achieved through:
Patients have access to, and greater control over, their own health data – as well as access to digital information, tools and services.	Access & Availability Data Sharing Training
Data Security is embedded into the design and delivery of services & technology. Access and sharing of information is secured across the health and social care system in Orkney.	Privacy by Design Records of Processing Incident Management Training
Healthcare providers in Orkney have access to the data they need in order to optimise health, care & cost.	Access & Availability Records of Processing Data Integrity Data Sharing

Information Governance & Data Security in Action

NHS Orkney will work across health and care in Orkney to establish and maintain the highest standards of information governance to be the best remote and rural care provider in the UK.

Key Initiatives

1. **Access & Availability** People have access to information, their own data and digital tools to support their health & wellbeing. Information is available when needed in all health & social care settings.
2. **Privacy by Design** Will be the default for all services & technology. Ensuring the use of 'state of the art' technology & infrastructure.
3. **Data Security** Information can only be accessed or modified by authorised persons with audits in place to monitor access. People have the ability to update information contained in their records.
4. **Data Sharing & Processing** Data Sharing will be undertaken in an open and transparent way, ensuring that people are informed of when, how and why their information is shared. Records of processing activities compliant with Article 30 of UK GDPR will be kept & maintained
5. **Training** All staff are provided with induction and ongoing training in Information Governance & Security.
6. **Incident Management** Awareness of and learning from Incidents is harnessed to the benefit of people, services & technology.

Key Deliverables

- Access requests will be handled locally within each service and logged via OneTrust
- Each Processing activity will have a unique privacy notice & information available on the NHS Orkney website
- Privacy by Design Checklists & DPIAs will be completed for all projects
- Data Processors will be asked to provide evidence of their ongoing compliance with UK GDPR
- Supplier selection will include an assessment of their Information Security and Data Protection measures
- Full records of processing activities across health and care will be maintained
- Our staff will be well trained and able to recognise the need for & initiate operational data security measures.

Key commitments

- People can access care, support and information they need.
- Data is available where its needed across the community.
- People understand their data rights and all data sharing is open and transparent.
- Data protection issues are part of the design and implementation of systems, services and business practices.
- Privacy by Design checklists are part of project documentation.
- Data processors we use maintain appropriate technical and organisational measures.
- Training and awareness of Information Governance & Security is business as usual.
- NHS Orkney contributes to strong information management locally and nationally.
- Response plans allow swift action following incidents, promoting learning processes improvement
- Staff challenge behaviours that they feel compromise data security

Access & Availability

Priority one: People have access to information, their own data and digital tools to support their health & wellbeing

Technology has changed how people access our services and the ways in which they are offered. People want and expect to have access to their own information and tools to support their health and well being.

The response to Covid-19 has presented challenges that have been met by the innovative use of technology and information, supporting the care and services of NHS Orkney.

For our people, it has meant rapid adoption of new technology and for our patients it has led to access to technology enabled services closer to home.

Access to and availability of health information has driven the local response to the pandemic.

Our Commitments

- People will have access to their records whenever and wherever they request it
- We will increase the number of ways people can access care, support and information they need
- People will understand their data rights and responsibilities when accessing and using information and services.
- Data will always be available where its needed to support health and care across the community

Subject Access

Access to personal data we hold about an individual helps them to understand how and why we use their data, and to check we are doing so lawfully.

We will ensure that all individuals who access health and care in Orkney can request access to view the personal data we hold about them.

An individual can make a request verbally, in writing, including via social media. We recognise that a request is valid if it is clear that the individual is asking for their own personal data.

NHS Orkney will have processes in place across all services to ensure that we can comply with requests within one month or extend the time to respond to two months if the request is complex.

NHS Orkney will invest in technology to provide an efficient request and response process to allow timely access to personal information, delivered in a way that meets the requestors needs and wishes.

We recognise that both patients and staff have a right to request access to the personal data we hold. Personal data can refer to both paper and digital records.

We will not charge a fee to provide an employee or individual with a copy of their personal data unless the request is repetitive or for multiple copies of the data.

Freedom Of Information

The Freedom of Information (Scotland) Act 2002 gives the public the right to ask for and be given any information about NHS Orkney, such as decisions we make, services we provide, and how we spend public money.

NHS Orkney operates in an open and transparent way. The public in Scotland has a right to receive information from public authorities including the NHS.

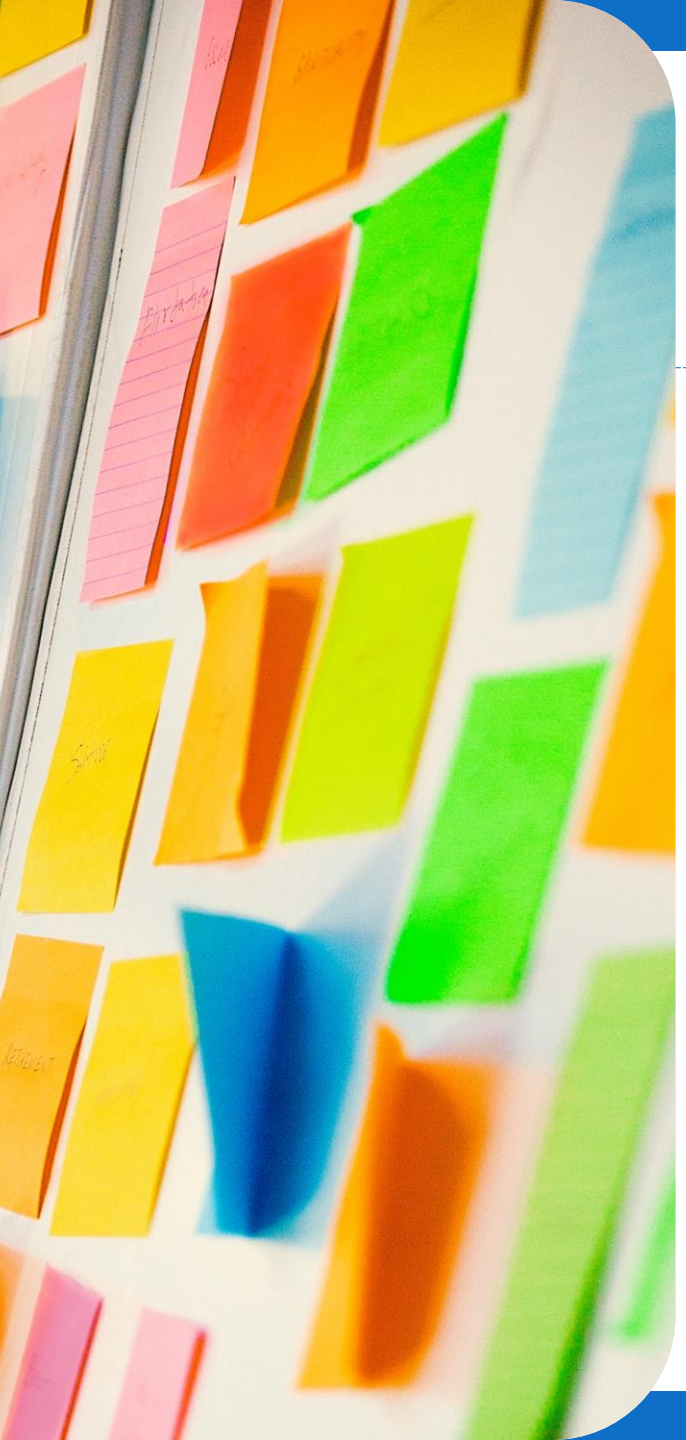
Requests must be made in a recorded format, letter, email or audio file. If people need help to make a request we will help them.

NHS Orkney has adopted the model publication scheme and we will publish information about NHS Orkney on our website so it is available to anyone without having to make a request.

If the requested information is recorded somewhere then it will be shared promptly within 20 working days.

Given the small population size of Orkney we may respond to an request in a way that will protect the identity of individuals. This may include redaction or indicating that the number of individuals who have received a certain treatment or diagnosis is small enough to potentially identify individuals.

If the information is not held or is exempt from release we will tell you the exemption we have applied to the information.



Privacy by Design and Default

Priority two: Will be the default for all services & technology. Ensuring the use of 'state of the art' technology & infrastructure.

UK GDPR requires NHS Orkney to put in place appropriate technical and organisational measure to implement data protection by design and by default.

This means data protection will be part of our processing activities and business practices from the design stage right through the lifecycle.

Our approach to system and service development will require data privacy to be taken into account throughout the system and service development process. Only personal data that is necessary for each specific purpose of any process will be used and all systems must meet the concept of data minimisation (Article 25(2) UK GDPR).

We will work with services, 3rd sector partners and providers of digital technology to ensure that data is automatically protected with integrated safeguards to protect individuals rights and freedoms. The fundamental principles being data minimisation and purpose limitation.

Our Commitments

- We will consider data protection issues as part of the design and implementation of systems, services and business practices. Privacy by Design checklists will be incorporated into project documentation
- We will only process personal data that we need to deliver health & care services.
- We will only use technology and partners that provide sufficient guarantees of their technical and organisational measures for data privacy by design and by default.
- We will provide information in 'plain language' to the public so that individuals understand what we are doing with their personal data.
- We will use state of the art technologies and implement appropriate technical and organisational measures to protect the rights of individuals.

Data Security

Priority three: Information can only be accessed or modified by authorised persons with audits in place to monitor access. People have the ability to update information contained in their records.

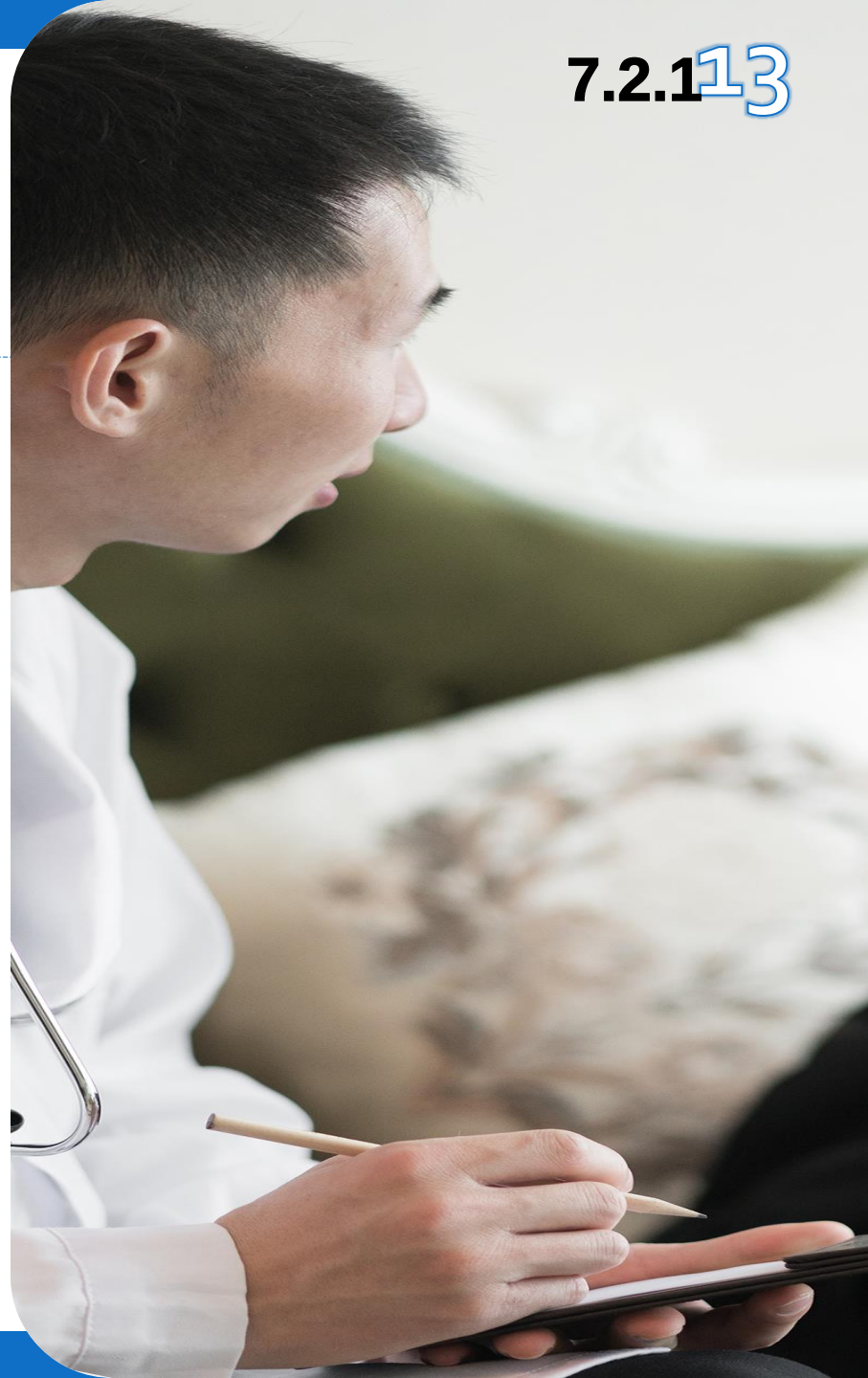
Integrity and confidentiality of data is a key principle of UK GDPR. People have a right to expect appropriate technical and organisational measures to protect personal data. Access to data must ensure the confidentiality, integrity and availability of systems and services.

Services will comply with Article 5(1)(f) of the UK GDPR so that personal data is processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical and organisational measures.

NHS Orkney will consider the state of the art and costs of implementation when deciding what measures to take, but they will always be appropriate to the circumstances and risks the data processing poses.

Our Commitments

- Steps will be taken to ensure that our Information Security policy is regularly reviewed and measures where necessary are improved.
- We will ensure that any data processor we use also implements appropriate technical and organisational measures.
- Analysis of risks presented by our processing will be used to identify measures that can be implemented to ensure an appropriate level of security is in place



Data Sharing & Processing

Priority four: Data Sharing will be undertaken in an open and transparent way, ensuring that people are informed of when, how and why their information is shared. Records of processing activities compliant with Article 30 of UK GDPR will be kept & maintained

To provide world class health and care to the people of Orkney, there will be a requirement to share personal data locally and to the wider Health and Care providers in Scotland. People should feel confident that NHS Orkney shares & processes data in a transparent way that complies with data protection law.

NHS Orkney will keep records of data sharing and processing activities. When sharing information within Scotland and the rest of the United Kingdom, NHS Orkney will use the Scottish Information Sharing Toolkit and the statutory code of practice prepared by the information commissioners office. We will always consider if data sharing achieves a benefit and is necessary.

Data Protection Impact Assessments will always be carried out even when not legally required. Thus ensuring we build in openness and transparency.

Our Commitments

- We will build and maintain a comprehensive record of processing activities
- Ensure all data sharing is open and transparent.
- Data Sharing Agreements will set out the purpose, process and standards at each stage.

Training

Priority five: All staff are provided with induction and ongoing training in Information Governance & Security.

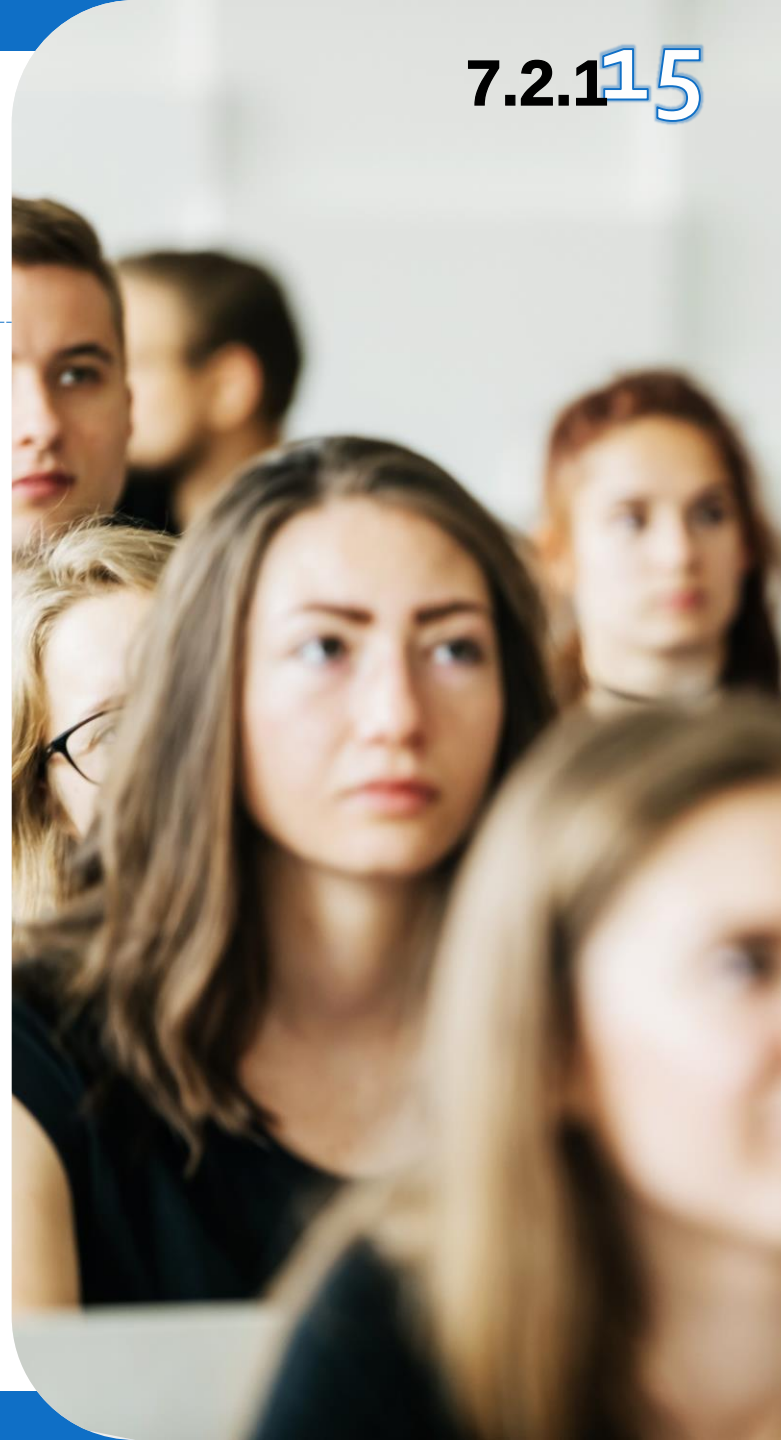
Our people will be provided with data protection training as an essential part of our mandatory training program. Training reduces the risks to our data and demonstrates a compliant culture with UK GDPR.

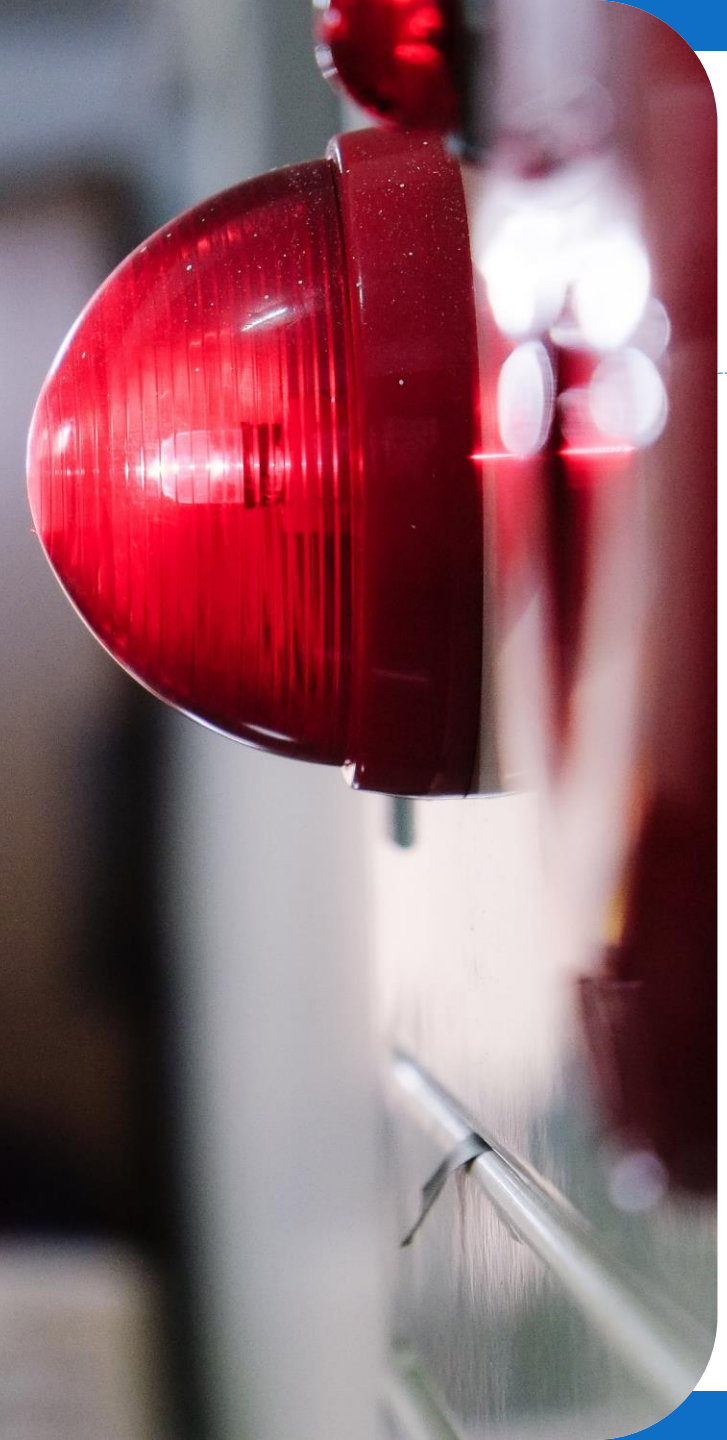
It is important once training has taken place that staff feel empowered and comfortable with reporting anything that they feel compromises data protection, privacy and security.

Training will be provided using a range of methods and ongoing awareness raising information will be shared through appropriate communication channels. Everyone who contributes to the health and care of the people of Orkney should understand their responsibilities and what they should do if they believe data is being compromised.

Our Commitments

- We will provide training at Induction and every two years to all staff groups.
- Awareness of Information Governance & Security issues will be business as usual.
- When requested training will be provided to health and care partners in Orkney.
- Through engagement with health and care partners, NHS Orkney will contribute to a strong data and information security culture across health and care locally and nationally.





Incident Management

Priority six: Awareness of and learning from Incidents is harnessed to the benefit of people, services & technology.

Staff must feel empowered and comfortable with reporting anything that they feel compromises data protection, privacy and security.

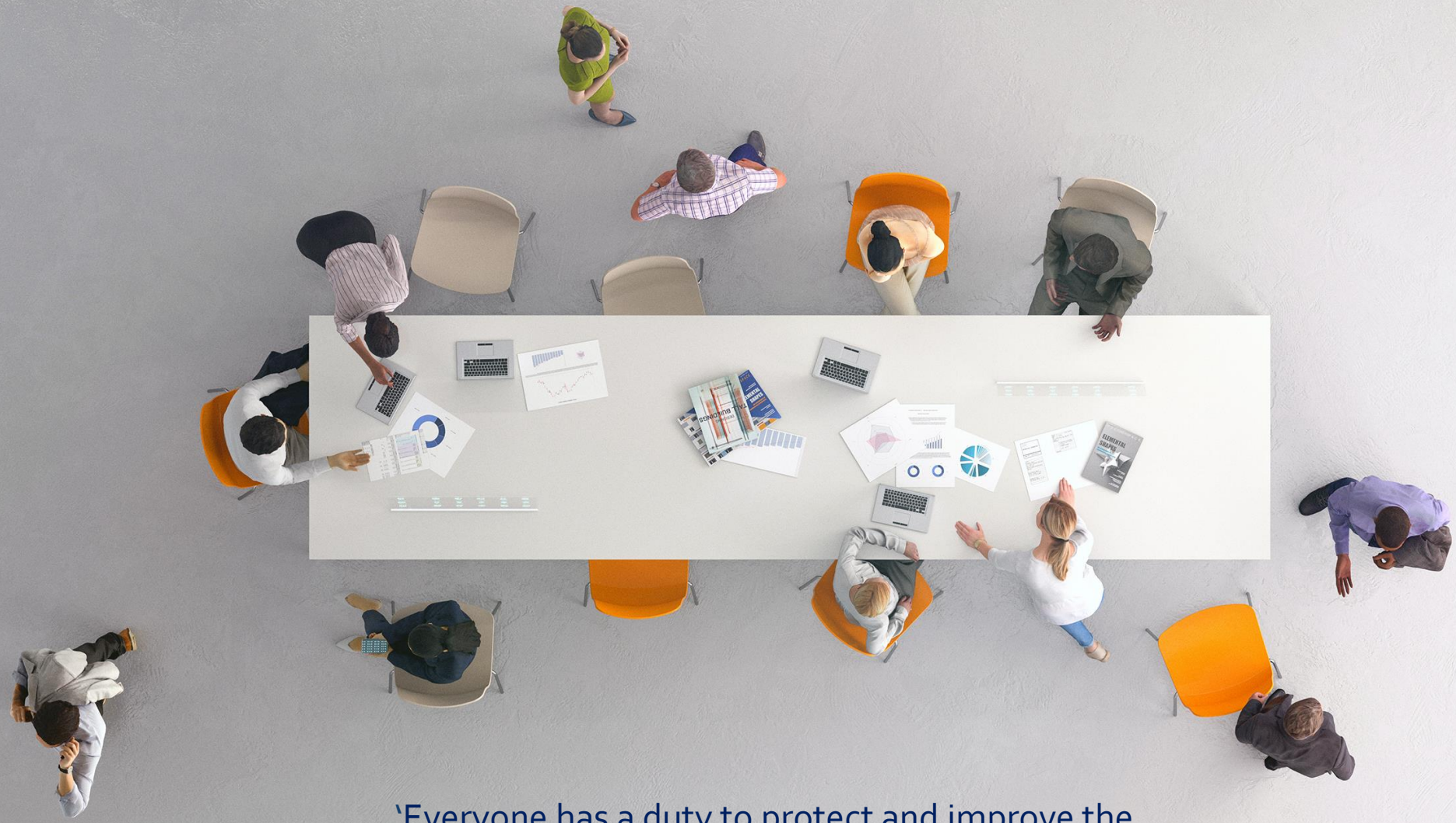
Prepared response plans to address incidents must be in place and actions taken swiftly to manage and report data incidents. Following incidents processes must be reviewed and amended to reduce the risk of recurrence and protect the rights and freedoms of individuals.

We understand that incidents can have a range of adverse effects on individuals, which include emotional distress and physical & material damage. We will always inform those concerned directly and without delay when an incident occurs that is likely to result in high risk to the rights and freedoms of individuals.

Our Commitments

- We have response plans in place that allow swift action following reports of an incident
- NHS Orkney will promote and support the learning from incidents to organically improve processes across health and care services
- Staff are confident to challenge behaviours that they feel compromise data security
- Risks to data are anticipated before they occur and we take pro-active steps to prevent harm to individuals and their data.

Roles & Responsibilities



'Everyone has a duty to protect and improve the confidentiality, integrity and availability of information'

Accountable Officer

Mr Michael Dickson

Chief Executive Officer

The CEO of NHS Orkney has overall accountability for Information Governance. As Accountable Officer, the CEO is accountable for the management of Information Governance and for ensuring appropriate mechanisms are in place to support service delivery

Senior Information Risk Owner (SIRO)

Mr Mark Doyle

Director of Finance

The SIRO act as champion for information risk on the Board and provide written advice to the Accounting Officer on the content of the Organisation's Statement of Internal Control in regard to information risk.

The SIRO will implement and lead the NHS Information Governance (IG) risk assessment and management processes within the Organisation and advise the Board on the effectiveness of information risk management across the Organisation

Caldicott Guardian

Dr Louise Wilson

Director of Public Health

The Caldicott Guardian is responsible for protecting the confidentiality of people's health and care information and making sure its is used properly.
When making decisions or giving guidance, the Caldicott Guardian will refer to the Caldicott principles. The Caldicott Guardian ensures that NHS Orkney satisfies the highest practical standards for handling personal data.

Data Protection Officer

Mr Gordon Robinson

Head of Information Governance

Monitors internal compliance, informs and advises NHS Orkney on its data protection obligations. Provides advice regarding Data Protection Impact Assessments and acts as a contact point for data subjects and the Information Commissioners Office.

The Data Protection Officer is independent expert in data protection who reports to the Executive Management Team and NHS Orkney Board.

Information Security Officer

Mr Richard Rae

IT Manager

The Information Security Officer designs and enforces policies and procedures that protect NHS Orkney's critical infrastructure from all forms of security breaches.

Identifying vulnerabilities and working with subject matter experts to resolve them, ensuring that our network infrastructure, applications and data remains secure.

Senior Management Team

Senior Management Team Members

Must be familiar with this strategy, associated policies and demonstrate its application through service design and delivery.

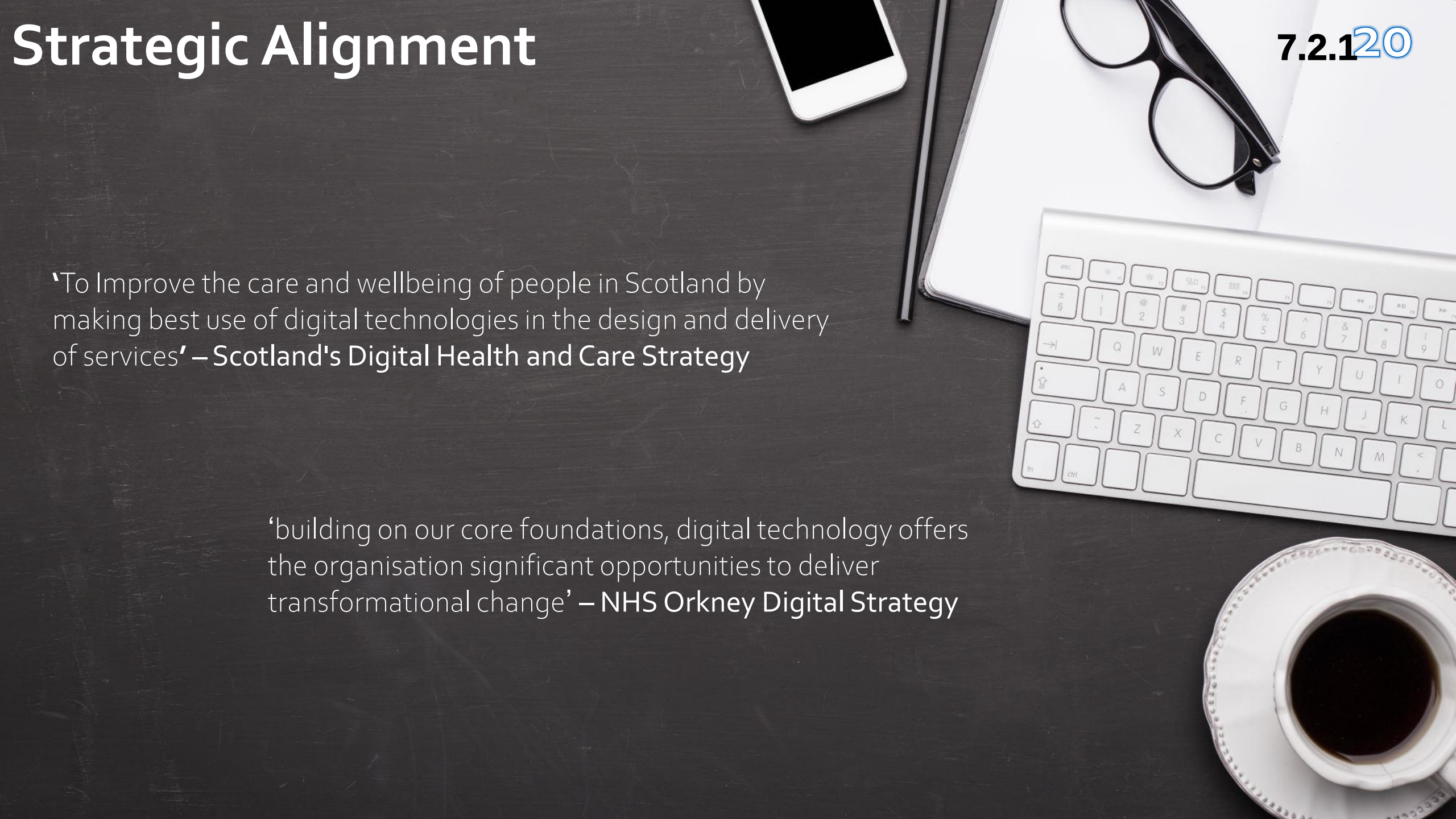
All senior managers must have completed Information governance and security training and ensure that staff in their area of responsibility have completed training and have awareness of the need to ensure the lawful, secure and effective use of information.

Information Governance Dept

Corporate Records Manager
Information Governance Manager
Information Governance Officers

Monitors compliance with Information Management Standards, Records Management, UK GPDR and the Freedom of Information (Scotland) Act. The team provides subject matter expert support to NHS Orkney and its partners.

Strategic Alignment



'To Improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services' – **Scotland's Digital Health and Care Strategy**

'building on our core foundations, digital technology offers the organisation significant opportunities to deliver transformational change' – **NHS Orkney Digital Strategy**

Scottish Government & COSLA

Enabling, Connecting and Empowering:
Care in the Digital Age

'To Improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services'

Digital access

- People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.

Digital services

- Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations

- The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership

- Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures

- Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight

- Data is harnessed to the benefit of citizens, services and innovation.

NHS Orkney – Digital Strategy

Shaping the future - by building on our core foundations, digital technology offers the organisation significant opportunities to deliver transformational change

1. People are well informed and enabled by digital technology in achieving positive health and care outcomes.

2. Our staff are assisted by technology to make effective decisions, deliver integrated models and work efficiently and safely regardless of organisational boundaries.

3. Our organisation's performance is optimised, and transformational change is enabled through the use of technology.

From Strategy to Delivery

7.2.123

'To establish & maintain the highest standard of information governance in the design and delivery of services'

NHS Orkney will use digital technology to improve the lives of the people of Orkney. Digital technology provides opportunities to transform the way we deliver, safe, sustainable and inclusive health and care. We will transform our culture by putting information governance and security by installing robust processes and countermeasures throughout the lifecycle of our services and projects.

We recognise the need to place the same level of importance to the way we treat data & information as we do on the treatment of the physical and mental well being. Thus ensuring that this strategy contributes to the overall strategic aims of the whole organisation.

People in Orkney want and expect their services to join up and 'speak' to each other and it is important that we break down the barriers that hinder this integration. Supporting the delivery of health and care in traditional settings such as the Balfour, whilst recognising future care will increasingly take place closer to peoples homes or in community settings.

This strategy recognises that to deliver the services of the future, we must uphold the rights and freedoms of individuals and place privacy by design and default at the heart of service design.

Key Deliverables

- Access requests will be handled locally within each service and logged via OneTrust
- Each Processing activity will have a unique privacy notice & information available on the NHS Orkney website
- Privacy by Design Checklists & DPIAs will be completed for all projects
- Data Processors will be asked to provide evidence of their ongoing compliance with UK GDPR
- Supplier selection will include an assessment of their Information Security and Data Protection measures
- Full records of processing activities across health and care will be maintained
- Our staff will be well trained and able to recognise the need for & initiate operational data security measures.

Policy Framework

Delivery of this strategy is underpinned by a framework of Records Management, Information Governance & Security Policies

Data Protection Policy	Information Governance Policy	Information Security Framework Policy	Freedom of Information Policy
Subject Access Policy	Records Management Policy	Access Control Policy	Internet Access Policy
Malicious Software Policy	Password Policy	IT Patching Policy	Remote Access Policy
Removeable Media Policy	Sending Data to Third Parties Policy	Social Media Policy	Use of Email Policy
Use of Personal Devices for work purposes policy	Learning from Adverse Events Policy	Security Policy	Access to Staff Records Policy

Information Governance & Data Security in Action

Information Governance Strategy 2022-2026

NHS Orkney
The Balfour
Foreland Road
Kirkwall
Orkney
KW15 1NZ

If you require this or any other NHS Orkney publication in an alternative format (large print or computer disk for example) or in another language, please contact **Corporate Services**:

Telephone: (01856) 888228 or

Email: ork-HB.Feedback@nhs.net

Document History

Policy Author:	Senior Responsible Risk Owner (SIRO)
Policy Owner (for updates)	SIRO
Engagement and Consultation Groups:	Information Governance Group Area Clinical Forum Area Partnership Forum Quality and Safety Group
Approval Record	**Date**
Information Governance Committee	
Audit Committee	
Board	
Equality and Diversity Rapid Impact Assessment	
Version Control	
Version Number	3.0
Date of Original Document	March 2010
Last Change and Approval Date	March 2018
Last Review Date	March 2018
Next Formal Review Date	
Location and Access to Documents	
Location of master document	Director of Finance folder on G drive
Location of backup document	EQIA folder on G drive
Location of E&D assessment	EQIA folder on G drive
Access to document for staff	Blog
Access to document for public	Website
Post holders names at last review	
Chief Executive	Michael Dickson
Senior Information Risk Owner	Mark Doyle
Caldicott Guardian	Dr Louise Wilson
Data Protection Officer	Gordon Robinson

Rapid Impact Checklist: Summary Sheet

NHS Orkney Information Governance Strategy 2022-26, June 2022

Positive Impacts (Note the groups affected)	**Negative Impacts (Note the groups affected)**

The Strategy:
 	
• Is designed to make patient related data widely available across the health and social care system in Orkney where appropriate, to facilitate the provision of informed health and social care.
 	
• By giving patients and healthcare providers ready access to a patient's healthcare data, will reduce the number of visits the patient require to make to their GP and hospital outpatients.
 	
• Is designed to avoid the risks of unauthorised people having access to confidential patient related and other data. This is to be achieved by:
  • Providing clear guidance to staff
  • Staff training
  • Vigilance and monitoring
 	
• Is a learning opportunity for NHS Orkney staff and the staff of partner agencies who handle and use patient and other types of confidential and sensitive data. It is also a learning opportunity for the population of Orkney, whose patient related data might be recorded, stored, used and where appropriate, shared.
	The Strategy:
	
	• Does not take cognizance of the people in Orkney who cannot afford a smart phone, tablet or laptop or interest access. Also, many older people are not technically savvy. Hence the need to produce material in hard copy and other formats, to avoid digital exclusion.
	
	Digital exclusion goes against the requirements of the Fairer Scotland Duty 2018.
	
	• Does not fully comply with the Royal National Institute for the Blind (RNIB) "Good Practice" Guidelines.
	
	• Does not evidence public involvement/consultation.

Additional Information and Evidence Required

None.

Recommendations

If the changes detailed on the attached Comments Sheet are made, the Strategy will be fully compliant with all current equality and diversity legislation.

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

Yes, but these can be easily overcome if the changes detailed on the attached Comments Sheet are made. A full EQIA is not required.

Signature(s) of Level One Impact Assessor(s) .....

.....

Date: .....

Signature(s) of Level Two Impact Assessor(s) Nigel Firth,
Equality and Diversity Manager,
NHS Grampian and NHS Orkney

Date: Monday 27th June 2022

8.1

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 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

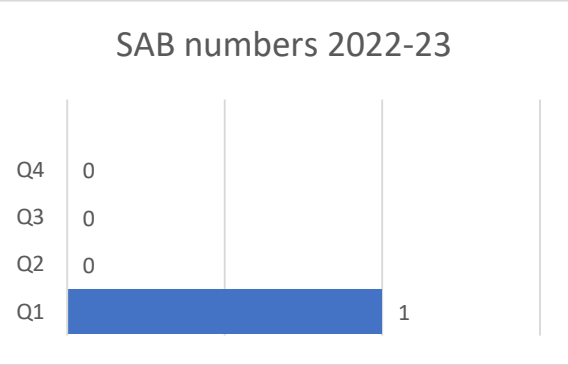
Infections contracted while receiving healthcare are a significant cause of ill health. Members of the public reasonably expect that all practicable measures are being taken to reduce the opportunity for acquiring an infection as a result of their treatment and care.

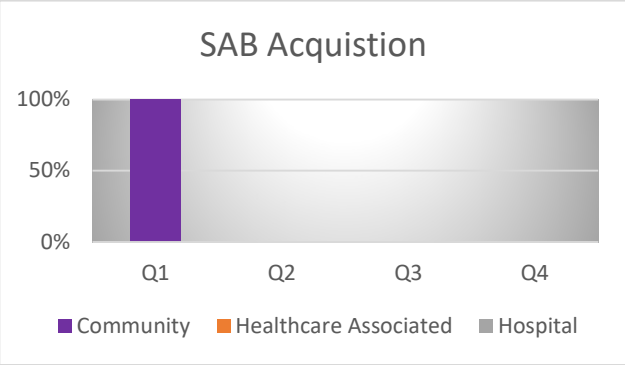
Healthcare Associated Infection is a priority patient safety issue for both the Scottish Government and NHS Orkney, being one of the most important events that can adversely impact on patients when they receive care.

Attached to this report is the summary position for August 2022

Dashboard

LDP Standard 1st April 2022 to 31st March 2023 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3

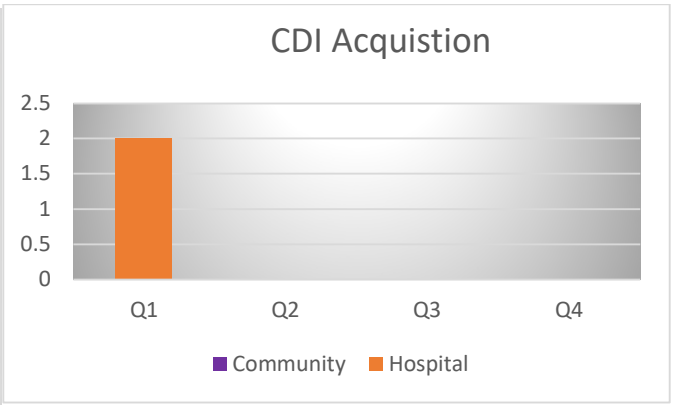




***Staphylococcus aureus* bacteraemia (SAB)** surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP target set for Orkney is 3 per year, NHSO will always strive for 0 and part of the investigation is to identify preventable/device related SABs.

For Quarter 2, an additional two cases require background work and clinician discussion, before adding to the data. However, one of these cases is a previous SAB recurrence and one is from outside the organisation and will be referred to the relevant Board for investigation.

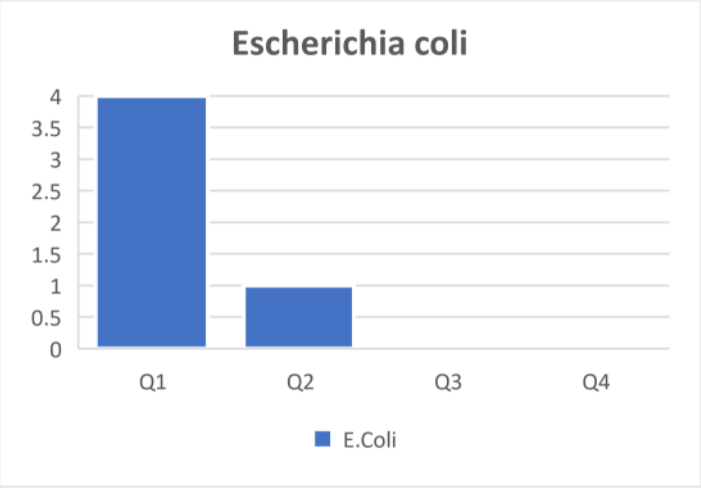
LDP Standard 1st April 2021-31st March 2022 for *Clostridiodes difficile* Infection – TARGET 3

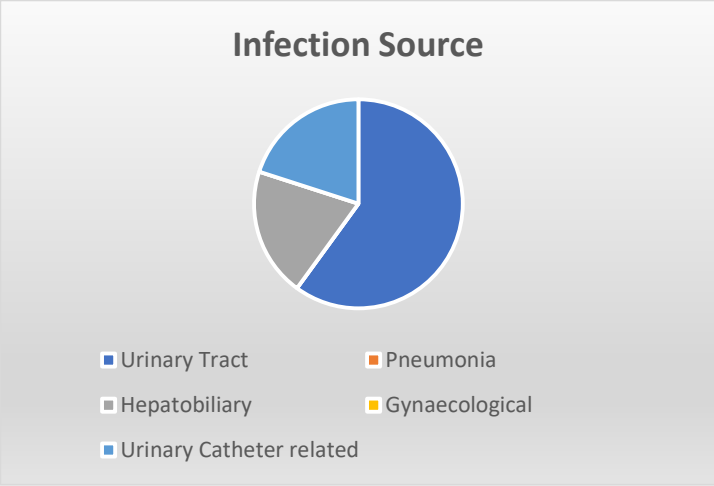


***Clostridiodes difficile* Infection** surveillance is undertaken routinely along with the Leading Clinician or GP to identify cause and any risk factors. The LDP target set for Orkney is 3 per year but the aim is always to have a few as possible. CDI can be caused by underlying medical condition or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

No cases for quarter 2 to date.

Escherichia Coli Bacteraemia 1st April 2022 -31st March 2023

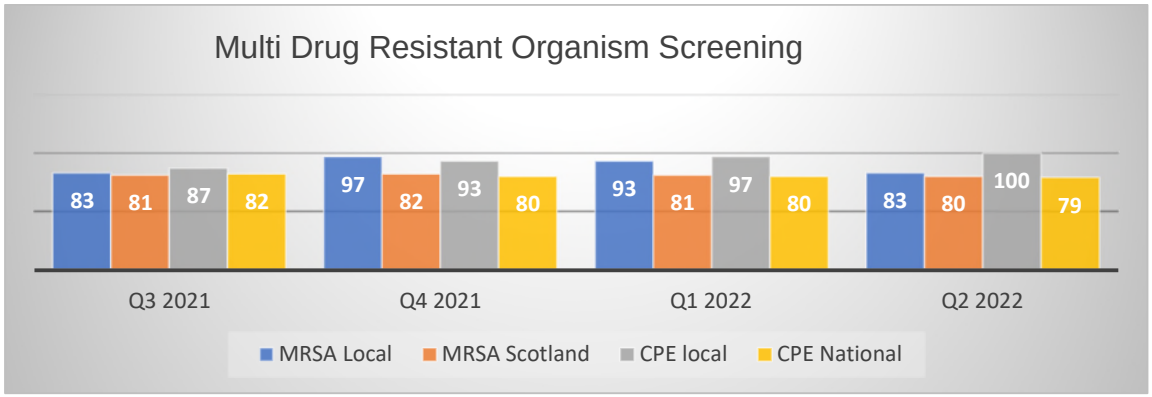




National surveillance of *Escherichia Coli* bacteraemia has been ongoing now some years. Each case is investigated to discern origin of infection and to identify any preventable infection. A national surveillance system is in place which collates all cases and is completed by IP&C team in conjunction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

At time of writing, all cases have been investigated with the lead clinician.

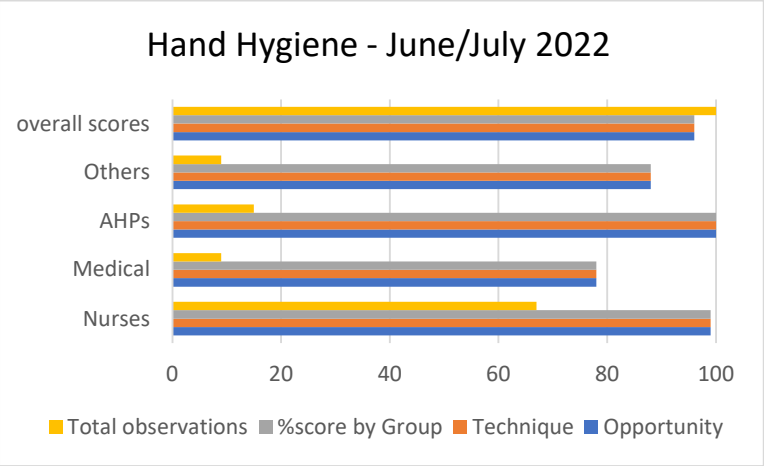
Multi Drug Resistant Organism National Screening



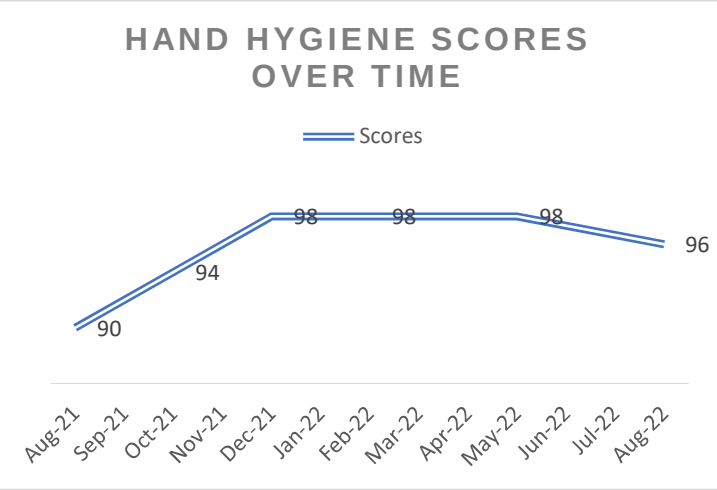
Quarter 2 data has just been released from national sources. The infection Prevention & Control team have been undertaking a small improvement project for improving screening of patients at time of admission with teams and the IP&C ward advocates will be able to lead on this in their areas.

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

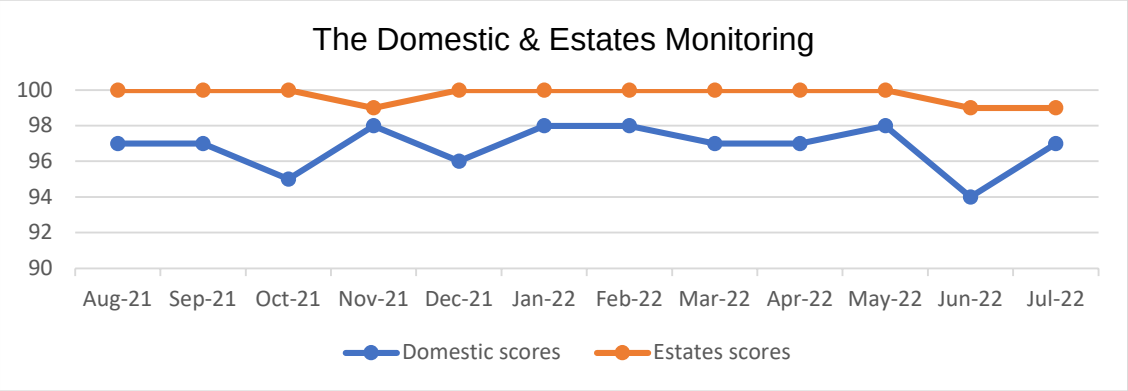


Running totals for hand hygiene



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.

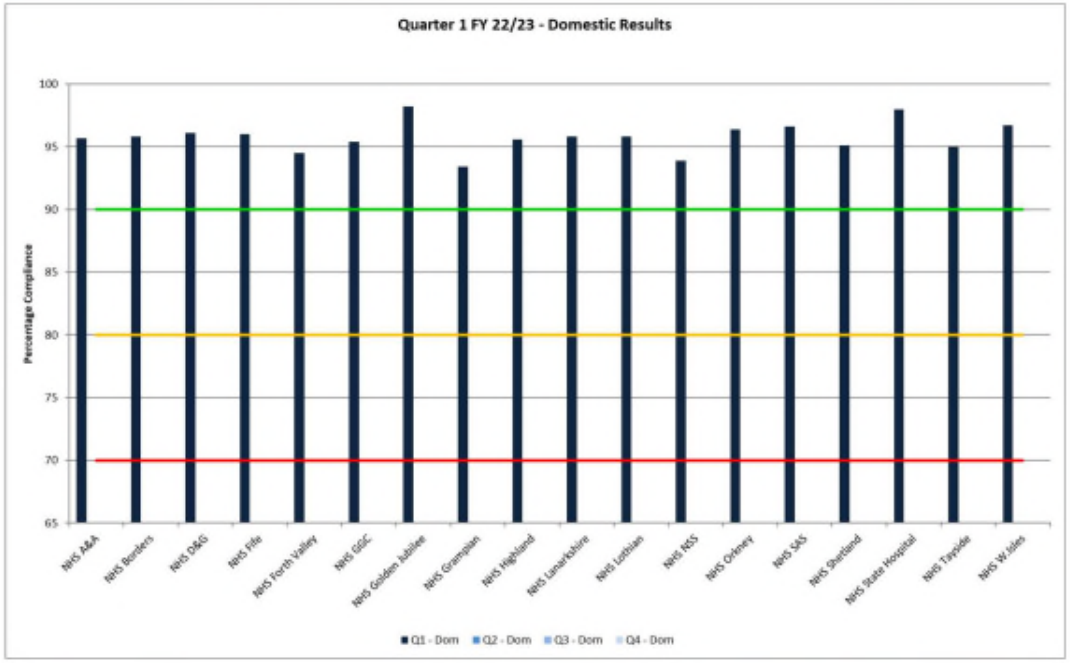
Cleaning of the environment



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.

The graphs below show the national Q1 cleaning & monitoring for NSS.

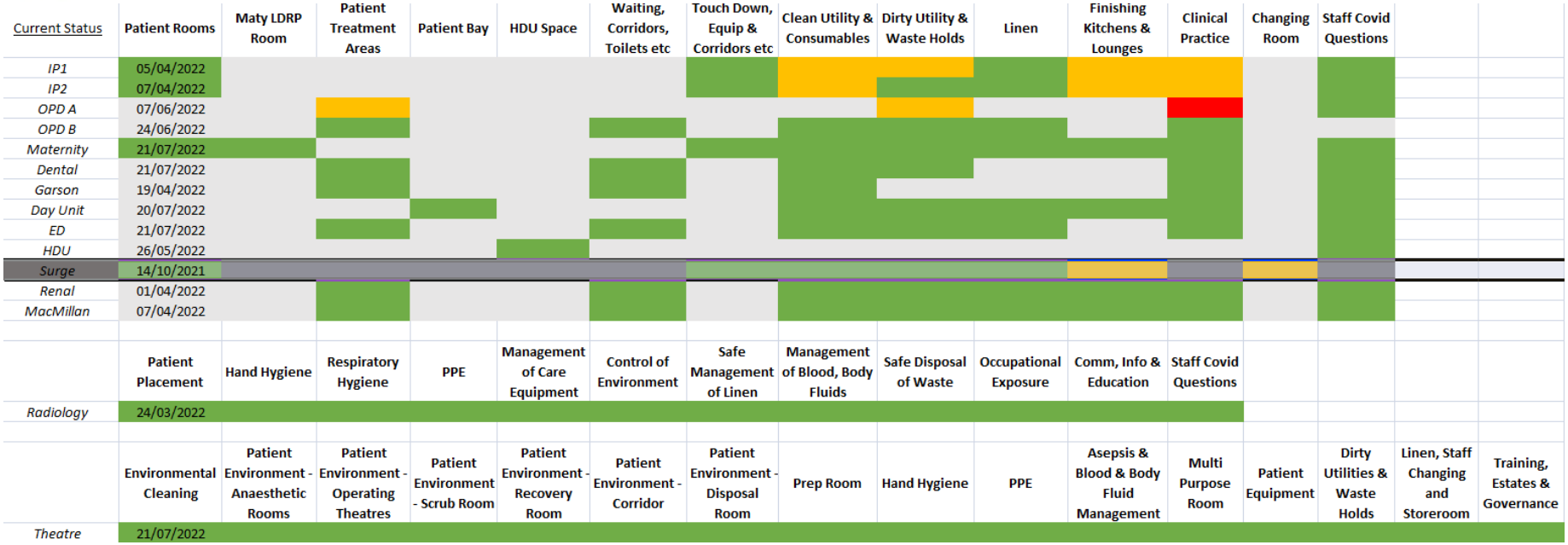
Domestic Cleaning Services Monitoring Tool – NHS Boards' Performance



Health Board	Apr - June 2022/23
NHSSCOTLAND	**95.4**
NHS Ayrshire and Arran	95.7
NHS Borders	95.8
NHS Dumfries and Galloway	96.1
NHS Fife	96.0
NHS Forth Valley	94.5
NHS Greater Glasgow and Clyde	95.4
NHS Golden Jubilee	98.2
NHS Grampian	93.4
NHS Highland	95.6
NHS Lanarkshire	95.8
NHS Lothian	95.8
NHS NSS SNBTS	93.9
NHS Orkney	96.4
NHS Scottish Ambulance Service	96.6
NHS Shetland	95.1
NHS State Hospital	98.0
NHS Tayside	95.0
NHS Western Isles	96.7

Quality Assurance Environmental and Clinical Practice audits

Quality assurance audits are ongoing, and in shared spaces such as OPDA continue to be problematic with return of action plans. The small question set within outpatient areas can cause a fluctuation in RAG rate. All inpatient areas now have allocated link nurses, now known as Infection Prevention and Control Advocates. This will enable a streamlined approach to facilitating learning and ensure cascade training within departments.



Primary Care Support visits.

The Primary Care audits are well underway, with just three isles practices yet to be completed. Any IP&C issues that could be improved through Capital funding are fed back to our Estates team on return, for recording and prioritisation. Areas for improvement are fed back at time of audit and followed up in email with a request for action plans to be returned to the team. Most areas have small criteria and therefore they are either met or unmet. The IP&C team support the GP Practices to ensure actions are complete and staff understand the require standards for future visits. Some areas still have carpet or sinks that fall outwith the current recommendations and these are an example of the discussions with Estates on return, to ensure they are captured within the Capitals funding work plan. The scheduled audit of mainland practices will be undertaken later in the year.

Care Home Support Visits

The team have visited the Care Homes on a fairly regular basis recently, to offer support and advice during outbreaks but more recently to offer training to Care Home Infection prevention & control advocates that can be cascaded throughout each home. This is a rolling programme and teams have been asked to submit areas where they feel they would benefit from additional IP&C education and training, which the Advocates can then share wider.

The IP&C Team are also currently supporting the Care Home Assurance Audits, due to pressures on staffing within Community Nursing, to ensure completion and assurance for the DoNMAHP.

Covid Update

Outbreak Reports to Scottish Government.

A Covid cluster was declared via the HIIORT to ARHAI in the last month, due to a cluster of cases associated with IP2 ward. The ward was closed to admissions during this time, but this now been stepped down. The community transmission of Covid is still running relatively high and community transmission invariably impacts on the hospital, as visitors and staff go about their lives outside of the hospital. Staff continue to undertake the twice weekly lateral flow device (LFD) testing required of all frontline staff however, with testing in the community stepped down some time ago, testing for visitors has been problematic. This has been addressed by communications being shared on NHS Orkney platforms to update visitors on where LFDs can be ordered for hospital visiting.

Exception Reporting to Scottish Government

An exception report was sent to ARHAI in July, The Balfour moved to contingency water supply as part of a stringent and proactive approach measures, after routine testing identified some unexpected results.

As part of stringent measures required for certain parts of the hospital – those areas that look after our most vulnerable patients – regular testing of the water supply is carried out for various bacteria including Pseudomonas aeruginosa. This is a bug that can cause infections in patients, some of which can be serious.

On the basis of presumptive positive results, the Estates and Infection Prevention and Control teams at The Balfour, immediately enacted our planned contingency. Scottish Water assisted in providing bottled water for drinking, and a package of other measures were introduced in order to keep patients and staff safe.

The initial preliminary results returned and did not confirm the presence of Pseudomonas aeruginosa. Extensive water sampling was repeated in line with current national guidance which also came back clear. Only once we had the necessary assurance was it agreed by the Incident Management Team (IMT) that the precautionary emergency measures could be stood down.

Dr. Becky Wilson, Infection Prevention and Control Doctor, and Chair of the IMT, would like to thank all those involved in the response, and particularly commending the staff in The Balfour for their professionalism in responding to the increased measures. The IMT have continued with increased frequency of water sampling as an additional precaution which, although not mandatory, was decided as an additional safeguard. The Water Safety Group will continue to ensure NHSO are compliant with all national guidance, and a Short Life Working Group has been established to ensure all operational protocols continue to include shared learning from every incident across NHS Scotland.

A full investigation is being undertaken into why this happened, but NHSO will always continue to take a precautionary approach with results from routine sampling, where safeguarding patients and staff remains our primary concern.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**25 August 2022**
Title:	**Infection Control Annual Report 2021-22**
Responsible Executive	**Mark Henry, Medical Director**
Report Author:	**Sarah Walker, Infection Control Manager**

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centered

2 Report Summary

2.1 Situation

The Infection Prevention and Control (IPC) Annual Report, is for the Board to be sighted on last year's activity and performance against targets. Despite some pause in national reporting due to the pandemic, locally this has continued for assurance and is included).

2.2 Background

IP&C targets are set nationally and as part of the HAI Standards to meet safe care. The HAIRT report is presented bi-monthly to the Board and the Annual report captures that activity.

2.3 Assessment

2021 -2022 has been a particularly challenging year, with SARS-CoV-2 hit the county and affecting staff and patient clusters across health and social care. IP&C have continued to map surveillance against national targets and for some have marginally missed LDP target. However, all were deemed unpreventable, following discussion with teams.

2.3.1 Workforce

This has been a both a positive and challenging year for the team. The team with some new staff members joined, with academic achievements, but workload has been challenging for a small team. Staff and patient/service user clusters have been quite resource intense, particularly in the latter part of the year.

2.3.2 Route to the Meeting

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

- Report presented at Infection Control Committee 29 March 2022
- Joint Clinical and Care Governance Committee 5 July 2022

2.4 Recommendation

- **Awareness** – Content on local targets
- **Discussion** – Examine content for assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 IPC Annual Report 2021-22

8.2.1

Infection Prevention and Control Annual Report 2021-22

Created by: Sarah Walker Infection Control Manager

Supported by: Dr Becky Wilson Infection Control Doctor/Consultant Microbiologist.

Foreword

This year has been extremely eventful for the Infection Prevention & Control Team (IPCT) with a new team forming and training of new staff into the Infection Prevention & Control Nurse role and the County experiencing its largest wave of SARS-CoV-2 (Covid) to date.

The implementation of the new Winter Respiratory Guidance required a very quick implementation time in order to meet the anticipated influx of patients with respiratory infections not solely related to SARS-CoV-2. This was a massive challenge for all teams as it involved changes to the Red, Amber and Green Pathways that were well established and staff confident in using the RAG pathways. Implementation has been across all care areas and, combined with the importance of the Hierarchy of Controls, it has been challenging. There was a huge push on staff education and best practice and the Infection Prevention and Control team thank all staff for their engagement in getting the new guidance swiftly into practice.

The team look forward to the year ahead and are optimistic that, although SARS-CoV-2 will remain with us, following the magnificent effort of the Vaccination Service we will manage to revert more towards "business as usual" approach to Infection prevention and Control patient management.

"Infection prevention & control is everyone's business".

The Team

Management Team

Michael Dickson - Interim Chief Executive
Mark Henry - HAI Executive Lead
Dr Becky Wilson - Consultant Microbiologist, Infection Control Doctor
Sarah Walker - Infection Control Manager

Infection Prevention & Control Nursing Team

Catherine Edwards IPCN Specialist
Kirsteen Jones – IPCN
Kelly Laing-Herridge - IPCN
Megan MacLeod – Healthcare Support Worker /Administrator.

Introduction

Preventing and controlling Healthcare Associated Infection (HAI) continues to be a challenge in healthcare settings although a way forward out of the current pandemic is on the horizon and it will be welcomed by all. A non-covid response will allow teams to do what they do best which is promote safe, effective, person centred care and the Infection Prevention & Control Team are no different in their strive for patient harm reduction and promote improvement methodology in order to achieve this.

A proportion of HAIs are considered to be avoidable and every *Staphylococcus aureu*s and *Escherichia coli* Bacteraemia, *Clostridioides difficile* infection and surgical site infection amongst others are followed up on every occasion to discern if the cause is preventable and any areas that can be learned and sheared to prevent a recurrence.

The purpose of this Infection Prevention & Control (IPC) Annual Report is to provide an overview of the IPC activities over the past twelve months highlighting key changes, challenges, and service achievements along with identification of areas for improvement for NHS Orkney for the period 1st April 2021 to 31st March 2022.

Executive Summary

Clostridioides (formerly *Clostridium*) *difficile* infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI where possible is therefore essential and an important patient safety issue.

The standard is to achieve a reduction in *Clostridioides difficile* infection (CDI); Healthcare associated cases per 100,000 bed days (ages 15 & over) and community associated cases per 100,000 populations (ages15 & over)

NHSO performance in 2020/2021
Healthcare associated cases per 100,000 bed days (ages 15 & over) was 0 cases.

Community associated cases per 100,000 populations (ages15 & over) **4 cases**

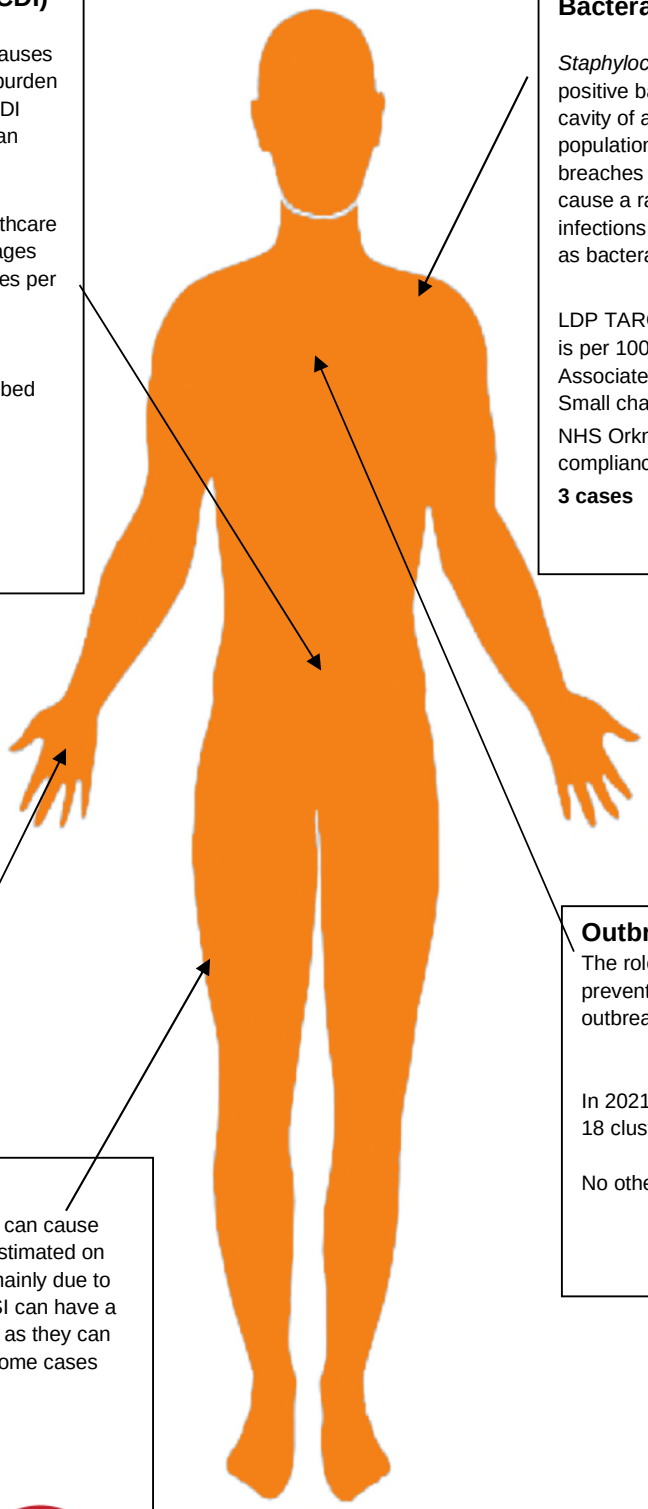
LPD TRAGET – 1 over

Staphylococcus aureus Bacteraemia (SAB)

Staphylococcus aureus (S. *aureus*) is a gram positive bacterium which colonises the nasal cavity of about a quarter of the healthy population. Infection can occur if S. *aureus* breaches the body's defence system and can cause a range of illnesses from minor skin infections to serious systematic infections such as bacteraemia.

LDP TARGET: The Healthcare Associated rate is per 100,000 bed days and Community Associated rate is per 100,000 populations. Small changes in the number of SAB cases in NHS Orkney, will significantly affect their overall compliance **4 cases**

3 cases **LPD TRAGET – 1 over**



Hand Hygiene

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings because there is substantial evidence to demonstrate the correlation between good hand hygiene practices and low healthcare associated infection rates confirmed by the World Health Organisation (WHO).

TARGET ACHIEVED

Outbreaks of Infection

The role of the IPC Team in healthcare is to prevent, prepare for, detect, and manage outbreaks of infection.

In 2021/2022 there has been management of 18 clusters of SARs-CoV-2.

No other data exceedances.

Surgical Site Infection (SSI)

SSI is one of the most common HCAI and can cause increased morbidity and mortality and is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention.

NHSO performance in 2021/2022
Total procedures = 73
Caesarean sections - 48
Hip Arthroplasty - 18
Large bowel – 7
Surgical site infections identified= 1
TARGET ACHIEVED

1.0 HAI Surveillance

1.1 *Staphylococcus aureus* Bacteraemia (SABs)

This year they were 4 SABs investigated to identify the origin of infection. This is 1 over the target of 3.

3 were healthcare associated for a variety of reasons and one was a community case. All cases were isolated in quarter 4. All were Meticillin sensitive staphylococcus aureus bacteraemia. None of these infections were likely preventable.

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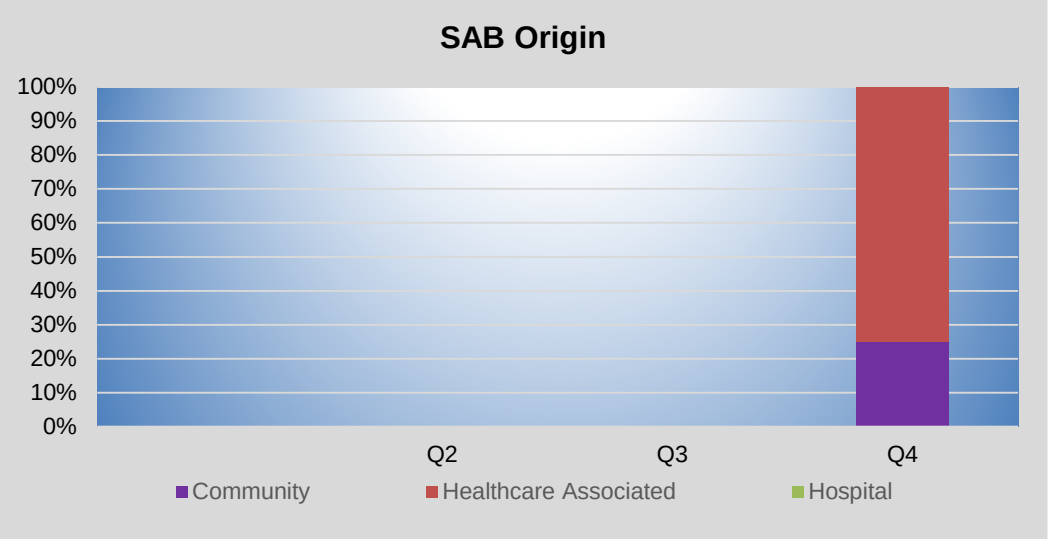
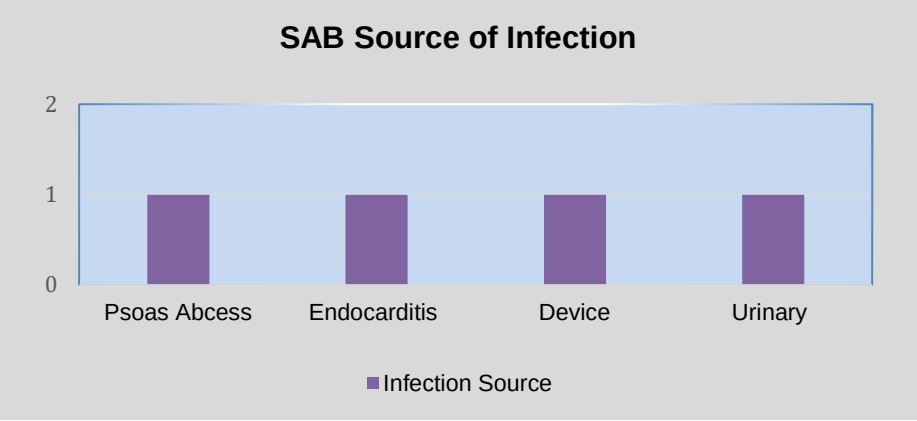
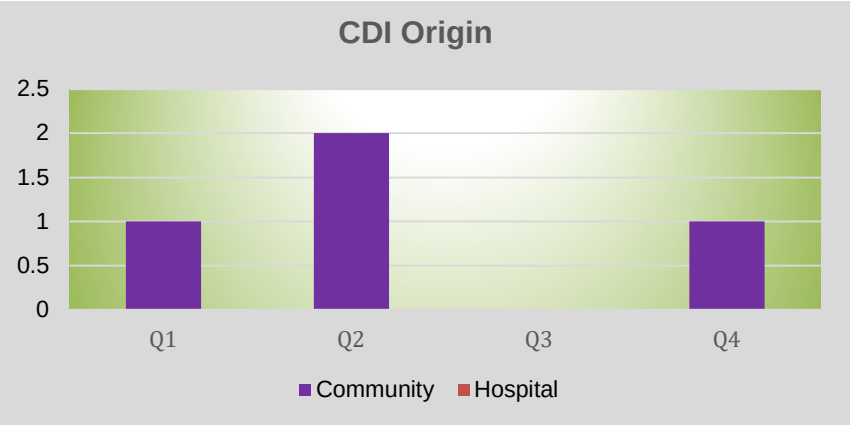




1.2 *Clostridioides difficile* infection (CDI)

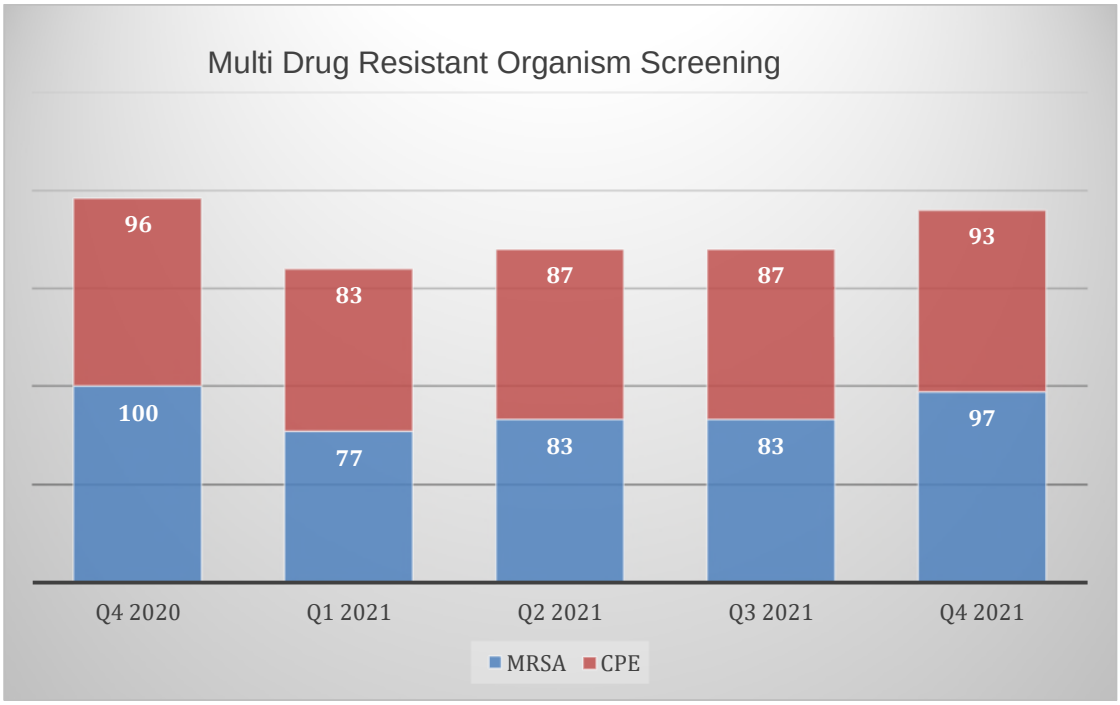
4 CDI infections investigated to identify the origin of infection. This is 1 over the target of 3. All were community cases and unpreventable.



1.3 Multi Drug Resistant Organism Clinical Risk Assessment (CRA)

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary to ensure that the national policy for MRSA screening is as effective.
The clinical risk assessment tool has been adapted over time to meet requirements and make it easy for staff to complete. This new tool now encompasses, other infections to provide a thorough assessment of infection risk at the time of admission and also includes a *Pseudomonas aeruginosa* risk assessment.
The CRA this year and has been an area of focus for improvement by the IP&C team. With a daily review and assessment of completion and a gentle “improvement nudge”, this has resulted in an overall improvement.

Breakdown of the quarter results

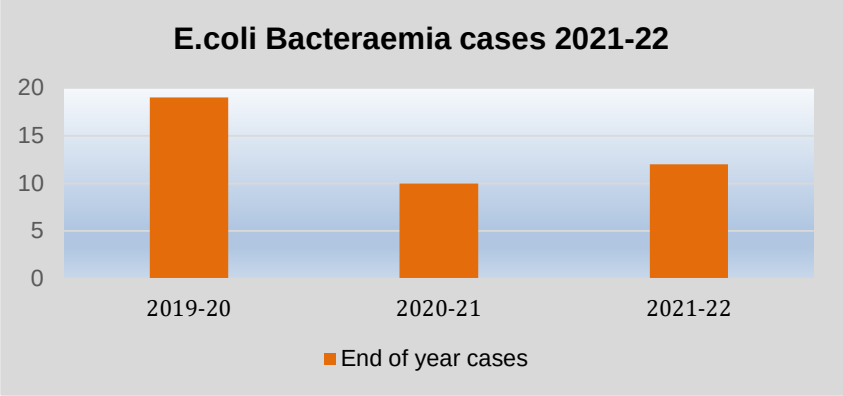


1.4 *Escherichia coli (E. coli)* Bacteraemia Surveillance

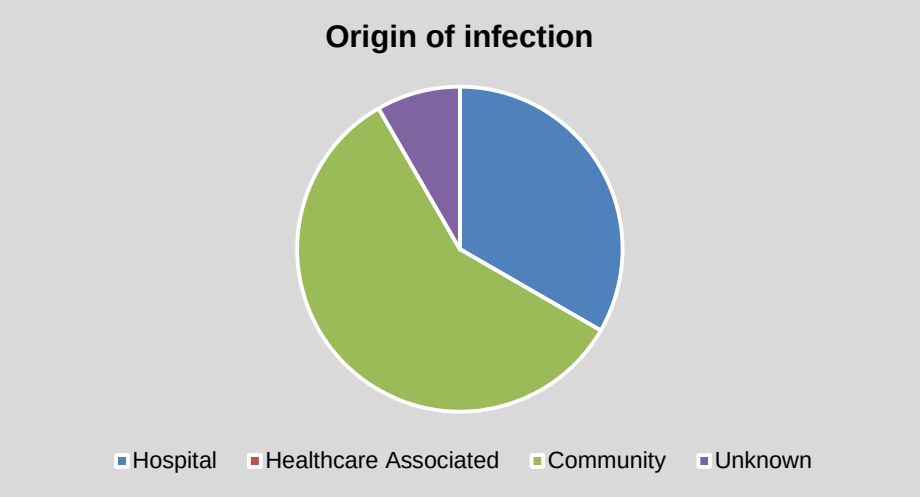
*Escherichia Coli (E.Coli)*is a bacterium that forms part of a normal intestinal flora that assist digestion, however if it migrates to another body area that should be clean then it can cause infection; e.g. *E.Coli* is the most common cause of urinary tract infections.

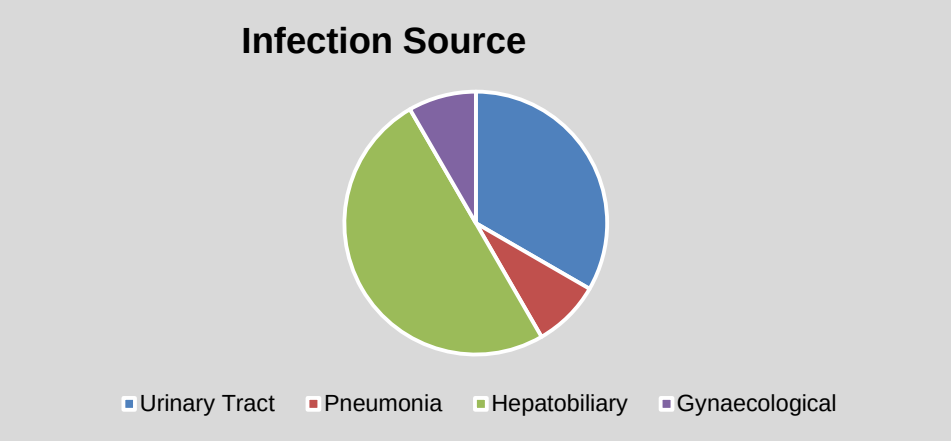
Surveillance of *E.Coli* bacteraemia within Boards is an ongoing requirement in order to reduce what was an upward trend of *E.Coli* bacteraemia in Scotland. An improvement target has been set for reduction in cases by 50% by 2024, which will be challenging for all Boards. In the last year there have been 12 cases within the Board area, which is a slight increase from last year. Cases are categorised by healthcare intervention, i.e. blood culture obtained within 48hrs of admission or 48hrs after discharge, healthcare associated deemed as any interaction with healthcare in the preceding month, community cases have had no interaction with any healthcare setting/staff.

Table shows last 3 years of cases;



Below is a breakdown of origin of infection for 2021-22.

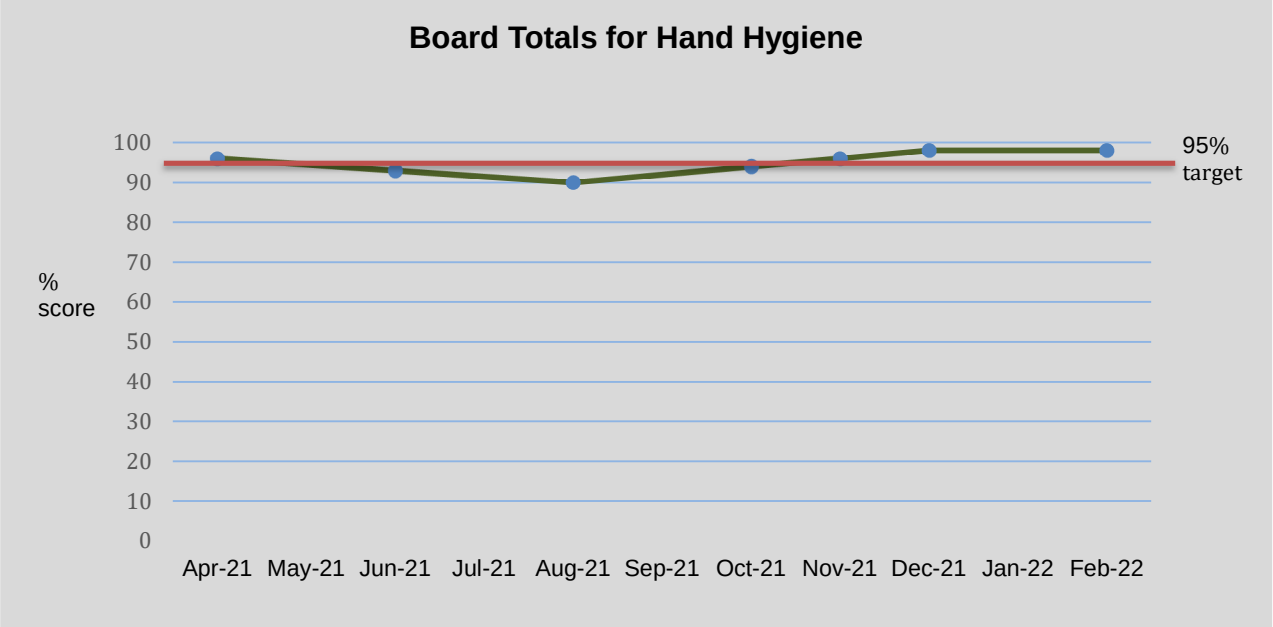




2.0 Hand Hygiene Monitoring

The World Health Organisation 5 moments for hand hygiene, are monitored by departments on a rolling basis in line with Standard Infection Control Precautions (SICPs) monitoring required by CNO letter 2012(1). This infection control bundles are known to reduce the risk of transmission of infection.

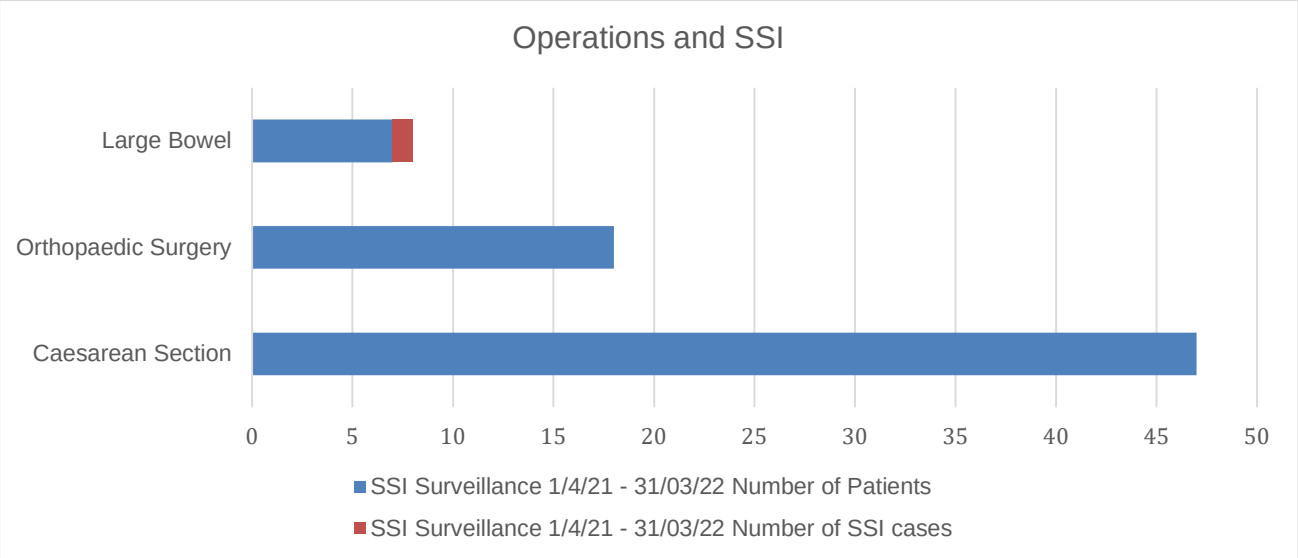
Hand hygiene has been one of the many areas highlighted for its importance during the current pandemic. Quality assurance hand hygiene is undertaken monthly and reported bi-monthly by the Infection Prevention & Control Team. Target is set at 95%



3.0 Surgical site infections

Surgical site infection surveillance is undertaken for three procedures undertaken within the Balfour: all Caesarean Sections, elective and emergency, Large Bowel operations, and lastly on all orthopaedic hip surgery.
In the last year there have a total of 73 surgical surveillance operations followed up this year and one report of surgical site infection across all three streams.

Below is a breakdown of procedures over the last year.



Category of procedure	Operations	Infections	Lower Limit	SSI Rate (%)	Upper Limit
Caesarean section	48	0	0.0	0.0	6.3
Large bowel surgery	7	1	0.0	14.3	71.4
Repair of neck of femur	18	0	0.0	0.0	16.7

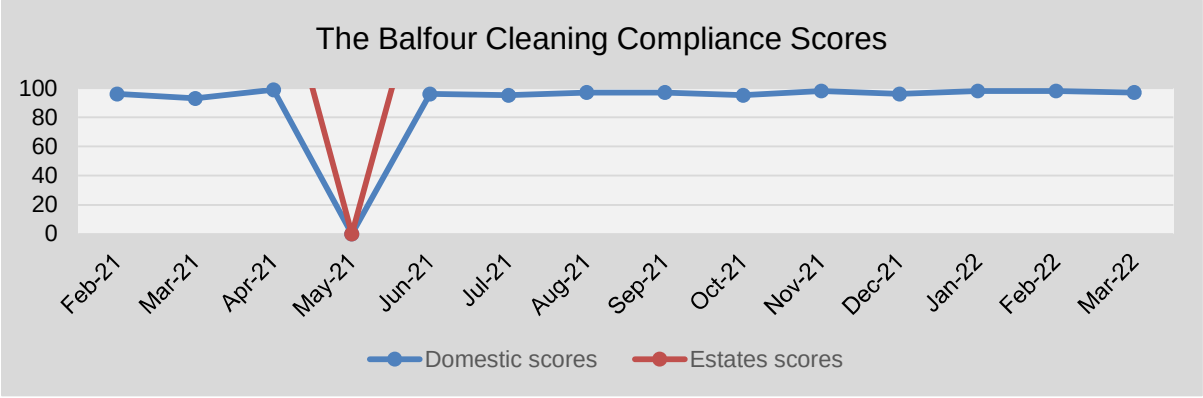
Prophylactic antibiotics	Operations
Yes - single antibiotic	50
Yes - more than one antibiotic	16
No	0
Unknown	0
Total	66

4.0 Cleaning and Maintenance of the Healthcare Environment

Cleaning and maintenance of healthcare settings forms another element of Standard Infection Control Precautions. We are fortunate to have dedicated Domestic and Estates Teams who, alongside our RFM colleagues for secondary care, work tirelessly to ensure environmental safety in healthcare settings.

The scores below reflect their commitment to a safe environment.

N.B. Domestic or Estates audits were unable to be completed in May due to exceptional circumstances. Contingencies have been put in place to prevent this occurring in future. The chart reflects no audits being undertaken rather than a zero score.

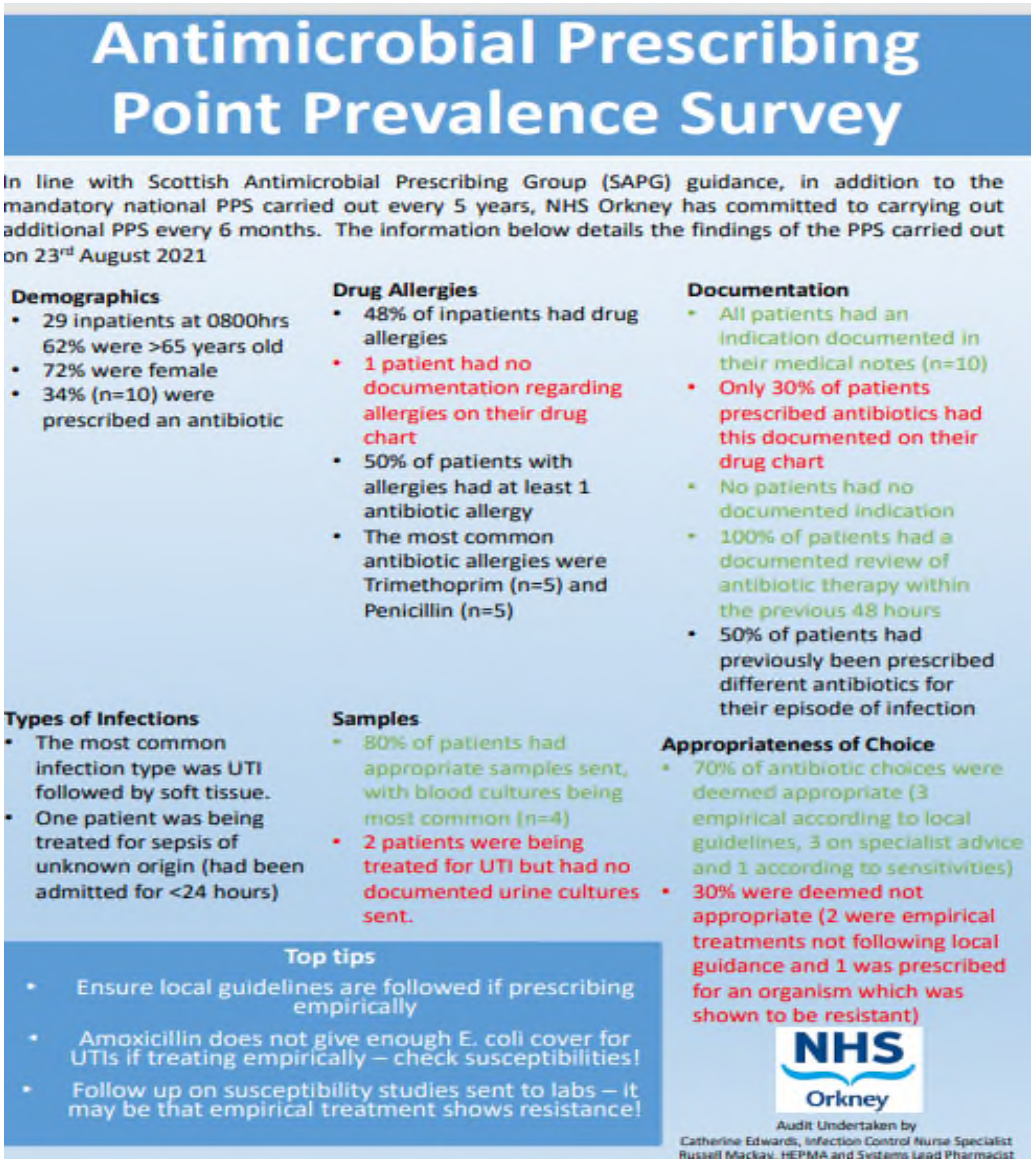


5.0 Antimicrobial Stewardship

Work to meet the targets set for community and secondary care prescribing is being progressed and we hope to meet those targets during the course of the coming year, though covid has undoubtedly had a measurable impact on what can be achieved.

However, a point prevalence study (PPS) was undertaken again this year. An information sheet was formulated post PPS to give feedback to prescribers and offering information for improvement.

PPS 2021



Antimicrobial Prescribing Point Prevalence Survey

In line with Scottish Antimicrobial Prescribing Group (SAPG) guidance, in addition to the mandatory national PPS carried out every 5 years, NHS Orkney has committed to carrying out additional PPS every 6 months. The information below details the findings of the PPS carried out on 23rd August 2021

Demographics
- 29 inpatients at 0800hrs 62% were >65 years old
- 72% were female
- 34% (n=10) were prescribed an antibiotic

Drug Allergies
- 48% of inpatients had drug allergies
- 1 patient had no documentation regarding allergies on their drug chart
- 50% of patients with allergies had at least 1 antibiotic allergy
- The most common antibiotic allergies were Trimethoprim (n=5) and Penicillin (n=5)

Documentation
- All patients had an indication documented in their medical notes (n=10)
- Only 30% of patients prescribed antibiotics had this documented on their drug chart
- No patients had no documented indication
- 100% of patients had a documented review of antibiotic therapy within the previous 48 hours
- 50% of patients had previously been prescribed different antibiotics for their episode of infection

Types of Infections
- The most common infection type was UTI followed by soft tissue.
- One patient was being treated for sepsis of unknown origin (had been admitted for <24 hours)

Samples
- 80% of patients had appropriate samples sent, with blood cultures being most common (n=4)
- 2 patients were being treated for UTI but had no documented urine cultures sent.

Appropriateness of Choice
- 70% of antibiotic choices were deemed appropriate (3 empirical according to local guidelines, 3 on specialist advice and 1 according to sensitivities)
- 30% were deemed not appropriate (2 were empirical treatments not following local guidance and 1 was prescribed for an organism which was shown to be resistant)

Top tips
- Ensure local guidelines are followed if prescribing empirically
- Amoxicillin does not give enough E. coli cover for UTIs if treating empirically – check susceptibilities!
- Follow up on susceptibility studies sent to labs – it may be that empirical treatment shows resistance!

NHS Orkney

Audit Undertaken by
Catherine Edwards, Infection Control Nurse Specialist
Russell Mackay, HEPMA and Systems Lead Pharmacist

6.0 Central Decontamination Unit (CDU) Audit

Central Decontamination Unit audit on the 16th February 2022 – the audit was successful with accreditation issued for another year. There were no non-conformities reported within the audit. This year no incidents have been reported either.

Between 1st January 2021 and the 31st of December 2021, the CDU has processed 204090 items, i.e. tray sets, instrument packs and single instruments an increase from 171357 on the previous reporting period. The item count of 204090 is an accurate account of the items processed due to the tracker system; the increase in productivity is as a result of the COVID-19 pandemic recovering and the theatre and dental services returning to some kind of normality.

Great work again from the team and CDU manager

7.0 Quality Assurance Audits in Secondary Care

This year 52 environmental and clinical practice audits have been undertaken by the team within The Balfour facility and Garson dental clinic, these audits were paused briefly in January and February in order to meet other workload demands and are now reinstated.

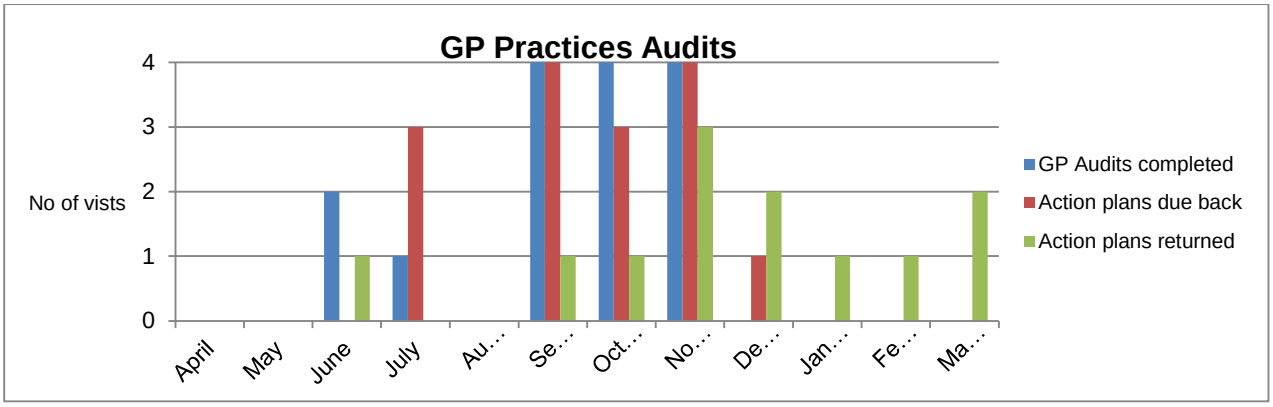
The team have a work plan established to meet the QA audits in the forthcoming year.

8.0 General Practice and Community.

All areas received an Infection Prevention and Control visit again this year. The visits introduced community settings to the Winter Respiratory Guidance. For primary care settings an environmental and clinical practice audit was also completed. All practices, with the exception of three, returned audit improvement plans. In most cases all actions that could be readily resolved were completed prior to audit plans being issued following on from verbal report at time of audit, which was really positive. Practices appreciate the visit and are fully engaged in the process.

8.2.1

Table shows audits undertaken and timescales.



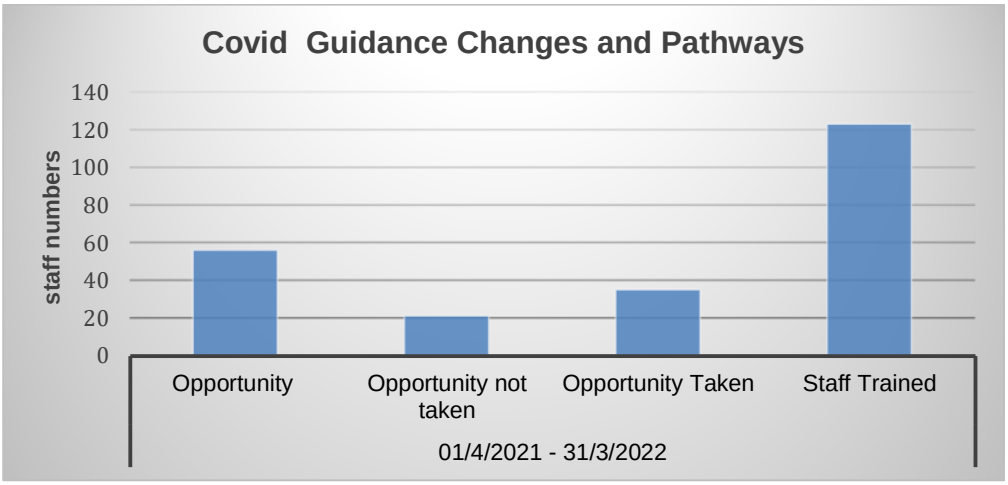
There is some improvement to made in practices for some aspects of the audit, but with small audit denominators, slight deviation or non-compliance could result with a score of less than 90%. Work around the built environment, particularly in the Isles practices, continues. Sinks and taps that are non-compliant with current standards and documentation for areas such as equipment and environmental cleaning schedules were problematic, with areas and equipment found clean but no documentation to support, which is part of Standard Infection Control Precautions. Re-audits will be undertaken in the forthcoming financial year and will capture improvements.

9.0 Education

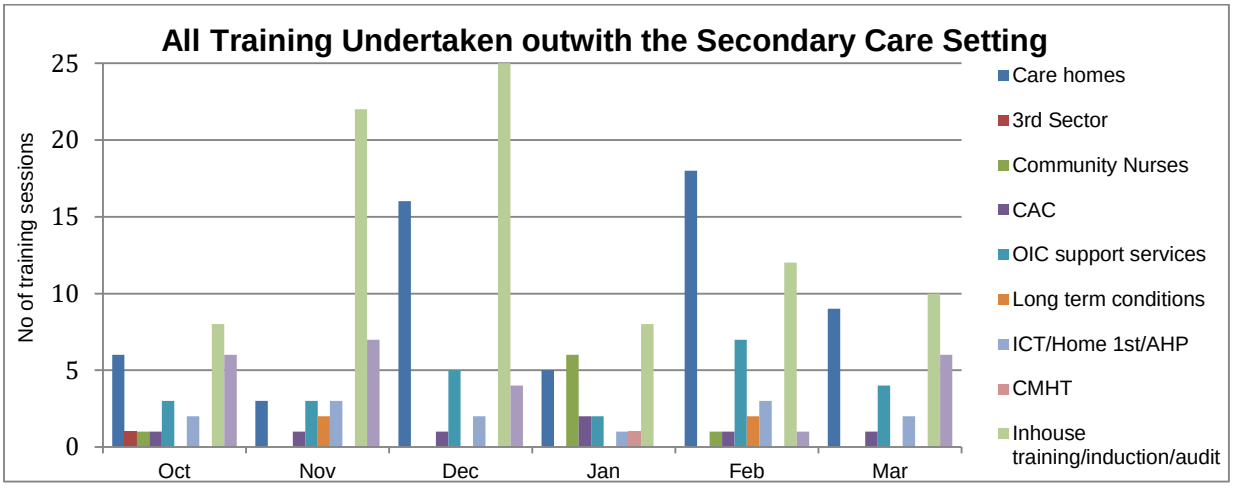
This year has seen a vast amount of education being delivered throughout Acute and Primary Care and some social care settings. The main focus has been on rapid changes in SARS-CoV-2 (Covid) guidance ensuring that staff across the Board are fully up to date with any changes.
Educational sessions have been offered across all areas

Table shows IP&C educational sessions/opportunities in Secondary care

8.2.1



The table below shows the other learning opportunities and staff uptake across all other areas and also includes Locum and agency nurse inductions.



9.1 IPCT qualification

Catherine Edwards (Infection Control Nurse Specialist) has now completed the Advanced Nurse Practitioner qualification via the infection prevention & control route.

Megan MacLeod has completed her Modern Apprenticeship, in record time to allow her to focus fully on her new role, which includes clinical work.

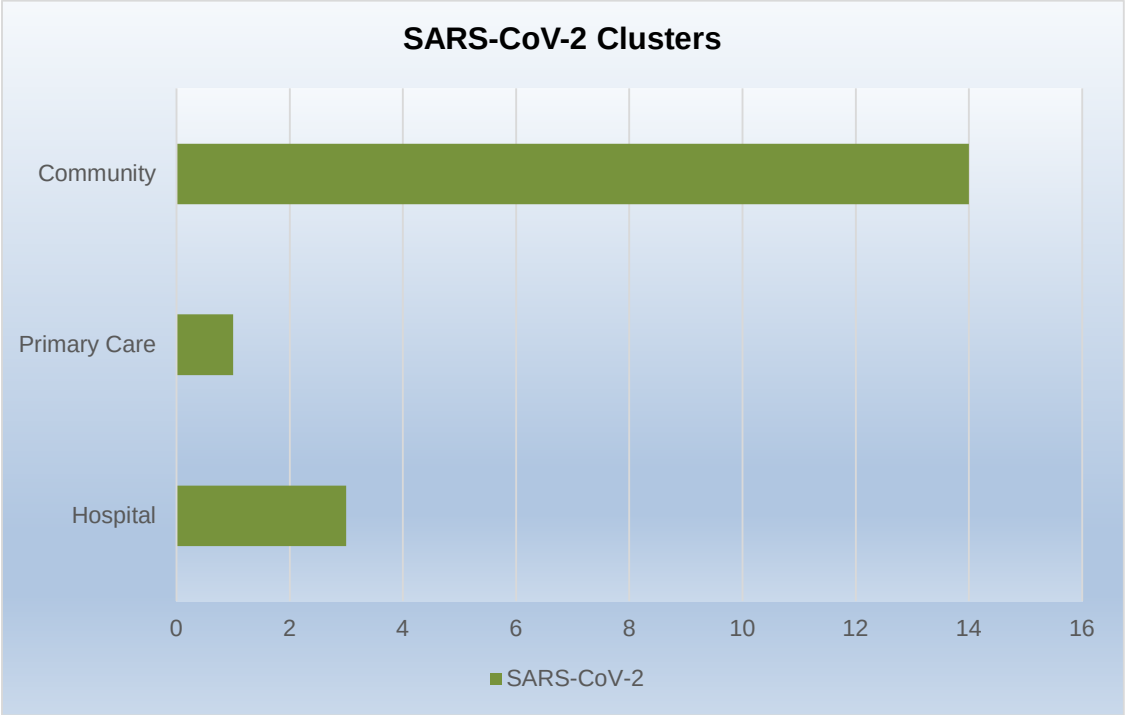
Kelly Laing Herridge is just drawing to the completion of diploma to degree

This has been a huge achievement in a year that has seen many work pressures. Congratulations to them all!

10.0 Outbreaks/Exceptions

Exception reports this year have been solely related to SARS-CoV-2, with the virus picking up pace in the county. This has impacted on services across the county, with "Covid Clusters" in acute care, primary and community care settings.

A number of pre-assessment groups and incident management teams have been convened over the last 12 months but particularly so in the last 6 months for these "clusters" and exception reports have been sent to ARHAI or Public Health Scotland for three secondary care clusters, a primary care cluster and fourteen community setting clusters.



SARS-CoV-2

As the country has headed towards “business as usual”, Orkney has seen its biggest wave yet to affect the county. This has impacted hugely on health and social care areas with patient, resident/service users and staff affected. The impact of community transmission has hit staff too and therefore, impacting of service resilience with business continuity plans being implemented in some areas.

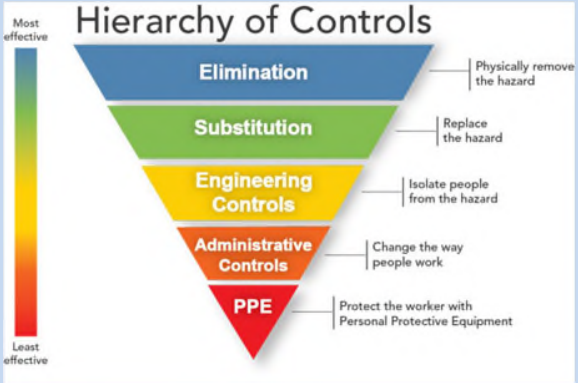
Healthcare teams across health and social care have supported each other in times of difficulty, with NHS teams assisting in residential settings when required. This has been a fantastic show of support and understanding for colleagues across all disciplines to ensure care is provided to those that require it and to offer some assistance to care staff and appreciated by teams working with depleted staff numbers. Thanks goes to all staff who offered support and advice through these challenging times.

Clinical teams and services have been trained in the most recent Covid Guidance changes and embraced the new Respiratory Pathways. This new guidance incorporates all respiratory pathogens, with an expectation that moving into winter the country would see a significant impact from not only SAR-CoV-2 but also influenza viruses and Respiratory Syncytial Virus (which is a common virus which affects mainly the young and the older adults). With this in mind, and for provision of all winter respiratory viruses, there was a significant change to the original Covid pathway with the implementation of the Respiratory Pathway at The Balfour. The Covid Surge area has now reverted back to ward and out-patient use and the Respiratory Pathway moved to Inpatients 1, in a dedicated area of the ward, and separated from the rest of the ward by double doors. This area incorporates the two isolation rooms for any Aerosol Generating Procedure that may be required for respiratory patients. There is always the risk that any patient may have asymptomatic Covid infection and this is becoming fairly commonly identified on admission testing or may be incubating the virus, which would be identified on routine testing on Day 5 of admission. Therefore, staff are vigilant that this may be the case.

The changes in the guidance also focus on the environment and in particular the requirement for good ventilation, which is now recognised an integral part of reducing the risk of Covid transmission.

The Hierarchy of Controls is held with the National Infection Prevention & Control Manual and is a Health & Safety driven aide memoire for organisations, with Personal Protective Equipment (PPE) forming the final and last resort. The Hierarchy addresses: Elimination- Physically removing the hazard, Substitution – Replace the hazard, Engineering Controls – Isolate people from the hazard, Administrative Controls – Change the way people work, and lastly PPE- protect the worker with PPE.

Hierarchy of controls



There has also been an additional positive move that patients who do not report any respiratory symptoms or who are not contacts of known cases can be nursed on the non-respiratory pathway, returning to SICPs and Transmission Based Precautions, where required, for care with enhanced mask wearing. All positive moves to manage a way out of the pandemic.

An introduction of a Covid antiviral; neutralising monoclonal antibodies (nMAB) or Antivirals (AV) for non-hospitalised symptomatic and PCR positive patients**,** for those who are eligible has also commenced this year. This is a fantastic move to reduce severity of symptoms for those who are most vulnerable to infection. This service is set up for an outpatient intravenous infusion service and also an oral medication which can be delivered to patient homes. Treatment options are made by clinicians on a case-by-case basis.

Additionally, the team have engaged with stakeholders across departments to ensure suggested “Triage” questions are asked of anyone attending for appointments or care,

8.2.1

Day Surgery too has reverted to its pre-pandemic model, however there is provision for ventilation should the need arise.

Allied Health Professions/Physiotherapy teams have reverted back to one team for on-call purposes, for best practice, staff care for non-respiratory patients and then respiratory patients.

Health & Safety and Infection Prevention & Control undertook GP practice Covid visits in May 2021, in order to return patients back to general practice for Covid assessment. This looked at Covid safe pathways for both staff and patients. Practices engaged in the process and recommendations for cleaning, patient flow etc made. Practices have been undertaking assessment of patients now for some time.

Agency staff continue to support services across the organisation and also within the Care Home sector, their support has been tremendous at a difficult time when staff have been isolating, or unable to work as household contacts of cases. However, there has been improvement with the issue of the Staff Exemption Department letter, which now allows staff to return to work under a risk assessment, undertaken by their line manager and daily lateral flow testing, and depending on working location, etc.

Support has been offered by the IPCT to not only Primary, Secondary Care and Care Homes, but also Care at Home and third sector organisations, in regard to training (please refer to Education section) and support for aerosol generating procedures in the community.

As services continue to remobilise the team have continued to support across the organisation, alongside balancing caring and treating patients with Covid within the system. The team assist teams with best ways of working to ensure patients receive the care they require whilst protecting others. This will be ongoing as the country transitions out of the pandemic and we all learn to live with Covid as another respiratory virus.

8.2.1

Summary

For our new team this year has been particularly challenging. The transition from a pandemic footing to system recovery remains a massive task, and our HAI surveillance demonstrates that all our pre-pandemic work has not abated. We have already dedicated more time to aspects of our workstreams, including antimicrobial stewardship that have struggled to compete with covid demands. However, we welcomed two new members into our team, and there are some remarkable achievements in Catherine having gained her Advance Nurse Practitioner qualification and CDU has gained another years accreditation with no non-conformances.

As we have moved through the pandemic, all staff have continued to rally and respond to a changing landscape in a way we can be proud of. For us locally, these last few months have shown us the havoc that covid can wreak, not just for individuals and families, but also communities and the workforce, both inside and outwith the healthcare setting. Although we have been extremely lucky that this wave has hit after the success of our vaccination programme, and also with the more mild omicron variant, we have been able to demonstrate across outbreak management in a variety of settings that the community and healthcare community have come together to provide the care our patients and service users need. A massive thank you to all!

Becky Wilson

NHS Grampian/NHS Orkney
Consultant Microbiologist
& Infection Prevention and Control Doctor

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Update on current Public Health Issues**
Responsible Executive/Non-Executive:	**Louise Wilson, Director of Public Health**
Report Author:	**Sara Lewis, Consultant in Public Health and Hannah Casey, Public Health Manager**

1 Purpose

The purpose of this report is to provide the Board with an update on current Public Health activity.

This is presented to the Board for:

- Discussion

This report relates to:

- Government directive in relation to testing and vaccination programmes and the implementation of the Scottish Government Public Health priorities

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 has been completed and activity has moved to planning for the autumn and winter campaign.

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.

Covid-19 has both exposed and exacerbate inequalities, in response the Scottish Government has committed to a cross government approach to further developing policies to support high risk groups. Rebuilding requires action on multiple fronts including health and social care services, poverty, inequality, early years, mental health, the economy, and the environment. Within NHS Orkney's Clinical Strategy there is a recognition of the need to reduce health inequalities as well as support prevention and early intervention which is at the heart of public health work. The impact on the lives of our community from the pandemic and the current global situation, such as rising fuel and food costs, makes this more challenging.

2.2 Background

Test and protect was 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 routine contact tracing is no longer occurring. Contact tracing now occurs only in specific situations such as the management of an outbreak.

Case numbers no longer provide a good indication of community infection levels. Case numbers in Orkney declined rapidly with the change in testing strategy but then began to rise and now appear to be plateauing. (Figure 1).

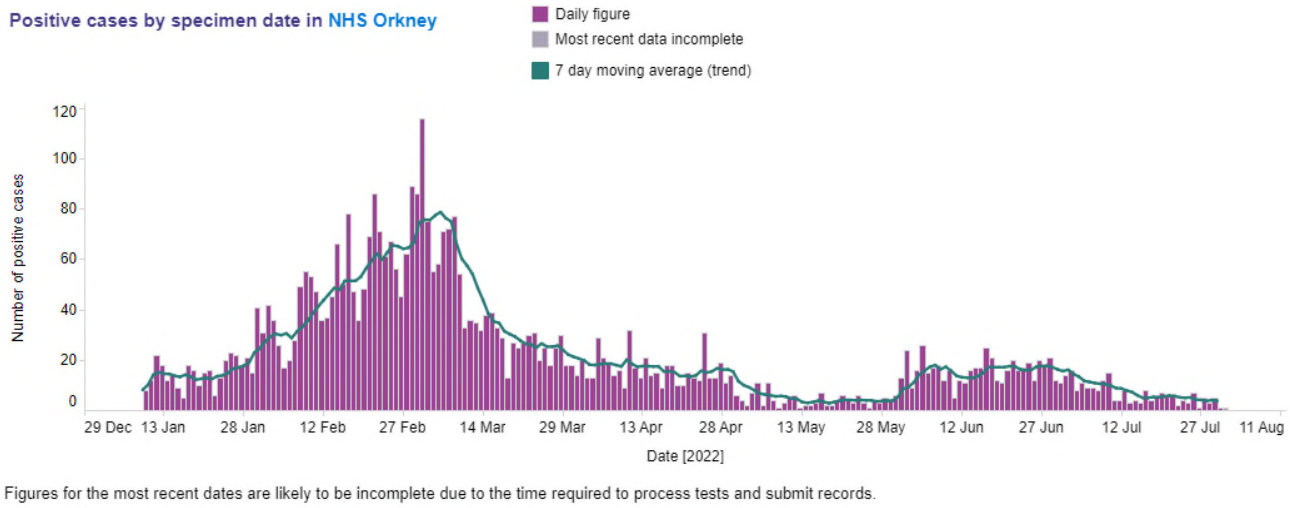


Figure 1: Positive cases by specimen date in Orkney
Source:PHS dashboard accessed 10/08/2022

Whole genome sequencing informs us Omicron BA.5 has become the dominant variant in Orkney with the proportion of BA.4 cases reducing.

To address the wider issues relating to public health, the Scottish Government published six priorities for public health in 2018 which are the starting point for priority setting. The priorities are:

- Priority 1 – A Scotland where we live in vibrant, healthy, and safe places and communities.
- Priority 2 – A Scotland where we flourish in our early years.
- Priority 3 – A Scotland where we have good mental wellbeing.
- Priority 4 – A Scotland where we reduce the use of and harm from alcohol, tobacco, and other drugs.
- Priority 5 – A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- Priority 6 – A Scotland where we eat well, have a healthy weight and are physically active.

Since this time, work in Orkney has been framed around these priorities with emphasis given to particular priorities based on local need.

2.3 Assessment

Reported daily infections appear to be at or approaching a peak/plateauing across Scotland. The majority of new cases are identified through lateral flow testing. The

Omicron variant BA.5 has become the dominant variant. 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 79.4% and for those aged 12 to 15 years 54.3%.

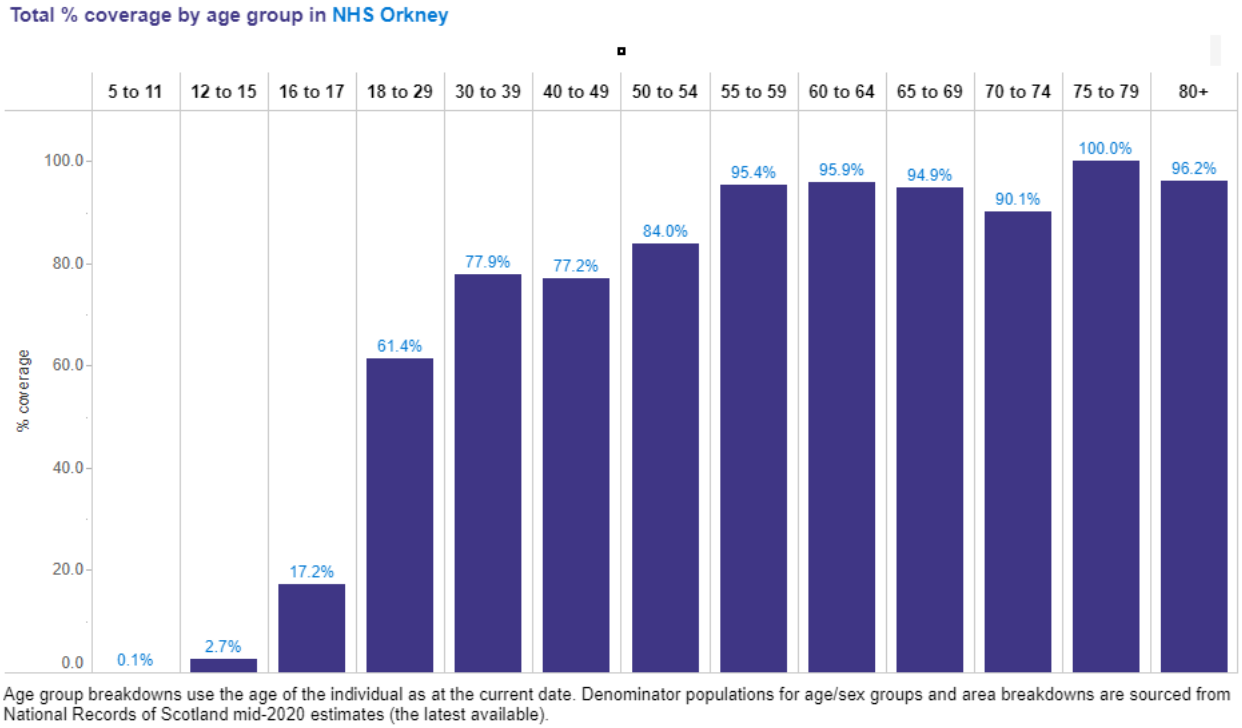


Figure 2: Total % coverage by age group for three doses NHS Orkney
Source: PHS dashboard accessed 10/08/22

Other notifiable infections

Following the removal of restrictions cases of other notifiable infections have been seen in Orkney including campylobacteriosis, cryptosporidiosis, E coli, and seasonal influenza.

<u>Monkeypox</u>
Since 6 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 7th May acquired their infection. At the time of writing this report there have been 61 laboratory-confirmed cases of monkeypox in Scotland.

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.

The illness is typically mild-moderate with most cases being cared for in the community

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. The Nordhaven sexual health service is offering pre-exposure prophylaxis vaccination to those who meet the eligibility criteria.

Avian Influenza

Avian influenza continues to be an issue in the United Kingdom. A protection and surveillance zone have been set up centred near Birsay following detection of highly pathogenic avian influenza H5N1 in a poultry flock. Avian influenza was also detected in wild birds collected on 19th July.

Public messaging has been utilised to advise people if they spot injured, dying or dead wild birds not to touch them. The wild bird helpline should be contacted if one or more dead birds of prey or owl or three or more dead gulls or wild waterfowl (swans, geese and ducks) are found.

Other Public Health Issues

Cervical Screening No Cervix-Exclusion National Incident

As previously reported a national screening incident was identified in which individuals were inappropriately excluded from screening following a subtotal hysterectomy the management of which is ongoing. NHS Orkney continues to engage in the overall incident management and to undertake actions as agreed by the adverse event management team. This work is supported by General Practices, the Obstetrics and Gynaecology team and the NHS Grampian multidisciplinary team.

Work is to be undertaken to audit the records of all women excluded from the cervical screening programme, the process for this work is being finalised. A regional oversight group for the audit has been established with members from NHS Grampian, NHS Orkney, and NHS Shetland. The work at a local level will be undertaken in partnership with primary care, public health and the Obstetric and Gynaecological Consultant Team. A national database is being developed to support the work; it is anticipated this will be ready for the audit to commence in November and the work will take 12 to 18 months to complete.

The rise in cost of living

The current rise in cost of living is challenging for many people who are living in, or at risk of poverty across the country. Work in Orkney across the Public Health Priorities will be important towards reducing the impact of this crisis on our community. Recent examples of the work being completed to reduce the impact of the cost of living crisis in Orkney are outlined below.

'Money Counts'

NHS Orkney Public Health Team are currently working with partners from Social Security Scotland and the Citizens Advice Bureau to deliver '*Money Counts'* training to frontline workers and volunteers to best use the locally adapted '*Worrying about Money?*' leaflet to support people struggling with money worries or financial crisis. This training also aims to increase the participants' understanding of poverty and its impact; increase understanding of the financial advice and support services available both locally and nationally as well as increase the participants' confidence to support people to access financial advice and support services. Fifty people across Orkney have participated in this training since February 2022.

Polytunnels

In July 2022, the NHS Orkney polytunnels located at The Balfour were opened. This space provides multiple opportunities to support community wellbeing through gardening activity and access to green space. Additionally, this structure provides a free opportunity for people and community organisations within Orkney to have space to grow edible products which could have some impact on reducing cost of access to healthy foods in an extended growing season provided by the poly tunnel environment.

Smoking cessation

Smoking has known impacts on health making prevention and cessation of smoking a significant priority for public health work. There are also substantial financial gains that can be made for an individual through giving up smoking. NHS Orkney's smoking cessation service has continued throughout the pandemic. However, reductions to the offer were necessary due to capacity issues. The service is currently looking to increase capacity and sustainability through training additional staff as well as exploring with partner organisations ways in which smoking cessation could more widely be supported across Orkney.

Partnership Working

An important aspect of the increase in wider public health activity post the COVID-19 pandemic is re-connecting with partner organisations and planning of activity which enhances the strategic direction across Orkney to improve the health and wellbeing of our population. This includes work around reducing child poverty as well as fuel poverty.

2.3.1 Quality/ Patient Care

It is recognised that the coming winter will prove challenging. It will be important to maintain a robust public health response, along with effective communication and vaccination delivery, to reduce the impact on the health and wellbeing of the population in Orkney.

2.3.2 Workforce

All NHS posts across the testing and contact tracing work streams are fixed until September 2022. The staffing numbers are reducing as staff succeed in obtaining new posts.

2.3.3 Financial

Funding from Scottish Government is available to support some of the test and protect activities, vaccination programme delivery and some health improvement activity.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

A health inequalities and diversity impact assessment for testing has been completed and is available on request from the Public Health Department.
A health inequalities and diversity impact assessment for vaccination has been completed and is available on request from the Public Health Department

2.3.6 Other impacts

Climate change, wars, food and fuel shortages along with changes in the way we live, being globally connected, will likely lead to more impacts on health and wellbeing in Orkney.

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 on key public health issues

- Reported cases numbers of COVID-19 are to or have peaked across Scotland, 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
- Monkeypox preparedness

Discussion – to seek assurance on the work relating to current Public Health issues.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Duty of Candour Annual Report 2021/2022**
Responsible Executive/Non-Executive:	**Mark Henry, Medical Director**
Report Author:	**Judy Sinclair, Clinical Governance & Quality Improvement Manager**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Duty of Candour is a legal responsibility of all health and social care services in Scotland[1]. When unintended or unexplained events happen that result in death or harm as defined in

[1] Duty of Candour – Scottish Government

the Act, those affected must be made aware and understand what has happened and receive an apology from the care provider.

For the period 1 April 2021 to 31 March 2022, six events were reported where the Duty of Candour thresholds were applied.

2.2 Background

In accordance with NHS Orkney's Learning from Incidents Policy, all clinical incidents are reported to the line manager and recorded on the Datix incident reporting system.
The clinical risk, and the level of review required of each incident is assessed by the Weekly Incident Review Group which includes the following individuals:

- Medical Director (or nominated deputy)
- Director of Nursing, Midwifery and AHPs (or nominated deputy)
- Interim Director of Acute Services (or nominated deputy)
- Chief Officer (or nominated Integrated Head of Service deputy)
- Head of Assurance and Improvement
- Clinical Governance and Quality Improvement Manager
- Clinical Governance & Risk Facilitator
- Patient Experience Officer
- Health and Safety Advisor
- Head of Information Governance
- Associate Medical Director, Primary Care
- Principal Pharmacist

The statutory requirement to refer to an external agency, when applicable, and compliance with the Duty of Candour is considered as part of this assessment. Furthermore, a clinical risk assessment takes place for all new complaints and potential litigation cases at the Weekly Incident Review Group. The policy includes NHS Orkney's local Duty of Candour Procedure as an appendix I within the NHS Orkney Learning from Incidents: and management of Significant Adverse Events policy

2.3 Assessment

Duty of Candour is identified through the clinical incident management process, as per NHS Orkney policy, and the incident management system where a section is complete by the investigator of the incident. One of the six events was identified as requiring a Level 1

review, in line with our Significant Adverse Event review process; the remainder were subject to local level investigation within the relevant Service/ Department.

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	**Number of times this happened (between 1 April 2021 and 31 March 2022)**
A person died	
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	
A person's treatment increased	4
The structure of a person's body changed	
A person's life expectancy shortened	
A person's sensory, motor or intellectual functions were impaired for 28 days or more	1
A person experienced pain or psychological harm for 28 days or more	
A person needed health treatment in order to prevent them from dying	1
A person needing health treatment in order to prevent other injuries as listed above	
Total events Duty of Candour was applied	**6**

In all six cases listed above there is evidence within the incident management system that an immediate apology was given which included an explanation of the incident.

Learning from Duty of Candour has included:

- Audit plan in place to monitor and support timely assessments for Venous thromboembolism (VTE)
- Updated process for regular testing and review of equipment used infrequently
- Review of medical imaging processes
- Continued improvement work in relation to falls and falls with harm

2.3.1 Quality/ Patient Care

Candour promotes responsibility for developing safer systems and underpins the delivery of high-quality healthcare. It also enhances staff engagement in service improvement and creates greater trust for people who use our services. Throughout the incident management process, improvements are highlighted, and learning sought and shared.

2.3.2 Workforce

There are two types of duty of candour, statutory and professional.
Both the statutory duty of candour and professional duty of candour have similar aims – to make sure that those providing care are open and transparent with the people using healthcare services, whether something has gone wrong or not. The professional duty is overseen by regulators of specific healthcare professions such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the General Dental Council (GDC), with resources to support professionals available on their respective websites.

Orkney recognises that the incident review process can be distressing and difficult for staff involved, as well as for the patients receiving care. This can be especially so within small communities where staff and patients are often connected. Support is available for staff through line management structures, as well as through the Occupational Health Service and Spiritual Care provision. NHS Orkney is currently participating in focused work that is progressing over 2022/23 with National Education for Scotland (NES) and Healthcare Improvement Scotland (HIS) national adverse events network, to enhance knowledge and skills to support both staff and patients by means of compassionate conversations, underpinning a safe, open and transparent 'Just culture'.

2.3.3 Financial

No current financial impacts

2.3.4 Risk Assessment/Management

Workforce capacity, vacancies, staff turnover and loss of organisational memory due to key staff leaving poses risks in ensuring efficient and effective processes are timely, followed, maintained, and continuously improving.
Clear standardised ('Once for Scotland') operating procedures and training for incident management and significant adverse event (SAE) are being developed over 2022/23 to minimise risk and provide structured support for new and existing staff in both investigating and who are directly involved in incident management.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been undertaken on this report

2.3.6 Other impacts

No other impacts to note.

2.3.7 Communication, involvement, engagement and consultation

This Annual Report has been previously considered by Joint Clinical Care and Governance Committee and has been shared with the Quality Forum for noting.

2.3.8 Route to the Meeting

Direct from Medical Director

2.4 Recommendation

Awareness and cognisance of the implications for sustainable capacity and capability building for continuous quality improvement, investigation, learning from incidents and duty of candour over 2022/23.

8.5

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Chairs Report – Joint Clinical and Care Governance Committee**
Responsible Executive/Non-Executive:	**Mark Henry, Medical Director/ Stephen Brown Chief Officer**
Report Author:	**Steven Johnston, JCCGC Chair**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Joint Clinical and Care Governance Committee met on the 5 July 2022 and agreed the following key areas and agenda items that were reported to the Board meeting on 25 August 2022.

- Orkney Child Poverty Strategy
- Dementia Annual Report

2.2 Background

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

2.3 Assessment

Orkney Child Poverty Strategy 2022-2026

Members reviewed the Orkney Child Poverty Strategy 2022 – 2026 noting the new legislative requirement, the significant engagement with island partners and recent approval at the Integrated Joint board. Members recommended the strategy for board approval.

Dementia Annual Report

Members received the update report which noted the efforts to continue progress against the commitment detailed in the Orkney Dementia Strategy whilst highlighting the compounded impact of Covid-19 for people with dementia.

Members noted the number of positive improvements in service provision and acknowledged that where there was crucial work to be done to support diagnosis, there were plans in place to address this. The range of circumstances which meant pace had slowed were recognised and they were assured of steady progress and wished to share and celebrate the excellent work of the dedicated dementia group and teams. In particular, the efforts from all involved to bring the

average wait time for referral for post-diagnostic support down to just 2 days, between September 2020 and March 2022 should be commended.

2.3.1 Quality/ Patient Care

The ongoing work reported in the both the highlighted Joint Clinical and Care Governance Committee Reports demonstrates the ongoing commitment to quality of patient care and services.

2.3.2 Workforce

The challenges of accessing consultant psychiatry, long term staff sickness and difficulties in recruitment were noted in the Dementia Annual report. The teams involved were commended for the work incurred in order to contain any negative impact as far as was reasonably practicable and there was strong recognition that it is more important than ever to recognise and address the challenges to ensure that people can access timely diagnosis which is the gateway to optimal support and wellbeing.

A short life working group has been tasked with development of a sustainable model for diagnosis as a matter of urgency. Agreement was to be sought to progress with a GP with Special Interest model with a view to commencing specialist training in September 2022.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

The corporate risks aligned to the JCCGC were reviewed during the meeting.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

The Orkney Child Poverty Strategy was based on cross island partner engagement and discussion

Excellent collaborative developments between statutory and third sector partners were reported in the Dementia Annual report

2.3.8 Route to the Meeting

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

- Joint Clinical and Care Governance Committee 5 July 2022

2.4 Recommendation

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

3 List of appendices

Minute from meeting held on the 5 April 2022

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee** on **Tuesday 5 April 2022 at 13.00**

Present	Steven Johnston, Non-Executive Board Member (Chair) Rachael King, Integration Joint Board Vice Chair (Vice Chair) John Richards Integration Joint Board Member Heather Woodbridge, Integration Joint Board Member Gail Anderson, Third Sector Representative Issy Grieve Non-Executive Board Member
In Attendance	Lynda Bradford, Head of Health and Community Care (item C12) Stephen Brown, Integration Joint Board Chief Officer Christina Bichan, Head of Assurance and Improvement Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer Mary McFarlane, Interim Director of Pharmacy Dawn Moody, Associate Medical Director Community Mary Moore, Interim Medical Director Maureen Swannie, Head of Strategic Planning and Performance (item C13) Louise Wilson, Director of Public Health Diane Young, Community Mental Health Service Manager

C1. **Welcome and Apologies**

Apologies had been received from M Dickson, M Henry, S Sankey, D McArthur and J Kenny

C2. **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items

C3. **Minute of meeting held on 26 October 2021**

The minute of the Joint Clinical and Care Governance Committee meeting held on 26 October 2021 was accepted as an accurate record of the meeting and approved on the motion of R King and seconded by J Richards

C4. **Matters Arising**

No matters arising were raised.

C5. **Action Log**

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

C6. **JCCGC Virtual Business Log JCCGC2223-01**

The committee noted the items circulated during agile governance arrangements and ratified the virtual approval.

Governance

C7. **Draft Joint Clinical and Care Governance Committee Annual Report – JCCGC2223 -02**

The committee chair presented the Draft Joint Clinical and Care Governance Committee Annual Report 2021/22 to members highlighting the concerns, successes and improvements sections of the report.

It was confirmed that collaborative work to ensure appropriate reporting at this committee along with the Performance and Audit committee was ongoing and an expansion of the Care Home report to include Care at Home was planned.

Decision / Conclusion

The Committee approved the draft Annual report subject to appropriate updates to the committee membership section of the report.

C8. **Whistleblowing Performance against Key Indicators – JCCGC2223 -03**

The Head of Assurance and Improvement presented the report to members noting that quarters three and four of the financial year were included together due to recent agile governance arrangements.

It was noted that two concerns had been logged and investigated and the learning captured in the report was highlighted.

The two concerns raised also presented an opportunity for feedback on the operation of the new governance process and highlighted learning so improvements could be implemented.

Both concerns were noted as outwith timescales for several reasons with complexity of issue and level of investigation required as the most significant. Members agreed that the need to meet timescales should not impact on the quality of investigation.

It was confirmed that the annual report was due to be presented to the NHS Orkney April Board meeting.

It was confirmed that learning from the listening exercise had been progressed and the current discharge policy was a whole system multi-disciplinary approach.

It was noted that assurance regarding delegated services could be provided within the NHS Orkney report and the Chief Officer agreed to discuss the assurance route for the wider council with corporate leadership teams.

Decision / Conclusion

The Committee noted the update provided.

Clinical Quality and Safety

C9. **Quality Forum Chairs Report JCCGC2223 - 04**

The Head of Assurance and Improvement presented the report which provided an overview of the work of the Quality Forum during February and March 2022

Continued good attendance at meetings was highlighted along with the positive and stabilising impact of active and substantive leadership. The excellent input during challenging interim arrangements was also acknowledged and members welcomed the opportunities to focus on priorities moving forward.

The work around the At a Glance report and SBAR, submitted to the February 2022 meeting which proposed a trial of more in depth performance metrics was highlighted. The forum agreed the test of change proposal at the March meeting.

A review of the significant adverse events process, further work around the communication of learning from adverse events and work with incident handlers to improve management was also highlighted.

Members were assured that work to ensure appropriate and representative attendance at meetings was ongoing and it was noted that any issues were indicative of current system pressures and changes in role. It was confirmed that current forum members were very proactive and as the forum met monthly, occasional absences were manageable and the weekly meeting of the incident review group which had a very live view of issues in the system at any given time was an additional element to ensure appropriate oversight.

I Grieve noted the development of the forum over the last two years and confirmed she took significant assurance from the minutes included with the report, particularly regarding the number of clinicians involved in the ongoing work.

The Chair advised that there used to be a group which provided care input to the Quality Forum, but as this no longer existed it remained part of the ongoing reflection to ensure equivalence across health and care for this integrated assurance committee.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C10. **Quality Forum Annual Report JCCGC2223 – 05**

The Head of Assurance and Improvement presented the report which provided an overview of the work of the Quality Forum during 2021/22.

Sections four and five relating to the business and success of the group were highlighted, noting that they showed the progress of the group and provided assurance that the right issues were being considered. The continued engagement despite recent system pressures was also highlighted.

The ongoing concerns of balancing competing demands and the scale of the challenge to improve the availability of up to date policies and procedures across clinical services in section six of the report was noted.

The Director of Public Health noted the terms of reference for the Quality Forum covered NHS business which again raised the query as to how the committee gained oversight of and assurance on equivalent discussions for social care and delegated services.

Members welcomed the annual report and agreed that although it was clear progress had been made, the challenge to ensure appropriate reporting across all relevant services was ongoing.

Decision / Conclusion

The Committee reviewed the report and took assurance

C11. **Care Home and Care at Home Assurance Update**

The Chief Officer provided a verbal update noting that across county care assurance had been set up in recognition of the challenges during the pandemic. He explained that although all the care homes in Orkney were residential rather than nursing, the potential benefits of working together to address challenges had been established early on and the required Care home and Care at home Assurance Group met fortnightly

In the last few months care at home had been struggling for capacity which was having an impact on other areas including delayed discharges so it was agreed that the remit of the assurance group would be expended to include care at home.

Recent outbreaks where public health, infection control and community nursing colleagues worked together tirelessly to ensure a robust response and the maintenance of the services was a good example of the success of the collaborative arrangements.

The repeated assurance provided by examples of robust and collegiate work to solve problems was warmly welcomed and noted as a real credit to all involved. However, it was also agreed that going forward wider and more detailed reporting to ensure robust assurance on both care homes and the extended care at home remit was required. The work to date focussed on the COVID-19 pandemic but the intention would be to expand into more general aspects in order to fulfil the duties of the committee. Moving forward this would be included in the ongoing committee workplan discussions.

It was also acknowledged that some duplication of reporting may be required as for example a report may go to a performance committee for assurance regarding targets but could also be required at Joint Clinical and Care Governance Committee to ensure any clinical and social implications of the data were reviewed and discussed.

Decision / Conclusion

The Committee noted the verbal report and looked forward to more detailed reporting going forward.

C12. **Mental Health Services Assurance Report JCCGC2223-06**

The Head of Health and Community Care presented the Mental Health Services Assurance Report to update members on the recent activity with the Mental Health Service including recent service delivery progress and challenges.

Highlighted elements of the report included:

- Current staffing issues along with recruitment success and details of new appointments
- IJB agreement for a short term waiting list initiative
- Secured approval for Scottish Government money to enable third sector colleagues to deliver preventative support
- Whilst total referrals were lower than the heights of 2018/2019 shown in the table on page three of the report some pandemic effects were anticipated
- Current waiting lists data for first assessment and an estimated 6 months wait for non-urgent patients
- Progress on the CAMHS data cleansing work
- One 18 week treatment guarantee breach which was now prioritised
- The impact on staffing and workload of detentions and transfers
- The update on three tragic suicides, which included one young person and the weekly taskforce established to ensure awareness of any young people at risk and the ability to take action.
- Update on the findings of a recent Information Governance visit to the CMHT and the recommendations going forward
- The complaints update
- Additional funding for mental health in Primary Care and a working group established to agree plans going forward

The chair welcomed Diane Young who had joined the meeting on her second day as the new Community Mental Health Team Service Manager. Diane was looking forward to the challenge of moving from one of the biggest health boards to the smallest and noted that although there were some key challenges there were areas of good practice to highlight and build on going forward.

Members raised concerns regarding the transfer bed acknowledging the ripple effect on staffing and services and were keen to understand if alternative models were being considered, particularly as it was noted as a long standing and ongoing issue.

Members were advised that it was not an issue currently on the risk register but assurance that the work stream had been identified within the strategy as requiring further work was provided.

The significant further funding around the Mental Health agenda in primary care was also highlighted and the aim was to provide support as early as possible

It was noted that there had been similar discussions around long covid and the need to innovate and find solutions so that flexible services could be provided as soon as possible was highlighted.

It was confirmed that patients awaiting formal dementia diagnosis continued to receive support from the CPN until the point of diagnosis at which point post

diagnostic support would commence.

It was confirmed that all adult referrals were discussed and prioritised at a weekly meeting

The Chief Officer confirmed that outcomes and learning from suicide reviews had been discussed as had drug deaths and consideration on the best approach to reporting on this whilst maintaining confidentiality was ongoing. It was felt scheduling an annual retrospective report may be the way forward.

Following reference to the options for a non-clinical setting for support to those struggling with mental health it was confirmed that whilst the focus right now was firmly on initiatives for those awaiting diagnosis, seeking funding for innovative options to develop resilient services going forward would be the next step. The need for supporting accommodation on, rather than off, island was acknowledged.

It was also confirmed that work to identify nurses or GPs interested in training to acquire dementia diagnosis skills was being progressed as part of resilience planning.

It was confirmed that the projects and goals had already been identified with regard to the additional third sector funding and it was hoped that work could be progressed without significant additional staff.

Decision / Conclusion

The Committee reviewed the report and took assurance

C13. **Neurodevelopmental Pathway Report JCCGC 2223-07**

The Head of Strategic Planning and Performance presented the Neurodevelopmental Pathway Report noting it a mix of successes and challenges. The following key points were highlighted

Successes

- Multi-agency group continue to meet fortnightly
- Continued enthusiasm for joint pathway and some admin support but also a challenge as education colleagues not able to input into the system
- Progress in line with colleagues in Scotland and maybe slightly ahead as keen to have one pathway in contrast to others going down two separate neurodevelopmental and Autism routes
- Agreement to stick with a single point of referral despite some attempts to circumnavigate
- Self benchmarked work against standards and majority an amber RAG score
- Meeting planned in April 2022 to identify best route to progress

Challenges

- Clinicians trying to do this work on top of caseload
- Even if funding secured concerns around identifying appropriate workforce to staff a designated team
- Lack of paediatric time
- Demand versus capacity issues
- Clarity of process to ensure all appropriate information provided with referrals

It was confirmed that paediatric provision in Orkney was provided by visiting paediatrics from Grampian. Colleagues were aware of the need to review current arrangements but there had been an indication that additional capacity from Grampian would be unlikely so alternatives may be required.

The Director of Public Health highlighted the percentage rise in the number of children having development delay with one or more concerns and noted that this shift in baseline data needed to be included as a factor in future planning.

It was confirmed that from a paediatric perspective there was close and ongoing liaison with the Grampian director of service regarding gaps in service.

The Head of Assurance and Improvement noted that the level of involvement was different depending on the service and whether there was a block Service Level Agreement. She advised members that there had been recent work to shift to speciality arrangements and some amendments had been made to the paediatric service last year, but further shifts were required so it was an iterative process. She noted that generally there was good collaborative engagement with Grampian and that both organisations were striving to tackle similar challenges.

The Head of Strategic Planning and Performance highlighted that additional reporting for developmental assessment was included as part of upgrade work to the PARIS system so additional reporting information would be available going forward.

It was agreed a further progress update should be reported in six months

Decision / Conclusion

The Committee reviewed the report and noted progress

Person Centred Care

C14. **Health Complaints Performance Report for Quarters 2 & 3 JCCGC2223-08**

The Head of Assurance & Performance presented the update on the current position regarding complaints performance noting a slight increase in quarters two and three and that in line with key performance indicators the report provided information on the stages of complaints.

The continued positive trend of more closed stage one than stage two complaints was highlighted, and it was noted that new processes around incident and complaints were starting to work and were providing a more holistic picture. The complexity of stage two complaints continued to make closing within timescales a challenge.

Historically complaints handling has been a standalone role, but it was noted that in an effort to increase resilience training was in progress so that cover could be provided.

It was confirmed that guidance was available to ensure learning from complaints was shared with staff so that changes could be made but it was also noted that service areas were actively involved in investigations. For complaints where that

wasn't the case then learning should be shared through team meetings, an appropriate forum and/or in writing. It was noted that the approach was dependent on service area but the Patient Experience Officer aimed to keep an oversight of themes so they could be captured, fed back and progressed.

Decision / Conclusion

The committee reviewed the report and were assured

C15. **Social Work and Social Care People's Experience Report - JCCGC 2223-09**

The Chief Officer presented the report which provided data to the Committee on the experience of service users for the period 1 October 2021 to 31 March 2022, noting a slight reduction in overall numbers between quarters two and three.

It was highlighted that in every instance where a complaint was upheld there was learning for the team involved and the wider organisation. Going forward it was noted that an annual report would give an opportunity to aggregate numbers so themes could be identified

Decision / Conclusion

The committee reviewed the report and were assured

Population Health

C16. **Public Health Update report JCCGC2223-10**

The Director of Public Health presented the Public Health update and highlighted the rise in Covid19 cases which peaked at the end of February/early March. This had been linked to the Omicron variant and at one stage NHS Orkney had the highest rate in Scotland.

Good vaccination rates and the start of spring programme offering booster vaccinations provided positive news. Although flu activity had risen slightly in Scotland it remained base line in Orkney, but an extraordinary level of respiratory calls had been noted. Information for managing help lines had been shared.

Following the removal of restrictions there had been a real rise in general issues and other notifiable diseases, which were being managed alongside pandemic workstreams.

Members were advised that there would be a lot of work ahead to respond to changes from the transition programme, the implementation of policy changes and adapting to different approach to supporting Covid 19.

It was confirmed that some of the work reduced in response to the pandemic had already been stood up such as screening programmes and other strands such as healthy weight and financial inclusion had kept going. It was hoped that there would be a gradual move back to general health improvement work but with the ability to return to a pandemic response if there was a new variant of concern.

Members were advised that there was no immediate plan to bring a booster campaign to the wider population although a start had made on what an autumn

vaccination programme might look like. The current focus was on those aged over 75 or immunosuppressed and the potential for a new variant, which might change the whole population approach, made it quite difficult to plan longer term.

It was confirmed that there were opportunities for some local flexibility to the national approach, but Orkney would not step widely outside national guidance.

Decision / Conclusion

The committee reviewed the Public Health update and were assured.

Organisational Performance

C17. **Planning and Delivery Update JCCGC2223-11**

The Head of Assurance and Improvement presented the Performance update and highlighted the following key points

- The whole system recovery group continued to meet fortnightly
- The quarter 4 update was currently being gathered and was due for submission to Scottish government by the end of month
- Focus had now moved onto the development of a 3 year delivery programme and was expected at the end of April
- There were some clear asks around planned care and it was anticipated that the delivery framework would set key targets
- There were real opportunities to work collaboratively with northern boards
- Although the quarter 3 position was incredibly challenging there had still been considerable progress
- The quarter 4 position would be available for the next meeting

It was confirmed that the challenging Scottish government planning timescales had been previously raised at Area Clinical Forum locally and nationally.

The Director of Public Health reassured members that senior managers and executive directors were involved with planning developments so would be aware of the likely content of the final version and noted it highlighted the importance of local engagement with relevant national groups so that a remote and rural perspective could help influence developments.

The Head of Assurance and Improvement agreed and confirmed she had joined the joint working group, so she was sighted and involved.

Decision / Conclusion

The Committee received the Planning and Delivery update and were assured on progress

C18. **Performance Report JCCGC2223-12**

The Head of Assurance and Improvement presented the Performance update noting that she expected further changes to follow as work on the healthcare strategy developed.

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

Decision / Conclusion

The Committee received the update and noted progress

Risk and Assurance

C19. **Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-13**

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

The development of departmental risk registers and the improvement of the identification and assessment of risk was highlighted.

It was confirmed that the Isles GP recruitment round had been successful with all posts filled but issues regarding nurse practitioners were ongoing.

It was agreed that appropriate mechanisms to ensure reporting of care risks related to this committee should be included in the ongoing review of reporting.

Decision / Conclusion

The committee welcomed the update and assurance provided.

C20. **Emerging Issues**

The Interim Director of Nursing noted a Scotland wide issue regarding the reading of radiology reports by nurse practitioners. A paper for the Executive Management team with agreed mitigation and actions was planned and an update would be provided at the next meeting.

C21. **Any other Competent Business**

No other business items were raised

C22. **Items to be brough to the attention of the Board or other Governance Committees**

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

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

C23. **Items for Information and noting**

C24. **Schedule of meetings 2022/23**

Members noted the schedule of future meetings.

Meeting closed at 15.57

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Chairs Report – Area Clinical Forum**
Responsible Executive/Non-Executive:	**Steven Johnston, ACF Chair**
Report Author:	**Steven Johnston, ACF Chair**

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to an:

- Emerging issue
- Government policy/directive

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 Friday 5 August and agreed the following key areas and agenda items that should be reported to the Board.

- Reformation of the Area Medical Committee
- Children's Services Issues
- Green Inhaler Policy

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

During the Area Clinical Forum meeting, on Friday 5 August, members approved the revised Area Medical Committee Constitution and proposed meeting schedule. Following this approval, work is to begin to appoint AMC office bearers. It was noted during the meeting that there is a clear appetite to get this committee restarted, with proposed agenda items already being put forward.

Children's Services Issues

Staff have reported that they feel under pressure and have a level of anxiety, due to the lack of a Children's Services Manager, which is believed to have had a variety of negative impacts both on staff and the community. Staff raised that they were unclear of the appropriate hierarchy for sign off within children's services; staff were seeking clarity on a defined line of approval and appropriate authorisation pathways. In addition to this, they sought a clearer understanding of the lines of communication surrounding Children's Services, between the Orkney Islands Council and NHS Orkney. The Children's Services team were keen to recruit an individual to the position of Children's Services Manager, to employ proper leadership strategies, resilience, and confidence within staff and teams to deliver the service accordingly. Due to the lack of leadership, work on the new Paediatric Neurodevelopmental pathway has been halted.

With regards to the latter, there remains confusion within the schools and the community regarding referrals. Misinformation consisting of a consensus that GP's are able to offer a faster referral that can be resolved quicker has spread through the community and schools. The GP Sub Committee raised concerns that schools are under the impression that they are not able to refer patients and that it is faster to rely on the GP service to refer their patients, however, the referral is able to be completed by the school, whom would be able to provide much more detailed information for the referral than the GP's can.

Green Inhaler Policy

The new green inhaler policy was to be reviewed by ADTC and then GP Cluster before being distributed. The policy aims to start NHS Orkney's engagement in green prescribing. Through this policy there would be the potential to reduce paper use, phone enquiries,

patient time, and administrative time. The ACF is seeking to shape its agenda in the future to advise on further matters relating to climate change.

2.3.1 Quality/ Patient Care

The reformation of an effective AMC will bridge communication between primary and secondary care and allow a number of difficult to progress items to develop (such as the establishment of a phlebotomy service) and lead to improved patient care.
Proper understanding of management and sign off hierarchy within children's services would allow for quicker more robust and confident treatment to be provided.
Further understanding by schools and the community of referral pathways would relieve pressures on GP services and would stop using up General Practice sessions for a referral that could be completed by the school.

2.3.2 Workforce

Staff health, wellbeing and confidence may be affected by the lack of leadership within children's services as there is no discernible hierarchy for authorisation and accountability.

2.3.2 Risk Assessment/Management

The risk associated with a lack of a Children's Services Manager, proper understanding of hierarchy for sign off, and the halt in progress of the Paediatric Neurodevelopment Pathway could potentially lead to a reduction in quality of care.

2.3.5 Equality and Diversity, including health inequalities

Leadership gaps make it challenging to keep sight of our strategic objectives including those to reduce health inequalities.

2.3.3 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, 5 August 2022

2.4 Recommendation

- **Awareness** – For Members' information only
- **Discussion** – Examine and consider the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Area Clinical Forum meeting held on 7 June 2022.

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on **7 June 2022 12:15pm.**

Present:	Steven Johnston – ADC, Chair Kirsty Cole, GP Sub Committee Moira Flett, NAMAC *[left the meeting at 13:25]* Sylvia Tomison, NAMAC
In Attendance:	Mark Henry, Medical Director Joanna Kenny, Non-Executive Director Nicola Muir, Committee Support Freddie Pretorius, Committee Support

27 Apologies

Apologies were received from S Brown, D Moody, M Moore, L Steel, L Wilson, N Pendrey.

28 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

29 Minute of meeting held on 1 April 2022

The minute from the meeting held on the 1 April 2022 was accepted as an accurate record of the meeting and was approved.

30 Matters Arising

No items were raised by members under Matters Arising.

31 Area Clinical Forum Action Log

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

32 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.

33 Chairs report from:

<u>Board</u>
S Johnston, Chair, circulated update report to all members following the NHS Orkney Board meeting on 28 April 2022 and provided an overview of the areas pertaining to ACF members:

- Covid-19 update showed a reduction in cases and a notable uptake in vaccinations.
- Positive uptake of HPV immunisations for patients with autism or learning difficulties and for cervical screening for women who have experienced intimate partner violence.
- JCCGC highlighted good progress in the recruitment of mental health colleagues, with an Adult Consultant Psychiatrist, a CAMHS Clinical Director and Mental Health Service Manager appointed.

- DHI listening project - Update was presented with details of progress and recommendations for review. Results from DHI temperature checks are pending.
- Capital Plan was approved, including the intention to renovate old NHS Orkney owned properties into staff accommodation.

Areas of concern raised during the meeting:

- Lengthy waiting times for speech and language therapy, >50 week wait.
- Recruitment issues seen in GP and Dental practices.
- eHealth Development – EPR and Order Comms were prioritised, Chair to meet with M Doyle to discuss progress further.
- Financial position – Although NHS Orkney achieved its targets for 21/22, it is notable that Covid costs were covered by the Scottish Government in addition to unachieved savings being covered. The FSO was created to identify significant savings particularly recurring savings to enable NHS Orkney to meet future savings targets (2022/23-2024/25).

ACF Chair's Group

Chair advised that he was unable to attend the recent ACF Chair's meeting. However, is aware that work is underway to ensure consistency across the board concerning Chair's remuneration, allotted time etc for independent contractors, as varies across Scotland and between professions.

34 Reformation of the Area Medical Committee

Chair met with K Cole, E West and M Henry and confirmed that a plan is in place to reform the AMC. The revised Terms of Reference to go to GP Sub Committee and Hospital Sub Committee for comment, and subsequently to ACF for ratification. It was proposed that the AMC be an additional committee rather than a replacement, where the Chairperson was not already the Chair of Hospital Sub Committee or GP Sub Committee and would have representatives from each independent groups. The group are actively seeking a Chairperson for this committee.

K Cole recommended that if the committee struggled for Chairperson nominations, on an interim basis, leadership responsibility could be rotated between the Chair of Hospital Sub Committee and GP Sub Committee until an individual is appointed.

Chair advised that it is unlikely that the AMC will be reformed prior to the end of Summer.

Decision / Conclusion:

Members **NOTED** the verbal update provided.

35 Healthcare Governance Strategy

M Henry advised that there was a need for a more robust governance structure, as a result the current procedure was being reviewed, and findings brought together to help identify a more cohesive system. The working group continue to meet monthly and intend to circulate a draft document for feedback prior to the end of September 2022.

The Chair noted that it had been promising to see progress and that this project would make real difference on the frontline.

Decision / Conclusion:

Draft Healthcare Governance Strategy document to be brought to future meeting of the ACF.

36 Clinical Accommodation

M Henry advised that the Non-Residential Accommodation Group were working through several workstreams including:

- *Primary Care improvement plan* – Collaborative working and the benefits to this of co-location. L Steel had done a great deal of work in terms of what this means e.g. desk space and where is could be located. There are potential for knock on effects surrounding moving of teams and teams are currently working through these.
- *Optimisation of outpatient space* – Revaluation of available space with view to move outpatient clinics from the old Balfour site. This work was currently on hold as the lead was on leave unexpectedly.
- *Review of CSB* – The need to utilise the space more effectively, whilst ensuring the space is fit for purpose concerning confidential patient calls. J Colquhoun had revived the CSB User Group, for colleagues to help identify improvements or changes required in the area.

S Johnston noted that if the CSB space was utilised more effectively, there may be potential to free up clinical space throughout the Balfour, as some work could be relocated to CSB.

S Tomison queried as to the proposed end of use date for the old Balfour site. It was confirmed that use was ongoing for services such as the Vaccination Centre, however there is a need to exit the old premises as soon as possible as to avoid ongoing costs and free up funds through sale of the site.

Decision / Conclusion:

Members **NOTED** the verbal update provided.

Development Sessions

37 ACF Development Session 06 May 2022: Achieving Financial Balance

M Doyle and C Somerville had provided an overview of what the Financial Sustainability Office is and what the priorities are for 2022/23 and beyond. They advised that they were keen to work with clinical colleagues to help identify savings, including 'quick wins' and longer-term projects. The Chair noted that there were many positives taken from this session however one concern raised by members was in relation to finding capacity to undertake the projects when colleagues are already very busy working through the Covid-19 backlog.

The Chair noted that the FSO does bring opportunities to make positive, productive steps forward, from both an environmental and patient care aspect as well as financial. Members were informed that the Chair had seen many items raised in this forum already progressing.

38 Topic for next session: 08 July 2022

Members suggested the following topics for the next ACF development session:

- *Environmental Sustainability* – S Johnston felt there may be more value in holding this in September, following the Board development session around this topic.
- *Non-Residential Accommodation* – M Henry advised that the process is not sufficiently mature to bring to ACF at this time, however endeavours to present to members in future.

Decision / Conclusion

Due to the above suggestions thought to be premature, S Johnston to email all members to identify another topic of interest.

Professional Advisory Committees

Professional Advisory Committee Chair's Reports and approved minutes

39 Area Dental Committee – ADC

There were no ADC meetings held over this period, no update provided.

40 Area Pharmaceutical Committee – APC

There were no APC or ADTC meetings held over this period, no update provided.

41 GP Sub-Committee – ACF2223-07

K Cole advised that the main subject raised within recent GP Sub Committee meetings had been IT, specifically Order Comms. Members were advised that this software is a critical development for NHS Orkney, that is required to bring together other work strands.

K Cole advised that a Scottish Government directorate went out in 2019, which required Order Comms to be in place with associated funding available. There have been suggestions to explore alternative options, however concerns were raised as to having a differing system to all other health boards. K Cole noted that it would be preferrable to have one system available for use by both Primary Care and Secondary Care to ensure staff moving between areas are able to access all required patient information.

M Henry raised that a similar issue had been identified with the Laboratory Information System (LIMS), which CliniSys LabCentre is planning to withdraw. Work underway to establish whether Clinisys LabCentre would extend the system, and what alterative options are available if this were not possible. M Henry emphasised that the Board have significant focus on these IT systems at present, to ensure a solution could be found.

Members **NOTED** the GP Sub Committee minutes provided.

42 Hospital Sub-Committee

There were no Hospital Sub Committee members present to provide an update.

Members **NOTED** the Hospital Sub Committee minutes provided.

43 NAMAC

S Tomison advised that NAMAC office bearers and administrative support met in May 2022 to discuss plans and priorities of the committee moving forward, with view for more structured meetings and more positive outcomes.

44 TRADAC

There were no TRADAC members present to provide an update.

For information and noting

45 Key legislation issued – ACF2223-08

Members noted the key legislation issued since the last meeting.

46 Correspondence

No correspondence had been received.

47 Quality Forum approved minutes – 08 March 2022 and 19 April 2022

Members noted the Quality Forum minutes provided.

48 Items to be brought to the attention of the Board or Governance Committees:

Members agreed that the following items be escalated to:

Board
- Reformation of Area Medical Committee – Progress report
- OrderComms and Electronic Patient Record – Following up from a clinical point of view.
- Non-Residential Accommodation Group – Note that members are supportive of work to reassess clinical accommodation.

JCCGC
- Order Comms – Escalated through GP Sub Committee and Hospital Sub Committee, due to concern of variable process and potential risk to the organisation.

49 Items to be communicated with the wider clinical community

It was **AGREED** to restart the Area Clinical Forum newsletter. S Johnston to extract key points from this meeting and liaise with the Comms team.

50 Any other competent business

- **Concerns regarding Pain Clinic Consultant Prescribing.**
  K Cole raised concerns due to the retirement of local lead consultant, noting that there are a small, but significant, number of patients on potent medication, which General Practice cannot prescribe, nor have the resources to facilitate.

  M Henry advised that Locum Consultant cover is in place, following the retirement of the substantive Consultant. K Cole raised that the challenge is that the request for prescribing is coming from the retiring Consultant, which raised concern as to whether there was anyone able to provide this service to patients.

  Conclusion / Decision

  GPs to advise the Consultant that they are unable to facilitate these requests and copy M Henry, Medical Director to responses.

- **Hospital Without Walls**
  K Cole raised that colleagues would be keen to understand whether this is something that General Practitioners could feed into tin future. S Johnston advised that this topic is on the ACF workplan for August 2022.

Conclusion / Decision

Hospital Without Walls to be on August 2022 Agenda.

51 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

52 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 13:35

9.1

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Patient Experience Annual Report – 2021/2022**
Responsible Executive/Non-Executive:	**Mark Henry, Medical Director**
Report Author:	**Julie Tait, Patient Experience Officer**

1 Purpose

This is presented to the Board for:

- **Decision** – to approve submission to the Scottish Government

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

Early Morning Winter Sunrise over The Balfour – January 2022

NHS Orkney Patient Feedback

Annual Report
2021-2022

Foreword

The 2021/22 Patient Feedback Annual Report details how NHS Orkney has received, responded to and acted upon feedback, complaints and engagement to help improve and develop our services. In order to ensure patients, carers and families receive the best possible care across our services, we need to continually review, learn and improve, ensuring we embed and maintain a person centred care approach focussed on:

- respect and holism
- power and empowerment
- choice and autonomy
- empathy and compassion

NHS Orkney is committed to ensuring our patients, their families and their carers are at the centre of everything we do. We are also committed to listening to and learning from our patients, those who support them and our staff. We welcome their feedback to help us continue to learn and improve thus providing the best possible health care to the population of Orkney.

2021/22 has been another year of change as we begin to recover from the COVID-19 pandemic. We continue to look at different ways of working and delivering care to our patients, in turn making many of our services more accessible, particularly for those in the outer islands.

Throughout this changing, and on occasion complex landscape, we know that at times, services are not delivered smoothly and when this happens we focus on the best way to resolve a complaint. The pandemic has shown us that contacting our complainants in the early stages results in more positive outcomes for our patients.

We want to continue to respond effectively to our patients, families and service users who's experiences are shared with us, listening and learning to continue to provide high quality care that has the patient, their families and carers at the heart.

Mark Henry
Medical Director
NHS Orkney

Section 1

Encouraging and Gathering Feedback

1.1 NHS Orkney collects feedback in the form of complaints, comments, concerns and compliments. We welcome, encourage and value all feedback and use this to learn from people's experience and to inform improvements and change. We know from the compliments and positive feedback we get throughout the year that generally our patients and their carers or families are very pleased with the care they receive. But we are also very aware that we could sometimes do better and therefore the feedback we gather is invaluable in letting us know where improvements can be made.

Covid-19 continues to have had a significant impact on how we gather feedback, limiting our use of young volunteers, availability of leaflets and literature and face to face contact with staff responding to complaints. We have however been able to look at complaints quickly and respond at Stage 1 where at all possible. We want to ensure our patients are listened to quickly and efficiently and this has worked very well.

1.2 The following methods are means by which our patients and their families can provide us with feedback on our services:

- Complaints – Early Resolution and Investigation stages. These can be made in writing, by email or over the telephone to the Patient Experience Officer or any other member of staff at the point of care. We will also arrange to meet face to face with anyone who wishes to discuss their complaint with us. This continues to be somewhat limited in 2021/22 due to the Covid-19 pandemic. Patients understandably prefer to make contact by telephone or email;

- Our website has a section on feedback and involvement which allows for leaving suggestions, compliments, feedback or a separate link to make a complaint or to express an interest in becoming involved.

- Whilst we would normally have Feedback Leaflets available throughout our health care locations on our Welcome Boards, we reviewed this method, again due to Covid-19. We replaced leaflets with posters with details of how to contact us electronically so that patients could still provide feedback on their experiences whilst in the hospital.

- Patient Satisfaction Surveys are also undertaken locally at a service level and also as part of national survey activity.

- We also post on NHS Orkney's Facebook and Twitter pages to encourage patients to tell us of their experiences and we continue to publicise the use of Care Opinion.

- Electronic tablets can be used by any member of staff to gather feedback using the Survey Monkey tool.

- Our Young Volunteers Project for gathering real-time feedback remains dormant this year due to Covid-19 and the difficulty with accessing wards and areas by our young volunteers.

1.4 All feedback, whether good or bad, is acknowledged and responded to. Patients have taken the time to provide us with information on their experiences and we ensure they know we are

very thankful for this. Since the introduction of the new Complaints Handling Procedure (CHP), staff are encouraged to resolve issues at point of contact whenever possible.

1.5 Information on advice and support from the Patient Advice and Support Service (PASS) at the Citizens Advice Bureau is available throughout our hospital and healthcare services. A link is available in the information we provide to patients during the initial complaint stages and also on our website. We also include a statement in our acknowledgement letters which provides information on how to contact PASS.

1.6 **Complaint process experience**

Regrettably, evaluation of the Complaint process experience in 2021/22 has not taken place. Each year short surveys are required to be sent out to a random selection of complainants at year end however this year, this has not happened. This is mainly due to, in conducting a review of the process, the lack of engagement by those surveyed, the small numbers of responses and confidentiality issues due to the small population in Orkney.

This process has been acknowledged as a challenge in other Boards and there is an understandable lack of engagement from complainants once a complaint is finalised, particularly when the response is not their expected outcome. This has been raised for consideration as part of the forthcoming national review of the Model Complaints Handling Procedure. Discussion's have also been had at the National Association of Complaints Personnel Scotland where Boards have indicated their concerns at the process and requirement to carry out this survey.

Section 2

2.1 **Hospital and Community Services:**

Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- Early resolution - aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible.
- Investigation - not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position.

2.1.1 **Early Resolution and Investigation Complaints**

Performance Indicator Four

Number of complaints received by the NHS Orkney Complaints and Feedback Team	**143**
Number of complaints received by NHS Orkney Primary Care Service Contractors	**58**
Total number of complaints received	**201**

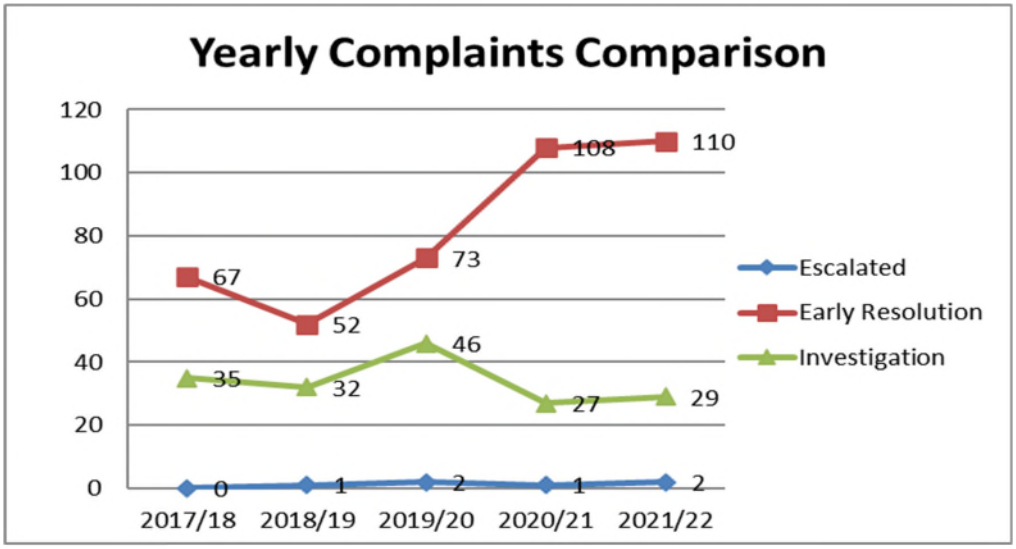
NHS Board Managed Primary Care services;	
General Practitioner	**7**
Dental	**N/A**
Ophthalmic	**N/A**
Pharmacy	**N/A**
Independent Contractors - Primary Care services;	
General Practitioner	**23**
Dental	**13**
Ophthalmic	**20**
Pharmacy	**2**
Total of Primary Care Services complaints	**65**

Performance Indicator Five

Number of complaints closed at each stage	**Number**	**As a % of all Board complaints closed (not contractors)**
5a. Stage One	110	78%
5b. Stage two – non escalated	29	21%
5c. Stage two - escalated	2	1%
5d. Total complaints closed by NHS Orkney	141*	100%

*2 complaints were withdrawn or consent has not been received and thus, in line with Scottish Government guidance, is not included in the Key Performance Indicator figures which follow.

The following chart shows comparisons between our complaints over the last five years. Complaints are still increasing yearly, and in particular Early Resolution complaints which have more than doubled since 2018/19. Whilst last year we saw a 48% increase, there has only been a very minimal increase this year. Stage 2 complaints remain less than the number recorded in 2019/20 mainly due to the attempts to respond early to all complaints received.



The chart above visually shows the increase in complaints over the last five years. In 2017, a new Complaints Handling Procedure was introduced and this took some time to bed in. The Covid-19 Pandemic allowed us, due to capacity and challenges to support investigations into complaints, the opportunity to work with staff to resolve complaints at Early Resolution stage. It is clear from the above chart that this has been successful.

Complaints are reviewed as part of the Weekly Incident Review Group meeting allowing correlation of incidents and complaints where appropriate. In line with the Learning from Clinical Incidents Policy, members of the group in some instances give consideration to complaints being a Significant Adverse Event and a full SAE investigation is undertaken and formally reported. In other cases, complaint investigation follows standard practice and the meeting is used to share improvement outcomes with clinical leads and heads of service.

2.1.2 **Outcome Decision - Complaints upheld, partially upheld and not upheld:**

Performance Indicator Six

Early Resolution complaints

	Number	**As a % of all complaints closed at stage one**
Number of complaints upheld at stage one	46	42%
Number of complaints not upheld at stage one	37	34%
Number of complaints partially upheld at stage one	27	24%
Total stage one complaints outcomes	110	100%

Investigation complaints

Non-escalated complaints	Number	As a % of all complaints closed at stage two
Number of non-escalated complaints upheld at stage two	11	38%
Number of non-escalated complaints not upheld at stage two	6	21%
Number of non-escalated complaints partially upheld at stage two	12	41%
Total stage two, non-escalated complaints outcomes	29	100%

Escalated complaints

Escalated complaints	Number	As a % of all escalated complaints closed at stage two
Number of escalated complaints upheld at stage two	1	50%
Number of escalated complaints not upheld at stage two	0	0
Number of escalated complaints partially upheld at stage two	1	50%
Total stage two escalated complaints outcomes	2	100%

2.1.3 **Service Areas:**

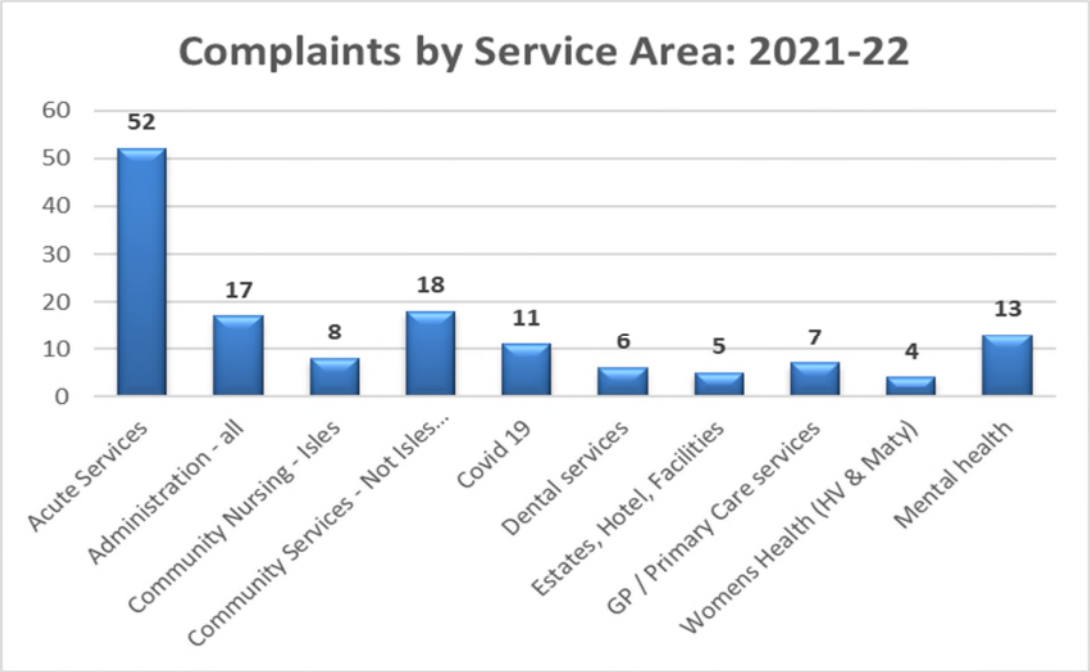
NHS Orkney's complaints cross many areas within the organisation but are predominately within our Acute Services. Acute Services includes inpatient, outpatient, waiting times, hospital clinical and non-clinical complaints. GP/Primary Care complaints reported represent the number of complaints received within the Board Administered Practices. Community services include areas such as community nursing, specialist nursing services, mental health services, podiatry, etc.

Following the addition of complaints recorded under the heading of Covid-19, some complaints relate wholly to issues relating to the vaccination programme, testing or results. We recorded 11 complaints where the main subject directly concerned Covid-19 assessment, testing or vaccination. Other complaints, reported under different service areas may have an element connected to Covid-19. 23 complaints in total were recorded over the year where Covid-19 was checked as being covid related, only one less than 2020/21.

Whilst last year our complainants raised concerns around the mass vaccination clinics, access to information, busy telephone lines at the centre and some staffing issues this year complaint subjects covered issues such as:

- Social distancing by staff in the community
- Delays in PCR test availability at the island practices
- General assessment centre concerns ie, location, directions given to find it and opening times

All these complaints were dealt with very quickly at Stage 1 to ensure a quick response was given to those who raised concerns.



2.1.4 **Response Times:**

Early Resolution complaints must be responded to within 5 working days, Investigation stage complaints have response timescales of 20 working days. Boards are required to report response times as one of the key performance indicators of the CHP.

For information the breakdown quarterly for response times is as follows:

Closed within Timescales	**Q1**	**Q2**	**Q3**	**Q4**
Total Number of Complaints closed in full at **Stage 1**	**28**	**29**	**27**	**26**
% closed **within timescale** of 5 working days	**(22) 79%**	**(23) 79%**	**(18) 67%**	**(14) 54%**
Total Number of Complaints closed in full at **Stage 2**	**4**	**8**	**7**	**10**
% closed **within timescale** of 20 working days	**(1) 25%**	**(4) 50%**	**(4) 57%**	**(2) 20%**
Total Number of **Escalated** complaints closed	**-**	**-**	**2**	**-**
% closed **within timescales** of 20 working days	**-**	**-**	**(2) 100%**	**-**

Stage 1 complaints remain the focus for NHS Orkney. We consider each complaint on receipt to ensure patients receive a response as quickly as possible. This has the best outcome for the patient in a more person-centred way. Some complaints however are more complex.

We have found this year that the more complex complaints cross services and this has resulted in more complicated investigations with more staff involved in the process. With the added complexity, timescales have failed at times.

Performance Indicator Eight

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one within 5 working days.	77	70%
Number of non-escalated complaints closed at stage two within 20 working days	11	38%
Number of escalated complaints closed at stage two within 20 working days	2	100%
Total number of complaints closed within timescales	90	

Performance Indicator Nine

	Number	As a % of complaints closed at each stage
Number of complaints closed at stage one where extension was authorised	32	29%
Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	15	52%
Total number of extensions authorised	47	

This year 90 of 141 complaints were closed in line with national guidelines which compares to 107 of 136 in 2020/21.

The 38% response rate to Stage 2 complaints is a substantial drop from the 70% of last year. The main reason for delays were recorded at investigation stage. Complaints were complex, crossed services and at times organisations and resulted in delays. Additionally, capacity issues at investigation stage, ie, a lack of available clinical managers to carry out investigations coupled with their ability to carry out complaint investigations alongside clinical duties, also cause deadlines to pass.

There was also a decrease from 81% to 70% in response rate to Stage 1 complaints but it should be recognised that many more complaints were investigated at Stage 1 and managers, who were managing a pandemic alongside their day to day duties, were very responsive and quick to manage the majority of concerns at this level.

Stage 1 complaints are still the most effective way to respond to complaints for our patients. A quick reply from the staff involved at the point of contact has the best outcome for all involved.

2.1.5 **Trends and Emerging Themes:**

NHS Orkney complaints are wide ranging and relatively small in number across a diverse range of services, making it difficult to identify trends. In 2021/22 themes of communication, care and treatment, staff issues and waiting times/delays identified as the main issues within Investigation and Early Resolution complaints.

2.1.6 **Alternative Dispute Resolution:**

There were no complaints during the year which met the need for Alternative Dispute Resolution. NHS Orkney is aware of the services provided by the Scottish Mediation Service and has used it in the past.

2.1.7 **Unacceptable Actions Policy**

At times NHS Orkney must review a complainant in line with the unacceptable actions policy. This happens when it is considered that there is nothing further that can reasonably be done to assist complainants or to rectify a real or perceived problem. Where this is the case and further communications would place inappropriate demands on NHS staff and resources, consideration may need to be given to classify the person, behaviours or actions as unacceptable.

It would not be appropriate to provide figures for this part of the report and therefore simply advise that NHS Orkney had occasion(s) to refer and act in line with the policy during the complaints year.

2.2 **Family Health Services (not including salaried GPs/Dentists):**

NHS Board Managed Primary Care services;	
General Practitioner	**10**
Dental	**n/a**
Ophthalmic	**n/a**
Pharmacy	**n/a**
Independent Contractors - Primary Care services;	
General Practitioner	**23**
Dental	**13**
Ophthalmic	**20**
Pharmacy	**2**
Total of Primary Care Services complaints	**68**

GP Practices routinely contact the Patient Experience Officer for help and support in dealing with complaints.

Most, but not all, Primary Care service providers are independent contractors who are contracted by the NHS Board to provide NHS health services. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

NHS Orkney handle complaints made about the Salaried GP's and Board Administered Practices. Our figures show 10 complaints were made during the year relating to this service which accounts for 15% of the total family Health Services complaints.

2.3 **Other NHS Organisations:**

NHS Grampian provided NHS Orkney with information on feedback received from Orkney patients. A total of 23 compliments, complaints or concerns had been received, compared to 15 from 2020/21. Complaints relate to a number of different areas including clinical care, however a theme appears to be waiting times and communication.

NHS Orkney also receive and pass on complaints to Scottish Ambulance Service and NHS24.

2.4 **MSP / MP - Constituents' Concerns Raised:**

There are occasions when patients contact their MSP/MP in the first instance to make a complaint, raise a concern or enquiry. During the period 1st April 2020 – 31st March 2021, the Chief Executive received many written expressions of concern or complaint which sought address through a MSP. Patients are more frequently raising issues through their MSP. The following table offers a few examples of the issues raised and the outcome.

Issue	Outcome
Transient patient wishing to secure flu and covid vaccinations.	We arranged for patient to attend vaccination centre where vaccines were given.
Delays with covid test results	We helped many patients, via the MSP, with information and advice on when and how they would receive results from covid testing
Patients living on unlinked islands wished to change GP Practice	Patients often contact an MSP when a refusal from NHS Orkney has occurred. Patients wishing to register with a mainland practice are advised that this is not safe practice and whilst they can make contact with a mainland independent GP Practice, NHS Orkney will not ourselves move a patient for these reasons. Patients follow this up by contacting their MSP. Information and advice is reiterated via the MSP as to the decision making around this refusal.

2.5 **Patient Advice and Support Service (PASS):**

PASS offer advice and support for all NHS users and can help patients if they have any comments or complaints about any aspect of the health service. The Patient Experience Officer provides information on the service to complainants so that they may use the service if they feel unable to raise concerns themselves.

Unfortunately the number of clients and contacts supported by PASS during 2021/22 is not available at the time of writing this report. We can report that we received four complaints from the service on behalf of patients.

2.6 **Scottish Public Services Ombudsman (SPSO):**

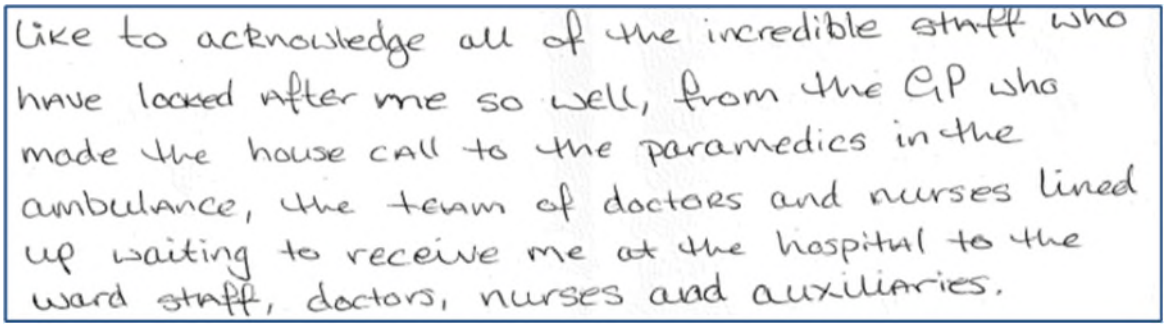
During the year 2021/22, we are pleased to report that the Ombudsman did not independently investigate any complaints from patients who were unhappy with the response they had received from NHS Orkney through the complaints procedure.

2.7 **Compliments**

As with previous years, NHS Orkney receives a significant number of compliments. These are predominantly sent to our wards and departments in the forms of letters, cards, flowers, chocolates and biscuits.

NHS Orkney do receive a number of compliments directly which we record and send on to the relevant staff members or area.

Here is a selection of what our patients have told us:


Like to acknowledge all of the incredible staff who have looked after me so well, from the GP who made the house call to the paramedics in the ambulance, the team of doctors and nurses lined up waiting to receive me at the hospital to the ward staff, doctors, nurses and auxiliaries.

I was taken to Balfour Hospital in Orkney in the evening of Wednesday 22 July with urosepsis. I was there for 5 days before being discharged on 26 July. The illness itself proved to be extremely painful and serious. However, all, and I mean of the staff including the ambulance staff were extremely professional, efficient, friendly and kind. I feel that they made a major contribution to my recovery. Please could you pass my compliments onto them and say how much I appreciated their support.

"I would like to thank ALL the staff who looked after me for 03/04 of March, from the paramedics, porters, non clinical staff, clinical staff, radiographers, students, theatre staff, physiotherapy and the kind man who showed my husband to my room. The care was excellent and the interactions heard between the staff was positive and a pleasure to observe. The parts of the hospital I saw was spotless and the food and cups of tea very nice and very welcome. I hope I have not missed anyone out."

From my first hand observations during my 9 days in here and the daily trials and tribulations I see you all dealing with, exercising such compassion, grace and good humour as you do so, I find Really [redacted] quite exceptional.

I can't thank you enough for [redacted] making me feel so safe, well looked after, on EVERY level, physically, emotionally and keeping up my moral. It is a testament to what an amazing, well run, close knit team you all are. And with my 33 years vast experience of this environment, this is a very high accolade indeed.

Thank You Most Sincerely

"My dad asked me to contact you to thank you for looking after him so well in Day Surgery last week. He said absolutely everyone he came into contact with was brilliant and he specifically mentioned <nurse> and <nurse>who he said made him feel very at ease and made his visit much less of a worry."

"Please pass on my grateful thanks to all the staff on Inpatients 1 who have looked after my mum over the past few days. Their attention, care and patience (generally, but particularly during discharge) really is much appreciated. We are all too quick to criticise but often slow to praise. They have all been fantastic with Mum, and they should know that!"

Section 3

The culture, including staff training and development

At NHS Orkney we pride ourselves in delivering high quality care and we will ensure all our patients are treated with dignity and respect whilst ensuring we deliver excellence and professionalism in all that we do.

Our patients can expect

- to be treated with dignity and respect
- for us to show compassion by taking the time to listen, to talk and do the things that matter to them
- to receive high quality patient care and when they don't, we will listen and act on feedback so we can learn, improve and do better next time
- for us to be consistent and reliable and do what we say we will
- us to work with patients and their family (carers) and our colleagues so that we put their needs first
- for us to communicate (as individuals, teams and as an organisation) effectively, keeping them informed and involved and providing explanation if something has not happened

We also make a commitment to our staff and what they can expect:

- to be kept well informed
- to be appropriately trained and developed
- to be involved in decisions that affect them
- to be treated fairly and consistently with dignity and respect; in an environment where diversity is valued
- to be provided with a continuously improving and safe environment that promotes health and wellbeing

3.1 It is considered the continuing good relationship between PASS and NHS Orkney is vital to ensuring patients are given as much advice and support as possible in a cohesive, co-ordinated fashion whilst remaining aware that PASS is an independent service.

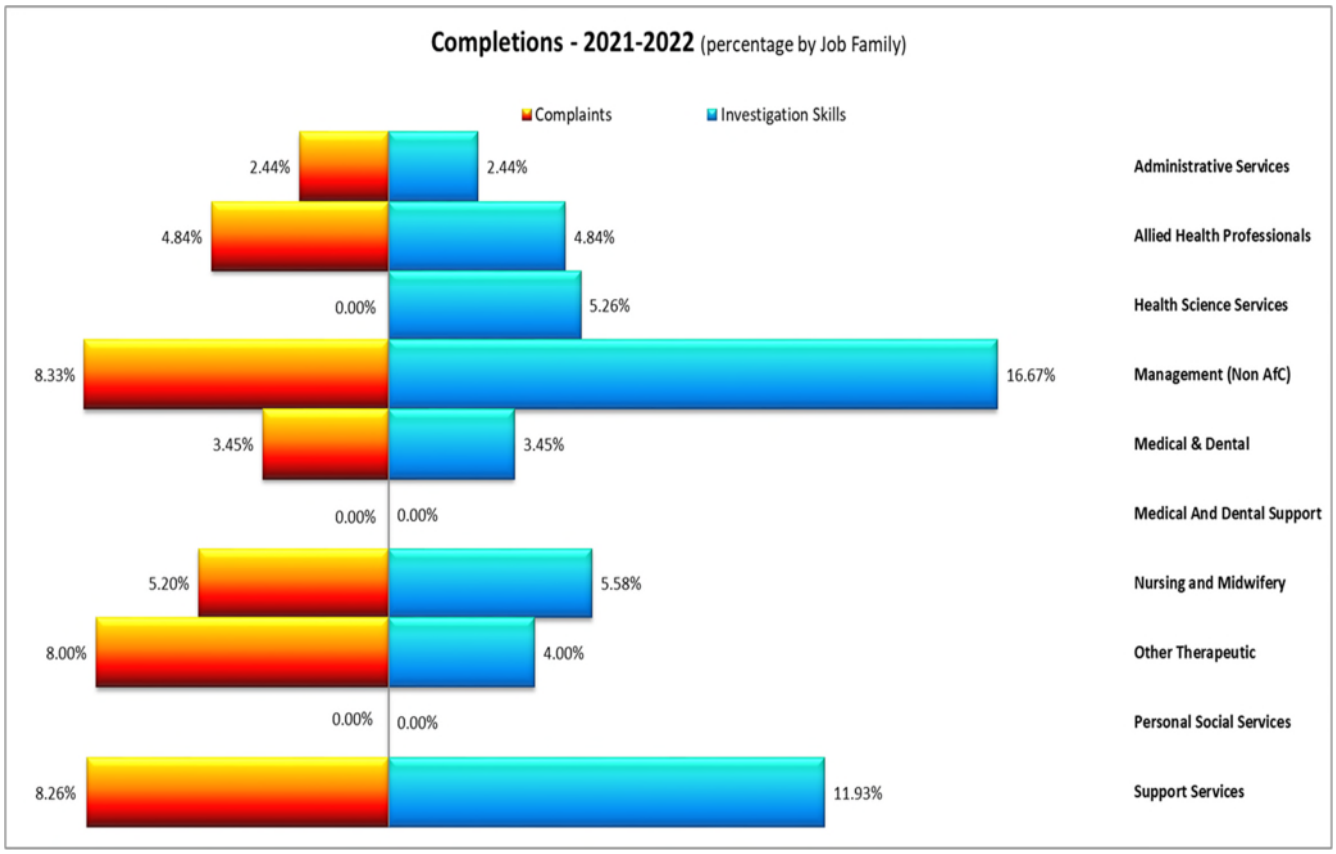
3.2 Much of our internal and external training and opportunities were halted due to the Covid-19 pandemic. We have started to pick these up again as remobilisation continues and services begin to resume. Online training has resumed and some face-to-face clinical sessions have begun.

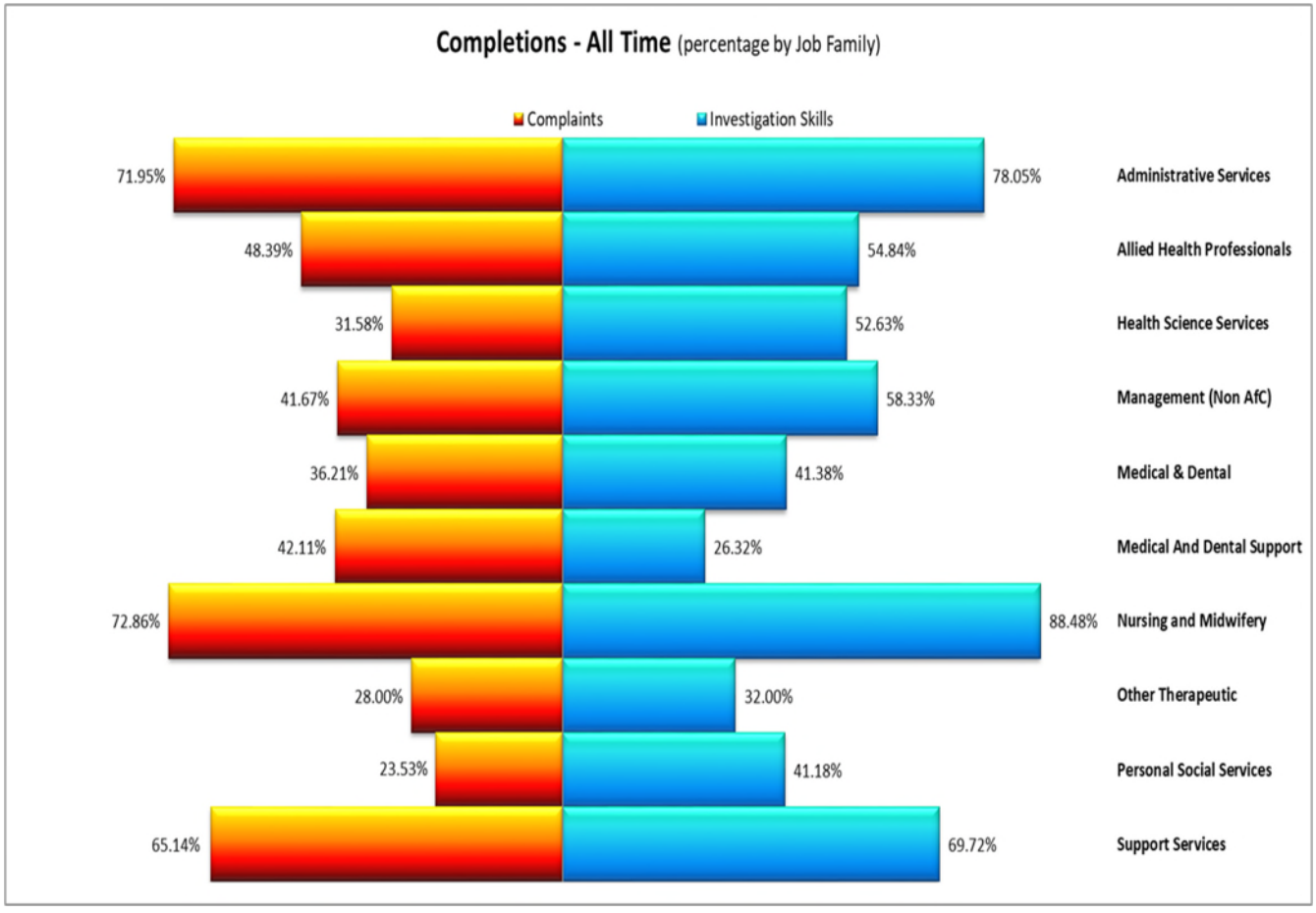
3.3 NHS Orkney staff continue to access the e-learning Complaints and Feedback and Investigation Skills modules. We believe this shows a commitment by staff to ensure they are able to acknowledge, address and respond to complaints and concerns raised by our patients.

Uptake of the complaints modules reduced during the year as focus moved to Moving and Handling and Safety Intervention training.

Staff were reminded through the staff bulletins that patients should be signposted towards the Patient Advice and Support Service if required and also about the use of Care Opinion for the purposes of submitting feedback and complaints.

The Patient Experience Officer is available to carry out informal training for any team who wishes help with complaint handling, investigating or learning from complaints.


Completions - 2021-2022 (percentage by Job Family)
Complaints
Investigation Skills
2.44%
2.44%
Administrative Services
4.84%
4.84%
Allied Health Professionals
0.00%
5.26%
Health Science Services
8.33%
16.67%
Management (Non AfC)
3.45%
3.45%
Medical & Dental
0.00%
0.00%
Medical And Dental Support
5.20%
5.58%
Nursing and Midwifery
8.00%
4.00%
Other Therapeutic
0.00%
0.00%
Personal Social Services
8.26%
11.93%
Support Services


Completions - All Time (percentage by Job Family)
Complaints
Investigation Skills
71.95%
78.05%
Administrative Services
48.39%
54.84%
Allied Health Professionals
31.58%
52.63%
Health Science Services
41.67%
58.33%
Management (Non AfC)
36.21%
41.38%
Medical & Dental
42.11%
26.32%
Medical And Dental Support
72.86%
88.48%
Nursing and Midwifery
28.00%
32.00%
Other Therapeutic
23.53%
41.18%
Personal Social Services
65.14%
69.72%
Support Services

Section 4

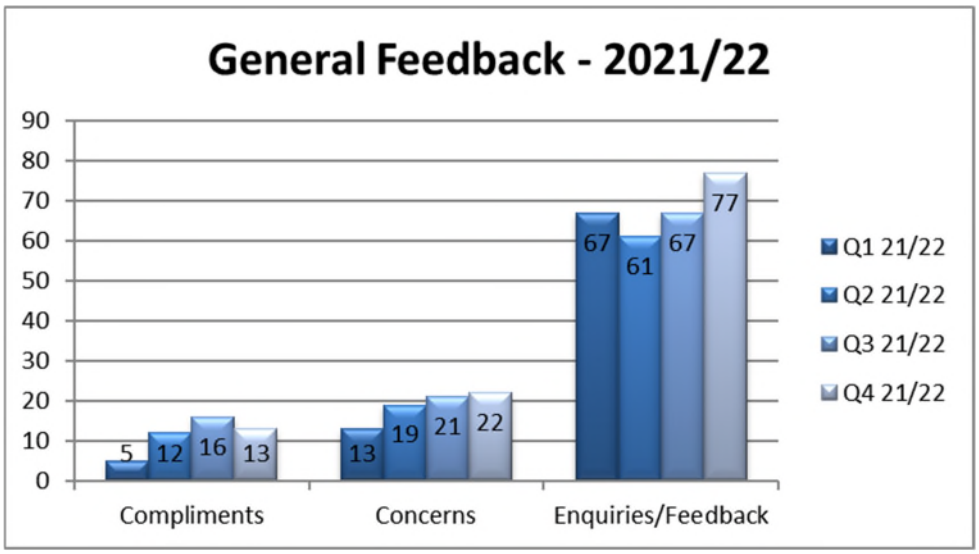
Improvements to Services

4.1 When any aspect of a complaint is upheld, the service identifies what improvements can be made. We continue to use our Complaints Reporting Template which provides an opportunity for staff to clearly identify actions, improvements and recommendations.

4.2 The following are some examples of improvements made over the last year:

Issue Raised	Findings	Outcome
Patient's representative felt they were not kept informed during their family member's stay in hospital.	Communication with the family member was found to be poorer than expected with some gaps where staff should have kept them informed.	Staff were asked to reflect on the complaint and reminded of the importance of communication with not only the patient but family members as well.
Soundproofing in waiting room.	Radio had broken and had not been replaced.	New radio purchased which resolved the issue.
Information on NHS Inform website relating to CAC was out of date.	NHS Inform had not updated patient information. Fast changing situations at the time caused there to be some discrepancies between NHS Inform information and local information.	Corporate Communications team and CAC Manager worked together to ensure correct patient information was given to the public.
Waiting time for scope procedure.	Patient was routine referral and no indication that procedure required more urgently	Explained to patient and suggestion that they speak with GP if their condition has changed.
Poor communication during consultation.	Consultation was found to be poor with communication no as expected	Senior clinician discussed with clinician involved and additional training sought.
Consistency of clinical support.	Difficulties with recruitment and retention.	Apology given and attempts to improve patient's experience made by reviewing appointment scheduling.
Delays in undergoing procedure after admission to unit.	Previously procedure carried out by nurse with relevant skills however nurse no longer in unit had left gap. Efforts made to ensure patient had reduced wait now however clinical priorities at time had taken precedence.	Advised staff would schedule appointment at more suitable time to ensure another clinician was available to carry out procedure and reduce waiting time in department.

4.3 Informal feedback and concerns are logged and recorded by the Patient Experience Officer and improvements and actions are reported quarterly to the Quality and Safety Group. Further developing the Board's processes for ensuring learning obtained through clinical incidents and complaints is acted upon and shared widely is a priority for the coming year.



A spike in the last quarter was mainly due to enquiries relating to the vaccination programme.

Some examples of groups of feedback and actions are detailed below:

Multiple enquires over the year regarding access to tests for travelling patients, delays with test results and where to get a PCR test.	The Covid Assessment Centre staff have responded to many of these enquiries, giving advice and support or directing them to the national guidance for testing.
Vaccination Programme queries and concerns.	The Vaccination Programme staff have responded to many of these enquiries, giving advice and support or directing them to the national guidance for testing.
Requests for information on anticipated waiting times for procedures within ENT and Orthopaedics.	Working with Medical Records and clinical staff, the Patient Experience Team has tried to provide helpful information relating to delays and waiting times.
A number of requests for information on services available to patients moving to Orkney.	Advice and information given.

4.4 As mentioned earlier in this report all complaints are discussed at the Weekly Incident Review Group which ensures the Clinical Directors are sighted on incidents, complaints and emerging issues.

4.5 Any improvements, actions or changes that are identified through the complaints process, either formally or informally, are shared with the complainant in our response. An apology is given regardless of the outcome.

Section 5

Accountability and Governance

5.1 Feedback and Complaints are discussed weekly as part of the Weekly Incident Review Group and a quarterly report is submitted to the Joint Clinical and Care Governance Committee. Complaints reports are also shared with the Quality Forum.

Non-Executive Directors, who attend the meeting, are encouraged to challenge the content of the report and regularly ask for assurances that changes or improvements have taken place to avoid recurrence of a similar complaint in future.

Minutes and Chairs reports from the Quality Forum are reported to the Joint Clinical and Care Governance Committee who reports onwards to the NHS Board.

5.2 NHS Orkney Board members receive updates through the Joint Clinical and Care Governance Chairs report and receive the Annual Report.

5.3 As mentioned above all feedback and complaints are reviewed as part of the Weekly Incident Review Group meeting. This group meets weekly and consists of the Medical Director, Director of Nursing and AHP's, Director of Acute Services, Head of Information and Clinical Governance, Head of Assurance & Improvement, Clinical Governance Support and Patient Experience Officer as well as representation from Acute Services and Orkney Health & Care. Complaints are triangulated with DATIX incidents and Significant Adverse Events to assist in the identification of themes and systemic issues for informing improvement.

5.4 Complaint investigations are undertaken by Lead Officers, supported by their direct manager on the Senior Management Team. Once complete, investigations are reviewed and signed off by the Medical Director or Director of Nursing and AHP's before being submitted to the Chief Executive for approval. Although this can add additional delays to our timescales, we have found this to be a significant improvement with a higher level of reassurance being obtained that investigations are undertaken thoroughly and issues are sighted at the highest level of the organisation.

Section 6

Person-Centred Health and Care

Person-Centred Health and Care is at the heart of all our services within NHS Orkney. It is recognised that, to achieve this, we need to work at many different levels and with the wider community in which we live. The following are some examples of different work that has been carried out with involvement of, or by, NHS Orkney staff.

6.1 Vaccination Drop-in Clinics

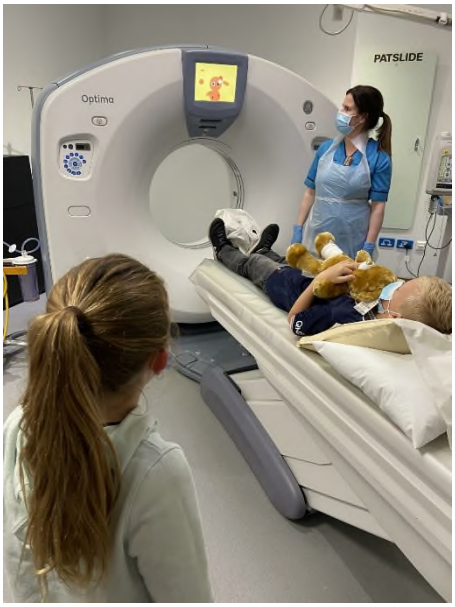
Clinics were held throughout the year to help as many patients as possible access Covid-19 vaccinations. Our teams welcomed anyone who dropped in at a time most suitable to them and ensured as many of our residents here in Orkney were able to receive their vaccination.

6.2 Hospital Discharge Survey

In June 2021, we undertook to ask our patients about their experience on discharge. Patient Experience Surveys were sent out to patients being discharged from our Inpatient areas. Regrettably, a very low number of questionnaires were completed and returned and the information provided was not enough to allow it to be helpful to any review of the discharge process in hospital.

6.3 Hospital Adventures Programme

NHS Orkney introduced our Hospital Adventures Programme, supporting children who have a family member regularly attending hospital to reduce the stress and worry and make a hospital less intimidating. The programme was introduced by Dr Tariro Gandiya who works with nurses in the Macmillan team to educate children on the treatments their parents face on visits. This is done with tools such as teddies and scavenger hunts and is most importantly, fun.



6.4 Cancer Screening for patients with Learning Difficulties and Autism

NHS Orkney and NHS Shetland began working together to seek participants to take part in a research study to make cancer screening better for people with learning disabilities and autism in Shetland and Orkney. The search for patients is still underway. It is hoped the research undertaken from the feedback given by our patients will improve how we do cancer screening for this patient group.

6.5 Baby Loss Awareness

The Balfour maternity unit staff invited and supported all those affected by the loss of a baby, at any stage in pregnancy, to join them for a small service at the St Magnus Centre on Friday 15th October. This was to remember all those babies who have gone too soon and take part in the international Wave of Light by lighting a candle at 7pm.

6.6 Facebook Livestream Sessions

Our Chief Executive held Facebook Livestream session monthly during the year to keep patients updated on all aspects of our services. Each session gave advice on the latest guidance on the pandemic and often included a focus question and answer interview with teams from throughout the organisation.

Patients logging into the sessions could hear updates on issues such as:

- CPR and dealing with a medical emergency
- Community Pharmacy services
- Menopause Awareness
- Physiotherapy advice on avoiding slips, trips and falls

6.7 The Balfour Official Opening

Whilst not specifically patient related, patients and staff alike were delighted that the official opening ceremony of The Balfour was carried out by the Duke and Duchess of Cambridge on a visit to Orkney in May 2021. The Duke and Duchess met with a number of staff to hear about their experiences during the pandemic and visited some of the wards and departments before officially opening the Balfour.

NHS Orkney

Meeting:	**NHS Orkney Board Meeting**
Meeting date:	**Thursday, 25 August 2022**
Title:	**NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22**
Responsible Executive/Non-Executive:	**Michael Dickson, Interim Chief Executive**
Report Author:	**Nigel Firth, Equality and Diversity Manager**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The aim of the Report is to monitor whether NHS Orkney is a fair and equitable employer and its recruitment, selection and retention policies are free from discrimination.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, requires NHS Orkney by law to produce an Annual Equality and Diversity Workforce Monitoring Report. The Report must cover all 9 of the “protected characteristics”, as defined in the Equality Act 2010. The 9 “protected characteristics” are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Report requires formal scrutiny and thereafter approval by the Health Board.

2.2 Background

This is a Statutory Report which after Health Board approval, by law must be posted on the NHS Orkney website to allow public scrutiny. It must also be made widely available to NHS Orkney staff. The main Regulatory body in this field is the Equality and Human Rights Commission for Scotland. They take a close interest in this Report.

2.3 Assessment

The NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22, shows that:

- **NHS Orkney is a fair and equitable employer**
- **Recruitment, shortlisting and the offering of posts is done in a fair and equitable manner**
- **NHS Orkney has in place fair management arrangements, indicated by more staff in each category choosing to join NHS Orkney that leave**

There are two anomalies which require to be followed up. These are:

- **Candidates with an Indian, Indian Scottish or Indian British ethnicity appear to be under represented at the shortlisting stage. The reason(s) for this anomaly require to be followed up.**
- **Hindu and Muslim candidates appear to be under represented at the shortlisting stage. The reason(s) for this anomaly require to be followed up.**

Given that the two most popular religions in India are Hindu and Muslim, it is possible that these two anomalies relate to the same small group of applicants.

2.3.1 Quality/ Patient Care

NHS Orkney relies on its excellent reputation as a fair and equitable employer to attract and retain the staff required to provide the highest standards of healthcare. The Workforce Report is an important tool for the Board to monitor if this reputation is being maintained and enhanced. It is also available through the NHS Orkney website to potential applicants for posts.

2.3.2 Workforce

The Report also gives the NHS Orkney workforce reassurance that they are working in an environment free from prejudice and discrimination.

2.3.3 Financial

High staff turnover creates costs and requires increased expenditure on locum staff. Retaining a skilled and settled workforce enhances the quality of patient care and also helps to avoid unnecessary expenditure.

2.3.4 Risk Assessment/Management

The Report highlights any potential areas of risk which if left unaddressed, may lead to litigation and the departure of skilled staff or an inability to recruit new skilled staff.

2.3.5 Equality and Diversity, including health inequalities

This is a Statutory Report produced under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended.

It has been Equality and Diversity Impact Assessed using the Rapid Impact Checklist methodology.

2.3.6 Other impacts

None.

2.3.7 Communication, involvement, engagement and consultation

This is a fact based Report which does not require public involvement prior to being produced. Following Health Board approval, by law the Report must be posted on the NHS Orkney website to allow public scrutiny. It must also be made widely available to NHS Orkney staff. The Report also invites staff and members of the public to submit comments if they wish and details how this can be done.

2.3.8 Route to the Meeting

Direct, through the Chief Executive.
To be presented to the Staff Governance Committee – 24 August 2022

2.4 Recommendation

Decision

- The NHS Orkney Health Board are asked to formally endorse the NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22.

- The Health Board should request and receive a copy of the follow up report on the two anomalies highlighted, when this is available.

10.1.1

NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22

June 2022

This report is also available in large print and other formats and languages, upon request. Please call NHS Orkney on (01856) 888031 or (01856) 888221 or email: ork-hb.alternativeformats@nhs.net

Contents

NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22

1. Introduction

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27th May 2012. This requires public bodies such as NHS Orkney to produce an Annual Equality and Diversity Workforce Monitoring Report covering all 9 of the "protected characteristics", as defined in the Equality Act 2010. The 9 "protected characteristics" are:

- Race
- Disability
- Sex (male or female)
- Religion or belief
- Sexual orientation
- Gender reassignment
- Age
- Pregnancy and maternity
- Marriage and civil partnership

The Regulations require that the Workforce Report must include details of:

- The number of staff and their relevant protected characteristics
- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.

2. Gathering workforce information

Year on year, NHS Orkney has been able to expand the content of the Workforce Report. We have also been able to include more analysis and include relevant comparators, where these are available.

The 2021/22 Report has continues this trend, despite the challenges of the COVID-19 pandemic. We will continue to develop future reports and continue to go far beyond minimum compliance.

Where numbers in a category/Table are small, some figures have been rounded to one decimal place or expressed as 'less than five', to reduce the risk of individuals being identified inadvertently.

If a potential issue is highlighted by the Report, we are able to cross reference source material to analyse specific areas in greater depth, so this can be looked into promptly.

Staff have the legal right not to disclose information about their protected characteristics, if they so choose. Any information staff supply is on a purely voluntary basis. The completeness of our information varies, protected characteristics by characteristic. The percentage of data collected for each protected characteristic is show below:

Protected characteristic	% of data
Race	94.64%
Disability	95.12%
Sex (male or female)	100%
Religion or faith	91.16%
Sexual orientation	91.03%
Gender reassignment	100%
Age	100%
Pregnancy and maternity	100%
Marriage and civil partnership	100%

The average volume of data collected per "protected characteristic" is **96.88%**. This is a commendably high figure.

3. Using the workforce report

The report will:

- Demonstrate the willingness of NHS Orkney to comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
- Enable the NHS Orkney Health Board and others, to gauge whether NHS Orkney employees and prospective employees are being treated fairly. Any anomalies or inconsistencies highlighted by the report will be looked into and any appropriate follow up action taken.
- Give reassurance to NHS Orkney staff that they are working in an environment free from prejudice or discrimination.
- Give the population of Orkney and any prospective employees, reassurance that NHS Orkney treats its staff in a fair and equitable manner.
- Enable external monitoring bodies such as the Equality and Human Rights Commission for Scotland and the Scottish Human Rights Commission to monitor our compliance with current equality and diversity legislation and good practice guidelines.

4. Number of staff in post

The number of NHS Orkney staff in post as at 31st March 2022 was 758, this equates to 604.2 Whole Time Equivalent (WTE). This figure does not include Bank Staff.

5. Race

(i) The ethnic origins of staff in post, new starts and leavers

There are people with valuable skills relevant to healthcare who can be recruited locally. However, some specialist skills require NHS Orkney to recruit world-wide. Accordingly, there will never be an exact correlation between the ethnic make-up of the population of Orkney and the ethnic make-up of the NHS Orkney workforce.

The 2011 Census showed that only 20.56% of the population of Orkney came from an ethnic community other than "White Scottish". A major factor in this limited inward migration is the limited number of job opportunities on Orkney.

However, 37.3% of NHS Orkney staff are from an ethnic community other than "White Scottish", which shows that the ethnic makeup of NHS Orkney is far more diverse than the general population.

The overall population figures for Orkney are:

Area	Census 2011 Population	Mid-2021 Estimate*	+/- Difference
Orkney	21,349	22,400	+ 1,051

*Source, National Records of Scotland Mid-2021 Population Estimates.

Table One below shows the ethnicity of new starts and leavers, which can be used as one of the indicators of the fairness of our recruitment processes and our staff management and retention arrangements.

- Overall, there were 50 more new starts than leavers.
- With one exception, new starts in every category numbered more than leavers. Given the small numbers involved, it is hard to draw any firm conclusions, however, the figures indicate than NHS Orkney recruitment and retention processes are fair and free from racial discrimination.

Table One: The ethnic makeup of staff in Post as at 31st March 2022, plus information on new starts and leavers during 2021/22

2011 Census categories	Staff in Posts at 31st March 2022		New starts 1/4/2021 to 31/3/2022		Leavers 1/4/2021 to 31/3/2022		New Starts vs. Leavers
	Number	%	Number	%	Number	%	
A White							
Scottish	476	62.79%	61	45.19%	46	54.12%	+15
Other British	138	18.21%	24	17.78%	21	24.71%	+3
Irish	5	0.65%	< 5	1.48%	< 5	2.35%	-
Gypsy/Traveller	-	-	-	-	-	-	-
Polish	< 5	0.53%	< 5	1.48%	-	-	+2
Other white ethnic group	38	5.01%	< 5	2.22%	< 5	3.53%	-
B Mixed or multiple ethnic groups							
Any mixed or multiple ethnic groups	< 5	0.53%	< 5	1.48%	< 5	1.18%	+1
C Asian, Asian Scottish or Asian British							
Pakistani, Pakistani Scottish or Pakistani British	5	0.66%	< 5	0.74%	-	-	+1
Indian, Indian Scottish or Indian British							
Bangladeshi, Bangladeshi Scottish or Bangladeshi British							

Chinese, Chinese Scottish or Chinese British	-	-		-	-		-	-		-
D African										
African, African Scottish or African British	5	0.66%		-	-		< 5	1.18%		-1
Other	< 5	0.40%		-	-		-	-		-
E Caribbean or Black										
Caribbean, Caribbean Scottish or Caribbean British	-	-		-	-		-	-		-
Black, Black Scottish or Black British										
Other										
F Other ethnic group										
Arab, Arab Scottish or Arab British	-	-		-	-		-	-		-
Other	< 5	0.28%		-	-					
Don't know	36	4.74%		34	25.19%		9	10.59%		+25
G Prefer not to answer	42	5.54%		6	4.44%		< 5	2.35%		+4
Total	**758**	**100%**		**135**	**100%**		**85**	**100%**		**+50**

These figures do not include doctors and dentists in training who are recruited by NHS Grampian for the North of Scotland.

(ii) Recruitment and selection

From Table Two below it can be seen that:

Applications

- During 2021/22 NHS Orkney received 1,372 applications, this contrasts with 714 application in 2020/21. The main driver for this increase was an increase in the number of available jobs, many additional posts were required to meet the challenge of the COVID-19 pandemic in Orkney.

- In 2021/22, candidates with a Scottish ethnicity were the biggest single group, submitting 48.32% (663) of applications. In 2020/21 this figure was 62.67% (450).

Shortlisted candidates

- There were 727 candidates shortlisted compared to 357 in 2020/21.

- The ethnicity of candidates shortlisted is pro rata to the numbers in each ethnic category making application. This suggests that short listing processes within NHS Orkney are fair. The exceptions are Scottish candidates who are over represented at shortlisting. This is mainly due to many support services and lesser well paid posts receiving fewer applications from people living outwith Orkney. Given the high cost of living and accommodation on Orkney, it is not financially viable/attractive for many people from outwith the area to apply for these posts.

- Candidates with an Indian, Indian Scottish or Indian British ethnicity appear to be under represented at the shortlisting stage. The reason(s) for this anomaly requires to be followed up.

Candidates offered posts during 2021/22

- 371 offers of employment were made, compared to 143 offers in 20/21.

- Candidates with a “Scottish” ethnic origin were the largest group of staff appointed at 62.26%, this compares to 61.54% in 2020/21 and 66.92% in 2018/19. This group is over represented in percentage terms for the reasons given above.

With this one exception, overall, these figures indicate that NHS Orkney recruitment, short listing and appointments procedures are fair and free from discrimination.

Doctors in training

NHS Grampian is now the Lead Employer for Doctors and Dentists in Training for the North of Scotland. This information is now included in the NHS Grampian Workforce Report so do appear in our figures as staff recruited.

Table Two: The ethnic origins of applicants, short listed candidates and people appointed By NHS Orkney during 2021/22

2011 Census Categories	No. of applicants	Ethnicity of applicants as a % of total		No. shortlisted	% of those short listed		Candidates offered posts in 2021/22	
	Number	Percentage		Number	Percentage		Nos. offered posts	Percentage
a) White								
Scottish	663	48.32%		448	61.62%		231	62.26%
Other British	253	18.44%		167	22.97%		96	25.88%
Irish	7	0.51%		7	0.96%		4	1.08%
Gypsy/Traveller	0	-		-	-		-	-
Polish	5	0.36%		3	0.41%		3	0.81%
Other white ethnic group	57	4.15%		29	3.99%		11	2.96%
B Mixed or multiple ethnic groups								
Any mixed or multiple ethnic groups	8	0.58%		4	0.55%		4	1.08%
C Asian, Asian Scottish or Asian British								
Pakistani, Pakistani Scottish or Pakistani British	24	1.75%		7	0.96%		2	0.54%
Indian, Indian Scottish or Indian British	85	6.20%		11	1.51%		3	0.81%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	8	0.58%		1	0.14%		0	-
Chinese, Chinese Scottish or Chinese British	2	0.15%		0	-		0	-

Other Asian	30	2.19%		6	0.83%	3	0.81%
D African							
African, African Scottish or African British	90	6.56%		13	1.79%	3	0.81%
Other	86	6.27%		5	0.69%		
E Caribbean or Black							
Caribbean, Caribbean Scottish or Caribbean British	3	0.22%		2	0.28%	1	0.27%
Black, Black Scottish or Black British							
Other Black background	-	-		-	-	-	-
F Other ethnic group							
Arab, Arab Scottish or Arab British	26	1.90%		13	1.79%	5	1.35%
Don't know	0	-		-	-	-	-
Other	2	0.15%		-	-	-	-
G Prefer not to answer	23	1.68%		11	1.51%	5	1.35%
Total	**1,372**	**100%**		**727**	**100%**	**371**	**100%**

Changes to Recruitment from outwith the European Union

The UK left the European Union (EU) transitional arrangements on 31st December 2020. EU nationals wishing to work in the UK must now obtain a Visa. At present, it is too early to tell if the Visa system for EU nationals or the ability of the UK employers to recruit more freely from outwith the EU, has had an impact on recruitment trends.

(iii) The ethnicity of staff promoted in 2021/22

Table Three below shows the ethnicity of NHS Orkney staff promoted during 2021/22. The ethnic makeup of the NHS Orkney workforce is also shown as a comparator.

- 37 staff were promoted in 2021/22. This is compares to 40 staff promoted in 2020/21.
- The promotions are roughly pro rata to the number of staff in post from each ethnic group. This indicates that promotion arrangements within NHS Orkney are fair and free from racial discrimination.

Table Three: The ethnicity of staff promoted in 2021/22

2011 Census categories	Promotions During 2021/22		% of each ethnicity in post at 31st March 2022
	Number	%	
A White			
Scottish	26	70.27%	62.80%
Other British	5	13.51%	18.21%
Irish	1	2.70%	0.66%
Other white ethnic group	1	2.70%	5.01%
G Prefer not to answer	1	2.70%	5.54%
Don't Know	3	8.11%	4.75%
Total	**37**	**100%**	

(iv) The ethnicity of staff applying for training and receiving training

This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

6. Disability

Table Four below shows Information on the number of NHS Orkney staff who consider themselves to be disabled:

Table Four: the number of NHS Orkney staff who consider themselves to be disabled

Responses to the question, "Do you consider yourself to be disabled?"	2021/22 Total	Comprising	
		Females	males
Yes	9	5	4
No	473	367	106
Declined to comment	37	29	8
Don't know	239	209	30
Total	**758**	**758**	

- The table shows that 1.2% of NHS Orkney staff consider themselves to have a disability.

- It is important that NHS Orkney Appointing Officers continue to give the fullest consideration to the employment of disabled people, should a suitable opportunity arise.

To try and improve facilities for both disabled patients and staff, the new Balfour was Disability Access Assessed at the Planning Stage. The new facility has electrically operated front and inner doors, disabled toilets, Adult Changing facilities and other facilities to assist people with a disability. These measures should help to make it easier for people with a disability to find suitable posts within NHS Orkney. Progress will continue to be monitored closely. A follow up Disability Access Audit was completed on the front entrance to Balfour on 20th February 2020, following a number of problems. Appropriate remedial action was taken.

(i) The disability status of applicants, shortlisted candidates and those offered posts
The figures are:

Status	Applications	shortlisted	Offered Posts
Declaring a disability	**105** (7.65%)	**59** (8.12%)	**27** (7.28%)
Not declaring a disability	**1,267** (92.58%)	**668** (91.88%)	**344** (92.72%)
	1,372	**727**	**371**

The figures indicate that shortlisting and interview processes are free from discrimination on the grounds of disability.

(ii) Staff with a Disability who were promoted in 2021/22
None of the 9 staff in post who identified themselves as having a disability, were promoted during 2021/22.

(iii) Staff with a disability who applied for training and numbers who actually attended in 2021/22
This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

7. Sex (male or female)

In Orkney, there are roughly equal numbers of males and females. NHS Orkney has 758 staff comprising 610 females (80.5%) and 148 males (19.5%). However, traditionally, most members of the nursing and Allied Health Professions have been female, which means that all Health Boards in Scotland have a much higher proportion of female staff to male staff.

There is no intentional occupational segregation in NHS Orkney, nor is there any gender bias in the filling of posts. NHS Orkney is careful to promote all healthcare posts as being open to both males and females equally. All NHS Orkney staff appointments are made on merit, free from any gender bias. However, there are still historical issued to be addressed, especially in the field of Nursing and Allied Health Professions (AHP).

Traditionally, nursing and AHP professions have attracted far more females than males to train for these professions. Nursing is the biggest single occupation group in the NHS by far, hence, all Health Boards in Scotland have a much higher proportion of female staff to male staff.

NHS Orkney is typical of Health Boards in Scotland with 80.5% of its staff being female while 19.5% of staff are male. The majority of female staff are concentrated in the nursing and AHP professions. NHS Orkney is working hard to promote all NHS jobs to both males and females equally. The Universities are also playing their part to encourage more males to train for nursing or AHP careers.

NHS Orkney is careful in all of our advertising material for nursing and AHP posts to avoid sexual stereotyping. Our recruitment literature shows an equal number of male and female staff in these roles and projects a very positive image of both male and female nurses and AHP's.

(i) The sex of staff who were promoted in 2021/22

The numbers of male and female staff promoted during 2021/22 are shown in Table Five below:

Table Five: Female and male staff promoted during 2021/22

Sex	Nos. promoted	%	% of each sex working within NHS Orkney
Female	33	89.19%	80.47%
Male	4	10.81%	19.53%
Total	**37**	**100%**	**100%**

The figures show a higher proportion of females being promoted than males, compared to the numbers of each sex working within NHS Orkney. However, given the relatively small numbers involved, year to year these figures can fluctuate as shown by the chart below.

Year	Female staff promoted	Male staff promoted
2021/22	**89.19%** (33)	**10.81%** (4)
2020/21	**80%** (32)	**20%** (8)
2019/20	Not Available	Not available
2018/19	**67.74%** (21)	**32.26%** (10)

(ii) The sex of applicants, shortlisted candidates and those offered posts
This information is shown below:

Sex	Applications	shortlisted	Offered Posts
Female	**911** (66.4%)	**548** (75.38%)	**293** (78.98%)
Male	**446** (32.51%)	**173** (23.8%)	**75** (20.22%)
Other	**4** (0.29%)	**0**	**-**
Prefer not to say	**11** (0.8%)	**6** (0.83%)	**3 (**0.81%)
	1,372	**727**	**371**

The figure show a higher proportion of female staff being offered posts than males, compared to the numbers shortlisted. However, these figures can fluctuate year to year as shown by the chart below.

Year	Female staff offered posts	Male staff offered
2021/22	78.98%	20.22%
2020/21	80.00%	20.00%
2019/20	Not Available	Not available
2018/19	67.74%	32.26%

(iii) The sex of staff applying for training and receiving training
This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

(iv) Senior posts within NHS Orkney as at 31st March 2022

Executive Cohort
The current NHS Orkney Executive Cohort comprises 6 persons, with 3 males and 3 female. These figures indicate that recruitment procedures for senior manager posts within NHS Orkney are fair and free from any gender bias.

Senior Managers
There are 43 staff on senior manager grades of Band 8A to 8D. This comprising 31 females (72.1%) and 12 males (27.9%). The figures indicate that there is a slightly higher ratio of male senior managers to female senior managers than the general ratio of female to male staff employed by NHS Orkney. This will be monitored.

Health Board members
As at 31st March 2022, The NHS Orkney Health Board comprised 15 persons. The gender make up as at 31st March 2022 was 8 females and 7 males.

In terms of compliance with the Gender Representation on Public Boards (Scotland) Act 2018, NHS Orkney is fully compliant. The requirement is to make progress towards having 50% female non-executive Board members. NHS Orkney had reached this target. There are 9 NHS Orkney non-executive Board members, comprising 5 females and 4 males who are covered by this Act.

8. Religion or faith

The religion/faith makeup of the NHS Orkney workforce is shown below in Table Six. The religion or belief makeup of the general population of Orkney mirrors closely the overall Scottish pattern. The figures are:

Table Six: The religious/faith makeup of the NHS Orkney workforce in 2021/22

Religion or faith	Number	% of workforce	2011 Census main results for Orkney
Buddhist	5	0.66%	0.21%
Christian - Church of Scotland	201	26.52%	40.37%
Christian - Roman Catholic	13	1.72%	2.84%
Hindu	2	0.26%	0.06%
Jewish	2	0.26%	0.02%
Muslim	2	0.26%	0.09%
Other Christian	75	9.89%	7.58%
Sikh	-	-	0.01%
Other	8	1.06%	0.61%
No religion	307	40.50%	39.18%
Declined to comment	67	8.84%	9.03%
Not known	76	10.03%	-
Total	**758**	**100%**	**100%**

These figures show that:

- Of the religions, the Church of Scotland has the largest number of staff followers at 26.52%. The comparative figure for Orkney is 40.37%.
- These figures show that the NHS Orkney workforce is slightly more religiously diverse than the general population of Orkney.
- The figures indicate that NHS Orkney recruitment and retention policies are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

(i) The religion or faith of staff promoted in 2021/22

The figures are shown below in Table Seven below:

Table Seven: The religion or faith of staff promoted in 2021/22

Religion	Numbers promoted	Numbers employed	Numbers promoted as a % of employed
Buddhist	-	5	-
Christian - Church of Scotland	10	201	4.98%
Christian - Roman Catholic	-	13	-
Hindu	1	2	50%
Jewish	-	2	-

Muslim	-	2	-
Other Christian	4	75	5.33%
Sikh	-	-	-
Other	-	8	-
No religion	18	307	5.86%
Declined to comment	3	67	4.48%
Not known	1	76	1.32%
Total	**37**	**758**	

- While it is hard to draw firm conclusions from such small numbers, the general indication is that NHS Orkney promotion processes are free from discrimination on the grounds of religion or faith or a lack of religion or faith.

(ii) The religion/faith of Applications, shortlisted and those offered posts
The figures are shown below in Table Eight below:

Table Eight: The religion/faith of Applications, shortlisted and those offered posts

Religion or faith	Applications	Shortlisted	Offered posts
Buddhist	**8** (0.58%)	**6** (0.83%)	**4** (1.08%)
Christian - Church of Scotland	**142** (10.35%)	**98 (**13.48%)	**52** (14.02%)
Christian - Roman Catholic	**86** (6.27%)	**21** (2.89%)	**9** (2.43%)
Hindu	**40** (2.92%)	**3** (0.41%)	**1** (0.27%)
Jewish	**3** (0.22%)	**2** (0.28%)	**1** (0.27%)
Muslim	**78** (5.69%)	**12** (1.65%)	**4** (1.08%)
Other Christian	**286** (20.85%)	**111** (15.27%)	**52** (14.02%)
Sikh	**1** (0.07%)	**1 (**0.14%	**-**
Other	**27** (1.97%)	**16** (2.20%)	**10** (2.70%)
No religion	**612** (44.61%)	**398** (54.75%)	**208** (56.06%)
Prefer not to say	**71** (5.17%)	**51** (7.02%)	**28** (7.55%)
Not known	**18** (1.31%)	**8** (1.10%)	**2** (0.54%)
Total	**1,372**	**727**	**371**

Hindu and Muslim candidates appear to be under represented at the shortlisting stage. The reason(s) for this anomaly require to be followed up.

With these two exceptions, the numbers applying, being shortlisted and offered posts is roughly pro rata. This indicates that shortlisting and the offer of posts is free from any religious discrimination.

(iii) The religion/faith of staff applying for training and receiving training
This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

9. Sexual orientation

The sexual orientation of the NHS Orkney workforce is shown in Table Nine below:

Table Nine: The sexual orientation of the NHS Orkney workforce

Staff in post at 31/3/2022			New starts 2021/22			Leavers 2021/22	
Bisexual	8		Bisexual	1		Bisexual	-
Declined	68		Declined	13		Declined	9
Don't Know	142		Don't Know	9		Don't Know	7
Gay/ Lesbian	10		Gay/ Lesbian	6		Gay/ Lesbian	2
Heterosexual	524		Heterosexual	106		Heterosexual	66
Other	4		Other	-		Other	1
Total	**758**		**Total**	**135**		**Total**	**85**

From the above, it can be seen that in most categories, there were more new starts than leavers. This indicates that NHS Orkney recruitment and retention processes are free from discrimination on the grounds of sexual orientation.

(i) The sexual orientation of staff promoted during 2021/22

The figures are shown below in Table Nine below:

Table Nine: The sexual orientation of staff promoted during 2021/22

Sexual orientation	Nos. promoted	Total Nos. in post	Nos. promoted as % of total in post
Bisexual	2	8	25%
Declined	2	68	2.94%
Don't Know	6	142	4.23%
Gay/Lesbian	1	12	8.33%
Heterosexual	26	524	4.96%
Other	-	4	-
Total	**37**	**758**	**4.88%**

The largest group had the largest number of promotions. However, due to the small numbers involved, no other conclusions can be made.

(ii) The Sexual orientation of applicants, short listed candidates and people offered posts by NHS Orkney during 2020/21

The figures are shown in Table Ten below:

Table Ten: The sexual orientation of applicants, short listed candidates and people offered posts by NHS Orkney in 2020/21

Sexual orientation	Applications	% of total		Shortlisted	% of total		Offered Posts	% of total
Bisexual	27	3.78%		8	2.24%		3	2.10%
Declined	44	6.16%		21	5.88%		8	5.59%
Gay/Lesbian	10	1.40%		8	2.24%		3	2.10%

Heterosexual	630	88.24%		320	89.64%		129	90.21%
Other	3	0.42%		0	0%		0	0%
Total	**714**	**100%**		**357**	**100%**		**143**	**100%**

The figure show that the short listing of candidates and those offered posts are roughly pro rata to the number of applications received. This indicates that recruitment processes are free from discrimination on the grounds of sexual orientation.

There is no 2011 Census information on sexual orientation for us to use as a comparator. A pre-Census pilot questionnaire issued in 2006 by the General Registrar for Scotland, received a very low response rate for questions on sexual orientation. Accordingly, the General Registrar decided not to include sexual orientation questions in the 2011 Census questionnaire.

(iii) The sexual orientation of staff applying for training and receiving training
This information is not currently recorded. However, once the eESS training and management system is fully operational we will be able to collect this information.

10. Gender reassignment

The National Scottish Workforce Standard System (SWISS) does not give staff the option of indicating that they are transsexual or are contemplating gender reassignment. Staff who are transsexual are included in the sexual orientation "Other" category, accordingly, no specific data is available.

11. Age

Below in Table Eleven is an age profile of the NHS Orkney workforce, as at 31st March 2022. The Mid-Year 2020 population estimate from the General Registrar for Scotland is shown as a comparator.

Table Eleven: Age profile of the NHS Orkney workforce as at 31/3/2022

Age Group	Numbers in post as at 31/3/2022	NHS Orkney %		Population of Orkney %
1 - 19 years	3	0.40%		23.9%
20 – 24 years	42	5.54%		
25 – 29 years	77	10.16%		22%
30 - 44 years	241	31.79%		
45 – 59 years	319	42.08%		29.7%
60+	76	10.03%		
Total	**758**	**100%**		

The figures show:

- NHS Orkney has a relatively small percentage of staff aged 19 years and under.

This is due to a number of factors such as age restrictions for people under the age of 18 working in clinical areas and Health and Safety compliance requirements.

- Compared to the population figures, NHS Orkney has a much higher percentage of staff in the 25-44 and the 45 to 60+ age ranges. This perhaps reflects the fact that many staff such as doctors, nurses and Allied Health Professionals train for a number of years to qualify then build up their knowledge and experience. Staff then wish to apply this knowledge for as long as possible. Hence the concentration of staff in these two age ranges.

(i) Promotions shown by age

The figures are shown in Table Twelve below:

Table Twelve: The age of staff promoted during 2021/22

Age Group	No. of Staff promoted shown by age	Number in post as at 31/3/2022	Promotions as a % of total staff in age band
1 - 19 years	3	3	100%
20 – 24 years	2	42	4.76%
25 – 29 years	8	77	10.39%
30 - 44 years	14	241	5.81%
45 – 59 years	9	319	2.82%
60+	1	76	1.32%
Total	**37**	**758**	

There are significant variations in the percentage of staff being promoted in each age category, most notably in the 20-29 and 30-44 age bands. This in large part can be explained by staff in these age bands being more active in building and developing their careers and are therefore more proactive in seeking promotion opportunities. As staff advance in seniority, the number of promoted posts for which they can choose to apply, are fewer in number, hence the decline in the number of staff promoted in the 45+ age bands.

12. Pregnancy and maternity

During 2021/22, 24 applications for maternity leave were made by staff. Of the 24, 23 chose the “return to work” option. To date, 3 staff returned to work while 20 were still on maternity leave at the time the Report was compiled.

Year	No. of applications	Staff choosing "Return to work" option"	No. who actually returned to work	Pending
2020/21	24	23	3	20

The high cost of living and accommodation on Orkney could be an influencing factor in the number of female staff returning to work. Other factors could be the opportunities offered by NHS Orkney for flexible or part-time working.

13. Marriage and civil partnership

Information on the marital status of NHS Orkney staff is shown in Table Thirteen below. Information from the 2011 Census for Orkney is shown as a comparator.

Table Thirteen: The marital status of NHS Orkney Staff 2021/22

Marital Status	Numbers	NHS Orkney %	2011 Census %
Not known	-	-	-
Civil Partnership	8	1.06%	0.05%
Dissolved civil partnership	1	0.13%	0%
Divorced/separated	35	4.62%	16.07%
Married	415	54.75%	46.59%
Single	287	37.86%	23.79%
Widowed	12	1.58%	13.49%
Total	**758**	**100%**	**100%**

- Divorce/separation rates are much lower for NHS Orkney staff than for the Orkney population generally.
- Pro rata, more NHS Orkney staff are married than in the Orkney population generally and more staff are single.
- There is a big difference in the number of NHS Orkney staff widowed compared to the Census figures. This is explained by the fact that most NHS Orkney staff retire at or around 65. It is above this age band that mortality usually increases significantly.
- The figures indicate that there is no discrimination by NHS Orkney on the grounds of marital status in our recruitment or retention processes.

(i) The marital status of staff promoted during 2021/22

Table Fourteen: The marital status of promoted Staff during 2021/22

Marital Status	Staff promoted	Promotions as a % of total staff by marital status
Not known	-	-
Civil Partnership	-	-
Dissolved civil partnership	-	-
Divorced/separated	3	8.57%
Married	15	3.61%
Single	19	6.62%
Widowed	-	-
Total	**37**	

It is hard to draw meaningful conclusions from such small numbers. However, the figure do indicate that promotion processes are free from discrimination on the grounds of marital status.

14. Staff performance and assessment

Knowledge and Skills Framework (KSF)
KSF has been implemented for all NHS Orkney staff, excluding the Executive Cohort and Senior Managers and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity
-

In addition, there will be specific dimensions which reflect the key activities of each post. There are two “gateways”. The Foundation Gateway within one year, 6 months for Band 5 posts, of appointment to the bands will check that the employee can meet the basic demands of their post. The Second Gateway will confirm that the employee is applying their knowledge and skills to consistently meet the full demands of their post. As yet, the gateways are not active across Scotland.

15. Equal Pay Statement

In compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS Orkney produced an Equal Pay Monitoring Report in June 2021. This contains an Equal Pay Statement and is available on the NHS Orkney website at: ohb.scot.nhs.uk. https://www.ohb.scot.nhs.uk/publications?committee=All&document_type=86&paper_type=All

16. Conclusions

The NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22, shows:

- NHS Orkney is a fair and equitable employer
- Recruitment, shortlisting and the offering of posts is done in a fair and equitable manner
- NHS Orkney has in place fair management arrangements, indicated by more staff in each category choosing to join NHS Orkney that leave
- There are two anomalies which require to be followed up. These are:
    - Candidates with an Indian, Indian Scottish or Indian British ethnicity appear to be under represented at the shortlisting stage.
    - Hindu and Muslim candidates appear to be under represented at the shortlisting stage. The reason(s) for this anomaly require to be followed up.

Given that the largest religions in India are Hindu and Muslim, it is possible that these two anomalies relate to the same group of applicants.

17. Recommendations

- The NHS Orkney Staff Governance Committee are asked to formally endorse the NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22 and then seek Health Board approval.
- The Committee should request and receive a copy of the follow up report on the two anomalies highlighted, when this is available.

18. Publicising the report

The Workforce Monitoring Report 2021/22 will first go to the NHS Orkney Staff Governance Committee. Thereafter, it go to the NHS Orkney Health Board. Once formally approved, it will be widely circulated electronically within NHS Orkney and posted on the NHS Orkney website so it will be accessible to partner agencies and the wider community of Orkney.

Comments on the Workforce Monitoring Report will be warmly welcomed. All comments received will be carefully considered. Comments in any language or format can be made:

By email to: ork-hb.feedback@nhs.net

By post to:

Feedback Service,
NHS Orkney,
The Balfour,
Foreland Road,
Kirkwall
Orkney
KW15 1NZ

By voicemail to: 01856 888000

19. Compilation of the Report: acknowledgements

A very special mention is due to Lewis Berston Workforce Systems Manager and Nathan Omand HR Coordinator who put in many hours of work collecting information and helping in the compilation.

Nigel Firth,
Equality and Diversity Manager
NHS Grampian and NHS Orkney
9th June 2022

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 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 inform the Board of the financial position for the period 1 April 2022 to 31 July 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

The purpose of this report is to inform the Board of the financial position for the period 1 April 2022 to 31 July 2022.

Background

The revenue position for the 4 months to 31 July reflects an overspend of £0.828m. We are currently forecasting an overspend outturn of £2.413m for 2022/23, this is made up of:

Unachieved savings – per financial plan for 2022/23 £2.003m

Additional cost pressures identified to date:

- Inflation £0.300m
- Dialysis staffing £0.110m

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 £2.4m 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 £828k overspent at the end of June 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.
- Prescribing costs – (both unit cost and activity) can fluctuate significantly and remain under review.
- Assuming covid costs will be contained within the available budget £1.4m for Board services and £2.4m for IJB delegated services, work continues in this area to redress current spend levels in line SG guidance.

We continue to review spend patterns and we will refine plans to ensure updates are reflected.

We anticipate achievement of £4.9m of the £7.319m savings target which has been adjusted by £110k for further investment in the dialysis service and estimated inflationary cost pressures. The additional funding for the dialysis service was supported by the Executive Management Team.

The IJB has a recurring savings target of £2.400m of which we anticipate £0.750m will be delivered in the current financial year. Work continues with the COO and CFO to identify specific workstreams to enable delivery in 2022/23.

An update of the savings delivered and tracked is summarised below:

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	160		200	-40
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		60	70	-10
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		40	100	-60
Service redesign	FSO-2022-023			167	-167
TOTAL		**594**	**290**	**2,113**	**-1,229**
Percentage of Target		28%	14%		58%

Identified Savings Schemes - Non Recurring

Project	FSO Reference	Achieved £'000	Tracked £'000	Target £'000	Over/ (Under) Achievement £'000
Workforce Processes	FSO-2022-001	266	312	800	-222
Locum/ Agency	FSO-2022-016	63	128	1,000	-809
Direct Engagement	FSO-2022-016	105	208	0	313
Procurement Spend	FSO-2022-005		153	260	-107
Energy Efficiency	FSO-2022-012	60	54	120	-6
Off Island Treatment	FSO-2022-013	400		300	100
Financial Flexibility	FSO-2022-027		365	300	65
Income Generation	FSO-2022-014			23	-23
Skill Mix Review	FSO-2022-019			100	-100
TOTAL		**894**	**1,220**	**2,903**	**-789**
Percentage of Target		31%	42%		27%

Operational Performance

The main areas contributing to the Board's overspent operational performance at month 4 are:

Pharmacy and drug costs to date - £231k overspend

Estates and Facilities - £239k overspend

Hospital Services - £236k overspend

There are some offsetting underspends to date which include:

External Commissioning - £60k underspend

Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD), this report highlights the current position and a forecast to the outturn. The reports provided to the senior management team, Finance and Performance Committee and the Board

ensures that there is clear visibility of significant change processes underway to fully support and reflect the service reform agenda, adopting a whole system approach to implementation.

Assessment

Capital Programme

The formula-based resources for 2022/23 accounts for £1.027m. The Board received notification of the same in its June 2022 allocation letter. The proposed areas for expenditure is broken down below:

- **Estates and Primary Care - £200k**

This will be used for backlog maintenance and primary care priorities.

- **IT - £200k**

This will be used to support our Digital Strategy.

- **Medical Equipment £150k**

Spending priorities will be decided by the Medical Equipment Group.

- **Spend committed to date £50k**
- **King Street development £128k**
- **Additional capital allocation – to be allocated £49k**
- **Capital to Revenue Transfer £250k**

The Board proposes a capital to revenue transfer of £250k.

Assets held for sale – the Board currently has an offer for Greystone's property in Evie, any profits on sale will be requested to be retained by the Board in 2022/23.

It is anticipated that the Board will deliver against its Capital Resource Limit.

Financial Allocations

Revenue Resource Limit (RRL)

Our baseline recurring core revenue resource limit (RRL) for the year is confirmed at £57.043m.

Anticipated Core Revenue Resource Limit

There are a number of anticipated core revenue resource limit allocations outstanding at month 4, per Appendix 1.

Anticipated Non Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.418m is detailed in Appendix 2.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Realistic Medicine network and projects			30,000	30,000
Naloxone for Police Scotland officers			1,820	1,820
3rd & 4th quarter payments for OU students - 2021/22			45,000	45,000
	0	**0**	**76,820**	**76,820**

Summary Position

At the end of July, NHS Orkney reports an in-year overspend of £0.828m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £286k is attributable to Health Board operational performance budgets, with an overspend of £542k attributable to the health budgets delegated to the Integrated Joint Board.

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

Previous Month Variance M3		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	**Core RRL**	£000	£000	£000	£000	%	£000
(138)	Hospital Services	12,697	4,230	4,465	(236)	(5.58)	(679)
(250)	Pharmacy & Drug costs	3,303	1,099	1,330	(231)	(20.99)	(756)
35	Orkney Health and Care (IJB)	27,836	8,368	8,360	8	0.10	(0)
80	External Commissioning	10,381	3,460	3,400	60	1.73	(39)
(266)	Estates and Facilities	7,473	2,423	2,662	(239)	(9.85)	(534)
38	Support Services	8,778	2,726	2,719	6	0.24	188
1	Covid-19 (Board)	1,653	530	530	0	0.00	0
0	Covid-19 (IJB)	130	71	71	(0)	(0.00)	0
501	Reserves	4,595	607	0	607		1,820
(163)	**Savings Targets (Board)**	**(4,809)**	*(218)*	**0**	(218)		**(4,809)**
(28)	**Additional Savings Target (Board)**	(110)	(37)	0	(37)		(110)
0	*Savings Achieved (Board)*	*1,490*			0		*4,156*
(413)	**Savings Targets (IJB)**	**(2,400)**	*(550)*	*0*	(550)		**(2,400)**
0	*Savings Achieved (IJB)*	*0*			0		*750*
(603)	**Total Core RRL**	**71,017**	**22,709**	**23,537**	**(828)**	**(3.65)**	**(2,413)**
	Non Cash Limited						
(0)	Ophthalmic Services NCL	256	74	74	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,755	684	684	0	0.00	0
	Non-Core						
0	Annually Managed Expenditure	0	0	0	0		0
0	Depreciation	2,418	834	834	0	0.00	0
0	**Total Non-Core**	**2,418**	**834**	**834**	**0**	**0.00**	**0**
(603)	**Total for Board**	**75,446**	**24,300**	**25,128**	**(828)**	**(3.41)**	**(2,413)**

Hospital Services

- Ward and Theatres, £117k overspend

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

- Hospital Medical Team, breakeven

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

- Laboratories, £120k overspend

Laboratories is underspending due to reduction in consumable expenditure, we are currently forecasting an overspend at year end.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £231k, this is mainly attributable to overspending, high cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £542k (including £550k unachieved savings and £8k operational underspend), the position is explained by the following:-
    - The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
    - Health and Community Care is currently underspent by £15k this is due a number of vacancies.
    - Pharmacy services are currently underspent is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been low resulting in an underspend to month 4 of £24k. We are currently forecasting a year end overspend of £30k.

The table below provides a breakdown by area:-

Previous Month Variance M3	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(453)	Integration Joint Board	2,739	308	924	(616)	(1,853)
44	Children's Services & Women's Health	2,504	835	792	43	128
19	Primary Care, Dental & Specialist Nurses	11,361	3,720	3,729	(8)	61
7	Health & Community Care	4,279	1,438	1,422	15	44
6	Pharmacy Services	4,554	1,518	1,493	25	(30)
(377)	**Total IJB**	**25,436**	**7,818**	**8,360**	**(542)**	**(1,650)**

External Commissioning

The Grampian Acute Services SLA is the largest single element within the commissioning budget at £5.9m. All SLAs with other Health Boards will remain under

review given the potential impact of Covid 19 on the activity for this financial year. Costs are accrued on previous year information plus 3.36% inflationary uplift.

Estates and Facilities

This Directorate is reporting an overspend of £239k to date, there is a significant cost pressure with the energy spend for the new hospital. This is currently under review.

Support Services

Support Services is currently reporting an underspend of £6k to date.

Covid 19 Spend

NHS Orkney has recorded £0.877m spend to date attributable Covid 19, of this £0.530m is attributable to Health Board spend and £0.347m to the HSCP. At month 4, £347k of the IJB Covid reserves has been utilised.

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £0.254m
- H&SCP £0.550m

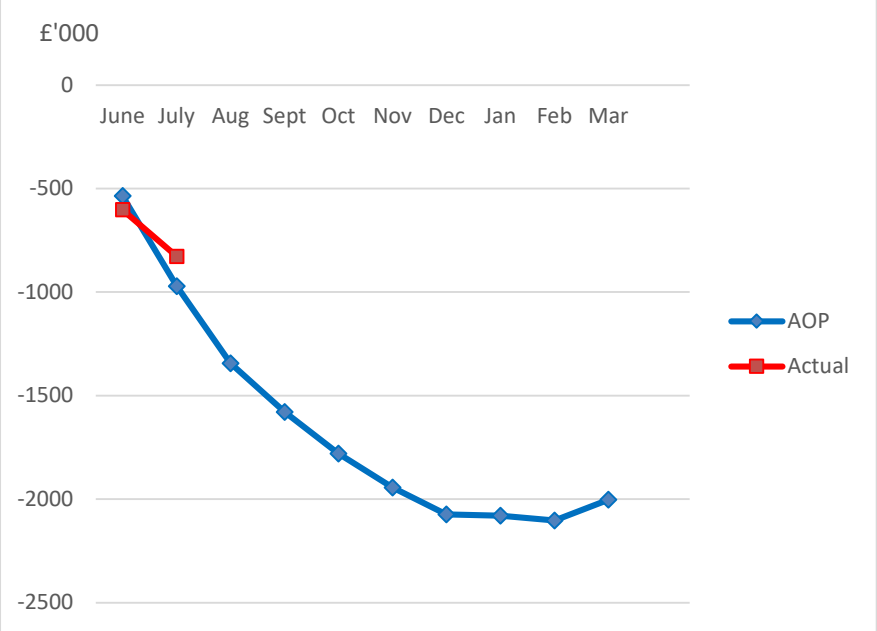
Unallocated Funds

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. The Board holds a number of reserves which are available to offset against the spending pressures identified above.

The detailed review of the unspent allocations allows an assessment of financial flexibility. As reported previously, this ‘financial flexibility’ is a crucial element of the Board’s ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Financial Trajectory

The graph below shows the actual spend against the Remobilisation Plan trajectory for 2022/23 and assumes that anticipated allocations will be received.



Financial Plan Reserves & Allocations

Financial plan expenditure uplifts including supplies, medical supplies and drugs and pay award uplifts have been allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. There are a number of residual uplifts which remain in a central budget; and which are subject to robust scrutiny and review each month.

Forecast Position

As outlined above, the Board is forecasting a £2.413m overspend at year end, this is split per below:

Unachieved savings – per financial plan for 2022/23 £2.003m

Additional cost pressures identified to date:

- Inflation £0.300m
- Dialysis staffing £0.110m

The position will be monitored as updated information becomes available.

Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above, as well as seeking clarity on the overall IJB position and Covid 19 spend/ funding assumptions.

The premise on which the financial plans have been developed is that a breakeven position is achieved across operational budgets and in addition the Board delivers against the savings programme of £4.9m for 2022/23, any deviation will result in a worsening outturn position at year end.

The in-year position is currently being reviewed and monitored through the newly created Financial Sustainability Office which reports through the Programme Board, Finance and Performance Committee and the Board of NHS Orkney.

Recommendation

note the reported overspend of £0.828m to 31 July 2022

note the narrative to the year end assumptions and outturn

Mark Doyle

Director of Finance

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations	Included in LDP £	Received in RRL to 31/7/22 £	Variance £	Outstanding £
Allocations Received				
Initial Baseline	57,028,709	57,042,995	14,286	
Realistic Medicines Lead and Programme Managers	30,000	30,000	0	
Open University Nursing Students 3rd % 4th Quarter Patments 1920	35,000	45,000	10,000	
Allocations Awaited				
District Nurse Posts	24,494			24,494
Balfour Hospital Unitary Charge	1,060,770			1,060,770
CAMHS improvement - CAMHS Liaison Teams	8,773			8,773
CAMHS Improvement - Intensive Home Treatment Teams	10,026			10,026
CAMHS Improvement - Intensive Psychiatric Care Units	8,272			8,272
CAMHS Improvement - LD, Forensic and Secure CAMHS	3,509			3,509
CAMHS improvement - Neurodevelopmental Professionals	15,340			15,340
CAMHS improvement - Out of Hours unscheduled care	5,865			5,865
Community Pharmacy Champions	5,000			5,000
Contribution to Pharmacy Global Sum	(14,052)			(14,052)
Depreciation	(1,228,000)			(1,228,000)
Discovery Top Slice	(2,774)			(2,774)
District Nursing	10,498			10,498
Drug Tarriff Reduction	(241,727)			(241,727)
Funding Uplift for Alcohol and Drug Partnerships	67,678			67,678
GDS Elelement of Public Dental Service	1,747,299			1,747,299
Increase Provision of Insulin Pumps for Adults and CGMs	17,150			17,150
Integrated Primary and Community Care	33,600			33,600
Local Development aligned with DHAC strategy	211,186			211,186
MenC	(869)			(869)
Mental Health Action 15	80,211			80,211
Mental Health Outcomes Framework	265,122			265,122
Mental Health Strategy Action 15 Workforce - First Tranche	80,210			80,210
NDC top slicing	(34,537)			(34,537)
New Medicines Fund	383,065			383,065
NSD Riskshare topslice	(225,068)			(225,068)
Open University Nursing Students 1st & 2nd Quarter Patments	45,000			45,000
Outcome Framework 2021-22	496,357			496,357
PASS Contract	(2,893)			(2,893)
Perinatal & Infant Mental Health Services	61,000			61,000
Positron Emission Tomography (PET Scans - Adjustment	(42,653)			(42,653)
Pre-Registration Pharmacist Scheme	(11,947)			(11,947)
Primary Care Improvement Fund - Tranche 1	313,520			313,520
Primary Care Improvement Tranche 2	388,519			388,519
Primary Medical Services	5,678,000			5,678,000
School Nurses Commitment Tranche 1	46,000			46,000
SLA Children's Hospice Across Scotland	(29,075)			(29,075)
Tayside Hosted MoHS Skin Cancer Service	(2,094)			(2,094)
Ventilation Improvement Allowance	25,066			25,066
	66,349,550	57,117,995	24,286	9,255,841

Appendix 1 – Core Revenue Resource Limit (new allocations)

New RRL allocations	Recurring	Non-recurring
	£	£
Naloxone for Police Scotland officers		1,820
		1,820

Appendix 2 – Anticipated Non Core Revenue Resource Limit Allocations

Non-Core assumed allocations	Included in LDP	Received in RRL to 30/6/22	Variance	Outstanding
	£	£	£	£
Standard Depreciation	2,418,000			2,418,000
AME Impairment				0
	2,418,000			2,418,000

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Performance Report**
Responsible Executive/Non-Executive:	**Mark Doyle, Director of Finance**
Report Author:	**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.

The cabinet secretary wrote to Boards on the 6 July 2022 to announce new targets to eliminate long waits. The targets are to eliminate:

- two year waits for outpatients in most specialties by the end of August 2022
- 18 month waits for outpatients in most specialties by the end of December 2022
- one year waits for outpatients in most specialties by the end of March 2023
- two years waits for inpatient/day cases in the majority of specialties by September 2022
- 18 month waits for inpatient/day cases in the majority of specialties by September 2023
- one year for inpatient/day cases in the majority of specialties by September 2024

Whilst these targets are ambitious and will require a strong collective approach to successfully achieve them. Tackling long waits is a clear focus of the Board. Joined up plans are being put in place to deliver against the central agenda as we move to protect, stabilise, and recover planned care.

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

The theme of balancing increased demand for services and reduced capacity was discussed with staff during Remobilisation planning meetings, and it has continued during Annual Delivery Plan development. As part of developing the Board's 3 Year Workforce Plan scheduled for submission at the end of July 2022, workforce requirements are being explored at a service level to meet current and future service needs.

2.3.3 Financial

Due to the COVID-19 pandemic, clinic and theatre throughput reduced, non-recurring allocation from the Scottish Government has enabled the addition of clinic and theatre lists, and this will continue 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 Antenatal 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 (August 2022)

SUMMARY (Published Data)

91.4%

Week ending 24/07/2022

92.7%(week ending 17/07/2022)

4 Hour Emergency Department Standard

67%

March 2022

72% (December 2021)

12 Week Outpatient Standard

62%

March 2022

71% (December 2021)

Treatment Time Guarantee

88.4%

March 2022

91.8% (February 2022)

18 Weeks Referral to Treatment

100%

March 2022

100% (December 2021)

31 Day Cancer Standard

83.3%

March 2022

54.5% (December 2021)

62 Day Cancer Standard

74.6%

March 2021

94.3% (December 2021)

Access to CAMHS

56.5%

December 2021

Access to Psychological Therapies

1. Emergency Department Performance

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

Performance against standard *– 91.4% (week ending 24th July 2022)*

Update - As at week ending 24th July 2022, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 91.4%. There were 140 attendances and 12 breaches. Performance in regards to the 4 hour A&E target is good as shown in Figure 1. Special cause variation saw performance dip below 95% during the first half of 2022. Over the last couple of months, attendances have significantly increased (as shown in figure 2), rising above the upper confidence level on a number of occasions.

Figure 1: ED Waiting Times (% patients seen within 4 hours)

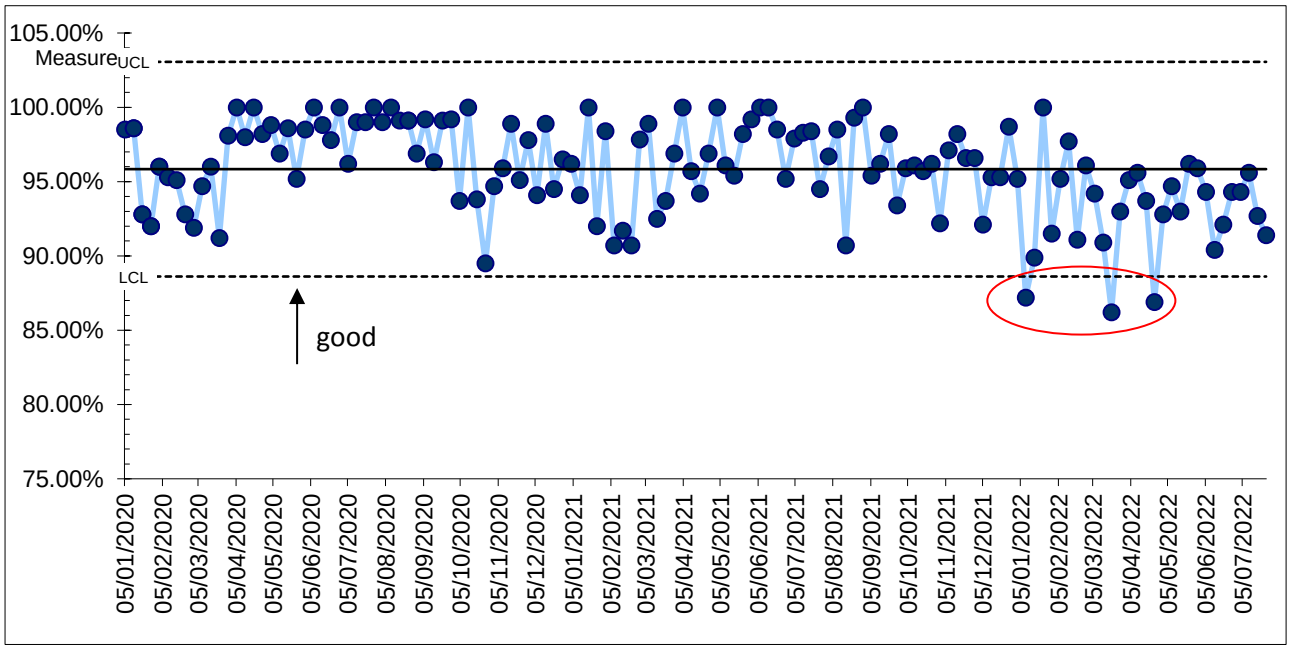
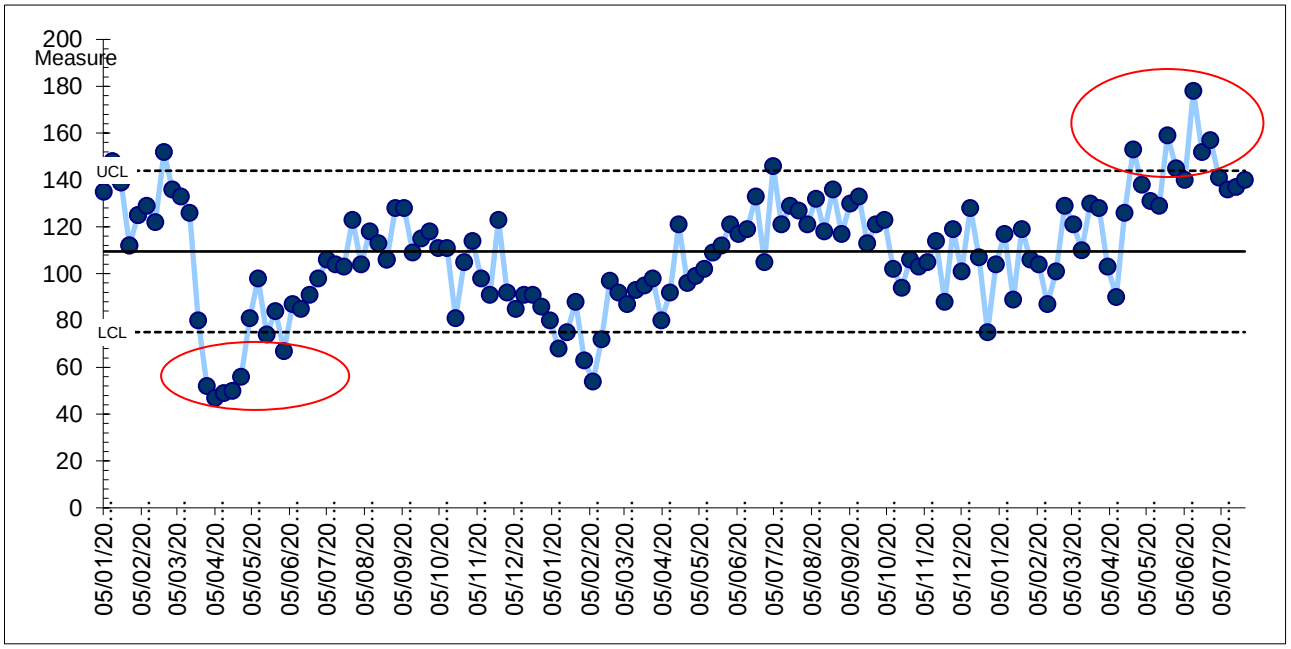


Figure 2: ED Attendances by week, Jan 2020- July 2022



2. Outpatients

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

Performance against standard *– 67% (quarter ending March 2022)*

Update – As at the end of March 2022, there were 993 patients waiting for a new outpatient appointment. 375 (38%) of these have been waiting longer than 12 weeks and 324 (33%) waiting greater than 16 weeks. This is an improved position since the end of December 2021 when 43% were waiting greater than 12 weeks. 1231 patients were seen; 402 (33%) waited over 12 weeks. 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.

Table 1 - Numbers waiting:

Quarter end	No. on list	No. waiting >12 weeks	No. waiting >16 weeks
March 2022	993	375 (38%)	324 (33%)
December 2021	1140	492 (43%)	382 (34%)
September 2021	1057	445 (42%)	334 (32%)

Table 2 - Numbers seen:

Quarter end	No. seen	No. waited >12 weeks	No. waited >16 weeks
March 2022	1231	402 (33%)	310 (25%)
December 2021	1043	294 (28%)	258 (25%)
September 2021	1047	208 (20%)	187 (18%)

Figure 3: Performance in outpatients – The Balfour, 2012 – 2022

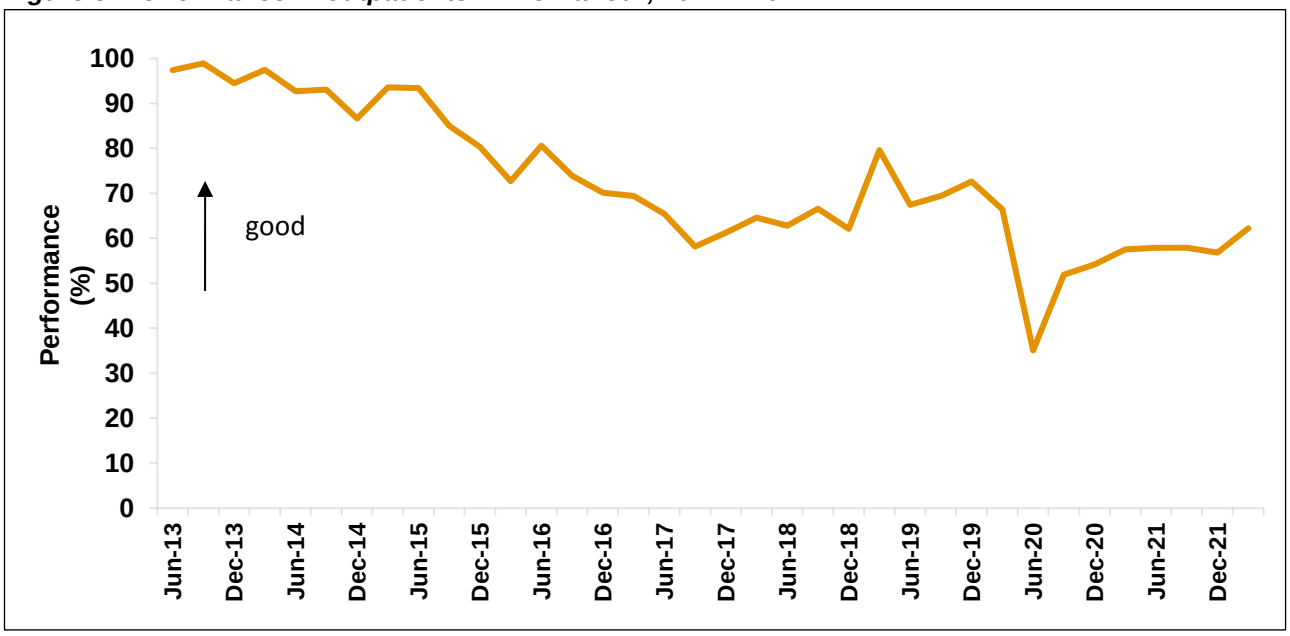
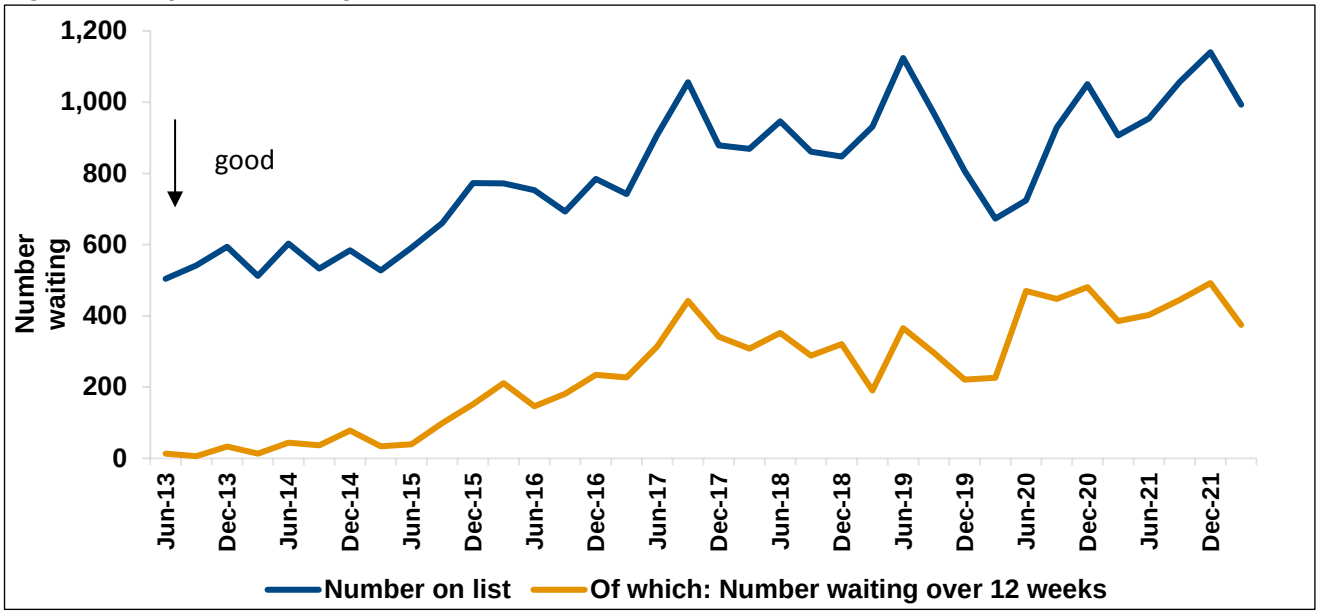


Figure 4: Outpatient waiting times – The Balfour, 2013-2022



3. Treatment Time Guarantee (TTG)

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

Performance against standard *– 62% (quarter ending March 2022)*

Update - As at the end of March 2022, there were 280 patients waiting for an inpatient/day case procedure. Of these, 109 (39%) had been waiting for more than 12 weeks. During the quarter 243 patients were treated and of these 92 had waited over 12 weeks.

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.

Table 3 - Numbers waiting:

Quarter end	No. on list	No. waiting >12 weeks
March 2022	280	109 (39%)
December 2021	310	145 (47%)
September 2021	288	131 (45%)

Table 4 - Numbers seen:

Quarter end	No. seen	No. waited >12 weeks
March 2022	243	92 (38%)
December 2021	174	51 (29%)
September 2021	193	62 (32%)

Figure 5: Performance in inpatients – The Balfour, 2012 – 2022

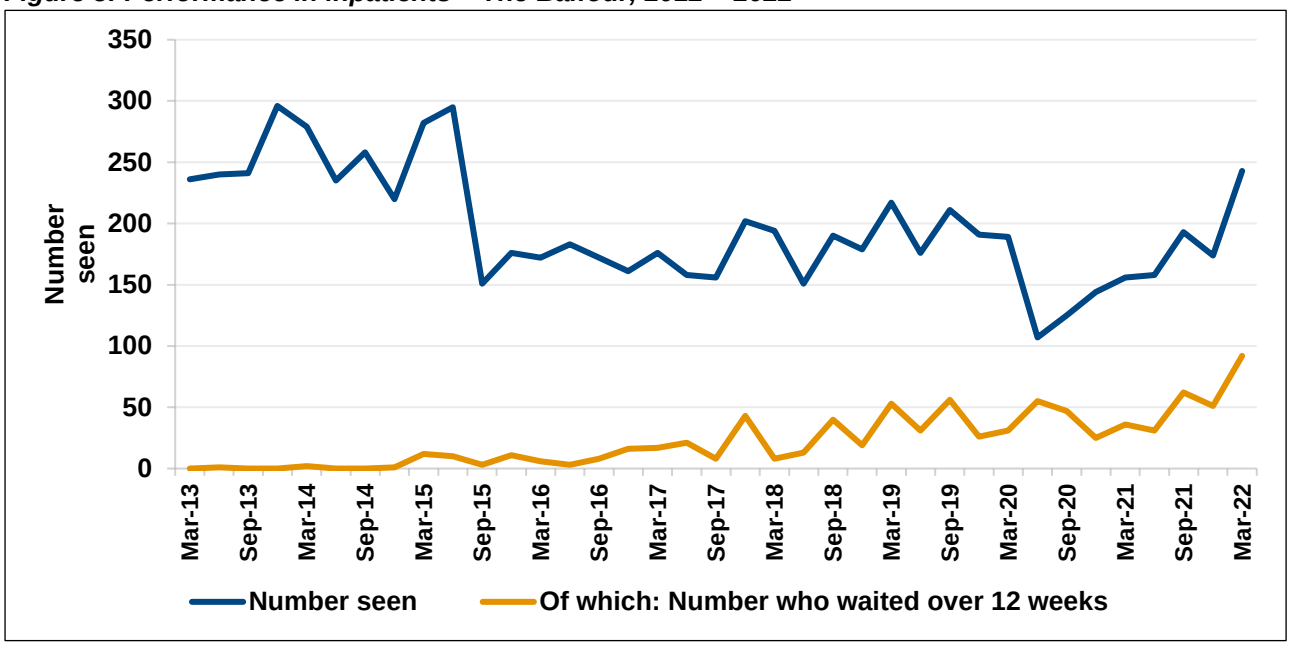
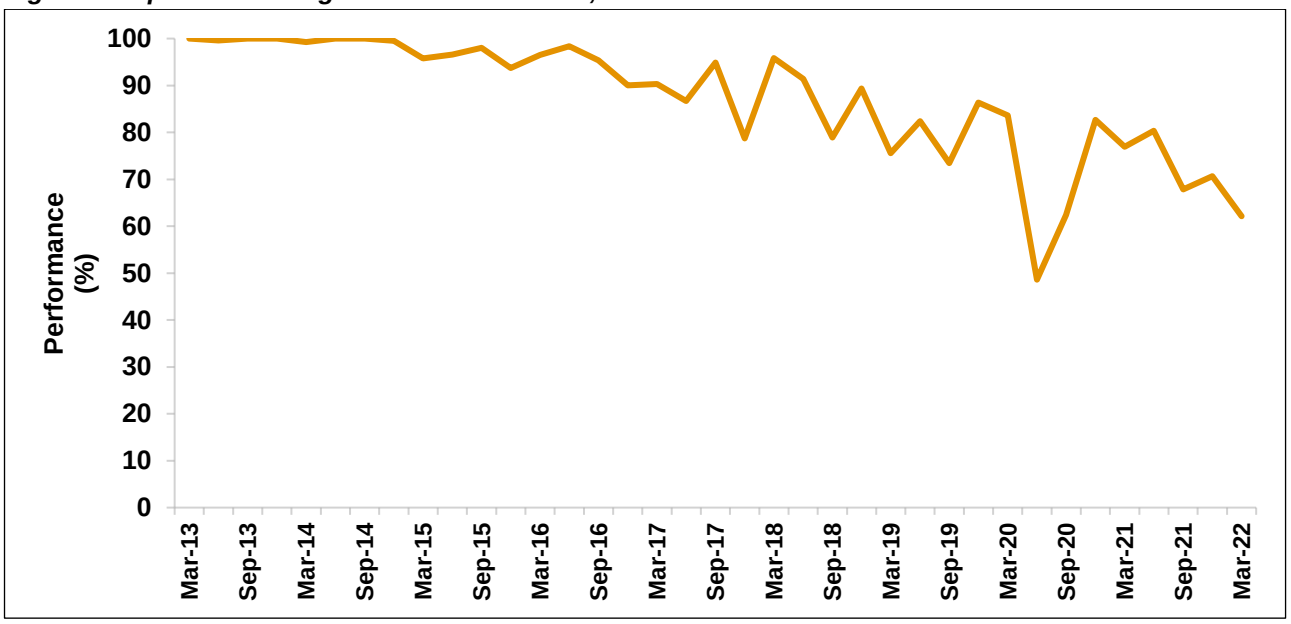


Figure 6: Inpatient waiting times – The Balfour, 2013-2022



4. 18 Week Referral to Treatment

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

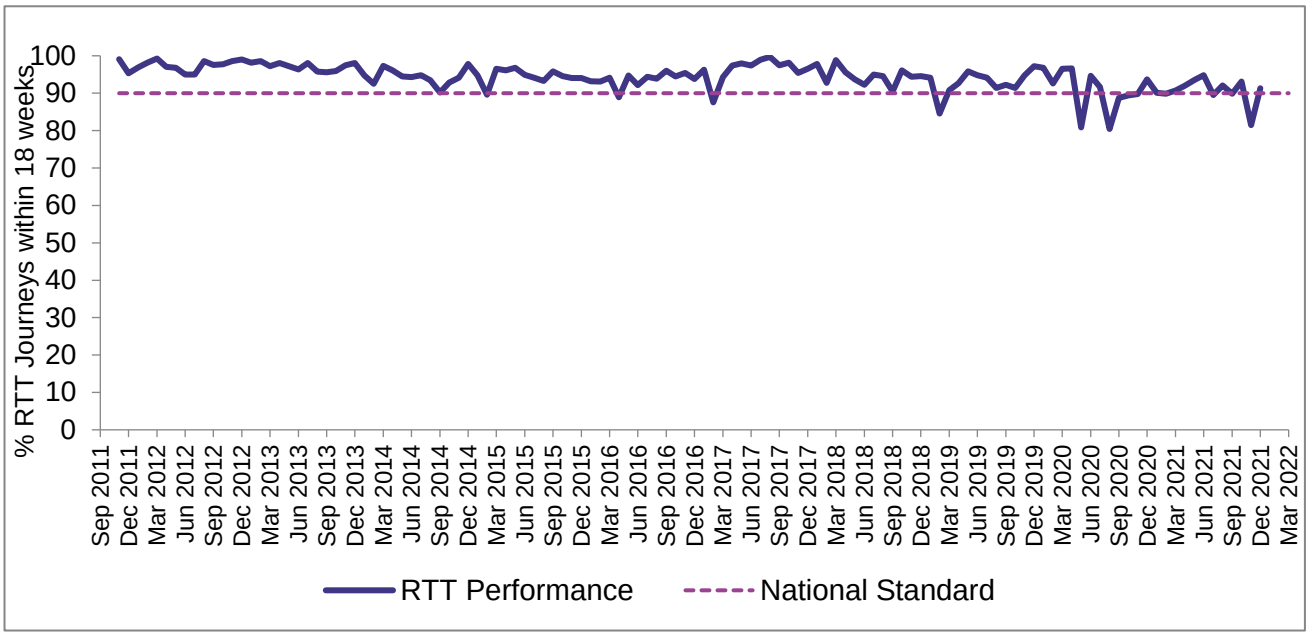
Performance against standard *– 88.4% (month ending March 2022)*

Update – During March 2022, there were 894 completed patient journeys; of which 103 were over 18 weeks. The national average for performance in this area is 72%. Performance last quarter (December 2021) was 91.3%.

Table 5 – 18 week pathways:

Month	Completed patient journeys	Patient journeys within 18 weeks
January 2022	790	83.9%
February 2022	645	91.8%
March 2022	894	88.4%

Figure 7: 18 week referral to treatment performance – NHS Orkney



5. 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)*

Performance against standard *– 25% (quarter July – September 2021)*

Update – During the second quarter of 2021/22 there were 17 LDP quit attempts (12 in quarter 1 2021-22). The quarter target is 8 and the annual target is 31. There were 2 LDP 12-week quits (7 in quarter 1 2021-22)

6. 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*

Performance against standard *– 100% (quarter January – March 2022)*

Update – During the quarter (January - March 2022) there were 10 completed waits. The 90th percentile wait length is 14 days. This is an area where NHS Orkney continues to perform well.

7. 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.*

Performance against standard (31 days) *– 100% (quarter January – March 2022)*

Performance against standard (62 days) *– 83.3% (quarter January – March 2022)*

Update – Data from Quarter 4, January – March 2022 details of the 10 eligible referrals; all 10 started treatment within 31 days. Of the 12 eligible referrals; 10 started treatment within 62 days.

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. 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.

8. IVF Treatment

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

Performance against standard *– 66.7% (quarter January – March 2022)*

Update – During January to March 2022, there were 8 referrals and 6 patients seen; 4 waited less than 13 weeks (66.7%), 1 waited 14-26 weeks (16.7%) and 1 waited 27-39 weeks (16.7%). At the end of March 2022 there were 2 patients waiting: both waiting less than 13 weeks.

9. Mental Health

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

Performance against standard *– 74.6% (quarter January – March 2021)*

Update – For the quarter ending March 2021, 67 children and young people were seen for treatment. Of these 74.6% were seen within 18 weeks of referral. For the previous quarter (October – December 2020) 70 were seen; 94.3% having waited less than 18 weeks from referral to treatment. Please note that these figures include all the Island Boards to prevent disclosive numbers.

At quarter end (March 2021), 56 children and young people were waiting for treatment. 44 (78.6%) have been waiting less than 18 weeks. Please note that these figures include all the Island Boards to prevent disclosive numbers.

19 children and young people were referred to CAMHS in NHS Orkney. This compares to 29 for the previous quarter, and 28 for the same quarter ending March 2020.

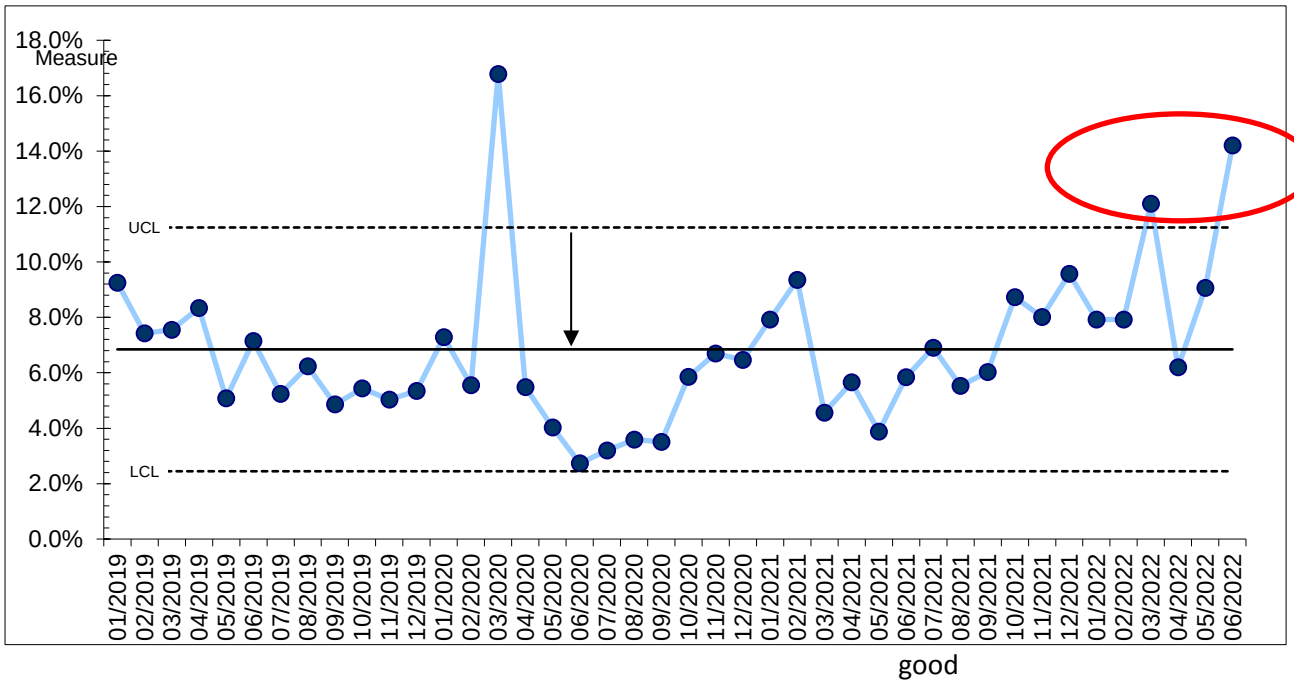
Submission of 2021 / 22 data will be progressed by Health Intelligence once work to review and update the service level clinical information is completed by the Community Mental Health Team.

10. Cancelled Operations

Cancellation rate *– 14.2% (June 2022)*

The total number of planned operations across NHS Orkney during June 2022 was 281. 40 operations were cancelled in June 2022. The majority (19) of the operations were cancelled by the hospital based on clinical reasons. The remainder were either cancelled by the patient (8) or by the hospital due to capacity or non-clinical reasons (13). Cancellation percentage for June 2022 is 14.2% against a national average of 9.5%. Monthly performance is shown in Figure 8 below. Special cause variation during June 2022 is linked to a number of internal factors relating to Covid related illness.

Figure 8: Cancelled Operations, all reasons, Balfour Hospital – January 2019 to June 2022



11. Delayed Discharges

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

The latest published figures (June 2022) indicate that there were 153 Bed Days Occupied by Delayed Discharges during the reporting period and at Census there were 4 people delayed. Performance over time is shown in Figure 9, (Total Number of Delays at the Monthly Census) and Figure 10, (Bed Days Occupied). Both graphs indicate special cause variation early in 2021 and

more recently in April 2022 for the bed days occupied 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 9: Total Number of People Delayed in Discharge from Hospital as at Monthly Census, Balfour Hospital. January 2019 to June 2022.

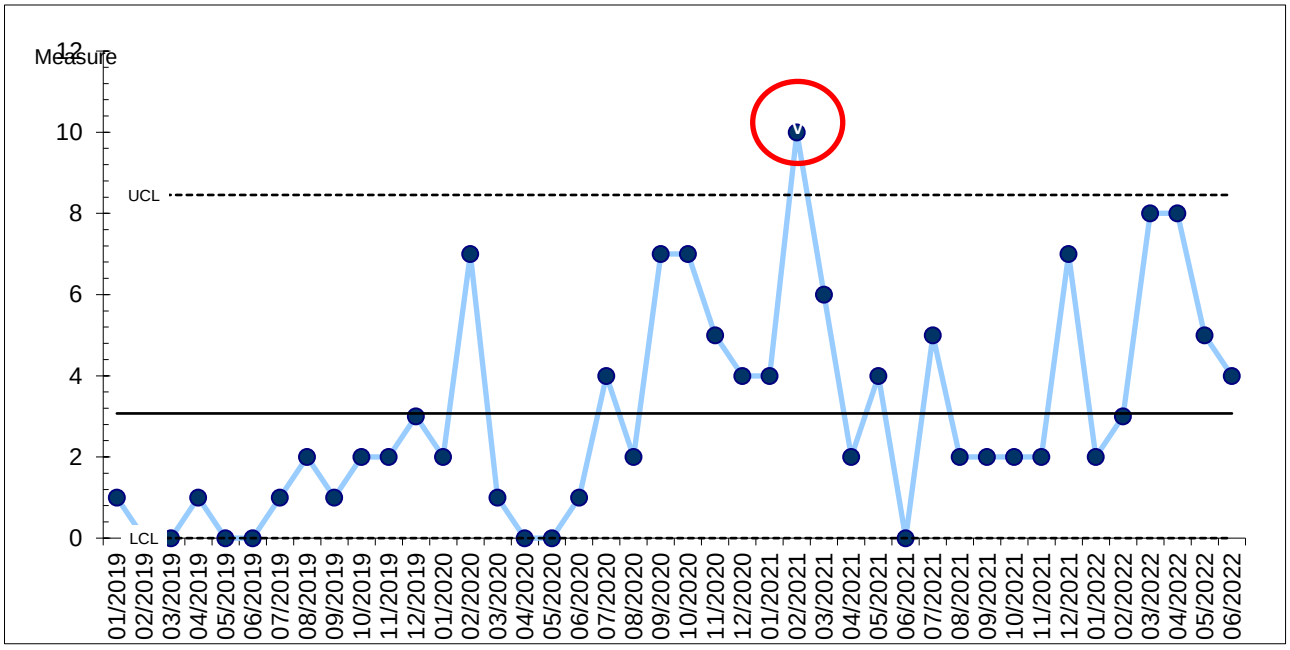
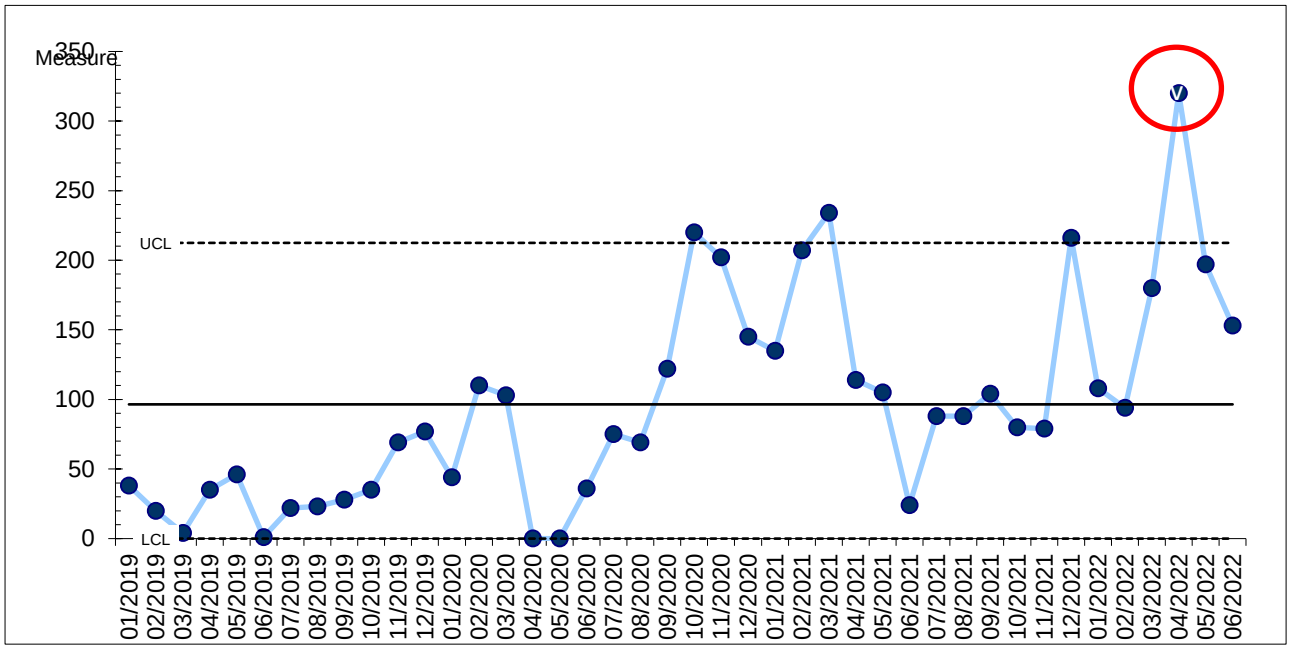


Figure 10: Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2019 to June 2022.



12. Access to MSK Services

Performance *– 13% (As at March 2022)*

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 6 and 7 below.

Update – Progression through 2021/22 saw a reduction in the total number of patients waiting for a first MSK appointment. The percentage waiting within 0-4 weeks has also improved towards the end of the financial year. However, the number of patients seen has decreased throughout the year; although alongside that, of the patients seen, the percentage who waited between 0-4 weeks to be seen increased (heading more towards the 90% target).

Table 6: 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 March 2022	415	54 (13%)
As at December 2021	441	27 (6.1%)
As at September 2021	481	53 (11%)
As at June 2021	516	66 (12.8%)

Table 7: 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 March 2022	220	150 (68.2%)
As at December 2021	242	170 (70.2%)
As at September 2021	256	151 (59%)
As at June 2021	313	195 (62.3%)

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

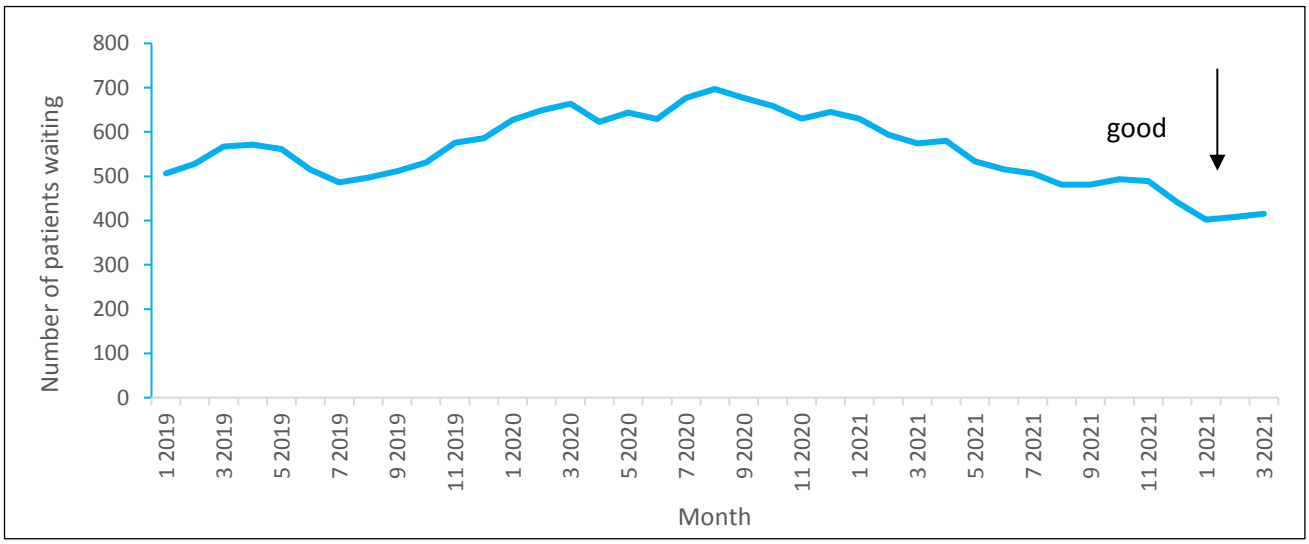
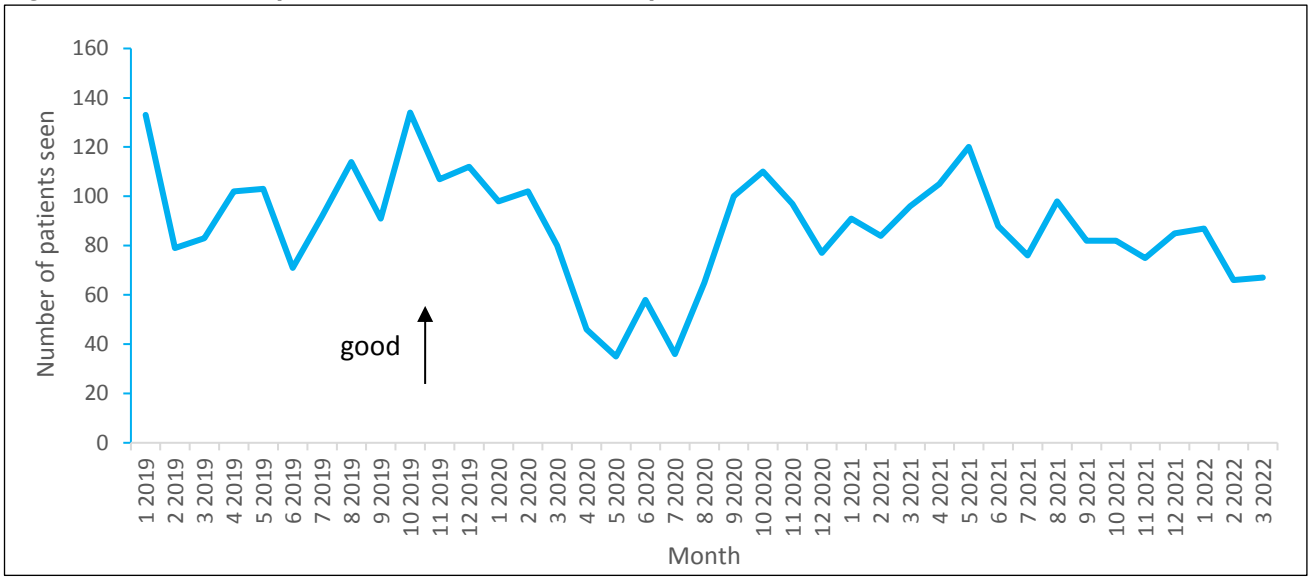


Figure 12. Number of patients seen, All AHP MSK specialties



13. Diagnostics

***Performance** – 46.2% (month end – March 2022)*

Update - At 31 March 2022 199 patients were waiting to be seen for the eight key diagnostic tests; an increase of 43% from 31 December 2021. Of those waiting 46.2% have been waiting six weeks or less (42 days).

177 patients were waiting for an endoscopy, an increase of 37% from 31 December 2021. Of those waiting, 41.2% had been waiting six weeks or less; representing an increase from 23.3% at 31 December 2021.

22 patients were waiting for a Radiology test, an increase of 120% from 31 December 2021. Of those waiting, 86.4% had been waiting six weeks or less.

Figure 13 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 between 0-7 days. Figure 14 provides performance over time and shows special cause variation linked to high levels of performance in 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 13: Distribution of waits as of March 2022 – key diagnostics tests, The Balfour

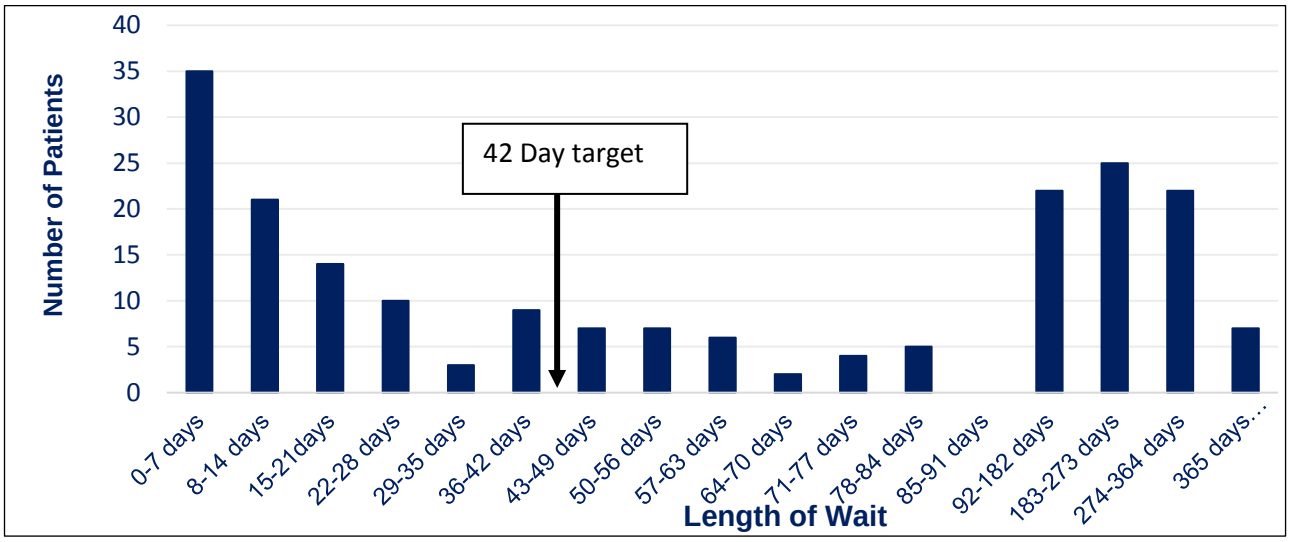
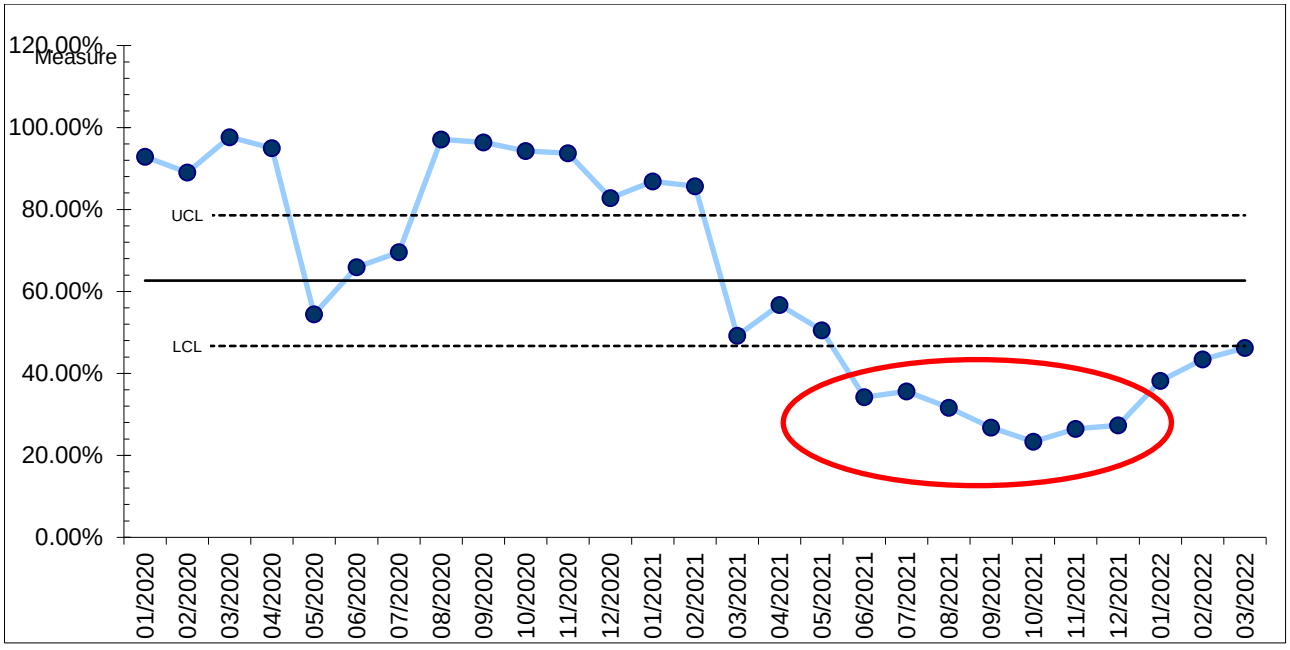


Figure 13: Percentage of patients waiting within 6 weeks for a key diagnostic test as at March 2022, The Balfour



Appendix 1: Performance Measures with No Update to Report

14. 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.*

Performance against standard *– 82% (2022)*

No update to report - 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.

15. Mental Health

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

Performance against standard *– 66.7% (quarter January – March 2022)*

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.

16. Dementia

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

Performance against standard *– 88.6% (2019/20)*

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.

17. Antenatal

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

Performance against standard *– 87% and above (31st December 2021)*

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%

18. Detect Cancer early

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

Performance against standard *– -5.6% (December 2020)*

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.

19. 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*

Performance against standard *– 51.3% (2019/20)*

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.

Just over half of ABIs (51.3%) were delivered in the designated priority settings of primary care (49.7%) and Accident & Emergency departments (1.6%). The remaining 48.7% were delivered in non-priority settings.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 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 28 July 2022. It was agreed that this should be reported to the Board.

2.3 Assessment

1. NPD Contract

Members were provided with an update on the NPD Contract including information around the current status of appointment to the two specialist roles of Authorities Financial Advisor and Authorities Technical Advisor, who's roles are to provide independent and expert advice to the Board.

The Committee welcomed a further update around these positions and associated reviews in due course.

2. Policies and Strategy

The Committee approved the following 4 policies which had received review, update and scrutiny as required through the relevant governance routes:

- Subject Access Request (SAR) Policy
- Records Management Policy
- Freedom of Information Policy
- Information Governance Policy

The Committee also received and reviewed the Information Strategy and recommended Board approval. The Strategy is presented to the Board on this recommendation.

3. Financial Performance and Financial Recovery

The Committee received information around the current financial position and predicted outturn at year end, noting that several assumptions and caveats were made at this stage in the financial year.

The Committee also received an update on the Financial Recovery Plan, detailing the savings made to date, those identified and the workstreams that had been created across the organisation to deliver these. Members scrutinised the current plans, gaps to be identified and further savings opportunities and would continue to be closely sighted on the work of the Financial Sustainability Office.

4. Pharmacy

The Director of Pharmacy attended the meeting to provide an update and information around current Primary Care pharmacy prescribing budgets and spend and to highlight work being undertaken to reduce variation and improve prescribing practice.

The report is attached as an appendix for Board Members information.

2.3.2 Route to the Meeting

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

- Finance and Performance Committee 28 July 2022

2.3 Recommendation

- **Awareness**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Finance and Performance Committee Minute – 26 May 2022
- Appendix 2, Pharmacy and Prescribing report

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 26 May 2022** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
Des Creasey (Vice Chair)
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director

In Attendance: Louise Anderson, Waiting Times Coordinator (for Item F97)
Eddie Graham, Resilience Officer (for Items F95 and F96)
Alison Hardie, Committee Support
Pat Robinson, Chief Finance Officer, IJB
Carrie Somerville, Programme Manager FSO
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

F90 **Apologies**

Apologies were noted from Christina Bichan, Stephen Brown, Michael Dickson, Mark Henry and Mary Moore.

F91 **Declarations of Interests - agenda items**

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

F92 **Minutes of Meeting held on 24 March 2022**

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

F93 **Matters Arising**

F80 - NHS Orkney Climate Change Agenda - FPC2122-32

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.

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.

F94 **Action Log**

The Chair requested an update on Item 14 21/22 at the next scheduled meeting, 28 July 2022.

Performance Management

F95 **Integrated Emergency Planning Update - summary - FPC2223-01**

The Resilience Officer highlighted the key points:

- 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
  (Three On-call Managers attended ScoRDS Modular Training two years ago)
- 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

The Director of Public Health recognised the need for training but suggested in the event of a major incident(s), there would be members of staff in attendance who had undertaken the training.

Decision/Conclusion

Members noted the update.

F96 **Resilience Planning Group Chair's Report - FPC2223-02**

The Resilience Officer attended to present the Chair's Report, and provided an overview of the Resilience Group's work:

- 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

The Director of Public Health thanked the Resilience Officer for his good work whilst employed in the role, and the Chair relayed his thanks and remarked E Graham had been a constant and efficient member of the Committee.

Decision/Conclusion

Members reviewed the report and noted the update.

F97 **Performance Management Report - FPC2223-03**

Deputising for the Head of Assurance and Improvement, the Waiting Times Coordinator highlighted the key points from the 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
- New report - progressing, being reformatted for ease of readability

The Vice Chair acknowledged the quantitative and qualitative data and queried if there was potential for incremental change to address noted challenges i.e. outpatient waits, access to the pain management service. The Waiting Times Coordinator confirmed the pain management service relied on a visiting clinician from NHS Shetland, and added that said clinician would be retiring.

S Johnston stated that the A+E target being met did not reflect bed availability or delayed discharges data, although recognised that NHSO performed better than the Scottish average.

Members noted real concern with figures being published on NHSO website i.e. 56-week wait for Speech and Language Therapy yet lengthy wait times were not being discussed. Particular consideration was given to the clinical implications of delayed access to cancer treatments, rheumatology clinics, noting early intervention can have a significant impact on prognosis. The Chair noted that exposure at this Committee focussed on areas dictated by the Scottish Government and confirmed 'performance data and particular areas of concern' would be itemised on the Joint Clinical and Care Governance Committee agenda.

The Chair queried if an assessment of reliant services i.e. the Vanguard Mobile Theatre, Golden Jubilee Hospital, NHS Grampian had been carried out and shared with relevant persons. The Director of Public Health confirmed no formal options appraisal had been executed, and noted Planning meetings discussed capacity and gaps, Scottish government concentrated on the Golden Jubilee Hospital and elective centres, and suggested people were aware of the service options available to each of the Health Boards.

Members queried how data is tracked and evaluated, asked if any issues had been identified when tracking external data, the usage of unpublished data, and if the information presented within this report is fit for purpose. It was agreed that work would be carried out by Committee members, relevant colleagues and clinicians to bring focus to this report, look at emerging issues and less reliance on external sources.

Decision/Conclusion

Members noted the update.

Financial Management and Control

F98 **Financial Performance Report - FPC2223-04**

The Director of Finance outlined the organisation was monitored against three financial targets; Revenue Resource Limit (RRL), Capital Resource Limit and Cash target.

An underspend of £71k on the Core RRL was reported, £120k due to vacancies, and Capital Resource Allocation had a break-even outturn for 2021-22.

Overspend of £526k had occurred in Pharmacy services, mainly attributable to high cost drugs dispensed in NHS Grampian. Recognising this occurrence, Scottish Government provided funding for 2022-23. 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.

The Director of Public Health asked if the costs incurred were across a number of departments. The Chief Finance Officer, IJB confirmed £406k was COVID related staffing costs within Social Care, Home Care and Children's Services, and staffing costs had increased considerably i.e. Homecare from £601 to £901 per week. The error occurred due to coding issues i.e. COVID Cost Centre not being selected. An investigation would be carried out, and it was confirmed that contact had been made with Stuart Wilson at the Scottish Government to discuss the additional allocation.

Unachieved savings of £4.5m was reported; £2.7m and HSCP £1.8m. £11m received from Scottish Government to deliver against the RRL. All Health Boards received this funding.

The Chair asked if there would be a delay in getting accounts signed off due to the £406k HSCP unaccounted monies. The Director of Finance confirmed the revised accounts will return to this Committee, circulated before next meeting if appropriate, presented to Audit and Risk Committee and Board on 23 June 2022.

Decision/Conclusion

Members reviewed the report and were assured on performance.

F99 **Financial Recovery Plan Update - FPC2223-05**

The Director of Finance noted the work by the FSO to date, savings for 2022-23 had been identified, £4.9m detailed in the report:

- £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

Other savings had been identified and would be tracked through the FSO.

The organisation, through the 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. The Finance team were working with the directorates to deliver a balanced position on savings. Attendance at the Area Clinical Forum had been productive for both the FSO team and Forum members.

It was noted that Financial Flexibility (support costs, transport) would now be introduced to bids to the Scottish Government.

The Vice Chair remarked that the plan was a good piece of work and asked if the Scottish Government was assured. The Director of Finance confirmed that assurance had been given through regular communications and a report would be submitted late July 2022.

The Director of Finance commented that he was reasonably comfortable delivering 52% of the non-recurring savings with the cooperation of directorates and the workstreams being set up, and would be providing regular updates to the SMT, EMT and the Board.

Two Project Officers will be joining the Programme Manager and Project Manager to complete the FSO Team.

The Director of Public Health asked if the risk of winter pressures had been considered, the unpredictable elements, the demands of cold, flu. The Director of Finance responded that if operational directorates continue to overspend there would be an impact on the bottom line.

The Chair queried the impact when dealing with third parties i.e. SLAs, NHS Grampian. The Director of Finance confirmed that he had looked at the travel budget with a view to delivering more services within NHS Orkney. The Chair suggested other areas to look at; medical model areas, issues with recruiting.

The Programme Manager FSO confirmed 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, and support from the Board expected to encourage staff and team participation.

The Chair confirmed the current position to be raised at the NHSO Board meeting.

Decision/Conclusion

Members reviewed and noted the update.

Governance

F100 **Standing Financial Instructions - FPC2223-06**

The Director of Finance noted the instructions were part of the Code of Corporate Governance and recommended no changes at this time.

Decision/Conclusion

Members noted the update.

F101 **Banking Arrangements - FPC2223-07**

The Director of Finance provided an update.

Added to the Mandate
- Medical Director, Mark Henry
- Senior Financial Accountant, Suzanne Gray

Removed from Mandate
- Principal Accountant Financial Services, Karina Alexander

Decision/Conclusion

Members reviewed and approved the update.

F102 **Agree key items to be brought to the board or other Governance Committees attention**

Members agreed that the following items should be raised to the Board via the Chair's Report:

- NHS Orkney Climate Change Agenda 'Post meeting note' - the route for effective ongoing engagement
- Financial Recovery Plan - current position

Members agreed that the following item should be raised to the Joint Clinical and Care Governance Committee:

- Performance Management Report - performance data and particular areas of concern

F103 **Any Other Competent Business**

- The Chair to update the Committee on the replacement for the Non Executive Director, James Stockan

Items for information and noting only

F104 **Schedule of Meetings**

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 28 July 2022.

F105 **Record of attendance**

Members noted the record of attendance.

The meeting closed at 10.49

1. Purpose

To sight the Finance and Performance Committee on the status of prescribing budgets and associated costs for Primary Care services within NHS Orkney and to highlight work being undertaken to reduce variation and improve prescribing practice.

2. Executive Summary

Inflation and growth associated with medicines has continued in 2021(22) and into 2022(23), particularly for new and specialist medicines; increasing numbers of new and more effective medicines and Governments continued progressive approach for access to these, which brings associated health benefits to our population, however at a financial cost.

Medicines shortages associated with a combination of the pandemic and Brexit have continued, for example Hormone Replacement Therapy (HRT), and have been challenging to manage; as a result, systems have been introduced allowing community pharmacists to substitute certain treatments when unavailable. Again, market pressures mean that these replacements are often more expensive.

Work across the board continues to improve the cost effectiveness of medicines and reduce variation in prescribing practice. General Practice pharmacists now support all GP practices within NHS Orkney, delivering the Pharmacotherapy Services elements of the General Medical Services (GMS) contract and local Primary Care Improvement Plan (PCIP).

Increasing numbers of GP locums and Advanced Nurse Practitioners are associated with variation in prescribing practice and are not always aligned with the NHS Grampian Joint Formulary which is utilised by NHS Orkney. While some of these deviations may be appropriate, significant work has been undertaken to rationalise stock holdings in locations without a resident GP, and challenge prescribing practice which does not align with the local formulary.

3. Recommendations

The Finance and Performance Committee is asked to discuss and note the report and be assured that the quality and levels of prescribing within NHS Orkney continue to be of a high standard. To be assured that work is ongoing to maximise the quality, safety, and cost-effective use of medicines, to improve practice and reduce variation.

4. Background

Budgets for Pharmacy and Prescribing within NHS Orkney Primary Care are split into three budget Areas: Pharmacy Prescribing Unified, Vaccination and Immunisation, Pharmacy Community

Primary Care

Budget Area Title	Description of Spend
Pharmacy Prescribing Unified	General Practice Prescribing costs
Vaccination and Immunisation	Substantive Immunisation Programmes Seasonal Vaccination Programmes such as Flu and Covid
Pharmacy Community	Additional Community pharmacy Services such as Methadone services, Provision of Medicines Administration Records and medicines supplied in Multi Dose Systems, the Minor Ailment Scheme and Pharmacy First

Table 1 demonstrates budgets and uplifts for the last 2 financial years. The overall budget between 2020(21) and 2021(22) was reduced by £163,691. Over the same period overall spend reduced by £83,644, resulting in an overspend against budget of £80,167 or 1.5%

Table1. Budgets and uplifts 2020(21) to 2022(23)

Financial Year	Allocated Budget	Uplift from previous year	Actual Spend	Overspend against Budget
Primary Care services				
2020(21)	**£5,286,527	£493,014 (10.2%)	£5,286,643	£116
2021(22)	£5,122,836	-£163,691 (-3.2%)	£5,203,003	£80,167 (1.5%)
2022(23)	Information not yet available 13.07.22			

*Increased from £1,965,253 in response to Covid **Increased from £4,774,140 in response to Covid

5. Discussion

New and more effective treatments are being developed at an increased rate and existing 'new' agents are being licensed and indicated for additional conditions. Scottish Government's policy regarding access to new and innovative treatments is progressive. This significantly increases the cohort of patients who can be treated with these expensive, but often effective and life changing treatments, and at an earlier stage. While routine vaccinations significantly dipped during the pandemic; remobilisation of services has increased spend as catch-up vaccinations are undertaken.

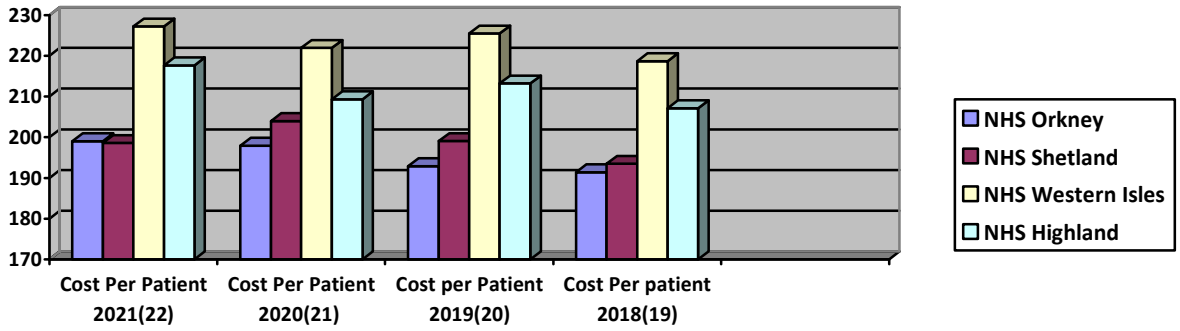
NHS Orkney GP services are provided by 7 GP practices in 15 locations.
The budget allocation for NHS Orkney's prescribing cost centre is divided between practices based on population and demographics.

Growth on the expenditure on medicines is dependent not just on the medicine's inflation and growth, but also the choice of medicines available and further influenced by the cost effectiveness of any treatment. Prescribing a 'cleaner', more effective, and likely more expensive agent will proportionately increase spend within the drugs budget. However, the choice may reduce full system costs by reducing; the number of side effects which need to be managed, monitoring costs, GP time, travel to hospital or clinic appointments both locally and regionally, costs associated with long term complications such as diabetic neuropathy as an example, and will bring long term health benefits to patients. However, these whole system savings are very difficult to quantify.

These health benefits mean patients live longer healthier lives and subsequently, are treated for longer at additional cost to the board. NHS Orkneys aging demographic and increasing numbers of patients living longer and fulfilling lives with multiple co-morbidities incurs associated medicines related costs.

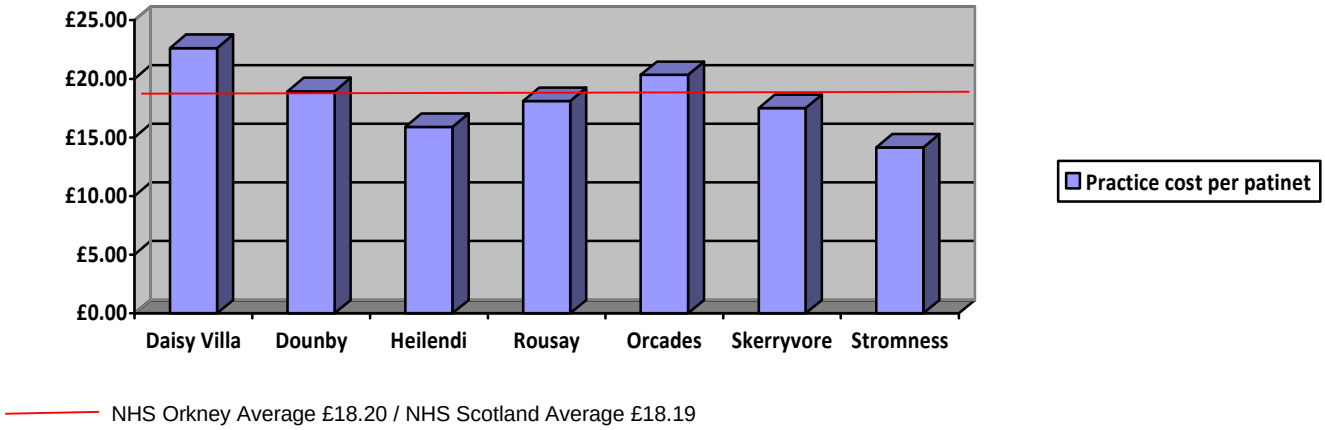
That said, NHS Orkneys spend on medicines per capita within primary care is continues to be below the national average, aligned with NHS Shetland and significantly less than NHS Highland and Western Isles.

Board comparison Cost Per patient

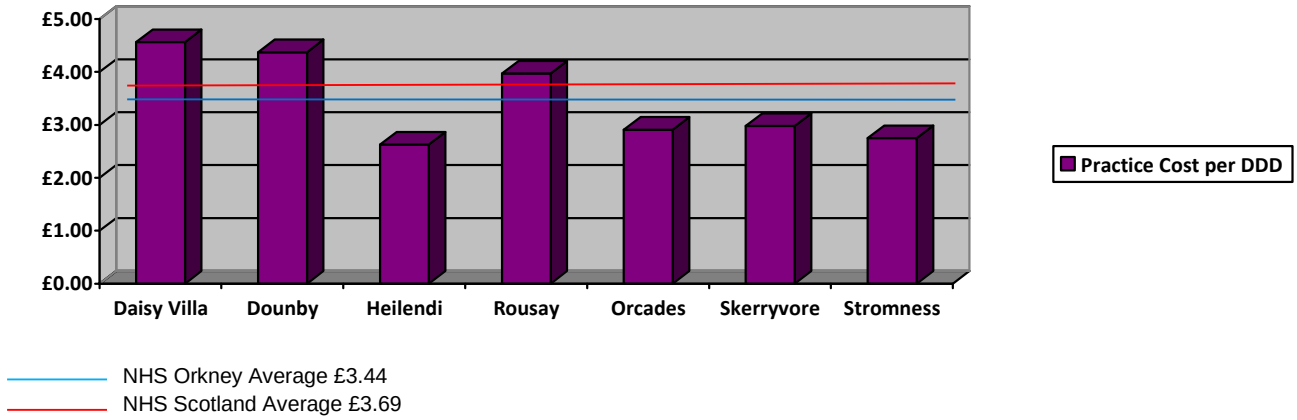


5.1 Variation between GP Practices.

Practice comparison: Cost Per Patient (Mar 2022)



Practice comparison: Cost Per Daily Divided Dose (Mar 2022)



Daisy Villa has the highest Gross Ingredient Cost per patient (Cost per Patient) and the highest Gross Ingredient Cost Per Daily Divided Dose (Cost Per DDD). While Orcades, who are also above the NHS Orkney and Scotland average for Cost per Patient, has a much lower cost per Daily Divided Dose. Very simplistically, this suggests that Orcades prescribes more items per patient, with each item at a lower individual cost. This could be a result of additional low-cost items such as Paracetamol, which would normally be purchased, being prescribed in localities where access to Community Pharmacies' and Supermarkets is limited. Dounby has an average Cost Per Patient, with a higher than average Cost per DDD, indicative of fewer items being prescribed, but at a higher cost per item.

Further in-depth analysis of data would need to be undertaken to confirm this, as small practice numbers and the natural variation in numbers of expensive, complex patients can skew the data. It should also be noted that the cheapest item, is not always the most cost effective or clinically effective. Under prescribing can also indicate that patients' medical needs are not sufficiently addressed.

5.2 Scriptswitch

Scriptswitch is a tool which can be utilised by Practices, at the point of prescribing to align practice with the agreed formulary and most cost-effective treatments. Individual patient requirements may necessitate that the suggested switch is rejected, such as co-morbidities, intolerance, side effects, previous non-response on specialist advice. Overall NHS Orkneys uptake rate is comparable / slightly above NHS Shetland and above the national average. However, there is significant variation in acceptance rates across NHS Orkney and significant room for improvement in some practices with a potential to realise additional savings.

Average Scriptswitch uptake rate Quarter 4 2021(22)

Board	Average Uptake Rate
NHS Orkney	48.09%
NHS Shetland	36.50%
NHS Scotland	22.54%

NHS Orkney Scriptswitch uptake rate 2021(22)

Financial Year 2021 - 2022	Potential Cost Benefit (£)	Actual Cost Benefit (£)	Missed Savings (£)	Switches Offered	Switches Accepted	% Switches accepted
Daisy Villa	7590	63	7527	392	21	5%
Dounby	5105	638	4467	285	111	39%
Heilendi	11643	3690	7953	861	390	45%
Orcades	10325	4036	6289	486	238	49%
Rousay	1746	405	1341	78	27	35%
Skerryvore	36017	15768	20249	1542	826	54%
Stromness	6737	1457	5280	681	253	37%
TOTAL FOR NHS ORKNEY	79163	26057	53106	4325	1866	43%

Dispensing practices such as Daisy Villa tend to prescribe according to their existing stock holding, which results in the rejection of most suggested switches. As a result of the low acceptance rate in Daisy Villa, significant pharmacist time has now been allocated to support and address the issue, and to work with the practice to align stock holdings with our formulary, best practice and cost-effective treatments.

5.3 Cost Pressures

Advancements in medical treatments mean that new, and usually expensive, medicines are added to the NHS Grampian formulary (used by NHS Orkney) on a monthly basis. Quantifying the associated financial risk is difficult when NHS Orkney may be expected to see one patient per year; natural variation means that this could be no patients at no cost or three patients at a very significant cost. Moving forward, it has been agreed that the pharmacy will provide a report which outlines current and potential cost pressures and areas of concern, as well as cost improvements, on a monthly basis for both Acute and Primary Care services.

5.4 Pharmacotherapy Services

Pharmacotherapy services as outlined in the General Medical Services contract, are now being delivered across all GP practices in all locations of NHS Orkney by a team of

Pharmacists and Pharmacy Technicians. Services aim to improve quality of care, reduce the workload of GPs and improve patient safety. Some examples of the work being undertaken are listed below:

- Clinical and cost-effective prescribing reviews are undertaken as part of the prescription re-authorisation process.
- Medicines are being aligned to 56 day prescribing to reduce waste and minimise time spent, and costs associated with prescribing and dispensing.
- Serial Prescribing is being introduced to reduce the administrative burden for GPs and ensure the timely supply of medicines to suitable patients.
- Non-formulary items are changed to formulary equivalents where appropriate.
- Inhalers are change to environmentally friendly inhalers aligned with green prescribing targets.
- Patients are contacted and treatments reviewed to ensure compliance; improving outcomes, reducing waste, minimising harm and mitigating medicines related hospital admissions
- Pharmacists, as Independent Prescribers, undertake Cardiovascular and Chronic Obstructive Airways Disease clinics, maximising therapeutic outcomes and cost-effective treatments for patients.
- Collaborative work is ongoing to reduce the unnecessary /excessive prescribing associated with dressings across the board
- Formal Polypharmacy Reviews are undertaken and where appropriate de-prescribing is undertaken, reducing the number of items prescribed, reducing waste and associated cost while improving patient safety and care.

In conclusion

Cost pressures across Primary Care continues to rise, associated with Governments access to medicines policies, increasing numbers and indications of more effective and more expensive medicines, alongside shifting service delivery models and care closer to home.

As previously indicated the benefits of the increased cost of individual medicines, which impacts the drugs budget, have better outcomes for patients, improving the benefit and reducing the harm from their medicines and may incur whole system and long-term savings.

NHS Orkney

Meeting:	**NHS Orkney Board**
Meeting date:	**Thursday, 25 August 2022**
Title:	**Corporate Risk Register**
Responsible Executive/Non-Executive:	**Michael Dickson, Interim Chief Executive**
Report Author:	**Debbie Lewsley, Clinical Governance & Risk Facilitator**

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:

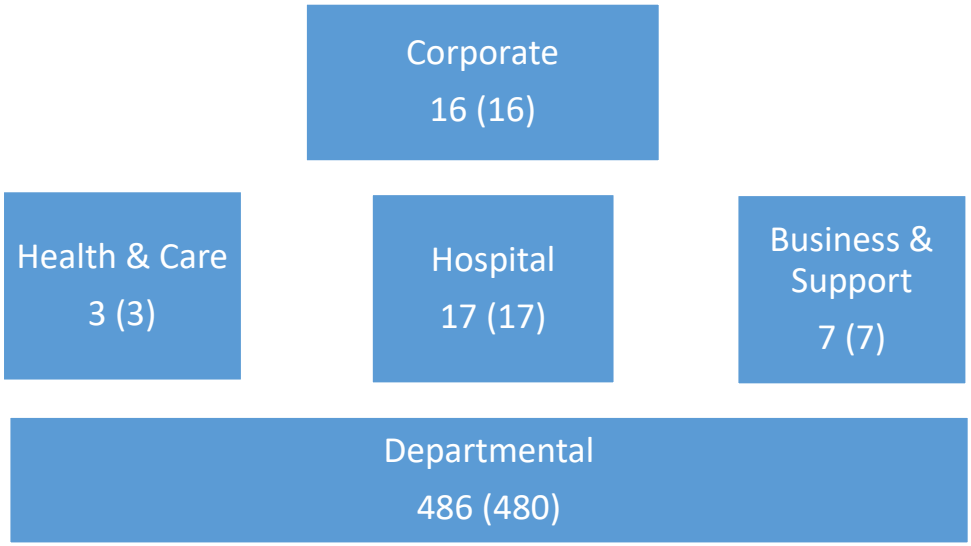
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

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 July 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 41 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 and no changes to any risk ratings.

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 was one risk relating to ENP Entitlement on the Tier 2 Hospital Risk Register that's risk rating was decreased from 25 to 5 to reflect implementation of control measures to mitigate the risk and no movement to report in relation to risks on the Tier 2 Business and Support and Orkney Health and Care Risk Registers.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at July 2022 and Table 2 provides the last reported position for reference. As can be seen there has been a small increase in risk exposure at a corporate level as a result of the decreased rating within Hospital services due to the risk relating to ENP Entitlement.

Risk Exposure – Tables 1 & 2:

July 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	60	139	22	0	221	39.3%
Health & Care	25	15	9	0	49	8.7%
Hospital	40	157	28	0	225	40.0%
Business & Support	0	44	24	0	68	12.1%
TOTAL EXPOSURE	125	355	83	0	563	100.0%
% of Total	22.2%	63.1%	14.7%	0.0%		

May 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	60	139	22	0	221	37.0%
Health & Care	25	15	9	0	49	8.2%
Hospital	65	157	23	0	245	41.0%
Business & Support	0	59	24	0	83	13.9%
TOTAL EXPOSURE	150	370	78	0	598	100.0%
% of Total	25.1%	61.9%	13.0%	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 July 2022 with no change to its current risk rating due to ongoing recruitment processes for some specialities.

Corporate risk 554 *Failure to meet population health needs resulting from the pandemic* was reviewed in June 2022 with no change to its current risk rating with plan's being developed by Community Planning Partnership to address broader socioeconomic issues.

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 progressing 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 an 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 DHI listening exercise was presented at the April Board, the position of this risk remains the same with a review due in December 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	15	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. Update July 2022 - Vacancy panel established with clinical representation from July 2022. Review of vacancy panel Terms of Reference ongoing to be revised to include escalation and reporting for dissent agreement re requirement for clinical staff.
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 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. Update July 2022 - Medical staffing moving towards a more sustainable model with successful recruitment of O&G consultant starting in October, anaesthetic and physician recruitment continues.
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. Update July 2022 - Board has created Finance Sustainability Office which will work with Executive Directors to address financial position - meeting with Scottish Government to take place end of July after which we will submit the latest Annual Plans for 2022/23 - 2024/25.
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 June 2022 - 1 - The Chief Executive presented an update on the DHI listening exercise to the Board on the 28 April 2022. The Board noted that cultural change and work to improve this would span over a number of years and that the wider work being progressed would be reported through the APF and Staff Governance Committee to the Board. 2 -The actions from the DHI listening exercise that fall with

					the remit of the DHR are contained within the Staff Governance Action Plan and are therefore considered to be within a structure that enables business as usual. The Partnership supported Communications group continue to meet to take forward specific work that better communications. The next meeting of the group will consider the updated survey on progress against the DHI report. Imatter the national staff engagement tool has completed with managers receiving their reports. Managers will now work with their teams to create action plans and the organisations L&OD team are running sessions for managers/team leaders and supervisors to support them in engaging with staff to action plan. Overall we will review the output of the survey and the Boards imatter report to ascertain what movement has taken place and adjust the risk in line with that understanding.
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. Update June 2022 - National Variant and Mutation Plan and investment in national surveillance awaited. Vaccinations progressing locally in line with national policy. Contact tracers contracts end Sept 22.
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. Update June 2022 - Annual operating plan created. Range of plan's being developed by Community Planning Partnership to address broader socioeconomic issues.

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. Update July 2022 - A Deputy Director of Acute has been brought in on an interim basis and we are now progressing the recruitment of the Director of Nursing and Acute position.
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. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Robust system for maintaining hoists in place. Robust system for inspecting slings in place. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports.	Update 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 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.
Risk ID: 726 NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.	Director of Human Resources	20	6	Violence and Aggression lead (Training Officer) in place for 0.5 WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer.	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

				Conversations taking place with external trainers to support backlog. Due to Covid, issues in accessing sufficient training for the V&A lead. Work already started on remedial action plan. Taskforce set up to deliver on Actions from HSE reports. Challenge freeing up staff time to attend training. Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training. Online learning tools to be reviewed to ensure training meets statutory requirements. Policy is in place. Been reviewed and currently in process of being ratified. Risk assessment process is in place.	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.
Risk ID: 923 Data Security - Control of Access to Clinical & Non-Clinical Personal Data	Director of Finance	15	4	IT Access request process Information Security Policy	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. Update May 2022 - Head of IG to confirm with HR appropriate list been sent re payroll staff. Update July 2022 - Working with HR to establish AD Manager System to audit and manage active directory - initial meeting arranged July to discuss process.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
National Care Service (Scotland) Bill (Detailed): consultation https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill https://yourviews.parliament.scot/health/national-care-service-bill/consultation/	A Scottish Parliament consultation seeks views on the National Care Service (Scotland) Bill 2021 which allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national care service. Evidence will assist Ministers in thinking about ways to could improve the proposed law, and whether the draft Bill should be passed into law by the whole Parliament. Comments by 2 September 2022.
Good Food Nation (Scotland) Act 2022 (asp 5) https://www.legislation.gov.uk/asp/2022/5/contents/enacted	An Act of the Scottish Parliament to require the Scottish Ministers to prepare and publish a national good food nation plan; to require certain authorities (which includes Health Boards) to prepare and publish their own good food nation plans; and to provide as to the effect of all of those plans. **The Act is not yet in force.**
Public Health Scotland's Health and Justice Programme strategy https://www.publichealthscotland.scot/publications/public-health-scotlands-health-and-justice-programme-strategy	A new Health and Justice Programme established in Public Health Scotland (PHS) to support the delivery of PHS's initiative of "delivering impactful justice and health", where it has been well evidenced that people in contact with the justice system often have poorer health outcomes than the general population and are at increased risk of harms arising from issues such as excess alcohol consumption, social deprivation, problem substance use, blood-borne virus infection, mental ill-health and smoking. This document discusses the need and opportunities for PHS within the justice system in Scotland and outlines the vision, aims, scope and role of the new Health and Justice Programme.

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2022)21	28.06.2022	Removal of temporary Covid policies
CMO(2022)26	28.06.2022	Monkeypox – New regulations came into effect on Thursday 16 June 2022
CMO(2022)27	29.06.2022	Seasonal flu immunisation childhood and school programme 2022/23 – cohort confirmation
DL(2022)22	29.06.2022	Further information for healthcare professionals - targeted deployment of covid-19 medicines for non- hospitalised patients
DL(2022)23	30.06.2022	Fit-notes – Extension of Certification to other Healthcare Professions
CMO(2022)28	30.06.2022	Guidance on shotgun and firearms markers in clinical records
CEM/CMO/2022/011	04.07.2022	COVID therapeutic alert 2022 11 - Commencement of a Palivizumab Passive Immunisation Programme Against Respiratory Syncytial Virus (RSV) in At Risk Infants in England, Scotland and Wales
DL(2022)24	12.07.2022	Temporary increase to NHS Scotland mileage rates - extension
CMO(2022)29	18.07.2022	Monkeypox (MPX) pre and post exposure vaccination
DL(2022)25	29.07.2022	Greenhouse gas emissions reporting – fluorinated gases
DL(2022)26	03.08.2022	Revised Scottish code of practice for the international recruitment of health and social care personnel

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*

14.3

NHS Orkney - Board - Attendance Record - Year 1 April 2022 to 31 March 2023:

Name:	Position:	28 April 2022	23 June 2022	25 Aug 2022	27 October 2022	15 Dec 2022	23 Feb 2022	
Members:								
	Non-Executive Board Members:							
M McEwen	Chair	Attending	Attending					
D Campbell	Vice Chair	Attending	Attending					
D Creasey	Non Executive Board member	Attending	Attending					
C Dare	Non Executive Board Member	Attending	Attending					
C Evans	Non Executive Board Member	Attending	Attending					
M Gill	Employee Director	Attending	Attending					
I Grieve	Non Executive Board Member	Attending	Attending					
S Heddle	Non Executive Board Member		Attending					
S Johnston	Area Clinical Forum Chair	Attending	Attending					
J Kenny	Non Executive Board member	Attending	Attending					
J Stockan	Non Executive Board member	Attending						
J Taylor	Non Executive Board member	Attending	Attending					
	Executive Board Members:							
M Dickson	Interim Chief Executive	Attending	Attending					
M Doyle	Director of Finance	Attending	Attending					
M Henry	Medical Director	Attending	Attending					
L Wilson	Director of Public Health	Attending	Attending					

Name:	Position:	28 April 2022	23 June 2022	25 Aug 2022	27 Oct 2022	15 Dec 2022	23 Feb 2022	
	In Attendance:							
S Brown	Chief Officer – IJB	Attending	Attending					
L Hall	Interim Director of HR	Attending	Attending					
M Moore	Interim Director of Nursing, Midwifery and AHPs	Attending	Attending					
E West	Corporate Services Manager	Attending	Attending					