

NHS Orkney Board

15 December 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**
Thursday 15 December 2022 at 10:00am.

Meghan McEwen

Chair

Agenda

Presentation

NES AHP Career Fellowship

'Exploring & Promoting the Wellbeing of Rehabilitation Patients'
Rona Marcus, Occupational Therapist

Item	Topic	Lead Person	Paper Number	Purpose
1	Apologies	Chair		To <u>note</u> apologies
2	Declaration of Interests	Chair		To <u>update</u> the Board on new general or specific declarations of interest
3	Minutes of Previous Meetings Held on 25 August 2022	Chair		To check for accuracy and <u>approve</u>
4	Matters Arising	Chair		To <u>seek assurance</u> that actions from the previous meeting have been progressed
5	Board Action Log	Chief Executive		To <u>monitor progress</u> against the actions
6	Governance			
6.1	Governance Committee membership	Corporate Services Manager	OHB2223-46	To <u>approve</u> the amendments to committee membership
6.2	Integration Joint Board – Annual Performance Report 2021/22	Chief Officer	OHB2223-47	To <u>note</u> the report and <u>take assurance</u> on performance

Item	Topic	Lead Person	Paper Number	Purpose
6.3	Orkney Partnership Board Vice Chair Report and minute from meeting held on 29 June 2022	Chair	OHB2223-48	To <u>discuss</u> the issues raised from the report and <u>note</u> the minutes
6.4	Health and Safety Executive update	Interim Director of Human Resources	OHB2223-49	To <u>note</u> the update and <u>approve</u> the recommendation
6.5	Draft Orkney Winter Plan 2022/23	Chief Officer/Interim Deputy Director of Acute Services	OHB2223-50	To <u>note</u> the draft Orkney Winter Plan 2022/23
7	Strategy			
7.1	NHS Orkney Communications Framework	Interim Chief Executive	OHB2223-51	To <u>note</u> the framework as approved by the Staff Governance Committee
8	Clinical Quality and Safety			
8.1	Healthcare Associated Infection Reporting Template	Medical Director	OHB2223-52	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
8.2	Public Health Update – vaccination programmes	Consultant in Public Health	OHB2223-53	To receive an <u>update and assurance</u> on delivery of vaccination and immunisation programmes
8.3	Joint Clinical and Care Governance Committee Chairs report and minute from meeting held on 5 July 2022	Joint Clinical and Care Governance Committee Chair	OHB2223-54	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.4	Area Clinical Forum Chairs report and minutes from meetings held on 5 August and 7 October 2022	Area Clinical Forum Chair	OHB2223-55	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
8.5	NHS24 Assurance report	Chief Officer	OHB2223-56	To <u>note</u> the current position

Item	Topic	Lead Person	Paper Number	Purpose
9	Workforce			
9.1	Staff Governance Committee Chairs Report and minute from meeting held on 8 June and 24 August 2022	Staff Governance Committee Chair	OHB2223-57	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
10	Organisational Performance			
10.1	Financial Performance Report	Director of Finance	OHB2223-58	To <u>review</u> the in year financial position and <u>note</u> the year to date position
10.2	Performance Management Report	Director of Finance	OHB2223-59	To <u>scrutinise</u> the report and <u>seek assurance</u> on performance
10.3	Finance and Performance Committee Chair's Report and minute of meeting held on 28 July and 22 September 2022	Finance and Performance Committee Chair	OHB2223-60	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
11	Risk and Assurance			
11.1	Corporate Risk Register	Interim Chief Executive	OHB2223-61	To <u>review</u> the corporate risks which have been agreed by the Executive Management Team.
11.2	Audit and Risk Committee Chair's Report and minute of meeting held on 23 June and 6 September 2022	Audit and Risk Committee Chair	OHB2223-62	To <u>seek assurance</u> from the report and <u>adopt</u> the approved minutes
12	Any Other Competent Business			
13	Items for			

Item	Topic	Lead Person	Paper Number	Purpose
Information				
13.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
13.2	Board Reporting Schedule 2022/23 and 2023/24*			To <u>note</u> the timetables
13.3	Schedule of meeting dates 2023/24*			To <u>note</u> the schedule of dates for 2023/24 as approved virtually
13.4	Record of Attendance*			To <u>note</u> attendance record

Open Forum – Public and Press Questions and Answers session

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

Orkney NHS Board

Minute of meeting of **Orkney NHS Board** held via **MS Teams** on **Thursday 25 August 2022**
at **10:00am**

Present

Meghan McEwen, Chair
Davie Campbell, Vice Chair
Des Creasey, Non-Executive Board Member
Mark Doyle, Director of Finance
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

In Attendance

Stephen Brown, Chief Officer, Integration Joint Board
Nigel Firth, Equality and Diversity Manager, NHS Grampian (item B66)
Lorraine Hall, Interim Director of Human Resources
Sara Lewis, Consultant in Public Health
Emma West, Corporate Services Manager
Anna Whelan, Strategy Manager, Orkney Islands Council (Item B57)

Forensic Services Presentation

Hilary MacPherson - Forensic Medical Examiner, Sara Murray - Forensic Nurse and Tariro Gandiya - Forensic Medical Examiner joined the meeting to provide members with an overview and update on Forensic Services for victims of sexual assault within NHS Orkney.

The presentation covered the background to establishing the service, the current local service including staffing roles, access and the referral process.

The Chair extended thanks on behalf of the Board for an excellent and informative presentation.

B52 Welcome and Apologies

Apologies were noted from M Dickson, C Evans, M Moore and L Wilson.

The Chair noted that Caroline Evans' Non Executive appointment to the Board ended on the 31 August 2022 and gave thanks to Caroline for her 4 years on the Board wishing her well for the future.

B53 Declarations of interests

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

B54 Minutes of previous meetings held on 23 June 2022

The minute of the meeting held on 23 June 2022 was accepted as an accurate record of the meeting and was approved.

B55 Matters ArisingClinical Strategy

It was noted that the Strategy was in the process of being formally launched and published following Board approval, supported by the Corporate Communications Team.

Health and Safety Executive update

Members were updated that following the HSE visit in October 2021 where 4 improvement notices had been issued, there had been a significant increase in the Health and Safety Team to progress actions. Work continued with colleagues across the organisation to ensure staff were fully supported to attend all required training and collaborative conversations continued with the Health and Safety Executive to ensure that they remained updated.

B56 Board Action Log

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

Strategy**B57 Child Poverty Strategy – OHB2223-31**

The Chief Officer presented the report seeking approval of the Strategy on the recommendation of the Joint Clinical and Care Governance Committee.

A Whelan, Strategy Manager, Orkney Islands Council confirmed that the Strategy had been reviewed and approved by the appropriate groups including the Councils Policy and Resources Committee, Integration Joint Board and Orkney Partnership Board.

The Chair welcomed the strategy and the essential key issues it contained, suggesting that an action group at a strategic level to address poverty and the cost of living crisis more widely would be beneficial. The second stage of the consultation was also welcomed which included Children and Young People and was advised that this would also include meaningful engagement with care experienced children.

Members noted that child poverty was a wide and multi-faceted issue and included the provision of childcare and the ability for parents to take up full time paid employment.

Decision / Conclusion

The Board approved the Child Poverty Strategy and welcomed further wider discussions to enable progression as a priority. It was agreed that focused dialogue around poverty mitigation and the cost of living crisis would continue across partner organisations.

B58 Information Governance Strategy – OHB2223-32

The Director of Finance presented the Information Governance Strategy, seeking approval on the recommendation of the Finance and Performance Committee. Members were advised that there had been significant progress strengthening Information Governance practice and procedures across the organisation.

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.

Members suggested the following improvements for the next review of the document:

- Stock images to be removed and replaced with more relevant local images
- The language in the document to be reviewed to take into consideration current budgetary position and constraints
- The number of policies to continue to be streamlined where possible and staff to be clearly signposted to information as required.

Decision / Conclusion

The Board approved the Strategy, welcoming further review going forward and inviting the Head of Information Governance to the February meeting to provide an update on implementation.

Clinical Quality and Safety

B59 Healthcare Associated Infection Reporting Template – OHB2223-33

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 a small cluster of Covid cases in the Balfour Hospital in July, analysis indicated that this was due to the high levels of Covid in the community at the time rather than transmission in the ward setting.

In July the Balfour had moved to a contingency water supply as part of a stringent and proactive measure after routine testing identified some unexpected results, once necessary assurance had been provided precautionary emergency measures were stood down.

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.

B60 Infection Prevention and Control Annual Report – OHB2223-34

The Medical Director presented the Infection Prevention and Control Annual report, which had been reviewed by the Joint Clinical and Care Governance Committee in advance of submission to the Board.

Members welcomed the positive report and gave thanks to the Team for their hard work and dedication in such a challenging year. The improvements made through collaborative work with the Public Health were also positively noted.

Decision / Conclusion

The Board approved the Infection Prevention and Control Annual Report with thanks to all involved.

B61 Public Health update – OHB2223-35

The Consultant in 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:

- There had been changes to the community testing strategy based on national guidance and this made measuring the prevalence of infections in the community more challenging. Available data showed BA.5 Omicron the predominant strain locally with infection numbers following a downward trend
- Vaccination rates remained high and planning for the autumn/winter campaign was underway
- The national Monkey pox outbreak appeared to be slowing
- The NHS Orkney Public Health Team were currently working with partners from Social Security Scotland and the Citizens Advice Bureau to deliver '*Money Counts*' training to frontline workers and volunteers
- 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

Decision / Conclusion

The Board noted the Public Health update provided and the status of testing and vaccination programmes locally.

B62 Duty of Candour Annual Report – OHB2223-36

The Medical Director presented the report advising that Duty of Candour was a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happened that resulted in death or harm as defined in the Act, those affected must be made aware, understand what had 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.

Reporting throughout the organisation reaffirmed that staff understood their professional obligations and consequently the Board were meeting legal responsibilities. Members were advised that learning from outcomes was identified and shared across the organisation and reflected in amendments to process where required.

Decision / Conclusion

The Board noted the report as provided and took assurance that the Board were complying with Duty of Candour obligations.

B63 Chairs Report Joint Clinical and Care Governance Committee and minutes of meetings held on the 5 July 2022 – OHB2223-37

Steven Johnston, Chair of Joint Clinical and Care Governance Committee presented the report from the meeting held on the 25 August 2022, highlighting the following:

- The Child Poverty Strategy had been reviewed and discussed with a recommendation of Board approval
- Members had received the Dementia annual 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.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meetings held on the 5 July 2022.

B64 Chairs Report Area Clinical Forum and minutes of meetings held on the 7 June 2022 – OHB2223-38

Steven Johnston, Chair of the Area Clinical Forum presented the Chair's report from the Area Clinical Forum meetings held on the 5 August 2022, highlighting the following:

- Members approved the revised Area Medical Committee constitution and work would begin to appoint Office Bearers, there was a clear appetite to reform the Committee with proposed agenda items for discussion in collaboration with primary and secondary care clinicians
- 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 was believed to have had a variety of negative impacts both on staff and the community, including pausing of work on the neurodevelopment pathway.
- The new green inhaler policy was being implemented; aiming to start NHS Orkney's engagement in green prescribing

The Chief Officer acknowledged the impact of the vacant post of Children's Services Manager, providing assurance that the reviewed job description was advancing through the evaluation process and positive progress was being made.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meetings held on the 7 June 2022.

Person Centred

B65 Patient Feedback Annual report 2021/22 – OHB2223-39

The Medical Director presented the 2021/22 Patient Feedback Annual Report, which detailed how NHS Orkney had received, responded to and acted upon feedback, complaints and engagement to help improve and develop services.

The importance of actively seeking qualitative feedback was discussed and members requested that a wider report be brought back to the December Meeting of the Board

around patient feedback, consultation, and experience.

Decision / Conclusion

The Board approved the Patient Feedback annual report for submission to the Scottish Government and gave thanks to the Patient Experience Officer for the report and service delivery throughout the year.

Workforce

B66 NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22– OHB2223-40

N Firth, Equality and Diversity Manager, NHS Grampian presented the report, seeking Board approval on recommendation of the Staff Governance Committee. Members were advised that the report was mainly positive, with more staff joining the organisation than leaving and recruitment and shortlisting carried out in a fair and equitable manner. The underrepresentation of those of Indian ethnicity and of Hindu or Muslim religion at the shortlisting stage, had been highlighted as an anomaly in the report and further work would be completed to understand the reasoning behind this.

Members welcomed the information and assurance provided and asked that information around the gender pay gap be expanded in future reporting.

Decision / Conclusion

The Board approved the NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22 for final publication.

B67 Chairs Report Staff Governance Committee- verbal

Joanna Kenny, Chair of the Staff Governance Committee gave a verbal update from the Staff Governance Committee meeting held on the 24 August 2022. She highlighted the following:

- Members had received the Board iMatter report, which would be presented at the October meeting of the Board
- Concern had been raised around the low rates of appraisal and compliance with corporate induction across the organisation, this would be escalated.
- There had been a tremendous amount of work completed to move the Boards training platform from LearnPro to TURAS and this was welcomed.

Decision / Conclusion

The Board noted the verbal update provided.

Organisational Performance

B68 Financial Management Performance Report – OHB2223-41

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

The year to date position was an overspend of £0.828m, with a forecast overspend outturn of £2.413m for 2022/23, consisting of unachieved savings and additional cost pressures identified to date. Inflation continued to cause significant challenges for the Board and remained under continuous review.

Spending patterns continued to be reviewed and plans updated to reflect updates, there would be further engagement with Executive Directors, Senior Managers, and all staff across the organisation to continue to implement savings identified.

It was noted that the progression of the sustainable medical model, using permanent staff where possible was resulting in some savings in locum and agency spend and providing benefits of a stable medical workforce.

Decision / Conclusion

The Board noted the current and anticipated year-end financial position, including the assumptions made regarding these and welcomed the ongoing dialogue with Scottish Government around the challenges being faced.

B69 Performance Management Report – OHB2223-42

The Director of Finance presented the report advising that performance improvements were being seen in many areas. New targets had been announced nationally to eliminate long waits, and plans were implemented to deliver against these.

Performance improvements were noted in relation to the access targets, although achievement of the standards remained adversely affected by the impacts of the COVID-19 pandemic. Performance against the 4-hour Emergency Department standard continued to be in line with the 95% standard and the 31-day cancer standard also continued to be met. Performance in relation to the 62-day cancer standard was being adversely affected by treatment capacity in partner Boards.

The Chief Officer advised that updated data around Children and Adult Mental Health Services would be provided going forward but noted that this would be consolidated data across all the island Boards as dictated by Public Health Scotland, dialogue would continue to ensure improvements in data availability.

Decision / Conclusion

The Board reviewed the report and took assurance from the information provided; consistency was requested in future reporting data timescales where possible.

B70 Chairs Report Finance and Performance Committee and minutes of meetings held on the 24 March 2022 – OHB2223-43

Davie Campbell, Chair of the Finance and Performance Committee presented the Chair's report from the meeting held on the 28 July 2022. The report highlighted the following:

- Members had been provided with an update on the NPD contract including the status of appointment to the two specialist advisor roles
- The Committee had approved four Information Governance policies and were recommending Board approval of the Information Governance Strategy as discussed

- There had been robust discussion around the current financial position and an update provided on the Financial Recovery Plan and work of the Financial Sustainability Office
- 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

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 26 May 2022.

Risk and Assurance

B71 Corporate Risk Register – OHB2223-44

The Director of Finance 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.

B72 Any other competent business

No other competent business was raised

Items for noting

B73 Board Reporting timetables 2022/23

Members noted the dates of future meetings.

B74 Record of attendance

Members noted the record of attendance.

B75 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 local press attended the meeting.

NHS Orkney Board Action Log Updated 2 December 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	<u>Clinical Strategy</u> Update and feedback around implementation, progress and impact	Board Meeting 23 June 22	April 2023	Medical Director	Not due
02-2022/23	<u>Information Governance Strategy</u> Update on implementation	Board Meeting 25 Aug 22	February 2023	Director of Finance/Head of Information Governance	Not due
03-2022/23	<u>Patient Experience</u> Report around wider elements of patient feedback, consultation, and experience to be provided	Board Meeting 25 Aug 22	December 2022 February 2023	Medical Director	Rescheduled for February

Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Board appointment and Governance Committee Membership
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Emma West, Corporate Services Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is asked to:

- **Note** the appointment of Rona Gold to the role Non Executive Board Member from the 1 September 2022 for a four year period.

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

2.2 Background

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

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

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

2.3 Assessment

Following the appointment of Rona Gold, to the role of Non Executive Director from the 1 September 2022 a further review to allow all Non Executives time to carry out their duties within their current time commitment the membership approved at the April meeting of the NHS Orkney Board has been amended to reflect this and is provided for approval.

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

2.3.1 Financial

There is no additional financial impact to the recommendations.

2.4 Recommendation

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

ORKNEY NHS BOARD**Chair:** Meghan McEwen**Vice-Chairperson:** Davie Campbell**STANDING COMMITTEES: Period May 2022 to March 2024 (update Nov 2022)**

Audit and Risk Committee: Four non -executive members including the Employee Director but not the Chair of the Board Ordinarily the Audit Committee chair cannot chair any governance committee of the board but can be a member of other governance committees <u>Lead Officer – Director of Finance</u>	
Current Members: Jason Taylor, Chair Issy Grieve, Vice-Chair Martha Gill, Employee Director Steven Heddle	No change required
Finance and Performance Committee: Four non- executive members including the Local Authority member, one non-executive member should also be a member of the Integration Joint Board <u>Lead Officer – Director of Finance</u>	
Current Members: Davie Campbell, chair Des Creasey, vice-chair Steven Johnston Steven Heddle	No change required
Integration Joint Board: Three non -executive members	
Current Members: Issy Grieve, chair Davie Campbell Ceri Dare	Updated Members: Issy Grieve, chair Davie Campbell VACANT

Deputies: Caroline Evans (until 31 August 2022) Joanna Kenny Meghan McEwen (from 1 September 2022)	Deputies: Joanna Kenny Meghan McEwen
Joint Clinical and Care Governance Committee: Three non -executive members including the Area Clinical Forum Chair and a voting member of the Integration Joint Board. <u>Lead Director – Medical Director (Clinical)/ Chief Officer (Care)</u>	
Current Members: Steven Johnston, Chair Meghan McEwen, Joint Vice Chair Ceri Dare	Updated Members: Steven Johnston, Chair Meghan McEwen, Joint Vice Chair Rona Gold
Staff Governance Committee: Four non -executive members including the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Joanna Kenny, Chair Martha Gill, Vice Chair Jason Taylor Caroline Evans (until 31 August 2022) Des Creasey (from 1 September 2022)	Updated Members: Joanna Kenny, Chair Martha Gill, Vice Chair Jason Taylor Des Creasey
Remuneration Committee: Four non -executive members including the Chair of the Board who will be Chair of the Committee, and the Employee Director <u>Lead Director – Interim Director of Human Resources</u>	
Current Members: Meghan McEwen, Chair Steven Heddle, Vice Chair Martha Gill, Employee Director Davie Campbell	No change required

<u>OTHER COMMITTEES:</u>	
Endowment Fund Sub Committee:	
Five trustees, one of whom will be the Director of Finance	
<u>Lead Director – Director of Finance</u>	
Current Members: Davie Campbell, Chair Issy Grieve, Vice Chair Meghan McEwen Mark Doyle All other Trustees to attend in rotation	No change required
Orkney Alcohol and Drugs Partnership:	
Joanna Kenny Des Creasey – Deputy	No change required
Pharmacy Practices Committee:	
Chair to be appointed as and when required	Chair to be appointed as and when required
Partnership Forum:	
Martha Gill	No change required
Area Clinical Forum:	
Steven Johnston, chair	No change required
Orkney Partnership Board:	
Meghan McEwen	No change required
Ethical Advice Group:	
Jason Taylor	No change required

6.1

Breakdown of Workload

Member	Current Committee membership	Committees as proposed
Meghan McEwen	Remuneration Committee, Chair Orkney Partnership Board Joint Clinical and Care Governance, Vice Chair Endowment Fund Sub Committee Integration Joint Board - Deputy	
Steven Heddle	Finance and Performance Committee Remuneration Committee, Vice Chair Audit and Risk Committee	
Steven Johnston	Area Clinical Forum - Chair Joint Clinical and Care Governance Committee - Chair Finance and Performance Committee	
Martha Gill	Area Partnership Forum – co-chair Audit Committee Staff Governance Committee Remuneration Committee Integration Joint Board – Non-voting member	
Davie Campbell	Finance and Performance Committee, chair Remuneration Committee Integration Joint Board Endowment Fund Sub Committee, Chair	
Joanna Kenny	Staff Governance Committee, Chair Integration Joint Board, Deputy Orkney Alcohol and Drugs Partnership	

6.1

Member	Current Committee membership	Committees as proposed
Issy Grieve	Integration Joint Board, Chair Audit and Risk Committee, Vice Chair Endowment Fund Sub Committee, Vice Chair	
Jason Taylor	Audit Committee, Chair Staff Governance Committee Ethical Advice and Support Group	
Des Creasey	Finance and Performance Committee, Vice Chair Staff Governance Committee ADP Deputy	
Rona Gold	-	Joint Clinical and Care Governance Committee

NHS Orkney

Meeting:	Orkney NHS Board.
Meeting date:	Thursday, 15 December 2022
Title:	Integration Joint Board's Annual Performance Report.
Responsible Executive/Non-Executive:	Stephen Brown, Chief Officer.
Report Author:	Maureen Swannie, Head of Strategic Planning and Performance, and Callan Curtis, Planning and Performance Officer.

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is invited to note:

That, in terms of section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014, Orkney's Integration Joint Board must prepare a performance report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority.

That the performance report must be published, and a copy provided to both NHS Orkney and Orkney Islands Council.

That the draft performance report, attached as Appendix 1 to this report, highlights information, provided by the Public Health Scotland Local Intelligence Support Team, on performance against the Core Suite of National Performance Indicators for 2021/22, as well as performance against the Ministerial Strategic Group (MSG) performance indicators.

2.2 Background

The Integration Joint Board (IJB) understands the importance of regular review and monitoring of the performance of commissioned services across NHS Orkney and Orkney Islands Council.

Performance Management is an integral part of operational management and will be monitored quarterly, with any concerns highlighted to senior management and Performance and Audit Committee meetings to allow appropriate and timely responses.

The Performance Report, attached as Appendix 1 to this report, is based on national information collected by Public Health Scotland to highlight the performance of the Orkney Health and Social Care Partnership in respect of both the National Suite of Indicators and the MSG Indicators.

Following the easing of restrictions relating to COVID-19, the Scottish Government agreed to re-align the deadline for the publication and provision of Annual Performance Reports, this meant Local Authorities had the option to publish the Annual Performance Reports by October 2022 covering the 2021/22 period.

2.3 Assessment

Key Performance Highlights

The Orkney Health and Social Care Partnership's performance in respect of the Core Suite of Indicators is positive.

In the performance reporting we are compared to seven 'peer group' areas and other Health and Social Care Partnerships in Scotland, as follows:

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

Following inspections Orkney's proportion of services graded good or better by the Care Inspectorate has reduced from the previous year from 74% to 71%. Orkney, when compared to its Peer Group Partnerships in 2021/22, has reduced to the bottom of the table and has dropped below the national average of 78%.

There has been a slight decrease over 2021/22, in the proportion of people who spent the last six months of life in the community across Orkney. This measure was previously compared per calendar year, however the data is now available in financial year terms, as seen in previous years. In 2020/21 the percentage was 93% and this has now decreased to 92% in 2021/22, which has mostly maintained the improvement in this measure.

There continues to be important improvement work regarding the services for children and young people within Orkney. In partnership with the Care Inspectorate, Orkney committed to embrace the learning and recommendations from continued reviews of services. Progress has been very positive, despite the challenges of COVID-19, with ongoing support available to senior management to ensure momentum continues.

Emergency admission rates have reduced from 10,002 to 9,675 per 100,000 population. This is a reduction of 3.3% and the second consecutive year this figure has reduced.

Emergency attendances have increased by 22% in 2020/21 (4,784 in 2020/21 to 5,860 in 2021/22). This is in part an effect of the COVID-19 pandemic where in the first six months after lockdowns began, attendances at the Emergency Department reduced significantly for a prolonged period. Core 4-hour treatment target for the Emergency Department did reduce slightly compared to the previous reporting year dropping from 97% to 95% for 2021/22. This in part will be due to the significant increase in demand highlighted above.

The readmission rate within 28 days per 1,000 discharges decreased slightly by 0.4% to 76.1 over 2021. Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2021, with only Shetland remaining lower. Both Orkney and Shetland sit well below the Scottish rate of 110 readmissions per 100,000. At locality level in Orkney all areas followed similar trends to that of Orkney as a whole, the largest reductions were seen in Orkney East in the latter parts of 2021/22.

There has been major success seen within the Home First Pilot. The success of this pilot has seen the project now receive recurring funding to run as an additional service.

2.3.1 Quality/ Patient Care

The purpose of the Annual Report is to review the range of health, social work and social care services through the lens of quality and outcomes. It highlights progress through the year, details challenges and outlines planned actions to contribute to improving the quality of care.

2.3.2 Workforce

There are no workforce implications arising as a result of this report.

2.3.3 Financial

There are no financial implications directly arising as a result of this report.

2.3.4 Risk Assessment/Management

The ongoing review of performance and service development is part of the process of identifying, managing and mitigating risks to the Integration Joint Board.

2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity implications directly arising as a result of this report.

2.3.6 Other impacts

There are no other implications directly arising as a result of this report.

2.3.7 Communication, involvement, engagement and consultation

The Planning and Performance Officer liaised with a range of professionals across Health, Social Work, Social Care, Third Sector and Public Health Scotland in the development of the 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.

- Integration Joint Board, 21 September 2022.
- Policy and Resources Committee, 22 November 2022.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Integration Joint Board's Annual Performance Report.

Annual Performance Report

2021/22



Orkney Integration Joint Board



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

This is the sixth report for the Orkney Integration Joint Board (IJB) and within it we look back upon the last year (2021/22). We consider progress in delivering the priorities set out in our second [Strategic Plan \(2019-22\)](#), with key service developments and achievements from the last twelve months highlighted.

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

Foreword

Orkney IJB Chair – Issy Grieve

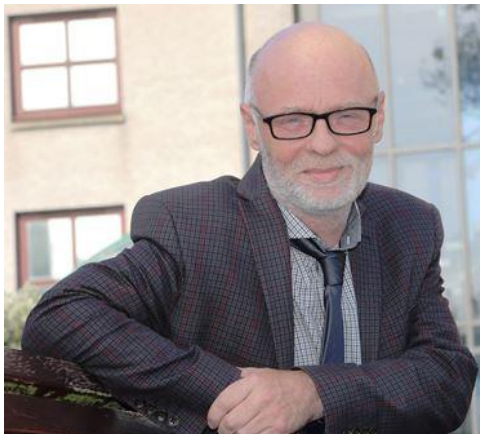
Before we begin, I would like to share my thanks with our partners and the community for their ongoing efforts throughout the coronavirus pandemic. Orkney has shown incredible resilience and a deep sense of community as everyone worked together to stay safe in the most challenging times seen in a generation.



This report covers our 6th year as Orkney's Health and Social Care Partnership. Throughout this report we will learn more about the efforts of the Integration Joint Board and the community over the last year to keep services running and deliver positive outcomes during these challenging times as well as learning what is ahead and the developments, we hope to see over 2022/23.

I hope you enjoy learning more about the efforts of 2021/22 and are as excited as we are to see what lies ahead in 2022/23.

Chief Officer – Stephen Brown



Welcome to the 6th Orkney IJB's Annual Performance Report and my second as the Chief Officer, Orkney Health and Social Care Partnership.

As with last year, my first words are a thank you to the efforts of colleagues, partners, and the wider community for their efforts throughout the pandemic. As restrictions are beginning to ease, we are now starting to see how the future will look living beyond the pandemic and can take comfort in the positive learning that has come from the incredible response of our community.

As I mentioned in last year's report from my first days as Chief Officer, I can see the strong community spirit which deeply runs through the heart of Orkney and the amazing lengths people have gone to when supporting friends, colleagues, neighbours and even complete strangers with the shared goal of making sure everyone within our communities are well and coping.

Over this last year we have worked exceptionally hard to deliver the best possible health and care services for the community but there is still plenty to do. I hope you enjoy reading about our work and that of our partners.

Orkney IJB Membership

The Orkney IJB membership consists of three members from both NHS Orkney and Orkney Islands Council (OIC). These Members have two NHS Orkney proxies and three OIC proxies respectively.



Standing from left to right:

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

Seated from left to right:

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

Others who are involved

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

Non-Voting members who act as professional advisors include:

- Chief Officer to the IJB.
- Interim Chief Social Work Officer.
- Chief Finance Officer to the IJB.
- A Registered Medical Practitioner who is a GP.
- A Registered Medical Practitioner who is not a GP.
- A Registered Nurse.

Non-Voting Members (Stakeholder Members) include:

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

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

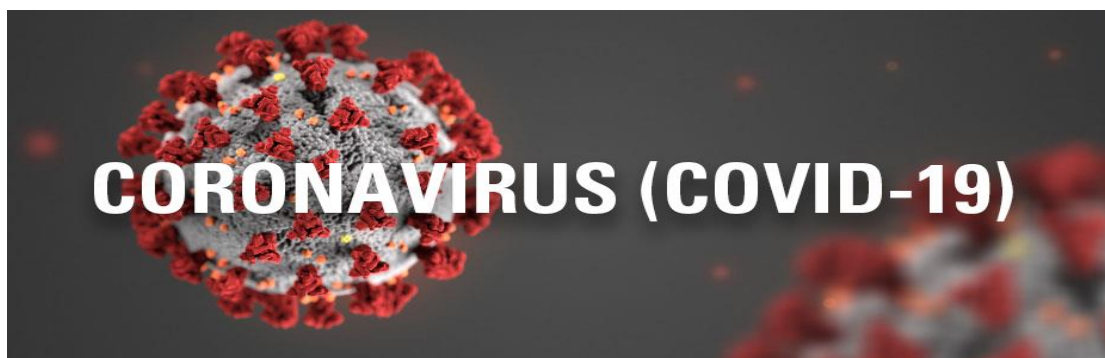
- An additional Staff Representative.
- A Housing Representative.

Over 2021/22, a few changes have been seen with Issy Grieve commencing as the new Orkney IJB Chair, with the previous Chair, Councillor Rachael King, commencing the role of Vice Chair in May 2021.

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

Non-Voting Members (Stakeholder Members) also changed with the appointment of Danny Oliver as Orkney Islands Council's Staff Representative and Joyce Harcus appointed as the Unpaid Carers Representative.

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



As with last year's report the first acknowledgement is a heartfelt thank you to our communities and everyone who played an active part in protecting Orkney throughout 2021/22, as the Coronavirus (COVID-19) pandemic continued. The efforts of all partners, NHS Orkney, OIC, the Emergency Services, and the third sector, continued to meet the needs of the community, amongst the ever-changing restrictions and, at times, extreme demands upon our local services.

Over 2021/22 we saw additional threats of the Delta and Omicron variants of COVID-19. With concern over how infectious the new variants were, we saw plans to remobilise many services put on hold until further information and advice was made available, regarding the variants and the potential threat they posed. Restrictions, which were previously lifted, were also reimposed short term, increasing the requirement for effective planning and adding additional pressure to services throughout Orkney, to ensure the community remained safe.

Orkney's infection rates continued to remain reasonably low throughout the pandemic, with the greatest challenges being seen in March 2022, where cases rose to some of the highest rates in the UK at 2,290 cases per 100,000 population. As of 4 April 2022, there had been 15 COVID-19 related deaths and a total of 4,816 COVID-19 infections in Orkney since the beginning of the pandemic.

As life moves into 2022/23, Scotland moves into another phase of the COVID-19 Recovery Plan and, as such, we will continue to see a scaling down of restrictions. As the requirement to test has been removed, we have seen changes in daily life, with some settings no longer require face coverings, and social distancing guidance having been amended.

Whilst it is positive that we are moving into a new phase, it is also important to remember that COVID-19 is still present within our communities. It still poses a risk to our health, and much is still unknown about how our lives will look, moving forward. It is likely we will see a number of practices changing and although not the world as we once knew it, we will begin to see a world resembling life before COVID-19 existed.

NHS Orkney COVID-19 Vaccination Response



As we move into the recovery stage of the pandemic, we can provide a full COVID-19 update.

NHS Orkney started the COVID-19 Vaccination Programme on Monday, 14 December 2020.

As an update to last years report, the Kirkwall Vaccination Centre (KVC) commenced a daily bookable service for vaccination appointments and has continued to undertake vaccination clinics, throughout Orkney, since mid-December 2020. Mass Vaccination Clinics were hosted in alternative

venues to ensure the maximum possible protection was offered throughout our communities, efficiently and as quickly as possible.

In total, NHS Orkney has administered 53,020 vaccinations as of 4 April 2022. This has included a combination of first, second, third and booster doses. This figure will increase further over the next financial year with the introduction of vaccinations for 5–11 year olds and the spring booster for people over 75 years, care home residents and those who are immunosuppressed and severely immunosuppressed.

Over 2021/22, clinics continued to be run at a variety of venues across mainland Orkney, to capture as many of the population as possible. Information regarding the clinic times and dates was widely circulated to each age group, allowing good attendance numbers for vaccination.

For ferry-linked isles, a significant amount of logistical work was undertaken, to ensure that each island had a supply of vaccines in time to match the delivery happening on the Mainland. Across the islands, the vaccinations were delivered by General Practitioners (GP), Advanced Nurse Practitioners (ANP)s and Community Nursing staff, normally within the local practice setting.

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

A summary of our results so far is listed below (as 4 April 2022):

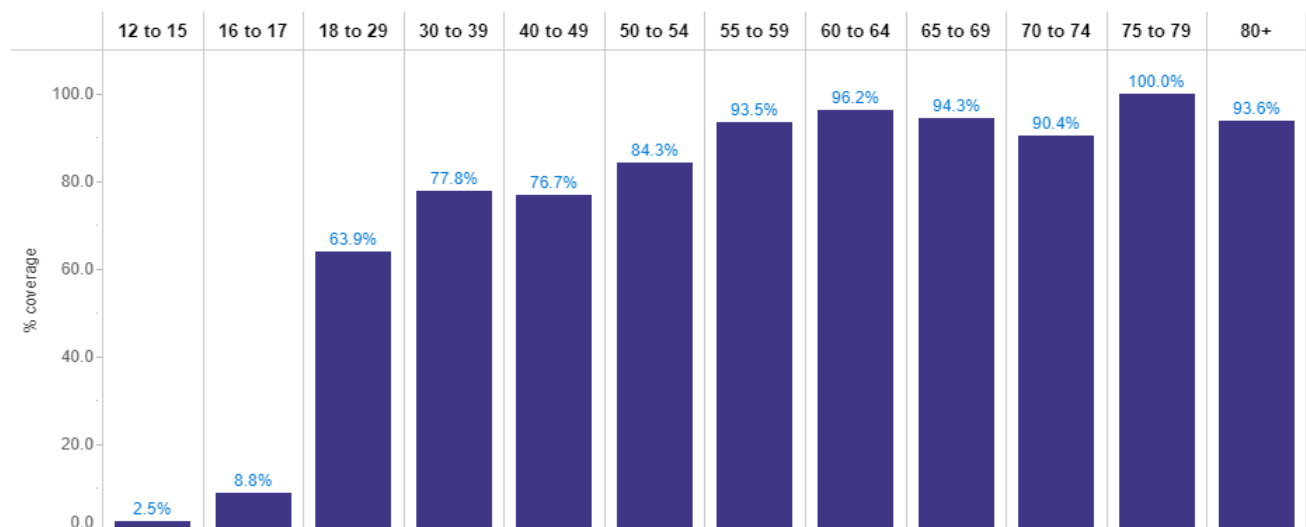
COVID-19 Vaccines – NHS Orkney	
Total first doses delivered	18,668
Total second doses delivered	18,108
Total third Dose + Booster	306
Total vaccines delivered	15,938
	53,020

The Joint Committee for Vaccination and Immunisations (JCVI), and the Scottish Government, recommend two doses and a booster for effective immunity, with current studies showing a third primary dose providing additional benefits and protection to particular groups.

With a highly successful vaccination programme Orkney can present the following vaccination uptake as percentages per age group:

The table shows results as of 4 April 2022.

Total % coverage by age group in NHS Orkney



The success of this vaccination programme has been supported by over 100 different vaccinators, drawn from a wide variety of disciplines.

The programme is supported by a dedicated admin team of 3.5 Whole Time Equivalent (WTE) staff, alongside management, logistical and operational support, provided by the Primary Care team, with strategic direction and oversight provided by the Public Health department.

The Vaccination Team has also worked very closely with Voluntary Action Orkney and the Red Cross, who have supported the roll outs by organising thousands of hours of volunteer time.

Performance of COVID-19 Response

Whilst the Scottish Government has not set hard targets for COVID-19 vaccinations, with most of the listed age groups, above, measuring over 80%, this should be considered a major success.

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

Looking to the future, the requirements of COVID-19 vaccinations across all ages is continually under review. The requirements of continual immunity to COVID-19 are unknown; however, as we progress through the recovery phases, this is likely to become clearer and, if required, additional planning to support any further work will be undertaken.

Key Priorities for Recovery

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

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

Some projects were able to continue throughout, such as the Home First Pilot, which will be mentioned further, within this report. The success of this project saw permanent funding agreed by the Orkney IJB to continue the service beyond the initial pilot phase. We will continue to capture the nascent good practice and positive outcomes of these projects, not only for their ability to run successfully throughout COVID-19, but also where the change has created both foreseen and unforeseen positive outcomes.

Day services have resumed, although, to enable support throughout the COVID-19 outbreaks and other severe staff shortages, they were closed for short periods. Additionally, due to COVID-19 restrictions, attendance continued to be somewhat limited at times.

Some people had opted to have different day supports during lockdowns and, it was observed, where these occurred, they had worked well and were more personalised to the individual. In many instances this support has continued for individuals.

Mental Health services will continue to ensure services are accessible and inclusive; services continue to use Near Me and the telephone for regular patient contact, with face-to-face contact being reserved for situations where remote access is counterproductive to patient wellbeing.

A further improvement observed was strengthening of the senior structure of Mental Health services, with the appointment of key personnel to the posts of Service Manager for the overall service, and a Consultant Psychiatrist for adult services.

Staff mental health and wellbeing are also important factors to consider as, without staff to operate our services, key areas of support are weakened or lost. As such, we continue to build on the positive wellbeing initiatives instigated during COVID-19. We are continually looking at ways to support and encourage our staff, whether these be local or national campaigns.

Key Achievements

Despite the challenges presented over 2021/22 there have also been some key successes:

Highly Successful Vaccination Programme, delivering 53,020 Vaccinations within Orkney.

Continued use of local Virtual Clinics (Near Me). 5,205 Calls made over 2021/22.

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

Creation of the strategic Performance Management Framework.

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

Employment of a new permanent Chief Officer.

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

New Joint Strategic Needs Assessment approved.

Continuation of Humanitarian centre aid, including the provision of supporting phone calls and voluntary support to the people of Orkney, throughout the pandemic.

NHS Orkney's Head of Primary Care was awarded Leader of the Year at the Scottish Health Awards.

Development of the COVID-19 Vaccination and Testing Centre.

NHS Orkney Maternity Department won team of the year award at the Scottish Health Awards.

Appointment of Clinical Director - Child and Adolescent Mental Health Service (CAMHS).

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

Permanent establishment of Home First team, improving delayed discharges and organisation of post-hospital care.

Key Challenges

In 2021/22 there have been several challenges facing the Partnership:

Requirements of Service Change

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

All frontline staff continued to attend workplaces and undertook frontline duties, including seeing all vulnerable people where feasible, within the Scottish national COVID-19 regulations. Some services changed their models of delivery in line with guidance and so, for example, some Day Services, initially closed, were able to reopen in a limited capacity.

The increased use of technology, such as Microsoft Teams, has, and continues to be, utilised daily within all organisations, and will remain in place for the long term.

Resilience Meetings continued throughout 2021/22, including Care for People meetings, but at a less frequent level than throughout 2020/21, when partners met to discuss and co-ordinate emergency responses.

New ways of working were developed during the pandemic and many areas are looking to continue to embed these. Consultation has begun to understand how best to use the lessons learned over the COVID-19 pandemic.

Senior Management

The Orkney Health and Social Care Partnership had a number of gaps in senior management posts over 2021/22, which were filled with interim appointments. One such post was that of our Chief Officer and this was successfully filled, on a permanent basis, in May 2021.

These gaps added additional strain upon services with senior level managers covering a number of posts which impacted upon capacity. Currently there are still some vacancies that are reliant on interim staff, such as the Head of Children, Families and Justice Service and Chief Social Work Officer.

Workforce, Recruitment and Agency Worker Reliance

Staff within the Partnership continue to be recruited in a timeous manner, ensuring vacancies are covered at the earliest possible point in social care.

As identified in last year's report, staff capacity was already an issue pre-pandemic, due to an almost full employment market in Orkney. This further exacerbated the need to staff additional emergency services, within a small system where staff already have multiple roles and responsibilities. In addition, some staff needed to self-isolate or shield during periods of lockdown. With already small teams, this had

a substantial impact upon a pressured system, creating further requirements to employ higher numbers of agency staff to ensure a safe and sustainable service delivery.

Recruitment efforts have been impacted by a shortage of available and affordable housing within Orkney. It has been seen that roles can be recruited to, but the inability to provide a living space outside of working hours has limited the number of staff we are able to utilise. This not only impacts upon long term housing needs but has also created difficulties when agency staff have been sought.

These challenges resulted in the continued use of agency staff over 2021/22, creating medium term financial pressure to services. However, this continues to be monitored, with an ongoing focus on ways in which we can recruit and develop home-grown talent, going forward.

We continue to have staff shortages, which are an accumulation of difficulties in recruitment and unavoidable staff absence. Efforts continue to try and attract people to the social care profession, within the context of an already competitive and limited employment market. These constraints were particularly evident within the Care at Home service, where it was necessary to ask families to step-in to provide care over the festive period 2021/22. To support this service, Care at Home staff have seen a re-grading in their salary and are a focus of one of the recent recruitment drives within the Partnership.

Data Capturing and Reporting

The availability of data over 2021/22 has continued to be problematic in some areas, while the improvement of data availability has been seen in others.

Many of the key measures used by the Scottish Government for reporting have been delayed, or changed, in ways that make data comparisons harder. Additional data recording requirements were also introduced, at speed, such as the requirement to capture unmet need within the community. This stretched many teams and, in some cases, resulted in the duplication of complex recording for data submissions to the Scottish Government and Public Health Scotland.

The requirement to capture learning from COVID-19 has also added additional pressures upon teams. With new ways of working, and service redesign, there was an increased focus on recognising the changes that could be adopted into normal practice, alongside capturing the evidence required to show the benefits. Although there is significant benefit in doing this, it increased pressure on Orkney's small but efficient data teams, with an added requirement to learn new ways to record and collect this data, resulting in the recording becoming more complex.

One of the greatest challenges continues to be the inefficiency of data infrastructures throughout organisations. The availability of systems to record complex data sets, which can also generate reports timeously, are not in place. As such, some reports require supplementary staff time to add context and value to the data, to allow meaningful information to be provided to management. This supports informed decision making by providing stronger evidence bases when planning for future

developments. Investment in data infrastructure to modernise many of the ways data is collated and used would be beneficial to save time, reduce costs, and provide accurate, meaningful, reporting, in a way that is not so time intensive for local staff.

Performance Reporting

Performance reporting over 2021/22 continued to be limited, with the priority for all partners being a sustained focus on safe delivery of services, ongoing vaccination delivery, and meeting the changing requirements of COVID-19 restrictions.

Over 2021/22 a new Performance Management Framework was developed, and approved, to contextualise how performance, quality improvement, and continual learning assists managers within services to readily identify areas of potential improvement, whilst linking with national performance measures and desired outcomes.

A mapping exercise was also undertaken to identify where data is held, its purpose, and what value it provides to services within the Orkney Health and Social Care Partnership. Once completed, the aim is to make better use of existing data sources, creating more intelligent performance reporting within the Orkney Health and Social Care Partnership and the appropriate governance committees.

The challenges faced with OIC's case management system (PARIS) resulted in limited ability to pull reports from the system, from October 2021. The Orkney Health and Social Care Partnership and the Information Technology (IT) service have sought support from the system owner, CIVICA, who have plans to attend Orkney over 2022/23 to make improvements to the system.

A 'Systems Programme Board (HSCP)' was implemented in early 2022, and this will take forward the progression of robust and sustainable system development, over the next reporting period.

How We Measure What We Do

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

Our commitment to continuously improve services, in order to promote good outcomes for individual and families, underpins everything that we do. Over 2021/22 ensuring the safe continuation of services remained a priority. Performance reporting restarted at committee level, with some bi-annual and annual reporting restarting.

For 2022/23, performance reporting will continue to evolve within the Orkney Health and Social Care Partnership, with a focus on regular reporting linked to the Strategic Plan and other associated service-specific strategies and plans.

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

Clinical care and professional governance are important aspects of our work, improving the wellbeing of people and communities by ensuring the safety and quality of health and social care services. Further steps have been taken to strengthen these links through the annual review of the Clinical and Care Governance Committee, which was renamed the Joint Clinical and Care Governance Committee. The Joint Clinical and Care Governance Committee continued to meet over 2021/22, consolidating clinical care and professional governance activities within all teams, across the Partnership. Operational teams now report through primary governance groups, ensuring a strong focus on governance activities and regular review of practice.

We recognise that our commitment to continuous improvement means that further work will be required during 2022/23, building upon and strengthening self-evaluation, quality assurance, performance monitoring, clinical care, and professional governance arrangements that are already in place.

Strategic Planning

Strategic Plan 2022 – 2025

The new Strategic Plan for 2022 – 2025 has been by the Orkney IJB in June 2022.

This Plan has built upon work highlighted in the previous plan and has taken consideration of the most recent Joint Strategic Needs Assessment (JSNA), alongside:

- NHS Orkney Clinical Strategy 2022 – 2027.
- The Island Wellbeing Survey 2022.
- The Child Poverty Strategy 2022 – 2026.

- The Orkney Mental Health Strategy 2020 – 2025.

A number of public consultations, coupled with the findings of the JSNA, identified several themes, which have been distilled into four Strategic Priorities:

- Unpaid Carers.
- Supporting Older People to Stay in Their Homes.
- Community Led Support.
- Mental Health and Wellbeing.

These sit within the context of two further overarching priorities:

- Early Intervention and Prevention.
- Tackling Inequalities and Disadvantage.

This Plan takes account of the excellent work seen in recent years, as well as reflecting the pandemic experience of the community. The Plan highlights our priorities and aligns our vision with that of the Scottish Government, focusing on improving wellbeing with our communities.

Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) was also approved over 2021/22. This was completed in collaboration with the Orkney Health and Social Care Partnership, NHS Orkney, OIC, third sector, and the Local Intelligence Scotland Team, also known as LiST.

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JSNAs are not an end in themselves, but a continuous process of strategic assessment and planning; the core aim is to develop local evidence-based priorities for commissioning, which will improve the public's health and reduce inequalities.

Within the JSNA the most up-to-date available information was used, from a variety of sources, to identify key areas of need. These themes were pulled through into key areas of risk, consolidating the analysis and supporting the reader's understanding of the evidence the data provided, and how this was linked to need.

Orkney Health and Care Vision



Strategic Plan 2019 – 22

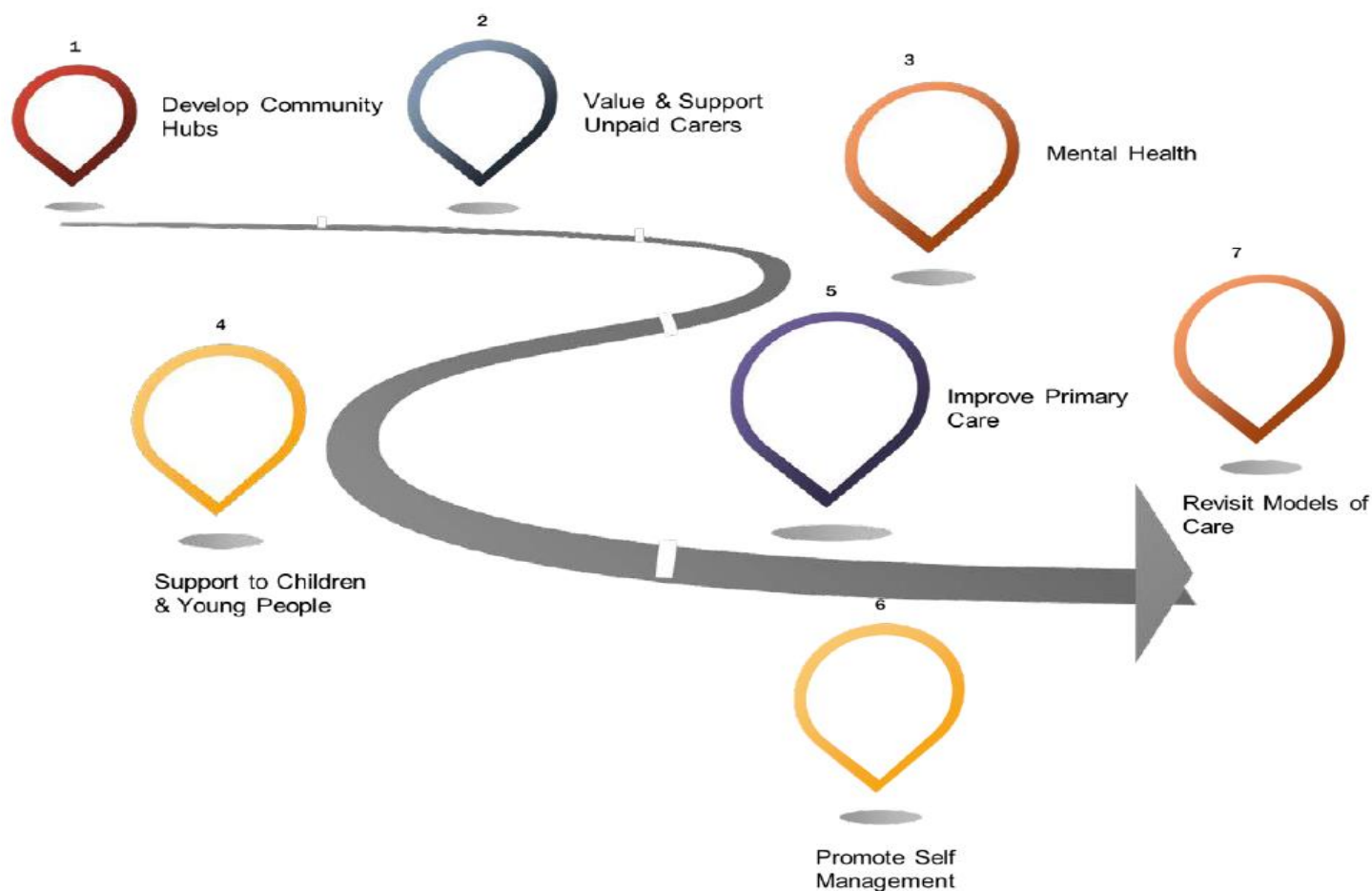
Orkney IJB's Strategic Plan 2019 – 22 has now ended, with the new plan formulated and approved. The 2019 – 22 Plan was designed to be public facing and primarily included infographics for ease of reading and understanding. Although it was anticipated that the programme board approach would be implemented, this has not progressed as anticipated. Therefore, the Strategic Planning Group was reconvened, in accordance with legislation.

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

Strategic and Operational Overview

In this section we give an overview of some of the achievements at operational level and demonstrate how they link to our strategic priorities. Throughout the pandemic there were various staffing challenges and capacity levels, resulting in managers needing to focus their time on ensuring safe operational delivery, rather than on strategic planning. Despite this, strategic planning progress continued to be made and is outlined on the following page.

Orkney Health and Care Strategic Priorities 2019 – 22



The following section outlines some key developments in the priority areas of the 2019 – 22 Strategic Plan.

Developing Community Hubs

Due to the COVID-19 pandemic, a decision was made to halt the development of community hubs over 2020/21, with government guidance prohibiting gatherings throughout the lockdown periods. Restrictions continued through 2021/22 and only began to fully ease in April 2022.

The development of community hubs is currently under review and detailed in the new Strategic Plan 2022 – 2025.

Value and Support Unpaid Carers

Unpaid carers play an invaluable role supporting family members who cannot look after themselves because of an illness, disability, or mental health problem. The devoted care they provide is delivered at home and out of sight. It's hard for the public to see, far less recognise, the difference unpaid carers are making every day to improve the lives of others, and it's easy to understand why many carers can feel

invisible – as if their tireless work in caring for others is all too easily forgotten or ignored.

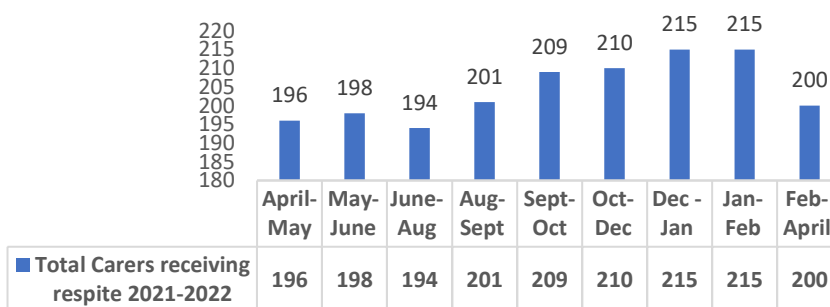
A considerable amount of work continues within the third sector to support unpaid carers and raise awareness of the support they provide within our communities. Two key partners who support our unpaid carers in our community are Crossroads Care Orkney and Age Scotland Orkney.



Crossroads Care Orkney

Information provided by Crossroads Care Orkney to the partnership showed that, in April 2022, Crossroads were supporting 260 unpaid carers of people with any disability or illness, throughout Orkney. They noted support was tailored to meet the needs of each individual and is person centred.

Free of charge respite is provided in, or outwith, the home, giving the carer time to themselves on a regular or occasional basis, meeting the needs of all concerned.



Crossroads Care Orkney have provided **7,721** hours of respite care to those who have accessed their service over 2021/22.

Additional services Crossroads Care Orkney provided over 2021/22 included:

- Operation of a Carers drop-in centre, which supports a number of carers within the community.
- January 2022 saw the remobilisation of the Carers support group, which gave carers an opportunity to mix and create wider support networks. The option was given to attend in person and virtually, allowing greater choice.
- The Independent Living Support Service (ILSS) provides support and assistance to those who chose to have direct payments. The assistance is aimed at those who employ their own carers to meet their needs, and empowers them with full choice and control regarding their care. The flexibility for this would not be possible without the support of the ILSS Manager.
- Orkney Carers Centre is the delivery partner for the Time to Life fund. This project enables carers to access funds and support, helping them to take short breaks that meet their needs. This funding is provided by Scottish Government. Due to the ongoing pandemic, Crossroads have worked closely with the Short Breaks scheme and have been creative in their approach to ensure that carers can take a break, without the need to leave their homes to do so.
- The Scotspirit scheme is another project that enables unpaid carers to have financial support towards having a break.

- Additional support is provided through the Young Carers' support worker, who now supports more young carers than ever before and continues to be very busy in her role, giving unpaid young carers the opportunity to have a break and mix with their peers. This service is highly valued by all who take part, giving opportunities to young people that they potentially would not have had otherwise.
- Crossroads also provides personal care to people, with or without a carer, and a service to children and young people with an additional need.



Age Scotland Orkney

Age Scotland Orkney also provided supporting data to the partnership covering their activity, over 2021/22. The following activity was provided in April 2022 for the year of reporting:

- Here2Help Age Scotland's home help service delivered 10,000 hours.
- Here2Care Age Scotland's home care service delivered 4,200 hours.
- 5,500 "Good Day" Calls were made.
- COVID-19 Wellbeing Calls to support people during COVID-19 and to reduce loneliness and isolation – 55 people were called twice a week, making a total of 5,720 calls.
- Remote carers support for carers online sessions and one-to-one personalised telephone support for 50 individuals.
- Virtual Hub support for 70 carers until it was safe to meet.
- Comfort Boxes were created and 40 boxes delivered.
- Health sessions providing information and support on balance and chair exercises to 50 people.
- Meaningful Activity guidance and practical support to access a wide range of remote activity was provided to 100 people.
- COVID-19 Initial support for vulnerable people including first point of contact for shopping, prescription collection, electricity top ups, general advice and signposting. This service fulfilled an identified void in provision and before the creation of the statutory Hub we supported 72 individuals.

Both Crossroads Care Orkney and Age Scotland Orkney expressed the vital role of virtual support, via telephone, email, and video call, in supporting this 'unseen workforce' with emotional support, information, and advice, being provided on a daily basis.

Mental Health Services

Community Mental Health Team

As highlighted in last year's report the, two main developments within Mental Health were the production of two strategies, which were approved in the autumn of 2020. The Dementia Strategy 2020 – 2025 was approved on 30 September 2020 and the Orkney Mental Health Strategy 2020 – 2025 was approved on 29 October 2020, both after extensive consultation processes.

Services have continued to implement the two strategies, where possible, over the last year. This has resulted in increased partnership working between the service and the third sector and is a positive outcome from the initial work undertaken.

Areas within the third sector that contributed towards support for those with dementia included Crossroads Care Orkney, who run a lending library, which has many different dementia resources for loan, along with activities such as jigsaws, which proved very popular over the winter months.

Progress made on the Orkney Mental Health Strategy included recruitment to a number of key posts, over 2021/22. Recruitment will continue due to new funding received, allowing us to have a full critical floor of 14 individuals with a role in the delivery of Child and Adolescent Mental Health Services (CAMHS) tier 3 and tier 4 services.

Work has also continued with development of Distress Brief Intervention (DBI) planning, which will support those vulnerable within our communities, at their time of need. Following receipt of funding, the Orkney IJB approved a small amount of additional funding, enabling the DBI Project to commence. The first contact was made in January 2022 and a full report on the project will be provided to the Orkney IJB upon completion of the project.

Further reporting on improved outcomes relating to the investment, planning, and strategies outcomes, will be provided in due course, once this information becomes available.

The biggest challenges Mental Health services have experienced this year were:

- The recruitment of staff to a remote and rural area being impacted by a number of challenges, including a lack of available housing to home newly appointed people.
- A continued increase in the imbalance of supply and demand in mental health, which has continued into 2021.
- The general impact of COVID-19 within the team.
- The ongoing maintenance of an Out of Hours rota, due to vacancies and unforeseen sickness.

These challenges all impact upon capacity and the responsiveness of the service. However, with restrictions easing and high vaccination levels prevalent within the community, we anticipate a reduction in challenges relating to COVID-19 and unforeseen sickness.

Child and Adolescent Mental Health Service

This year, the mental health needs of children and young people within Orkney has continued to be highlighted.

Additional funding was made available at the end of March 2022 and authorisation was given, by the Scottish Government, to utilise some funding on a non-recurring

basis, for four third sector projects, all designed to help meet the national CAMHS service specification.

The funding is a welcome addition to support children, young people, and their families and carers, and provides a number of new support options to the CAMHS service specification model.

This supplementary funding will see additional support made available within four areas:

- Home-Start – Peri-natal and post-natal support, including group work and signposting.
- Relationship Scotland Orkney – Play and creative therapies for younger children (infants-12) and parenting interventions.
- Orkney Blide Trust – Mental Health support for care experienced young people aged 16-25.
- Right There (previously Y People) – Mental Health support for those in supported accommodation (16+) and care leavers.

To support the mental health of children and young people within the community, over 2022/23, a Young Persons Suicide Prevention Task Force was formed. The aims of this group are:

- To review young people whom agencies are aware of who may have expressed thoughts of suicide, engaged in significant self-harm, or had previous suicide attempts, ensuring appropriate, individualised, supports are in place for all, and that information is appropriately shared where more than one agency may be involved.
- To monitor incidents and concerns as they arise, and ensure that response and follow-up is effective, co-ordinated, and proportionate.
- To explore emerging themes/common issues, which may require strategic responses and agree how best to deliver such response as required.

Statutory Mental Health Officer Activity

Mental Health Officers (MHO)

The local authority employs MHOs, who are Social Workers, and who have undertaken additional training in the Mental Health Act.

A successful application has been made to the Scottish Government for £34,000, allowing an additional Social Worker to undertake MHO training, which they hope to commence in 2022. This will increase the MHO cohort to five.

Approximately 100 people required support by MHOs within the Adult and Learning Disability Social Work staff complement, during the reporting period (there were three MHOs from 1 April - 30 September 2021, five from 1 October - 31 December 2021, and then four until 31 March 2022) and 30 people who did not require a MHO were supported by a Social Worker from the Community Mental Health Team.

MHO Activity

Social Work is crucial in delivering and maintaining excellent Mental Health services. Good quality Social Work can transform the lives of people with mental health conditions and is an essential part of multi-disciplinary and multi-agency working. In collaboration with our partners in Health, Social Care, Housing, Employment and others, Social Workers play a key role in identifying and accessing local services that meet people's needs at an early stage, helping to improve overall mental health outcomes and reducing the risk of crisis and more costly demands on acute health services.

For many reasons, not least of which is the worldwide COVID-19 pandemic, mental health and mental health services have been in national focus and there would appear to be heightened public awareness and interest.

Whilst it might be expected, due to restrictions of activity related to COVID-19 lockdown measures in 2019/20 and during a large part of 2020/21, there was an impact on the amount of MHO activity. Towards the end of the current reporting period, we saw an increase in other MHO assessment activity.

Table 1 below shows activity levels for Intervention and Guardianship from 2019 – 2021.

Table 1: Intervention and Guardianship Orders 2019 – 2021

Type of Intervention and Guardianship Orders	2019/20	2020/21
New welfare guardianship orders where the Chief Social Work Officer (CSWO) is the Guardian	<5	6
Total orders for which the CSWO is the Guardian	15	22
Number of assessments made by MHO in relation to applications for welfare guardianship including private and CSWO applications	40	62
Number of private Guardians being supervised by Officers of the Local Authority	63	32

Table 2 below provides activity levels for mental health intervention and orders from 2019 – 2021.

Table 2: Intervention and Mental Health Orders 2019 – 2021

Type of Order and Intervention (Adults)	2019/20	2020/21
Mental Health Compulsory Treatment.	0	6
Short-term detentions	<5	<5
Emergency detentions	7	7
Other MHO assessments (those not leading to detentions, assessments to extend or vary orders, and social circumstances reports)	7	23
Mental Health Tribunals	<5	6.

- Compulsory Treatment Orders are intended to create individual measures for the care and treatment of a patient requiring a degree of compulsion to accept these, done by means of a care plan, which may specify detention.
- Short Term detentions follow an assessment undertaken by a psychiatrist, to which an MHO must consent.
- Emergency detentions are intended to secure the immediate safety of a patient when there is no Psychiatrist available to undertake an assessment for short term detention. They are undertaken by hospital Doctors or GPs with consultation provided by an MHO.

One of the key challenges faced by our MHO team includes the absence of a permanent Consultant Psychiatrist for Adult Services. This has meant that detentions under the Mental Health Act are more often emergency detentions rather than short term detentions.

Orkney Blide Trust



Orkney Blide Trust is a charity dedicated to providing support for those who have, or have had, experience of mental ill health, and provide an invaluable support to people within our communities. As such, it was vital to capture their thoughts over the last year and they kindly provided the following information:

“2021/22 has been a very busy year for the Blide Trust! For the first few months we were open limited hours to members for pre-booked spaces, in order to comply with COVID-19 regulations, but by July we were back to being open 7-days a week.

During this year we welcomed 55 new members (service users) to the Blide so, with some people moving on, we had 160 members at the end of March 2022.

Support workers are always around for informal support, but this year we also provided almost 500 one-to-one meetings with members, and offered counselling sessions to 58 people.

Members were supported in the community by our Housing Support Service and Befriending projects, and we also organised a range of Active, Therapeutic, and Purposeful, activities as requested by our members to support their Mental Health Recovery.

Some of the highlights of this year were:

- Welcoming people (members and professionals) back into our building. Around 550 people come into our building each month.
- Our collaborative arts project entitled ‘The Map is not the Territory’ which involved Creative Writing, Photography, Mask-making and Drama, Painting and Audio-visual work. A link to the project can be found at <https://themapisnottheterritoryorkneyblidetrust.wordpress.com>.

- The launch of the Orkney Distress Brief Intervention service (DBI), a collaboration between the Blide Trust, the Scottish Ambulance Service and Police Scotland.

We are grateful to all our funders and the people who donate to us, without whom we couldn't do all of these things, and also for the respect and genuine affection that the people of Orkney seem to have for the Blide. It really makes a difference."

From one of our members:

"Normally I do not enjoy Winter but thanks to the photography workshop I was able to focus on the amazing Winter skies that we have here in bonnie Orkney. This Winter season is the first time ever that I have found Calm and Peace."

Support to Children and Young People

Throughout the summer of 2019 the Care Inspectorate, in partnership with Education Scotland, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary in Scotland, carried out a joint inspection of services for Children and Young People in need of care and protection in Orkney, with the report published in February 2020.

In last year's report additional context was provided on the inspection and the first progress review.

There have been two Progress Reviews since the full inspection report of February 2020. The first was between April and June 2021 and the second was from February to 1 April 2022. This formed part of Care Inspectorate monitoring of services and their evaluation of improvements from the previous inspection activities.

Following these reviews there has been a range of developments taking place or being developed during the reporting period including:

- Continued work on the extensive Improvement Plan for children in need of care and protection.
- Significant Case Reviews, now known as Learning Reviews.
- Planning and preparation for the Care Inspectorate Progress Review.
- Partnership self-evaluation activity.
- Registered services inspections in Fostering, Adoption and Residential Care.
- Staff recruitment including Social Workers and managers.
- Delivery of training and development.
- Getting it Right planning and development.
- Production of practice procedures and guidance.
- Engagement in the process for the introduction of the new national Joint Investigative Interviewing model.

Progress Review Update

The Progress Review recognised the Orkney Partnership Board had made significant progress while having much work still to do. It summarised that despite the initial delay where opportunity for change and improvement was potentially lost, the Care Inspectorate was confident partners had subsequently taken the findings of the Joint Inspection in Orkney very seriously.

Chief Officers prioritised necessary change and improvement, alongside responding to the demands of the COVID-19 pandemic. They found evidence of progress, much of which was quite recent, in relation to the four priority areas for improvement from their 2020 inspection. This included a new Inter-Agency Referral Discussion (IRD) process, improved collaborative working through the relaunch of Getting it Right for Every Child (Getting it Right) and better support to staff through training and supervision.

Partners recognised they need to maintain the current momentum if improvement and change is to be sustained. Inspectors found this a particular challenge for Orkney given the limited number of senior officers, many of whom are still in interim positions, and the competing demands they face. They believe the visibility of senior leaders, especially those within health, is key to the impetus being maintained. Their profile is crucial to successfully driving the improvements still required and in sustaining the changes made.

The Inspectors found there is scope for partners to further refine and strengthen their strategic planning arrangements, supported by their self-evaluation approach and commitment to introduce effective quality assurance systems. For example, evidence is still required to show that the improvements intended to provide more effective support and intervention for children in need of protection, are in turn making a difference for them.

They believe children's rights and participation, for those who are not looked after by the Local Authority, is an under-developed area, and a multi-agency approach to the recognition of and response to neglect requires further investment. There is also opportunity to further improve practice, such as in relation to the use of chronologies and the preparation of outcome-focussed plans.

Recruitment and retention of staff, particularly Social Workers, continues to present challenges to operational practice, especially in the development of sustained relationships with children and families. Whereas changes to key processes had made the agreed approaches clearer and easier to follow, most of the changes had only been introduced relatively recently, over the previous six months, and were still being embedded. Although there were encouraging signs, it was, therefore, too early to see conclusive evidence of their effect, either on multi-agency practice, or on outcomes for children in need of protection.

Improve Primary Care

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

There are particular challenges associated with delivery of these aspirations within the financial envelope available, particularly regarding more remote and rural geographical areas. Work has continued with NHS Orkney to identify how the resources available can meet the needs of Orkney's patient population, taking account of Scottish Government strategic priorities and taking account of clinical priorities.

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

Pharmacotherapy

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

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

Community Treatment and Care (CTAC)

The CTAC workstream involves taking work, such as phlebotomy and wound care, out of the mainland GP practices. From discussion amongst practices, two practices agreed to participate in a test-of-change around the set-up of this service. With other practices expressing an interest once the service is up and running. Funding was approved for 1.87 WTE Health Care Support Worker and 0.4 WTE Registered Nurse for the test-of-change.

A scoping exercise took place to establish current workforce data across the mainland practices, and audit work was carried out with practices on current clinics and nursing interventions, which was used to estimate a projected workforce that will continue to be refined, working alongside practices as the service is developed.

An options appraisal is currently underway to look at different delivery model options, gathering information on what has been done in other health board areas to help identify a preferred model of delivery in Orkney.

Community Link Workers

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

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

There was an extension of this service in 2021 from 1.5 WTE to 2.5 WTE ensuring patients of all practices can benefit from the service by increasing the availability of appointments.

Vaccine Transformation Programme (VTP)

The Orkney IJB previously commissioned the childhood vaccine programme. Staff have recently been recruited and induction commenced. The Scottish Government is currently placing a high priority on vaccination delivery and appreciates the additional workload GP practices are currently experiencing resulting from COVID-19. As such, they have removed all responsibility for vaccines from Practices, passing this to Health Boards, from October 2021.

An options appraisal is currently underway looking at a number of different delivery model options for the provision of Travel Vaccinations within Orkney, which is still currently being provided within GP practices until a model is approved and developed.

These additional services have supported patients to access the services they need closer to home, making treatments more available to patients with services not so focused on The Balfour Hospital but to position services within communities. Progress is ongoing and will continue to be monitored, with reports being presented to the Orkney IJB over 2022.

Promote Self-Management

Over 2021/22 the promotion of self-management continued. One of the ways in which this is done is through the in-house Care at Home Service. This team is committed to providing flexible, responsive, and high-quality care, which reflects individual needs and preferences, and encourages people to live as independently as possible in their own homes.

Additionally, promoting self-management has been tightly woven into the Primary Care Improvement Plan. This has seen the introduction of new roles within local GP practices and an enhanced multi-disciplinary approach supporting self-management.

Revisit Models of Care

One of the largest pieces of work undertaken in revisiting models of care has been in Unscheduled care. As mentioned within last year's report, a considerable level of work had been undertaken during the 2020/21 period, reviewing urgent care and how this functions. Orkney joined partners from Shetland, the Western Isles, Highland and Forth Valley, to commit to ongoing tests-of-change and to share learning on the experiences which will be reported upon over 2022/23.

The Orkney Health and Care Workforce Plan 2020 – 22 was approved in December 2020. This was the primary workforce plan, which identified longer term needs and risks in relation to health and social care workforce planning, alongside a commitment to identify the workforce needs of the third sector to be included in a subsequent plan.

The next Orkney Health and Social Care Partnership Workforce Plan is currently under development and will be presented later in 2022 for approval.

Future Workstreams

- With many services currently under restructure, additional workstreams have been created to improve many areas of service.
- Orkney Health and Social Care Partnership is a named partner, alongside East Ayrshire, who are the Lead Pathfinder, taking forward a project called “thinking differently and think TEC first”.
- Following on from a Financial Workshop looking at the sustainability of the partnership there was an action plan created which is now incorporated within the improving outcomes plan.

Adult Social Care Support and Protection

Adult support and protection includes:

- Complex and interconnected nature of harm.
- Value of skilled and open-minded practitioners.
- Need to build and maintain respectful relationships.
- Understanding that thresholds are not as clear cut as we might like them to be.
- Realisation that protecting means supporting, consistent high quality inter-agency work.
- Recognition that nationally opportunities for justice, through the court, might still be limited.

There has been a clear focus on adult support and protection work in this reporting period. Many senior staff, such as the Chief Social Work Officer and independent reviewing professionals, have worked closely together on a major self-evaluation of adult protection activity, which has led to a new improvement plan. An external consultant was commissioned by the Orkney Health and Social Care Partnership

and its partners, to undertake the review and contribute to the improvement work identified.

The audit comprised a review of operational practice, procedures, and a case file audit, involving staff and partners across the multi-agency adult services partnership. The results of the audit led to an update and refresh of operational guidance for health and care staff, and for multi-agency partners, which was launched in early September 2021, with plans to further report upon the impact of these changes to management over 2022.

A parallel process of revised forms and guidance, incorporating material into the Social Work information management system, has been undertaken. A refreshed introduction to adult protection is being progressed for multi-agency staff groups, third sector, and independent partners.

Further specific training has been delivered to Council Officers (Social Workers with responsibilities to investigate Adult Protection referrals), alongside a series of other focused training, for example, "Defensible Decision Making", "Chairing Case Conferences", "Self-Neglect and Hoarding". Further training being arranged across the Social Work service will focus on "Chronologies of Significant Events".

The Improvement Plan is now operational and will form the basis of continual service improvement and review activity, supported by the two new Sub-committees of Orkney Public Protection Committee, covering Learning and Development, and Quality Assurance.

In 2020/21 there were 190 Adult Protection/Police Vulnerable Person Database (VPD) referrals, a significant increase from the previous reporting period, possibly related to greater public awareness and an increased focus of service management within Adult Social Work services. The proportion of VPDs passed to Social Work services is dependent on criteria set by Police Scotland, and the Service Manager (Adult and Learning Disabilities Social Work), discusses VPDs with Police Concern Hub staff to ensure the most appropriate approach. All referrals are progressed to ensure appropriate support and protection is offered, including where the adult protection threshold is not met.

All referrals are discussed weekly with Highland (Police) Concern Hub to ensure effective information sharing and appropriate actions are taken. Some of these referrals required no further action and many resulted in information sharing with GP practices, the Community Mental Health Team, and the provision of support from agencies supporting people with mental health problems.

Key challenges faced by our Adult Social Work services included staffing issues within the Care at Home team. This issue has a knock-on effect to delayed discharges within the hospital setting, where patients, on occasion, have had to remain in hospital whilst a suitable package of care was arranged. The result is a continual balance of partnership working between NHS Orkney and the Orkney Health and Social Care Partnership, ensuring care is provided in a timely manner and, furthermore, there are beds available for inpatients.

Additionally, Out of Hours Social Work continued to play an active role in Test-and-Protect contact tracing, specifically contacting and supporting those isolating with COVID-19, ensuring they were kept safe and supported throughout their isolation period. At times of peak COVID-19 outbreaks this meant a single member of staff facing increased pressure, effectively running an out of hours service, alongside arranging support for people requiring isolation support, with as many as 30-40 calls being required to be made daily.

A recent review of Adult Social Work activity within Adult Support and Protection highlighted that, compared to the same previous reporting period, activity has increased by 33.1%.

Best Value

The Local Government in Scotland Act 2003 introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

- To make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development.
- To achieve break-even trading accounts, subject to mandatory disclosure.
- To observe proper accounting practices.
- To make arrangements for the reporting to the public of the outcome of the performance of functions.

Projects started over 2020/21 have continued and have been extended for 2021/22, following successful initial trial periods to support the Orkney IJB in relation to best value and support best practices. Some of these will be discussed below.

Distress Brief Intervention

On 1 September 2020, the First Minister, Nicola Sturgeon MSP, announced that the Distress Brief Intervention Pilot Programme would be further extended across Scotland, for a transition period through to 2024 and thereafter is expected to be fully embedded by NHS Boards across Scotland.

In June 2021 a proposal paper was presented to the Orkney IJB covering DBI and the positive impact this has had when trialled elsewhere. Funding was identified to support the project over two years with £50,000 from budgets held by Penumbra and the Orkney Blide Trust, with the expectation that more funding would be required in year two, due to projected increased costs with usage of the service increasing.

Evaluation of the project will be presented to the IJB on conclusion with the date of conclusion yet to be confirmed.

Home First

The Home First pilot commenced on 16 February 2021. This aimed to test a Home First/Discharge to Assess model to make an impact on hospital discharges for people returning to the community as quickly as possible, with improved outcomes for patients.

To provide a seven-day service the team of professionals included:

- 1 WTE Occupational Therapist.
- 120 hours Care at Home workers.
- 21 hours Social Work support.
- 15 hours rapid access physiotherapy support.

Support was provided to 53 patients over the pilot period and of these, 85% were severely frail. People with this level of frailty have significant issues with movement and how they manage everyday tasks, they also have a number of other diagnoses, such as dementia, osteoporosis, visual impairments, and multiple long-term conditions.

The evaluation of this pilot was reported to the Orkney IJB on 20 April 2022, covering the period from 16 February 2021 to 8 February 2022. The findings of the pilot were extremely positive with some key figures worth highlighting as follows:

- 71% reduction in days delayed in hospital awaiting Care at Home in 12 months.
- 530 bed days avoided by long term delayed discharges. This resulted in estimated savings of £499,970.
- 89% of occupational performance outcomes showed improvement.
- Additional capacity in services has been increased with 21,520 hours released.
- At point of referral to Care at Home, the visit hours required reduced by 27%.

Feedback by patients using the service was also positive. One quote taken from a patient explained:

“I think it is a good service. I feel more independent at home; I can do more myself since leaving hospital. Who would have thought I would be sitting here peeling my own tatties!”

Multi-disciplinary teams also saw the benefits explaining that the service has not only impacted the immediate and obvious impact upon “freeing-up” hospital beds but also affects the longer-term pressures on the system through enabling patients, reducing their longer-term needs.

Following the success of this pilot, Home First has now acquired permanent funding, becoming part of standard service operation, from now on. The success of the pilot has also seen local media attention via social media and within the local press, on 28 April 2022.

Local Government Benchmarking Framework

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



The data shared is the most recent available data, with a summary of where Orkney is placed amongst the 32 peers. Position 1 of 32 would be considered top performer with 32 of 32 as the worst. Orkney places as shown below for each measure.

No	Measure	Position (of 32)
1	Home care costs per hour for people aged 65 or over	30
2	Self-directed support (direct payments + managed personalised budgets) spend on adults 18+ as a percentage of total social work spend on adults 18+	13
3	The percentage of people aged 65 and over with long-term care needs who are receiving personal care at home	6
4	The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2
5	Percentage of adults supported at home who agree that they are supported to live as independently as possible	1
6	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	2
7	Percentage of carers who feel supported to continue in their caring role	2
8	Residential cost per week per resident for people aged 65 or over	31
9	Rate of readmission to hospital within 28 days per 1,000 discharges	1
10	Proportion of care services graded 'good' or better in Care Inspectorate inspections	31
11	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	15

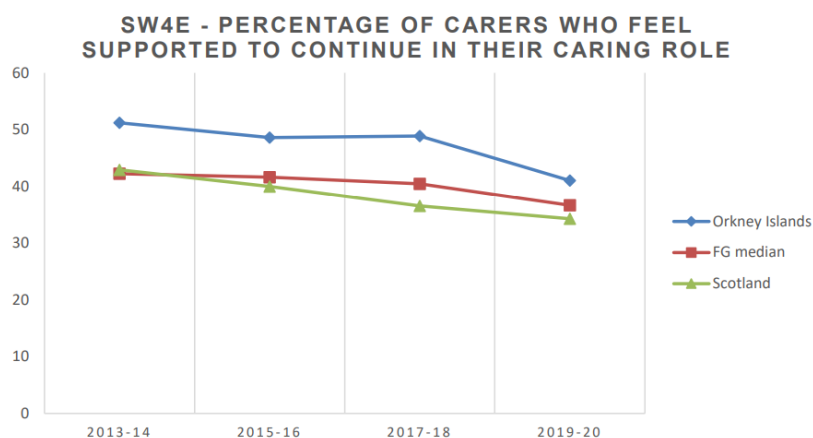
The overall performance is good. Orkney has five measures placed as either top or second top performer in Scotland. Those measures are:

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

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

It is important to note that one measure has reduced. This was the “*percentage of people aged 65 and over with long-term care needs who are receiving personal care at home*” dropping from second to sixth against our peers.

Considering the results further, one measure that shows an opportunity to improve is, the “Percentage of carers who feel supported to continue in their caring role”:



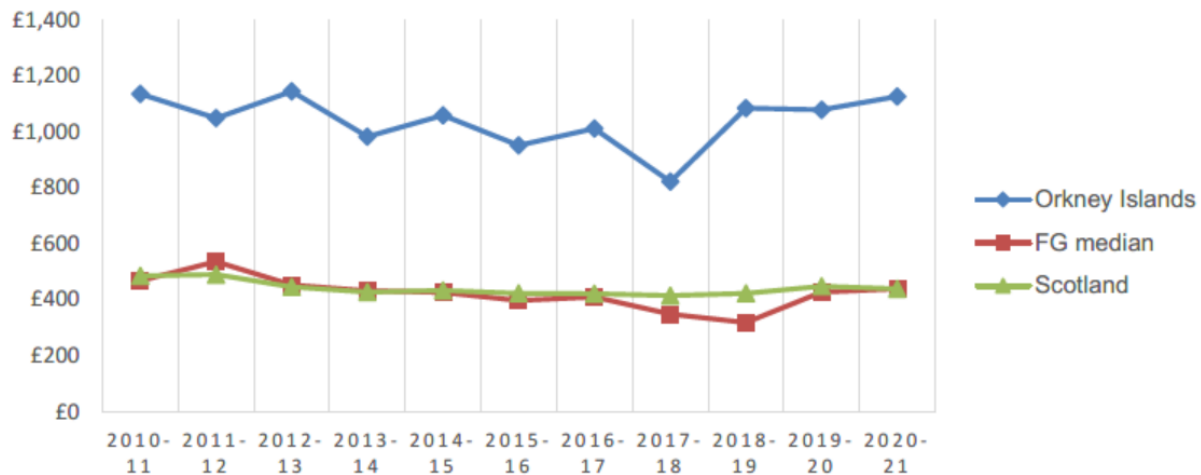
Despite being placed second highest for this measure in Scotland, it is a concern, that less than 50% of carers feel supported to continue in their caring role.

As highlighted in the last report, to improve this measure and better support Unpaid Carers, the Orkney Health and Social Care Partnership re-established the Carers' Strategy Group during 2020. This group meets regularly and has undertaken a number of recent initiatives:

- The group has secured Carer Awareness Training from The Carers Trust, for statutory and third sector agency frontline staff.
- The carer assessment process (Adult Carer Support Plan and Young Carer Statement) has been developed to improve the experience of unpaid carers and simplify access to support services.

- The group has supported a number of local and national carer awareness campaigns, highlighting the support services available to unpaid carers.

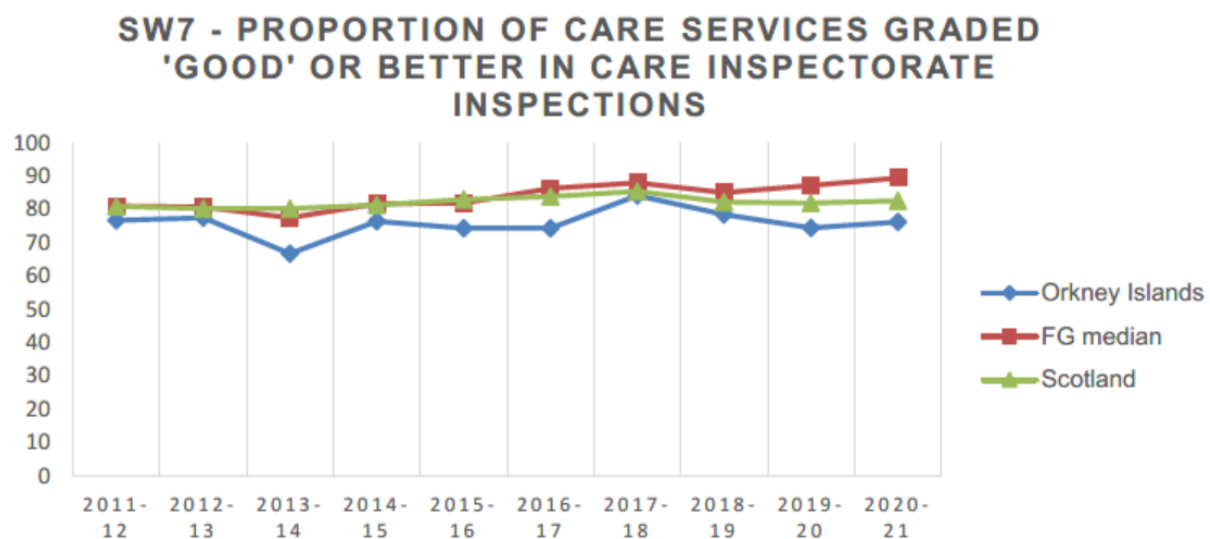
SW5 - OLDER PERSONS' RESIDENTIAL CARE COSTS PER WEEK PER RESIDENT



In relation to our lowest scoring measure, “Residential cost per week per resident for people aged 65 or over”, there are several reasons for the higher cost locally. Our residential care homes meet the needs of individuals with very high dependency, as we have no nursing homes in Orkney. We are keen to keep people as close to home as we can and rarely place people on mainland Scotland.

All our care homes are provided by the local authority and have higher running costs, often due to providing better staff terms, payment of distance islands allowance and conditions than those offered by private care home providers on mainland Scotland. Additionally, we are now in the position of having to rely to some extent on agency staff, which is more expensive both in salary and also in the need to provide accommodation. This is due to the difficulty to recruit and higher levels of sickness for multifactorial reasons, including an ageing workforce.

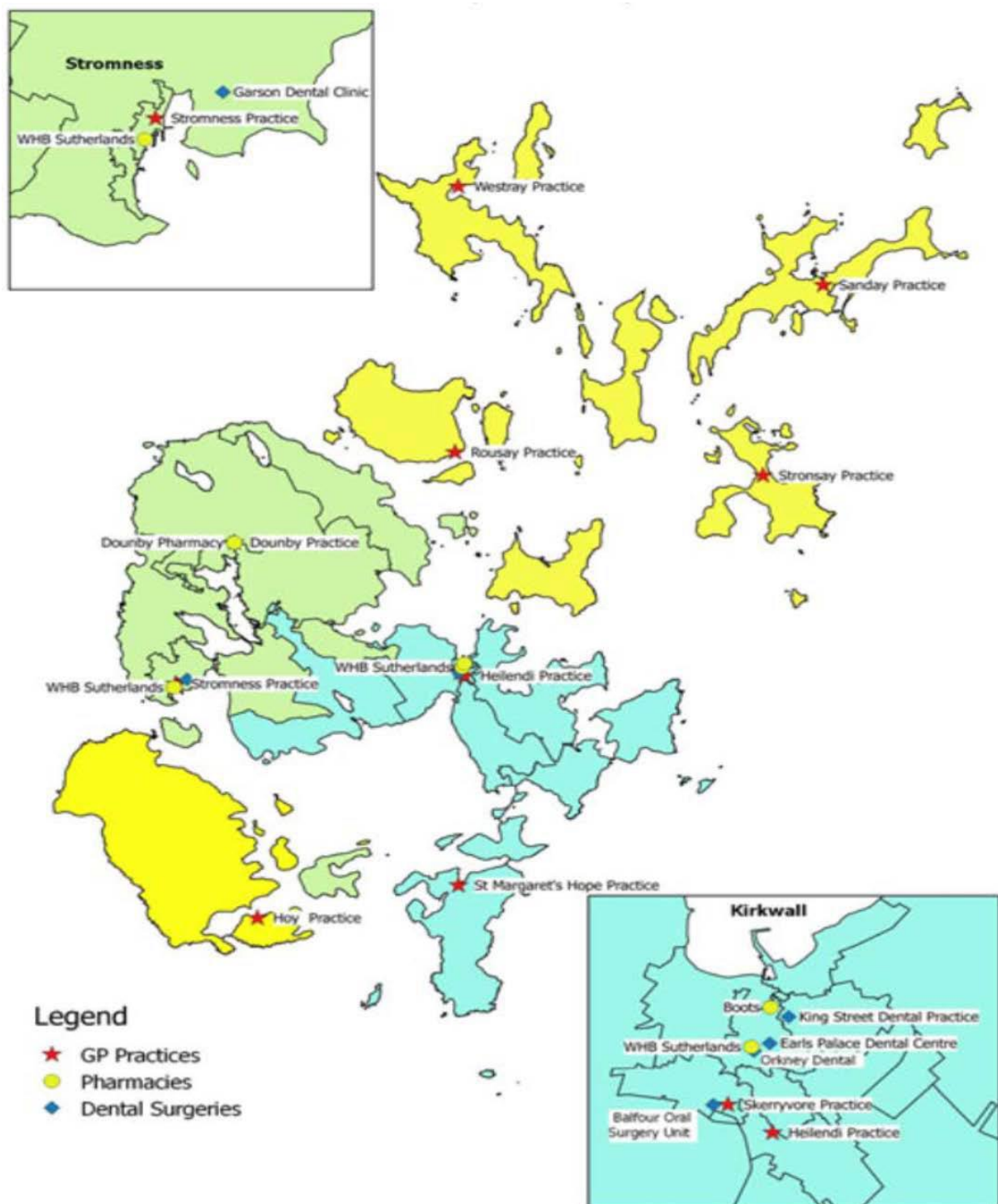
To ensure we are doing all we can to improve this rating, we will continue to closely monitor our costs, especially staff costs. We will ensure our reliance on agency staff is minimised by robust sickness management and innovative attempts to recruit locally.



The second lowest measure was “Proportion of care services graded ‘good’ or better in Care”. Following a successful review of Hamnavoe House during 2021/22 the score has improved. More inspections are expected over 2022/23, which will impact on this score, although it is hoped that those areas inspected will be able to either maintain or improve upon their previous scores.

To support further improvement to this measure the Orkney Health and Social Care Partnership has committed to ensuring that those services with grades less than good, develop action plans to meet any recommendations and to improve the grade.

Orkney Health and Social Care Partnership Localities



Locality Planning

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

The legislation requires that, in addition to establishing an IJB, we are also required to establish at least two 'localities' for the purpose of planning services at a local level. Given that the Community Planning Partnership has identified its priority locality as the Isles, it was anticipated that this geographical match would foster a co-ordinated planning approach to address health inequalities in the Isles.

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

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

Locality Data

As with many areas, one of the main challenges with locality data has been the continuation of postponed reporting, resulting in reduced availability of data over 2021/22 during the COVID-19 pandemic.

Where data is available the performance has generally maintained with many areas above the Scottish scores. However we have witnessed some significant reductions in some areas when compared to previous years as shown:

- Up to 93% of adults can look after their health well or very well. (Reduced 1%).
- 90% of people in Orkney feel they are supported to live as independently as possible. (Reduced 8%).
- 62% of adults feel they have a say in how their care or support is provided. (Reduced 24%). Comparatively Scotland scores 71%.
- 57% of adults supported at home who agree that their health and social care services seemed to be well co-ordinated. (Reduced 26%). Comparatively Scotland scores 66%.
- 91% of adults in Orkney receiving care or support rate it as excellent or good. (Increased 1%) Compared to the Scottish figures (75%) we score 16% higher.
- GP practices are highly rated throughout Orkney, with 88% (Reduced 7%) of adults having a positive experience; this is far greater than the Scottish figure of 67%.
- 81% of adults in Orkney feel their services and support improved their quality of life. (Reduced 6%).

- Percentage of carers who feel supported to continue within their caring role remains low at 43% (Increase of 2%). Comparatively, Scotland scores 30% in this measure.
- 85% of supported adults in Orkney felt safe at home. (Reduced 14%).

Further analysis, allowing for a break down at locality level within our communities, is unavailable for most indicators between 1-9 this year. Challenges due to COVID-19 made collation of this data nationally difficult and, as can be seen on the next page, many areas for the Isles and Orkney West remain incomplete.

Within measures 11-20, data is displayed for information purposes on National Indicators 12, 13, 14, 15 and 16. At present, Quarter 4 data for these measures are running through the quality checks and the verification process and, as such, are not available to report, at this stage.

National Indicator 15, the 'Proportion of last six months of life spent at home or in a community setting' shows 95% of people within Orkney are supported to spend their last 6 months of life in home or community settings. This is positive, demonstrating we continue to support choice and help those to spend their final days amongst family, and within their communities.

Locality Performance

Local Integration Indicators (Core Suite)

Indicator	Title	Orkney	Scotland	Orkney West	Isles	Orkney East
NI – 1	Percentage of adults able to look after their health very well or quite well	93%	91%	94%	93%	92%
NI – 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	90%	79%	...	...	...
NI – 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	62%	71%	...	...	...
NI – 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	57%	66%	...	...	...
NI – 5	Percentage of adults receiving any care or support who rate it as excellent or good	91%	75%	...	...	...
NI – 6	Percentage of people with positive experience of care at their GP practice	88%	67%	89%	92%	86%
NI – 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	81%	78%	...	...	...
NI – 8	Percentage of carers who feel supported to continue in their caring role	43%	30%	41%	43%	42%
NI – 9	Percentage of adults supported at home who agreed they felt safe	85%	80%	...	...	...

Note: '...' Data suppressed or incomplete and awaiting quarterly updates.

NI – 12 Emergency admission rate (per 100,000 population)

Scottish National Rate:10,951

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	1,388	2,560	1,822	2,517	2,260	2,637	2,933	2,759	1,721	2,342	2,119	2,565

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	2,821	2,778	1,997	2,691	2,617	2,923	2,230	2,281	2,677	2,375	2,008	2,151

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NI – 13 Emergency bed day rate (per 100,000 population)

Scottish National Rate: 74,459

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	15,929	13,325	24,219	28,863	14,289	17,405	19,238	21,764	12,908	18,470	17,312	22,693

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 100,000	22,135	13,411	11,545	12,674	20,877	23,322	16,406	15,327	19,075	19,235	12,972	16,335

NI – 14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)

Scottish National Rate: 120

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	72	38	52	94	82	86	86	83	49	63	80	68

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	61	52	45	88	81	92	52	39	71	70	37	63

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NI – 15 Proportion of last 6 months of life spent at home or in a community setting
Scottish National Average: 90.3%

2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	92%	97%	86%	95%	92%	93%	91%	93%	95%	92%	92%	95%

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	93%	97%	91%	98%	91%	90%	94%	92%	91%	92%	91%	95%

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NI – 16 Falls rate per 1,000 population aged 65+
Scottish National Rate: 21.7

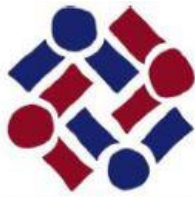
2020/21

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	2	3	2	2	3	3	6	5	2	6	3	7

2021/22

	Isles				Orkney East				Orkney West			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Rate Per 1000	2	-	-	3	3	4	3	5	4	3	3	6

Approaches to Service Community Led Support



Community Led Support

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

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

Unfortunately, the pandemic struck just as the Blethers were becoming established and resources had to be redeployed to meet the needs of those most vulnerable in our communities. The COVID-19 Community Support Hub was opened on 30 March 2020, hosted at the Pickaquoy Centre and became an example of a Blether by another name, albeit one that people phoned into for support, as opposed to face-to-face contact.

During the first lockdown, over 800 people were asked to shield as a result of underlying health conditions and Hub staff, redeployed from across OIC, worked alongside local Social Work teams and Allied Health Professionals to support shielding people with weekly welfare calls.

Many parishes and islands led their own successful community support efforts and the Community Led Support approach continues to be a strategic priority for the period 2022 – 2025. Lessons learned are being taken from these experiences as plans for Community Led Support look to move forward, designing further collaborative approaches and engagement with communities.

Technology Enabled Care



The Tech Peer Mentor project was set up following a successful bid for funding by VAO and the Orkney Health and Social Care Partnership from the Scottish Government's lead agency for Digital Health and Social Care, TEC Scotland. The project received funding under the Transforming Local Systems (TLS) Programme, which aims to evaluate the Scottish Approach to Service

Design whilst delivering technology-based solutions. TEC Scotland is "...a Scotland-wide programme overseen by the Scottish Government, designed to significantly increase citizen choice and control in health, wellbeing and care services."

The four Lead Partners in the TLS Programme are: Midlothian, Aberdeen, Highlands and Islands and East Ayrshire. There are a number of other local authority areas that are included in the TLS Programme as Named Partners to a matched Lead Partner. The Orkney project is a Named Partner to East Ayrshire. Orkney and East Ayrshire were matched as the East Ayrshire project has a focus on the Irvine Valley area, which has shared features with Orkney, such as demographics and a rural location. The Tech Peer Mentor project sits within the project portfolio of VAO, in Orkney's vibrant third sector.

The overall aim of the Tech Peer Mentor project is to promote awareness, understanding, and uptake of Technology Enabled Care, in Orkney. It will promote TEC solutions in service delivery and offer peer mentoring support to organisations that are developing services incorporating digital and TEC solutions, to meet the health and social care needs of Orkney's citizens. The project also seeks to improve access and choice in health and social care through enhancing the digital and TEC skills, knowledge, and confidence, of both workers and citizens.

The TEC programme has worked closely with a wide array of age groups. The ages of these clients can be seen below:

Age	<15	15-24	25-34	45-54	55-64	65-74	75-84	85-94	95-105
No. of Clients	0	<5	<5	<5	<5	<5	6	8	<5

* Where there are less than 5 in an age group true number has been hidden to protect identities.

The programme has seen a number of successes throughout Orkney through the use of a TEC library, used as a focal point for raising awareness, and giving the community an opportunity to learn more about the technology and its uses in health and social care.

One of the biggest achievements has been the introduction of the Komp device. The device is loaned to users who are often supported by family members, by installing the device and supporting elderly relatives to learn how to use it. Currently, there is approximately a two-month waiting list for people within the community to borrow this device. The Komp device has proven its ability to reduce social isolation and bring

additional benefits to those who have had use of the device. An image of the Komp device can be seen below.



One person who trialled the device fed back:

'The parents absolutely love the Komp and they decided to buy one after just having it for a couple of days. He was really worried about what they would do if it hadn't arrived by the time the trial ended and how they would manage without it. They both love watching the photos that are uploaded. Mum doesn't remember each day that it's there but we have uploaded old photos of her dad and she is delighted every day when she sees them and she says 'There's dad'! Their daughter video calls them from America and it works really well, no problems. It works much better than the iPad which they were getting really anxious about and had stopped using it because it was so difficult for them. They love seeing the photos of the grandchildren. I use it to send reminders like 'It's Thursday today. The lady will be coming round to make lunch later' and similar. The customer support was really helpful and transferred everything over to the new Komp after it arrived. No problems setting up the new Komp.'

It has been clear throughout the involvement with citizens that increasing digital inclusion, through support with digital skills or through the use of technology that does not require the user to make use of any digital skills, has led to significant benefits for individuals and often their family members also, these have included:

- Greater independence.
- Improved communication.
- Access to services.
- Enhanced wellbeing through having the opportunity to pursue personal interests.

In addition to having greater access to the benefits of digital technology, many have greatly appreciated time spent with them, going at their own pace, enabling them, with their families, to feel included, through person-centred care approaches.

Care Inspections

Care Inspectorate Service Grades



Health and Social Care services delivered by statutory and non-statutory providers are regularly monitored and inspected, in a range of ways, to give assurance about the quality of people's care.

The Orkney IJB is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

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

Care Homes

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

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How good is our setting?
5. How well is our care and support planned?
6. How good is our care during the COVID-19 pandemic?

An additional sixth question was added to measure support during COVID-19 within our care home services:

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

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

	Care & Support	Leadership	Staffing	Setting	Planning	Covid Support
Aurrida House	5	3				
Braeburn Court	5		5			
Rendall Road	4		3			
Care at Home Services	4	4				
Glaitness Centre	4			5	4	
Hamnavoe House	4	3				
Kalisgath and Very Sheltered Housing	5					
Smiddybrae House	5	4	5	3	5	
St Colm's Respite Bungalow	4				4	
St Rognvald House	3					2

Over 2021/22, inspections continued to be limited due to the changing environment surrounding COVID-19. Although visits were recommenced, Orkney has had no visits over this reporting period for the services below.

Evaluation of Services as of April 2022

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

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes have been mentioned within the locality context within this report however they apply across all integrated health and social care services, ensuring that health boards, local authorities, and integration authorities are clear about their shared priorities, by bringing together responsibility and accountability for their delivery.

The National Health and Wellbeing Outcomes also provide one of the mechanisms by which the Scottish Ministers measure the performance of health and social care. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes focusses on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make for individuals.

Out of the nine Core Suite Indicators, derived from the Scottish Health and Care Experience Survey (2020/21), Orkney placed in the following positions compared with every other Health and Social Care Partnership (HSCP) area throughout Scotland:

Indicator	1	2	3	4	5	6	7	8	9
Position	5th	1st	30th	29th	1st	1st	8th	2nd	7th

The Carer's Support indicator (indicator 8) should be highlighted as, while Orkney is ranked second, it is not a good news story. This indicator relates to how well carers feel supported to continue in their caring role and only 42% of carers report that they feel supported. Carers' health and well-being could be at risk and, if we lose this vital workforce, we could face greater demands upon already stretched services, which may result in poorer outcomes. However, this is not unique to Orkney, throughout Scotland the score is 30% with only Shetland scoring higher with 45% of carers feeling supported to within their caring role.

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

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

The most recently released data for these outcomes is presented on the following pages.

Nine National Health and Wellbeing Outcomes

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

Indicator	Description	2013/14	2015/16	2017/18	2019/20	2021/22
Adult Health	Percentage of adults able to look after their health very well or quite well	97%	96%	96%	95%	93%
Independence	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	89%	87%	100%	98%	90%
Engagement	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	88%	74%	83%	86%	62%
Coordinator of Services	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	83%	71%	91%	83%	57%
Adult Support	Total percentage of adults receiving any care or support who rated it as excellent or good	92%	82%	94%	90%	91%
GP Care	Percentage of people with positive experience of the care provided by their GP practice	96%	98%	94%	93%	88%
Quality of Life	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	98%	87%	97%	87%	81%
Carers' Support	Total combined percentage of carers who feel supported to continue in their caring role	51%	49%	49%	41%	43%
Feeling Safe	Percentage of adults supported at home who agreed they felt safe	89%	82%	98%	99%	85%

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Local Indicators

Due to the impact of COVID-19, the way these measures are collected has been impacted; as such they have been measured over different time scales.

Indicator	Description		2015	2016	2017	2018	2019	2020	2021
Premature Mortality Rate	Premature mortality rate (per 100,000 persons by calendar year)	Orkney	378.5	285.1	432.1	335.6	319.4	307.7	293
		Scotland	440.5	439.7	425.2	432	425.8	457.4	470.6
Intensive Care Needs at Home	Percentage of adults with intensive care needs receiving care at home	Orkney	74%	70%	63%	73%	73%	76%	61%
		Scotland	61%	62%	61%	62%	63%	63%	65%

Calendar year 2021 is used here as a proxy for 2021/22 due to the national data for 2021/22 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships. Figures presented may not fully reflect activity during 2021/22 due to the varying impact of COVID-19 at different points of the pandemic.

Indicator	Description		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021
Emergency Admissions	Emergency admission rate (per 100,000 persons)	Orkney	11,055	9,515	9,962	10,719	10,002	9,675	10,773
		Scotland	12,295	12,229	12,211	12,280	12,525	10,952	11,636
Emergency Bed Days	Emergency bed day rate (per 100,000 population)	Orkney	92,674	85,582	84,502	85,474	88,776	73,459	85,450
		Scotland	127,609	126,007	122,571	120,007	118,574	101,115	109,429
Readmissions	Readmission to hospital within 28 days (per 1,000 population)	Orkney	78.7	77.6	80.4	82.1	66.9	76.4	76.1
		Scotland	98.1	101.0	102.8	103.4	104.8	120.1	109.6
End of Life – Care Setting	Proportion of last 6 months of life spent at home or in a community setting	Orkney	92%	92%	91%	90%	90%	93%	92%
		Scotland	87%	87%	88%	88%	88%	90%	90%
Falls Rate	Falls rate per 1,000 population aged 65+	Orkney	22.0	20.7	16.6	15.5	17.0	16.2	14.7
		Scotland	21.1	21.4	22.2	22.5	22.8	21.7	23.0

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			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Quality of Services – Care Inspectorate	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	Orkney	74%	74%	84%	78%	74%	76%	71%
		Scotland	83%	84%	85%	82%	82%	82%	76%
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged for people aged 75+ (per 1,000 population)	Orkney	382	434	381	111	467	368	470
		Scotland	915	841	762	793	774	484	761
Emergency Admission Costs	Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency	Orkney	19.9%	19.5%	20.1%	19.7%	20.3%	-	-
		Scotland	23.2%	23.3%	24.1%	24.1%	24.2%	-	-

NHS Boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 (*Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency*) beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

Full comparison of these figures to our Partnership Peer Group and Scotland is seen on the following page.

Health and Social Care Partnership Peer Group

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

HSCP	NI1	NI2	NI3	NI4	NI5	NI6	NI7	NI8	NI9
Aberdeenshire	94%	78%	74%	63%	76%	58%	78%	31%	76%
Argyll and Bute	91%	75%	67%	66%	69%	78%	77%	38%	86%
Dumfries and Galloway	92%	77%	75%	70%	76%	75%	84%	31%	87%
Highland	92%	87%	72%	72%	83%	59%	84%	29%	86%
Orkney Islands	93%	90%	62%	57%	91%	88%	81%	43%	85%
Scottish Borders	93%	73%	63%	59%	74%	66%	71%	29%	77%
Shetland Islands	93%	90%	78%	70%	83%	84%	94%	45%	78%
Western Islands	93%	83%	72%	71%	83%	80%	84%	41%	88%
Scotland	91%	79%	71%	66%	75%	67%	78%	30%	80%

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

HSCP	NI11	NI12	NI13	NI14	NI15	NI16	NI17	NI18	NI19	NI20
Aberdeenshire	372	17,161	77,865	106	92%	17.1	77%	61%	281	23%
Argyll and Bute	391	8,507	104,253	91	91%	27.8	80%	72%	584	23%
Dumfries and Galloway	453	15,386	130,553	96	90%	19.5	80%	72%	799	27%
Highland	413	19,185	106,529	113	92%	14.5	80%	57%	1,051	23%
Orkney Islands	293	1,982	85,450	76	92%	14.7	71%	61%	470	20%
Scottish Borders	351	9,947	121,675	102	88%	18.9	78%	58%	1,009	20%
Shetland Islands	367	1,633	56,765	72	95%	18.3	89%	74%	343	13%
Western Islands	430	13,842	124,939	106	91%	24.8	79%	63%	1,305	20%
Scotland	471	11,636	109,429	110	90%	23	76%	65%	761	24%

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

NI 1 to 9 and 17, 18 and 19 are displayed as 2020/21

NI11 to 16 shown as 2021 Calendar Year

NI 20 is shown as 2019/20 with no later data available

Financial Performance

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

The budget within each Party was as follows:

Partner Organisation	Opening Budget	Additional Allocations	Full Year Budget
	£000	£000	£000
Orkney Islands Council	20,699	1,638	22,337
NHS Orkney	26,760	8,257	35,017
NHS Orkney Set Aside	7,435	1,648	9,083
Total Allocation	54,894	11,543	66,437

The year end was a balanced position and in addition there was an increase in earmarked reserves of **£3.801**.

The £3.801 million, in addition to the reserves of £2.323 million from 2020/21, was in relation to funding received for specific services, some at a late stage, which was not fully utilised and, therefore, will be held within earmarked reserves. Within this figure there is unutilised COVID-19 funding which will be carried forward for use in 2022/23.

Throughout the 2021/22 financial year there was significant financial pressures highlighted within the Revenue Expenditure Monitoring Reports as follows:

Children and Families – Social Work services have been experiencing high levels of sickness absence for a considerable length of time, including key leadership and management roles, all of which has had a significant impact on the service's ability to deliver effective and statutory social work services to children, young people and their families. Some of this is related to the need for staff members to remain at home due to initial COVID-19 restrictions. However, it is anticipated some sickness absence will be long term and combined with significant recruitment challenges, this has resulted in the need to employ locum staff.

Most importantly, the statutory requirement to provide social work services for children and young people, particularly in the field of Child Protection, requires the ability to respond to need quickly. Temporary arrangements to ensure this capacity have incurred significant, additional, unfunded expenditure.

These additional posts are essential at this time to ensure proper review planning and improvement work is undertaken, following the findings of the Joint Inspection Report, from February 2020, of Services for Children and Young People in Need of Care and Protection in Orkney.

There are also additional costs for residential care within Orkney due to the children's house being at full capacity. The requirement for placements outwith the

local authority area have also increased for children who require a more specialist service, that cannot be provided in Orkney.

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

The introduction of self-directed support became an enabler for service users whereby they can choose to either have an in-house service, funding to employ their own personal assistant or ask for another agency to provide the care. This means that there is more choice for service users and, where an in-house service is at full capacity, there are other options to receive care. Unfortunately, due to the high demand, there has been no ability to reduce the in-house provision, and no significant investment within the last few years to meet the pressures within the service.

Prescribing – Prescribing can be a difficult budget to manage as it is demand-led and, this financial year, has seen an increase within the unit price and volume. The UK's exit from the European Union has also caused more uncertainty.

Workforce – Recruitment is increasingly difficult, as there are national shortages of qualified staff. There has also been feedback that, due to shortages within the housing rental market, some successful candidates have had to decline positions within the partner organisations.

Set Aside – Within the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations there is a requirement that the budget for hospital services used by the partnership population is included within the scope of the Strategic Plan. Where a Health Board and an Integration Authority are coterminous (cover the same area), unscheduled adult inpatient services must be delegated to the Integration Authority, based on the functions included in the legislation. The overspends within the Set Aside are in relation to high levels of absence through COVID-19, and an inability to recruit to permanent medical posts, has increased costs in relation to locums and agency staff. Significant effort has been given to recruitment, with some progress made very recently in filling some long-standing medical vacancies, on a permanent basis.

The main financial pressures within the Set Aside budget are in relation to unfunded posts, and increases in drug prices and growth have been greater than the inflationary uplift. The increase in budget throughout the year can be shown as follows:

Budget Reconciliation	£000
Opening Budget	7,435
Pay and Other Uplifts	299
Medical Staffing and Locums	668
Staffing Transfer	624
Open University Backfill	57
Revised Budget	9,083

The figures used above have been taken from the Annual Accounts, which are currently going through the external audit process. These figures will only receive final approval at the Performance and Audit Committee, on 28 September 2022.

Audit Reports

The Audit Committee (renamed the Performance and Audit Committee on 22 March 2022) met on the following dates over 2021/22 and discussed the following key areas relating to this report:

[23 June 2021](#)

- Internal Audit Report 2020/21 – By Azets.
- Internal Audit Protocol – by Council Internal Audit.
- Internal Audit Charter 2021/22 – by Council Internal Audit.
- Internal Audit Strategy and Plan 2021/22 – by Council Internal Audit.

[17 November 2021](#)

- External Audit Report to those charged with Governance – Audit Scotland.
- Adoption Allowances and Kinship Payments – by Council Internal Audit.

[16 March 2022](#)

- External Audit Annual Strategy and Plan 2022/23 – Audit Scotland.
- Internal Audit Strategy and Plan 2022/23 – by Council Internal Audit.
- Internal Audit Risk Management Review – by Council Internal Audit.
- Internal Audit Information Governance and Data Sharing – by Council Internal Audit.

By clicking on the dates above, readers will be taken to the pages for each meeting where reports can be viewed under “related downloads”.

Performance Summary 2021/22

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities report on the Core Suite of Integration Indicators in their Annual Performance Reports within four months of the end of the reporting period.

Normally, the end of the reporting period would be 31 March; however, due to ongoing data completeness issues, Public Health Scotland has advised Integration Authorities to report on calendar year 2021 rather than financial year ending 31 March 2020 for most indicators. Financial year comparisons are now possible for only 4 of the measures.

For this data 2021 has been used as proxy for the 2021/22 financial year; however, we can state the following:

- Emergency admission rates have increased 9,675 to 10,773 per 100,000 population. This is an increase of 11% and the first year to see an increase in three years.
 - Although the increase is mirrored across all localities the largest increase is in the isles Quarter 1.
 - Orkney remains one of the top performers amongst the peer group for this measure.
- Emergency attendances have increased by 1,076 attendances (22%) over 2021/22. (4,784 2020/21 to 5,860 2021/22).
 - This is in part an effect of the COVID-19 pandemic where in the first 6 month after lock downs began, attendances at the Emergency Department reduced significantly for a prolonged period.
 - Core 4-hour treatment target for the Emergency Department did reduce slightly compared to the previous reporting year dropping from 97% to 95.7% for 2021/22. This in part will be due to the significant increase in demand highlighted above.
- Emergency bed day rate (per 100,000 population) increased by 6% (11,991 bed days) from 73,459 to 85,450 however this remains lower than the rate seen in 2019/20.

This overview of first point of contact at the Emergency Department shows that there has been a significant increase in demand over 2021/22. Despite the 22% increase in attendances overall performance remained good. At first point of contact there is a 95.7% average for the 4-hour core treatment measure; this is above the National Scottish target of 95%. As would be expected the increase in attendances has resulted in an increase in the emergency admission rate from 9,675 to 10,773 per 100,000. This is an increase in the rate of 1,098 equating to 11%.

The readmission rate within 28 days per 1,000 discharges decreased slightly by 0.4% to 76.1 over 2021. Orkney had the second lowest representation of readmission rate within 28 days across Scotland during 2021, with only Shetland remaining lower. Both Orkney and Shetland sit well below the Scottish rate of 110 readmissions per 100,000. At locality level in Orkney all areas followed similar trends

to that of Orkney as a whole, the largest reductions were seen in Orkney East in the latter parts of 2021/22.

For those over the age of 65, the number of people per 1,000 who suffered a fall resulting in a hospital admission decreased by 9% in Orkney, over 2021. The 2021 Orkney fall rate was the second lowest across Scotland and represented the fifth year in a row where the falls rate was lower than the Peer Group and the National rate. The only peer group member with a lower falls rate than Orkney is Highland, with a rate of 14.2 falls per 1,000 population whereas Orkney is currently 14.7. Due to locality data quality assurance, we do not have access to data for all quarters, for example the isles only have verified data for Quarters 1 and 4 of 2021/22 and more in-depth analysis is not available. However, we can see there is a reduction in falls across both Orkney East and West.

Over 2021/22 the proportion of care services graded 'good' or better in Care Inspectorate Inspections has reduced by 5% from 76% to 71%. When compared to our peer group, Orkney is now bottom of this measure, and 5% lower than that of the Scottish rate. Across Scotland this reduction was seen across almost all partnerships, with the Scottish score in this measure also reducing from 82% to 76%. Although this is far from where we would hope to be there is opportunity to improve upon this measure with Care Inspectorate visits recommencing as the recovery phase of the pandemic progresses.

Over 2021/22 the number of days people aged 65+ spend in hospital when ready to be discharged increased from 368 to 470 days per 1,000 population, an increase of 27.7% equating to 102 days. Comparatively this increase has been seen throughout Scotland with the Scottish figure increasing significantly from 484 to 761 days, an increase of 57.23% equating to an increase of 277 days. Compared with our peer group Orkney is currently the third best performer for this measure.

There has been a slight decrease over 2021/22, in the proportion of people who spent the last six months of life in the community across Orkney. This measure was previously compared per calendar year, however the data is now available in financial year terms, as seen in previous years. In 2020/21 the percentage was 93% and this has now decreased to 92% in 2021/22, which has mostly maintained the improvement in this measure. The same trend appears across the Peer Group with the likely cause being a continued national focus on providing care within the community where possible. Compared nationally, Orkney is now the second-best performer in this measure, with Shetland the only area scoring slightly higher at 95%. Orkney also places above the Scottish average of 90%.

Conclusion

The COVID-19 pandemic and management of the recovery continues to be a focus for the Orkney IJB, and managers across the Health and Social Care Partnership. Meeting the health and care needs of the community, and delivering services in a safe and effective way, has continued to take precedence, over the last twelve months. As a result, many of the strategic priorities have not progressed as far as would have been expected, over 2021/22.

It is evident from the reduction in many of the measures that Orkney has felt the strain of the COVID-19 pandemic; however, this has not been unique to Orkney with many of the partnerships throughout Scotland seeing significantly reduced scores. Despite these significant challenges, and the reduction in scores, the Orkney IJB has shared many achievements with partners and the wider community, as demonstrated in this report. These successes, although not seen within the national measures, have included, increased learning throughout the pandemic; improvement within our children's services; development and investment in our mental health services, and a wide array of tests of change and new ways of working being progressed.

We continue to have significant recruitment challenges across health and social care, with an over reliance on agency and locum staff. Associated retention issues compound the vacancy levels and actions will be prioritised to identify potential solutions, working alongside NHS Orkney, Orkney Islands Council and our Staff side colleagues to ensure a co-ordinated approach to this sector wide issue.

2022/23 will see continued change and development in many key areas, such as mental health. With the recruitment of additional senior staff and additional funding, provide much needed additional support to mental health services, an area of pressure not unique to Orkney, and seen throughout Scotland.

As Scotland moves into the recovery phase of the COVID-19 pandemic, it will be imperative to continue capturing learning from COVID-19, and to embed new ways of working into daily life. Safe and effective care will continue to be delivered in a timely manner, with a focus on improving outcomes in response to performance findings.

For Further information

Visit: www.orkney.gov.uk/Service-Directory/S/orkneyhealth-and-care.htm.

Telephone: 01856873535 extension 2601.

E-mail: OHACfeedback@orkney.gov.uk.

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

Care Opinion: www.careopinion.org.uk

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Orkney Partnership Board Vice Chairs Report
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair
Report Author:	Meghan McEwen, Board Chair

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Orkney Partnership Board met on Tuesday 27 September for a closing off report from the three delivery groups and its horizon scanning session to provide a basis for future planning. NHS Orkney Chair was asked to facilitate/lead the session due to conflict with the Isles Forum event. The discussion resulted in two thematic groups being identified: Sustainable Development which will encompass the priority given to net zero, along with the economic development focus partners felt was important. The second was Poverty/Cost of Living, which will focus on the short term crisis that will impact many

people in our community, but also work to streamline pathways of support and roll out a 'cash first' approach to supporting those in crisis.

The closing off reports from the three delivery groups (Community Wellbeing, Connectivity, and the Economic Recovery Steering Group) all provided much to celebrate and the work of the groups and NHS Orkney members of staff who delivered against these priorities was recognised and thanks given. There was, and remains, a question regarding the role of the Economic Recovery Steering Group, and the Aspire Orkney company within the community planning partnership.

The Child Poverty Task Force had completed its work and would now be mainstreamed within the Cost of Living thematic group. The Child Poverty Action Plan report had been to the Policy and Resources Committee at OIC, the full Orkney Partnership Board, the Joint Clinical and Care Governance Committee, and would be on the NHS Orkney Board agenda.

Partnership used the valuable information from the Orkney Matters survey results to inform their discussions, as well as our role as statutory partners in delivering against the National Performance Framework.

2.2 Background

Community Planning Partnerships are governed by the 2015 Community Empowerment Act, and their roles and responsibilities are laid out in general terms there.

The Community Empowerment (Scotland) Act 2015

The Act (4(4)) requires the community planning partners, through the LOIP and locality planning, to achieve improvements which are consistent with the Scottish Government's National Outcomes, and these are that people:

- grow up loved, safe and respected so that they realise their full potential
- live in communities that are inclusive, empowered, resilient and safe
- are creative and their vibrant and diverse cultures are expressed and enjoyed widely
- have a globally competitive, entrepreneurial, inclusive, and sustainable economy
- are well educated, skilled and able to contribute to society
- value, enjoy, protect, and enhance their environment
- have thriving and innovative businesses, with quality jobs and fair work for everyone
- are healthy and active
- respect, protect and fulfil human rights and live free from discrimination
- are open, connected and make a positive contribution internationally
- tackle poverty by sharing opportunities, wealth, and power more equally

The Act (Section 5) also states:

... a community planning partnership must act with a view to reducing inequalities of outcome which result from socio-economic disadvantage unless the partnership considers that it would be inappropriate to do so.

2.3 Assessment

The Board is being asked to endorse the thematic groups identified at the meeting on 27 September and commit to working in partnership where it will add value to our community and strengthen our ambition to become an anchor institution.

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

The thematic groups identified were: Poverty and the cost of living, sustainable development which encompasses all development to grow our economy whilst mitigating and minimising the impact to the climate.

2.4 Recommendation

- **Discussion** – Does the NHS Orkney Board support the thematic groups identified?
Are there any additional thematic groups the Board would like to see?

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, The Orkney Partnership Board meeting minutes, 29 June 2022.
- Appendix No 2, Parliamentary Consultation – Community Planning



Orkney Partnership Board

Minutes of the Board Meeting 29 June 2022 held via Teams

1. Attendance and apologies

Partners with a collective duty to facilitate community planning

Orkney Islands Council	Cllr James Stockan (chair)
NHS Orkney	Meghan McEwan (vice-chair)
Police Scotland	Simon Hay
Highlands & Islands Enterprise	Graeme Harrison

Partners have a duty to participate in community planning

Orkney College UHI	Claire Kemp
Skills Development Scotland	Anthony Standing
HITRANS	Cllr. David Dawson
Integration Joint Board	Issy Grieve
Criminal Justice Partnership	Stephen Brown
Visit Scotland	Cheryl Chapman

Co-opted partners

Voluntary Action Orkney	Gail Anderson
Orkney Housing Association Ltd.	Craig Spence

In attendance

Guest	Alistair Carmichael MP
Scottish Government	Philip Raines
Sustainable Recovery Delivery Group	Luke Fraser
The Orkney Partnership	George Vickers
Orkney Islands Council	Cllr Heather Woodbridge
	John Mundell
	Anna Whelan (secretary)
	Karen Grieves
	Kerry Spence
	Sweyn Johnson
	Susan Shearer
NHS Orkney	Michael Dickson
Economic Recovery Steering Group	Glen McLellan

Apologies

Nature Scot	Graham Neville
Scottish Ambulance Service	Marcus Shearer
Economic Recovery Steering Group	Glen McLellan
Scottish Environmental Protection Agency	Alan Dundas

2. Shared Prosperity Fund Investment Plan

- 2.1. Sweyn Johnson, OIC, presented the Investment Plan to the meeting and the Board agreed to support the submission.

3. Orkney Matters consultation

- 3.1. Susan Shearer presented the finding of the consultation. The information and insights gathered from the consultation will inform the future work of the partnership, including the development of the new Community Plan/Local Outcomes Improvement Plan and the new Locality Plan.

4. Minutes of the previous meeting

- 4.1. The draft minute was agreed as a true record of the meeting.

5. Matters arising

There were no matters arising that were not addressed by other items on the agenda.

6. Report from the Chair of the Executive Group

- 6.1. John Mundell summarised the written report.

7. Review of the Locality Plan for the Linked Isles 2018-21

- 7.1. George Vickers spoke to the document which was accepted by the Board.

8. Locality Planning going forward

- 8.1 George Vickers spoke to the written report.
- 8.2 Comments from Board members, which will be incorporated into the next locality plan, included:
 - 8.2.1 There needed to be a continued focus on supporting the Ferry Linked Isles.
 - 8.2.2 Tourism has a significant role to play in supporting economic development on the Ferry Linked Isles.
 - 8.2.3 Residents have already been consulted numerous times and that future consultation should only take place where it adds value.
 - 8.2.4 The cost-of-living crisis should be placed at the centre of any future locality plan or plans.
- 8.3.1 The second option presented in the paper was agreed:
 - 8.3.1 The Orkney Partnership develops a single Locality Plan for the whole of the county. The Locality Plan would sit alongside the new Orkney Community Plan/LOIP for 2023/26, ensuring that this Plan, along with

the Plans and Strategies that sit alongside it, address the specific local needs of each locality.

8. The Orkney Partnership Annual Report 2020/21

- 8.1. Anna Whelan spoke to the draft report brought to the meeting and the Board agreed to endorse the Report.

9. Child Poverty Strategy

- 10.1 Anna Whelan spoke to the Strategy and the Board agreed to endorse the Strategy.

11. Report from the Chief Officers Group

- 11.1 A report will come forward to the next meeting of the Board once the IJB has had an opportunity to consider it.

12. Joint Inspection of Children and Young People in Need of Care and Protection

- 12.1 Stephen Brown, IJB, spoke to the written report and the progress taken to address the recommendations of the Inspection Report. The Board requested that an update be brought to its Spring 2023 meeting.

13. Delivery group updates

13.1 Connectivity Delivery Group

- 13.1.1 The written report from the chair and vice chair was received.

13.2 Community Wellbeing Delivery Group

- 13.2.1 Gail Anderson spoke to the written report and the recommendations in the report were agreed by the Board.

Recommendations regarding Food Dignity, Child Poverty and Fuel Poverty:

- That a Fuel Poverty Strategy Working Group be established
- That a Poverty Action Subgroup be established
- That the Food Dignity Recommendations Report is approved

Recommendations regarding a Poverty Pledge

The pledge states that:

“We believe that it is not acceptable that people in our community live in poverty. Over the coming years, we will commit our time, energy, and resources to do all we can, in partnership, to work towards the elimination of poverty throughout Orkney”

- The recommendations regarding the Poverty Pledge were:
 - That all partners subscribe to the Poverty Pledge
 - That all partners take the pledge into consideration when developing plans and strategies
-

GV/AFW 12/09/22

Appendix 2

Parliamentary Consultation - Community Planning

- 1. What action has been taken at a local level to improve community participation and collaboration between partners since the requirements of the 2015 Act came into force? Can you provide examples of success?**

The Orkney Partnership Board has one member from the third sector at full Partnership meetings. A recent Orkney Matters survey has provided insight into our community's needs and priorities, and in 2015 an amended Place Based exercise was conducted in the ferry linked isles. No Board level information has been presented around Asset Transfer or Participation Requests.

- 2. What progress has your CPP made in tackling inequalities since the 2015 Act? To what extent has your CPP adopted a preventative approach in seeking to tackle inequalities? Can you provide examples of success? How are you responding to the current cost-of-living crisis?**

This is an area where greater focus is needed, as much of our work feels focused on economic development and not the social or environmental drivers of inequality.

- 3. How have Local Outcomes Improvement Plans and locality plans reduced inequalities? Can you provide examples**

The LOIP is a document that can be referred to and leveraged by many organisations for funding applications for projects and services. There is an opportunity to adopt a more inclusive and collaborative approach to the creation of the LOIP to allow for more voices to be included.

- 4. What are the challenges faced by CPPs to the effective planning and delivery of their outcomes? How has the Act changed how community planning partners deliver their services?**

Statutory partners can struggle to step out of their organisational boundaries. There is a lack of awareness on the role and purpose of a CPP, and so often the information on outcomes is a list of individual organisation's contribution and not a shift in approach. CPPs are not effectively and proportionately held accountable, and so there is not motivation to change approach or empower disenfranchised sections of our communities. In a small place like Orkney it is a real challenge to navigate a very cluttered landscape that includes a CPP and associated working groups, Local Authority committees, NHS Board committees, and an IJB with associated committees as well. There is a desperate need to simplify this landscape.

6.3.2

- 5. What role did your CPP have in the response to the Covid-19 pandemic? What has the legacy of the pandemic been to approaches to community planning?**

There was information about the economic response that was mobilised in the community.

- 6. Does the existing guidance for Community Planning Partnerships need to be updated?**

Yes

- 7. How does community planning align with other strategies and planning requirements?**

It doesn't. But strategies and plans make their way to it for 'noting and approval' without an attached request or ask, there is never a challenge made to the partnership to change how we operate. Without resources, or partners who are willing and empowered to shift resources, the partnership is only ever going to be a series of meetings and conversations.

- 8. Do partners in your CPP contribute resources to enable the delivery of outcomes**

We contribute to the funding of posts to support the partnership, and some staff are asked to contribute to the drafting of strategies.

- 9. Has inclusion as a planning partner changed the way your organisation works, spends its budget and makes decisions?**

No.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Health and Safety Executive (HSE) Update
Responsible Executive/Non-Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Lorraine Hall, Interim Director of Human Resources

1 Purpose

This is presented to the Board for:

- Approval of recommendation
- Awareness

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Quality

2 Report Summary

2.1 Situation

The Board were issued with four Health and Safety Improvement Notices, dated 20 October 2021, primarily in connection with the delivery of Moving and Handling and the Prevention of Violence and Aggression training following an inspection by the Health and Safety Executive (HSE) on the 4 to 6 October 2021. On the 30 June 2022 the Board were further served a Prohibition Notice for the Mental Health Transfer Room followed up by an Improvement Notice on the 8 July 2022.

The Prohibition and Improvement Notice for the Mental Health Transfer Room were noted as served and completed formally on the 2 August 2022 and the Improvement Notices from October 2021 were closed off as complete at the meeting on the 29 September 2022.

This paper provides details of activities leading from the inspections to the meeting with the HSE on the 29 September 2022.

2.2 Background and Updates

The Health and Safety Executive (HSE) inspected NHS Orkney from 04-06 October 2021. The four Inspectors: Simon Dunford and Lorna McIntyre (Management of Violence and Aggression) and Susan Donnelly and Kerry Cringan (Manual Handling) arrived for the Inspection into how NHS Orkney manages its processes, structures and systems with regards to the Prevention of Violence and Aggression and Moving and Handling along with a more generic overview of systems, processes and policies. The Inspectors held an opening meeting on the 4 October which included the lead for Health and Safety, the Board Chair, Interim Chief Executive, the Interim Director of Human Resources, Health and Safety Advisor and Learning Lead and followed with a range of structured interviews and walk rounds that lasted until the close out meeting on the 6 October 2021.

The inspectors welcomed the openness, transparency and honesty of all staff that they interviewed and met on their visit. The inspectors, however, found a number of failings that required improvements to be made in a very short space of time (initial date February 2022). These included:

- An organisational understanding of its Risk Profile in relation to Moving and Handling and Violence and Aggression including an improvement in the standard of assessments and the controls necessary to be put in place as mitigations
- That following risk profiling staff are trained appropriately including trained in systems and equipment in use
- That the management system for recording incidents/events (DATIX) is used consistently and for staff not to see the system being used as a tool for blame but as a tool that supports learning and continuous improvement
- That case notes are compliant and inclusive of any moving and handling factors
- That the Board fulfils its statutory and legal obligations in the training of staff
- That systems purchased by the Board (lone working system) are rolled out with staff trained in what to do in response
- That environmental and estates factors highlighted in their visit are revisited and looked at with an immediacy
- That Policy and Strategy updates are progressed.

DATE	NOTICE TYPE	RELATED TO	COMPLIANCE DATE
20 October 2021	Improvement Notice	IN/SPD201021/02 - 312088000 <u>Training of V&A</u>	Original Compliance Date: 24 February 2022 Original Expiry date: 23 May 2022 Original expiry date: 04 July 2022 Revised Compliance Date: 29 September 2022
20 October 2021	Improvement Notice	IN/SPD201021/01 - 312087858. <u>Risk Assessments to highlight high risk groups</u>	Original Compliance Date: 24 February 2022 Original expiry date: 04 July 2022 Original Expiry date: 23 May 2022 Revised Compliance Date: 29 September 2022
20 October 2021	Improvement Notice	IN/01G02/KC/151021/2 - 311971634 - <u>Risk Assessments –Moving and Handling</u>	Original Compliance Date: 24 February 2022 Original expiry date: 04 July 2022 Original Expiry date: 23 May 2022 Revised Compliance Date: 29 September 2022

20 October 2022	Improvement Notice	IN/01G02/KC/151021/1 - 311971036 - <u>Training – Moving and Handling</u>	Original Compliance Date: 24 February 2022 Original expiry date: 04 July 2022 Revised Compliance Date: 29 September 2022
30 June 2022	Prohibition Notice Immediate	P SPD300622/01-312648815 <u>Mental Health Transfer Room</u>	01 August 2022 Works were completed.
08 July 2022	Improvement Notice	IN/SPD070722/01-312648764	01 August 2022 Works were completed. Processes underpinned

Following the initial inspection in October 2021, the Interim Chief Executive asked the Interim Director of Human Resources to take the Executive oversight required to support NHS Orkney meet the requirements as laid out in the Notices.

A multi-disciplinary Task and Finish Group was set up from the 29 October 2021, meeting weekly, updating on progress, next steps, risks and issues. The Executive Management Team (EMT) signed off a workforce health and safety structure to support the organisation progress and embed a safety culture. The Board's safety structure now has a Joint Health and Safety Lead, Joint Prevention of Violence and Aggression Advisor, part time Health and Safety Advisor, full time trainers in Prevention of Violence and Aggression and Moving and Handling.

Regular progress updates, activities and actions were cascaded through our weekly communication bulletin, via operational team meetings including Senior Management Team, through the Board's governance routes; formally via the Occupational Health and Safety Group (the Interim Director of Human Resources

took over as Interim Chair of this Committee in January 2022), the Area Partnership Forum (APF) (to ensure that all colleagues including our staffside colleagues were aware of what we were doing organisationally to support keeping our staff and patients safe and in line with: Appropriately Trained and Provided with a Safe and Continuously Improving Working Environment; both of which are strands of the Staff Governance Standard), the Staff Governance Committee and the Board.

Written updates were provided to the HSE at regular intervals and on the 29 June 2022, HSE inspectors, Simon Dunford and Kerry Cringan, re-visited NHS Orkney to assess our progress.

As part of their visit they met with staff in various locations including; In-patient Ward 2 (IP2), Emergency Department (ED) and Community Mental Health Team (CMHT).

Following this visit the Chief Executive highlighted the main areas of concern in the Weekly Newsletter issued 08 July. As part of this HSE visit a Prohibition Notice P/SPD300622/01 and Improvement Notice IN/SPD070722/01 were issued with respect to the Mental Health transfer room. The HSE required completion of activities in relation to the Transfer room by 1 August 2022.

We wrote to the HSE on the 8 July 2022 with regards to risk assessments to maintain use of the mental health transfer room and further remedial work undertaken by Estates which was accepted by the HSE on the 11 July.

On the 1 of August 2022 we wrote to the HSE with further information around working practices, risk assessments and evidence of the completion of the remedial estates work which was accepted by the HSE and on the 2 August we received confirmation that the HSE were content that we had complied with both the Prohibition and Improvement Notices as served regarding the mental health transfer room.

On the 29 August we provided the HSE with our updated position on training compliance:

Breakdown	
E learning - Violence & Aggression Compliance Rate	
No. colleagues required	795
No. colleagues compliant	667
Compliance %	84
E Learning - Moving & Handling Compliance Rate	
No. colleagues required	795
No. colleagues compliant	663
Compliance %	83

Face to Face Violence & Aggression Compliance Rate	
No. colleagues required	470
No. colleagues compliant	268
Compliance %	57
Number of colleagues booked	102
Percentage of colleagues booked	22

Face to Face Moving & Handling Compliance Rate	
No. colleagues required	468
No. colleagues complaint	292
Compliance %	62
Number of colleagues booked	45
Percentage of colleagues booked	10

We also confirmed that 100% of colleagues in the high risk category had either completed or were booked onto their Prevention of Violence and Aggression training.

On the 12 September we provided the HSE with a further written update on our training progress and further advised that we had undertaken a peer assessment of our Moving and Handling training which had been very positive¹.

¹ Full feedback has been presented to both APF (20 Sept).and the Board.

Breakdown	
E learning - Violence & Aggression Compliance Rate	
No. colleagues required	788
No. colleagues compliant	683
Compliance %	87

Face to Face Violence & Aggression Compliance Rate	
No. colleagues required	463
No. colleagues compliant	317
Compliance %	68
Number of colleagues booked	43
Percentage of colleagues booked	9
Compliance % by end of September	77

E Learning - Moving & Handling Compliance Rate	
No. colleagues required	788
No. colleagues compliant	678
Compliance %	86

Face to Face Moving & Handling Compliance Rate	
No. colleagues required	467
No. colleagues compliant	310
Compliance %	66
Number of colleagues booked	35
Percentage of colleagues booked	7
Compliance % by end of September	73

Our final written submission to the HSE was on the 20 September where we provided our up to date training position with colleagues booked on both Moving and Handling and the Prevention of Violence and Aggression training. At this time 25 colleagues were outstanding Moving and Handling and 7 colleagues Prevention of Violence and Aggression.

Our last meeting with the HSE was held on Thursday 29 September (in attendance EMT, Board Chair, Health and Safety Lead, Health and Safety Advisor and our Head of Clinical and Contract Administration who manages the health and safety team) at which the HSE confirmed that they were satisfied with the significant progress that the Board had made since June, that the building blocks were in place as we continue to focus and develop our safety culture and that there was no requirement for a further visit to the Board with regards to the improvement notices. The HSE asked that the Board kept up the momentum to build and develop the safety culture and to ensure that the agenda remained a priority. This will continue to be a standing agenda item for the Staff Governance Committee.

As of 7 October 2022 our training compliance:-

Breakdown	
E learning - Violence & Aggression Compliance Rate	
No. colleagues required	766
No. colleagues compliant	681
Compliance %	88.9

E Learning - Moving & Handling Compliance Rate	
No. colleagues required	766
No. colleagues compliant	676
Compliance %	88.3

Face to Face Violence & Aggression Compliance Rate	
No. colleagues required	425
No. colleagues compliant	368
Compliance %	86.6
Number of colleagues booked	44
Percentage of colleagues booked	10.4

Face to Face Moving & Handling Compliance Rate	
No. colleagues required	428
No. colleagues compliant	340
Compliance %	79.4
Number of colleagues booked	76
Percentage of colleagues booked	17.8

2.3 Assessment

Undertaken by the HSE

2.3.1 Quality/ Patient Care

To ensure a safe environment for both patients and staff.

2.3.2 Workforce

To ensure staff are adequately trained and confident in their role, whilst delivering a service within a safe and supported environment.

2.3.3 Financial

There is a financial penalty with regards to all notices of contravention and the potential for Prosecution should the Board fail to comply.

2.3.4 Risk Assessment/Management

Risk Assessment is a continuous process and will be undertaken by managers and staff in real time. The Health and Safety Lead has a package of work which includes the advisors working with managers and staff to ensure quality risk assessments.

2.3.5 Equality and Diversity, including health inequalities

Not applicable for this update

2.3.6 Other impacts

Understanding the impact on service delivery, it is vital that managers engage to support roster requirements.

2.3.7 Communication, involvement, engagement and consultation

- The Area Partnership Forum and the Occupational Health and Safety Committee are sighted on the notices issued and the activities undertaken.
- The Staff Governance Committee via updates, annual reports and the Staff Governance Action Plan
- The NHS Orkney Board via both written and verbal updates.

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.

- EMT
- APF
- Occupational Health and Safety Committee
- Staff Governance Committee

2.4 Next Steps and Recommendation

The Task and Finish HSE Group met on Monday 3 October and agreed to hold two further monthly meetings in November and December to sign off the refresher training schedule for staff training and for this to be formally signed off by the Occupational Health and Safety Committee in January 2023.

This group will then stand down and activity will be monitored as part of business as usual via the Occupational Health and Safety Committee and the Staff Governance Committee action plan.

The Interim Director of Human Resources remit under this agenda will have ceased.

Recommendation:

As Executive Lead for Staff Governance and the delivery of the strands as highlighted in section 2.2 for the Interim Director of Human Resources to continue to provide corporate level oversight and maintain the Chair of the Occupational Health and Safety Committee

- Approval of Recommendation
- Awareness of Report

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Draft Orkney Winter Plan 2022/23
Responsible Executive/Non-Executive:	Stephen Brown, Chief Officer
Report Author:	Carrie Somerville, Planning, Performance and Risk Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operation Plan

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

- Effective
-

2 Report summary

2.1 Situation

This is a draft whole system plan which aims to address the predicted pressures of winter across 2022/23. Delivery of this plan will require strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective, and person-centred care.

The draft Winter Plan for Orkney is attached in Appendix 1 for the Board's awareness.

2.2 Background

NHS Orkney in collaboration with Health and Social Care Leads have produced a draft Winter Plan, based on national guidance and from lessons learned in previous years. The draft Winter Plan attached aims to improve resilience. Winter disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness; increased numbers of falls and trips; and wards closed to admission.

2.3 Assessment

Risk Assessment and Financial Winter Funding are covered in Section 12 of the Plan.

2.4 Recommendation

Note: Members are asked to the **note** the Draft Orkney Winter Plan 2022/23 (Attached as Appendix 1 to this report)



Orkney's Winter Plan 2022/23

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Introduction

This winter plan builds previous years' plans and interventions used to manage peaks in demand over the winter period and the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services.

Aim and Objectives

Aim

The aim of this Plan is to set out the arrangements, demonstrate the collaboration, and joint working across the interface of General Practice, Secondary Care and Health and Social Care Partnerships, to ensure a whole system multi-disciplinary approach to winter planning. To ensure the successful delivery of primary and community care, out-of-hours, and hospital services over the winter period and to ensure that NHS Orkney, Orkney Islands Council, SAS, NHS 24 and our Third sector partners can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand because of widespread illness such as seasonal flu or epidemic viral illness may also add a level of burden to our collective ability to deliver services.

Objectives

The key objectives of the plan are:

- to maintain performance over the winter period
- to set out risk to business continuity and delivery of core services that NHS Orkney and Orkney Islands Council (social care) may face during the periods set out in the plan
- to identify contingency processes
- to detail resources available
- to detail processes and procedures in relation to communications

Related Plans and Guidance

The following plans set out detailed policies and procedures which relate to or are part of Orkney's response to winter pressures:

- NHS Orkney Local Unscheduled Care Action Plan
- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- Orkney Islands Council Winter Service Plan
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management
- NHS Orkney Pandemic Flu Plan
- NHS Orkney Major Incident and Emergency Plan
- Orkney Islands Council Emergency Plan
- Orkney Islands Council – Winter Service Plan
- NHS Orkney Communication & Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance
- NHS Scotland Standards for Organisational Resilience
- National Unscheduled Care Programme: Preparing for Winter
- Exercise Silver Swan Overall Exercise Report
- NHS Scotland Resilience Mass Casualties Incident Plan for NHS Scotland
- EU-exit Scottish Risk and Mitigation (Official Sensitive)
- NHS Scotland Standard for Organisational Resilience
- Preparing for Emergencies: Guidance for Health Boards in Scotland
- NHS Scotland Major Incidents with Mass Casualties National Plan for NHS Board and Health and Social Care Partnerships

Consultation

This Plan was prepared in consultation with NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services.

Review of the Plan

The plan will be reviewed through the NHS Orkney Resilience Group meetings and Senior Management Team and circulated to stakeholders within the Orkney Local Emergency Coordinating Group. In addition, the plan will be reviewed against debriefs circulated by NHS Scotland Health Resilience Unit and posted on Resilience Direct as well as debriefs on lessons learnt through the Highlands and Islands Local Resilience partnership and North of Scotland Regional Resilience Partnership.

SECTION 1. RESILIENCE PREPAREDNESS

1.1 Business Continuity

The Board has a Business Continuity Management Policy which has been approved by internal governance arrangements and are in accordance with CCA 2004 Category 1 and 2 responsibilities and other guidance. This outlines what Business Continuity Management is, its cycle and the roles and responsibilities of staff members about Business Continuity at all levels of the organisation.

The NHS Board and Orkney Islands Council have Business Continuity Plans (BCPs) in place with clear links to the pandemic plan including provision for an escalation plan. In addition, Primary Health Care contractors have individual plans. All of which are subject to review and lessons learnt are fed through the Orkney Local Emergency Co-ordinating Group (OLECG) as well as across internal service areas as appropriate. The NHSO Blog also contains information on Business Continuity for staff.

Business Continuity Management arrangements are in place and regularly reviewed and updated. In addition, Business Impact Analysis are completed by the various services and departments covering the key elements of People, Policies Plans and Procedures, Structures and Resources as outlined in the NHS Scotland Standards for Organisational Resilience. This is assisting operational managers in identifying departmental risks and key interdepartmental dependencies. A risk-based programme of testing of BCPs to confirm that they can support departments in providing an effective and efficient response to a business disruption is to be undertaken. This will link in with the IT Disaster Recovery Plan, so that in the event of a failure in IT systems and applications are recovered in a pre-agreed order. Finite IT resources will focus on recovering pre-identified critical patient services as a priority as well as managing service expectation.

During the planning process critical areas of continued service delivery were identified along with common risks and mitigating factors. Time critical action cards were developed to assist staff with clear guidance. This includes action cards for the loss of staff and single points of failure. Due to its remote geographical location NHS Orkney is reliant on well-established partnerships which include OLECG. There are also Mutual Aid arrangements in place with neighbouring Boards.

The focus for the NHS Board with its partners is to sustain the delivery of core services during worst case scenario within the following areas: Maternity Unit, High Dependency Unit, Emergency Department, Inpatients 1, Inpatients 2 including Macmillan area, Theatre, Radiology, Laboratory and Renal Unit. Mutual Aid arrangements are fully documented within the updated version of the Major Incident and Major Emergency Plan. The plan has been redrafted to support the organisational move and multi-occupancy nature of the new healthcare facility and reflect current arrangements within NHS Scotland Major Incident with Mass Casualties National Plan 2019. In addition, as a Category 1 responder, NHSO has well developed relationships with a range of partners and sits on the OLECG. Several managers have also undergone Integrated Emergency Management Training provided by the Scottish Resilience Development Service.

1.2 Potential Disruption

With the uncertainty around disruption to service delivery, clear and robust action plans will be used to capture the impact and the associated mitigation risks. These will include lessons learned from Winter 2021/22 and Brexit. Where necessary working groups will be established to support a whole system approach to disruptive risks.

Some of the key considerations for 2022/23 include but are not limited to :-

- Impact of Industrial Action
- Power Outage (National, Localised and Planned)
- Supply Chain Issues

The Resilience Officer will be fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded as part of both planning and service continuity with specific consideration for all critical activities across the Board and HSCP. This should include analysis of the risks of disruption and the actual effects, and that planning is based upon the likelihood and impact of worst-case scenarios.

All risks are captured on the risk register which is reviewed monthly by the Risk Management Forum and all high risk and those which require executive support are escalated to the Executive Management Team.

1.3 Adverse Weather Policies

The Board has adopted the national severe weather policy which provides staff with advice and guidance – this includes guidance for staff unable to attend work, late arrivals, special leave, school closures, protracted weather events, working extra hours and arrangements for staff in local accommodation. The policy can be found on the NHSO staff Blog. The staff blog and social media are also used to communicate travel disruption together with direct contact with patients and patient escorts through the patient travel service. OLECG is convened during any period of adverse weather and can arrange access to 4x4 vehicles such as the coastguard. Staff messaging is considered in this forum based on advice and modelling from the Met Office to ensure that there is a consistent multi-agency message that is clear for the public.

NHSO operates a Winter Maintenance Plan. All NHSO properties have salt bins provided and the NHS board co-ordinates with the Orkney Islands Council Roads and Environmental Services to maintain access. NHSO and Orkney Islands Council co-ordinate their response to severe weather conditions that may threaten essential lifeline services especially communication and transport links. In addition, the Winter Service Plan drafted by Orkney Islands Council Development and Infrastructure outlines the priority gritting routes across Orkney paying particular attention to the school bus run and the main route to Kirkwall Airport for medical transfers off island.

1.4 Staff and Public Communication

The NHSO Blog, web site and all other available mediums will be used to distribute relevant, accurate and consistent information to both the public, patients and staff in the event of risk of service delivery, these will include as well as social media such as Facebook and Twitter. The point of contact is the NHS Orkney/Shetland Corporate Communications Team. Out with office hours, the Communications Team can be contacted through the on-call press officer by calling 0300 365 7167.

In addition, local media resource can be utilised to promote nationally produced media information. The local newspaper and Radio Orkney (Monday to Friday morning and evening slots) are the main sources of local information for many residents and should be used to raise awareness about winter well-being

and specific information in response to events. This will include surgery, pharmacy and dental practices opening times.

Social media will also be utilised to support timely dissemination of information in line with NHSOs Communication & Engagement Strategy. NHS Orkney/Shetland Communications team made effective use of social media to advise the public about activity levels and waiting times. This is seen as best practice and will be adopted by NHSO.

Helpful sources of support which can be highlighted include

- www.readyscotland.org as a source of information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies ;
- The Met Office National Severe Weather Warning System for information on the localised impact of severe weather events ;
- Use of NHS Inform to support people to look after themselves and identify alternative pathways of care where appropriate ;
- Travel advice is provided by Police Scotland in consultation with the Orkney Local Emergency Co-ordinating Group and is communicated through the Police Scotland Communications Team.

1.5 Mass Fatality Arrangements

Orkney Islands Council is currently developing the excess deaths plan and has 3 Nutwell units, one on standby and a further 2 in storage so that mortuary capacity can be increased. In addition, there is increased body storage within The Balfour. Arrangements are also in place for additional body storage at the new undertaker's facility and at Selbro in Kirkwall using refrigeration units.

1.6 Testing the Plan

Multi-agency winter planning meeting is scheduled to take place at the December OLECG meeting. Internally the winter planning group will consider testing the effectiveness of the Boards Plan. The Public Health Department has undertaken an exercise in contact tracing and using the FF100 documentation. More recently members of the NHSO have been involved in testing the National Pandemic Flu Service application.

1.7 Surge Capacity and Demand Planning

Winter Planning includes demand, capacity, and activity plans across urgent, unscheduled, and planned care provision with these being integrated, including identification of surge beds for emergency admissions. The projections are reviewed at least weekly. Planning is undertaken with all key local resilience partners and includes assessment of reasonable worst-case scenarios for:

- Different levels of hospital capacity, both generally and in ICU ;
- Different flu and COVID-19 impacts such as the emergence of variants of concern ;
- Vaccination update ;
- Delayed discharge numbers ;
- Commissioning of beds in care homes as NHS beds to support transfer of care from hospital to release capacity ;
- Identification of designated beds within current footprint to enable focused care for patients experiencing delays with a different model of staffing to meet their care needs
- Streamline processes for patients on the AWI/Guardianship pathway

1.8 Intermediate / Step Up / Step Down Care

Work is ongoing to increase the provision of intermediate care to impact positively on patients and services over the winter, and also to work towards building sustainability for the future.

Plans include :

- Consideration of implementation of Discharge without Delay, Discharge to Assess and effective End of Life pathways to enable step up and step-down care and prevent admission where appropriate ;
- Increase community capacity to enable patients to be discharged to their own home (or as homely a setting as possible) ;
- Collaboration to maximise support to community services

SECTION 2. URGENT AND UNSCHEDULED CARE PREPAREDNESS

2.1 Hospital Overview

The Balfour Hospital inpatient capacity is:

Ward	Capacity (beds)
Inpatient 1	20
Inpatient 2	20
High Dependency Unit	2
Mental Health Transfer Bed	1
Macmillan/Palliative care	4
Maternity	4

This gives a total of 51 beds of which 5 are ring-fenced (4 for Maternity and 1 for mental health transfers). The Balfour, has all individual patient rooms with en-suite, allowing a higher degree of flexibility within this system at times of high occupancy/demand.

A summary of consultant led outpatient activity from 2016/17 to 2021/22 is provided in Figure 1. The frequency of visiting service clinics is dependent upon demand and can be monthly to 6 monthly depending on specialty.

Figure 1. Consultant Led Outpatient Activity, The Balfour 2016/17 – 2021/22
(Source: PHS Cons. Led Outpatient Activity Publication)

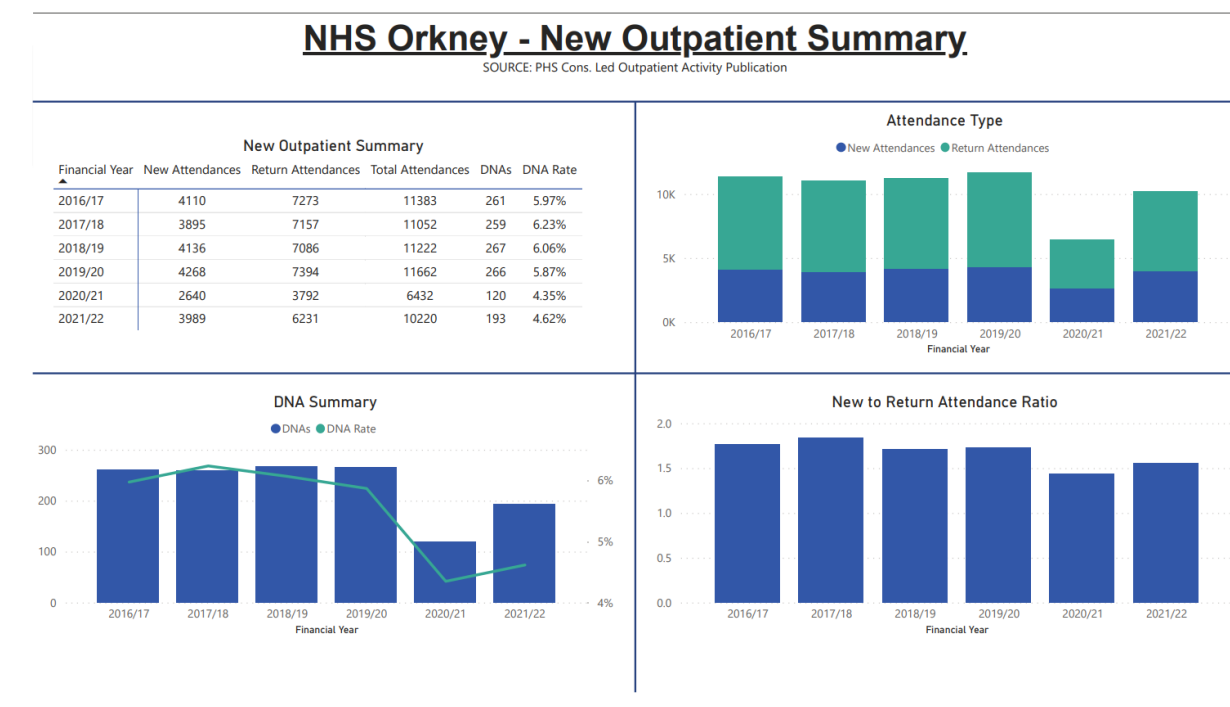
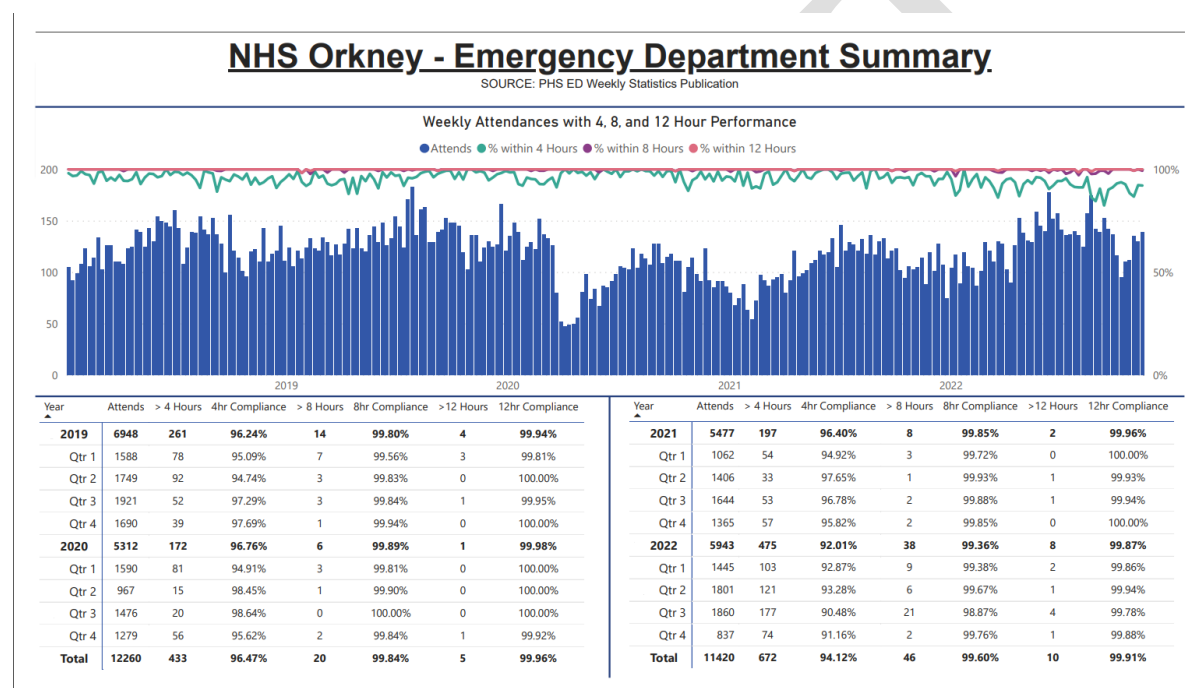


Figure 3 provides an overview of Emergency Department attendances and compliance with the 4, 8 and 12 hour standards over the period July 2019 to June 2022. NHS Orkney performs well against 8 and 12 hour standards. Around 6,000 attendances are expected annually through the Emergency Department. Maintaining a high level of performance is a priority for winter and further implementation of improvement activities are key, with key focus on enhanced joint working between OOH, SAS and Emergency Department to best meet demand and increased focus on timely discharge to bring the admission and discharge curves into better alignment and minimise pressure on beds over the winter period.

Figure 3: Attendance & Compliance with 4, 8 and 12 Hours Standards, NHS Orkney, July 2019 – June 2022 (Source: PHS ED Weekly Statistics Publication)



NHS Orkney's Medical Director is the designated clinical lead for Unscheduled Care and works alongside colleagues including the Director of Nursing, Midwifery, Allied Health Professional Lead and the Chief Officer for the Orkney Integrated Joint Board to ensure management processes are in place to maintain an overview of all emergency and elective activity and to support patient flow across the whole health and social care system in Orkney.

Within The Balfour, daily huddles and multi-disciplinary team meetings support effective communication and the identification of emerging issues. Morning huddles focus on the day's activity and status whilst an afternoon huddle focusses on prediction of capacity and demand for the next day.

An Escalation pathway supports effective communication between wards and departments and enable issues to be responded to timeously as they emerge. This process is supported operationally by a designated senior nurse for flow management.

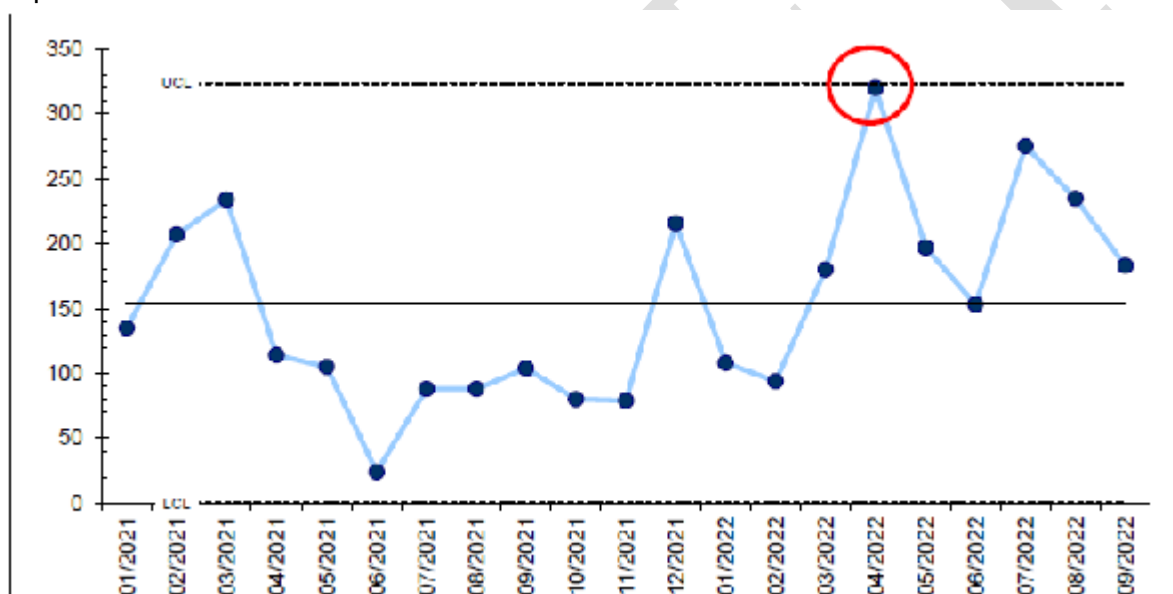
2.2 Scheduled/Unscheduled Care

The level of scheduled care provided by NHS Orkney through the Balfour Hospital has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Delivery Plan and Waiting Times Improvement Plan trajectories. Whilst significant work has been completed to limit the impact this additional activity has on unscheduled care capacity, there is potential for this to have some impact on the availability of capacity within acute services.

2.3 Managing discharges and transfers from mainland hospitals

Patients whose discharge has been delayed for non-medical reasons are uncommon because of communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian and other Mainland Health Boards who provide NHS Orkney's off island secondary care provision.

Figure 4, Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2021 to September 2022



No more than 2 delayed discharges are expected at any time within the Balfour, including over the winter period. Figure 4 indicates special cause variation was experienced in early in 2021 and more recently in April 2022 for bed days where the bed days occupied levels exceeded the upper confidence level.

Health and Social Care Services are anticipating a higher level of transfers and discharges from acute mainland hospitals (Aberdeen Royal Infirmary - ARI in particular) as these providers prepare for the festive period and discharge patients back home. The Orkney/Shetland Liaison Nurse in NHS Grampian will liaise with the Patient Flow Coordinator in Orkney about reductions in elective admissions, the increase in discharges (if clinically appropriate) with appropriate plans in place, and transport arrangements. Good working arrangements are in place across health and social care services on island and off island secondary care providers to ensure the smooth and timely transfer for patients throughout the winter period.

6.5

If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that those services who support the discharge process are involved and arrangements for transfers are as robust as possible.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be delays for some patients. This is however considered as part of the discharge planning process and where possible alternative arrangements for transport or accommodation are made.

DRAFT

SECTION 3. PRIMARY CARE AND OUT OF HOURS PREPAREDNESS

3.1 Primary Care Winter Plan

To support resilience, exploration of operational solutions and agreeing appropriate escalation plans during the winter period the Primary Care Winter Plan requires engagement with Independent Contractors, SAS, NHS 24 and Primary Care OOH Services to consider what could be done collaboratively to improve continuity of care. This will allow the Board to manage predicted and unpredicted demand and includes weekends, public holidays to ensure we are operating effectively. The plan will cover resource planning and demand management and how these are prioritised out of hours.

Support for Independent Contractors to manage sustainability over the winter period. Planning will involve Primary Care Lead and GP Subcommittee/LMC.

This should include:

- Measures which are in place to identify and resolve issues in accessing appointments as soon as possible
- Review of Business Continuity Plans and ensuring they include plans
- Where practices are unable to open due to staffing or other reasons
- Pooling appointments within locality or cluster to ensure patient access is not restricted unduly
- Escalation process where the Primary Care Team are notified of any practice in difficulty.
- Maximising multi-disciplinary teams within Out of Hours Services where possible, increasing capacity of senior clinical and non-clinical leadership to provide professional to professional advice across acute and community where possible.

The Head of Primary Care Services will as part of discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as the festive period. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHS Board and alleviate any pressures on the OOH service at these critical times.

- Patients will be advised to ensure supplies of repeat medications are ordered sufficiently for the holiday period, with Practices taking responsibility to promote this locally and NHS Scotland undertaking the national campaign with this advice as part of the message.
- NHSO will provide a four-day daytime Out of Hours service on 24 until 28 December and 31 December until 3 January. There will be a first and second on call for this period. NHSO has a standing arrangement with NHS24 that any Orkney calls that wait longer than 40 minutes will be passed onto the first on call GP who will make the decision to either deal with the case themselves or pass it on to the second on call. The Isles' GPs and Nurse Practitioners will continue to provide an on-call service over the festive period although we are currently in discussions around potentially implementing NHS24 next year across our smaller isles as part of our Winter planning process
- GP Practices will be encouraged to keep the days after re-opening after Christmas and New Year strictly for urgent, on the day appointments, to cope with patient demand after practices have been closed for the festive period.
- Practices will be encouraged to ensure that all patients with high risk of admission over this period have EKIS (Electronic Key Information Summary) special notes in place to help OOH team and prevent unnecessary admissions EKIS will allow clinicians access to relevant data when the practice is unavailable. Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.

- All independent practices have opted out of providing out of hours care. NHS Orkney has invested in and has a salaried GP service which provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness)

3.2 Dental

Dental Services will liaise with NHS 24 (Highland Hub) to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours services care during the winter period. Dental practices must have robust contingency plans in place for outbreaks of respiratory disease.

Public holidays and weekends are 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHS Orkney will run an emergency dental service, to see appropriate cases once triaged by the Hub.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHS Orkney will confirm this cover with local independent practitioners in advance of the holiday season.

Similarly, out with the weekend and public holidays, NHS Orkney will arrange in-hours cover for their own patients and those who cannot access care elsewhere. This will be based at the Public Dental Service Clinic in The Balfour and can be contacted on 01856 888258. At least two dentists, with the necessary associated nursing and support staff, will be available.

3.3 Pharmacy Cover

Community Pharmacy provision over the festive period is well tested and activity levels monitored each year. The Community Pharmacy Rota has been drawn up to take this into account and will be publicised in advance.

The Emergency Department and out of hours GP service have good access to an extensive range of essential medicines and the stock levels over the festive period will be checked accordingly. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Festive Bank Holidays are:

Date	Boots Kirkwall	W.H.B Sutherland Kirkwall	W.H.B Sutherland Stromness	Dounby Pharmacy
Saturday 24 th Dec	09:00 to 16:00	09:00 to 17:30	09:00 to 14:00	Closed
Sunday 25 th Dec	Closed	Closed	Closed	Closed
Monday 26 th Dec	Closed	Closed	Closed	Closed
Tuesday 27 th Dec	WHB Sutherland Kirkwall open 15:00 to 16:00 for emergency prescriptions only All other pharmacies closed			
Wednesday 28 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Thursday 29 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 14:00	09:00 to 17:00
Friday 30 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Saturday 31 st Dec	09:00 to 16:00	09:00 to 17:30	09:00 to 14:00	Closed

Sunday 1 st Jan	Closed	Closed	Closed	Closed
Monday 2 nd Jan	Closed	Closed	Closed	Closed
Tuesday 3 rd Jan	Boots Kirkwall open 15:00 to 16:00 for emergency prescriptions only. All other pharmacies closed			
Wednesday 4 th Jan	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Thursday 5 th Jan	Normal Opening Hours Resume			

These arrangements will be circulated to ensure NHS 24 & the OOHs GPs are fully sighted on opening hours to access patient medication during this restricted period.

The Pharmacy Department within The Balfour will be open 27th December and the 3rd January between the hours of 10:00 and 14:00 hours for the supply of medicines and to facilitate discharges.

There is no formal on-call provision for pharmacy staff within the Balfour, however service provision for out of hours medical information and guidance can be accessed through NHS Grampian OOH service which operates on a 24/7 basis and can be contacted via the Balfour Switchboard service who hold the contact details.

Medicines can be obtained following the OOH access to medicines procedure: electronic copy available on Blog>Pharmacy & Prescribing>OOH

The Balfour Pharmacy Department is an integral part of the discharge process as outlined in our local Health and Care Discharge Policy. Pharmacy staff attend daily dynamic discharge meetings to facilitate the allocation of appropriate staff resource to support timely processing of discharges. Staff will work late or attend early to support additional workload associated with winter pressures or festive bank holidays. Pharmacy will receive discharge prescriptions or electronic notification of discharge at least two hours in advance of discharge from acute wards and 24 hours before discharge from other areas. The aim is to assist in making the discharge of patients as joined up and seamless as possible.

3.4 Mental Health Services

Clear arrangements are in place to enable access to mental health services out of hours and during the Festive Period.

3.5 Community Health and Social Care Services

Adults, Learning Disability, Children's, and Criminal Justice Social Work services will provide out of hours cover from 16:00 on 23 December 2022, and recommence normal services from 09.00 on 4 January 2023. Emergency out of hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

Staff will be available in the Selbro Community Equipment Store between 09:00 and 13:30 on 28, 29 and 30 December to respond to urgent requests. Telephone 873535 x2632. A small supply of pressure relieving equipment is held in all GP Practices and in addition, equipment is available at the out of hours store at The Balfour to address urgent needs (this can be accessed through the community nursing or the Intermediate care teams (888234) when Selbro is closed.

Referrals to the Telecare Service will be checked for urgent new requirements once per day from 26 to 30 December (inclusive) and on the 2 to 3 of January. The Responder and Homecare

6.5

services will operate as normal, throughout the festive period. For all Homecare enquiries please contact 888390.

Mainland community nursing services will continue to provide 24 hour cover, however, there will be reduced staff on the public holidays. The level of staffing required will be reviewed by the Clinical Team Lead who will arrange cover to cope with the forecasted demand. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

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SECTION 4. FESTIVE PREPAREDNESS

4.1 Festive Arrangements

A full range of elective and supporting services are provided up to and including 23 December, with reduced on call services for 24 and 25 December. Provision is in place up to and including 30 December with reduced on call services for 1 and 2 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the outpatient standard and TTG.

There is limited capacity to increase staffing numbers to cope with potential upsurge in patient numbers immediately beyond the festive period. Patient discharge through the daily safety huddle as well as the use of a limited pass system to allow some patients back to family environments also assists in this process.

Account has also been taken of Christmas revelries in the main town where staffing levels will be slightly raised in anticipation for a spike in demand for services.

The Ba will be on Monday 26 December and Monday 2 January and the Surgical Team will be available if required. Out of Hours GP shifts are covered from the period 24 December 2022 to 2 January 2023.

Service winter planning updates will also be provided through the OLECG meeting process so that agencies can update their respective partners regarding their winter preparedness.

4.5 The Scottish Ambulance Service

The Scottish Ambulance Service (SAS) are responsible for patient transport including transfer from the outer isles to hospitals on the Scottish Mainland and will decide on the most appropriate form of transport based on patient priority. The SAS air desk co-ordinates with a range of agencies such as the coastguard and if necessary, the military to source available air assets. In severe weather when flying is beyond safe limits, the OIC Harbours Department can be contacted re the use of the inter isles ferries. Similarly in extreme cases Shetland Coastguard has lifeboat assets based Kirkwall, Stromness and Hoy which may be available to transport patients from the outer islands.

SECTION 5. PREPARE FOR AND IMPLEMENT COVID-19, RSV OR NOROVIRUS OUTBREAK CONTROL MEASURES

5.1 Infection Prevention and Control Team Preparedness

The Infection Prevention & Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention & Control Manual (2012) throughout the clinical areas which is available to all staff through their desktop NHS Orkney BLOG page, named Infection Control Services. There is direct link to all National and local documents with quick links ensuring the most up to date information is available to staff, including [NSS.HAI Compendium](#)

All new starts to the organisation, have infection Prevention & Control training through corporate induction. Additional training includes Turas Learn NES Standard Infection Prevention and Control Education Pathway (SIPCEPs) modules relevant to their role, plus additional face to face sessions are delivered to staff in both hospital and community, including Residential Care Homes, on an operational basis.

Staff are encouraged to take personal responsibility to ensure the well being of patients and their colleagues through not attending work, whilst symptomatic with illnesses or prior to risk assessment by their line manager.

The IPC team work closely with the laboratory service to ensure timely and coordinated results for inpatients and enhance patient care and reduce the burden of some PPE items being used.

5.2 Engagement with other Services

Residential and supported accommodation services are well versed in how to deal outbreaks of infection. However, the team support all IPC aspects of outbreak management, identifying areas for improvement and feeding back to leads and teams.

Additionally, the IP&C team continue to support residential settings through link staff education sessions, including winter viruses. IP&C are undertaking weekly drop-ins to care homes and open access from teams to the IP&C team through telephone enquiries and email response.

The IP&C team attend and offer support and guidance through the Care Home and Care at Home fortnightly meetings, also attended by Health Protection and Community Nursing.

5.3 Norovirus Information

Public Health Scotland inform Boards of any increase in levels of norovirus across Scotland and ask Boards to be prepared in advance to help reduce the likelihood of outbreaks arising. The IPCT have monitoring processes in place recording patient's infection status as well as signage for staff and relatives to raise awareness around infection control measures. In addition, the IPCT are part of the daily nursing and RAG huddle to offer support where all suspected or known infections are present. This includes information on environmental decontamination processes post discharge or transfer.

5.4 Outbreak Control Meetings & Reporting

The Public Health Department and Infection Prevention & Control Services monitor all areas affected by outbreaks of infection both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to ARHAI through the HIORT reporting tool. In the event of an outbreak, meetings will take place as directed by the Incident Management Team (IMT). Executive Directors are notified of any alert infection triggers prior to meeting as an IMT in the hospital setting. In the community liaison will take place with Orkney Health and Care and other bodies or agencies as soon as the local trigger factors indicate such a response is appropriate.

To help detect early warnings of imminent surges in activity, routine monitoring of PHS publications showing the current epidemiological picture of winter viruses across Scotland is undertaken, where any surges in activity are seen this is shared with the Emergency Department and within secondary care through the Daily RAG huddles and through the Whole System Recovery Group for awareness and vigilance.

5.5 IPCT Festive arrangements

Whilst there are no formal on-call arrangements for IPCT over the festive period, Public Health provide advice and guidance through the 24/7 on-call system. The Public Health on call is currently provided through a tripartite agreement between the three island boards. Clinicians have access to the on-call microbiologist in NHS Grampian for specific infection and guidance on antimicrobial prescribing.

SECTION 6. SEASONAL FLU, STAFF PROTECTION & OUTBREAK RESOURCING

6.1 Predicted surge of flu activity and vaccination delivery

Respiratory infection is associated with appreciable levels of morbidity and mortality, especially during the winter months and particularly among those at risk of complications, including the elderly, children under two years of age, those with chronic health problems and pregnant women. The 2022/23 season will be the first season of co-circulating respiratory pathogens including Influenza virus and SARS-CoV-2. Before the COVID-10 pandemic, most influenza infections would be expected to occur in the winter months with a peak between December and March. The virus undergoes some level of genetic change each year causing different strains of the virus to predominate each season. As such, the number of people affected each year depends on how well the vaccine is matched against the circulating strain and how many people access the vaccination. The seasonal influenza programme for the current year commence in September 2022.

Infection usually lasts for about a week with some people experiencing no symptoms others mild/moderate symptoms including sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat, and a runny nose. Some may develop severe complications, including pneumonia, or other serious complications which can, in extreme cases, result in death. Those most at risk from flu related complication are also vulnerable to concurrent infection with COVID-19.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children. The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses, or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices.

The winter vaccination programme is the most effective way to prevent COVID-19 and influenza and/or associated severe complications. The vaccination programme aims to protect those most at risk from flu, and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to a minimum in the coming season.

The influenza vaccination programme has been extended and now includes:

- Those aged 65 years and over
 - All those aged 6 months and older, in clinical risk groups
 - Health and social care workers
 - Children aged two years to less than 18 years of age (for school aged children only those still attending school are eligible)
 - All those aged 50-64 years
 - Independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the flu season) including support staff
 - Teachers, pupil facing support staff
 - Prison population and prison officers who deliver direct front facing services
- Vaccinee has been procured to cover increased uptake amongst existing cohorts with planning based on an 80% uptake.

The recommended vaccines are outline below

Eligible Groups	Vaccine – JCVI Recommended
Individuals aged 65 years and over	aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 18-64 years with “at-risk” conditions	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Health, Social Care Workers and NHS independent contractors	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Unpaid/Young carers	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 50-64 not otherwise eligible through a qualifying health condition or employment.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Nursery, Primary and Secondary school Teachers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Prison population and prison officers.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).

Table: Recommended influenza vaccines by eligible group

Uptake to date in 2022/23 in Orkney from start of campaign (11/9/22) until 27/11/2022 is included in the table below

Cohort	COVID-19				Influenza		
	Orkney		Scotland		Orkney		Scotland
Cohort Name	Cohort	Vaccs	Uptake %	Uptake %	Vaccs	Uptake %	Uptake %
Older people care home resident	74	73	98.6%	89.6%	73	98.6%	89.0%
Frontline NHS Workers	322	191	59.3%	52.7%			
All NHS Workers	721				385	53.4%	50.9%
Frontline Social Care Workers	706	320	45.3%	35.5%			
All Social Care Workers	770				314	40.8%	31.8%
Age 5 to 64 COVID-19 at risk	2768	1948	70.4%	57.2%			
Age 18 to 64 Influenza at risk	3158				2076	65.7%	51.2%
Age over 65 COVID-19	5354*	4848	90.5%	88.1%			
Age over 65 Influenza	5576				4731	84.8%	82.9%
50-64 COVID-19	4863*	3708	76.2%	52.7%			
50-64 Influenza	5355				3500	65.4%	44.8%

Table: Uptake rates for the 2022/23 adult COVID-19 and Influenza vaccination programmes as of 27th November 2022

6.2 Vaccination Delivery

Vaccination delivery across Orkney for all eligible groups utilises a mixed delivery model. Across the outer isles all vaccinations are provided by general practices. On the mainland of Orkney

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vaccination delivery is provided by the NHS Orkney Immunisation Service and Occupational Health Service working collaboratively.

To improve uptake amongst staff the Occupational Health Department offers vaccination in service areas (health and social care), via appointment only clinics and drop-in clinics. Staff can also access the community vaccination clinics.

National communication assets are utilised to promote the vaccination programmes with messages shared via internal communications, press releases and social media. Radio interviews and Facebook live stream opportunities are also utilised to engage with members of the public.

6.3 Staff Absence

NHS Orkney and Orkney Island Council Community Social Services staff are encouraged to have immunisation against seasonal flu and COVID. The Occupational Health Department works to promote and deliver a staff vaccination programme with the aim of increasing the number of staff vaccinated. The Human Resources Department monitor absence rates closely and have established policies to promote attendance at work.

SECTION 7. PLANNED CARE

7.1 Outpatient and Inpatient / Day case Procedures

Plans are in place to focus on reduction of long waits including diagnostic endoscopy and radiology. Plans are in place to maintain activity over winter for outpatient and inpatient / day case procedures. Those plans consider the impact of unscheduled admissions on planned care activity. Planned care will not be paused or cancelled routinely.

7.2 Discharge / Partnership Working

Patient flow is optimised by managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools to optimise capacity, and ensure same rates of discharge over the weekend and public holidays as weekdays. Regular ward rounds and meetings are conducted when required to ensure a proactive approach to discharge.

Work is underway to improve the partnership approach including the third and independent sector to ensure that adequate care packages are in place in the community to meet discharge levels.

SECTION 8. POINT OF CARE TESTING

8.1 Point of Care Testing

Point of care molecular testing was made available for Influenza A/B and RSV with the purchase of two analysers in 2019, however due to the introduction COVID protocols the analyser had to be withdrawn from ED in 2020.

The COVID legacy has led to better rapid testing within the laboratory and a 4-plex molecular test is now available for testing COVID, Influenza A/B and RSV. However due to continuing COVID regulations this must be carried out by qualified staff under a safety cabinet. Testing is available from 09:00 until 16:30 Monday to Friday and from 09:00 until 11:30 at the weekend and on public holidays. Any testing outside of these times is available if required for medical retrieval. Any other out of hours testing should be discussed with a Consultant Microbiologist.

SECTION 9 RESPIRATORY CARE

9.1. Local Pathway

The care of patients affected by respiratory disorders is supported by off island secondary care provision in NHS Grampian via the Respiratory Medicine Unit. Referrals to this unit should be made via SCI Gateway. There is no local lead for Respiratory Medicine however clinicians are familiar with the local pathway for patients with different levels of severity of exacerbation and GPs can access advice from the hospital based Consultant of the week to aid decision via Switchboard on tel: 888100.

9.2. Prevention of Illness

Information about keeping warm and well in winter is available on the OIC and NHS Orkney website and given opportunistically by primary care and social care staff. NHS 24 leaflets with a one point of contact number and when to contact NHS24 are to be widely distributed via healthcare professionals over the coming months. A multi-agency action plan is in place to reduce fuel poverty. Currently up to 30% of families in Orkney are living in fuel poverty. Many at risk properties have been assessed for energy efficiency and insulation. Advice on grants to insulate houses and installation of energy efficient heating systems is available locally.

SECTION 10. WORKFORCE

10.1 Recruitment and Retention

Appropriate steps are being taken to support the recruitment of staff on an ongoing basis within financial parameters. Consideration is given to the most suitable contractual arrangement including (permanent, bank or fixed term). Where appropriate and compliant with [DL\(2022\)30.pdf \(scot.nhs.uk\)](#) staff who have retired can return to work on a part time basis if they wish to do so.

10.2 Staffing Levels and Additional Capacity

Staffing levels should be appropriate to allow the whole system to facilitate efficient and effective patient care, to ensure consistent discharge over 7 days (including weekends and holiday periods). This must include sufficient senior medical and other senior clinical decision makers to facilitate decision-making and pharmacists to prepare timely discharge medications.

To support a whole system approach a strategy for the deployment of volunteers and making effective use of established local and national partnerships.

Where appropriate a review of those registered with the staff bank can be contacted to provide additional capacity.

Managers consider appropriate staffing required to support the day-to-day running of their service eg, 'Safe to Start' RAG, Department and, or Organisational safety huddles / incident team management.

10.3 Staff Wellbeing

Through the weekly and monthly staff bulletin staff are directed to a range of local and national wellbeing resources.

A wellbeing group has been established and actions from this group include winter support for colleagues (including campaigns in relation to fuel, money, and food awareness).

SECTION 11. DIGITAL AND TECHNOLOGY

11.1 Digital Resilience

The IT Disaster Recovery plan supports planning and prioritization. Hardware and new networks have been deployed to the Remote Sites to support the availability of Near Me video consultations for planned and unscheduled care where appropriate to provide greater choice and benefit during severe weather and preventing the spread of infection.

Digital equipment is available and has been distributed to support home working arrangements. Expertise and support can be rapidly put in place in the event of a cyber-attack and plans have been developed to mitigate any impact of an attack.

Disaster recovery programs are underway and have already delivered a multi-platform backup and replication of the datacentres with hardened backup repositories to protect against Ransomware.

Mandatory training is ongoing within the general staff and specific threat behaviour and awareness is regularly discussed within the IT department and highlighted at all committees under AOB to reach as many people as possible.

A comprehensive and ambitious program of works is now into its second year of a five-year plan, to tighten the security and introduce multi-level security across the entire organization and facilitate remote working in a flexible and safe manner.

SECTION 12. MANAGEMENT INFORMATION

12.1 Reporting Arrangements

Effective NHS Orkney reporting lines are in place to provide the Scottish Government with routine weekly management information and any additional information that might be required on an exception/daily basis. Information will be obtained from the Trakcare system following real time data entry regarding admissions, transfers, and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of service pressures that will disrupt services to patients as soon as they arise.

Balfour Hospital Overview – Festive Period

Date	Action
23 December 2022	Last elective list, with exception of scope activity which is planned for 28 th , 29 th and 30 th December, an urgent fracture clinic on 28 th December and an urgent surgical clinic on Thursday 29 th December.
25, 26 & 27 December 2022 and 1, 2 & 3 January 2023	Surgical Teams emergency cover only.
24 December 2022 to 3 January 2023	Out of Hours Duty Social Worker accessed via Balfour Hospital switchboard.
25, 26 & 27 December 2022 and 1, 2 & 3 January 2023	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2022	Day surgery trolleys available for Emergency Department if needed.
4 January 2023	Elective surgery and Outpatient activity resumes.
24 December 2022 to 3 January 2023	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

12.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHS Orkney Chief Executive/Medical Director/ Executive on Call require the setting up of an Incident Management Team (IMT). However, it is good practice to establish a coordinating group from a core number of individuals whose service delivery may be affected by a disruption/incident.

Representation on this group will be on a case-by-case basis and will be located either in person within the Brodgar Room, the Skara Room or the Reisa Room depending on which is available and least disruptive to normal business or virtually through a Teams Channel. Clear recording processes are essential, and the group will ensure that Sit-Rep forms are circulated on an hourly basis initially to the Chief Executive, Medical Director and Director of Public Health so that the wider Senior Management Team are fully sighted on any ongoing incidents and can thus make the decision to escalate to a meeting of the full IMT if required. In addition, a sub-

group will follow a fixed agenda and be formally minuted. The group will complement the IMT by gathering information and resolving operational incidents, whilst the IMT will focus on Tactical and Strategic considerations. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

12.3 Investment for Winter Funding

As in previous years we anticipate additional funding of £50,000 to support the system during the Winter and the deminimus level of service provision across both Hospital and IJB Services. The full impact of this additional funding has not been described at a detailed level. However, as described in the earlier parts of this document there is a commitment to ensuring targets for both elective and emergency access are met throughout the winter period and that delayed discharges remain at a low level.

12.4 Management Information

The Health Intelligence Team are producing a report which can be used to look at performance and modelling across the whole system with consideration to key areas such as workforce and admission/discharge, this will aim to help identify pressures in the system as early as possible to allow action to be taken.

12.5 Risk Management

During Winter 2022/23 the NHS faces a unique set of challenges as have been outlined in the Winter Plan, there is a potential that several risks may align to create intolerable demands on the system with significant consequences. To ensure appropriate management of the risks several operational risks will be captured and reported through a Risk Register (some examples from the Operational Risk Register are included below in Figure 5) via Datix which the Whole System Group will update. An escalated corporate risk will ensure full visibility and management of the combined risk.

Figure 5, Examples from Risk Register (Operational)

	Risk	Action	Lead
1. Potential for patients to not know who to turn to in order to access services, particularly during the festive period.	1. Emergency Department manage increase in demand. 2. Switchboard becomes overwhelmed in festive	1. External communications to increase awareness of services available and methods. 2. Extra staff on standby to provide additional capacity and support if required.	Deputy Director of Acute Services Head of Primary Care Communications support via NHS Shetland
2. Balfour Hospital must be able to respond adequately to surges in demand.	1. Secondary care services not able to provide timely access to care potentially resulting in increased pressure on off island transfers and	1. Workforce planning to staff reconfigured areas to take account winter preparedness and the timing of ward changes in maintaining surge 2. Oversight and operational management to be provided by the Deputy Director of Acute Services 3. Daily management of capacity via morning 4. Draft Surge Capacity Plan	Deputy Director of Acute Services Deputy Director of Nursing & Lead Midwife
3. Orkney Out of Hours Service covers a large geographical area of mainland and linked islands including both urban and rural areas.	1. South Ronaldsay and (linked isles) may become cut off from road transport in severe weather, which would result in the shutting barriers. Weather may cause difficulties for non-linked small isles air and boat transport. These OOH service, but have a 24hr service from a local, GP or Nurse Practitioner.	1. Additional cover from 2 nd Out of Hours GP. In hours cover provided by GP practice on call arrangements via 2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area	Head of Primary Care

	Risk	Action	Lead
4. Epidemic of viral illness.	<ol style="list-style-type: none"> 1. System becomes overwhelmed by need to respond to epidemic. 2. Large number of staff affected by viral illness. 3. Staff remain at home to look after family members. 4. All available bed space occupied. 5. Low uptake of Flu vaccine amongst staff. 	<ol style="list-style-type: none"> 1. Activate Outbreak Plan (or Pandemic Flu Plan if appropriate). 2. Ensure that arrangements are in place to make the flu vaccine as available as possible to staff. 	Public Health Department
5. Pharmacy closed over festive period.	<ol style="list-style-type: none"> 1. Unable to access required drugs in a timely manner. 	<ol style="list-style-type: none"> 1. Stock levels in wards & departments are increased, where appropriate, in anticipation of extra winter demand. 2. Emergency drugs cupboard accessible to all clinical areas and OOH GP services. 3. Normal OOH procedures and access to medicines will be available for Balfour Hospital Staff. 4. The Pharmacy department will be open on Bank holidays. 5. Community Pharmacies will be open as normal on 24 Dec 2019 and a Kirkwall Community Pharmacy will be open for a pre defined and advertised period to dispense prescriptions as per section 3.3 above. 	Head of Pharmacy

	Risk	Action	Lead
		Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA. NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required.	
6. Severe weather threatens business continuity.	1. Risk to organisations ability to deliver services due to effects of severe weather.	Severe weather guidelines in HR policies implemented. CEO or On Call Executive to assess if should be treated as major incident and emergency plan brought into play.	On Call Executive as required
7. Managing Patient Flow.	1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services.	Multi agency Discharge Policy in place. Guesthouse available through Red Cross to support patients with no clinical requirement for admission (e.g. those attending for surgery from outer isles) or those who are medically fit for discharge. Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption. Daily Huddles to oversee bed management, supported by	Deputy Director of Acute Services and Chief Officer, Integrated Joint Board

	Risk	Action	Lead
		daily and weekly MDT meetings to support discharge planning. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.	
9. Communications.	Limited communications on more remote locations Islands	Raised through Orkney Local Emergency Co-ordinating Group (OLECG). Some resilience provided via other attending agencies Police, Scottish Fire and rescue Service/Coastguard airwave access. Risk managed as part of Corporate Risk Register.	Resilience Officer
10. Vulnerable groups.	Very cold weather and significant snow may isolate residential care homes, people with physical or mental health problems and cause difficulties in accessing food and medicine deliveries. May also results in issues surrounding staff rotation and attendance.	OIC Winter Services Plan details response. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative. Care for People Plan via OIC implemented OLECG group stood up.	OIC Development & Infrastructure/OLECG
11. The Ba.	Significant number of people injured.	Balfour Hospital open and able to provide service/treatment. In the event of significant number of people injured consideration will be given Major Incident & Emergency Plan into play.	Deputy Director of Acute Services /On Call Executive

	Risk	Action	Lead
Increase in non-scheduled admissions over winter such as orthopaedics	1. Reduction in scheduled care capacity and resulting increase in waiting times	1. Capacity built into lists to allow for limited emergency disruption	Clinical Nurse Manager – Elective Care

DRAFT

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Communications Framework
Responsible Executive/Non-Executive:	Michael Dickson, Interim Chief Executive
Report Author:	Carolyn Hand, Corporate Services Manager, NHS Shetland

1 Purpose

This is presented to Board for:

- Awareness

This report relates to a:

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is asked to note the framework as approved by the Staff Governance Committee.

2.2 Background

An Azets report on Internal and External Communication published in February 2021 identified a number of areas for improvement. In particular it recommended an up to date communications strategy was needed to clearly articulate the Board's approach to communications and that a communications policy was to be developed that outlined robust procedures to allow NHS Orkney to manage communication effectively.

A number of procedural documents underpinning the policy were put in place with little delay as the joint working arrangements with NHS Shetland developed in the same period, however the framework these sit within (namely these documents) are now being consulted on.

2.3 Assessment

The documents take into account feedback from stakeholders, both internal and external, with the intention of providing a cohesive and successful approach to all corporate communications. It should be noted that corporate communication is only one part of a successful approach, with all staff having a level of responsibility for improving communications within and, to a lesser extent, out with the organisation.

It should also be noted that there are rapidly evolving digital possibilities to support internal communication in particular, and that the documents will need to be revisited as and when appropriate to bring them in line with these.

2.3.1 Quality/ Patient Care

NHS Orkney is committed to delivering the best possible care to the residents of Orkney and to visitors who may require the services provided. Studies have clearly shown that organisations with staff who feel engaged deliver better patient experience, fewer errors, lower infection and mortality rates along with stronger financial management, higher staff morale and motivation and less absenteeism and stress. Effective communication with staff is therefore essential to improve the service we deliver and to ensure our staff understand their contribution to the success of the organisation and to maintaining morale.

2.3.2 Workforce

Constant change is a reality of the continually evolving process of improvement experienced within the NHS. This needs to be managed and communicated effectively so that staff can keep abreast of new developments and participate in the process of NHS governance and accountability.

2.3.3 Financial

n/a

2.3.4 Risk Assessment/Management

n/a

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been completed and is available appended to the Framework.

2.3.6 Other impacts

n/a

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 this has been carried out and note any meetings that have taken place.

- APF Communications Short Life Working Group

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.

- Executive Management Team
- Area Partnership Forum
- Staff Governance Committee

2.4 Recommendation

The Board is asked to note the Framework as approved by the Staff Governance Committee

3 List of appendices

The following appendices are included with this report:

- NHS Orkney Communications Framework



Communications Framework

For internal and external communications

Date: September 2022

Version number: 1

Review Date: September 2025

Document Development Procedure

Policy Author	Communications Lead (NHSS)
Policy Owner (for updates)	Communications Lead
Engagement and Consultation Groups:	APF, EMT
Approval Record	Date
Staff Governance Committee	23 November 2022
Equality and Diversity Rapid Impact Assessment	Yes
Version Control	
Version Number	1
Date of Original Document	Replaces previous strategy
Last Change and Approval Date	November 2022
Last Review Date	n/a
Next Formal Review Date	September 2025
Location and access to documents	
Location of master document	x
Location of backup document	x
Location of equality assessment	x
Access to document for staff	Website and ORK NHS Orkney Policies Teams channel
Access to document for public	Website
Post holders' names at last review	
Communications Lead	Carolyn Hand
Equality Impact Assessment (EQIA)	
Assessor name	Communications Team
Assessment date	September 2022

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Communications Framework

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NHS Orkney Communications Framework

1.0 Introduction

This Communications Framework sets out the approach to be taken by NHS Orkney to develop communications and involvement with all our stakeholders. The Framework is designed to support the delivery of the Board's corporate objectives by putting in place the mechanisms to develop and maintain a positive interaction with all our stakeholders, including our valued staff, and by being accountable to our community and the Scottish Government. We believe that good communication, both internally and externally, is vital to achieving our objectives. This Framework underlines our commitment to continuously improving communication, highlights the key responsibilities of all members of staff and gives guidance on how consistently high standards of communication will be achieved and maintained.

The power of communication must not be underestimated. Good or bad communication can have a serious impact on public confidence and staff morale. NHS Orkney is committed to delivering the aims and objectives identified in this Framework. An associated Communications Policy and action plan have been developed to maintain and improve best practice through the implementation of the Framework. The Framework takes into account comments from the public, service users and staff, and the points identified highlight our desire to see improvements and developments in our internal and external communication techniques.

NHS Orkney is committed to delivering the best possible care to the residents of Orkney and to visitors who may require the services provided. Studies have clearly shown that organisations with staff who feel engaged deliver better patient experience, fewer errors, lower infection and mortality rates along with stronger financial management, higher staff morale and motivation and less absenteeism and stress. Effective communication with staff is therefore essential to improve the service we deliver and to ensure our staff understand their contribution to the success of the organisation and to maintaining morale.

We recognise that communicating with our service users, carers, staff and other stakeholders is part of our everyday work and that communication is a two-way process. Good communication is as much about attitude and behaviour as it is about the message or method of communication.

We are committed to developing our services with community input. We believe that individuals, groups and communities should be actively involved in influencing priorities and planning services, which ultimately lead to improvements in the quality of care delivered.

We need to provide clear routes for people to become engaged and to participate and communicate in the running of NHS Orkney. We will encourage public participation in the consultation and design process for health and care services and to allow everyone to access clear and consistent information about services. We will also continue in our efforts to gather and learn from all the different feedback we receive and make it as easy as possible for people to comment, ask questions or when necessary to make a complaint about the service delivered.

Constant change is a reality of the continually evolving process of improvement experienced within the NHS. This needs to be managed effectively so that staff, patients, the local community and all other stakeholders can keep abreast of new developments and participate in the process of NHS governance and accountability. All new initiatives and policy and procedural documentation will consider communication at the start of the process.

This Communications Framework determines how we will communicate in this regard but does not replace our approach to community engagement and participation.

We will strive to make sure that all our written communication is in plain English. Plain English takes into account the design and layout of a document as well as the language used. We will also make sure that, when required, information will be made available in other languages and/or other formats, such as Braille and large print, to take account of the needs of everyone in the community. We welcome input and feedback from our community on documents that might be improved in this area.

The Communications Framework is also supported by a number of policies and procedures which can be found on our website and staff facing platforms.

2.0 Scope and Definitions

2.1 This Framework covers all aspects of communication, including internal and external communications.

2.2 The following definitions are applied to terms used within this document.

The Board – Orkney NHS Board

OHAC – Orkney Health and Care

IJB – Integration Joint Board

Staff – refers to all Board staff (clinical and non-clinical), in whatever setting, regardless of grade or seniority unless specifically indicated otherwise.

Stakeholders – refers to all those people who may have an interest in, or use, the Board's services.

Internal – applies to communication within the Board and its functional structures which may include Orkney Islands Council who are partners in the delivery of community health and social care and other joint arrangements within the OHAC.

External – applies to communication with members of the public, the media, the Scottish Government, other NHS Boards, public and private sector organisations and the voluntary sector.

3.0 Communication - Aims and Objectives

3.1 The aims and objectives for the Framework are:

- To be clear about our commitment to open and transparent communication with all stakeholders;
- To put service users, the community and our staff at the centre of our communications plans;
- To encourage and support the communication element of community engagement towards the full participation of the local community in the development and design of our services;
- To support the development and implementation of organisational and service change through proactive two-way communication with all affected groups as part of our participation and engagement work;
- To seek to inform, involve and engage service users, the community and staff to ensure that they have all the information they need in an appropriate format;
- To highlight the responsibilities of key staff with regard to communication;
- To outline the processes used to achieve transparent and effective methods of communication.
- To be clear about our commitment to acknowledge, apologise and explain when things go wrong, whether or not information has been requested and whether or not a complaint or a report about that provision has been made, and ensure that patient safety incidents are communicated with service users and their families and carers in line with our Duty of Candour.

3.2 Communication – Approach

We will optimise and improve communications by:

- Ensuring systems are in place to keep service users, carers, the general public and other stakeholders actively engaged in the development of our services to meet the needs and priorities of the local population;
- Promoting a culture of openness and transparency;
- Embracing the rapidly evolving digital platforms available to us;
- Highlighting innovation and achievements within the Board and thereby serving to support initiatives to improve the recruitment and retention of staff;
- Maintaining strong mutually beneficial relationships with media organisations;

- Ensuring that all new strategies, policies and service changes consider the communication aspect at the start of the project, and to clarify target audiences, key messages and method of communication;
- Working in partnership with the Scottish Government Health Directorates and other organisations, nationally and locally, to ensure collaboration, co-operation and the development of common messages, for example with the local office of the Healthcare Improvement Scotland, Orkney Islands Council, voluntary organisations and community groups;
- Working with partner organisations such as Police Scotland, other health organisations and Orkney Islands Council in handling major incidents, and in planning better joined up services; and
- Developing the corporate identity of the Board;

4.0 Responsibilities

4.1 The Chief Executive has overall responsibility for:

- ensuring that this Framework is implemented fully and comprehensively and is appropriately updated
- ensuring the overall effectiveness of communication

4.2 The Director of Finance is the Director with delegated responsibility for:

- ensuring appropriate support from the IT and eHealth Team to help develop the platforms that enable some Board communications, including the provision of an effective website and intranet function

4.3 The Communications team is responsible for:

- monitoring the effectiveness of external and internal communication, on behalf of the Chief Executive
- ensuring appropriate procedures and processes are in place for interaction with the media
- supporting the effective corporate use of social media and the corporate website
- developing internal communication platforms by embracing emerging digital technologies such as the introduction of an app for staff
- supporting corporate communication within the Board (e.g. in the production of weekly bulletins and monthly newsletters)

4.4 The Executive Management Team is responsible for:

- Ensuring all their managers are communicating effectively
- Monitoring and reviewing the effectiveness of communication within their Directorates
- Ensuring that the Framework is effective in helping to improve and maintain good communications, by seeking regular feedback.
- Holding regular Directorate meetings with relevant staff
- Feeding back appropriate messages and communication to EMT and Board
- Identifying opportunities for internal and external communication through established mechanisms such as bulletins, press releases etc and actively encouraging their Heads of Departments to do the same when appropriate, e.g. success stories, opportunities for cross departmental learning or areas of good practice

4.5 All Managers are responsible for:

- Acting as exemplary role models that promote good communication practice, ensuring that communication is cascaded through management structures
- Ensuring the timeliness, relevance and quality of information, particularly with reference to intranet and internet content
- Holding regular team meetings and ensuring that all their staff receive effective and appropriate communication

- Ensuring that the principles of community participation and engagement are applied consistently
- Auditing the effectiveness of communication within their spheres of influence
- Cascading corporate communications effectively and efficiently to all staff, ensuring questions are responded to in a timely fashion
- Seeking feedback from staff on any areas of concern

4.6 All staff are responsible for:

- Taking ownership of communication problems when they emerge and seeking solutions to problems with the co-operation of colleagues and line managers
- Ensuring that they play a proactive role in communicating effectively with colleagues and service users alike
- Being aware of and supporting all aspects of this Framework and associated policy and procedural documentation
- Providing feedback to their line manager/communication team when established methods of communication do not work well
- Reading the weekly bulletins and monthly newsletters sent from the Corporate Communications team.

4.7 Professional advisory bodies are responsible for:

- providing professional advice, on their own initiative, or at the request of the Board, on the provision of health care services, including a focus on the communication of changes or service redesign.

5.0 Internal Communication

5.1 The capacity of the Board to provide the services the public needs and expects depends on its continued ability to recruit and retain well-trained and motivated staff and to actively and appropriately engage them in all aspects of the Board's business. Effective internal communication has a crucial part to play in this. Staff are also members of the public who may need to use the services as patients or carers. The Board aims to develop its existing internal communication systems to ensure the national Staff Governance standards are met for all staff. The key group for facilitating this process is the Area Partnership Forum (see 5.2 below). We will:

- Seek to communicate with all staff in a clear, concise and transparent manner;
- Seek to ensure that all staff are well-informed and have access to all the information they need to enable them to do their jobs, with easy access to the full range of policy, procedure and guideline documents as required;
- Have an effective two-way communication system in operation which enables the Board to listen to, and where appropriate, act upon the views of its staff; and
- Ensure that staff receive information in a timely manner and will continuously work to improve the speed at which information is passed on to staff. This will be achieved via a variety of methods.

5.2 The following processes are in place or in development to facilitate internal communications and consideration should always be given to how to reach the intended audience in the most appropriate way:

- **Area Partnership Forum:** The role of the Area Partnership Forum is to lead on the principles and practice of partnership working on behalf of NHS Orkney, in supporting a modern, people centred service and continually improving health and health care.

The Forum is co-chaired by the Chief Executive and Employee Director and reports to the NHS Orkney Staff Governance Committee.

Approved minutes of the meeting are available on the staff intranet.

- **Corporate communications:** A weekly bulletin all user email is issued with time sensitive information, with the aspiration of keeping this to an absolute minimum. A monthly newsletter is issued which provides an opportunity for staff to be informed about the work of the Board and some of the key professional and personal achievements of staff members.

For both formats recipients are encouraged to seek further details on any of the information by speaking with their line manager or contacting the communication team. Staff are always welcome to submit items about their own team and its work for inclusion in the monthly newsletter:

ork.corporatecomms@nhs.scot

- **Intranet:** The Board has an intranet that allows staff to access pertinent information. Work to develop a new intranet platform for NHS Orkney is a key priority.
- **Microsoft 365:** Inter and intra team communication has been greatly improved with the introduction of Microsoft 365 including Teams. Not only a digital platform for hosting meetings, it has been a significant development in collaborative working and information sharing. Additional platform functionality, for example the roll out of Microsoft Viva will move the internal communication agenda forward again.
- **Digital app:** Harnessing the functionality of Microsoft M365 we will have the ability to reach staff that are less likely to see email communication through methods such as internal social networking.
- **Departmental Meetings:** Each Head of Department will convene regular team meetings with their staff to discuss relevant issues/events and thus provide an opportunity for teams to share good practice and learn from each other.
- **iMatter:** iMatter is a nationally designed programme developed as a model for supporting continuous improvement in staff experience and employee engagement in NHS Scotland. It is for use at team level to help promote openness and transparency in teams about their experience at work, and support for the team's development over time. It is designed to help line managers understand what it is like for their staff as an individual at work, in their teams and the employing Health Board. It recognises that there is already a lot that is good about our teams and our workplace, but we should always be looking to learn and improve.
- **Advisory Committee Structure:** The Board's advisory structure and membership is established according to national guidance. The Advisory Committees play a key role in ensuring that the clinical voice contributes to the work of the Board.
- **Digital Screens and Departmental Newsletters:** These are used to highlight events and initiatives on a number of subjects. There are digital screens positioned at key areas. Newsletters are an easily accessible source of information assisting with the communication of initiatives and developments to other departments within the Board, thus promoting the sharing of good practice.
- **Framework, Policy, Procedure and Guidelines:** Even in a small organisation such as NHS Orkney there are many strategies, policies, procedures and guidelines in place. In the increasingly complex healthcare environment, there is a greater need to formalise the manner in which activities are carried out. This results in an increase in the number of formally documented policies, procedures and guidelines. These documents provide a formal mechanism to communicate with staff regarding the policies and procedures of the Board. Alongside corporate and departmental induction, the intranet, staff bulletin/newsletter and an

M365 Teams channel are utilised to bring such documents to the attention of staff.

- **Emails:** 'All user' emails are used to disseminate urgent information to staff and managers of staff who do not have access to email or do not regularly check email are responsible for passing on urgent messages disseminated in this way. 'All staff' emails should not be used for trivial matters that are of little or no concern to the majority of staff as this simply adds to the significant number of emails that staff receive and causes frustration. Guidance on sending 'all user' emails will be clearly communicated as part of a wider best practice guide on how to use emails appropriately.
- **Internal Campaigns:** Campaigns to support health improvement for staff will be carried out from time to time using a variety of internal communications methods.
- **Staff Seminars:** Seminars on key subjects will be arranged for dissemination of information to a broad range of staff.
- **Pay Slips:** A brief concise message can be printed onto staff pay slips which is one way of getting important messages to all staff.
- **Social Media:** See Social Media Policy.

6.0 External Communication

- 6.1** Our external communications reach a wide range of people with differing requirements. These include service users, relatives, carers, the public, other organisations, local businesses and local and national media. Maintaining robust external communication is vital to ensure that stakeholders, both locally and nationally, are aware of the Board's business and are therefore able to interact with us in a meaningful way. The following channels are in place to support strong external communication:

Board Members: All Board Members seek to promote the work of the Board to the people of Orkney. Communication between the local community and Board Members can serve as a useful conduit for two-way communication, thus enabling the Board to receive information and comment on policies, plans and strategies, whilst also providing the public with the opportunity to understand service delivery locally. All Board papers are available to the public on the NHS Orkney Website and details to join virtual meetings provided on request.

Volunteers: Volunteers support our external communication efforts in a number of ways, from actively contributing on patient representative groups and key meetings as lay representatives to speaking with patients about their experience or helping people through their care pathway experience.

Orkney NHS Board Website: The Board has in place a website which facilitates communication with the public. The website provides general information about services provided, details of policies which we operate and provides an opportunity for the public to provide feedback and suggestions for improvement on services delivered. The website provides a dynamic space in which to publish news, details of events, meetings, health information, staff vacancies and career information. All Board Papers are published on the website.

Social Media: The Board has corporate Facebook, Twitter and Instagram accounts which are used to promote key messages and also keep abreast of the social media campaigns of partner organisations. We do not encourage social media commentary as a way for the public to communicate with us and instead, wherever possible ask that the official, established channels are used e.g. through the feedback and complaints service or in submission of a Freedom of Information request.

Annual Reports: The Board publishes a range of annual reports via its website including the Board's Annual Accounts, the Public Health Annual Report which contains a range of public health topics and the Board's Equality and Diversity Annual Report.

Annual Review: Typically, each year the Board holds its Annual Review in public. This is where members of staff and the wider community are invited to listen to the Board's Chairman and Executive Managers about the key achievements and challenges for the Board in and also ask questions and seek assurances about the delivery of services.

6.2 To ensure that all stakeholders are able to feedback effectively with each other, the Board has in place the following systems:

- **Care Opinion** - an independent digital platform where people can leave comments and concerns about their healthcare experiences and these can be seen and commented on by others. Managers will respond to the feedback received through this route and people with concerns are asked to make contact directly in order to explore these in a more appropriate, private way.
- **Scottish Care Experience Survey** - We will participate in the national programme that seeks feedback from patients on their experience in areas such as inpatient, health and care, maternity and cancer services.
- **Feedback and Complaints** - The Board's Complaint Handling Procedure conforms to national guidance. All complaints are thoroughly investigated and are reported to the Board.
- **Public engagement** – we are actively working on revitalising public engagement as we emerge from the pandemic. We continue to embrace lay representation on all our consultative work, most recently in the development of NHS Orkney's Clinical Strategy.
- **Local Groups and Community Councils** – the Board is happy to meet with local interest groups and Community Councils as part of its public engagement commitment to discuss proposals and plans and to seek input into its proposals.
- **Service Redesigns** - the Board follows national guidance on consultation including where requested 'external scrutiny' where there is the potential for the redesigns to impact on patient services.
- **Healthcare Improvement Scotland** - this organisation plays a key role in monitoring the performance of the Board in its public engagement activity and part of this is how we communicate with our stakeholders.
- **Community Planning Partnership** - the Board is actively involved in the Orkney Community Planning Partnership, which is facilitated by Orkney Islands Council. Community planning is a process that helps public agencies work together with the community to deliver better, more joined up public services and improve the quality of people's lives.

Community Planning is a statutory duty placed on a number of organisations and came into force on 1 April 2003. The Orkney Partnership is structured in working groups and three delivery groups have been set up to deliver on priority areas.

Further information can be found on the website
www.orkneycommunities.co.uk/communityplanning.

- **Regional Committees and forums** - Board Members, members of the Executive Management Team (EMT) and other key staff are members of a

number of external groups such as the North of Scotland Regional Planning Group (NoSPG). NoSPG is a collaboration between the six geographical Board areas which comprise the North Region (Tayside, Grampian, Highland, Western Isles, Orkney and Shetland). This group works together to ensure the sustainability of services at a local level, whilst also addressing areas for action at a regional level. NoSPG lead on regional communication about its work in collaboration with local communications focussed staff and services.

- **Networking with the Scottish Government Health & Social Care Directorate and other NHS organisations** - ongoing communication is in place between the Board and the Scottish Government Health & Social Care Directorate. These relationships also exist with other organisations Boards.

6.3 We are committed to continually improving our external communications, and this includes:

- **Championing Equality and Diversity**
The Board values the cultural diversity across Orkney and is committed to providing systems and methods of communication that allow all individuals, regardless of cultural background or personal characteristics, to engage with our services and to be fully involved in all that we do. We will also ensure that our communication with individuals who have a disability which affects communication meets individuals' requirements. Our methods of communicating with service users are evolving with the development of new technologies and we welcome feedback on how we can make any further improvements.
- **Patient Information**
Patient information includes not only information about treatments but also about the activities of the Board in general. It forms a key method by which we inform people of our activity. The Board will endeavour where required to make available all essential communications in another language, large print format, audio or Braille to support an individual's particular care needs. The Board's website also promotes and links to NHSInform which hosts a range of patient information in a variety of formats.

6.4 NHS Orkney fully supports the use of digital technologies in further developing both its internal and external communication.

7.0 Communicating with the Media

- 7.1** For many people local media is a major source of information about NHS Orkney. It is important therefore that we maintain good working relationships. We aim to respond to all requests from members of the local and national media within a timely manner. The media provides a cost-effective way of communicating with a large public audience, however local outlets are not compelled to publish news releases and may not do so if they do not consider them to be “news” or more suited to advertising. News releases should take account of the newsworthiness of the item and ensure that the key messages are concise, easy to understand and news in the stricter sense of the word.
- 7.2** The Board is committed to ensuring that it communicates with its staff about key events and Board news before information is released to the media. Sometimes, given the nature of the news, the staff communication can only be by all user email with a short period of time before issuing to the media, which does not guarantee all staff will be aware of the news before they hear or read about it in the local media.
- 7.3** Consideration should be given to producing public notices when it is essential that the entire message is published. Increasing use is made of local web news services both by staff and the public, therefore consideration should be given to how news releases will be used in different formats by the media. Consideration should also be given to how a message may be received if it is broadcast via one of the local radio stations and news releases should be tailored to fit the broadcast medium as appropriate.
- 7.4** The Board has three main methods of communication with the media:

Press Enquiries: All media enquiries are handled by the communication team.

News Releases: Board news releases are issued by the communication team.

Board Meetings: Board meetings are open to the public and to the media, who can access Board Papers. The media are given an opportunity to ask questions of the Board Members at the end of the meeting to get comments and further information on subjects of interest.

8.0 Staff Training

- 8.1** It is recognised that training is important for all staff and stakeholders if we are to maximise the effectiveness of our communication processes. The Board will ensure staff are competent in a range of communication areas, as appropriate to their role within the organisation. Any training will be linked to needs identified in Personal Development Plans through the staff appraisal process.
- 8.2** All staff should be made aware of communication issues relevant to their job role during their induction programme. Core issues that all staff should be made aware of are Freedom of Information, Data Protection legislation, and professional responsibilities in relation to Caldicott guidance and patient confidentiality.
- 8.3** All training activity is coordinated through Staff Development.

9.0 Monitoring and Review

- 9.1** The overall responsibility for this Framework rests with the Chief Executive. Monitoring and review of the effectiveness of internal and external communication sits with the Communications lead and team.
- 9.2** The policy and protocols that underpin this Framework will be kept under review by the Communications Team and these will be developed as time progresses.

10.0 Delivering the Framework

- 10.1** We will monitor improvements, and perceptions of improvement, via staff surveys e.g iMatter, patient feedback, complaints and an analysis of requests made to the Chief Executive's office. This will be overseen by Area Partnership Forum.
- 10.2** We will continue to consult with staff on how to improve internal and external communications. Area Partnership Forum and any resulting short life working groups will seek views on this and review this against affordability and sustainability of medium. Area Partnership Forum will liaise with the Communications lead to ensure that the canvassing of staff opinion can be done for all areas of communication in an aligned manner.
- 10.3** All new policies and strategies will consider the communication aspect from the outset and will set out an action plan to ensure that essential messages are communicated effectively to all stakeholders. The plan will include the methodology of communication and the appropriate consultation with staff, patients, public and stakeholders.

Rapid Equality and Diversity Impact Assessment – Communications Framework

<p>Which groups of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People with mental health problems • People in religious/faith groups • Older people, children and young people • People of low income • Homeless people • Disabled people • People involved in criminal justice system • Staff • Lesbian, gay, bisexual and transgender people <p>Other groups:</p>	
<p>Stakeholders: All internal staff and external audiences, including the general public, policy makers, government, NHS colleagues, voluntary organisations and those affected by the delivery of healthcare in Orkney.</p>	
<p>N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed</p>	<p>What positive and negative impacts do you think there may be?</p>
	<p>Which groups will be affected by these impacts?</p>
<p>What impact will the proposal have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs? • Risk taking behaviour? • Education and learning or skills? 	<p>All groups positive impact:</p> <ul style="list-style-type: none"> • Improved communications • Openness and transparency • Improved reputation • Consistent standards • Accessible, timely information provision

<p>Will the proposal have any impact on the social environment? Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>Positive Impact for NHS Staff re employment: better informed = better engaged = healthier workplace.</p>
<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? 	<p>Access to information if visually impaired - Braille/talking information provided on request Language barriers - Make-up of community through census/survey data. Translations offered as standard Older People - older people face a range of barriers when accessing information. These could be difficulty in reading documents written in small fonts or many of them not being able to access electronically based documents.</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>Accessibility of information to all, clarity and user-friendliness for the various audiences, consideration of languages, two-way communication etc. are principles to maximise equality in communication. By stating that accessibility of information and communication to all people is a fundamental principle, the consideration of all protected characteristics (i.e. race, gender, disability, age, religion/belief, transgender, pregnancy, marital status and sexual orientation) is therefore implicit and explicit.</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	<p>Positive impact to access to healthcare services – more accessible information for all groups.</p>

Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)

The Communications Framework is a high-level Framework which sets out the basic principles for the Board's communication activities and processes – including communication activity undertaken across all departments and delivered by a range of people who work to these corporate principles. This output promotes or improves equality by providing a commitment to engage with the stakeholders of NHS Orkney in a range of ways, taking into account their communication needs and preferences, regardless of background.

Negative Impacts (Note the groups affected)

Age - There is a general acceptance that older people face a range of barriers when accessing information. These could be difficulty in reading documents written in small fonts or many of them not being able to access electronically based documents. Our Framework has given due regard of these issues.

Disability - There is a particular acceptance that disabled people face a range of barriers when accessing information. This is supported by the Equality Act 2010. Our Equality Outcomes Report highlights the need for information to be accessible to meet specific needs of people with disability.

Race - There is a particular acceptance that people for whom English is a second language face a range of barriers when accessing information.

Additional Information and Evidence Required

Recommendations

Not discriminatory – The main principles of the Communications Framework include effective and appropriate access to information for all, as well as promoting effective two-way communication, in order to enable the Board to shape services which are relevant to the needs of its communities. The Framework is therefore designed to ensure that communication is inclusive for all. By its very nature, its implementation will seek to ensure the elimination of any potential discrimination in communication activity. We acknowledge the importance of engaging those individuals and groups with whom we have yet to successfully interact.

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?

A full Equality Impact Assessment is not required. This has been agreed because the Communications Framework had considered equality issues with regard to age, disability and race at the outset of its development and addressed these gaps accordingly. This makes the Framework equality proof with any negative impacts on some of the characteristics proportionately addressed and mitigated and also taking cognisance of the positive impacts as highlighted above.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Healthcare Associated Infection Reporting Template
Responsible Executive/Non-Executive:	Mark Henry, Medical Director
Report Author:	Mrs 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 NHS Scotland 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.

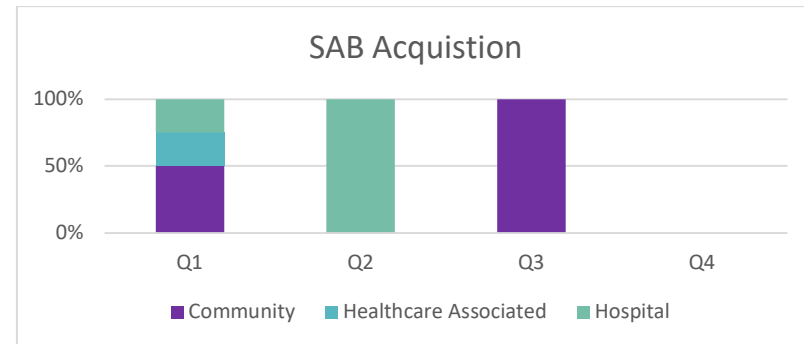
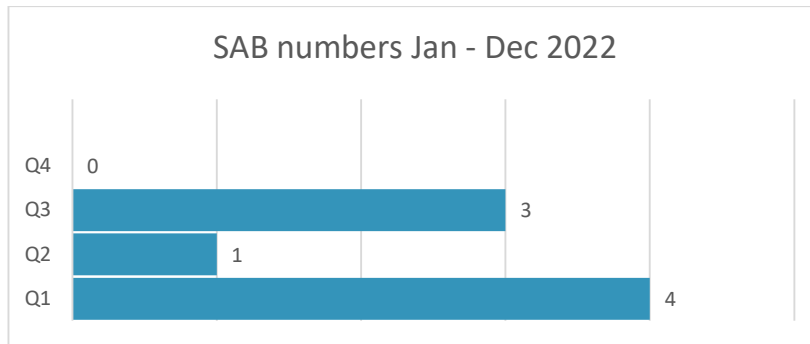
Healthcare Associated Infection is a priority patient safety issue for both the Scottish Government and NHS Orkney, being one of the most important events that can adversely impact on patients when they receive care.

Attached to this report is the summary position up to 21 November 2022.

N.B. The targets have been reconfigured to fall in the true LDP target year

Dashboard

LDP Standard 1st Jan 2022 to 31st Dec 2022 for *Staphylococcus aureus* bacteraemia (SAB) – TARGET 3

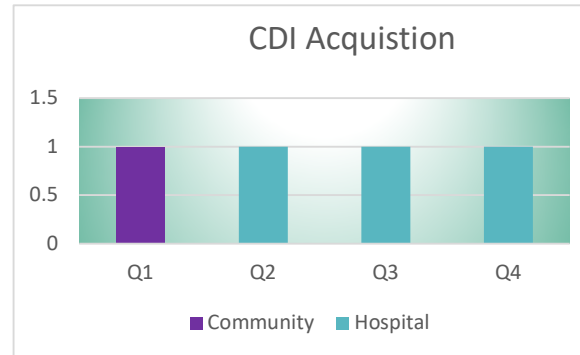
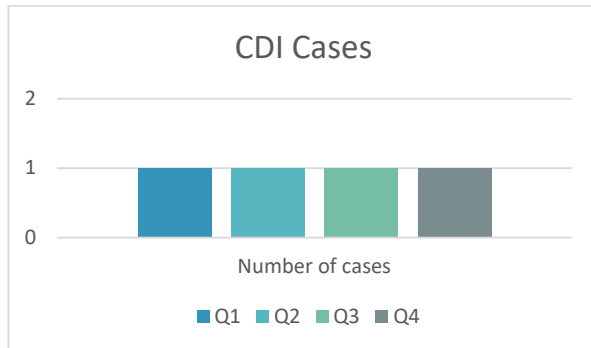


Staphylococcus aureus bacteraemia (SAB)

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 and device related SABs.

Quarter 4 – No cases to date. However, one case for quarter 3, included in the numbers is a tourist and required to be declared as NHSO case, as own board is outwith Scotland

LDP Standard 1st Jan 2022 -31st Dec 2022 for *Clostridioides difficile* Infection – TARGET 3

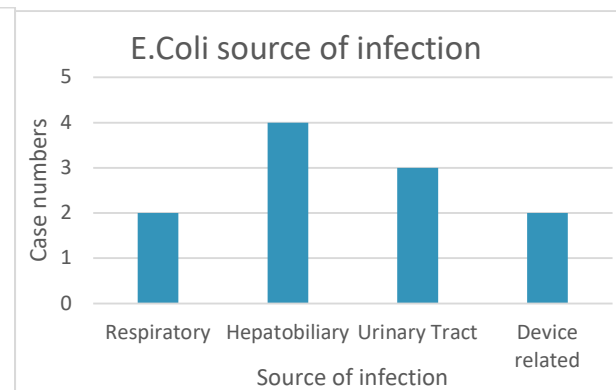
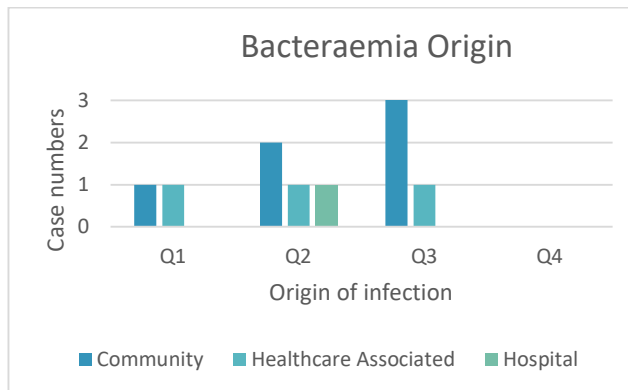


***Clostridioides difficile* Infection**

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

One case was treated and investigated and referred to the Scottish board who prescribed the causative antibiotic. Therefore, excluded from NHSO numbers.

***Escherichia Coli* (E.Coli) Bacteraemia 1st Jan 2022 - 31st Dec 2022**

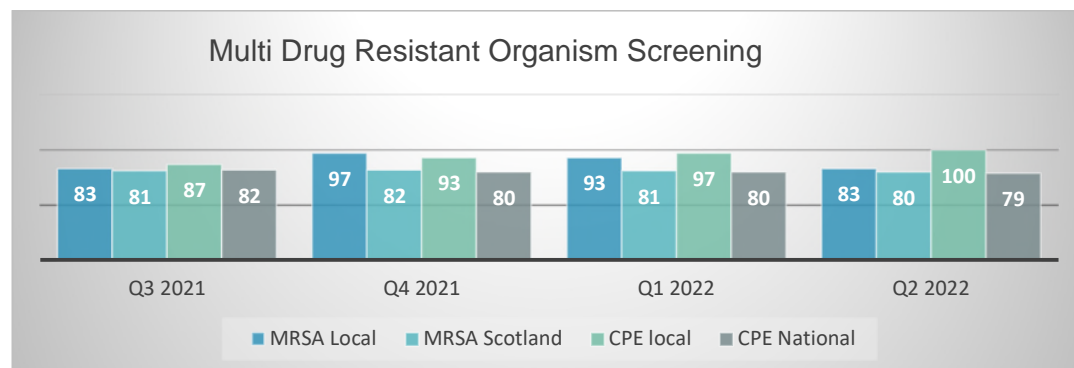


***E.Coli* Bacteraemia**

National surveillance of *E.Coli* bacteraemia has a target reduction in place. 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.

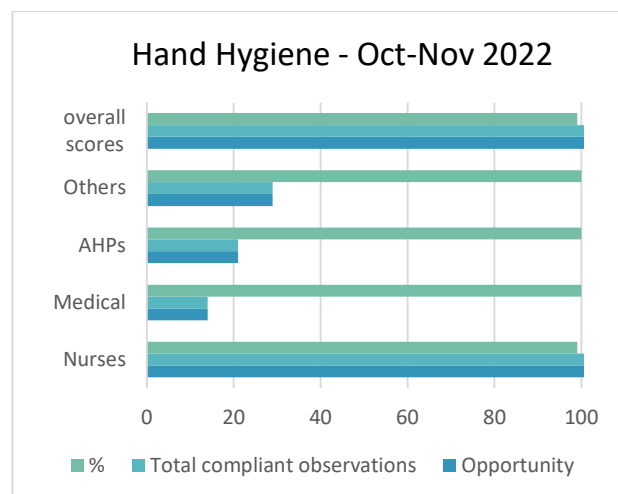
Three cases yet to be investigated for Quarter 4.

Multi Drug Resistant Organism National Screening

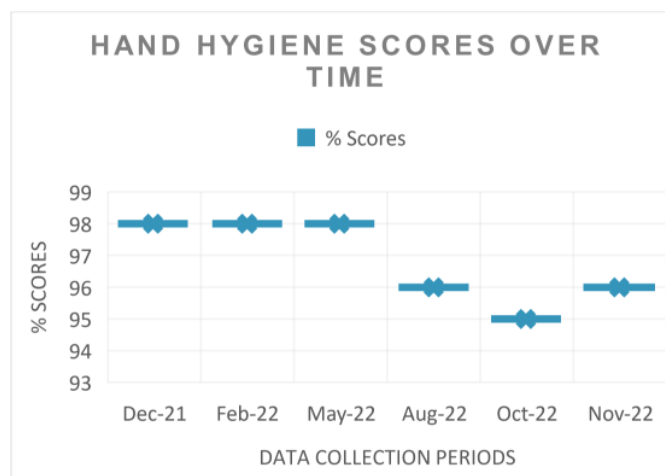


No national update since last HAIRT

Hand Hygiene October - November 2022

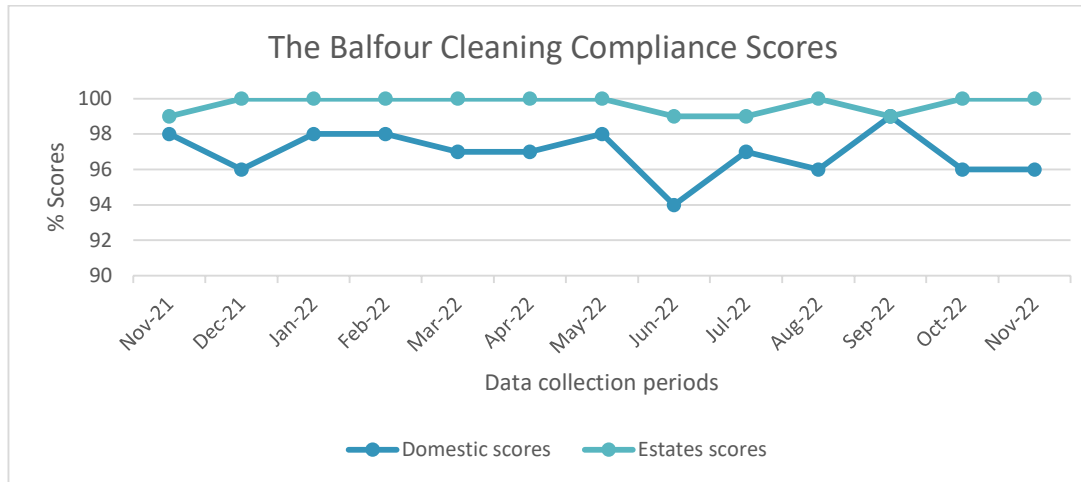


Running totals for hand hygiene



Hand hygiene is collected on an ongoing basis, teams are engaged and understand its importance. The Infection Prevention & Control team report back to staff at the time of audit, all good practice and on an individual basis, areas for improvement.

Cleaning of the environment running totals



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 show the national cleaning to date.

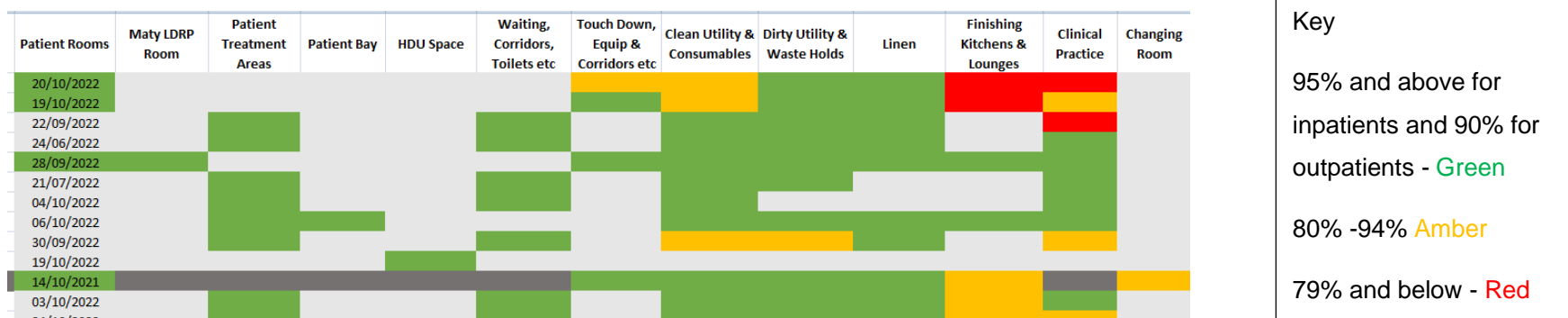
Quality Assurance Environmental and Clinical Practice audits

All quality assurance audits within the Balfour are up to date. There are some commonalities highlighted within audits which involve small changes such as, ensuring food is labelled prior to placing in departmental fridges. In most areas the domestic cleaning schedules are not being signed by senior nursing staff, which provides the governance around the cleaning in areas. This could be due to a new way of working for domestic teams where the schedules are now stored electronically. This will be progressed through discussion with the Domestic Supervisors after the audit and through the Domestic and Infection Prevention & Control Team meetings. Other areas for improvement have been addressed through review of planned maintenance program and increasing the frequency where required.

OPDA continues to be problematic with return of improvement plans, this is due to the multidisciplinary use of the area and required ownership for improvement, despite discussions with OHAC Leads for the area.

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.

IP&C ward and department QA scores.



N.B The red areas represent the areas highlighted above such as labelling of patient food and clinical practice includes domestic cleaning sign off within departments, mentioned above.

Primary Care Support visits.

The Primary Care IP&C supportive audits are now completed. There are some commonalities that have been identified and these tend to be related to non-compliant hand wash sinks, lack of cleaning schedules, and product use, but were all were found to be clean and one had some improvement to be made and reflected the domestic vacancy within the practice. The clinical practice staff are undertaking these duties currently. As most practices are independent it can be problematic to ensure changes are made. The team offer action plans and advice and follow up any queries to support practices and encourage change to health care products

for cleaning but have difficulty enforcing these changes. The team also escalate issues to, Primary Care team, domestic and Estates team to support teams with resolution

Care Home Support Visits

The recent change in guidance was released for social care staff – “Coronavirus (COVID-19): Use of Face Coverings in Social Care Settings including Adult Care Homes.

This guidance enables service users to decide if they or their care staff need to wear a facemask for care delivery. In Orkney services have been proactive in seeking the service users or their representative’s preferred option. The decision was one of improvement in communication, the fact that a resident in a care home, are in their own home, offers an element of choice. This also flowed into a Third Sector Care at Home Support Group who are also following the new guidance and collaborating with service users on their preferred option.

The Care Inspectorate who also attend the Care Home and Care at Home Support Group were encouraged, supportive and assured by the proactive approach. Additionally, there is the provision to allow staff members to wear masks for protective measures and if they choose to continue their use they are supported to do so. This changes in social care mask wearing has been challenging for healthcare staff who cross the boundaries of health and social care. Although the changes in guidance allow them to not wear a mask if working in a social care setting, they have been encouraged to use a discretionary approach and take service users preferences on board as well use their own risk assessment. This helps to prevent staff confusion when moving around services.

The IP&C Team and Community Nursing Lead has met with the DoNMAHP and Care Home Assurance Audits will be paused to align with the changes above, however the Support Groups will continue to meet on a less frequent basis and will be determined by the needs of the Care Homes and Care at Home attendees.

Covid Update

Guidance changes and updates have been received through September with changes from LFD testing in hospitals to a “pause” in all asymptomatic testing for patients and staff. The exceptions are for those who are pre-elective immunocompromised surgical admissions. Any patient admission with respiratory symptoms will have a PCR test undertaken and staff with symptoms should undertake an LFD test and follow the “stay at home” guidance. This is a major change and reflects the success of the vaccination programme, however, the pause is in place to ensure services and testing can be stepped back up should this be required over the winter. Staff were encouraged to have 3-4 weeks supply of LFD kits available should testing be stepped up, and kits are available for collection from various points.

Current challenges are through the changes in the SG guidance for enhanced facemask wearing, which has changed from “mandatory” to “strongly recommended”. This allows healthcare staff to risk assess and choose not to apply a fluid resistant face mask. There is message being cascaded that NHSO are to maintain “status quo” and continue to follow the Scottish Government guidance and wear mask, but this is becoming challenging across all sectors, as moving into the winter this may be an additional pressure for service resilience, as patients may have no symptoms at the time of consultation but become symptomatic (or positive for those tested), a few days later. The message is becoming confusing for staff as healthcare services and social care service guidance, together with out of work guidance, becomes misaligned.

Exception Reporting to Scottish Government

Following on from the exception report to SG in July, the water safety group short life working group have re-instated one water cooler within the main hub to allow access to drinking water for patient led services who do not have immediate access to a kitchen tap. This work is ongoing and will include a multi-disciplinary approach to testing, sourcing and procurement of alternative options.

Author: Sarah Walker, Infection Prevention & Control Manager - 22/11/2022

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Public Health Update – Vaccination Programmes
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Sara Lewis, Consultant in Public Health

1 Purpose

The purpose of this report is to provide the Board with an update on the delivery of the Scottish Vaccination and Immunisation Programme.

This is presented to the Board for:

- Discussion

This report relates to:

- Government Policy/Directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies. The UK immunisation schedule is continually reviewed and updated. *Immunisation against infectious disease* (commonly known as the *Green Book*) reflects the current policies and

procedures as advised by the JCVI and provides essential guidance on vaccines and vaccination procedures for all vaccine preventable diseases that may occur in the UK.

December 2019 saw the emergence of a new coronavirus, COVID-19, which led to a global pandemic being declared by the World Health Organisation in March 2020. Thousands of people in Scotland have died as a direct result of COVID-19. The indirect impact of COVID-19 on Scotland's health, economy and society will affect thousands more. Mass vaccination of the population with COVID-19 vaccine is the single largest Public Health intervention in modern times. The priorities for this programme have been set out by the JCVI and vaccination remains a vital component for recovery and prevention of future outbreaks.

The 2018 Scottish General Medical Services (GMS) Contract set out a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health. One of the priorities for implementation of the new contract is to reduce workload pressure on general practice and it has been agreed nationally that the delivery of vaccination programmes will transfer from GP practice staff to dedicated NHS teams under the Vaccination Transformation Programme (VTP). The VTP is divided into different work streams: -

- Pre-school programme
- School based programme
- Travel vaccinations and travel health advice
- Influenza programme
- At risk and age group programmes (shingles, pneumococcal, hepatitis B).

In Orkney all vaccinations are in the process of being transferred from the independent general practices (excluding Stromness Medical Practice) to a Board delivered service. Transfer of some of the pre-school vaccinations has been undertaken, the transfer of vaccinations for pregnant women and the seasonal influenza vaccination programme have been completed. Routine adult vaccinations (Shingles and Pneumococcal) and travel vaccinations and travel health advice are still to transfer. The transition of the remaining vaccinations in Orkney is to be completed by the end of March 2023. Transition alongside the delivery of the autumn and winter vaccination programme remains challenging with the potential for a backlog of unvaccinated adults in eligible groups to develop; pneumococcal and shingles programmes have been paused across Scotland to free up staff to support the delivery of the accelerated autumn and winter programme.

2.2 Background

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents, and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services.

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives.

Providing cohesive immunisation services is paramount for success. Services must be safe and easily accessible, reflect the needs and demands of the population and will require the right workforce to deliver the right immunisations in the right place at the right time.

As we modernise immunisation service provision over the next period it will be essential that inequalities are addressed in the new models of delivery, close monitoring of uptake rates continues and that immunisation services are recognised as an integral part of a well-functioning healthcare system.

2.3 **Assessment**

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. In Orkney and across Scotland the level of vaccine preventable disease is low (Table 1). All vaccine preventable disease under surveillance have shown a notable reduction during the COVID-19 pandemic which is most likely due to the social distancing measures and restrictions implemented in response to the pandemic. It is noted that the circulation of influenza was very limited in the UK in the 2021-22 season; therefore, a lower level of population immunity is expected. 2022-23 will be the first winter when all COVID-19 restrictions have been lifted and COVID-19 will co-circulate with seasonal influenza. This has the potential to add substantially to the usual winter pressures faced by the NHS, particularly if infection waves from both viruses coincide.

Vaccine Preventable Disease	
Haemophilus influenzae	There have been no cases of confirmed invasive <i>H. influenzae</i> type b infection in Orkney since 2014
Measles	There have been no cases of confirmed measles infection in Orkney since 2014
Meningococcal disease	There have less than 5 confirmed cases in Orkney since 2014
Invasive Pneumococcal disease	There have been no cases of confirmed invasive Pneumococcal infection in Orkney since 2014
Pertussis (whooping cough)	There were 12 cases of confirmed whooping cough in Orkney during 2019 to 2020. The incidence reduced after January 2020 most likely due to social distancing measures. Since lockdown no further cases have been seen.
Human Papilloma Virus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland
Mumps	There have been 11 cases of laboratory-confirmed mumps in Orkney, most in 2019-2020. The incidence reduced after April 2020 most likely due to social distancing measures.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a marked reduction in number of rotavirus laboratory reports in Scotland, which clearly demonstrates the impact of the vaccine. A reduction of laboratory confirmed rotavirus samples has also been seen in unvaccinated children suggestive of indirect population protection due to the vaccine.
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Shingles	Rates of admissions and GP consultations for shingles remained static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent surveillance data has not yet been published.
Tetanus	There have been no confirmed cases of tetanus in Orkney since 2014.
Tuberculosis (TB)	Incidence of TB in Orkney is lower than the Scottish average which has shown a consistent downward trend during the period 2010 to 2019. An increasing proportion of those with TB are born outside the UK and more than a third of cases live in the most deprived SIMD quintile.
Influenza	During 2021 to 2022 Influenza season activity has remained at baseline or low levels. Since May 2022 7 cases have been reported in Orkney

Table 1: Vaccine Preventable Diseases

Childhood Immunisation Programme

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

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

Following the discontinuation of Menitorix© (Hib/Men C vaccine) the JCVI advises that:

- an additional dose of Hib-containing multivalent vaccine should be offered at 12 or 18 months of ages – note that giving this at 18 months would require the creation of a new immunisation visit
- the second dose of measles, mumps and rubella (MMR) vaccine should be brought forwards from 3 years 4 months to 18 months of age to improve coverage
- based on the demonstrated decline of invasive meningococcal A, C, W and Y disease in the UK (primarily due to the success of the teenage MenACWY vaccination programme) and subsequent low number of cases to prevent, including a dose of MenC-containing vaccine (such as MenACWY) in the infant schedule is not recommended – efforts to sustain and improve coverage of MenACWY in adolescents are important to maintain herd immunity

The changes will be implemented in line with Scottish Government recommendations.

Uptake rates for childhood immunisation programmes for Quarter 1 (April-June 2022) for Orkney are available in the table below compared with the Scottish average. The uptake rate for all, apart from Rotavirus, are above the Scottish average and above the 95% target.

Uptake by 12 months*	Orkney Q1	Scotland Q1
Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B (DTaP/IPV/Hib/HepB) 6-in-1* primary course	97.6%	96.2%
Pneumococcal (PVC) primary course	95.2%	96.4%
Rotavirus primary course	90.5%	93.8%
Meningococcal B (MenB) primary course	97.6%	95.4%
Uptake by 3-5 years		
6-in-1 primary course	98%	97.5%
Measles, mumps & rubella (MMR) 1	98%	96.2%
Hib/MenC	95.9%	95.8%
Diphtheria, tetanus, pertussis (whooping cough), polio (4 in 1 Booster)	95.9%	92.3%
MMR2	95.9%	91.7%
School immunisations (academic year 2021/22)		
Human papillomavirus (HPV) (completed course S3)	78.9%	73.9%

Tetanus, diphtheria and polio (S4)	77.3%	74.9%
Meningococcal types ACWY (S4)	77.3%	73.8%

Table 2: Childhood Immunisation programme uptake rates NHS Orkney Quarter One.
Source CHSP School/SIRS Date 16 August 2022

Human Papillomavirus Immunisation Programme

The human papillomavirus (HPV) vaccine is offered to all young people in early secondary school, from S1, through the school-based programme to protect them against HPV related cancers including cervical cancer (in women) and other cancers of the anus, genitals, mouth, and throat. The quadrivalent vaccine Gardasil® was introduced in September 2012 offering protection against HPV types 6, 11, 16 and 18. The programme is now moving to using a 9-valent vaccine Gardasil®9 which offers protection against HPV types 6,11, 16, 18, 31, 33, 45, 52 and 58, increasing the coverage of protection against HPV-induced cancers, through the inclusion of the extra five HPV types.

Adult Immunisations

Pertussis (Whooping Cough) Vaccination for pregnant women

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

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

This vaccination programme is administered by the NHS Orkney midwifery team.

2021/22	Deliveries	Vaccinated	Percentage Vaccinated	Scotland percentage vaccinated
Q1 2020	26	24	92.3	59.0
Q2	35	22	91.4	61.2
Q3	38	35	92.1	59.4
Q4 2021	16	13	81.2	61.21

Table 3: Pertussis vaccination uptake for the 2021/22 financial year
Source: Produced by Public health Scotland 09 May 2022

HPV Programme men who have Sex with men (MSM)

The HPV vaccine is available in Scotland for men who have sex with men up to and including 45 years of age. The vaccination is offered to men who attend sexual health and

HIV clinics. The HPV vaccine will help prevent infection that can cause genital warts and certain types of cancer.

This programme is delivered through the Nordhaven clinic.

Herpes Zoster Immunisation

Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long-lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The herpes zoster vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder. Two vaccines are available for offer in the programme Zostavax® which contains a live, attenuated virus. This vaccine is contraindicated in some patients e.g., immunosuppressed. Those who are clinically contraindicated to receive Zostavax® due to their immunocompromised status should be offered Shingrix® a recombinant non live vaccine.

The 2022/23 vaccination programme runs from 1 September 2022 until 31st August 2023. Vaccination is offered to individuals aged 70 years defined by the patient's age on 1 September 2022. Active call and recall are also undertaken of 71-79 year olds who have not previously been vaccinated.

The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age.

The programme has been paused for the duration of the accelerated Winter Vaccination Programme.

Pneumococcal Immunisation

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus pneumoniae*, pneumococcus. *S. pneumoniae* is an encapsulated Gram-positive coccus. The capsule is the most important virulence factor of *S. pneumoniae*; pneumococci that lack the capsule are normally not virulent. Over 90 different capsular types have been characterised. Some serotypes of the pneumococcus may be carried in the nasopharynx without symptoms, with disease occurring in a small proportion of infected individuals. Other serotypes are rarely identified in the nasopharynx but are associated with invasive disease. The organism may spread locally into the sinuses or middle ear cavity, causing sinusitis or otitis media. It may also affect the lungs to cause pneumonia or cause systemic (invasive) infections including bacteraemic pneumonia, bacteraemia, and meningitis.

Transmission is by aerosol, droplets, or direct contact with respiratory secretions of someone carrying the organism. Transmission usually requires either frequent or prolonged close contact. There is a seasonal variation in pneumococcal disease, with peak levels in the winter months.

Pneumococcal polysaccharide vaccine is an inactivated vaccine covering 23 serotypes. It is recommended for people in clinical risk groups and for all people aged 65 years and over.

The programme has been paused for the duration of the accelerated Winter Vaccination Programme.

Monkeypox Vaccination Programme

Since 6th May 2022 public health agencies across the United Kingdom have been responding to an outbreak of monkeypox. Monkeypox is a rare viral infection that does not spread easily between people. It is usually a self-limiting illness, with most people making a complete recovery within a few weeks. However, severe illness can occur in some individuals.

Monkeypox transmission is via close contact, including sexual contact, with an individual with symptoms.

From 18th July 2022 in response to the outbreak an immunisation programme commenced offering vaccination to those individuals who were in one of the priority groups for vaccination against monkeypox. Within the outbreak men who are gay or bisexual and men who have sex with men remain disproportionately affected. Vaccination was also offered to some healthcare workers within particular clinical settings.

The Nordhaven sexual health service has delivered the vaccination programme, 100% of the public offered the vaccine have taken up the offer. All staff offered vaccination declined the offer.

Winter Vaccination Programme 2022/23- seasonal influenza and COVID-19 boosters

Given the ongoing presence of COVID-19 the impact of flu and COVID-19, for those most at risk and those who provide care for others, are being reduced through the delivery of an accelerated winter vaccination programme.

THE JCVI advises the following groups should be offered both vaccines

- Residents and staff in care homes for older adults
- Frontline Health and Social Care Workers (HSCW)
- All adults aged 50 years and over
- Persons aged 5 to 49 years in a clinical at-risk group
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression
- Persons aged 14 to 49 years who are carers

In addition, people in the following groups should be offered flu vaccination only:

- Those aged 16 to 49 years with an eligible health condition, including well controlled asthma
- Children aged 6 months to 2 years with an eligible health condition
- All children aged 2 to 5 years (not yet at school)
- All primary and secondary school pupils
- Nursery, primary and secondary school teachers and pupil facing support staff in local authority or independent settings
- Prison population, prison officers and support staff who deliver direct front-facing detention services.

Further information can be found on <https://www.nhsinform.scot/winter-vaccines/>

The Medicines and Healthcare Products Regulatory Agency (MHRA) granted authorisation for Pfizer-BioNTech mRNA (Comirnaty) bivalent Original/Omicron BA.1 for

use as a booster dose for individuals aged 12 years and above, on 3 September 2022 this vaccine is to be offered to all groups identified by JCVI for the Winter campaign. The Scottish Government has asked Health Boards to make best endeavours to complete vaccinations by the start of December in alignment with the JCVI advice.

Since the winter campaign commenced in Orkney on 11th September 2022 4,045 individuals have received COVID-19 vaccine and 4,022 influenza vaccine. Provisional uptake rates by cohort are included in Table 4 below along with the Scottish average when known.

Cohort		COVID-19			Influenza		
	Orkney			Scotland	Orkney		Scotland
Cohort Name	Cohort	Vaccs	Uptake %	Uptake %	Vaccs	Uptake %	Uptake %
Older people care home resident	75	74	98.7%	89.3%	74	96.7%	89.3%
Frontline NHS Workers	322	184	57.1%	50.5%			
All NHS Workers	721				373	51.7%	48.8%
Frontline Social Care Workers	706	314	44.5%	32.7%			
All Social Care Workers	770				309	40.1%	29.4%
Age 5 to 64 COVID-19 at risk	2769	1911	69.0%	51.2%			
Age 18 to 64 Influenza at risk	3159				2043	64.7%	45.8%
Age over 65 COVID-19	5361*	4813	89.8%	86.7%			
Age over 65 Influenza	5584				4698	84.1%	81.6%
50-64 COVID-19	4867*	3555	73%	44.8%			
50-64 Influenza	5360				3359	62.7%	38.4%

*Those not completed primary course dose 1 and 2 removed

Table 4: Provisional influenza and COVID vaccination uptake rate by cohort 2022/23
Source: Provided by PHS and are as at Monday, 20th November 2022

Immunisation Programme Promotion

In Orkney immunisation programme promotion utilises a multi-faceted approach. Communication assets produced nationally posted on NHS inform and across media channels are amended to ensure they meet the needs of the local population; for example, not promoting the use of the national booking portal for the Winter programme. The communications assets are circulated to the NHS Orkney Communications team, Primary Care including general practices and the Public Health Department for use across websites and social media channels. Local media including Radio Orkney and The Orcadian are utilised to promote larger vaccination campaigns.

For most vaccinations patients receive a written invite to attend if they fail to respond to the letter patients are contacted by telephone.

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

There are challenges in developing a sustainable permanent workforce for vaccination delivery. Recruiting to vaccination posts is proving difficult. The accelerated Winter programme is being supported by staff volunteering to work additional hours. It takes time to train staff to become competent in safe and effective vaccine delivery and for some vaccine's requiring specialist skills, when administered to very small numbers of people, maintenance of those skills is challenging. Once staff have been recruited and trained retaining staff is also difficult.

2.3.3 Financial

Funding from Scottish Government is available to support vaccination programme delivery however the requirement to pay additional hours and for working out with normal hours will incur additional cost. Access to suitable venues is a concern moving forward, the use of the Kirkwall Vaccination Centre incurs additional cost.

2.3.4 Risk Assessment/Management

The key risks for NHS Orkney in delivering the Scottish Immunisation and Vaccination programmes relate to staffing. There is a small pool of staff whose ability to flex alongside the delivery of the core immunisation programmes is very limited. If service delivery demands or staff sickness levels were to increase as a result of COVID-19 or other winter pressures this could have a significant impact on programme delivery. This is mitigated through the use of a mixed disciplinary cohort of staff including Health Care Support Workers and the Scottish Ambulance Service.

2.3.5 Equality and Diversity, including health inequalities

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 the delivery of the Scottish Immunisation programme in Orkney

- The Scottish Vaccination and Immunisation programme is complex
- The vaccination transformation programme has increased complexity within Program delivery.
- Vaccination uptake is high in Orkney across all programmes

Discussion – to seek assurance on the work relating to the delivery of the Scottish vaccination and Immunisation Programme.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 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 4 October 2022 and agreed the following key areas and agenda items that were reported to the Board meeting.

- Local Child Poverty Action Report
- Mental Health update

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

Local Child Poverty Action Report

Members received the report noting 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.

Local Child Poverty Action Reports (LCPARs) must be submitted to the Scottish Government as soon as practicable following the end of the reporting year following Board approval.

The Joint Clinical and Care Governance Committee recommended approval for submission to the Scottish Government.

Mental Health update

Members received the Mental Health Assurance report including recent service delivery progress and challenges. The report included a current staffing overview along with information around referral and waiting list activity.

A separate report was provided to update members around the implementation of an Interim Standing Operational Procedure for the use and staffing of the Mental Health Transfer Bed, based within the Emergency Department at the Balfour Hospital in Kirkwall, following the recommendations of the Health and Safety Executive.

A review of the process and procedures of the use of the Mental Health Transfer Bed was undertaken and processes updated, and the monitoring of excess hours worked by the Community Mental Health Service staff had also been reviewed and reflected in the interim document.

Members welcomed the positive improvements made, although acknowledging the challenges that remained, and took assurance from the information provided in both reports. It was agreed that the committee would receive a 6 monthly mental health assurance report going forward.

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.

Tackling poverty will lead to a healthier population.

The mental health transfer bed use can lead to clinic cancelations which could reduce the quality of care for these patients, but allows patients using the transfer bed to be safely cared for.

2.3.2 Workforce

The impact of the mental health transfer bed use on staffing for next day routine clinics was discussed. Staff must be allowed sufficient rest time which requires clinics to be cancelled at short notice. The committee gave consideration towards staff wellbeing when these necessary disruptions take place and welcomed the review.

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

Tackling poverty ought to lead to a reduction in health inequalities.

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

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 4 October 2022

2.4 Recommendation

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

3 List of appendices

- Minute from meeting held on the 5 July 2022

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

Present	<p>Steven Johnston, Chair Meghan McEwen, Vice Chair Jean Stevenson, Integration Joint Board Member Gail Anderson, Third Sector Representative Rachael King, Integration Joint Board Vice Chair Ivan Taylor, Integration Joint Board Member</p>
In Attendance	<p>Stephen Brown, Integration Joint Board Chief Officer Mark Henry, Medical Director & Interim Director of Acute Services Gillian Coghill, Clinical Nurse Specialist (item C35) Jim Lyon, Interim Head of Children, Families and Justice Services and Chief Social Work Officer Anthony McDavitt, Director of Pharmacy Mary Moore, Interim Director of Nursing Judy Sinclair, Clinical Governance and Quality Improvement Manager Louise Wilson, Director of Public Health Anna Wheelan Service Manager, Strategy and Partnership (C31)</p>
C25.	<p>Welcome and Apologies</p> <p>The Chair opened the meeting and noted thanks to Cllrs Steve Sankey and John Richards for their contribution over the years and welcomed Cllrs Ivan Taylor and Jean Stevenson as new members to the committee. In addition, and further to an NHS Orkney Non-Executive Director reshuffle, he thanked Joanna Kenny for her contribution and welcomed Meghan McEwan back to the Committee.</p> <p>Thanks, were also noted to Christina Bichan, NHSO Head of Assurance and Improvement for her incredible hard work over the years, in particular her pivotal role in producing our delivery plans and latterly the remobilisation plans. The Chair, on behalf of members, offered very best wishes to Christina in her new role.</p> <p>Apologies had been received from J Colquhoun, C Dare, M Dickson, and D Moody.</p>
C26.	<p>Declarations of Interest – Agenda Items</p> <p>No interests were declared in relation to agenda items</p>
C27.	<p>Minute of meeting held on 5 April 2022</p> <p>The minute of the Joint Clinical and Care Governance Committee meeting held on 5 April 2022 was accepted as an accurate record of the meeting and approved.</p>
C28.	<p>Matters Arising</p> <p>No matters arising were raised that were not already on the agenda</p>
C29.	<p>Action Log</p> <p>The Committee reviewed and updated the action log. (See action log for details)</p>

	<u>Governance</u>
C30.	<p>Whistleblowing Performance against Key Indicators – JCCGC2223 -14</p> <p>The Medical Director presented the report advising that NHS Orkney was required to monitor Whistleblowing concerns and performance against the key performance indicators. There had been no concerns raised under the Whistleblowing standards during the first quarter of 2022/23.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and took assurance from the information provided.</p>
	<u>Strategy</u>
C31.	<p>Orkney Child Poverty Strategy 2022- 2026 - JCCGC2223-15</p> <p>The Chief Officer introduced the strategy which had been provided to an earlier meeting in draft format, seeking a recommendation of Board approval.</p> <p>Members were advised 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. A multi-agency child poverty task force had been convened to address the new duty and subsequently incorporated into the Orkney Partnership Board as a short life working group. The Task Force had submitted action reports for Orkney since 2018/19 and the 2021/22 report was in preparation.</p> <p>A shortcoming noted in successive action reports had 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 task force had now developed the Child Poverty Strategy for Orkney, with a planning period of 2022 to 2026.</p> <p>The Chair welcomed that qualitative feedback that had already been incorporated, and that the second phase would further consult with children and young people.</p> <p>It was noted that correct signposting for children and their families was essential in ensuring that access to meaningful interventions took place and the right help was received in a timely manner.</p> <p>National work was ongoing, and Orkney would continue to take part in these discussions, acknowledging that cost of living was higher in rural island communities and that any national strategies needed to be appropriate for local circumstances.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and recommended Board approval.</p>

	<u>Clinical Quality and Safety</u>
C32.	<p>Quality Forum Chairs Report</p> <p>The Medical Director presented a verbal update from the April, May and June meetings of the Forum, with an emphasis across all three meetings on learning from significant adverse events, DATIX and Complaints.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update provided and took assurance from the information contained in the meeting notes.</p>
C33.	<p>Infection Control Annual Report JCCGC2223-16</p> <p>The Medical Director presented the Infection Prevention and Control Annual Report, advising that the Board received regular reports, and the annual report captured this activity across 2021/22.</p> <p>Members welcomed the report and the dedication and hard work of the team over a particularly challenging period. It was suggested that future reporting could be even wider when including data out with the hospital setting.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and took assurance from the information provided.</p>
C34.	<p>Care Home and Care at Home Assurance Update JCCGC2223-17</p> <p>The Interim Director of Nursing presented the report, offering assurance that the care delivered to those in receipt of care at home and in care homes was safe, effective and person centred. The report covered the period since the last meeting of the Committee in April 2022 and fulfilled the statutory requirement around assurance.</p> <p>It was noted that there were high levels of Covid-19 infection in the community which also affected care homes and care at home services, Problem Action Groups had been called to support all emerging challenging situations. Care home infection control audits continued to be undertaken monthly and strong working relationships facilitated preventative work to be carried out.</p> <p>Ongoing recruitment and retention challenges remained, this was a national challenge which was difficult to address due to the multifaceted aspect, but was being addressed locally in a timely, responsive, and creative manner wherever possible.</p> <p>Members noted that it would be beneficial for future reporting to expand and include further elements such as patient safety and further information around delayed discharge, ensuring a whole system approach to reporting. It was acknowledged that some of these aspects would be reported through the Performance and Audit Committee of the Integration Joint Board and that this specific element of reporting would continue in line with Scottish Government assurance requirements.</p>

	<p>Decision / Conclusion</p> <p>The Committee reviewed the report, took assurance from the content, and welcomed the collaborative approach being taken.</p>
C35.	<p>Dementia Annual Report April 2021 – March 2022 JCCGC2223-18</p> <p>Gillian Coghill, Clinical Nurse Specialist presented the report which linked to the Orkney Dementia Strategy 2020-25 setting out the 11 commitments to improve support and services.</p> <p>Members were advised that over the past two years the number of people diagnosed and offered post diagnostic support had decreased. The root cause was predominantly Covid-19 related in 2020, however this had been further compounded more recently by the challenges encountered regarding reduced capacity of consultant psychiatrist and locum consultant psychiatrist cover during the 2021/22. There was currently no sustainable mechanism in place for diagnosis and a Short Life Working Group had been established to address this as a matter of urgency.</p> <p>There had been some excellent collaborative developments between the Orkney Health and Social Care Partnership and third sector, including accessing additional funding, post diagnostic support, and support for younger people among other initiatives.</p> <p>Members noted several positive improvements in service provision and acknowledged that where there was crucial work to be done to support diagnosis, plans were in place to address this. The range of circumstances which meant pace had slowed were recognised and members 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.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and welcomed the positive joint working and whole system approach being taken.</p>
C36.	<p>Learning from Clinical Incidents Annual Report JCCGC2223-19</p> <p>The Medical Director presented the annual report on learning from clinical incidents and specifically the management of Significant Adverse Events (SAE). Members were advised that although the number of SAEs remained low, freeing up staff with competing clinical priorities, to investigate cases was often an obstacle to completing reviews within timescale.</p> <p>Members of the team actively participated in the national adverse events forum and supported the national drive for a consistent approach to identification, review, reporting and learning from adverse events through championing this within the weekly incident review group. It was essential that NHS Orkney had a confident and upskilled team to respond to investigations, this was an issue that was recognised nationally and there was willingness to consider a once for Scotland approach.</p>

	<p>Members were advised that development work was also underway with regards to the clinical governance team and the organisational structure around this.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and noted that more robust performance management information around the types, lengths and reasons for any delays would be useful in future reporting to provide greater assurance.</p>
C37.	<p>Duty of Candour Annual Report - JCCGC2223-20</p> <p>The Medical Director presented the report advising that Duty of Candour was a legal responsibility of all health and social care services in Scotland. When unintended or unexplained events happened that result in death or harm as defined in the Act, those affected must be made aware, understand what had happened and receive an apology. For the period 1 April 2021 to 31 March 2022 six events had been reported where duty of candour thresholds applied.</p> <p>It was queried how investigations were followed up and what support was available to staff, The Medical Director advised that this was around having correct structure and process in place so that staff were fully aware and also ensuring robust feedback was provided. Feedback was tracked individually in the DATIX system and shared more generically and widely through a number of channels across the organisation. It was noted that some issues also required a change in culture and this positive shift would take longer to embed.</p> <p>The Chair questioned whether any benchmarking exercises took place against other areas and was advised that there was no national consensus around this but as each Board published an annual report this information was available, and there would be opportunity to reflect on this moving forward.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and considered the implications for sustainable capacity and capability building for continuous quality improvement, investigation, learning from incidents and duty of candour.</p>
	<p><u>Medicines Management</u></p>
	<p>Area Drugs Therapeutic Committee (ADTC)</p> <p>The Medical Director advised that the Committee had not met recently due to several factors but had a meeting scheduled to reinstate business in August.</p>
	<p><u>Person Centred Care</u></p>
C38.	<p>Health Complaints and feedback report - JCCGC2223-21</p> <p>The Medical Director presented the report providing members with an update on recent performance relating to complaints and feedback for the period January to March 2022.</p>

	<p>Members were advised that the number of complaints received remained consistent to previous quarters, but some response deadlines had not been met due to the complex nature of the investigations and capacity issues. The report also contained some examples of the positive feedback and compliments received.</p> <p>Decision / Conclusion</p> <p>The Committee reviewed the report and the information provided.</p>
C39.	<p>Patient Experience Annual Report - JCCGC2223-22</p> <p>The Medical Director presented the annual report detailing how NHS Orkney had received, responded to, and acted upon feedback, complaints and engagement to help improve and develop services.</p> <p>It was noted that going forward the board wished to be more proactive around seeking feedback and understanding the needs of the community, the approval of the Clinical Strategy was the first stage in this wider consultative process.</p> <p>Decision / Conclusion</p> <p>The committee welcomed the report and future direction.</p>
C40.	<p>Social Work and Social Care Services' Experience Report JCCGC2223-23</p> <p>The Chief Officer presented the report which provided data around the experience of customers from 1 April – 30 June 2022.</p> <p>It was noted that due to the small numbers involved it was difficult to draw conclusions and that integration of reports would be beneficial. Members queried how assurance would be provided going forward and how the committee could get early sight of any potential themes and issues. The Chief Officer noted that actively seeking feedback from service users was a better way of gaining this data than reliance on retrospective complaints and compliments.</p> <p>Decision / Conclusion</p> <p>The committee reviewed the report and welcomed a broader aspect to collating feedback in the longer term.</p>
C41.	<p>Annual Social Work and Social Care Services' Experience Report JCCGC2223-24</p> <p>The Chief Officer presented the report providing members with the analysis undertaken by the Orkney Health and Social Care Partnership to review and measure the experiences their services provided.</p> <p>The report provided further analysis to provide some additional information, and it was noted that there was no one category showing as an outlier with complaints spread across several areas. It was important to recognise where learning was required but also to celebrate the success of services. To support this, additional information has been added to the report covering some examples of compliments and good news stories shared by the Orkney Health and Social Care Partnership's teams</p>

	<p>Decision / Conclusion</p> <p>The committee reviewed the report and the information this contained.</p>
	<p><u>Population Health</u></p>
C42.	<p>Public Health Update report JCCGC2223-25</p> <p>The Director of Public Health presented the update highlighting the following:</p> <ul style="list-style-type: none"> • There continued to be an increase in covid-19 infections across Scotland with most cases identified through lateral flow testing. • The main variants in the community were Omicron BA.4 and BA.5 • Covid-19 vaccination delivery continued alongside planning for delivery of the autumn campaign and vaccination rates remained high locally • A Short Life Working Group had been established to ensure that NHS Orkney was prepared to respond to Monkeypox cases in line with national guidance. • A national cervical screen incident had been identified in which individuals had been inappropriately excluded, NHS Orkney continued to engage and undertake the agreed actions <p>It was questioned whether capacity could be increased if there was an increase in demand around covid services and members were advised that contact tracing would be used in a specific and targeted manner if required and the current local position reflected that nationally.</p> <p>The concern was not around patient numbers but rather the fragility of services within a small Board and the ability to staff services and deliver care; business continuity plans around specific clinical pressures were in place.</p> <p>Decision / Conclusion</p> <p>The committee noted the information contained with the Public Health update.</p>
	<p><u>Organisational Performance</u></p>
C43.	<p>Organisation Performance Update</p> <p>The Chair explained that this section of the agenda was under review as the establishment of the Performance and Audit Committee of the Integration Joint Board had expanded and now covered some of this remit. There was a requirement to be clear around governance whilst avoiding duplication and striking a balance was essential. It was agreed that this would be discussed further at the November Development Session.</p> <p>The Director of Public Health noted the importance of focus on clinical implications and understanding any changes in demand and service provision.</p> <p>Decision / Conclusion</p> <p>The Committee noted the update provided and agreed that this would be discussed</p>

	<p>further at the development session, it was stressed that although duplication should be avoided this should not be at the detriment of understanding clinical implications and there must remain an emphasis on patient care.</p>
	<p><u>Risk and Assurance</u></p>
C44.	<p>Corporate Risks aligned to the Clinical and Care Governance Committee – JCCGC2223-26</p> <p>The Medical Director presented the paper which provided an update and overview of the management of risks related to the business of the Joint Clinical and Care Governance Committee. The following risks were highlighted:</p> <ul style="list-style-type: none"> • 509 - <i>Care and financial sustainability may be compromised should the current medical workforce model continue</i> – members were advised that the Consultant Obstetrician post had been recruited to and an interview date had been set for the Consultant Anaesthetist vacancy, recruitment to the Consultant Physician was ongoing. • 902 – <i>NHS INOC Medical Cover: There is a risk to the continuity and provision of medical cover to the INOC practices as a result of workforce challenges</i> – GP recruitment had been successful and alternative agency links were being used • 1040 – <i>Emergency Nurse Practitioners (ENP) Entitlement: There is a risk that ENPs currently have no entitlement to read images and act upon those findings under the Ionising radiation regulation and by doing so puts them outside their scope of practice</i> – Short term mitigations had been implemented alongside longer term training plans <p>It was noted that the issues in recruiting to the ferry linked isles were often wider resilience and accommodation issues and a suggestion made that this should be highlighted through the Orkney Partnership Board to ensure a collaborative approach.</p> <p>Decision / Conclusion</p> <p>The committee welcomed the update provided.</p>
	<p>Cross Committee Assurance Reports</p>
C45.	<p>Area Clinical Forum Chairs Report JCCGC2223-27</p> <p>The Chair presented the report from the 7 June meeting of the Forum highlighting that the GP Sub Committee had escalated an issue around the limited progress with Order Comms and the variation that existed creating risk across the organisation. Members had requested a further update from the e-Health lead at their August meeting.</p> <p>Decision / Conclusion</p> <p>The committee reviewed the report and welcomed further assurance in due course.</p>

C46.	<p>Ethical Advice and Support Group – Annual Chairs Report JCCGC2223–28</p> <p>The Chair presented the report noting that the current Terms of Reference remained applicable for 2022/23, and no amendments to these were currently proposed.</p> <p>There were no meetings scheduled for 2022/23, but the group remained available if any requests were forthcoming, to call meetings as and when required.</p> <p>Decision / Conclusion</p> <p>The committee reviewed the report</p>
C47.	<p>Emerging Issues</p> <p>There were no emerging issues raised.</p>
C48.	<p>Any other Competent Business</p> <p>No other business items were raised</p>
C49.	<p>Items to be brought to the attention of the Board or other Governance Committees</p> <p>It was agreed that the following items would be highlighted to the NHS Orkney Board:</p> <ul style="list-style-type: none"> • Dementia report including the positive messages and celebrating success • Recommendation of approval of the Orkney Child Poverty Strategy
	<p><u>Items for Information and noting</u></p>
C50.	<p>Schedule of meetings 2022/23</p> <p>Members noted the schedule of future meetings.</p>

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 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 7 October and 2 December 2022 and agreed the following key areas and agenda items that should be reported to the Board.

7 October 2022

- Primary Care Improvement Fund (PCIF)
- HEPMA

2 December 2022

- An update on the reformation of the Area Medical Committee
- Area Clinical Forum Chair and Vice Chair positions
- Shared Decision Making

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

Primary Care Improvement fund (PCIF)

Concerns were raised as a result of the PCIF allocation, with NHS Orkney allocated £0.00 for the upcoming year. There were concerns that this would have an effect on recurring funding, and this could ultimately have an impact on the services provided. The news has reduced staff morale, along with concerns that service improvement would not be possible as there would be no additional resources for areas such as substantive posts and development projects.

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

HEPMA have a defined timeline for the implementation of the web based prescribing tool. It was expected that implementation would begin in February 2023. Online training would be released to TURAS in December to ensure those with heavy clinical requirements can find an appropriate time in which to do the training. Using HEPMA may also aid in identifying traits within certain patient groups and so that investigations and research can be conducted to use this data to help both clinical staff and patients with their medicines and prescribing techniques.

Reformation of the Area Medical Committee

A revised Terms of Reference for the AMC was ratified by the ACF on 5 August having been approved by both the Hospital and GP sub committees. A call for office bearers was made via email and through the sub-committees and a date was arranged for an initial meeting: 23 November 2022.

Unfortunately, no nominations were received for AMC Chair or for the additional representative from each of the sub-committees. A discussion did take place with the small number of medical staff who did attend the meeting plus the ACF Chair.

It was strongly expressed that the lack of administrative support for the Hospital-sub was a problem for the sub-committee itself but it also discouraged engagement with a new AMC, which would be yet another committee for doctors to attend without clear purpose. Until the support for Hospital-sub is secured, the AMC is unlikely to succeed. The GP-sub have administrative support and it was agreed there should be equity.

There was discussion about matters in the past not being dealt with effectively which has led to some staff feeling that engaging would not be worthwhile. The recently established ACF Escalation Log, which tracks matters raised to the ACF and to the Board to ensure they are not lost, was highlighted. The AMC and sub-committees provides an established process for doctors to provide clinical advice to the Board.

Executive attendance at AMC and the sub-committees is welcomed and encouraged, although it may be appropriate for the relevant Associate Medical Directors to deputise. This presence allows timeous responses to questions around matters raised and may also assist agenda setting and strategic focus. However, it is not expected that an executive would hold the position of Chair as this may create a conflict when escalating matters to the ACF or Board.

An increase in substantive medical staff will improve our stability and therefore our ability to fulfil the various non-clinical elements of work, including the office bearers of the advisory committees. However, this relies on appropriate job planning and protected time (or backfill/remuneration in some cases) to do the work and the constitution of each committee should reflect this.

At the meeting of the ACF on the 2 December, members agreed to raise this matter to the Board to note the intention to secure administrative support for the Hospital-Sub Committee before undertaking any further attempts to reform the AMC and seek reaffirmation of the executive support around enabling clinicians to contribute to our Advisory Committees.

Once the 2 points above are progressed, an interim arrangement has been agreed where the Chair of each sub-committee will alternate in the Chair of AMC until a permanent Chair is elected.

ACF Chair and Vice Chair

Steven Johnston was re-elected as Chair of the Area Clinical Forum from 1 January 2023 and will continue as a non-executive member of NHSO Board, subject to Ministerial approval. The term will be for a further 2 years, totalling 8 years in post and therefore a new ACF Chair will be sought from 1 January 2025.

The ACF remains without a Vice-Chair and with no nominations received further work is required to encourage participation with the advisory committees and also allow for succession planning. As part of a wider piece of work planned around clinical engagement, it is hoped to identify potential staff to take on the role.

Realistic Medicine - Shared Decision Making

The ACF discussed the new SIGN*-endorsed, NICE** guideline on Shared Decision Making which links to Realistic Medicine. Members felt it important that this guideline was widely disseminated to clinicians and arrangements are being made to table it for discussion at each of the advisory committees and the Quality Forum. Rolling out national guidance and measuring compliance is a challenge across all Boards however, ACF welcome plans locally to develop a Healthcare Assurance and Governance Quality Improvement Framework which will support all improvement activity, including the handling of guidelines.

The ACF felt that some public communications around shared decision making would be useful as well as ongoing media around expectations of the healthcare which can be realistically delivered in our present situation. If patients and the wider public are well informed around this, it may reduce the strain on services and allow focus on the treatment and interactions of most value.

*Scottish Intercollegiate Guideline Network

**National Institute for Health & Care Excellence

2.3.1 Quality/ Patient Care

By providing adequate committee support to the clinical committees, it will allow for more clinical time and alleviate ongoing administrative workload. Having a means for clinical advice to reach the Board is vital.

2.3.2 Workforce

Protected time for clinicians to engage with the advisory committees is required and for the hospital-based medical workforce, this requires Job Planning.

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 meetings 7 October and 2 December 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 5 August 2022
- Approved minutes of the Area Clinical Forum meeting held on 7 October 2022

Orkney NHS Board

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

Present: Steven Johnston – ADC, Chair
 Kirsty Cole, GP Sub Committee
 Sylvia Tomison, NAMAC
 Penny Martin, TRADAC
 Rhona Harcus, TRADAC
 Lindsay Steel, APC

In Attendance: Mark Henry, Medical Director
 Meghan McEwen, Board Chair
 Freddie Pretorius, Committee Support

53 Apologies

Apologies were received from David Campbell, Stephen Brown, Dawn Moody, Wendy Lycett, Nigel Pendrey

54 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

55 Minute of meeting held on 7 June 2022

The minute from the meeting held on the 7 June 2022 was accepted as an accurate record of the meeting and was **APPROVED**.

56 Matters Arising

No items were raised by members under Matters Arising.

57 Area Clinical Forum Action Log

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

58 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.

59 Chairs Reports:

59.1 Board

S Johnston, Chair, circulated an update report to all members following the NHS Orkney Board meeting on 23 June 2022 and provided an overview of the areas pertaining to ACF members:

- Annual Accounts were approved with financial targets met
- A positive update was received on progress with the Joint Inspection for Children and Young People with several development areas identified
- The Clinical Strategy was approved

8.4.1

- The annual Whistle Blowing Report presented with a sparse number of concerns raised
- Covid-19 vaccination uptake remains strong, although cases had continued to rise in both Orkney and Scotland as a whole
- The Financial Sustainability Office identified significant levels of recurring and non-recurring savings through staff engagement

Areas raised during the meeting:

- Reformation of the AMC
- Order comms and EPR issues were recognised. The eHealth lead would come to an ACF meeting to elaborate
- The Non-Residential Accommodation Group welcomed reviewing available spaces as a whole in The Balfour, although absence of key staff was noted at this meeting

59.2 ACF Chairs Group

There was no update available as there was no meeting held. The next meeting would take place on 08 September 2022.

60 **Governance**

60.1 Area Medical Committee – SBAR Report

Decision: APPROVED

60.2 Area Medical Committee - Revised Constitution

Decision: APPROVED

60.3 Area Medical Committee – Proposed Timetable

Decision: APPROVED (although it was noted that the dates were subject to change to suit best attendance)

61 **Scottish Representative Visit (16-17 August)**

Humza Yousaf, Cabinet Secretary for Health and Social Care, to visit The Balfour on 16-17 August 2022. S Johnston queried whether members would like to be involved in the meetings scheduled. Participation was encouraged, to teams to ensure representation of all service areas.

Decision / Conclusion:

Members **NOTED** the verbal update provided.

62 **Development Sessions**

62.1 **ACF Development Session 08 July 2022: Session Cancelled**

The July development session was cancelled due to low availability of members, as a result of annual leave and sickness absence and limited capacity to plan the session.

62.2 **Topic for Next Session: 02 September 2022**

Members suggested the following topics for the next ACF development session:

- Clinical accommodation and the surrounding issues

8.4.1

- eHealth: Progress updates on the various projects underway and Digital Champions needing to be utilised

63 Professional Advisory Committees

63.1 Area Dental Committee – ADC

There were no ADC meetings held over this period and no report was submitted.

63.2 Area Pharmaceutical Committee – APC

There were no APC meetings held over this period, no update provided.

63.3 GP Sub-Committee – ACF2223-13

No items were brought to the meeting.

Members **NOTED** the GP Sub Committee minutes provided.

63.4 Hospital Sub-Committee

There were no Hospital Sub Committee members present to provide an update.

63.5 NAMAC

Issues surrounding recruitment and retention were of concern. The Chair of TRADAC queried who would be best to discuss workforce planning with. S Johnston endeavoured to feedback to S Tomison regarding nursing recruitment and retention.

There was no report submitted for this period.

63.6 TRADAC

There was no report submitted for this period.

64 Items to be Brought to the Attention of:

64.1 Board

- Children's Services Issue: Children's Service Manager Post not appointed to
- Reformation of the AMC
- Green Inhaler Policy project within the Green Prescribing Initiative

64.2 Governance Committees

There were no items to be raised.

65 Items to be Communicated with the Wider Clinical Community

It was **AGREED** that the ACF newsletter from the previous meeting would be circulated. S Johnston to collect information around eHealth and feedback to ACF.

66 Any Other Competent Business

66.1 Green Inhaler Policy

L Steel updated ACF that the new green inhaler policy was presented to ADTC and then GP Cluster group to subsequently be dispersed. It was reported that the initiative is in line with green prescribing requirements and comparable national projects throughout the UK. By engaging in this, NHS Orkney could reduce paper waste, admin time, patient time and mitigates risks to both patients and staff.

66.2 Children Services

P Martin raised concerns as there was no children's services manager in post. A new job description was to be developed. There were reports of significant negative impacts due to the lack of a service manager with staff members unsure who should sign certain actions off and the appropriate hierarchy structure.

M McEwan acknowledged the issues and stressed the importance of understanding lines of communication, particularly within children's services and the interactions between the council and NHS Orkney. It was suggested that the management structure should be sitting with the IJB.

P Martin stressed that this is having a severe impact on services and that the board should be aware.

M Henry agreed and acknowledged there are several issues.

66.3 ASD & ADHD Referrals - Pediatric Neurodevelopmental Pathway

P Martin informed members that the new pediatric neurodevelopmental pathway work had been paused due to gaps in leadership. Schools had reported that they felt unable to refer patients into these pathways. It was discussed that the current available information misleads the community as the school could refer the patient themselves. K Cole stressed that communications should be shared with schools to explicitly explain the referral process of suspected ASD or ADHD and that there is no difference between the doctor, and the teacher referring the patient, nor does this affect the speed that a child is seen. It was suggested that the schools would often have a larger volume of data on the patient, of which the GP would be unable to attain in a single appointment. It was established that there were currently only 6 WTE in post, but more staff would be needed as there are growing concerns regarding children's services being stretched. P Martin agreed with K Cole regarding the referral process and the preference for the school to complete the referral.

Decision: P Martin **AGREED** to take this forward with educational psychologists

66.4 Radiology: MSK Physio Practitioners Requesting X-Rays

The newly appointed radiographer was looking into the issue regarding MSK Physios' being able to directly request an x-ray without prior approval by a clinician and would hope to update ACF in due course.

67 For Information and Noting

67.1 Key Legislation Issued – ACF2223-14

Members **NOTED** the key legislation issued since the last meeting.

67.2 Correspondence

No correspondence had been received.

67.3 Quality Forum Approved Minutes – 12 May 2022 & 14 June 2022

Members noted the Quality Forum minutes provided.

8.4.1

67.4 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

67.5 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 13:31

Orkney NHS Board

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

Present: Steven Johnston – ADC, Chair
 Kirsty Cole, GP Sub Committee
 Sylvia Tomison, NAMAC – Left 13:35
 Penny Martin, TRADAC

In Attendance: Des Creasey, Non-Executive Director
 Freddie Pretorius, Committee Support
 Dawn Moody, Clinical Director, Primary care
 Russell Mackay, Specialist Clinical Pharmacist
 Debbie Lewsley, Clinical Governance Facilitator
 Judy Sinclair, Information Governance

68 Apologies

Apologies were received from Stephen Brown, Nicola Muir, Wendy Lycett, Mark Henry, Rhona Harcus, Nigel Pendrey, and Mary Moore.

69 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

70 Minute of meeting held on 05 August 2022

The minute from the meeting held on the 05 August 2022 was accepted as an accurate record of the meeting and was approved.

71 Matters Arising

No items were raised by members under Matters Arising.

72 Area Clinical Forum Action Log

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

73 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.

74 Chairs Reports:**74.1 Board – ACF2223-15**

S Johnston, Chair, circulated an update report to all members following the NHS Orkney Board meeting on 25 August 2022 and provided an overview of the areas pertaining to ACF members:

- Newly established forensic services for adults
- The Child Poverty Strategy 2022-26 was approved
- The Information Governance Strategy was approved
- Cost pressures were identified due to inflation levels and additional staffing in dialysis
- Scottish Government set targets to reduce the longest waits for outpatient and inpatient services

Areas raised during the meeting:

- The reformation of the AMC
- Concerns regarding the current absence of a Children's Services manager and the resultant halt on the Neurodevelopmental pathway work
- Low rates of compliance in induction, and a low rate of appraisals were reported through the Staff Governance Committee

74.2 ACF Chairs Group

No update was available as no meeting was held.

75 Governance**75.1 Healthcare Assurance and Governance Quality Improvement Framework (HAGQIF) – First Draft**

D Lewsley and J Sinclair gave a presentation and show cased the new interactive document that would make it easier for users to navigate and use intuitively. A final and complete presentation would be given at the next ACF meeting.

Decision/Conclusion

Members noted the progression of work and the presentation provided.

76 Frailty Project Update

D Moody gave an update on the project: The workshop last year set out to identify the priorities that were thought to make some improvement for people living with frailty, focusing on areas that the most difference could be made quickly. The key aspect of the frailty project were early identification of people with frailty, detailed assessment of frailty, and then a suit of actions that would be appropriate for people with frailty. There was a focus on the proactive preventative care such as promoting healthy aging to prevent frailty including physical health, preventing and managing frailty syndrome, rehabilitation, and reablement. A multi-disciplinary approach to these area's would aid in enabling independence at home. Through this workshop, it was also identified that a systemic identification of frailty could be helpful.

Decision/Conclusion

Members noted the update provided.

77 HEPMA - Hospital Electronic Prescribing and Medicines Administration

R Mackay gave a presentation to members:

Care flow medicines management was the new web-based system for prescribing. R Mackay guided members through the new process with supporting presentation slides that were made available upon request.

Advantages from this system include: No illegible handwriting, a reduction in Datix's, safety warnings when prescribing to ensure no drug conflicts occur, and further reporting capabilities.

Project due to be completed in January 2023

Concern raised around staff training; R Mackay reassured members, further explaining that the training strategy for HEPMA was signed off in October 2022. There was an understanding that prioritisation for nurses and clinicians is crucial as they would be the staff using it the most. Learning modules on TURAS would be made available from December, ahead of the proposed launch in 2023.

Members queried from a Primary care perspective if this system help with medicines reconciliation back at the point of discharge, back into Primary care, and back into GP systems. R Mackay advised that the HEPMA system would not solve this problem, but this could aid in alleviating some pressures.

D Moody offered advice from experience in a previous role with another health board; A similar system was introduced at a previous place of work where this did reduce discharge issues, it is hoped the same would translate to the application of HEPMA in Orkney. D Moody suggested that data from patterns of missed and delayed doses made audits much more meaningful as one could more easily identify which individuals needed more training, and support.

S Johnston suggested this topic would be a valuable agenda item for the AMC. S Johnston added that the data from HEPMA could assist the Quality Improvement Hub.

Decision/Conclusion

Members noted the progression of work and the presentation provided.

78 Development Sessions**78.1 ACF Development Session: 02 September 2022 – ACF2223-16**

The September development session was cancelled due to low availability of members as a result of annual leave and sickness absence.

78.2 Topic for Next Session: 01 November 2022

Members suggested the following topics for the next ACF development session:

- HAGQIF

79 Professional Advisory Committees**79.1 Area Dental Committee – ADC**

There were no ADC meetings held over this period and no report was submitted.

79.2 Area Pharmaceutical Committee – APC

There were no APC meetings held over this period and no report was submitted.

79.3 GP Sub-Committee

A verbal report was given.

NHS Orkney was allocated £0.00 as part of the Primary care Improvement Fund. This comes with disappointment from General Practitioners as it is believed that this is removing future funding from the service and has ultimately reduced staff moral as a result. The expectation is that the GP's would fulfil their contract without any additional funding for the next year for the service. NHS Orkney is the only board in this position.

Decision/Conclusion

Members noted the included minutes from meetings held on 15 June 2022; 20 July 2022.

79.4 Hospital Sub-Committee

Members noted the included minutes from meetings held on 16 June and 18 August 2022.

79.5 NAMAC

Members noted the included minutes from meetings held on 29 June and 27 July 2022.

79.6 TRADAC

Members noted the included minutes from meetings held on 16 June and 18 August 2022.

80 Any Other Competent Business

80.1 ACF Office Bearers

The Vice Chair position remained vacant; however, elections for office bearers of the ACF would occur in December.

80.2 CEO Stakeholders Event

Members raised that clinicians should have the opportunity to be a representative at the upcoming CEO Stakeholders Event to participate in discussions with the candidates.

81 Items to be Brought to the Attention of:

81.1 Board

- Primary Care Improvement Fund
- Children's Services Manager
- HEPMA
-

81.2 Governance Committees

There were no items to be raised.

82 Items to be Communicated with the Wider Clinical Community

There were no items to be raised.

83 For Information and Noting

83.1 Key Legislation Issued – ACF2223-24

Members noted the key legislation issued since the last meeting.

83.2 Correspondence

No correspondence had been received.

83.3 Quality Forum Approved Minutes

Members noted the minutes from meetings held on 12 July 2022; 09 August 2022.

83.4 Schedule of Meetings 2022/23

Members noted the schedule of meetings for 2022/23.

83.5 Record of Attendance

Members noted the record of attendance.

Meeting Closed: 14:07

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	NHS24 Assurance Report
Responsible Executive/Non-Executive:	Stephen Brown, Chief Officer
Report Author:	Maureen Firth Head of Primary Care Services

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of winter planning and to increase resilience across our ferry linked isles it was proposed we look at implementing NHS24 across the isles in line with patients on the Orkney mainland. This was initially planned to take place from Monday, 5 December. Although NHS24 is in place in the Orkney mainland and the rest of Scotland, including other island groups, the level of fear and anxiety across the island communities and, indeed, some clinicians working on those isles about this proposed change has been significant.

2.2 Background

Currently residents on the ferry linked isles, when in need out-of-hours care, phone the Balfour Switchboard who pass on the details to the clinician on call. This arrangement

often works well and very effectively as, in most instances, someone needing advice or even a face-to-face consultation can receive this quickly and with a clinician likely to know them well.

Due to current workforce pressures, however, this arrangement is not always available for some islands at some times. We have increasing vacancies across the isles, and are currently out to advert for 3 GPs, 4 Advanced Nurse Practitioners, and 3 Community Nurses. Some of these posts have been advertised, without success, on a number of previous occasions. In covering these significant gaps, the Primary Care Team is spending significant time trying to fill these gaps with locum cover. Unfortunately, the recruitment issue is not just a local one and the same situation is being felt across the whole of Scotland and the team is competing with all other Board areas for staff from a finite pool. As a result, occasionally we have been unable to find the locum cover required and we have had to ask NHS24 to cover with support being given mostly by OOH GP on Orkney mainland.

Given the increasing need to seek support from NHS24, colleagues from that organisation have highlighted that a more consistent use of their service across the isles would help them improve the quality of the response they can provide, and that the current ad hoc nature of their utilisation prevents them from doing this. A wholesale move to NHS24 across the ferry-linked isles would allow for a more seamless service, would enable NHS24 to gain an improved understanding of the geography plus they would be able to provide additional support from mental health, pharmacist colleagues. An initial proposal of how the service would work that still allows patients to see their own GP on island, if available, after being initially triaged, has been developed with NHS24 colleagues. This would allow patients to always know who was covering out of hours as at the moment it can be difficult to update patients when there is no on-island presence and no easy way of telling them that NHS24 will be covering that evening.

2.3 Assessment

We have encountered strong resistance to this proposal both from some of our clinicians and also from communities. We have held individual discussions with each island clinician and held meetings with all 10 Community Councils and Councillors who represent the isles. At the current time we have agreed to postpone the proposed implementation in order to work through, with clinicians and communities, what the risks are relating to the current arrangements, the benefits and drawback of rolling out NHS24 to the ferry-linked islands, and what other options may be possible to address the safety, resilience and consistency issues currently experienced.

A range of concerns have been highlighted including lack of confidence in the NHS24 service in England, fear of lack of local geographical knowledge, fear NHS24 won't

understand the Orcadian dialect and that GPs will be called out later into the evening as it will take patients longer to have that initial discussion and triage.

Following individual meetings with the isles clinicians, whilst the majority raised concerns there were some who recognised the need for change and are happy to go with the proposal as long as we audit and review regularly and some that are explicitly seeking the change as they are looking for the additional support and security that NHS24 could bring.

2.3.1 Quality/ Patient Care

The proposed implementation of utilising NHS24 during the winter period would provide a seamless service that all patients could access thus reducing risk of some patients not knowing which service is covering them. This also provides patients with access to additional services. To date we have little data around the number of out of hours contacts on the Isles nor the governance to respond to complaints. By using NHS24 we will have robust data plus all call are recorded thus allowing us real time data if required at least during the out of hours periods.

2.3.2 Workforce

The implementation of NHS24 will reduce and remove the current responsibility from the current workload of switchboard. There will be a small additional ask from reception at ED to close any calls down. Discussions have been held with Medical Records who say this will not be an issue at all. On island clinicians may be inconvenienced by having calls put through to them slightly later than currently. These clinicians do receive on call uplifts with the GPs receiving an enhancement for covering over-night and the Nurse Practitioners being paid the on-call uplift as outlined via Agenda for Change. Some staff have highlighted the fact that the more robust arrangements that NHS24 brings will pick up if they don't close a call, enhancing their safety if visiting as lone working practitioners.

2.3.3 Financial

There are no financial implications directly arising as a result of this report.

2.3.4 Risk Assessment/Management

Risk Assessments are currently undertaken whenever there is a gap of GP or Advanced Nurse Practitioner to minimise risk where possible. There have also been risk assessments undertaken around the current situation and need to move to NHS24, as well as one around the risk if we do move across.

2.3.5 Equality and Diversity, including health inequalities

By moving all islands onto NHS24, and not just those with vacancies, ensures equality across all the isles and also the mainland of Orkney. NHS24 have their own impact assessment that has been carried out and this includes use of language line for those patients who have difficulty with English as their first language plus they have dedicated services for those patients with sight or hearing difficulties.

All patients would continue to be reviewed by their own on island clinician if they were available and who would still have access to their own patient notes.

2.3.6 Other impacts

Throughout this communication process it has come to light that historically these island communities have been advised by some clinicians to not phone 999 in the case of an emergency but to contact them first by calling switchboard. As a result, the move to NHS24 has understandably caused even greater concern within community settings who thought this now meant they would have to queue to speak to an advisor before they contact their clinician in an emergency situation.

This proposal sits outside the realm of emergency care. We are currently now having separate discussions with communities and clinicians about the need for patients, in emergency situations, to phone 999 in the first instance. This allows air ambulance to be scrambled at the earliest possible stage if required and, as per agreed protocol with Scottish Ambulance Service, the on-island clinician to be called to attend. This process takes the onus off switchboard operatives at the Balfour acting as 999 operators and the risk associated with this.

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 this has been carried out and note any meetings that have taken place.

- Initial meetings held with NHS24, Scottish Ambulance, and ED before proposal was issued.
- Isles Joint Community Council Chairs meeting, 7 November 2022.
- Isles Councillor, NHS24, Scottish Ambulance Service and Primary Care meeting, 17 November 2022.
- Follow up Isles Joint Community Council Chairs meeting, 23 November 2022.
- Follow up meeting with all Isles Clinicians on Wednesday 7 December 2022.
- Follow up Isles Joint Community Council Chairs meeting, 13 December 2022.
- Individual meetings with Isles Clinicians, over three week period in November 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.

- The need to consider review of Isles Model was discussed at Integration Joint Board, February 2022.

- The current risk around increasing need to use NHS24 and concerns around lack of available locum cover was raised by all members of Primary Care Management team to members of EMT in April 2022.
- The current recruitment issues on the isles and our reliance on locums sits on the Corporate Risk registers.

2.4

Recommendation

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

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Chairs Report – Staff Governance Committee
Responsible Executive:	Lorraine Hall, Interim Director of Human Resources
Report Author:	Joanna Kenny, Chair of the Staff Governance Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

The Staff Governance Committee met on the 24 August and 23 November 2022 and agreed the following key agenda items should be reported to the Board

24 August 2022

- Concerns around the low rates of staff appraisals across the organisation
- 6 Monthly report on Induction Compliance
- Board iMatter results

23 November 2022

- Consideration as to whether appraisal rates could be added to Board performance reporting

2.3.1 Assessment

The Staff Governance Action Plan

Consists of 40 areas of activity across each of the pillars of the Staff Governance Standard: (Appropriately Trained, Continuously Improving Safe Working Environment, Involved in Decisions, Treated fairly and consistently, with dignity and respect, Well Informed) is progressing well and is on track to deliver the aim of 90% of in year actions delivered.

Appraisal rates

Members received the quarter 1 workforce report and noted from the report the current low rates of staff appraisal across the organisation. The Committee discussed their concerns and sought further information to understand the current position and barriers. It was agreed that these concerns would be escalated. The Chair of the Committee via the Interim Director of Human Resources has escalated this to the Interim Chief Executive and the Executive Management Team.

At the November meeting it was discussed whether consideration could be given to adding current appraisal rates to the Board performance report going forward to ensure the Board remained sighted on performance.

Induction Compliance

Members were provided with a 6 monthly report on induction compliance, noting the appropriateness of the current online delivery method would continue to be monitored. This would be progressed through a short life working group taking best practice into consideration to ensure appropriate and meaningful engagement and eliminate risk.

Board iMatter

Members reviewed the report and noted the areas to celebrate along with areas that required some improvement through specific actions within teams and Board wide action planning.

- Members noted that the employee engagement score has increased from 70% (2021) to 72%
- across all of the strand scores, aligned to the five pillars of Staff Governance our weighted index value has increased
- Out of the 28 questions asked of staff 24 of the responses are in Strive and Celebrate and.
- Our overall experience score has increased from 6.2 (2021) to 6.4 out of 10 in 2022

Out of the 129 teams that are set up in the iMatter system between Health and Social Care, 114 received a report (88%). At the time of reporting to the Staff Governance Committee 31% of Teams had completed their action plan, this has now increased to 49% and colleagues have been reminded of the importance to continue to action plan.

The Board's overarching iMatter report is attached as an appendix for 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.

- Staff Governance Committee meeting 24 August 2022
- Staff Governance Committee meeting 23 November 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Staff Governance Committee 8 June 2022
- Board iMatter report
- Approved minutes of the Staff Governance Committee 24 August 2022

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday, 8 June at 10:30am**

Present: Joanna Kenny, Non-Executive Board Member and Chair
Martha Gill, Vice Chair
Michael Dickson, Interim Chief Executive
Lorraine Hall, Interim Director of Human Resources
Kate Smith, Partnership Representative
Jason Taylor, Non-Executive Board Member

In Attendance: Matt Macleod, Health and Safety Manager
Steven Phillips, Human Resources Manager
Ingrid Smith, Human Resource's Manager
Heidi Walls, Committee Support

Observing: Des Creasey, Non-Executive Board Member (observing)

S1	<p>Apologies</p> <p>Apologies for the meeting were noted from Mary Moore, Emma West and Ryan McLaughlin</p>
S2	<p>Declaration of Interests – Agenda Items</p> <p>There were no declarations of interest in relation to agenda items</p>
S3	<p>Minute of meeting held on 24 November 2021</p> <p>The minute of the Staff Governance Committee meeting held on 24 November 2021 was accepted as an accurate record and approved, subject to the following:</p> <p>Item S61, page 3, end of first paragraph amended to read <i>“Trauma Risk Management (TRiM) practitioners</i></p> <p>Item S67, page 5, last paragraph amended to read <i>“J Taylor advised that an update in response to a specific enquiry would be submitted...”</i></p>
S4	<p>4 Matters Arising</p> <p>There were no matters arising</p>
S5	<p>5 Action Log</p> <p>The Action Log was reviewed, and corrective action agreed on outstanding issues (see Action Log for details).</p> <p>Members agreed outstanding items on the action log could be marked as complete as they had been captured at that time to ensure committee members were aware and engaged to show leadership on key areas.</p>

	<ul style="list-style-type: none"> Proposed areas for development session work were noted as: I Matter Trauma Risk Management (TRiM) Refresh of role and remit of the committee and Staff Governance Standards Workforce and recruitment with focus on key areas such as succession planning & ethical recruitment
S6	<p>Chair's Report from the Board</p> <p>The Chair provided a verbal update from the meeting of the NHS Orkney board held in April 2022, noting the agile governance arrangements in place earlier in the year. The following key points were highlighted:</p> <ul style="list-style-type: none"> An update on DHI which noted the successes and the challenges going forward Improvements in the visibility of the Executive and Senior Management Teams Mental Health Team recruitment success highlighted in the Joint Clinical and Care Governance Committee Chairs Report Dental and GP vacancies and recruitment challenges <p>L Hall confirmed changes to ensure the repeat of identical adverts was avoided had been implemented</p> <p>Decision / Conclusion</p> <p>The Committee noted the Chairs update</p>
S7	<p>Virtual Item Log SGC2223-01</p> <p>Members received the virtual item log which captured items transacted by committee members during agile governance arrangements implemented on 17 December 2021</p> <p>Decision / Conclusion</p> <p>Members reviewed and ratified the items approved virtually during the agile governance period</p>
S8	<p>Staff Governance Action Plan 2021/22 – SGC2223-02</p> <p>The Interim Director of Human Resources presented the end of year 2021-22 Staff Governance Action Plan with focus areas which linked to the 5 pillars of the Staff Governance Standards. It also included a narrative on progress and noted the outstanding elements which would be moved into next year's plan. The following points were also highlighted:</p> <ul style="list-style-type: none"> Appointments within the Health and Safety team and examples of work on moving and handling and violence and aggression prevention training across the organisation. Sickness absence rates which were in line with the national average, with musculoskeletal and stress/anxiety identified as key areas. Interventions such as CBT to upskill staff to enable and support staff to help themselves planned Significant work on management training bundles to support team leaders and equip them with a range of skills. Noted as particularly important to ensure that additional skill sets that may be required when clinical staff promoted into managerial roles are identified and training provided as appropriate

	<ul style="list-style-type: none"> • Partnership working with Area Partnership Forum, Occupational Health and Safety Committee, Wellbeing and Communication groups • Actions to ensure staff know where the organisation is going whilst also providing opportunities to listen to what staff think. An additional element of good organisational communication is to empower staff to access systems for raising concerns or whistle blowing. <p>The chair acknowledged the team effort, welcomed the progress made and commended the simplified form and narrative approach of the plan.</p> <p>Members considered whether more proactive advertising of management vacancies to include a requirement to evidence the additional skillsets required would be an option to ensure new staff were appropriately equipped from the start.</p> <p>It was confirmed that specific competency based questions were already used at interviews and individual role induction, separate from Corporate induction, was highlighted as a more appropriate area for improvement.</p> <p>Ensuring new team leaders are welcomed and supported and provided with the information and guidance required to navigate specific role, team, department and organisational systems, procedures and line management responsibilities was noted as vital to successful onboarding. Members agreed that improving first impressions of new staff was key to a positive start and was often an overlooked element particularly for internal appointments as assumptions could be made about levels of pre-existing skills, knowledge and understanding.</p> <p>It was confirmed that further to member feedback, improvements to document formatting and clarification of acronyms had been implemented and education support for chairing meetings was planned and the TURAS module on developing chair skills was highlighted as useful.</p> <p>The chair looked forward to the achievement of a mature learning culture and the opportunities it should provide to grow local talent and succession plan.</p> <p>A recent example of collaborative work on appraisal, where members of the HR and education teams completed a joint test of change and delivered training to nursing teams, was highlighted</p> <p>Decision / Conclusion</p> <p>Members approved the end of year Staff Governance Action plan for 2021/2022</p>
S9	<p>Staff Governance Action Plan 2021/22 – SGC2223-03</p> <p>Members received the Draft 2022-2023 Staff Governance Action Plan which included actions in response to Scottish Government Feedback on the Staff Governance Monitoring Return for 2021. The report proposed a stretching draft action plan (with some activities spanning over a one year period) that continued to move the organisation forward. The following points were highlighted:</p> <ul style="list-style-type: none"> • Improved and more accessible format

	<ul style="list-style-type: none"> The plan was a live document drafted against the 5 pillars within the Staff Governance Standard and any developments and changes would be completed in partnership The Importance of workplace assessments and coaching to ensure learning carried forward and maintained <p>It was confirmed that moving and handling training had been classroom focussed but as noted in point 5 on page 7 of the plan, workplace observation, assessment and intervention was also a vital part of the process. The Health and Safety manager explained that workplace assessment and coaching was a requirement of the Scottish Moving and Handling Passport scheme to ensure staff remained up to date with their skills.</p> <p>Suggestions regarding the inclusion of performance metrics around grievance and other related processes, requests for clarity regarding the roles of equality diversity and wellbeing champions were noted and it was agreed further information on the RGU biannual symposium could be provided.</p> <p>Decision / Conclusion</p> <p>Members approved the 2022/2023 Staff Governance Action plan and looked forward to receiving the next update.</p>
	<u>Governance</u>
S10	<p>Remuneration Committee Annual Report – SGC2223-04</p> <p>Members received the Remuneration Committee Annual Report</p> <p>Decision / Conclusion</p> <p>Members reviewed the update and took assurance</p>
S11	<p>Area Partnership Forum Annual Report– SGC2223-05</p> <p>The Vice Chair presented the Area Partnership forum Annual Report, which along with the included minutes provided a good overview of the business undertaken. It was noted that the forum was now back up and running after being stood down during agile governance arrangements.</p> <p>Decision / Conclusion</p> <p>Members reviewed the update and took assurance</p>
	<u>Organisational Culture</u>
S12	<p>Workforce report – SGC2223-06</p> <p>The Human Resources Manager presented the Workforce report for quarter 4, highlighting the key points noted in the assessment section on page 2 of the update provided.</p>

	<p>Meetings with managers and targeted sickness absence training were some of the mitigations described to improve data accuracy which had led to 'unknown' being recorded as the most common reason for sickness absence.</p> <p>It was confirmed that sick notes including absence reason were received and that data logging issues had been identified as the main issue. An improvement in the next update was anticipated.</p> <p>Improvements in statutory and mandatory training compliance were welcomed.</p> <p>The Human Resources Manager confirmed additional data to support understanding of the following highlighted issues could be provided going forward: the impact of missed Occupational Health appointments on staff absence, the relationship between the number of job applicants versus the number of staff appointed and appraisal rate expectations.</p> <p>Members were advised that appraisals were on a 12 month cycle and as a two way process it was everyone's responsibility to engage. However, it was also important to understand the barriers in place and be aware of an underlying culture that appraisals don't get done. It was confirmed that NHS Orkney were in the bottom half of the table for appraisal rates across the country and that further work around engagement, delivery and monitoring was required.</p> <p>Members noted the rise in long term sickness absence (longer than 29 days) and were advised the figures did not include long covid special leave data. It was also confirmed that a national move away from recording covid absence under special leave was anticipated by the end of August or September 2022. Members were assured that a person centred approach and staff side involvement would be central to any transition plans.</p> <p>Members welcomed the dashboard format but sought clarification of the colour coding plus additional vacancy information noting it would be useful to see how many posts remain unfilled. Identification of areas with absence issues was also requested.</p> <p>Members were advised that the purpose of a dashboard report was to provide a high level overview and were cautioned against steering reporting down a disproportionately time consuming and data driven route to represent individual's areas of interest. Annually identified areas for more specific and detailed analysis was a suggested alternative option to finding a balanced approach.</p> <p>In response to queries regarding the offer to start date timescale in table 5 on page 17 of the workforce report members were advised that the recruitment team took a proactive approach to seeking reference and associated employment checks and that local processes outwith the team had an impact.</p> <p>Decision / Conclusion</p> <p>Members noted the update.</p>
S13	<p>Draft Integrated Workforce Plan– SGC2223-07</p> <p>The HR Manager presented an update on the Draft Integrated Workforce plan noting the partnership working with Health and Social Care and the timeframe for submission to Scottish Government by 31 July with feedback expected by early Autumn 2022.</p>

	<p>The operational workforce plan template, produced to help service leads, had been well received and the HR Manager continued to support colleagues through the process.</p> <p>It was noted that some teams had been very clear on their direction whilst others were less so, but the template had proved helpful and all involved had been aware and mindful of the financial restraints, the clinical strategy and the Healthcare Staffing Act.</p> <p>Decision / Conclusion</p> <p>Members noted the update.</p>
S14	<p>Whistleblowing Annual Report – SGC2223-08</p> <p>The Interim Director of Human Resources presented the Whistleblowing Annual report which showed the total number of concerns raised and the subsequent activity and actions undertaken.</p> <p>Further work was progressing to assess how best to engage with staff and ensure individuals feel enabled to raise issues so that data accurately represents the number of concerns. A joint Whistleblowing Steering group with Shetland had been established to identify shared learning.</p> <p>Members were advised that the Whistleblowing Champion was an assurance role so a response to the report would be provided at the next board meeting.</p> <p>Decision / Conclusion</p> <p>Members reviewed the report and recommended it for submission to the Board.</p>
	<p><u>Involved in Decisions that Affect them</u></p>
S15	<p>Area Partnership Forum Chair's report – SGC2223-09</p> <p>Members received the Chair's report from the Area Partnership Forum highlighting the output from the first development session which members agreed had been invigorating and had helped to create a collaborative direction. The work of the forum was reviewed and areas for improvement and issues to address going forward had been identified.</p> <p>Decision / Conclusion</p> <p>Members noted the update provided from the Area Partnership Forum.</p>
S16	<p>Minutes of the Area Partnership Forum meetings in February, March and April 2022</p> <p>Members noted the approved minutes as submitted.</p>
	<p><u>Policies and Procedures</u></p>
S17	<p>Report on Status of Once for Scotland Policy – SGC2223-10</p>

	<p>Members received the letter regarding the Status of the Once for Scotland Policy noting that paused work was now back up and running.</p> <p>Decision / Conclusion</p> <p>Members of the Committee noted the national position.</p>
S18	<p>Manual Handling Policy – SGC2223-11</p> <p>The Interim Director of Human Resources presented a suite of Health and Safety Policies for Staff Governance Committee approval noting that recommendations from colleagues had been taken on board and all had been through the Occupational Health and Safety Committee. Members were advised that the main elements of all the policies was around ensuring legal requirements were met, roles and responsibilities were clear, and the design and format was user friendly.</p> <p>The Health and Safety Manager noted the policies as live documents that would evolve over time but confirmed colleagues from the HSE had been happy with changes made to ensure compliance with the requirements of the improvements notices received.</p> <p>Members were advised that as an organisation we had been found to fall short and in addition to the requirement for legal compliance there was a moral duty of care which shouldn't be compromised.</p> <p>It was noted that here was a focus on two different types of training – violence and aggression prevention and moving and handling and although some elements could be completed online, in person interventions were also essential. It was confirmed that compliance with this element was not where it needed to be, but it was hoped that all required training would be completed by October 2022.</p> <p>The Health and Safety Manager advised that there had been no real change since last week with only 29 per cent across the board for both sets of training. He acknowledged that the target had been ambitious, but it was confirmed that more than enough training had been made available to achieve it, but there had been a significant volume of non-attendance without a reason narrative.</p> <p>It was confirmed that the key message going forward was that regardless of any previous narrative, if colleagues were booked on a course they needed to attend and if there were service issues they would be addressed. The Health and Safety team were also looking to adapt so more flexible training delivery options could be provided.</p> <p>Recent in department training, where flexible, high quality and face to face expert advice had been provided was highlighted as a good example of improvements made and had been much appreciated by the staff involved. The tangible benefits of having on floor Health and Safety champions was also noted.</p> <p>The challenge of following best practice guidance when colleagues encountered pressured situations alongside staff shortages was highlighted. Colleagues were also cautious about the reality of the timescales noting that provision of meaningful and appropriately tailored training across the varied range of staff groups would take time.</p> <p>Decision / Conclusion</p>

	The Manual Handling Policy was approved
S19	<p>Management of Violence and Aggression Policy – SGC2223-12</p> <p>Members received the Management of Violence and Aggression Policy</p> <p>Decision / Conclusion</p> <p>The Management of Violence and Aggression Policy was approved</p>
S20	<p>Lone Working and Working in Isolation Policy – SGC2223-13</p> <p>Members received the Lone Working and Working in Isolation Policy</p> <p>Decision / Conclusion</p> <p>The Lone Working and Working in Isolation Policy was approved</p>
	<u>Provided with a Safe Working Environment</u>
S21	<p>Occupational Health and Safety Annual Chair's Report – SGC2223-14</p> <p>The Interim Director of Human Resources presented the report highlighting clarified roles and responsibilities, refreshed terms of reference and key performance indicators.</p> <p>Members also noted the identification of the corporate level risk and the mitigations.</p> <p>It was confirmed that the current membership of the committee was appropriate to allow the two way communication required to improved safety culture, but a shift towards a more streamlined and agile approach could be anticipated within the next 12 -18 months.</p> <p>Decision / Conclusion</p> <p>Members noted the report, acknowledged and welcomed the work and were assured on the current position</p>
	<u>Risks</u>
S22	<p>Corporate Risks aligned to the Staff Governance Committee – SGC2223-15</p> <p>The Interim Director of Human Resources presented the report noting its purpose was to ensure committee members were aware of current risks and that all were content with planned actions to mitigate going forward.</p> <p>Decision / Conclusion</p> <p>Members noted the report and were assured</p>
S23	Issues Raised from Governance Committees

	Members received and noted the Audit and Risk Committee Chair's report
S24	<p>Agree any issues to be raised to Board/ Governance Committees</p> <p>The Committee agreed that the following items should be reported to the Board:</p> <p>Board</p> <ul style="list-style-type: none"> • Approval of policies • Conclusion of last year's action plan and introduction of new one • Work being done in partnership about the integrated workforce plan and the timeframe and that will be feedback on later in the year
S25	<p>Any Other Competent Business</p> <p>There was no other business for discussion.</p>
S26	<p>Schedule of meetings</p> <p>The schedule of meetings for 2022/2023 was noted.</p>
S27	<p>Record of Attendance</p> <p>The record of attendance was noted.</p>

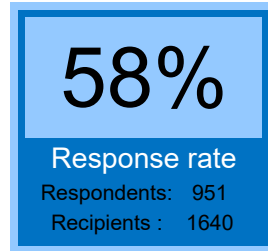
Meeting closed at 13.00

Board Report 2022

NHS Orkney

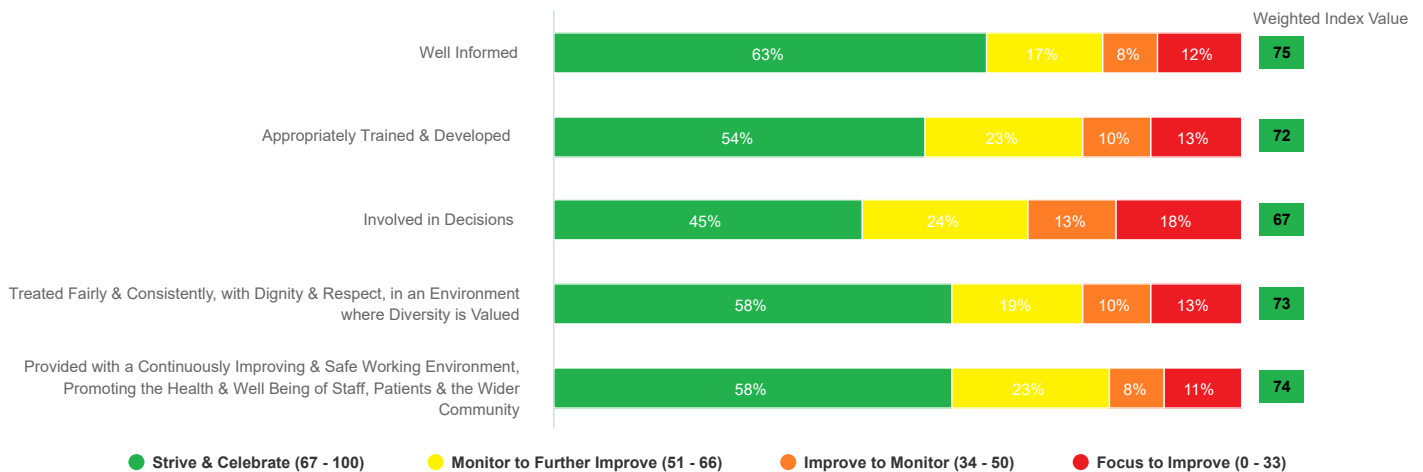
Total number of respondents: 951

Response rate



Employee Engagement Index

Staff Governance Standards - Strand Scores



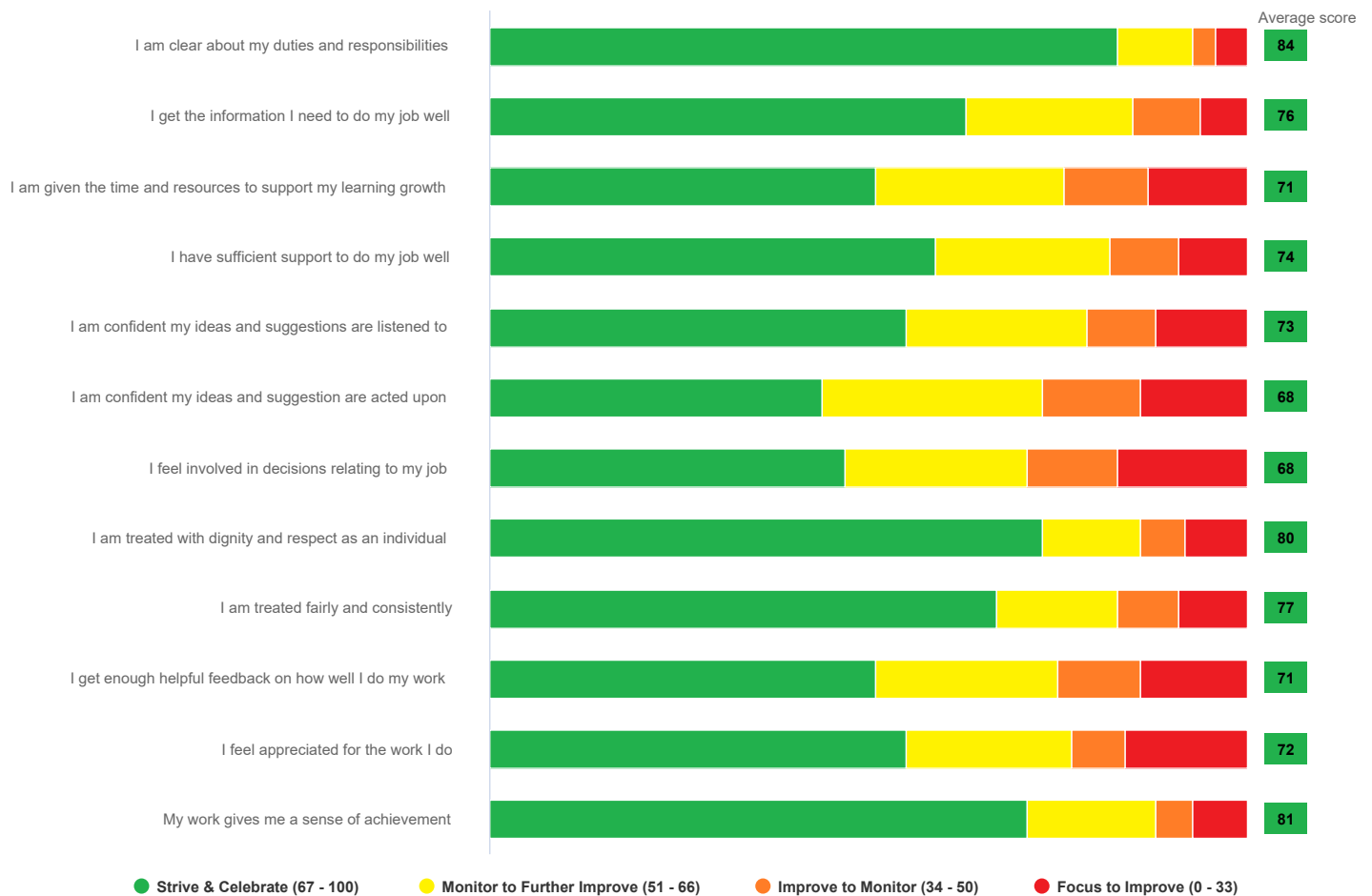
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

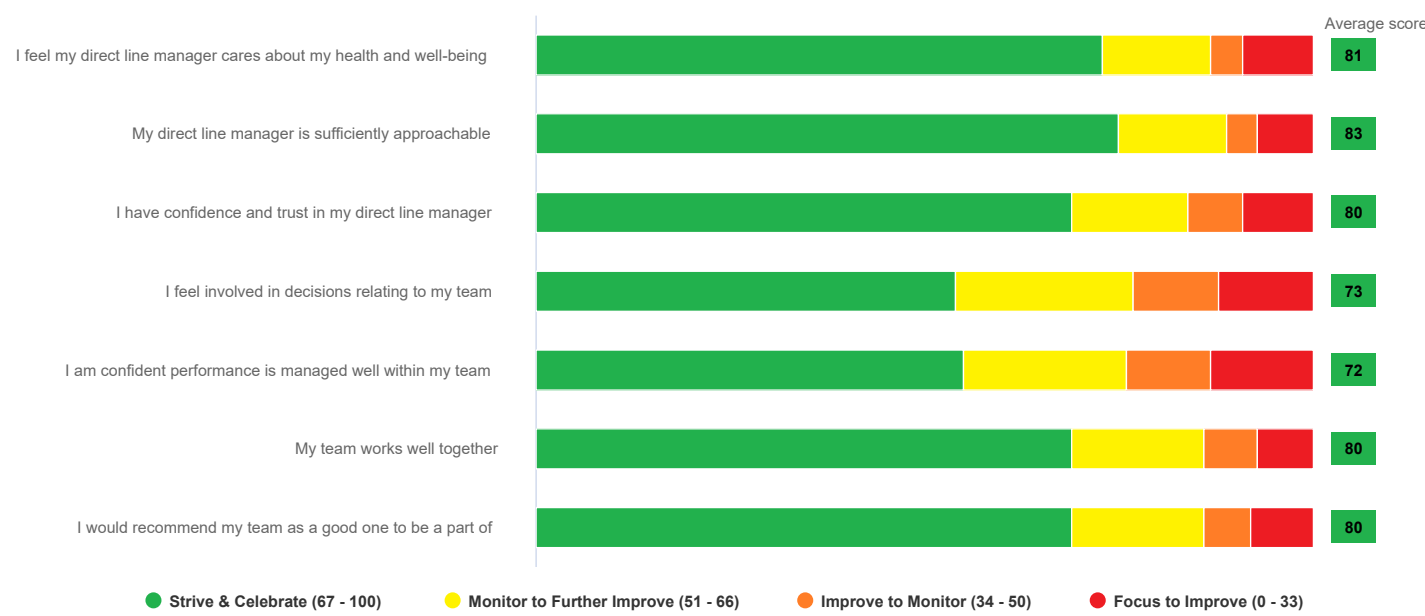
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 951



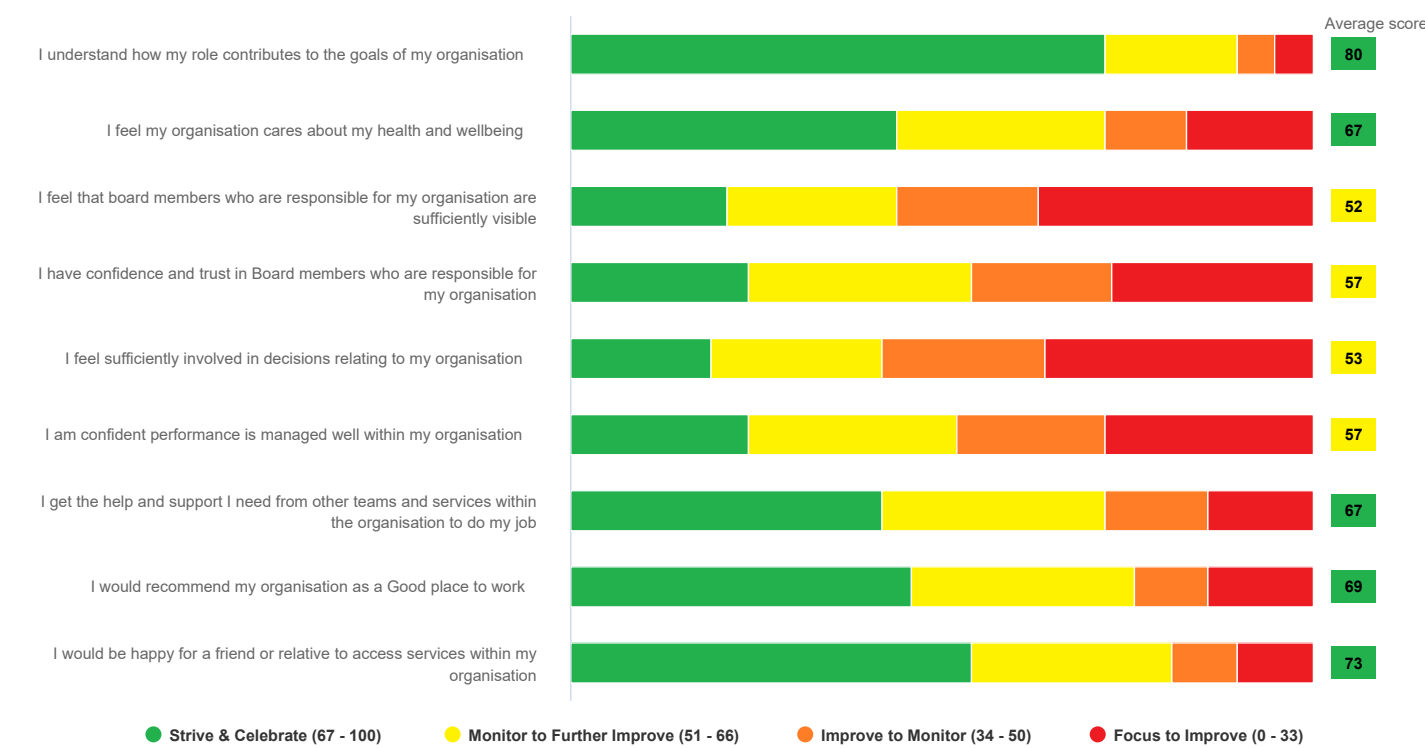
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 951



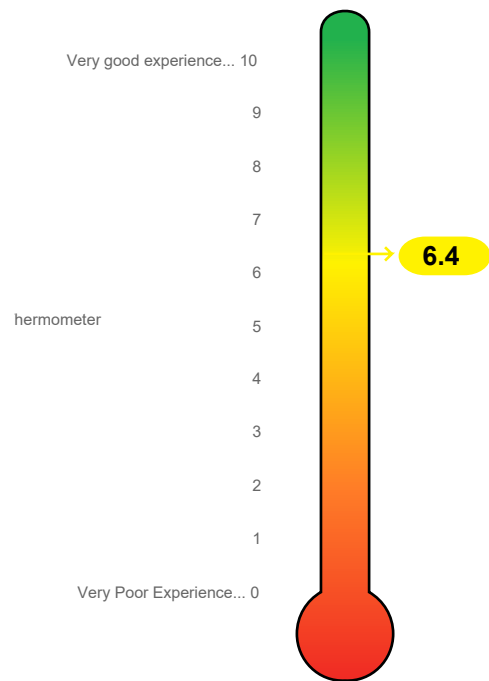
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 951



Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 951



EEl number for teams in the same Board

EEl Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	87	23	3	1	15	129
Percentage of Teams	67.4%	17.8%	2.3%	0.8%	12%	100%

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday, 24 August 2022 at 10:30am**

Present: Joanna Kenny, Non-Executive Board Member and Chair
Martha Gill, Vice Chair
Lorraine Hall, Interim Director of Human Resources
Ryan McLaughlin, Staff Partnership Representative
Jason Taylor, Non-Executive Board Member

In Attendance: Des Creasey, Non-Executive Board Member
Matt Macleod, Health and Safety Manager
Steven Phillips, Head of People and Culture
Ingrid Smith, Human Resources Manager
Emma West, Corporate Services Manager

S28	<p>Apologies</p> <p>Apologies for the meeting were noted from Michael Dickson and Kate Smith.</p> <p>Members noted that this would be Matt MacLeod's last meeting and gave thanks for his contribution during his time in post.</p>
S29	<p>Declaration of Interests – Agenda Items</p> <p>There were no declarations of interest in relation to agenda items</p>
S30	<p>Minute of meeting held on 8 June 2022</p> <p>The minute of the Staff Governance Committee meeting held on 8 June 2022 was accepted as an accurate record of the meeting and approved.</p>
S31	<p>Matters Arising</p> <p>There were no matters arising raised that were not covered on the agenda.</p>
S32	<p>Action Log</p> <p>The Action Log was reviewed, and corrective action agreed on outstanding issues (see Action Log for details).</p>
S33	<p>Staff Governance Action Plan 2022/23 – SGC2223-16</p> <p>The Interim Director of Human Resources presented the 2022-2023 Staff Governance Action Plan, which provided an update on activity, under the five Staff Governance pillars. The aim was to deliver 90% of in year actions, current evaluation suggested that this would be above 80%, with a caveat that other impacts across NHS Scotland including covid, and the possibility of industrial action were unknown. The following points were highlighted:</p>

	<p><u>Health and safety</u></p> <ul style="list-style-type: none"> Following agreement by the Executive Management Team, Lawrence Green, Health and Safety Lead, NHS Shetland, would be taking up a joint health and safety post across both organisations, looking to increase collaborative working whilst still acknowledge the separate needs of both Boards Plans to introduce the Behavioural Safety Programme had been put on hold to allow focus on current priority areas The August Health and Safety meeting had unfortunately been cancelled due to IT issues, and had been rescheduled for the 7 September, a number of staff side health and safety representatives had been recruited and a group to co-ordinate this activity across the organisation would be established. <p><u>Wellbeing and Sickness Absence</u></p> <ul style="list-style-type: none"> Work continued to understand measures required to support staff, and the creation of training and rotational posts, including implementing actions from the DHI and iMatter action plans A staff physical activity challenge had been launched A wellbeing cultural review would be undertaken jointly for Orkney and Shetland <p><u>Knowledge and Skills</u></p> <ul style="list-style-type: none"> An appointment had been made to the post of talent and culture manager; it was acknowledged that this was a small team which continued to experience capacity challenges <p><u>Workforce Plan</u></p> <ul style="list-style-type: none"> A draft 3 year plan had been submitted to the Scottish Government in advance of the 31 July 2022 deadline. The Clinical Strategy had been approved at the June meeting of the Board and formal launch was progressing <p>Decision / Conclusion</p> <p>Members noted the information and assurance contained with the 2022/2023 Staff Governance Action plan and looked forward to receiving the next update. It was agreed that those completing Graduate Apprenticeships in 2022/23 would be invited to a future meeting to share their experiences.</p>
	<p><u>Organisational Culture</u></p>
S34	<p>Quarter 1 Workforce report - April to June 2022 – SGC2223-17</p> <p>The Human Resources Manager presented the Workforce report for quarter 1, highlighting:</p> <ul style="list-style-type: none"> There had been an increase in both Whole Time Equivalent (WTE) and headcount within the organisation The report included the total number of bank hours along with overtime and excess hours rather than costs, as had previously been reported.

- The most recorded type of sickness absence was 'anxiety, stress, depression and other psychiatric illnesses' recording of illness type had improved with less managers selecting 'other/unknown'
- From April to June 2022, there had been 29 new starts and 23 leavers, with leavers reasons being recorded
- The workforce age profile showed the median age at 45, with 21% of the workforce over age 56
- In the reporting period, there had been a total of 82 vacancies, attracting 204 applicants

Members raised concerns around the low rates for staff appraisal, in particular:

- There had been little or no improvement in rates within the past 12 months
- Lack of appraisal caused a disconnect between staff and managers which could limit staff development
- Issues had been raised that job descriptions for many staff were no longer accurate, and this created risk in multiple areas.
- The committee required further information to ensure that they were fully informed around capacity and training needs and the reasoning behind non compliance
- Appraisals should be seen as a celebration of achievement, and staff without appraisals were missing this aspect of their employment

The Interim Director of Human Resources advised that all managers had full access to appraisal data for their staff and it was their responsibility to manage this. There was a requirement to provide evidence of progress and performance in this area.

Members agreed that this ultimately sat with the Chief Executive as accountable officer, with the need to progress the matter as a priority. The Chair agreed to write to the Chief Executive, outlining the concerns of the committee around current compliance with appraisal.

The Head of People and Culture noted the importance of staff alerting the HR department if there was resistance from managers to complete appraisals so that this could be addressed. It was agreed that this message would be reiterated to staff where required.

Concerns were raised that the data in the report indicated a significant variance between budgeted WTE and actual paid establishment. There was a requirement to ensure that establishment data was correct, with input from finance colleagues to review budgets. It was agreed that this would be raised with the Finance and Performance Committee in a cross committee assurance report.

R McLaughlin questioned whether information around Time Off in Lieu (TOIL) could be included in reporting as there did not seem to be consistency of recording across the organisation with significant variance across departments. The Human Resources Manager acknowledged that this was not recorded consistently across the organisation and as such could not be included in the workforce report.

Decision / Conclusion

Members noted the update and agreed that the Chair would write to the Interim Chief Executive to raise the issue of current levels of appraisal within the organisation.

S35	<p>Workforce Plan– SGC2223-18</p> <p>The Human Resources Manager presented an update on the draft Integrated Workforce plan which had been submitted to the Scottish Government by the deadline. Templates had been completed by Heads of Service and Managers and incorporated around the narrative. Comments were awaited and the final plan published by the 31 October 2022.</p> <p>The crossover of the actions already capture in the Staff Governance action plan were noted and updates would continue to be provided through this format.</p> <p>Decision / Conclusion</p> <p>Members noted the update provided.</p>
S36	<p>iMatter Report – SGC2223-19</p> <p>The Interim Director of Human Resources presented the report, which was mostly favourable across the Board. She advised that iMatter was a temperature check across the organisation and following reports being issued, teams would make action plans based on the information to make improvements where required and celebrate success. To date 48% of teams had completed action plans and the national report was awaited.</p> <p>Decision / Conclusion</p> <p>Members reviewed the report and noted the areas to celebrate along with areas that needed to improve through specific actions within team and Board wide action planning.</p>
	<p><u>Appropriately Trained</u></p>
S37	<p>6 Monthly report on Induction compliance – SGC2223-20</p> <p>The Head of People and Culture presented the report noting that there were a number of elements in induction that were required, an online version of Corporate Induction had been implemented in the covid period and remained currently, appropriateness of this method of delivery would continue to be monitored.</p> <p>The strengths of the face to face corporate induction were noted, and it was questioned whether the online version was as valuable to all staff required to complete it. It was suggested that going forward a hybrid approach to induction could be considered taking best practice into consideration, this would be progressed through the Short Life Working Group to ensure appropriate and meaningful engagement.</p> <p>It was stressed that staff starting work without completing Corporate Induction and the associated mandatory training introduced a risk to staff, patients, and the organisation.</p> <p>Decision / Conclusion</p> <p>Members noted the update provided and agreed that this would also be highlighted to the Interim Chief Executive by the Chair as a risk to the Organisation.</p>

	<u>Involved in Decisions that Affect them</u>
S38	<p>Area Partnership Forum Chair's report – SGC2223-21</p> <p>M Gill presented the Chair's report from the Area Partnership Forum highlighting:</p> <ul style="list-style-type: none"> • A proposal had been received from the catering team to consider a price increase in the restaurant, this had initially been proposed as a 10% increase, but following concerns around staff welfare with increased living costs it had been agreed to implement a 5% increase with a further review in 3 months. • A HR Terms and Conditions Subgroup had been established • A development session had been held around feedback from the DHI report, it was noted that surveys such as iMatter and other structured conversations were a more reliable method to track staff feedback but also acknowledged that the current action plan should continue to progress and the themes within this still required active work. <p>Decision / Conclusion</p> <p>Members noted the update provided from the Area Partnership Forum and agreed the importance of continuing to monitor the DHI action plan.</p>
S39	<p>Minutes of the Area Partnership Forum meetings in May, June and July 2022</p> <p>Members noted the approved minutes as submitted.</p>
	<u>Treated Fairly and Consistently</u>
S40	<p>NHS Orkney Workforce Monitoring report 2021/22 – SGC2223-22</p> <p>Nigel Firth, Equality and Diversity Manager presented the report which was statutory and would be made a public document following formal approval by the Board.</p> <p>The report showed that NHS Orkney was a fair and equitable employer, and a broad look across the organisation suggested a settled workforce that was representative. Two anomalies had been noted which required further investigation, people of Indian ethnicity and people of Hindu and Muslim faith appeared to be underrepresented at the shortlisting stage. This information would be considered further for reassurance that these anomalies have been investigated.</p> <p>It was noted that the number of staff identifying as disabled was low and that awareness campaigns were in place to increase disclosure and enable support in the workplace. It was noted that disability was self-defining, and staff could choose whether to declare a disability. The Board were ensuring that available training addressed this issue, and all candidates were treated equally.</p> <p>Decision / Conclusion</p> <p>Members reviewed the report and recommended Board approval of the NHS Orkney Workforce Monitoring report 2021/22.</p>

	<p>Health and Care (Staffing)(Scotland) Act Report – SGC2223-23</p> <p>Members had received the report for information and assurance.</p> <p>Decision / Conclusion</p> <p>Members noted the report and took assurance from the information provided.</p>
	<p><u>Policies and Procedures</u></p>
S41	<p>Report on Status of Once for Scotland Policy</p> <p>Members were advised that there had been no change or update since the last meeting.</p>
	<p><u>Provided with a Safe and Improved Working Environment</u></p>
S42	<p>Health and Safety update – SGC2223-24</p> <p>Members had received the update, parts of which had also been covered in Staff Governance action plan.</p> <p>R McLaughlin noted that he was completing a paper around the current risks with non-compliance of compensatory rest policies, this would be considered by the Terms and Conditions group, Area Partnership Forum and Staff Governance Committee as the agreed route.</p> <p>Decision / Conclusion</p> <p>Members noted the report and update received.</p>
	<p><u>Risks</u></p>
S43	<p>Corporate Risks aligned to the Staff Governance Committee – SGC2223-25</p> <p>Members had received the report noting its purpose was to ensure committee members were aware of current risks and assurance around planned actions to mitigate these going forward.</p> <p>Decision / Conclusion</p> <p>Members noted the report and were assured</p>
S44	<p>Issues Raised from Governance Committees</p> <p>To issues had been raised for cross committee assurance.</p>
S45	<p>Agree any issues to be raised to Board/ Governance Committees</p> <p>The Committee agreed that the following items should be reported to:</p>

	<p>Finance and Performance</p> <ul style="list-style-type: none"> The inconsistencies between staffing establishment in budgets against current staff in post <p>Board</p> <ul style="list-style-type: none"> The low rates of appraisal across the organisation and the concerns this raised Low rates of induction compliance and the risk this created iMatter results as a Board The Committee had recommended Board approval of the NHS Orkney Workforce Monitoring report 2021/22
S46	<p>Any Other Competent Business</p> <p>There was no other business for discussion.</p>
S47	<p>Schedule of meetings</p> <p>The schedule of meetings for 2022/2023 was noted.</p>
S48	<p>Record of Attendance</p> <p>The record of attendance was noted.</p>

Meeting closed at 13:30

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Financial Performance Report Narrative
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to inform the Scottish Government of the financial position for the period 1 April 2022 to 31 October 2022.

2.2 Background

The revenue position for the 7 months reflects an overspend of £2.316m. We are currently forecasting an overspend outturn of £3.856m for 2022/23. The latest forecast position reflects updates following the submission of an action plan to the Scottish Government on 30th September, work continues with the Executive Management Team on a number of areas as we explore and progress further potential opportunities through the Financial Sustainability Office. The following have been reflected in the October position:

	£'000
Retention of Employers NI	144
Proceeds from asset sales	10
PECOS Accruals	10
Annual Leave	150
Other savings	90
	404

It is important to note that at 7 month, the numbers remain heavily caveated and based on several assumptions. These assumptions will be updated as we progress through the year:

- The year-end position assumes non-delivery of £1.5m of the anticipated savings schemes of £4.9m of recurring and non-recurring savings as detailed in the financial recovery plan. This reflects the savings identified above (£404k).
- The £3.856m overspend also assumes no further savings delivered against savings targets and assumes a break-even position on the operational budgets. To date, we are reflecting an overspend of £2.316m.
- The FSO continue to work closely with IJB colleagues to identify if any of the savings' target of £750k can be released in 2022/23, including an ongoing review of the reserves.
- 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. An update on covid spend to date has been reported to the Executive Management Team, assurance was given that exit strategies will be put in place for the additional costs to deliver within the available resources.

We continue to review spend patterns and we will refine plans to ensure updates are reflected.

We anticipate in 2022/23 achievement of £3.4m of the £7.319m savings target. Of the savings achieved to date, £400k has been delivered through work carried out by the IJB in relation to patients in off-island facilities, this spend is included in the Set-Aside budget which forms part of non-delegated services.

We continue to anticipate non-delivery of the £0.750m recurring savings from the IJB core delegated budgets in 2022/23 as highlighted in the financial plans. However, following the work carried out to establish the action plan submitted to the Scottish Government in September, a review of the reserves held within the IJB highlighted the potential to release an amount in the region of £200k. If this can be agreed with the COO of the IJB, this will allow the release of non-recurring savings to be reflected in 2022/23. Work also continues with the IJB to review

reserves to ensure funding is being appropriately reflected in the financial position for 2022/23.

Operational Performance

The main areas contributing to the Board's overspent operational performance at month 7 are:

Pharmacy and drug costs to date - £429k overspend

Estates and Facilities - £256k overspend

Hospital Services - £682k overspend

There are some offsetting underspends to date which include:

External Commissioning - £15k underspend

Support Services - £319k underspend

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

2.3 Assessment 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.

The Board completed sale of the property in Evie in August, the profit on sale is requested to be retained by the Board in 2022/23. Discussion has now taken place with the Scottish Government where it was agreed that the Board could retain the profit on sale of Evie and any future profits on sale of our old vehicle fleet.

The Board continues with plans for the redevelopment of King Street and an updated paper will be taken to the next Board meeting.

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 7, per Appendix 1.

Anticipated Non-Core Revenue Resource Limit

NHS Orkney also receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes depreciation or impairment of assets. The anticipated non-core RRL funding of £2.418m is detailed in Appendix 2.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
GDS element of the Public Dental Integration Authorities - Multi-disciplinary teams		1,825,927		1,825,927
Funding for Bands 2-4		135,000		135,000
Children's Hospices Across Scotland			147,988	147,988
2021-22 Surplus Brought Forward			(34,530)	(34,530)
Covid-19 Funding Envelopes 22-23			70,000	70,000
Recruitment of NMAHPS by April 2023			1,400,000	1,400,000
Band 8A funding: Implementation of the Health & Care and Staffing ACT			22,500	22,500
Realistic Medicine network and project			36,850	36,850
Drug Tariff reduction			38,000	38,000
HPV Labs			(315,673)	(315,673)
BCE - NSSC Paediatric Intensive Care Unit			(18,903)	(18,903)
BCE - NSSC Paediatric Renal Dialysis	(3,214)			(3,214)
BCE - NSSC Hilar Cholangiocarcinoma	(15,173)			(15,173)
NSD Riskshare	(2,467)			(2,467)
Excellence in Care and eHealth Leads			(194,516)	(194,516)
Young Patients Family Fund			37,300	37,300
Dental Health Support Workers and Oral Health			8,387	8,387
			21,068	21,068
	(20,854)	1,960,927	1,218,471	3,158,544

Summary Position

At the end of October, NHS Orkney reports an in-year overspend of £2.316m against the Revenue Resource Limit. The table below provides a summary of the position across the constituent parts of the system. An overspend of £0.917m is attributable to Health Board budgets, with an overspend of £1.399m 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 M6		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(336)	Hospital Services	14,212	8,275	8,957	(682)	(8.24)	(877)
(394)	Pharmacy & Drug costs	3,339	1,948	2,377	(429)	(22.05)	(742)
19	Orkney Health and Care (IJB)	26,182	14,670	14,669	1	0.00	0
23	External Commissioning	10,381	6,056	6,041	15	0.24	(108)
(281)	Estates and Facilities	7,451	4,285	4,541	(256)	(5.98)	(487)
189	Support Services	9,318	4,938	4,619	319	6.46	557
0	Covid-19 (Board)	1,653	700	700	0	0.00	0
0	Covid-19 (IJB)	130	96	96	0	0.00	0
837	Reserves	4,272	967	0	967	n/a	1,657
(875)	Savings Targets (Board)	(4,809)	(785)	0	(785)	n/a	(4,809)
(55)	Additional Savings Target (Board)	(110)	(64)	0	(64)	n/a	(110)
0	<i>Savings Achieved (Board)</i>	<i>2,002</i>			<i>0</i>	<i>n/a</i>	<i>3,463</i>
(1,200)	Savings Targets (IJB)	(2,400)	(1,400)	0	(1,400)	n/a	(2,400)
0	<i>Savings Achieved (IJB)</i>	<i>0</i>			<i>0</i>	<i>n/a</i>	<i>0</i>
(2,073)	Total Core RRL	71,622	39,685	42,001	(2,316)	(5.84)	(3,856)
	Non Cash Limited						
(0)	Ophthalmic Services NCL	256	131	131	0	0.00	0
(0)	Dental and Pharmacy NCL - IJB	1,755	1,032	1,032	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	50	0	0	0		0
(0)	Depreciation	2,700	1,458	1,458	(0)	(0.00)	0
(0)	Total Non-Core	2,750	1,458	1,458	(0)	(0.00)	0
(2,073)	Total for Board	76,383	42,306	44,622	(2,316)	(5.47)	(3,856)

Hospital Services

- Wards and Theatres, £321k 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.

- Maternity Services, £62k underspend

Following a review of the IJB Scheme of Delegation, Maternity Services transferred back to the Board non-delegated budgets for 2022/23 onwards.

- Hospital Medical Team, £214k overspend

Medical agency costs continues to increase, resulting in significant overspend in this area.

- Laboratories, £203k overspend

Laboratories is overspending due to the continued reliance on agency staff, we are currently forecasting an overspend at year end.

Pharmacy and drugs

Pharmacy services and drugs are currently overspent by £429k, this is mainly attributable to overspending, high-cost drugs.

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £1.399m (including £1.4m unachieved savings and £0.001m 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.
 - 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 this area are being continuously reviewed.
 - Following a review of the IJB Scheme of Delegation, Maternity Services transferred back to the Board non-delegated budgets for 2022/23 onwards.

The table below provides a breakdown by area:

Previous Month Variance M6	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(1,219)	Integration Joint Board	1,873	432	1,840	(1,408)	(2,400)
(28)	Children's Services & Women's Health	1,353	789	840	(50)	(74)
(11)	Primary Care, Dental & Specialist Nurses	11,693	6,835	6,837	(2)	13
72	Health & Community Care	4,309	2,557	2,493	64	63
(3)	Pharmacy Services	4,554	2,656	2,659	(3)	(3)
(1,189)	Total IJB	23,782	13,270	14,669	(1,399)	(2,400)

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 £256k 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 £319k to date.

Covid 19 Spend

NHS Orkney has recorded £1.237m spend to date attributable Covid 19, of this £0.700m is attributable to Health Board spend and £0.537m to the HSCP. At month 7, £537k of the IJB Covid reserves has been utilised.

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £0.849m
- H&SCP £1.400m

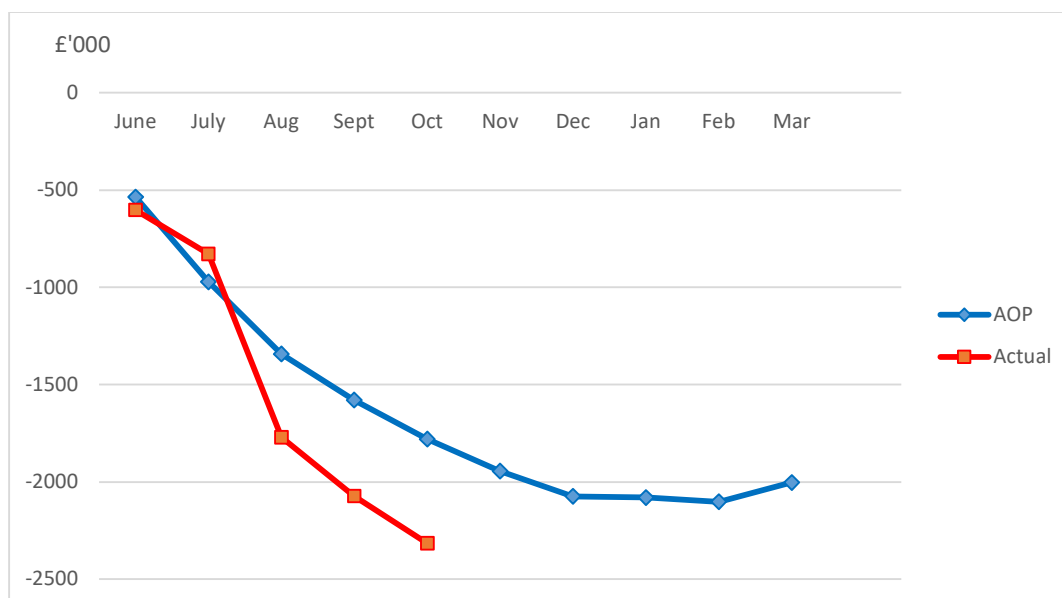
Unallocated Funds

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 £3.856m overspend at year end. 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 forecast position has been revised to reflect the uncertainty surrounding potential delivery of savings. At this time, we have taken the opportunity to update the financial position based on the latest available information.

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.

2.4 Recommendation

- **Note** the reported overspend of £2.316m to 31 October 2022
- **Note** the year end forecast of £3.856m for 2022/23
- **Note** the potential non-delivery of the savings target
- **Note** the narrative to the year-end assumptions and outturn

2 List of appendices

The following appendices are included with this report:

- Appendix No 1 - Core Revenue Resource Limit (anticipated allocations)
- Appendix No 2- Core Revenue Resource Limit (new allocations)
- Appendix No 3 - Anticipated Non-Core Revenue Resource Limit Allocations

Appendix 1 – Core Revenue Resource Limit (anticipated allocations)

From LDP - assumed allocations				
	Included in LDP £	Received in RRL to 31/10/22 £	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				
Payments 1920	35,000	45,000	10,000	
Local Development aligned with DHAC strategy	211,186	211,186	0	
Outcome Framework 2021-22	496,357	496,357	0	
Balfour Hospital Unitary Charge	1,060,770	1,121,964	61,194	
PASS Contract	(2,893)	(2,844)	49	
Drug Tariff Reduction	(241,727)	(315,673)	(73,946)	
GDS Element of Public Dental Service	1,747,299	1,825,927	78,628	
NSD Risk share top slice	(225,068)	(194,516)	30,552	
SLA Children's Hospice Across Scotland	(29,075)	(34,530)	(5,455)	
Allocations Awaited				
District Nurse Posts	24,494			24,494
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
Funding Uplift for Alcohol and Drug Partnerships	67,678			67,678
Increase Provision of Insulin Pumps for Adults and CGMs	17,150			17,150
Integrated Primary and Community Care	33,600			33,600
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
Open University Nursing Students 1st & 2nd Quarter				
Payments	45,000			45,000
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
Tayside Hosted MoHS Skin Cancer Service	(2,094)			(2,094)
Ventilation Improvement Allowance	25,066			25,066
	66,349,550	60,225,866	115,308	6,238,992

Appendix 2 – Core Revenue Resource Limit (new allocations)

New RRL allocations		Recurring	Non-recurring
		£	£
Naloxone for Police Scotland officers			1,820
Neurological Framework			17,042
Reporting Radiography - Assistant Radiographers			16,971
Child Death Review	3,969		
Recovery of cancer waiting times			49,329
Urgent and Unscheduled Care Collaborative			175,000
Addressing inequalities in access and uptake for Screening			3,206
Addressing inequalities in access and uptake for Screening			6,915
Local Development aligned with DHAC Strategy			11,787
Vitamins for Pregnant Women & Children			1,947
Best Start Implementation			12,693
Test & Protect Tranche 1			306,000
Variants and Mutations Plan			13,000
Integration Authorities - Multi-disciplinary teams	135,000		
Funding for Bands 2-4			147,988
2021-22 Surplus Brought Forward			70,000
Covid-19 Funding Envelopes 22-23			1,400,000
Recruitment of NMAHPS by April 2023			22,500
Band 8A funding: Implementation of the Health & Care and Staffing ACT			36,850
Realistic Medicine network and project			38,000
HPV Labs			(18,903)
BCE - NSSC Paediatric Intensive Care Unit	(3,214)		
BCE - NSSC Paediatric Renal Dialysis	(15,173)		
BCE - NSSC Hilar Cholangiocarcinoma	(2,467)		
Excellence in Care and eHealth Leads			37,300
Young Patients Family Fund			8,387
Dental Health Support Workers and Oral Health			21,068
		118,115	2,378,900

Appendix 3 – 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, 15 December 2022
Title:	Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Louise Anderson, Waiting Times Co-ordinator / Carrie Somerville, Planning, Performance and Risk Manager

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 specialities by the end of August 2022
- 18 month waits for outpatients in most specialities by the end of December 2022
- one year waits for outpatients in most specialities by the end of March 2023
- two years waits for inpatient/daycases in the majority of specialities by September 2022
- 18 month waits for inpatient/daycases in the majority of specialities by September 2023
- one year for inpatient/daycases in the majority of specialities 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 a number of impacts including COVID-19. Performance against the 4 hour Emergency Department standard continues to be on average 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 continues to be discussed in multiple planning meetings (e.g Whole Systems Group, Senior Management Team Meeting, Workforce and Annual Delivery Plan). Workforce requirements are being explored at a service level to meet current and future service needs.

2.3.3 Financial

During the COVID-19 pandemic, clinic and theatre throughput reduced. Non-recurring allocation from the Scottish Government continues to enable the consideration around addition 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 (November 2022)

SUMMARY (Published Data)

88.9%

Week ending 20/11/2022

92.1% (week ending
13/11/2022)

4 Hour Emergency
Department
Standard



63%

September 2022

62% (June 2022)

12 Week
Outpatient
Standard



64%

September 2022

68% (June 2022)

Treatment Time
Guarantee



92.2%

September 2022

91.4% (August 2022)

18 Weeks Referral
to Treatment



100%

June 2022

100% (March 2022)

31 Day Cancer
Standard



50%

June 2022

83.3% (March 2022)

62 Day Cancer
Standard



78%

June 2022

74.6% (March 2021)

Access to CAMHS



33%

June 2022

100% (May 2022)

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 – 88.9% (week ending 20th November 2022)

Update - As at week ending 20th November 2022, the percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer from A&E treatment was 88.9%. There were 162 attendances and 18 breaches. Performance in regards to the 4 hour A&E target is remaining on average around the 90% mark as shown in Figure 1. Special cause variation saw performance dip below 85% during September 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)

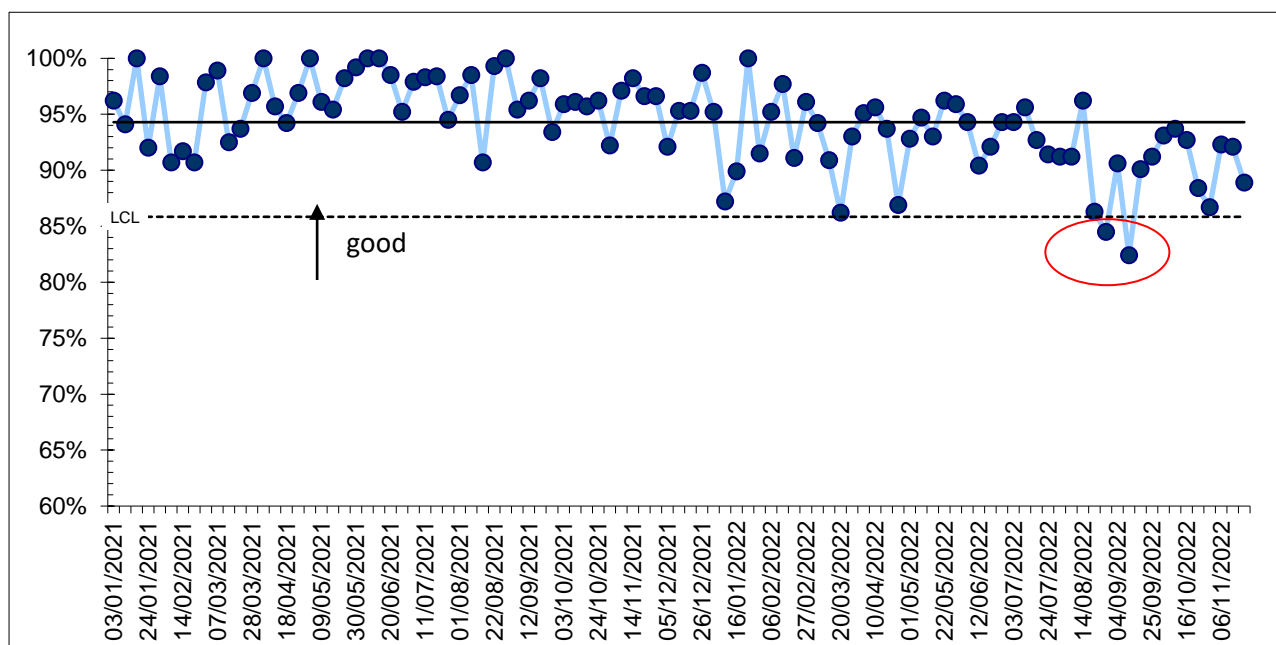
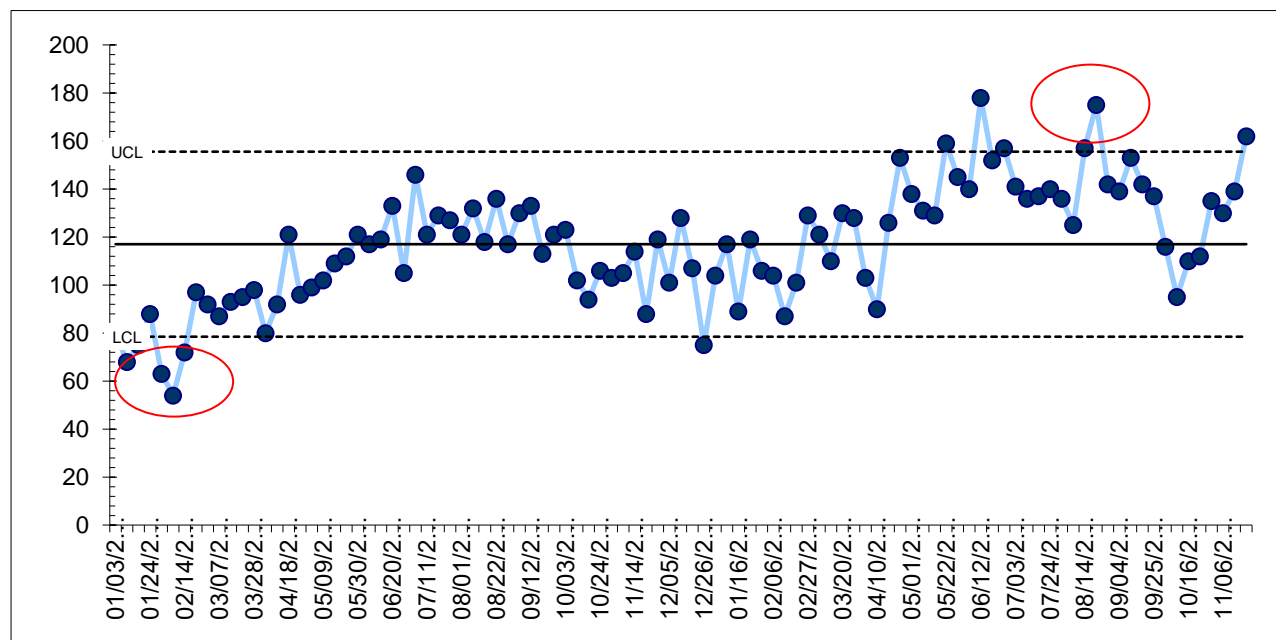


Figure 2: ED Attendances by week, Jan 2021- November 2022



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 – 63% (quarter ending September 2022)

Update – As at the end of September 2022, there were 1093 patients waiting for a new outpatient appointment. 403 (37%) of these have been waiting longer than 12 weeks and 298 (27%) waiting greater than 16 weeks. This is an improved position since the end of March 2022 when 40% were waiting greater than 12 weeks.

At the end of the quarter, 1160 patients were seen; 407 (35%) 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
September 2022	1093	403 (37%)	298 (27%)
June 2022	1111	420 (38%)	328 (30%)
March 2022	943	375 (40%)	325 (35%)
December 2021	1141	489 (43%)	381 (33%)

Table 2 - Numbers seen:

Quarter end	No. seen	No. waited >12 weeks	No. waited >16 weeks
September 2022	1160	407 (35%)	325 (28%)
June 2022	984	264 (27%)	212 (22%)
March 2022	1231	402 (33%)	310 (25%)
December 2021	1043	294 (28%)	258 (25%)

Figure 3: Performance in outpatients – The Balfour, 2020 – 2022

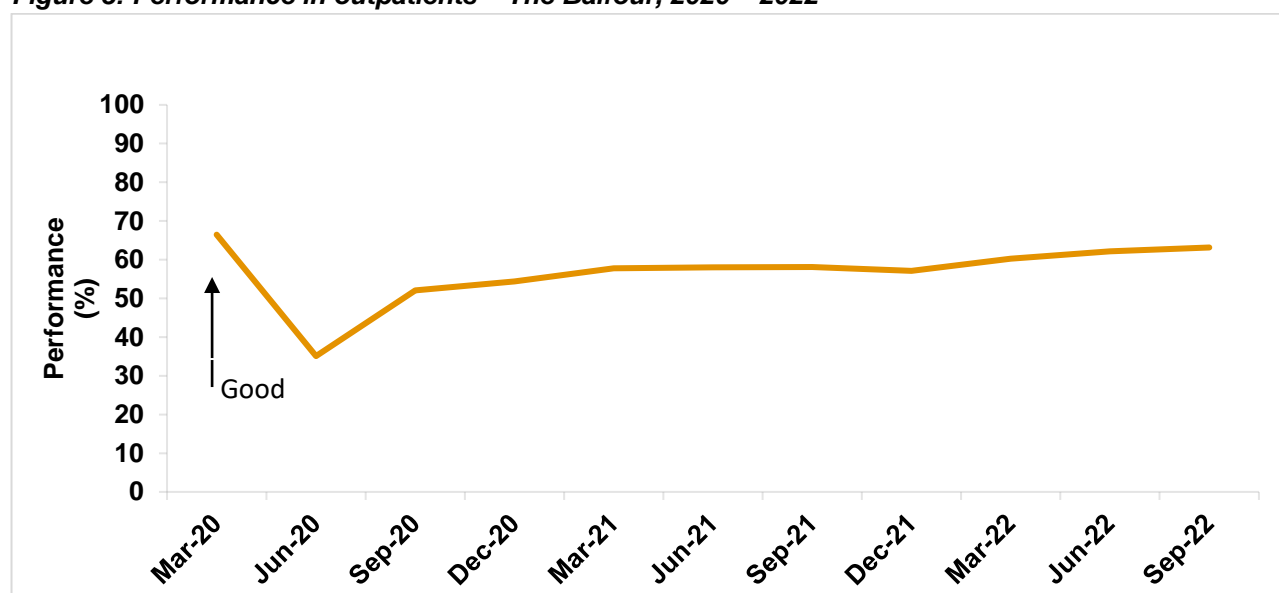
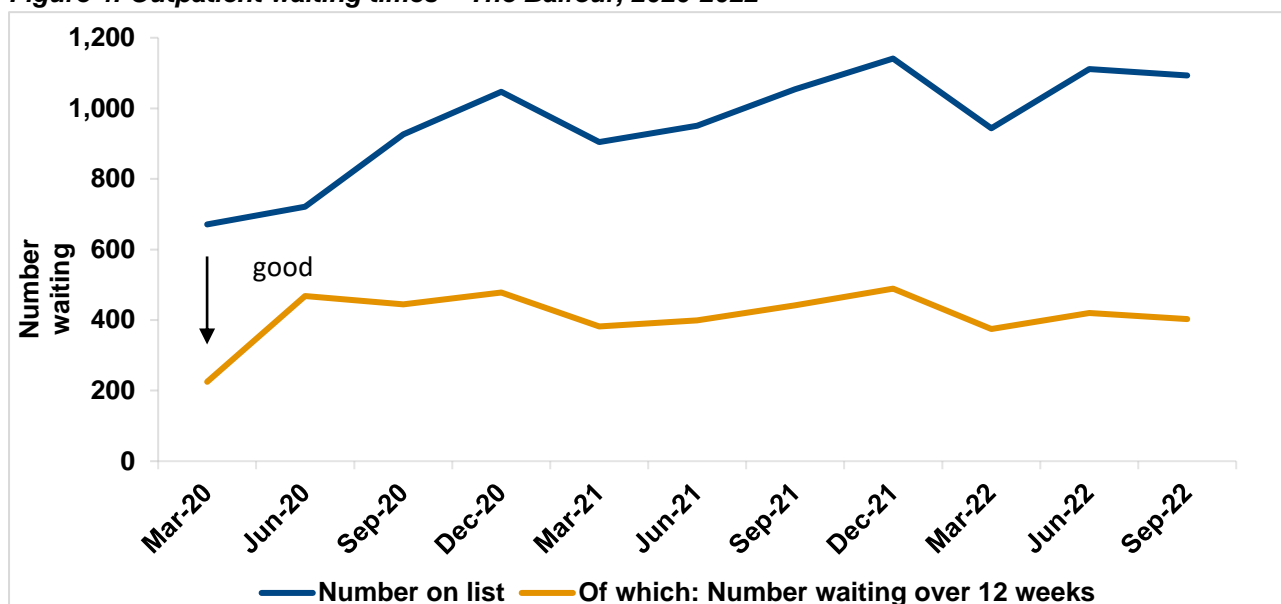


Figure 4: Outpatient waiting times – The Balfour, 2020-2022



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 – 64% (quarter ending September 2022)

Update - As at the end of September 2022, there were 377 patients waiting for an inpatient/day case procedure. Of these, 108 (29%) had been waiting for more than 12 weeks. At the end of the quarter 185 patients had been seen and of these 67 (36%) 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
September 2022	377	108 (29%)
June 2022	280	108 (39%)
March 2022	273	103 (38%)
December 2021	302	142 (47%)

Table 4 - Numbers seen:

Quarter end	No. seen	No. waited >12 weeks
September 2022	185	67 (36%)
June 2022	199	64 (33%)
March 2022	243	92 (38%)
December 2021	173	51 (29%)

Figure 5: Performance in inpatients – The Balfour, 2020 – 2022

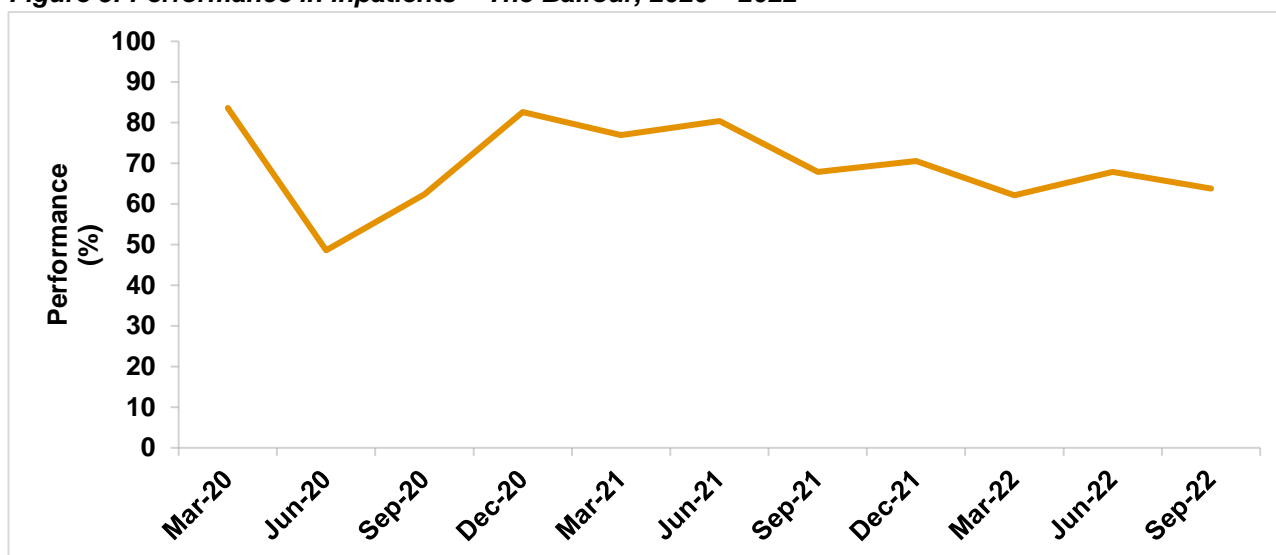
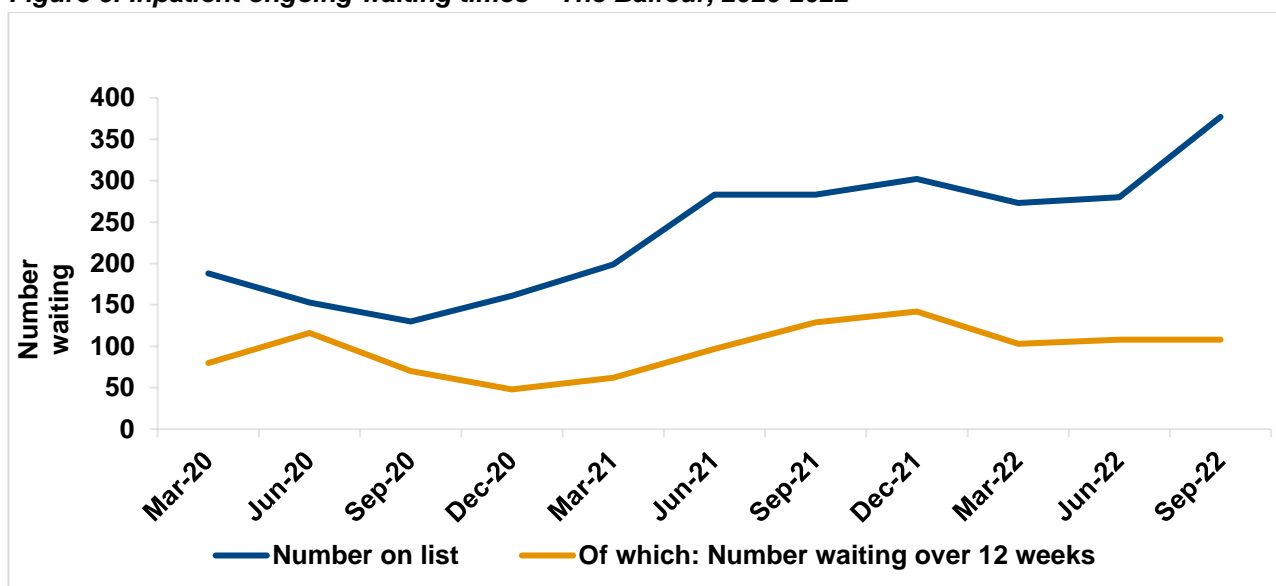


Figure 6: Inpatient ongoing waiting times – The Balfour, 2020-2022



4. 18 Week Referral to Treatment

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

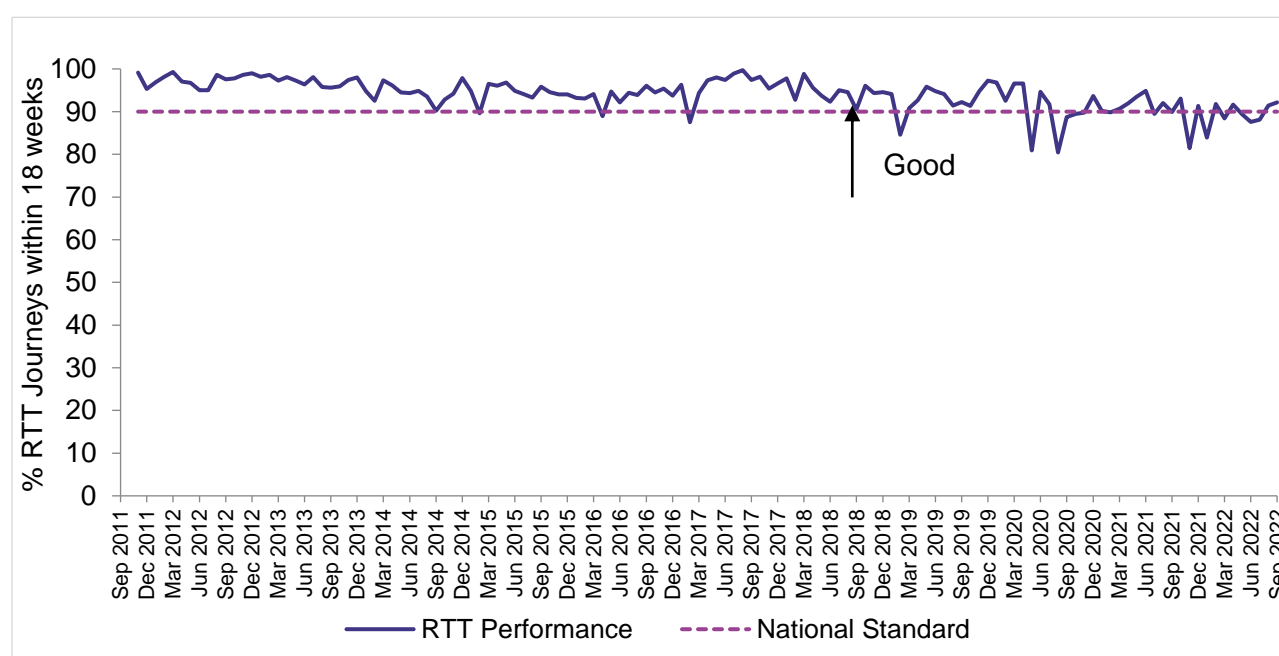
Performance against standard – 92.2% (month ending September 2022)

Update – During September 2022, there were 656 completed patient journeys; of which 601 were under 18 weeks. The national average for performance in this area is 71.2%.

Table 5 – 18 week pathways:

Month	Completed patient journeys	Patient journeys within 18 weeks
July 2022	723	636 (88.1%)
August 2022	744	673 (91.4%)
September 2022	656	601 (92.2%)

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 – 75% (quarter January – March 2022)

Update – During the fourth quarter of 2021/22 there were 12 LDP quit attempts (12 in quarter 1, 17 in quarter 2 and 5 in quarter 3).

There were 6 LDP 12-week quits (7 in quarter 1, 2 in quarter 2 and 1 in quarter 3). The quarter target is 8 and the annual target is 31.

6. 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 – 24.8% (December 2021)

Update – The baseline taken in 2010-2011 for NHS Orkney showed 13 (19.7%) patients were treated at stage 1. Data provided in December 2021 showed that 26 out of 105 patients (24.8%) were diagnosed and treated in the first stage of breast, colorectal and lung cancer. 34.3% were treated in stage 2.

7. IVF Treatment

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

Performance against standard – 100% (quarter July – September 2022)

Update – During July to September 2022, there were 2 patients seen; both waited 14-26 weeks. There were no referrals and no patients waiting for screening at the end of September 2022.

8. 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 – 94.4% (quarter April – June 2022)

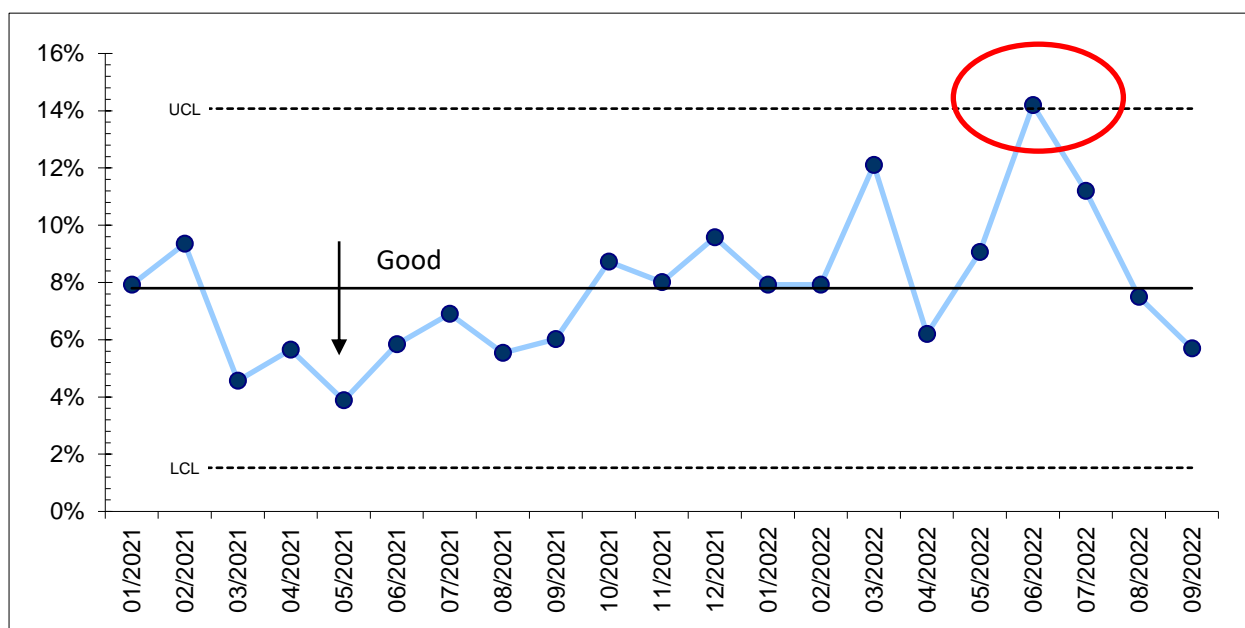
Update – At the quarter ending June 2022, there had been 19 referrals to the service. There had been 18 completed waits; 17 waited 3 weeks or less (94.4%). There are 4 ongoing waits; 2 have waited 3 weeks or less. This is an area where NHS Orkney continues to perform well.

9. Cancelled Operations

Cancellation rate – 5.7% (September 2022)

The total number of planned operations across NHS Orkney during September 2022 was 264. 15 operations were cancelled in September 2022. The majority (9) of the operations were cancelled by the patient. The remainder were either cancelled by the hospital due to capacity of non-clinical reasons (3) or by the hospital due to clinical reasons (3). Cancellation percentage for September 2022 is 5.7% against a national average of 9.2%. 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 September 2022



10. Delayed Discharges

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

The latest published figures (September 2022) indicate that there were 183 Bed Days Occupied by Delayed Discharges during the reporting period and at Census there were 7 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 significantly below the lower confidence level during June 2021.

Figure 9: Total Number of People Delayed in Discharge from Hospital as at Monthly Census, Balfour Hospital. January 2021 to September 2022.

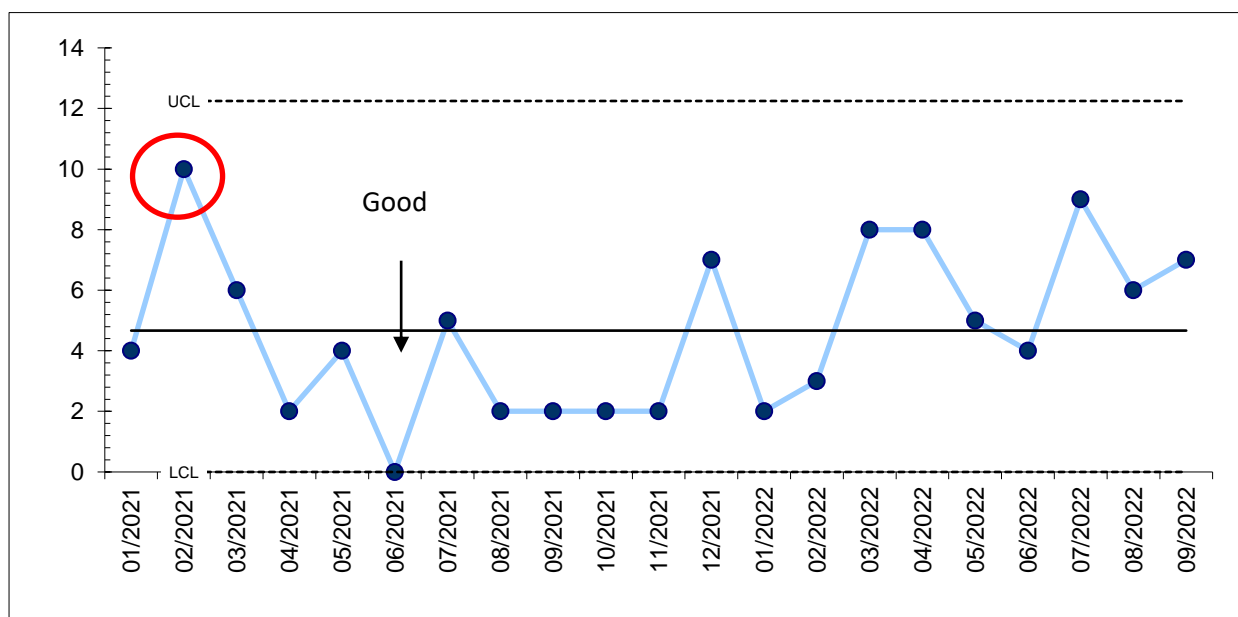
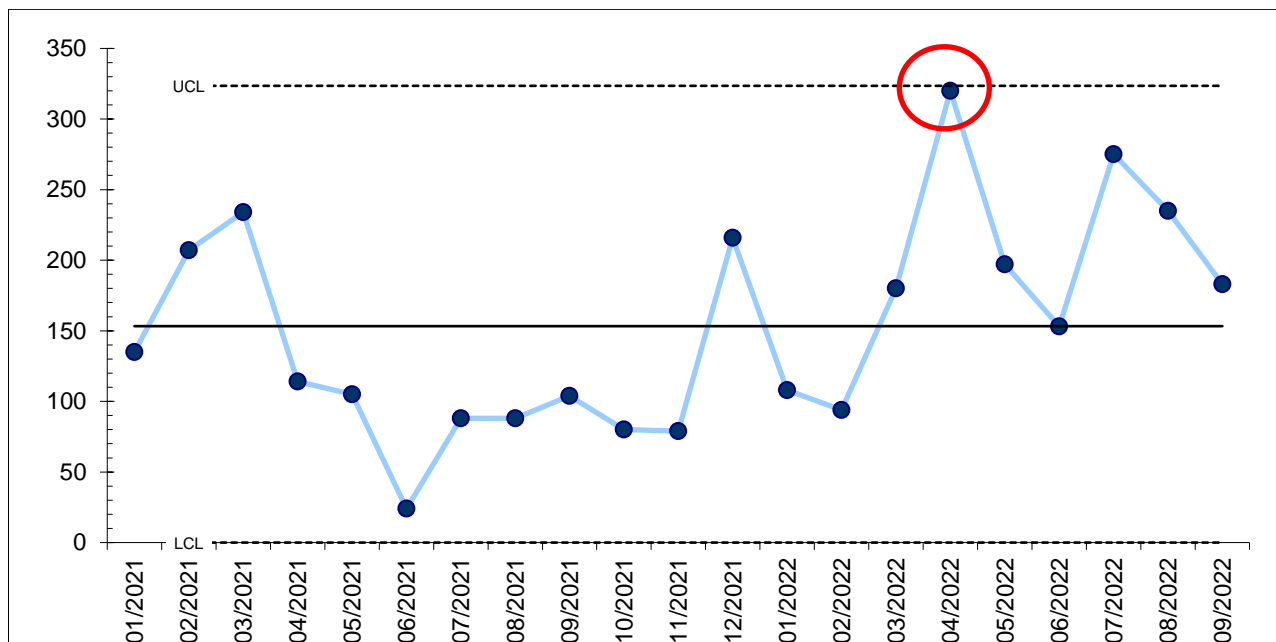


Figure 10: Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2021 to September 2022.



11. Diagnostics

Performance – 50% (month end – September 2022)

Update - At 30 September 2022 277 patients were waiting to be seen for the eight key diagnostic tests. Of those waiting 50% have been waiting six weeks or less (42 days).

176 patients were waiting for an endoscopy. Of those waiting, 26.1% had been waiting six weeks or less; representing a decrease from 32% at the end of August 2022.

101 patients were waiting for a Radiology test, an increase from August 2022 (87) and July (26). Of those waiting, 91.1% had been waiting six weeks or less.

Figure 11 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 routinely conducted in Orkney. As can be seen the majority of patient waits are between 92-182 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. Performance gradually improved throughout the first few months of 2022 but has seen a decrease below the low confidence level in June and July 2022.

Endoscopy

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

Radiology

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

Figure 11: Distribution of waits as of September 2022 – key diagnostics tests, The Balfour

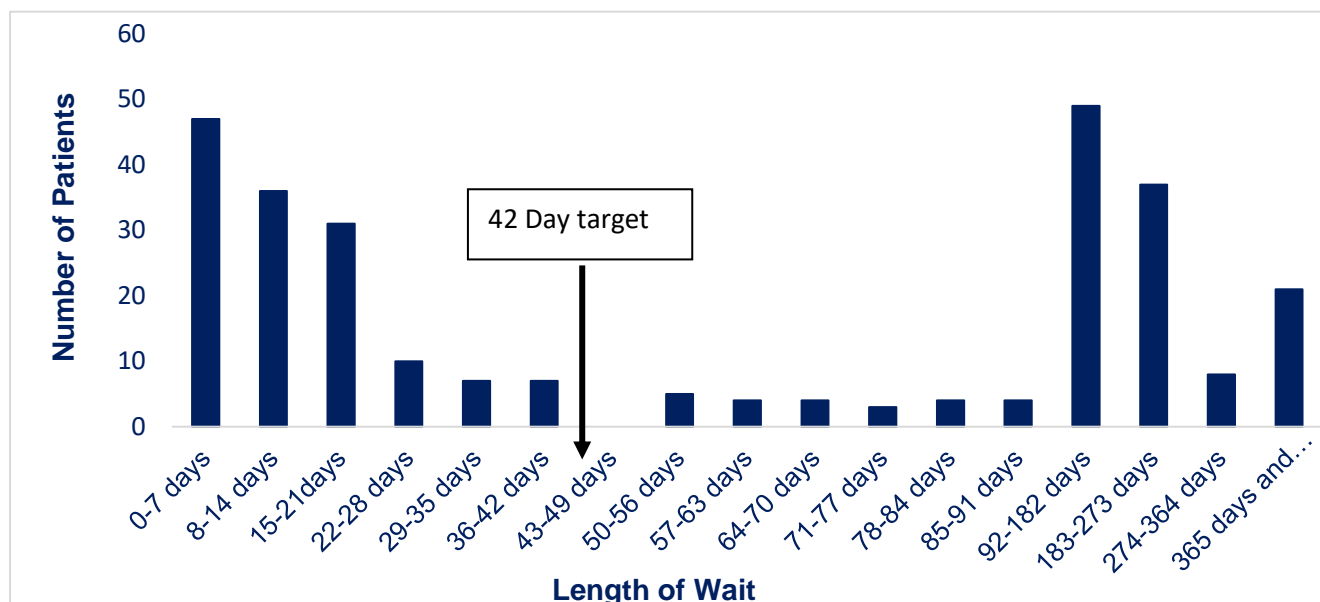
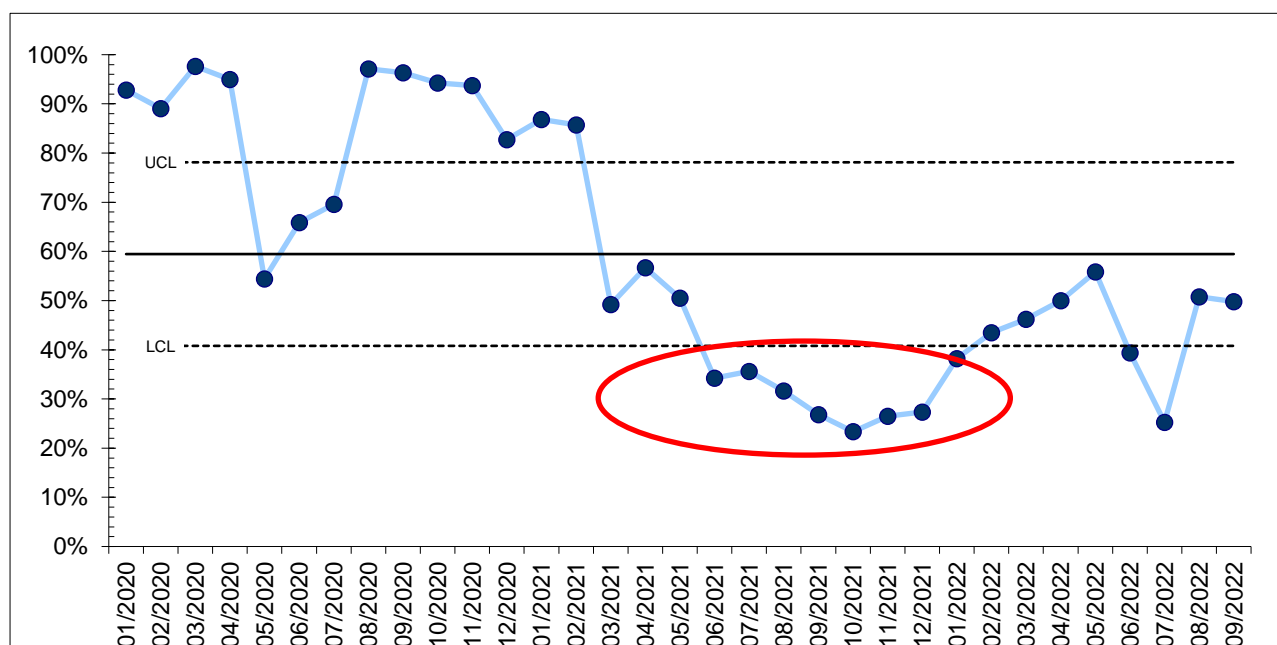


Figure 12: Percentage of patients waiting within 6 weeks for a key diagnostic test as at September 2022, The Balfour



Appendix 1: Performance Measures with No Update to Report

12. 48 hour Access GP

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

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.

13. 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 April – June 2022)

Performance against standard (62 days) – 50% (quarter April – June 2022)

No update to report – Data from Quarter 1, April – June 2022 details of the 6 eligible referrals; all 6 started treatment within 31 days. Of the 8 eligible referrals; 4 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.

14. 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.

15. Mental Health

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

Performance against standard – 33% (month ending June 2022)

No update to report - Published figures from June 2022, shows 3 patients were seen. 1 (33%) patient was seen within 18 weeks.

There were 34 patients still waiting at the end of June 2022; of these 32 (94%) had been waiting less than 18 weeks. In comparison, 48 patients were waiting at the end of May 2022; of these 43 (90%) had been waiting less than 18 weeks.

During June 2022, there were 6 referrals received.

16. 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 – 78% (month end June 2022)

No update to report – For the month ending June 2022, 9 children and young people were seen for treatment. Of these 78% were seen within 18 weeks of referral. For the previous month, 6 were seen; 83% having waited less than 18 weeks from referral to treatment.

At month end (June 2022), 45 children and young people were waiting for treatment. 33 (73%) have been waiting less than 18 weeks.

12 children and young people were referred to CAMHS in June 2022 for NHS Orkney. This compares to 12 for the May 2022 and 10 for April 2022. Previous data submitted shows 9 referrals accepted for March 2021. 7 referrals for February 2021 and 2 referrals for January 2021.

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.

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. 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.

19. Access to MSK Services

Performance – 69% (As at June 2022)

No update to report - In regards to AHP MSK Services and the target set by the Scottish Government that from 1st April 2016 the maximum wait for access to MSK services from referral to first clinical outpatient appointment will be 4 weeks (for 90% of patients) performance in relation to MSK Podiatry and MSK Physiotherapy, as per the most recent published quarterly report is provided in Tables 6 and 7 below.

No update to report – 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 and into the first quarter of 2022. 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). At the quarter end there had been 290 referrals for MSK; for the month of June alone this equated to 84 referrals.

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 June 2022	447	46 (10%)
As at March 2022	428	56 (13%)
As at December 2021	454	27 (6%)
As at September 2021	494	53 (11%)
As at June 2021	528	65 (12%)

Table 7: Number of adult AHP MSK patients seen in Orkney for first clinical outpatient appointment (Source: PHS)

	Total Number of Patients Seen	Number of Patients Seen, Who Waited 0-4 Weeks
As at June 2022	230	159 (69%)
As at March 2022	220	150 (68%)
As at December 2021	242	170 (70%)
As at September 2021	255	151 (59%)
As at June 2021	313	195 (62%)

Figure 13. Number of patients waiting, All AHP MSK specialties

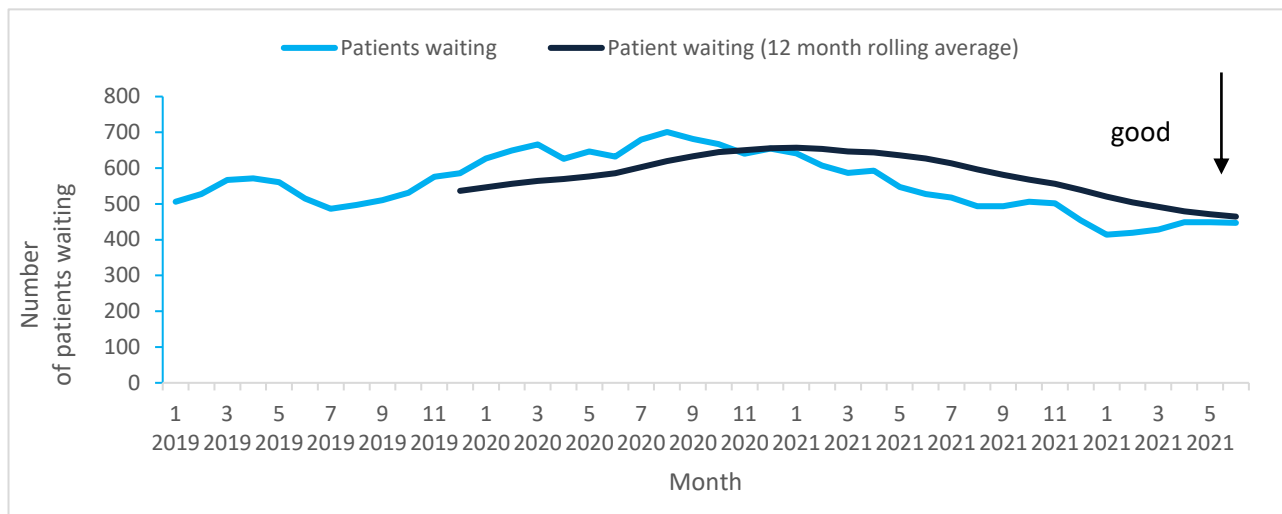
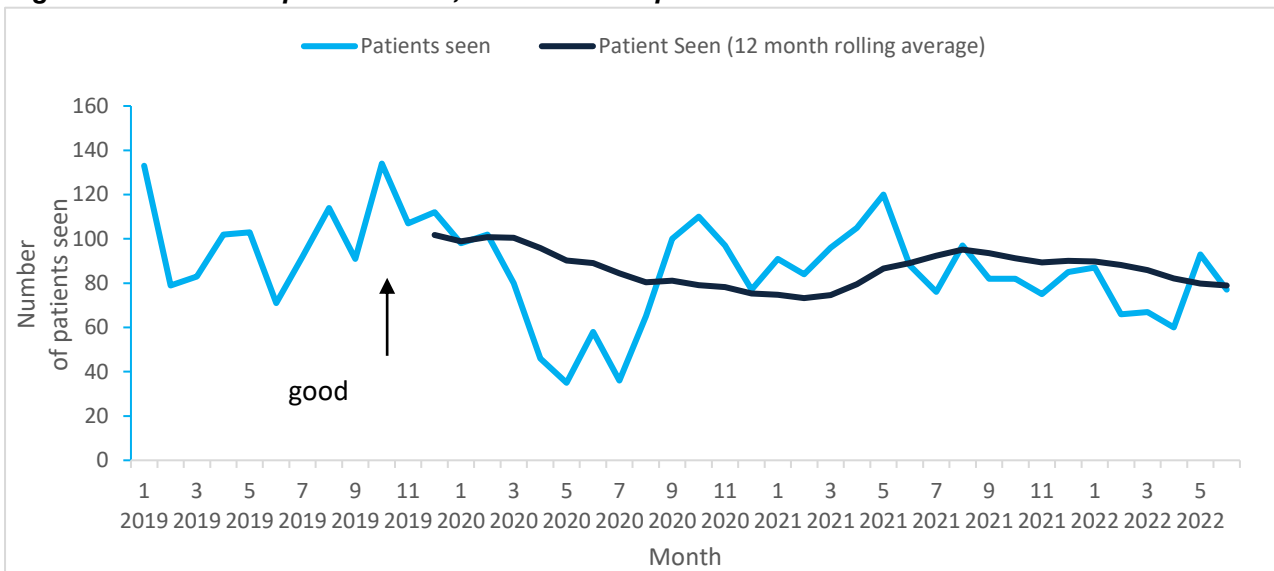


Figure 14. Number of patients seen, All AHP MSK specialties



Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Chairs Report - Finance and Performance Committee
Responsible Non-Executive:	Des Creasey, Finance and Performance Committee Vice-Chair
Report Author:	Emma West, Corporate Services Manager

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 meetings on the 22 September and 24 November 2022. It was agreed that these should be reported to the Board.

2.3 Assessment

22 September 2022

NPD Contract

The newly appointed Authority Financial Advisor provided an update on the findings from the six-monthly monitoring model. The Authority Technical Advisor had also been appointed to provide independent and expert advice to the Board. The Authority Advisors planned to undertake a site visit over the next month.

The Committee welcomed a joint authority's paper to the following Finance and Performance Committee and separate financial and technical reports every six months after that.

Financial Performance and Financial Recovery

The Committee received information around the current financial position reflecting an in year overspend of £7.772m and a predicted overspend outturn of £4.260m at year-end, which would be reported to the Scottish Government at the end of September 2022.

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.

24 November 2022

Three year financial plan

The expectation remained that Boards deliver the position set out in the March 2022/23 financial plan as a minimum. The Scottish Government would return to the Escalation Framework and review the financial position of Boards returning to a three year planning cycle.

Scottish Government Grant to decarbonise NHS Orkney's estate

The application submitted by NHS Orkney to the Scottish Government which sought investment in public sector energy efficiency and decarbonisation improvements had been successful.

The funding would be utilised to remove fossil-fuel-driven heating systems from buildings out with the Balfour and replace them with renewable energy by installing backup wind turbines and solar panels. The programme committed to reinsulating all buildings, removing carbon, and making financial efficiencies.

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 meeting - 22 September 2022
- Finance and Performance Committee meeting - 24 November 2022

2.3 Recommendation

- Awareness

3 List of appendices

The following appendices are included with this report:

- Finance and Performance Committee Minute – 28 July 2022
- Finance and Performance Committee Minute – 22 September 2022

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 28 July 2022 at 9:30 via MS Teams**

Present: Davie Campbell, Non-Executive Director (Chair)
Des Creasey, Non Executive Director (Vice Chair)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director

In Attendance: Louise Anderson, Waiting Times Coordinator (for Item F22)
Steven Brown, Chief Officer IJB
Malcolm Colquhoun, Head of Estates and Facilities (item F24)
Joanna Kenny, Non Executive Director
Anthony McDavitt, Director of Pharmacy
Pat Robinson, Chief Finance Officer, IJB
Carrie Somerville, Programme Manager FSO (item F32)
Keren Somerville, Head of Finance
Emma West, Corporate Services Manager

F17 **Apologies**

Apologies were noted from M Henry, S Heddle and M Moore.

Joann Kenny deputised for Steven Heddle.

F18 **Declarations of Interests - agenda items**

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

F19 **Minutes of Meeting held on 26 May 2022**

The Minute of the meeting held on 26 May 2022 was accepted as an accurate record of the meeting, subject to the below amendment and was approved.

- Page 3 amend to *'the Accident and Emergency target being met did not always mirror Emergency Department attendance'*

F20 **Matters Arising**

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

F21 **Action Log**

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

Performance Management

F22 **Performance Management Report - FPC2223-08**

The Waiting Times Coordinator highlighted the key points from the report:

- Compliance with the 4 hour emergency department standard was currently above 95%
- Performance against the outpatient standard was currently at 59%
- Performance in inpatients was currently at 51.5%, with 266 patients waiting for an inpatient/day case procedure. Of these, 129 had been waiting for more than 12 weeks. Most patients with longer waits were within Trauma and Orthopaedics, with patients awaiting treatment at Golden Jubilee National Hospital
- Regarding cancer treatment, the latest unpublished data showed 100% of patients started treatment within the 31-day standard and 50% of patients started treatment within the 62-day standard. Where breaches occurred, analysis was undertaken to support the identification of areas for improvement to enhance performance and improve patient care

The Interim Chief Executive advised that the A&E target was less important than the patients being treated appropriately and these type of reporting metrics were a challenge to small systems. There was a requirement to understand the reasoning behind longer waits to better understand the pressures on the system.

Decision/Conclusion

Members noted the update.

F23 NHS Orkney Climate Change agenda - FPC2223-09

Members had received the report following on from initial information around the climate change agenda, it was also noted that the Board had held a very informative and though provoking development session around climate change and sustainability.

Decision/Conclusion

The Committee noted the update provided and welcomed further updates as appropriate.

F24 NPD contract update - FPC2223-10

The Head of Estates and Facilities presented the paper advising that there had not yet been a technical report to the Committee in the last financial year as the company appointed to carry out the role had failed to deliver on the service level agreement and objectives, following advice the agreement had been terminated. National advice had been sought with agreement to split the role into two specialist areas Finance and Technical. NHS Orkney had now appointed to the Authorities Financial Advisor role and procurement for the technical advisor was underway.

Decision/Conclusion

The Committee noted the update provided and welcomed the financial review report to a future meeting.

F25 **Pharmacy and Prescribing, Primary Care Drugs Budget and Spend - FPC2223-11**

The Director of Pharmacy presented the report which provided the committee with the status of prescribing budgets and associated costs for Primary Care services within NHS Orkney and highlighted work being undertaken to reduce variation and improve prescribing practice performance. Members were advised that Orkney were performing relatively well compared to the national average, but there were some individual issue within the Board that needed to be addressed including how to use drugs more effectively and managing performance within limited capacity.

The committee were updated on the use of Scriptswitch, a tool which could be utilised by all practices, at the point of prescribing, to align with the agree formulary and most cost effective treatments. There was significant variation between practices, and room for improvement to realise additional savings. There was a tendency for dispensing practices to prescribe according to existing stock holding, rather than accept the switchscript suggestion and there would be further engagement with these practices to ensure that savings were not missed, including considering quality prescribing and localising focus.

S Johnston noted that reduction in prescribing waste also had an environmental impact and welcomed this continuing to be addressed along with taking a person centred approach to prescribing, acknowledging that this was complex in a system with limited capacity.

Decision/Conclusion

The Committee noted the updated provided and asked that this also be shared with the Board and Integration Joint Board, a future paper on the impact of prescribing and pharmacy around the climate change agenda would be welcomed.

Policies

F26 **Subject Access Request (SAR) Policy – FPC2223-12**

The Director of Finance presented the Subject Access Request policy for approval which had been reviewed, updated, and recommended for approval by the Information Governance Committee.

Decision/Conclusion

The Committee approved the policy

F27 **Records Management Policy – FPC2223-13**

The Director of Finance presented the Records Management Policy for approval which had been reviewed, updated, and recommended for approval by the Information Governance Committee.

Decision/Conclusion

The Committee approved the policy

F28 **Freedom of Information Policy – FPC2223-14**

The Director of Finance presented the Freedom of Information Policy for approval which had been reviewed, updated, and recommended for approval by the Information Governance Committee.

Decision/Conclusion

The Committee approved the policy

F29 **Information Governance Policy – FPC2223-15**

The Director of Finance presented the Information Governance policy for approval which had been reviewed, updated, and recommended for approval by the Information Governance Committee.

Decision/Conclusion

The Committee approved the policy

F30 **Information Governance Strategy – FPC2223-16**

The Director of Finance presented the Information Governance Strategy for a recommendation of Board approval which had been reviewed, updated, and recommended for approval by the Information Governance Committee.

Decision/Conclusion

The Committee recommended Board approval of the Strategy.

Financial Management and Control

F31 **Financial Performance Report - FPC2223-17**

The Director of Finance provided the financial position for the period 1 April to 30 June 2022, reflecting an overspend of £0.603m, and a forecast out turn of £2.413m overspent for 2022/23, the increase related to added inflationary pressures and Executive Management Team agreement to fund additional dialysis staffing. An update to the 3 year financial plan was also being prepared to reflect this position and there would continue to be ongoing review of spend patterns and refinement of plans to ensure that all updates were reflected.

Achieving savings of £4.9m against the £7.319 savings target was expected, to date £1.2m had already been delivered and a further £1.3m continued to be tracked. The main areas of overspend related to pharmacy and drugs costs and estates and facilities and conversations continued to further understand budgets and costs in these areas.

It was anticipated that the Board would deliver against its Capital Resource Limit and currently had an offer on a property with any profits on sale to be requested to be retained by the Board.

It was noted that the assumptions being made in relation to the IJB would need to be shared and discussed out with the meeting.

Decision/Conclusion

Members reviewed the report and noted the current financial position and predicted outturn at year end.

F32 Financial Recovery Plan Update - FPC2223-18

The Director of Finance presented the report providing an update on the actions taken to date by the Financial Sustainability Office (FSO) to support delivery of the financial recovery plan during 22/23 and beyond.

The financial recovery plan had identified potential savings schemes of £4.9m for 2022/23, at month 3 efficiencies and achieved savings of £1.286m had been recognised, of this £0.562m was recurring and £0.665m non-recurring. In addition, further savings of £1.339m had been identified and were being tracked.

Some progress had been made in terms of establishing project teams to take forward the savings target aligned to the Workforce Processes, Acute Services Review and IJB Spend Review workstreams with further work and collaboration required to address some of the significant gaps in the savings target which had not seen any or very little impact in the first quarter. The paper highlighted these gaps which would be a key focus moving forward.

D Creasey, noted that some of the workstream that had not progressed now only had 8 months in which to achieve savings and questioned whether this was being monitored. Members were advised that some elements of savings may have been delivered but not tracked and would only be included once there was confidence and assurance around delivery.

The Chief Officer noted that some savings were difficult to quantify, some significant appointments had been made which would reduce current overspend.

Decision/Conclusion

Members noted the update provided and took assurance around progress and further work required.

F33 Capital Plan 2022/23 update – FPC2223-19

The Director of Finance presented the report advising that the Board had received confirmation of its formula-based Capital Allocation for 2022/23 of £1.027m, this would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.

Plans were being drawn up for the redevelopment of King Street into 8 one bedroom, self-contained apartments. Full costings would be obtained before progressing further with change of use permissions from Orkney islands Council. The Chair sought further information on the target use for these properties and was advised that this was yet to be agreed, but issues with lack of staff accommodation were well known across the organisation.

The Chief Officer advised members that one wing of Hamnavoe House remained vacant and work had been carried out with the care inspectorate to agreed that,

10.3.1

with minor adaptation, this could be used for staff accommodation in the short term, reducing spend on more expensive models of accommodation.

Decision/Conclusion

The Committee noted the update provided around the capital plan.

F34 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:

- NPD contract update
- The ongoing work around Pharmacy and Prescribing
- Discussions held around the current and projected financial position and savings
- To note the policies that had been approved and the Strategy that was recommended for approval.

IJB

- It was agreed that the Pharmacy paper provided would also be shared with the IJB

F35 Any Other Competent Business

No other competent business was raised.

Items for information and noting only

F36 Schedule of Meetings

Members noted the schedule of meetings for 2022/23

F37 Record of attendance

Members noted the record of attendance.

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 22 September 2022** at **9:30** via **MS Teams**

Present: Des Creasey, Non-Executive Director (Vice Chair)
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director
Steven Heddle, Non-Executive Director

In Attendance: Louise Anderson, Waiting Times Coordinator (for Item F43)
Malcolm Colquhoun, Head of Estates and Facilities (for Items F44 and F45)
Sharon Smith, NPD Contract Manager (for Items F44 and F45)
Carrie Somerville, Programme Manager FSO
Keren Somerville, Head of Finance
Moray Watt, Authority Financial Advisor (for Item F44)
Richard Rae, IT Manager (For Item F46)
Teresa Marwick, Compliance Officer (For Item 45)
Harmony Bourn, Committee Support

F38 **Apologies**

Apologies were noted from D Campbell, M Dickson, M Henry, S Brown.

F39 **Declarations of Interests - agenda items**

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

F40 **Minutes of Meeting held on 28 July 2022**

The Minute of the meeting held on 28 July 2022 was accepted as an accurate record of the meeting, subject to the below amendment and was approved.

- Page 3 Item F25: amend "*limed*" to *limited*".

F41 **Matters Arising**

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

F42 **Action Log**

There were no actions for review on the action log.

Performance Management

F43 **Performance Management Report - FPC2223-20**

The Waiting Times Coordinator highlighted the key points from the report:

- Compliance with the 4-hour Emergency Department standard was currently above 95%.
- Performance against the outpatient standard had steadily increased to 61.06%.

- Inpatients' performance was 71.02%, with 314 patients waiting for an inpatient/day case procedure. Of these, 91 had been waiting for more than 12 weeks. Most patients with longer waits were within Trauma and Orthopaedics, with patients awaiting treatment at Golden Jubilee National Hospital. However, the longest waits had either been seen or were due to be seen.
- Regarding cancer treatment, the latest unpublished data showed that 100% of patients started treatment within the 31-day standard, and 80% of patients started treatment within the 62-day standard; this was impinged by waiting times at other Boards.
- Performance in Psychological Therapy was currently 25%. However, it was noted that low performance was due to the late submission of outcomes, and figures would be adjusted accordingly in the subsequent report.
- The cancellation rate of 11.2% had been subject to staff sickness and Covid-related absences.

The Vice-Chair queried whether NHS Orkney was tracking against the new targets set out by the Cabinet Secretary on 6 July 2022. The Director of Finance clarified that NHS Scotland Chief Executives were discussing plans for the new targets nationally. It was also noted that work was underway with the Golden Jubilee around Trauma and Orthopaedic long waits.

S Johnston noted an increasing trend in A&E attendances and queried whether discussions around staffing capacity had taken place. C Sommerville agreed to discuss this further with the Medical Director.

Decision/Conclusion

Members noted the update provided.

F44 NPD Contract Update – FPC2223-21

The Head of Estates and Facilities presented the paper, introduced M Watt as the newly appointed Authority Financial Advisor, and noted that the Authority Technical Advisor had also been appointed.

The Authority Financial Advisor provided an update on the findings from the six-monthly monitoring model provided by Robertson in March 2022 and engaged with Robertson to work through various issues. It was noted that errors had been identified in the interpretation of reported information. However, the errors were not material and assurance was provided that the errors did not alter the outputs or financial consequences of the model. The Authority Financial Advisor would provide a six-monthly financial report reviewing the actual costs and forecasts compared to the Financial Close model and would undertake a review of the costs based on ProjectCo and its subcontractor's monthly reports.

In response to a query from the Director of Finance, the Authority Financial Advisor clarified that NHS Orkney could not pull back life cycle cost reserves. The Authority Advisors could assist with reviewing energy costs and savings from a financial and technical perspective. Work was underway regarding energy consumption and it was identified that the new building uses less energy than the previous Balfour sites combined.

S Smith noted that Jonathon Houston had been appointed as the Authority Technical Advisor on 1 September. As part of the Advisor's scope, financial and technical reports would be provided every six months. Both the reports would be presented to the Finance and Performance Committee in six months' time. The Authority Advisors would undertake a site visit over the coming months.

Decision/Conclusion

The Committee noted the update provided and welcomed the joint authorities report for a future meeting.

F45 Property and Asset Management Strategy Update - FPC2223-22

The Head of Estates and Facilities presented the paper and highlighted the key points from the report.

- 90% of NHS Orkney properties now had electric vehicle chargers, and funding had been secured for the remaining properties.
- Approximately 60% of NHS Orkney vehicles were electric. A programme was in place to replace the remaining fossil-fuelled vehicles by 2025 through funding from the National Infrastructure Board and capital funding.

The Head of Estates and Facilities highlighted the challenge of reducing the vehicle fleet due to increasing requests for vehicle usage. There would be collaborative work with NHS Shetland to consider a joint island transport strategy.

The Medical Director was undertaking an accommodation review to inform plans for the old Balfour site.

Decision/Conclusion

The Committee noted the update provided, welcoming the alignment of strategic priorities.

F46 Digital Roadmap Progress Update - FPC2223-23

The IT Manager presented the paper and highlighted the key points from the report.

- The inter-isle network had been implemented successfully, enabling Team calls for the GPs and Nurses, the Medical Device network, which allowed the portable scanner to operate on remote sites, and improvement to the management and resolutions of issues within the island sites.
- The Next Generation Cyber protection programme was underway and anticipated to take several years to complete.

S Johnston commended the work undertaken as part of the Digital Roadmap and queried whether there were any challenges. R Rae highlighted global supply chain challenges, local weather issues, organisational digital adoption challenges, and staff capacity issues. The Director of Finance further highlighted challenges with the transition from capital spending to revenue spending.

Decision/Conclusion

The Committee noted the update provided.

F47 Technology Enabled Care Board Chair Report and approved minutes from meetings held on 5 May 2022 and 12 July 2022 – FPC2223-24

The Director of Finance presented the paper and highlighted the key points and workstreams that had been taken forward.

- Order Comms had been implemented in Radiology on 22 September 2022, transitioning radiology requests from paper-based to electronic. Radiology requests are now administered on Trakcare, and imaging created on PACS. Discussions were ongoing to facilitate Order Comms within GP Practices.
- The rollout of the Electronic Patient Record (EPR) System had been paused due to issues with the Trakcare EPR system.
- Work was ongoing to transition various services from paper-based record systems to electronic record systems. IT had addressed firewall issues to enable the transition, and actions would be addressed before the next EPR meeting. Work was also ongoing to address inter-isle connectivity issues.

S Johnston commended the work being undertaken to drive the eHealth and IT programmes forward and queried whether an alternative solution was being assessed to enable GP practices to submit requests electronically. The Director of Finance assured committee members that solutions for facilitating GP practices were being considered.

S Heddle queried whether NHS Orkney and OHAC were content with the functionality of Paris once upgraded. The Director of Finance clarified that NHS Orkney and OHAC were working in partnership to create a digital road map to understand whether the Paris facilities would be fit for purpose.

Decision/Conclusion

The Committee noted the update provided.

Financial Management and Control

F48 Financial Performance Report – FPC2223-25

The Director of Finance provided the financial position for 1 April 2022 to 31 August 2022, reflecting an overspend of £1.772m and a forecast outturn of £4.260m at year-end. He would update The Board and the Scottish Government at the end of September on the forecasted overspend outturn, which assumes non-delivery of £1.9m of the anticipated savings schemes of £4.9m at year-end.

A paper was being prepared for the next Executive Management Team meeting to provide an update on Covid spending to date, ensuring appropriate decisions were made to ensure that any ongoing expenditure was critical to service delivery. It was anticipated that the Board would deliver within the Covid allocations, which would cease in 2022/23. However, the Scottish Government had intended to review the surplus Covid reserves, the balance of any IJB reserves, and any allocations on a line-by-line basis given to the Board.

Achieving savings of £3.0m against the £7.319m savings target was expected. The main areas of overspend were pharmacy and drug costs, estates and facilities, and

hospital services. There were offsetting underspends in external commissioning and support services.

It was noted that the Board completed the Evie property sale in August, and the sale's profit was requested to be retained by the Board in 2022/23. The Board continued with plans for the redevelopment of King Street and it was anticipated that the Board would deliver against its Capital Resource Limit.

The Director of Finance summarised an in-year overspend of £1.772m against the Revenue Resource Limit, with £778k attributable to Health Board budgets and £994k attributable to the Integrated Joint Board budgets and a forecasted end-year overspend of £4.260m.

Decision/Conclusion

Members reviewed the report, noted the current financial position, predicted outturn and assumptions at year-end, and the potential non-delivery of savings target. It was agreed that the position be reported to the Scottish Government at the end of September.

F49 Financial Recovery Plan Update - FPC2223-26

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

The Financial Recovery Plan had identified potential savings schemes of £4.9m for 2022/23. At month 5, efficiencies and achieved savings of £1.482m had been recognised; of this, £0.549m was recurring and £1.049m non-recurring. In addition, further savings of £1.4823 had been identified and were being tracked and achieving savings of £3.0m against the £4.9m savings schemes was expected.

Progress had been made in establishing workstreams and supporting project teams to drive efficiencies ensuring appropriate governance and reporting of the savings schemes. The Director of Finance highlighted further work and collaboration required to address some of the significant gaps in the savings targets, which had not seen any or minimal impact. These areas included Acute Services, the Integrated Joint Board, Workforce Processes, and Sustainability.

The Director of Finance clarified that NHS Orkney would report on the August financial position to the Scottish Government by the end of September, highlighting the potential £1.9m shortfall and move from £2.4m reported last month to £4.3m at year end.

Decision/Conclusion

Members noted the update provided, took assurance around progress and further work required, and agreed for the reporting position to be reported to the Scottish Government at the end of September.

Committee Assurance

F50 Cross Committee Assurance Report – Staff Governance – FPC2223-27

10.3.2

Members had received the Staff Governance Cross Committee Assurance Report and no further comments were provided.

F51 Agree key items to be brought to the board or other Governance Committees attention

S Johnston sought stronger cross committee assurance between the Joint Clinical and Care Governance Committee and the Finance and Performance Committee and requested for a standing agenda item titled 'Matters to raise to Joint Clinical and Care Governance Committee' to be added to the agenda going forward. Committee members agreed.

F52 Any Other Competent Business

None.

Items for information and noting only

F53 Schedule of Meetings

Members noted the schedule of meetings for 2022/23

F54 Record of attendance

Members noted the record of attendance.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 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 Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

- Quality and Safety

- Systems and Governance
- Sustainability

2.2 Background

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

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

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

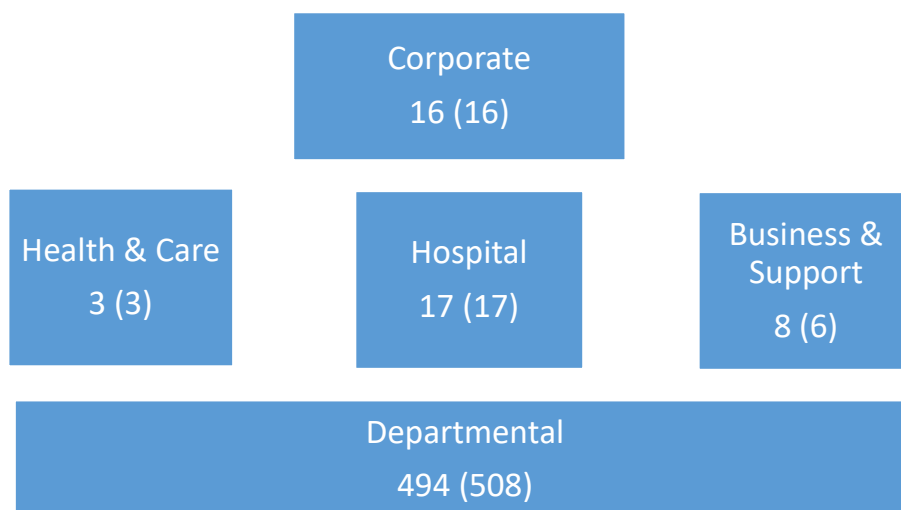
- recognition of threats to the corporate objectives
- risks to the organisation's key investment and improvement projects
- key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

2.3 Assessment

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

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 October 2022, with the position at the last update to Board provided in brackets for reference.



As can be seen from the above summary the majority of risks are being managed and held at a departmental level, with 42 active Tier 3 risk registers now in place. Risks at this level tend to be relatively fluid and identification and assessment of new risks is encouraged, as good management practice. Proactive risk assessment and regular review of departmental risk registers is supporting the prioritisation of responses and ensuring resources are being directed to address areas of most concern.

The corporate risk register is provided in Appendix 1 and as can be seen there are currently 16 risks on the corporate risk register with each of them owned by a member of the Executive Management Team. All risks are subject to review and update at an interval appropriate to the individual risk and as can be seen from the information presented, all risks have been subject to recent review and mitigating actions are being taken to address gaps in controls. During the last reporting period there were no new or escalated risks added to the corporate risk register however the risk rating of risk number 509, in relation to the medical workforce was decreased from 16 to 12 to reflect the successful recruitment process and risks 552 and 554 in relation to the health needs of the population and response to pandemic were decreased from 16 to 12 and 12 to 9 to reflect implementation and effectiveness of control measures to mitigate the risks. Risk 365 rating was increased from 12 to 15 in response to the announcement of the date for the implementation of the Health and Care (Staffing) (Scotland) Act.

The highest levels of corporate risk relates 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 new risk added to the Tier 2 Hospital Risk Register in relation to the change in the laboratory LIMS system supplier and one clinical risk that's risk rating was increased from 20 to 12 to reflect the pressure that has been placed on other departments and services. There were two new risk added to the Tier 2 Business and Support register in regards to fire alarm system and change to Scottish Fire Rescue Service attendance criteria, and two risks from the Tier 2 Business and Support Risk

Register were deescalated to be managed at departmental level as the majority of the risks were resolved and a decrease in rating for one risk relating to transport vulnerability due to there currently being no issues reported. There was no movement to report in relation to risks on the Tier 2 Orkney Health and Care Risk Register.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers at October 2022 and Table 2 provides the last reported position for reference. As can be seen there has been a small decrease in risk exposure at a corporate level as a result of the decreased in risk ratings of Corporate Risks and the additional risks and increased risk rating within Hospital and Business & Support registers.

Risk Exposure – Tables 1 & 2:

October 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	60	119	31	0	210	37.4%
Health & Care	25	15	9	0	49	8.7%
Hospital	60	130	28	0	218	38.9%
Business & Support	0	43	41	0	84	15.0%
TOTAL EXPOSURE	145	307	109	0	561	100.0%
% of Total	25.8%	54.7%	19.4%	0.0%		

July 2022

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	60	139	22	0	221	39.30%
Health & Care	25	15	9	0	49	8.70%
Hospital	40	157	28	0	225	40.00%
Business & Support	0	44	24	0	68	12.10%
TOTAL EXPOSURE	125	355	83	0	563	100.00%
% of Total	22.20%	63.10%	14.70%	0.00%		

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.

Corporate risk 509 - *Care and financial sustainability may be compromised should the current medical workforce model continue* was reviewed in September 2022 and the risk

rating was decreased from 16 to 12, due to the successful recruitment of Anaesthetist and Obstetrician & Gynaecologist consultants and the ongoing recruitment of Physician consultants.

Corporate risk 554 *Failure to meet population health needs resulting from the pandemic* was reviewed in September 2022 and the risk rating was decreased from 16 to 12 due to the primary mitigations having demonstrated their effectiveness and this rating will be reviewed should new evidence emerge of a change in health needs.

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. The recruitment process is underway for key positions; however the current risk level will remain until substantive appointments are in post within the nursing leadership structures.

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.

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 November 2022 however funding of £4M has been approved by

Scottish Government to replace fossil fuel heating systems in all board buildings, with work commencing in April 2023 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	4	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.	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. Aug 22: Port health Plan review to take into account the learning from the COVID-19 pandemic.
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	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. Update Oct 2022 - Risk remains the same with the rising energy costs food price escalation, shortages of skilled workers, global shortages of goods in particular processing chips, laptops etc continuing. There are however, no current issues being reported with procurement of supplies.
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	March 2022: Update provided from Healthcare Staffing Lead Nurse. 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 rating reviewed with announcement of Implementation of Act - 1st April 2024 and likelihood of risk increased and overall risk increased from 12 to 15. Sept 2022: Legislation feeding into Corporate Governance, Vacancy Panel Terms of Reference and commencement of tool runs in clinical areas.

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.	May 2021: Number of target controls been implemented and work commencing as part of NIS Audit work. Update Oct 2022 - This work is ongoing as part of BAU and any new process/programme will be added and included to the work and is continually being monitored.
Risk ID: 509 Care and financial sustainability may be compromised should the current medical workforce model continue	Medical Director	12	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	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. Sept 2022: Successfully recruited consultant Anaesthetist expected start date October 2022. O&G Consultant retirement but candidate in place for seamless transition. Physician recruitment ongoing and so likelihood of risk decreased, and overall risk decreased from 16 to 12.
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.	May 2022: Board has created Finance Sustainability Office which will work with Executive Directors to address financial position. 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. Update Oct 2022 - Work continues in this area, latest update was submitted to Scottish Government on the 30th Sept 2022. Feedback received and planned meeting with SG due to take place on 13th Oct 2022 - we await templates from SG regarding the 3 year planning timeline commencing 2023/24.
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.	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. Update Oct 2022 - New Anti Virus now rolled currently working on the Central Analysis Programme.
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	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

				involve quarterly EMT updates plus regular updates to SMT and the Board.	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	9	6	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	June 2022: National Variant and Mutation Plan and investment in national surveillance awaited. Sept 2022: High vaccination rates and other treatments mitigate the primary risk has been reduced and overall risk score has been reduced from 12 to 9. There remains residual concerns about the long term impact on wider determinants of health as well as the impact of future waves particularly on NHS Orkney's tactical ability to be able to respond with increased sickness 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.	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. October 2022 - Application funding approved by Scottish Government of £4M over the next 2 financial years. Work begins April 2023 which will result in NHSO replacing fossil fuel heating systems in all board buildings

Risk ID: 554 Failure to Meet Population Health Needs Resulting from Pandemic	Director of Public Health	12	8	Clinical Strategy being developed which will consider future population health need.	June 2022: Annual operating plan created. Range of plan's being developed by Community Planning Partnership to address broader socioeconomic issues. Sept 2022: primary mitigations have demonstrated their effectiveness lowering the likelihood of risk and overall risk rating reduced from 16 to 12. This will be reviewed should new evidence emerge of changed health needs
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.	Nov 2021: Ongoing risk will be monitored at regularly intervals - mitigations already in place. March 2022: No changes to risk ongoing review. Sept 2022: No change to risk since last review and will continue to monitor.
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.	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. 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. Sept 2022: Q3 22/23 key positions recruitment is underway and it is likely by Dec 2022 when this risk can be removed.
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.	Sept 2022: Moving and Handling policy approved - Training continues and we have seen an improvement in uptake and compliance but not at a number where it would be considered appropriate to reduce the risk level. (86% elearning/66% face to face) Regular updates on progress have been provided to the HSE on the 8 July/1st and 29th August and 12th September. Teams call link set up with HSE for the 20th September. Moving and Handling Manager- NHS Highland came up to Orkney to do some observation of our trainer, who is a stand-alone trainer and this was to provide both assurance and support with positive feedback received. All clinical risk assessments, including falls and moving and handling are going through a governance process led by our Interim deputy Director of Nursing via our lead for Clinical and Care Governance in line with both the

				<p>Policy is in place. Been reviewed and currently in process of being ratified.</p> <p>Risk assessment process is in place.</p> <p>Work already started on remedial action plan.</p> <p>Taskforce set up to deliver on Actions from HSE reports.</p>	<p>Scottish Patient Safety Programme and NHS Scotland's Excellence in Care, taking a 'Once for Scotland' approach. In the meantime, the newly introduced risk template continues to replace those as seen and commented on by yourselves. There is still some old documentation contained in patient notes for longer stay and delayed discharge patients. These however have been supplemented and re assessments undertaken using the new documentation. The audit schedule for compliance continues and is variable. Compliance against risk assessments is an equal priority for our new senior nurse leader who is experienced in Clinical Systems Improvement (CSI) methodologies and delivery planning.</p>
<p>Risk ID: 726</p> <p>NHS Orkney's ability to comply with the requirements to manage Violence and Aggression towards staff within NHSO.</p>	<p>Director of Human Resources</p>	20	6	<p>Violence and Aggression lead (Training Officer) in place for 0.5 WTE. Budget for WTE approved conversations taking place to increase hours of Training Officer.</p> <p>Conversations taking place with external trainers to support backlog.</p> <p>Due to Covid, issues in accessing sufficient training for the V&A lead.</p> <p>Work already started on remedial action plan.</p> <p>Taskforce set up to deliver on Actions from HSE reports.</p> <p>Challenge freeing up staff time to attend training.</p> <p>Limited in what Training Officer can do as they are working on their own – should have at least 2 trainers to be able to facilitate safe and effective training.</p> <p>Online learning tools to be reviewed to ensure training meets statutory requirements.</p> <p>Policy is in place. Been reviewed and currently in process of being ratified.</p> <p>Risk assessment process is in place.</p>	<p>May 2022: V & A trainer now in post and has had local Induction – delivering localised training – has in conjunction with H&S Manager/V&A Advisor revisit training schedule in collaboration with service managers – and shared diary around what days what level of training taking place. Advanced Courses taking place May and June. The Violence and Aggression Policy is has been completed and is in the Governance and sign off process. WTE Training Officer post approved and advert underway - Post HSE visit end of June 2022 we will review outcome and further define whether risk can be de-escalated.</p> <p>Sept 2022: Policy approved - Training continues and we have seen an improvement in uptake and compliance but not at a number where it would be considered appropriate to reduce the risk level (87% e-learning and 68% face to face).</p>
<p>Risk ID: 923</p> <p>Data Security - Control of Access to Clinical & Non-Clinical Personal Data</p>	<p>Director of Finance</p>	15	4	<p>IT Access request process</p> <p>Information Security Policy</p>	<p>May 2022: Head of IG to confirm with HR appropriate list been sent re payroll staff.</p> <p>July 2022: Working with HR to establish AD Manager System to audit and manage active directory - initial meeting arranged July to discuss process.</p> <p>Update Oct 2022 - HR working on gaps in data and coordination with IT to pass data onto them.</p>

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 15 December 2022
Title:	Chairs Report – Audit and Risk Committee
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Jason Taylor, Chair – Audit and Risk Committee

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Audit and Risk Committee met on the 6 September and 6 December 2022 and agreed the following should be highlighted to the Board.

6 September 2022

- Improved attendance at Information Governance meetings
- Amendments to the Internal audit plan

6 December 2022

- Data Protection Audit Report – Information Commissioner’s Office
- IJB Adjustment – Internal Audit Report

2.2 Background

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

2.3 Assessment

Information Governance

The Committee had received an update of progress on mandatory Information Governance training compliance, noting the training's positive current position of 87.3 % of staff having completed the training.

Members also welcomed increased attendance at meetings of the Information Governance Committee.

Internal Audit Plan

Members were advised that the Clinical Governance review, scheduled for July 2022 had been postponed due to Covid related capacity issues. The planned review of lessons learnt: Service Redesign had also been re-prioritised to focus on IJB finances and related adjustments highlighted through the annual accounts process.

Members were advised that all changes had been agreed with management and the Chair of the Audit & Risk Committee, and that the service redesign audit would now take place in 2023/24.

Data Protection Audit Report – Information Commissioner’s Office

Members were advised that NHS Orkney had received a very favourable report from the ICO with a High Assurance Rating. Their overall opinion was that there is a high level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified only limited scope for improvement in existing arrangements and as such it is not anticipated that significant further action is required to reduce the risk of non-compliance with data protection legislation.

The report is attached as an appendix for members information.

IJB Adjustment

Members were advised that the most significant, notable issue creating the challenge of dealing with additional care staffing costs in 2021/22 appeared to be the timing of communication to NHS Orkney from health and social care partners.

Members were advised that partners needed to work collaboratively and with timely communication to limit both the likelihood and impact of a similar issue emerging in the future. Whilst several potential improvements have been identified, they are only deliverable in partnership with health and social care partners. Members agreed to share the Audit report with the IJB. The Audit & Risk Committee work plan has been updated to include follow up to this piece of work in 2023/24.

2.3.1 Route to the Meeting

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

- Audit and Risk Committee meeting 6 September and 6 December 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Approved minutes of the Audit and Risk Committee meeting held on 23 June 2022
- Approved minutes of the Audit and Risk Committee meeting held on 6 September 2022
- Data Protection Audit Report – Information Commissioner's Office

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Thursday 23 June 2022** at **9:00am**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Martha Gill, Employee Director

In Attendance: Stephen Brown, Chief Officer Integration Joint Board
Davie Campbell, Non Executive Board Member
Des Creasey, Non Executive Board Member
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Claire Gardiner, Senior Audit Manager, Audit Scotland
Joanna Kenny, Non Executive Board Member
Steven Heddle, Non Executive Board Member
Steven Johnston, Non Executive Board Member
Meghan McEwen, NHS Orkney Chair
Mary Moore, Interim Director of Nursing, Midwifery and AHPs
Keren Sommerville, Head of Finance
Emma West, Corporate Services Manager
Gillian Woolman, Audit Director, Audit Scotland

A49 **Apologies**

Apologies were noted from Ceri Dare and Internal Audit colleagues as there were no substantive items on the agenda requiring attendance.

All Board members had been invited to join the meeting to consider the annual accounts, ahead of Board approval.

A50 **Declaration of Interest – agenda items**

No interests were declared in general or in relation to agenda items.

A51 **Minutes of previous meeting held on 31 May 2022**

The minute of the Audit and Risk Committee meeting held on 31 May 2022 were approved as a true and accurate record of the meeting.

A52 **Matters Arising**

No matters arising were raised.

A53 **Action Log**

There were no outstanding or ongoing actions to address

Service Audit Assurance Reports

A54 **IT Services Audit Report – ARC2223-26**

The Director of Finance presented the report advising that significant improvements had been seen from the previous year reflecting in a clean audit

opinion. There were some matters that were emphasised around the control objectives within the report but the audit opinion was not modified in respect of these matters.

Decision / Conclusion

The Audit and Risk Committee received the audit report and took assurance from the opinion.

A55 Practitioner and Counter Fraud Services Audit Report (non COVID payments) – ARC2223-27

The Director of Finance presented the report advising that the report also contained a clean audit opinion that was not modified.

Decision / Conclusion

The Audit and Risk Committee received the audit report and took assurance from the opinion.

Annual Accounts for 2021/22 **Not for publication until laid before Parliament**

A56 Representation Letter – ARC2223-28

The Chief Executive advised that the representation letter attested to the accuracy of the financial statements that NHS Orkney had submitted to the External Auditors.

Decision / Conclusion

The Audit and Risk Committee approved the signing of the representation letter by the Interim Chief Executive as accountable officer.

M Dickson withdrew from the meeting

A57 NHS Orkney Annual Accounts for year ended 31 March 2022 – ARC2223-29

The Director of Finance presented the accounts, first giving thanks to the finance team and auditors for all their hard work around the accounts and also for the timely manner in which changes had been progressed. There had been a number of challenges and amendments but following discussion it had been agreed that these were non material changes and an adjustment in the accounts would not be required.

Members were advised that the Board was required under Section 86(3) of the National Health Service (Scotland) Act 1978 to prepare Annual Accounts. It was the role of the Audit and Risk Committee to consider the Accounts and associated documents and to recommend adoption of the Accounts by the Board. The Board was monitored by the Scottish Government against following three financial targets which had all been met, with a small underspend of £70k against the core RRL:

11.2.1

- Revenue Resource Limit (RRL)
- Capital Resource Limit (CRL)
- Contain its spending and Cash requirement

Due to the impact of the pandemic the three year operational and financial planning process had been paused and additional non repayable funding provided to support in year financial balance across all NHS boards, NHS Orkney had received £11.749m of this funding.

The Boards financial plans for 2021/22 identified a savings target of £5.5m, of which the Board had delivered £1.9m in year and the Scottish Government had provided funding of the balance of underachievement of savings.

Members were advised that the IJB was a separate legal organisation and acts as a principle in own right, accordingly the Health Board is required to reflect the contribution to IJB funding for devolved health services and the subsequent commissioning income from the IJB for those services delivered by the Health Board. At year end the accounts were subject to two late adjustments, one of which related to covid spend withing Orkney island Council delegated services (staff costs) at £406k. This could have an impact on the funding available for the Board's covid spend in 2022/23.

Members were reminded that the Accounts, once adopted by the NHS Board, did not become public documents until they had been laid before the Scottish Parliament and clearance to publish them received from the Director of Health Finance, Scottish Government.

D Campbell sought assurance that any weakness in systems had been addressed to ensure that late adjustments were avoided in the future.

The Director of Finance confirmed that there would not be an in year impact from this adjustment, but it could have an impact on reserves carried forward. Conversations around this had already taken place and a review would be undertaken to allow better projection of figures going forward and improve communication.

The Chief Officer added that IJB covid funding for 2021/22 had been informed in February, with an agreement that anything not spent would be carried forward. It was agreed that consideration needed to be given to timings in relation to the accounting periods, spend and projections, as such Internal Audit had been asked to consider these timeframes across both organisations and how these could be better aligned, acknowledging that many requirements were externally set.

M McEwen noted the importance of understanding the situation, risks and how these would be mitigated including open and honest collaborative conversations. She suggested that the IJB reserves policy should also be revisited to ensure appropriateness.

The Chair welcomed the internal audit review and further conversations to improve process and take learning forward.

Decision / Conclusion

The Audit and Risk Committee recommended approval of the accounts to the Board noting the letter of representation.

A58

2021/22 Annual Audit Report from External Auditor – ARC2223-30

Gillian Woolman presented the report to Board members advised that the audit opinion on the annual accounts was unmodified. The financial statements gave a true and fair view, expenditure and income were regular and in accordance with guidance and that the audited parts of the remuneration and staff report, performance report and governance statement were all consistent with the financial statements. The revised materiality levels did not require a change in the audit approach or change the assessment of material account areas.

Members were advised that this was the last year that Audit Scotland would be External Auditors for NHS Orkney and that KMPG would be the appointed auditor from 2022/23. Work was underway to ensure a smooth handover. Thanks, were given to board members, audit committee members, executive directors and other staff, particularly those in finance, for their cooperation and assistance over the past six years.

There had been a four significant finding from the audit of financial statements including the estimation of judgement disclosures, remuneration report, staff costs and late adjustments to IJB balances and the resolutions for these were noted in the report.

The following areas of the report were highlighted to members:

- In the past 2 years there had been a substantial increase in the funding flowing from the NHS Board to the IJB and a surplus reported, it was important that the Board accounts reflected this appropriately and there was consistency in the IJB accounts
- NHS Orkney had fully implemented five of the prior year recommendations and was processing the remaining eight recommendations
- The achievement of a breakeven position in 2021/22 was dependent upon the delivery of efficiency savings of £6.3m across the Health Board and the IJB, the Board was significantly below the savings target and the Scottish Government confirmed funding of these unachieved savings.
- NHS Orkney, and other territorial health boards in Scotland use a number of shared services and frameworks to process transactions and facilitate other activity, the content of these service audit reports had been considered and there were no significant findings to draw to members attention
- The Internal Audit function was carried out by Azets and there was appropriate disclosure of areas deemed high risk in the governance statement.
- There were appropriate arrangements for the prevention and detection of fraud, error, and irregularities, bribery, and corruption and for standards of conduct
- Financial sustainability had been identified as a significant risk at planning stage and reliance on non recurring savings presented a risk to long term financial sustainability.

11.2.1

- NHS Orkney had appropriate governance arrangements in place that support scrutiny of decisions made by the board but the governance statement should be reviewed to improve the clarity and transparency of disclosures
- NHS Orkney should consider evaluation of its Best Value Framework following the implementation of new strategies
- NHS Orkney had adapted performance monitoring and reporting to reflect the Clinical Prioritisation Framework.
- It was recommended
- that a formal review of the Best Value assurance framework and an assessment of the board's Best Value arrangements should be progressed as soon as practicable
- The Board should consider taking action to address recommendations included in the 2019/20 report on equalities

I Grieve noted that the financial sustainability office had now been established and would be key in ensuring that the Board met efficiency savings

The Chief Officer acknowledged the issue around the gender pay gap and how this could be more clearly reported on and addressed, G Woolman noted that there was sufficient information available but reporting focused on equal pay rather than the gender pay gap.

Decision / Conclusion

The Audit and Risk Committee noted the 2021/22 Annual Audit Report, including the key messages and recommendations.

A59 Significant Issues that are Considered to be of wider interest - Draft letter to the Scottish Government - Health Finance Division – ARC2223-31

The Chair noted that there were no amendments required from the previous draft and that there were no significant issues to be raised.

Decision / Conclusion

The Audit and Risk Committee approved the signing of the letter by the Chair and submission as required.

Items for Information and Noting only

A60 Reporting Timetable for 2022/23

Members noted the schedule of meetings for 2022/23.

A61 Record of Attendance

The Committee noted the record of attendance.

Meeting closed at 10:45

Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday 6 September 2022** at **11:30**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Martha Gill, Employee Director
Steven Heddle, Non-Executive Board Member

In Attendance: Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
David Eardley, Chief Audit Executive, Azets
Keren Sommerville, Head of Finance

A62 **Apologies**

No apologies were noted.

A63 **Declaration of Interests**

No interests were declared in general or in relation to agenda items.

A64 **Minutes of previous meeting held on 23 June 2022**

The minute of the Audit and Risk Committee meeting held on 23 June 2022 were approved as a true and accurate record of the meeting.

A65 **Matters Arising**

No matters arising were raised.

A66 **Action Log**

The Action Log was reviewed, noting that there were no outstanding actions (see Action Log for details).

Internal Audit

A67 **Internal Audit progress report – ARC2223-32**

D Eardley presented the report which provided a summary of internal audit activity since the last meeting, confirmed the reviews planned for the next quarter and identified changes to the annual plan.

Members were advised that the Clinical Governance review, scheduled for July 2022 had been postponed due to Covid related capacity issues. The planned review of lessons learnt: Service Redesign had also been reprioritised to focus on the IJB finances and related adjustments highlighted through the annual accounts process.

Members were advised that all changes had been agreed with management and the Chair of the Audit Committee, and that the service redesign audit would now take place in 2023/24. The Chair raised concerns around the

numbers of audits scheduled for completion in March 2023 and was assured that these timescales were deliverable.

Decision / Conclusion

The Audit and Risk Committee received the progress report and noted the information provided in relation to scheduled changes.

Internal and External Audit Recommendations

A68

Internal Audit recommendations follow-up report – ARC2223-33

Members were advised that three audit recommendations had been brought forward following the last report and remained in progress.

An extension to October 2022 was requested for items 225 and 226 in relation to the development of a Communications Strategy and Policy, which was now being finalised following completion of the Clinical Strategy. The Policy and Strategy would be considered for comment by the Executive Management Team, Communications Group and Area Partnership Forum, before formal approval routes.

Item 232 around trend analysis of emergency admissions was progressing and would form part of regular performance reporting through the Board.

D Eardley drew members attention to the Internal Audit comments around these recommendations due to previous extensions granted.

Decision / Conclusion

The Audit and Risk Committee noted the status and update of the actions and approved the extensions to timescales as requested.

Information Governance

A69

Information Governance Chairs report and approved minute – ARC2223-34

The Director of Finance presented the Chairs report from the recent meetings of the Information Governance Committee, highlighting the below:

- The Information Commissioner's Office would visit on the 19 September 2022 to carry out an audit of the way data was handled and processed across the organisation. The report would be by way of exception reporting and all Boards in Scotland would be audited in due course. Interviews with senior staff had been arranged and the required data supplied in advance of the visit as requested.
- The Information Governance Strategy had been presented to the Board and approved following scrutiny, this was underpinned by a framework of policies and it was important that all staff were aware of the policies and where to find them when required.

The Chair questioned the impact of increasing numbers of Freedom of Information and Subject Access requests and if additional resources would

require to be allocated to this area. The Director of Finance advised that this continued to be monitored, the team were managing the workload currently, but numbers were increasing.

Decision / Conclusion

The Audit and Risk noted the update provided and took assurance from this and the approved minutes.

Fraud

A70 Counter Fraud Services Quarterly report – ARC2223-35

Members had received the Counter Fraud Services quarterly report up to 30 June 2022, dealing with areas of prevention, detection, and investigation of fraud.

The report outlined the number of cases by Board; NHS Orkney had reported no cases in the period. The number of cases nationally had increased significantly on the previous year, and the themes and status of investigations were included.

Decision / Conclusion

The Audit and Risk committee noted the quarterly report.

A71 Patient Exemption Checking – Annual Reporting Package 2021/22 – ARC2223-36

Members had received the reports which detailed the outcomes of the Patient Exemption Checking Programme undertaken by the NHS Scotland Counter Fraud Services Patient Claims Teams during 2021/22.

NHS Orkney had a total of 11 cases, amounting to a value of £704.28, one case with a value of £97.76 had been written off due to a Tax Credit exemption.

Decision / Conclusion

The Audit and Risk noted the summary of case recoveries and write-offs made in 2021/22.

Risk

A72 Risk and Assurance Report – ARC2223-37

The Director of Finance presented the report which gave an overview and update on risk management across NHS Orkney. Members were advised that the report was also viewed by the Executive Management Team and Risk Management Forum to ensure managers were aware and reviews and updates had taken place.

I Grieve noted the reduction in the number of corporate risks since March 2022, she sought further information behind this and questioned if benchmarking took place. The Director of Finance advised that risks were

11.2.2

reviewed monthly using the scoring matrix and would move across categories as the risk increased or was mitigated. The risks were not benchmarked with other Boards as they were individual to NHS Orkney and reviewed internally across the organisation.

S Heddle queried if there would be a change in risk status of risk 923 relating to data security following the recent event on Stronsay. The Director of Finance advised that this would be discussed with relevant staff across the organisation, as was current process, and if a change in status was required it would be actioned. The Interim Chief Executive noted that learning would be taken from the incident but there was always an inherent risk from the human aspect of data handling.

The Director of Finance agreed to review risk 902, NHS INOC Medical Cover further and discuss with S Heddle out with the meeting to provide further information.

Decision / Conclusion

The Audit and Risk noted the information provided, noting that there were no specific issues to bring to the Committee at this time.

A73 Risks escalated from other Governance Committees

No risks had been escalated

Governance

A74 6 Monthly Litigation Report – ARC2223-38

The Director of Finance presented the report updating members on current litigation cases overseen and managed by the Central Legal Office.

Members were advised that three claims had been registered since April 2022, two claims were patient related while the third was a claim by NHS Orkney for damages. The paper contained further details and estimated settlement costs.

NHS Orkney were members of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which allowed the Board to claim for costs above the threshold of £25,000.

Decision / Conclusion

The Audit and Risk noted the information provided in relation to current litigation cases.

A75 Property Transaction Monitoring Annual Compliance Report – ARC2223-39

The Director of Finance presented the report advising that NHS bodies were required to conduct property transactions in accordance with guidance in the NHS Scotland Property Transactions Handbook. The manual stated that an annual internal audit was to take place and assurance was provided that this review has been carried out and the Scottish Government notified in terms of the requirement.

Decision / Conclusion

The Audit and Risk noted the information provided.

A76 Agree items to be brought to the attention of the Board or other Governance Committees

Board

- Members noted that attendance at meetings of the Information Governance Committee had improved
- It was agreed that the amendments to Internal audit plan and reasoning behind these would be reported to the Board

A77 Any Other Competent Business

External Auditors

Members were advised that the new external auditors for NHS Orkney were KMPG, contact had not yet been made by the auditors to confirm contacts for 2022/23.

Items for Information and Noting only

A78 Audit Scotland Reports

- Technical Bulletin 2022-02
- Fraud and Irregularity 2021/22

A79 Counter Fraud Services (CFS) Reports

- Intelligence alerts

A80 Reporting Timetable for 2022/23

Members noted the schedule of meetings for 2022/23.

A81 Record of Attendance

The Committee noted the record of attendance.

Meeting closed at 12:04

NHS Orkney

Data protection audit report

October 2022



Information Commissioner's Office

Executive summary



Audit Methodology

The Information Commissioner is responsible for enforcing and promoting compliance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits.

The ICO is an independent, proportionate regulator and sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach. High standards of personal data protection compliance help organisations innovate and deliver great services by building trust with the public. The ICO's expertise and consistent approach to regulation provides certainty enabling organisations to feel confident to use personal data responsibly, innovate and support economic growth.

This audit is part of a wider project looking at data protection compliance across the wider NHS in Scotland (NHSS), consisting of 22 audits of Territorial Health Boards and Special Boards in Scotland. The scope of these audits was determined following consultation with the Scottish Health Boards' IG leads. The scope takes into account the IG leads input regarding current data protection risks identified across NHSS as a whole as well as risks identified from ICO intelligence.

The purpose of this audit with NHS Orkney is to provide the Information Commissioner and NHS Orkney with an independent assurance of the extent to which NHS Orkney, within the scope of the agreed audits, is complying with data protection legislation.

It was agreed that the audit would focus on the following area:

Scope area	Description
Governance and Accountability/ Data Sharing	The extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation.

Audits are conducted following the Information Commissioner's data protection audit methodology. The key elements of this are a desk-based review of selected policies and procedures, remote interviews with selected staff, and a virtual review of evidential documentation.

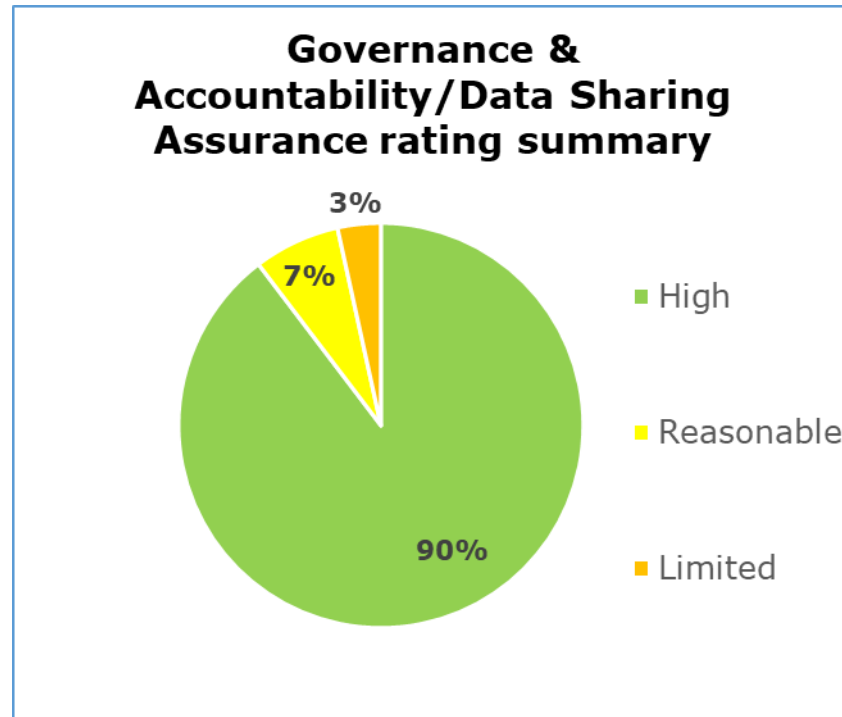
Where weaknesses were identified recommendations have been made, primarily around enhancing existing processes to facilitate compliance with data protection legislation. In order to assist NHS Orkney in implementing the recommendations each has been assigned a priority rating based upon the risks that they are intended to address. The ratings are assigned based upon the ICO's assessment of the risks involved. NHS Orkney's priorities and risk appetite may vary and, therefore, they should undertake their own assessments of the risks identified.

Audit Summary

Audit Scope area	Assurance Rating	Overall Opinion
Governance and Accountability/ Data Sharing	High	There is a high level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified only limited scope for improvement in existing arrangements and as such it is not anticipated that significant further action is required to reduce the risk of non-compliance with data protection legislation.

*The assurance ratings above are reflective of the remote audit methodology deployed and the rating may not necessarily represent a comprehensive assessment of compliance.

Graphs and Charts



The pie chart above shows a summary of the assurance ratings awarded in the audit scope: 90% high assurance, 7% reasonable assurance, and 3% limited assurance.

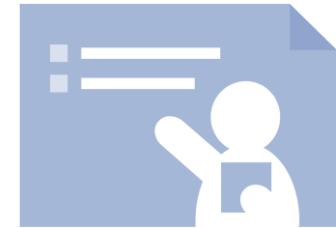
Areas for Improvement

The training plan for staff with specialist data protection responsibilities has not yet been implemented. This should be done in a timely manner to ensure that staff are adequately trained for their roles, and therefore reduce a risk of breaches caused by lack of specialist knowledge.

Best Practice

The Information Governance Manager attends Job Matching meetings, where roles are matched to the correct pay band. He is therefore able to feed his knowledge into the discussion of roles which have a data protection component.

Audit findings



The table below identifies areas for improvement that were identified in the course of our audit; it includes recommendations in relation to how those improvements might be achieved.

Governance & Accountability			
Control	Non-conformity	Recommendation	Priority
Management support and direction for data protection compliance is set out in a framework of policies and procedures.	01. NHS Orkney has both a data Protection Policy and an Information Governance Policy. Staff may not get a full understanding of the information governance framework if they do not read both policies.	To ensure staff fully understand the information governance framework in the Health Board, the Data Protection Policy should refer and link to the Information Governance Policy.	Medium
Policies and procedures are approved by senior management and subject to routine review to ensure they remain fit-for-purpose.	02. Some policies have no review date given on the front page or have passed their review date. There is a risk that documents which are not reviewed in a timely manner could contain outdated information or give incorrect directions which could cause breaches.	All policies should be given a formal review date marked on the front page and should be reviewed in line with NHS Orkney's policy.	Medium

Governance & Accountability			
Control	Non-conformity	Recommendation	Priority
There is provision of more specific DP training for specialised roles (such as the DPO, SIRO, IAOs) or particular functions e.g. records management teams, SAR teams, information security teams etc.	03. NHS Orkney has put together but not yet implemented a training plan for staff who have specialist data protection responsibilities. If staff are not adequately trained for their roles, there is a risk of breaches caused by lack of specialist knowledge.	NHS Orkney should ensure that specialist IG training is provided to all staff whose roles require it in a timely manner.	High

Observations

The table below lists observations made by auditors during the course of the audit along with suggestions to assist NHS Orkney with possible changes.

Governance & Accountability	
Control	Observation
Management support and direction for data protection compliance is set out in a	01. NHS Orkney may wish to consider whether staff understanding of the data protection framework of the organisation would be improved if the Data Protection Policy and Information Governance Policy were combined in one document.

Governance & Accountability	
Control	Observation
framework of policies and procedures.	
The organisations privacy information or notice includes all the information as required under Articles 13 & 14 of the UKGDPR.	02. On the page 'Your information and how we use it', NHS Orkney explains that data subjects have the right to complain to the ICO. I may be helpful for the data subject if NHS Orkney add a sentence at this point to advise that in most cases the ICO will require the complainant to have raised their complaint with the Health Board before contacting them.
The organisation acts on the outputs of a DPIA to effectively mitigate or manage any risks identified.	03. NHS Orkney should continue to consider whether they may be able to publish some DPIAs following the removal of any sensitive material.

Appendices



Appendix One – Recommendation Priority Ratings Descriptions

Urgent Priority Recommendations -

These recommendations are intended to address risks which represent clear and immediate risks to the data controller's ability to comply with the requirements of data protection legislation.

High Priority Recommendations -

These recommendations address risks which should be tackled at the earliest opportunity to mitigate the chances of a breach of data protection legislation.

Medium Priority Recommendations -

These recommendations address medium level risks which can be tackled over a longer timeframe or where some mitigating controls are already in place, but could be enhanced.

Low Priority Recommendations -

These recommendations represent enhancements to existing controls to ensure low level risks are fully mitigated or where we are recommending that the data controller sees existing plans through to completion.

Credits



ICO Audit Team

ICO Team Manager – Michael Thewlis

ICO Engagement Lead Auditor – Elizabeth McKay

Thanks

The ICO would like to thank

Gordy Robinson, Head of Information Governance/Data Protection Officer and

Iain Gray, Information Governance Manager,

for their help in the audit engagement.

Distribution List

This report is for the attention of

Mark Doyle, SIRO/Director of Finance and

Gordy Robinson, Head of Information Governance/Data Protection Officer

Disclaimer

The matters arising in this report are only those that came to our attention during the course of the audit and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rest with the management of NHS Orkney.

We take all reasonable care to ensure that our audit report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report, however such loss or damage is caused. We cannot accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.

This report is an exception report and is solely for the use of NHS Orkney. The scope areas and controls covered by the audit have been tailored to NHS Orkney and, as a result, the audit report is not intended to be used in comparison with other ICO audit reports.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p>National Care Service (Scotland) Bill – Response to detailed call for views</p> <p>https://www.scottishhumanrights.com/media/2339/national-care-service-bill-response-to-call-for-views-final.pdf</p>	<p>A Scottish Human Rights Commission publication details its response to the Scottish Parliament consultation 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. The Scottish Human Rights Commission argues more meaningful specification of relevant human rights requirements is required across the Bill and presents an outline of the human rights framework with regard to social care provision.</p>
<p>Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (Supplementary Provision) Regulations 2022 (SSI 2022/276)</p> <p>https://www.legislation.gov.uk/ssi/2022/276/pdfs/ssi_20220276_en.pdf</p>	<p>These Regulations amend the Smoking, Health and Social Care (Scotland) Act 2005 sch.1 to enable an authorised officer of a council to issue a fixed penalty notice if they have reason to believe that a person is committing or has committed an offence under s.4B and 4C(5) of that Act. This is in addition to the power of an authorised officer of a council to issue a fixed penalty notice in respect of an offence under ss 1, 2, 3 and 4A of that Act. S.4B of the 2005 Act provides that it is an offence for a person to smoke within the no-smoking area outside a hospital building. S.4C(5) of the 2005 Act provides that it is an offence if the person having the management and control of a hospital building fails to conspicuously display no-smoking notices at every entrance to the building.</p>

Topic	Summary
<p>Submission: Safe Access (Abortion Services) Scotland Bill - Consultation</p> <p>https://www.scottishhumanrights.com/media/2324/safe-access-abortion-services-scotland-bill-consultation-final-web-version.pdf</p>	<p>In response to the Scottish Parliament's consultation on a draft proposal for a Bill to introduce safe access zones around healthcare settings that provide abortion services, the Scottish Human Rights Commission states that it recognises abortion as a vital aspect of women's political, social and economic rights, and of gender equality, and therefore supports the general proposition in favour of protection for individual access to abortion and the rights of those involved in the provision of healthcare.</p>
<p>Coronavirus (Recovery and Reform) (Scotland) Act 2022 (asp 8)</p> <p>https://www.legislation.gov.uk/asp/2022/8/contents/enacted</p>	<p>An Act of the Scottish Parliament to make provision about public health protection powers; to make provision about educational establishments and school consultations; to make miscellaneous public service reforms; to modify the law on tenancies; to make temporary modifications to the law in relation to the justice system; and for connected purposes.</p>

Circulars

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

Reference:	Date of Issue:	Subject:
DL(2022)27	17.08.22	Scottish health technical note sustainable design and construction (SDAC) guide (SHTN 02-01)
DL(2022)28	17.08.22	Energy Usage reporting
DL(2022)29	22.08.22	Updates to COVID-19 asymptomatic testing guidance for patient testing; adult care home staff testing; extended use of face mask guidance and launch of Covid and Flu Vaccination Autumn/Winter 2022
CMO(2022)30	25.08.22	Winter Vaccination Programme 2022 – Seasonal Flu Immunisation and Covid-19 Boosters
DL(2022)30	30.08.22	NHSScotland National Interim Arrangement on Retire and Return
CMO(2022)31	31.08.22	Details of the shingles (herpes zoster) vaccination programme 2022/23
DL(2022)31	13.09.22	Public Holiday for the funeral of Her Majesty Queen Elizabeth II - Monday 19 September 2022
DL(2022)32	14.09.22	Advance Notice of a Pause of Asymptomatic Staff Testing in Health and Social Care and Asymptomatic Testing in Hospitals to be in place by the end of September 2022.
CMO(2022)32	15.09.22	Winter Vaccination Programme 2022 update - Seasonal Flu Immunisation and COVID-19 Boosters
DL(2022)33	03.10.22	Enhancing health workforce capacity
DL(2022)34	06.10.22	Guidance on Reimbursement of 'Out of Pocket' Expenses for Volunteers within NHS Scotland
CMO(2022)37	06.10.22	Publication of the NHS Public Protection Accountability and Assurance Framework
DL(2022)35	10.11.22	NHS Scotland: Interim national arrangements for adverse weather
PCS(AFC)2022/02	11.11.22	Christmas and New Year at weekend – 2022/23
CMO(2022)38	17.11.22	Community Acute Respiratory Infection (CARI) Surveillance

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Reference:	Date of Issue:	Subject:
CMO(2022)39	21.11.22	Seasonal Influenza: Use of Antivirals 2022-23
DL(2022)36	29.11.22	Preparing for appraisal for revalidation purposes: updated guidance for doctors undergoing appraisal

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

Timetable for Submitting Agenda Items and Papers 2023/24


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 >
2 March 2023	30 March 2023	13 April 2023	20 April 2023	27 April 2023
4 May 2023	25 May 2023	8 June 2023	15 June 2023	22 June 2023 (Annual Accounts)
29 June 2023	27 July 2023	10 August 2023	17 August 2023	24 August 2023
31 August 2023	28 September 2023	12 October 2023	19 October 2023	26 October 2023
2 November 2023	16 November 2023	30 November 2023	7 December 2023	14 December 2023
21 December 2023	25 January 2024	8 February 2024	15 February 2024	22 February 2024


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

Future Dates for Meetings 2023/24


Board	
	10:00am
27 April 2023 22 June 2023 (Annual Accounts) 24 August 2023 26 October 2023 14 December 2023 22 February 2024	

Remuneration Committee	
	11:00am
27 June 2023 11 October 2023 (Annual Review) 20 December 2023 13 March 2024 (Development Session) <i>(Ad hoc as required)</i>	


Audit and Risk Committee	
	11:30am
2 May 2023 30 May 2023 22 June 2023 (Annual Accounts) 5 September 2023 10 October 2023 (Annual Review) 5 December 2023 27 February 2024 (Development Session) 5 March 2024	


Board Development Sessions	
	9:30am
18 May 2023 20 July 2023 21 September 2023 16 November 2023 18 January 2024 21 March 2024	

Finance and Performance Committee	
	9:30am
25 May 2023 27 July 2023 28 September 2023 19 October 2023 (Annual Review) 23 November 2023 25 January 2024 1 March 2024 (Development Session) 28 March 2024	


Endowment Fund Subcommittee	
	9:30am
3 May 2023 2 August 2023 1 November 2023 7 February 2024	

Endowment Trustees	
	9:30am
1 June 2023 7 December 2023	

Joint Clinical and Care Governance Committee	
	1:00pm
4 April 2023 4 July 2023 3 October 2023 2 November 2023 (Annual Review) 23 January 2024 26 March 2024 (Development Session)	

Integration Joint Board	
	9:30am
19 April 2023 21 June 2023 30 August 2023 25 October 2023 13 December 2023	

Staff Governance Committee	
	10:30am
24 May 2023 23 August 2023 18 October 2023 (Annual Review) 22 November 2023 28 February 2024 27 March 2024 (Development Session)	

Integration Joint Board Performance and Audit Committee	
	9:30am
22 March 2023 28 June 2023 27 September 2023 6 December 2023	

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:					Meeting Cancelled		
	Non-Executive Board Members:						
M McEwen	Chair	Attending	Attending	Attending			
D Campbell	Vice Chair	Attending	Attending	Attending			
D Creasey	Non Executive Board member	Attending	Attending	Attending			
C Dare	Non Executive Board Member	Attending	Attending				
C Evans	Non Executive Board Member	Attending	Attending	Apologies			
M Gill	Employee Director	Attending	Attending	Attending			
I Grieve	Non Executive Board Member	Attending	Attending	Attending			
R Gold	Non Executive Board Member						
S Heddle	Non Executive Board Member		Attending	Attending			
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending			
J Kenny	Non Executive Board member	Attending	Attending	Attending			
J Stockan	Non Executive Board member	Attending					
J Taylor	Non Executive Board member	Attending	Attending	Attending			
	Executive Board Members:						
M Dickson	Interim Chief Executive	Attending	Attending	Apologies			
M Doyle	Director of Finance	Attending	Attending	Attending			
M Henry	Medical Director	Attending	Attending	Attending			
L Wilson	Director of Public Health	Attending	Attending	Apologies			

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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	Attending				
L Hall	Interim Director of HR	Attending	Attending	Attending				
S Lewis	Consultant in Public Health			Attending				
M Moore	Interim Director of Nursing, Midwifery and AHPs	Attending	Attending	Apologies				
E West	Corporate Services Manager	Attending	Attending	Attending				